

GUIDE TO MEDICAL SPECIAL NEEDS SHELTERS FOR MEDICAL RESERVE CORPS UNITS

Introduction

“Sheltering is often the most critical element in protecting the population in times of disaster. Sheltering provides mass care for people who cannot safely remain in their homes due to an emergency.”¹ Increasingly, Medical Reserve Corps (MRC) units are being tasked with supporting shelter operations in their communities, particularly for individuals with medical special needs. Medical special needs shelters are intended to provide temporary care and housing for people with chronic medical conditions requiring regular medical treatment (which is usually provided in the home), such as:

- Foley catheter maintenance
- Diabetes
- Medication management
- Blood pressure monitoring
- Ostomy care
- Stable oxygen and nebulizer therapy

The purpose of this document is to provide guidance and information for MRC units tasked with supporting medical special needs shelters. Although shelter needs and operations differ across communities, and despite the fact that MRC units responsible for supporting medical special needs shelters have varying capabilities, there are some general principles and best practices which may be applicable to the majority of MRC units with these sheltering responsibilities. This guidance seeks to present this information—in the form of considerations, recommendations and resources—to assist MRC members with the delivery of health and medical services in support of shelter operations for medical special needs populations. This guidance does not attempt to prescribe general practices and procedures associated with the operation of medical special needs shelters (e.g., how to set up a medical special needs shelter, recommended supplies and equipment for medical special needs shelters, etc.).

Assumptions and Limitations²

Significant limitations and other issues may be present or arise at medical special needs shelters. MRC members assigned to support the operation of medical special needs shelters should not expect optimal facilities or conditions in shelters. It is important that jurisdictions adequately plan and train for the establishment of medical special needs shelters prior to an emergency or disaster in order to optimize shelter facilities, equipment, and operations, including the involvement of MRC members.

- Facility Limitations: Medical special needs shelters will usually be established in schools, churches, or other community buildings. As a result, they probably will not be equipped as medical care facilities. Although these facilities might have some form of emergency power generation, it may be limited. Facilities might not be

ADA-compliant or universally accessible. Facilities utilized as medical special needs shelters might not have kitchens and the ability to provide for the special dietary requirements of occupants may be limited. Facilities might not have adequate heating or air conditioning. These facilities might not have optimal space (i.e., 100 square feet per person) for occupants. Facilities might not be co-located with general population shelters or shelters for household pets. It is also possible that facilities will have limited communications capabilities, e.g., no Internet service, no (or limited) landline and/or cellular telephone service, etc.

- **Staffing Limitations:** MRC members are intended to support and assist staff in medical special needs shelters. In many cases, however, community health care providers such as local public health agencies, hospitals, home health care agencies, or other community groups may not have personnel available to staff medical special needs shelters. In these instances, MRC members may find themselves as the primary caregivers in medical special needs shelters. MRC members should work under the direction of a licensed medical professional of the host jurisdiction. MRC members should consult their housing agency's policies and procedures before undertaking any assignment.
- **Safety and Security Limitations:** The safety of shelter occupants and staff cannot always be assured. The integrity of the building and the safety of performing some of the required medical procedures (e.g., provision of IV chemotherapy, peritoneal dialysis, and oxygen therapy) may be jeopardized in uncontrolled or austere situations. It is critical that MRC members only provide medical care and treatment within their scope of practice and carry out their duties in a safe manner consistent with established protocols and procedures.
- **Lack of Available Supplies and Equipment:** People with medical special needs do not always bring needed supplies and equipment with them to shelters and the ability to obtain supplies and equipment from the community during an emergency may be limited. Facilities utilized as medical special needs shelters may have limited bedding for occupants, or may have no bedding at all.
- **Transportation Limitations:** The ability to transport people with medical special needs to or from shelters may be limited or nonexistent, especially if subsequent evacuations are necessary.
- **Administrative Limitations:** Medical special needs shelters may lack systems and processes for patient registration, tracking, and administration, particularly electronic systems and processes. Pre-registration of individuals with medical special needs for evacuation and sheltering may be nonexistent.

Considerations and Recommendations: General

- MRC members responsible for supporting and assisting with medical special needs shelters should be familiar with and adhere to their jurisdiction's plans, protocols and

procedures for these shelters. If deployed outside their local jurisdiction, MRC members should follow the medical special needs sheltering plans, protocols and procedures of the receiving jurisdiction.

