

**ESF #6 Mass Care Tab A**  
**Functional Needs Support Services Plan**

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## I. INTRODUCTION

According to the U.S. Census Bureau, approximately one-fifth of the U.S. population has a disability. Individuals with disabilities have differing capabilities, opinions, needs and circumstances. When disasters occur, children and adults with disabilities are the most likely to suffer its impact. The American Red Cross (ARC) – Cincinnati/Dayton Area Chapter plans to house people with a variety of disabilities in general mass care shelters with support from other organizations within the county.

Most people with disabilities are not medically fragile and do not require the type or level of care provided in a medical facility. The ARC will ensure, at a minimum, medical care that can be provided in the home setting (e.g., assistance in wound management, bowel or bladder management, or the administration of medication assistance or use of medical equipment) is available to each general population shelter. This section will provide information for assistance to individuals with functional needs.

### A. PURPOSE

The purpose of this document is to establish a uniform guideline for supporting the functional needs of emergency shelter populations.

### B. RESPONSIBILITY

It is the responsibility of those personnel assigned the duties of supporting functional needs in emergency shelters from their respective organizations to adequately train for, fully understand, and comply with these guidelines.

### C. DEFINITIONS

Functional Needs Support Services (FNSS) are services that enable children and adults to maintain their usual level of independence in a general population shelter. FNSS include reasonable modifications to policies, practices, and procedures, durable medical equipment (DME), consumable medical supplies (CMS), personal assistance services (PAS), and other goods and services as needed. Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may benefit from FNSS include women in late stages of pregnancy, elders, and those needing bariatric equipment.

Durable Medical Equipment (DME) is medical equipment (e.g., walkers, canes, wheelchairs, etc.) used by persons with a disability to maintain their usual level of independence.

### D. GUIDELINES

FNSS will be coordinated from the Hamilton County Emergency Operations Center (EOC, also known locally as the Regional Operations Center or ROC). *ESF-6 Mass Care* will be activated. Personnel working in the shelter under the auspices of another organization will report to the shelter manager or their designee and work within the Red Cross framework of shelter management.

## II. ASSUMPTIONS

- A. Existing disaster preparedness and emergency response systems are typically designed for persons that are capable of walking, running, driving, seeing, hearing and quickly responding to directions to escape or be rescued.
- B. Persons with functional limitations may be unable to or have difficulty in effectively participating in evacuation and/or sheltering operations unless their functional needs are addressed.
- C. Because of a lack of awareness of available services for the functional needs population, and a lack of knowledge regarding the values and goals of independent living, self-determination and civil and human rights protections, and cultural and communication differences, emergency medical and social service personnel may not be able to adequately address complex functional independence, physical, communication, supervision, and transportation needs issues.
- D. The functional needs framework provides a means of addressing the assignment and management of resources to and for people with functional needs and is not based on diagnostic labels and definitions of disability that are used primarily for programmatic eligibility.

## III. MEDICAL EQUIPMENT AND SUPPLIES FOR SHELTERS

### A. Equipment and Supply Resources

Physically disabled persons may have limited opportunity to access their personal items and emergency medical supplies before evacuating their home to shelters. Thus, medical equipment and supplies need to be readily available to these persons.

All initial requests for supplies would go through the local ARC Departmental Operations Center (DOC). If the DOC did not have sufficient supplies or estimated they would not have the supplies to handle the demand requests would then be forwarded to the Hamilton County EOC. If needs are not able to be met there, the County EOC will forward requests to the State Emergency Operations Center.

There are a number of potential sources for the acquisition of durable medical and consumable medical supplies for general shelters. The following organizations are partners that have or can gain access to medical equipment and supplies.

American Red Cross Cincinnati/Dayton	Hamilton County Public Health
The Health Collaborative	Jurisdiction Public Health Agencies
County EMS Agencies	EOC/ROC

Attachment 1 contains a list of medical equipment that is available. This list includes both medical equipment and consumable medical supplies.