- MRC members should provide care within their scope of practice based on their training and qualifications and should not be expected to provide care beyond their professional level of expertise.
- To the extent possible, the organizational structure and operation of medical special needs shelters should conform to the principles and practices of the Incident Command System (ICS).
- In medical special needs shelters co-located with general population shelters operated by the American Red Cross, the activities of MRC members should conform with any established Memorandum of Agreement or Understanding (for example, between the American Red Cross chapter and the local health department or the local MRC).
- The medical special needs shelter is a shelter of last resort. The shelter staff should strive to make other arrangements for shelter occupants shortly after their arrival at the shelter. As soon as an individual enters the shelter, the staff should begin the process of getting them to a more suitable location, whether that is placement in a hospital or nursing home, with relatives, in a hotel with their own caregivers, etc. The premise behind this concept is to keep the number of shelter occupants low and easy to manage, thereby keeping the shelter open for those who genuinely have no other options.
- Families of shelter occupants should be allowed to stay with shelter occupants in medical special needs shelters, since they provide moral support and are often trained as caregivers.
- In accordance with the Americans with Disabilities Act (ADA), service animals must be allowed to stay with their owners in medical special needs shelters.³ In addition, individuals with disabilities are permitted “to bring their service animals into all areas of the premises where clients are normally allowed to go. However, the care or supervision of a service animal is solely the responsibility of [its] owner.”⁴
- MRC members should familiarize themselves with the *Tips for First Responders* guidelines (<http://tcds.edb.utexas.edu/white/TIPStext.htm>). This document provides information about many types of disabilities and can be used during emergencies as well as during routine encounters with people with disabilities.
- All medical special needs shelter staff should be easily identified by vests, shirts, caps, ID badges, or some other item, which from a distance will clearly indicate that they are shelter staff.⁵ If possible, MRC members should also wear items identifying their MRC affiliation.

Considerations and Recommendations: Supportive Care ⁶

MRC members may assist with the provision of basic supportive care to occupants of medical special needs shelters, including:

- Assessment: An initial assessment of potential shelter occupants should be accomplished to determine if placement in the medical special needs shelter is necessary and appropriate. If it is determined that an individual is to stay in the shelter, a history should be taken and should include caregiver abilities, name of physician, major health problems, type and availability of medication, allergies, and baseline vital signs, as well as the individual's location/placement in the shelter. Contact information for next of kin, family member or a relative should also be obtained during the initial assessment. The American Red Cross and the U.S. Department of Health and Human Services have developed a shelter intake and assessment form which can be used for this initial assessment. This intake and assessment form is presented as Attachment 3 to this guidance document.
- Comfort: Ideally, individuals with medical special needs should bring their caregiver (who will remain with them) and all of their own supplies to the shelter. If they do not, the individual needs to be informed that the shelter is a basic setting and supplies may be limited.
- Activities of Daily Living (ADLs): If possible, caregivers should assume primary responsibility for assisting patients to the bathroom, with meals, and care. The medical special needs shelter staff is available to provide assistance as necessary.
- Procedures: To the extent possible, shelter occupants and/or their caregivers should handle any medical care and procedures they have been managing in the home setting. Medical special needs shelter staff will provide supervision and additional assistance as necessary.
- Medications: If possible, individuals with medical special needs or their caregivers should assume responsibility for administering routine medications, as in the home setting. Medical special needs shelter staff will assist the individual as needed or administer medications per protocol. If a shelter occupant's supply of medication is completely consumed during the course of a shelter stay, the shelter or on-call physician may prescribe a new supply. Planning for medical special needs shelter operations should consider the procurement, storage, security, and dispensing of pharmaceuticals⁷, including:
 - Agreements or contracts with local pharmacies, hospitals, and businesses to provide pharmaceuticals and other medical supplies and equipment (both primary and back-up vendors).
 - Delivery and transportation arrangements for pharmaceuticals and other medical supplies and equipment.
 - Inventory and resupply guidelines.

- Safety, security, and custody measures for pharmaceuticals, equipment and supplies.
 - Staff authorized to dispense pharmaceuticals.
 - Note: Local plans, protocols and procedures related to the procurement, storage, security, and dispensing of pharmaceuticals and other medical supplies and equipment should be followed to the extent possible.
- **Oxygen:** If possible, individuals with medical special needs or their caregivers must assume responsibility for managing oxygen and equipment. Oxygen supply representatives or respiratory therapists, respiratory technicians, EMTs or experienced RNs or LPNs who are present may assist as well. Patients requiring 24-hour oxygen and/or who are electricity-dependent should be evaluated for transfer to a skilled health care facility. Patients utilizing oxygen concentrators should be encouraged to bring their equipment with them for use while electrical power is available. Whenever possible, concentrator patients should have battery backup and provide a small tank in case of power failure, or switch to portable oxygen tanks for the duration of their shelter stay.
 - **Safety:** Reasonable care and judgment should be exercised to ensure the safety of shelter occupants and staff within a medical special needs shelter. Universal precautions and body fluid isolation precautions must be utilized. Smoking should not be allowed inside the shelter facility. A shelter staff member should be designated as the Safety Officer for the shelter.
 - **Psychological First Aid:** The mental health of shelter occupants and staff must be considered in addition to their physical well-being. Psychological First Aid is a tool which may be used to assist shelter occupants and staff cope with the traumatic effects of a disaster and the disruption of regular activities which may result from placement in a shelter. According to the National Center for Posttraumatic Stress Disorder, “Psychological First Aid is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster . . . to reduce initial distress and to foster short and long-term adaptive functioning.”⁸ It may be used by mental health specialists, health care providers, first responders, counselors, chaplains, and other appropriately trained personnel (including MRC members) to assist shelter occupants and staff address the mental health effects resulting from a disaster and sheltering.

Considerations and Recommendations: Staffing⁹

- MRC members supporting the activities of medical special needs shelters should operate in accordance with local plans, protocols, and procedures.
- Medical special needs shelters should be under the supervision of an on-site licensed medical professional, such as a licensed registered nurse, physician, advanced registered nurse practitioner, or physician assistant at all times. Unless permitted in

local plans, protocols and procedures, MRC members should not exercise overall direction and control of medical special needs shelter operations. Rather, MRC members are intended to support and assist staff in medical special needs shelters. Consult local plans, protocols and procedures for MRC roles and responsibilities related to medical special needs shelter operations.

- A licensed physician should be available for immediate medical consultation by phone or in-person. As soon as possible, but at a minimum of 72 hours of continued shelter operations, and every 24 hours thereafter, the physician should evaluate shelter occupants with medical special needs and approve standard nursing protocols for the medical special needs shelter staff. The standard nursing protocols should be developed for the shelter at the local level. It is recommended that a psychiatrist be designated on-call for medication consultation to the shelter physician. An appropriately trained and licensed MRC member may fill this role.
- Experienced caregivers, including certified nurse assistants, personal care attendants, nursing aides, home health aides, companions, EMTs, respiratory, physical and occupational therapists, medical or nursing students, and orderlies may assist in providing care under the supervision of a licensed medical professional. Appropriately trained and licensed MRC members may fill these roles.
- At least one person currently trained in cardiopulmonary resuscitation (CPR) or Basic Life Support (BLS) should be in the shelter at all times, and it is recommended that two people trained in CPR be present, if possible. It is also recommended that at least one person trained in the use of automated external defibrillators (AEDs) should be in the shelter at all times, if possible.
- At least one person familiar with the management of oxygen therapy to handle respiratory problems and adjust and monitor oxygen is also recommended. This person could be a respiratory therapist, oxygen company representative, RN, LPN, or respiratory therapy technician. An appropriately trained and licensed MRC member may fill this role.
- Physical and occupational therapists may be needed to assist shelter occupants with their routine daily activities and with transfer assistance if the shelter is open for an extended period of time. Appropriately trained and licensed MRC members may fill these roles.
- The shelter staffing pattern should be adjusted based on the actual numbers and needs of individuals with medical special needs in the shelter. Ideally, there should be one caregiver for every 15 shelter occupants.

A suggested staffing pattern¹⁰ includes:

DAY	NIGHT
1 RN Manager 1 RN/LPN per 25 shelter occupants 1 Caregiver per 15 shelter occupants 1 Mental Health Worker per 75 shelter occupants	1 RN Manager 1 RN/LPN per 40 shelter occupants 1 Caregiver per 15 shelter occupants 1 Mental Health Worker per 75 shelter occupants (late night may have a person on call)

- MRC members should only perform those duties consistent with their level of expertise and only according to their professional licensure and shelter protocols.
- If possible, medical special needs shelter staff members should not be scheduled to work for more than 12 consecutive hours in a 24 hour period.
- The Shelter Unit Leader should organize and operate the shelter in accordance with ICS principles and practices.

Additional Resources

1. Federal Emergency Management Agency, IS-197.EM, *Special Needs Planning Considerations: Emergency Management*, <http://emilms.fema.gov/IS197em/EPNS0105summary.htm>.
2. Federal Emergency Management Agency, FEMA 476 A4497, *Preparing for Disaster for People with Disabilities and Other Special Needs*, August 2004, <http://www.redcross.org/www-files/Documents/Preparing/A4497.pdf>.
3. Missouri Department of Health and Senior Services, Center for Emergency Response and Terrorism, *Special Needs Sheltering Standard Operating Guide for Local and County Level Emergency Management*, July 2008, http://www.dhss.mo.gov/BT_Response/SpecialNeedsShelteringSOG.doc.
4. Florida Department of Health, *Standard Operating Guidelines for Special Needs Shelter Operations*, March 1, 2007, http://www.doh.state.fl.us/PHNursing/SpNS/SpecialNeedsShelter/SOG/SOG_SpNS_001-Version03-04-18-2007.pdf.
5. Kansas Department of Social and Rehabilitation Services, *Assisting Individuals with Functional Needs During Evacuation and Sheltering*, January 2009, http://www.srskansas.org/Statewide_Emergency_Management/Assisting_Individuals_with_Functional_Needs.html.
6. California Governor's Office of Emergency Services, *Meeting the Needs of Vulnerable People in Times of Disaster: A Guide for Emergency Managers*, May 2000,

[http://www.oes.ca.gov/WebPage/oeswebsite.nsf/ClientOESFileLibrary/Plans%20and%20Publications/\\$file/VulnerablePopulations.pdf](http://www.oes.ca.gov/WebPage/oeswebsite.nsf/ClientOESFileLibrary/Plans%20and%20Publications/$file/VulnerablePopulations.pdf).

7. Texas Center for Disability Studies, University of Texas at Austin, *Tips for First Responders and Texas Resources for Services and Supports*, <http://tcds.edb.utexas.edu/white/TIPStext.htm>.
8. Baptist Child and Family Services, Medical Special Needs Shelter Training, <http://www.bcfs.net/NetCommunity/Page.aspx?pid=884&srcid=888>.
9. Department of Justice, *An ADA Guide for Local Governments*, <http://www.ada.gov/emergencyprepguide.htm>.

¹ Federal Emergency Management Agency, IS-197.EM, *Special Needs Planning Considerations: Emergency Management*, <http://emilms.fema.gov/IS197em/EPSN0105summary.htm>.

² Adapted from Missouri Department of Health and Senior Services, Center for Emergency Response and Terrorism, *Special Needs Sheltering Standard Operating Guide for Local and County Level Emergency Management*, July 2008, http://www.dhss.mo.gov/BT_Response/SpecialNeedsShelteringSOG.doc, 4.

³ American Red Cross, *Shelter Operations Management Toolkit*, May 2007, <http://www.fema.gov/pdf/emergency/disasterhousing/dspg-MC-ShelteringHandbook.pdf>, 31.

⁴ IBID.

⁵ Reno County, KS Health Department, et. al., *Medical Needs Shelter Standard Operating Guidelines*, adapted from Florida Department of Health, *Standard Operating Guidelines for Special Needs Shelter Operations*, March 1, 2007, http://www.doh.state.fl.us/PHNursing/SpNS/SpecialNeedsShelter/SOG/SOG_SpNS_001-Version03-04-18-2007.pdf.

⁶ Adapted from Kansas Department of Social and Rehabilitation Services, *Assisting Individuals with Functional Needs During Evacuation and Sheltering*, January 2009, http://www.srskansas.org/Statewide_Emergency_Management/Assisting_Individuals_with_Functional_Needs.html.

⁷ Agency for Healthcare Research and Quality (AHRQ), *Mass Medical Care with Scarce Resources: A Community Planning Guide*, AHRQ Publication No. 07-0001, February 2007., Rockville, MD, <http://www.ahrq.gov/research/mce/>, Chapter 6 and Florida Department of Health, *Technical Assistance Guideline-Special Needs Shelter Planning*, September 25, 2007, <http://www.doh.state.fl.us/PHNursing/SpNS/SpecialNeedsShelter/GENERAL12.pdf>, 10-11 and 15.

⁸ U.S. Department of Veterans Affairs, National Center for Posttraumatic Stress Disorder, Psychological First Aid Field Operations Guide, http://ncptsd.va.gov/ncmain/ncdocs/manuals/nc_manual_psyfirstaid.html.

⁹ IBID.

¹⁰ Missouri Department of Health and Senior Services, Center for Emergency Response and Terrorism, *Special Needs Sheltering Standard Operating Guide for Local and County Level Emergency Management*, July 2008, http://www.dhss.mo.gov/BT_Response/SpecialNeedsShelteringSOG.doc, 9.

CHECKLIST OF RECOMMENDED ACTIONS¹

These checklist actions are intended as *examples only* and do not constitute a comprehensive listing of the wide variety of activities associated with medical special needs shelter operations found throughout the nation. MRC members are encouraged to become involved in the development of, and be familiar with, the medical special needs shelter plans, protocols and procedures established in their own jurisdictions.

Not all actions below will be accomplished by all MRC members supporting medical special needs shelter operations. MRC members should perform duties and responsibilities commensurate with their scope of practice and shelter assignments, and in accordance with their jurisdiction's plans, protocols and procedures.

Pre-Mobilization

- Develop a personal and family preparedness plan.
- Complete a medical special needs shelter training course.
- Complete ICS-100: *An Introduction to ICS*, or equivalent and IS-700: *NIMS, An Introduction* or equivalent.
- Participate in community planning associated with medical special needs shelters.
- Participate in emergency response exercises which address medical special needs shelter operations.
- Prepare personal emergency supply kit.
- Prepare MRC "Go kit."
- Complete Psychological First Aid (PFA) training

Mobilization

Upon notification of medical special needs shelter activation or deployment:

- Ensure welfare of family, pets and others for whom you are responsible or concerned.
- Secure home.
- Pack necessary personal and professional supplies to take to medical special needs shelter.
- Review jurisdiction's medical special needs shelter plans, protocols, and guidance.
- Notify family members and employer (if necessary).

Activation

Arrival at medical special needs shelter:

- Report to the assigned shelter at time requested by the Shelter Unit Leader (may also be referred to as Shelter Manager or similar title).
- Report to the Shelter Unit Leader or designee.
- Attend briefing and orientation with medical special needs shelter team:

- Sign in.
- Complete the staff list.
- Complete time sheet.
- Become familiar with shelter floor plan.
- ❑ Receive assignment, job action sheet(s), and just-in-time training from Shelter Unit Leader or designee. Assignment may include functioning in medical (depending on licensure and certification) and non-medical positions, including serving in leadership positions.
- ❑ Assist with making shelter ready for occupants.
- ❑ Assist with registration /intake/completion of American Red Cross (or other) Intake Forms and/or Disaster Registration Logs on all medical special needs shelter occupants.
 - If the shelter occupant does not have all necessary supplies or equipment:
 - Consult with supervisor if supplies or equipment are needed.
 - Assist with obtaining needed supplies and equipment.
- ❑ Assist patients with obtaining medication if patients were unable to bring medication to shelter or if their supply has been exhausted. Consult MRC pharmacist or local pharmacy (if in operation).
- ❑ If someone needs immediate medical attention, refer them to the shelter physician and notify the Shelter Unit Leader.
- ❑ Assure that proper documentation of staff and supplies utilized throughout activation is completed for reimbursement purposes.

Operation

- ❑ Consult with shelter physician concerning medical management plans for medically dependent shelter occupants.
- ❑ Follow the established medical/nursing protocols for the medical special needs shelter.
- ❑ Review medical/nursing protocols, special treatments, and general health needs with the medical and nursing staff.
- ❑ Keep team leader informed of medical, nursing and health situations, activities, needs and plans.
- ❑ Assist in maintaining accurate and complete progress notes and records on all shelter occupants.
- ❑ File all medically dependent shelter occupants' records in alphabetical order.
- ❑ Verify the physical condition of the shelter occupants on an on-going basis.
- ❑ Maintain the shelter occupants' medical update form and advise the Shelter Unit Leader of any adverse change in the condition of a shelter occupant.
- ❑ Monitor those shelter occupants who are receiving oxygen and make referral to respiratory therapist if problems occur.
- ❑ Re-verify all shelter occupants' special needs and medications once per 12-hour shift and document on progress notes.
- ❑ Supervise and assist in the administration of documented medication to shelter occupants.

- Maintain universal precautions and infection control.
- Consult with shelter physician as necessary when there is a question concerning medical/nursing care.
- Recruit helpers from other assigned volunteers and evacuees as needed.
- Supervise medical assistants/volunteer caregivers as necessary.
- Give care and/or reassurance as needed.
- Provide replacement with briefing at shift change.
- Report to supervisor when going off duty. Do not depart station until released.

Deactivation

- Participate in shelter closing activities.
- Assist in discharge planning for shelter occupants.
- Assist with supply inventory.
- Report used, broken or unusable equipment to Shelter Unit Leader or designee.
- Remain in shelter until relieved.

Demobilization

- Assure the adequate packing of supplies.
- Conduct shelter cleanup efforts as necessary.
- Attend after action review/debriefing.
- Seek mental health counseling or assistance as necessary.

¹ Adapted from *Special Needs Shelter Registered Nurses, Licensed Practical Nurses Checklist*, Missouri Department of Health and Senior Services, Center for Emergency Response and Terrorism, http://www.dhss.mo.gov/BT_Response/SNShelterNurseChecklist.doc.

EXAMPLES OF POSITIONS AND RESPONSIBILITIES¹

These staff positions and their responsibilities are intended as *examples only* and do not constitute a comprehensive listing of the wide variety of positions and responsibilities associated with medical special needs shelter staffing found throughout the nation. It is important to note that not all medical special needs shelters will have the same staff positions. In addition, titles and responsibilities of similar positions may vary between jurisdictions. Refer to local plans, protocols, procedures, job action sheets and just-in-time training curricula for community-specific position titles, duties and responsibilities, and essential training for specific positions.

MRC members are encouraged to become involved in the planning for, and familiarize themselves with, the medical special needs shelter staff positions and responsibilities established in their own jurisdictions. MRC members may be assigned any of the positions below in accordance with local plans, protocols and procedures, and commensurate with their licensure, training, and credentialing (note: although possible, MRC members will generally not serve as Shelter Unit Leaders, Medical Operations Managers, or similar command or management positions).

All Positions

All medical special needs shelter team members should:

- Ensure that they are personally, physically and mentally prepared to operate in an austere environment for an extended period of time.
- Ensure that they have the recommended/necessary personal items.
- Ensure that they are properly licensed, trained, and/or certified for the position(s) they are assigned.
- Adhere to established safety practices and remain vigilant concerning the safety and security of shelter occupants, staff and facilities.

Shelter Unit Leader

The Shelter Unit Leader is a member of the Command team and is responsible for:

- Direction of staff assigned to the shelter.
- Establishment of incident objectives and strategies.
- Shelter team safety.
- Providing updates to the local Emergency Operations Center (EOC) regarding the number of individuals with medical special needs in the shelter, the staffing pattern of the shelter, and any significant events.
- Directing requests for needed supplies, personnel, equipment, etc. to the local EOC.
- Special needs shelter opening and closing; and becoming familiar with the building to be used, its facilities, layout and supplies.

Medical Operations Manager

The Medical Operations Manager is a member of the medical special needs shelter Command team and is responsible for providing oversight of all medical staff and services.

Duties include, but are not limited to:

- Ensuring triage of shelter occupants to determine their most appropriate placement and service needs; referring individuals to skilled nursing facilities or hospitals if necessary.
- Supervising the health care delivery services of the nursing staff, ensuring approved protocols are utilized and that medical update forms are completed on all individuals with functional needs.
- Ensuring that all caregivers have appropriate supervision.
- Preparing supply orders for medications and assuring proper utilization of all supplies.
- Monitoring potential for infectious disease transmission.

Logistics Manager

The Logistics Manager is a member of the medical special needs shelter Command team and is responsible for:

- Providing oversight of logistics support staff and resources.
- Assuring food preparation (if done on-site), handling, and feeding of all special needs individuals are appropriate.
- With Law Enforcement/Security, ensuring the safety of shelter occupants, staff and facilities.
- Assigning work locations and tasks to logistics support staff.

Medical Doctor/ Nurse Practitioner/Physician Assistant

The Medical Doctor/ Nurse Practitioner/Physician Assistant will help to coordinate medical services provided in the medical special needs shelter. Ideally, the physician should have admitting privileges to at least one general hospital.

Duties may include, but are not limited to:

- Approving all extraordinary medical procedures performed at the medical special needs shelter.
- Providing diagnosis and treatment orders for acute illnesses which occur among medical special needs shelter occupants, when attempts by the nursing staff to contact the primary care physician are unsuccessful.
- Consulting with the Medical Operations Manager in the medical special needs shelter on occupant care problems when required and attempt to provide resolution to these problems.

- Reporting unresolved problems to the Shelter Unit Leader, through the Medical Operations Manager.
- Approving protocols and standing orders.

Physician Consultant

The physician consultant will help coordinate health/medical services provided in the medical special needs shelter. Duties may include, but are not limited to:

- Being immediately available in person or by phone when a special needs shelter is opened to provide consultation to the Medical Operations Manager regarding care decisions.
- Evaluating individuals with special needs within 72 hours of the shelter opening, and every 24 hours thereafter, and approving standard nursing protocols for the special needs shelter staff.
- Approving all extraordinary medical procedures performed at the special needs shelter.
- Providing diagnosis and treatment orders for acute illnesses that occur among individuals in the special needs shelter when attempts by nursing staff to contact the primary care physician are unsuccessful.
- Making referrals to a health care facility when necessary to diagnose, prescribe for, or treat an individual with acute medical needs.
- Consulting with the Medical Operations Manager regarding care problems and attempt to provide resolution of these problems.
- Approving protocols and standing orders.

Nursing Staff

The nursing staff delivers appropriate medical services within the medical special needs shelter under the supervision of the Medical Operations Manager. Duties may include, but are not limited to:

- Supervising and assisting in the administration of medications.
- Assessing the physical condition of individuals on an on-going basis, maintaining their medical update forms, and advising the Medical Supervisor of any adverse change in their condition.
- Monitoring individuals who are receiving oxygen and making referrals to an oxygen/respiratory therapist if problems occur.
- Delivering care and assistance to individuals as required following approved protocols.
- Performing only those duties consistent with their scope of practice and only according to their professional licensure.
- Maintaining universal precautions and infection control.

Respiratory Therapist

Under the supervision of a physician, Respiratory Therapists provide respiratory care for acute and chronic breathing problems and conditions. Their duties include, but are not limited to:

- Assisting shelter occupants with oxygen equipment.
- Providing adjustments to oxygen flow rate (as prescribed by physician).
- In collaboration with the nursing staff, observing and evaluating oxygen therapy.

Licensed Mental Health Professionals

Licensed Mental Health Professionals provide for the mental health needs of shelter occupants and staff. Duties may include, but are not limited to:

- Watching for signs of agitation, depression, confusion, etc. and responding to alleviate potential problems.
- Assisting caregivers in promoting diversions, activities, conversation, etc.
- Working with individuals who are experiencing mental health problems and guiding the staff as to how to be most therapeutic in a particular situation.
- Reporting problems and potential problems that may need other intervention to the Medical Operations Manager.
- Requesting psychiatric or psychological consultation if a shelter occupant or staff member exhibits signs of behavior problems or stress.

Physical and Occupational Therapists

Physical and Occupational Therapists provide patients with rehabilitative services to help improve mobility and relieve pain. Duties may include, but are not limited to:

- Assisting with the transfer of shelter occupants.
- Providing physical therapy to individuals who have the need for these services if the shelter is open for an extended period of time.

Registrar

The Registrar is responsible for shelter registration and record-keeping. Duties include, but are not limited to:

- Ensuring all shelter occupants, staff and family members are registered upon arrival.
- Maintaining a system for checking occupants in and out when they leave for any period of time.
- Managing the system of record keeping for shelter registration.
- Setting up the waiting and registration area.
- Assisting Nurse Manager in triage station set up.

- Ensuring that all shelter occupants are registered before they go into the main part of the shelter.
- Ensuring that orientation information is available to give to the shelter occupants when they arrive.
- Posting orientation information in areas where it can be read by shelter occupants and family members.

Caregivers

Caregivers may be certified nurse assistants, personal care attendants, nursing aides, home health aides, Emergency Medical Technicians (EMTs), respiratory, physical and occupational therapists, medical or nursing students, orderlies, “significant others,” family members, and/or daily companions. Duties may include, but are not limited to:

- Working within license or certification, or skills and abilities.
- Following directions of licensed medical support staff in charge of the area in which they are assigned.
- Monitoring shelter occupants’ conditions for changes and immediately reporting to nursing staff.
- Assisting individuals to get settled in their space and answering questions regarding location of restrooms, etc.
- Assisting individual with mobility impairments in ambulating, toileting, transfers, and personal hygiene.
- Monitoring a patient's condition for changes and immediately reporting changes or particular needs to the nursing staff.
- Keeps shelter occupants aware of time and inquires if assistance is needed with self-administered medications and treatments.
- Keeping shelter occupants as calm as possible.
- Assisting shelter occupants with acquiring food and/or feeding as needed.
- Providing diversion activities, such as card games or conversation.
- Helping to maintain shelter occupants’ personal medical equipment (equipment brought to the shelter by occupants).
- Assisting in keeping area clean and free of trash.
- Maintaining universal precautions and infection control.
- Assisting the nursing staff as required.

Logistics Support Staff

Under the direction of the Logistics Manager, the Logistics Support Staff is responsible for procuring necessary supplies and equipment for the medical special needs shelter.

Interpreter/Signer

The Interpreter/Signer assists individuals with hearing or visual impairments and those with limited English proficiency with communications.

Law Enforcement/Security

The Law Enforcement/Security Officer coordinates with the Shelter Unit Leader and the facility's representative to help ensure the safety and security of the medical special needs shelter, its staff, and occupants. The Law Enforcement/Security Officer should coordinate activities with the local law enforcement agency. This position may also serve as the Safety Officer for the shelter.

Duties include, but are not limited to:

- Posting and removal of exterior signs guiding traffic to the shelter.
- Establishing one main entranceway for the flow of shelter occupants into the shelter.
- Working with the Shelter Unit Leader to set up schedule of security.
- Directing traffic coming to the shelter.
- Monitoring parking and arrival/departure of shelter occupants.
- Ensuring that entranceway to shelter remains clear and accessible.
- Directing emergency and supply vehicles to appropriate locations.
- Maintaining order and easing problems that may arise among shelter occupants.
- Monitoring exits and restricted areas.
- Maintaining the integrity of the building by ensuring it is secure.
- Apprising the Shelter Unit Leader of any concerns or problems.
- Assessing hazardous or unsafe situations and developing measures to ensure the safety of shelter occupants, staff and facilities.
- Responding to emergencies at the center as needed.
- Directing traffic for the pick-up of shelter occupants, volunteers, and supplies.

¹ Adapted from Reno County, KS Health Department, et. al., Reno County Medical Needs Shelter Standard Operating Guidelines; Kansas Department of Social and Rehabilitation Services, *Assisting Individuals with Functional Needs During Evacuation and Sheltering*, January 2009, http://www.srskansas.org/Statewide_Emergency_Management/Assisting_Individuals_with_Functional_Needs.html; and Missouri Department of Health and Senior Services, Center for Emergency Response and Terrorism, *Special Needs Sheltering Standard Operating Guide for Local and County Level Emergency Management*, July 2008, http://www.dhss.mo.gov/BT_Response/SpecialNeedsShelteringSOG.doc. All aforementioned documents are based on Florida Department of Health, *Standard Operating Guidelines for Special Needs Shelter Operations*, March 1, 2007, http://www.doh.state.fl.us/PHNursing/SpNS/SpecialNeedsShelter/SOG/SOG_SpNS_001-Version03-04-18-2007.pdf.

AMERICAN RED CROSS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES SHELTER INTAKE AND ASSESSMENT FORM

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Date/Time: _____ Shelter Name/City/State: _____ DRO Name/#: _____			
Family Last Name: _____			
Primary language spoken in home: _____			Does the family need language assistance/interpreter?: _____
Names/ages/genders of all family members present: _____			
If alone and under 18, location of next of kin/parent/guardian: _____ If unknown, notify shelter manager & interviewer initial here: _____			
Home Address: _____			
Client Contact Number: _____		Interviewer Name (print name): _____	
INITIAL INTAKE	Circle	Actions to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need right now?	YES / NO	If Yes, stop interview and refer to HS immediately. If life threatening, call 911.	
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/ NO	If life threatening, call 911. If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.
STOP	STOP HERE!	STOP	REFER to: HS Yes <input type="checkbox"/> No <input type="checkbox"/> DMH Yes <input type="checkbox"/> No <input type="checkbox"/> Interviewer initial _____
DISASTER HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP			
ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) if available.	
MEDICATIONS	Circle	Actions to be taken	Comments
Do you take any medication(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
HEARING	Circle	Actions to be taken	Comments
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (explain).	
VISION/SIGHT	Circle	Actions to be taken	Comments
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, collaborate with HS and shelter manager.	
ACTIVITIES OF DAILY LIVING	Circle	Ask all questions in category.	Comments
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, identify potential resources for replacement.	
NUTRITION	Circle	Actions to be taken	Comments
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify feeding staff.	
IMPORTANT! HSI/DMH INTERVIEWER EVALUATION			
Question to interviewer: Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with HS, DMH and shelter manager.	
Question to interviewer: Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/ DMH Signature:		Date:

This following information is only relevant for interviews conducted at HHS medical facilities: Federal agencies conducting or sponsoring collection of information by use of these tools, so long as these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.30(c)(3).

The authority for collecting this information is 42 USC 3006b-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of the collection is to appropriately treat, or provide assistance to, you. The primary routine use of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

**INSTRUCTIONS FOR USE OF THE AMERICAN RED CROSS – U.S.
DEPARTMENT OF HEALTH AND HUMAN SERVICES SHELTER INTAKE
AND ASSESSMENT FORM**

Purpose

The main purpose of the *Initial Intake and Assessment Tool* is to enable Red Cross staff to decide if simple accommodations can be provided that will enable individuals to stay in general population shelters. The secondary purpose is to ensure proper and safe placement of those clients with medical or functional needs beyond the scope and expertise of care offered in Red Cross shelters. The Red Cross, and its partner, the U.S. Department of Health and Human Services (HHS), are determined to maximize the use of this tool in order to minimize stress and emphasize the safety and well-being of those we serve during times of disaster.

Top Section of the Tool

Shelter workers meet with clients and legibly record pertinent information in the top of the tool and questions 1 through 9. The remaining questions are only to be filled out by Disaster Health Services (HS) and Disaster Mental Health (DMH) workers. Only *one form* is used for *each family*[#]. Questions in the early part of the tool are designed to identify language barriers, separated families and other important information to be passed onto the shelter manager. The top section of the tool asks for basic demographic information in addition to:

- DRO stands for Disaster Relief Operation (enter name and number of DRO)
- List *all* of the names of the family members in the shelter
- The shelter worker initials that he/she has notified the shelter manager when a child under the age of 18 is unaccompanied in the shelter

Questions 1 - 9

The shelter worker asks the head of the family the first nine “yes/no” questions, except for questions 4 and 9 which are questions to the interviewer. You should not ask the client questions 4 and 9. All 9 questions pertain to all family members listed on the form. Where there is a “yes” answer, the worker notes **ONLY** the name of the relevant family member, discontinues the interview and refers the client to HS or DMH. **(Do not write confidential information anywhere in the first 9 questions!)** Only HS and/or DMH, *in conjunction* with the shelter manager, will make decisions regarding shelter accommodation.

If there is a need for a language interpreter or if the client needs assistance in understanding or answering the questions, end the interview and contact the shelter manager. Questions 3, 4 and 9 refer to emergency situations and/or urgent referrals to HS or DMH.

[#] Although the intake tool is designed for the entire family, there could be a need to use more than one form if the family has several individuals with different needs.

Question 3

In cases of illness or emergency do not continue the interview. A call to 911 must be made in any life-threatening emergency (such as chest pain, heavy bleeding or multiple injuries. HS will take over at this point). If the client has an illness, medical condition, or if you are unsure or confused as to the client's answer to question 3, refer to HS or DMH immediately. Escort the client to HS or DMH when necessary and hand the HS/DMH worker the tool. (*Do not give the tool to the client*)

Observation 4

This is NOT a question to the client. Document your observation as the interviewer. If the client appears to be a threat to self or others, call 911. If you answer "yes" to observation 4 or are unsure, refer immediately to DMH or HS.

Question 9

This is NOT a question to the client. Refer the client to HS or DMH if you think the client would benefit from a more detailed health or mental health assessment or if the client is unsure or confused about any of his/her answers.

STOP the Interview

Place your initials on the tool and indicate whether you've referred the client to HS or DMH. Do not answer any questions beyond this point (they are for HS and DMH workers only). If you answered "no" to all questions, attach the intake tool to the shelter registration form. If you answered "yes" to any questions or were unsure, refer the client to HS or DMH.

Where to Put the Initial Intake and Assessment Tool

If you answered "no" to all of the first 9 questions and were sure the client did not need a referral to HS or DMH, then attach the tool to the shelter registration form. If you answered "yes" or were unsure as to any question and referred the client to HS or DMH, the HS or DMH worker will attach the tool to the Client Health Record (F2077). (*Do not give the tool to the client*).

FOR HS and DMH ONLY

Pre-existing conditions, both physical and psychological, are frequently exacerbated during times of extreme stress. HS and DMH workers should be aware of the potential for a client to decompensate or decline in health. Previously healthy individuals may have new medical/mental health needs due to the disaster.

- Once a client has been referred to HS/DMH, **all information is confidential** and will only be seen by licensed health care providers. Initiate a *Client Health Record (F2077)* for the client and attach the tool.
- In situations where a client has both physical and psychological concerns, he/she should be seen by both a DMH and an HS worker.

Questions?

If you have any questions or concerns about using this form contact your supervisor and/or a Disaster Health Services or Disaster Mental Health worker.