## **B. Providing Oxygen at Shelters**

If needed, oxygen can be provided to shelters through The Health Collaborative. The Health Collaborative has an Oxygen Generator as a resource to the county. The Oxygen Generator is warehoused within Hamilton County and can be mobilized and used in times of emergency such as a general shelter to refill individual oxygen cylinders.

## **IV. MEDICAL STAFF SHELTER REQUIREMENTS**

### **A. Staffing Requirements**

At a minimum there will be two licensed and/or certified medical personnel available per 100 shelter residents. One of the two will be a Registered Nurse (RN), with the second being any combination of the following:

- Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)
- Emergency Medical Technician (EMT)/Paramedic
- Medical Doctor (MD)/Doctor of Osteopathy (DO)
- Certified Nurse Assistant

A licensed disaster mental health professional will be available on call when the shelter is open through the American Red Cross Disaster Mental Health Services.

### **B. Options for Medical Support:**

Requests for medical support at shelters would generally go through the Hamilton County EOC. Requests for medical support will be in the following order of priority.

#### **Local Volunteer Support:**

- American Red Cross Health Services respond to and assist in recovery activities to meet disaster related health needs of individuals and communities.
- The Tristate Medical Reserve Corps is a local team of healthcare professional volunteers who can assist their communities during emergencies.

## **V. REGISTRATION AND CARE PROVIDED IN SHELTERS**

### **A. Registration Process**

Use the ARC shelter registration form to identify immediate medical and/or medication needs that children and adults may have. Any functional or medical conditions identified on that form should be directed to the shelter for assessment. The ARC/Health and Human Services (HHS) Initial Intake and Assessment Tool will focus on the following four areas to see if their needs can be met within the shelter setting, or if an accommodation can be made.

1. Prescription Medications – identify individuals in need of emergency prescription medications replacement or who need to refrigerate current prescriptions.
2. Dietary/Nutrition Needs – Identify individuals that have special dietary needs, food allergies, dietary restrictions or missing dentures.

3. Daily Living Equipment – Identify individuals who may require a mobility device such as a cane, walker, or wheel chairs or who need personal assistance services, such as dressing, bathing, eating or toileting.

4. Hearing/Vision Needs – Identify individuals with sensory impairment including hearing loss, loss of hearing aid, need for batteries, or need a sign language interpreter. Identify vision deficits and how they can be accommodated.

#### **B. Functional and Medical Needs that are Suitable for Shelter**

Individuals who are able to meet their own needs or with some assistance from support staff are permitted in the general shelter. Examples of these include, but are not limited to:

1. Individuals maintaining independence either through assistive devices, family, and/or personal assistance services.
2. Individuals with cognitive limitations provided the shelter is deemed safe in accommodating these cognitive limitations.
3. Individuals who require communication assistance (hearing and visual impairments, language/cultural, etc.).
4. Individuals who have conditions that affect mobility (canes, walkers and wheelchairs).
5. Individuals with chronic but stable medical conditions that can be safely managed in a shelter environment.
6. Individuals with temporary medical or functional limitations (post-surgery, accident injuries, pregnancy, etc.).
7. Individuals receiving home health services. Home Health services can be provided/facilitated in a shelter setting.

#### **C. Protocols for Assisting Functional Needs Populations**

Protocols for handling the functional needs population will be provided by the ARC. These will be provided on-site for all medical volunteers.

## **VI. COMMUNICATIONS**

#### **A. Notification**

When decided that a shelter will be opening, notifications will be made to all EOC participants by Hamilton County EMA. Designated FNSS representatives of *ESF-6 Mass Care*, and *ESF-8 Public Health and Medical Services* will be instructed to report to the EOC. These representatives will be from: American Red Cross – Cincinnati/Dayton Area Chapter, Public Health – Cincinnati & Hamilton County, The Health Collaborative, and Fire/EMS.

Upon notification of the activation of the EOC, Hamilton County EMA will send out a message using the current protocols.-

The Hamilton County Public Health Emergency Response Coordinator or designee leadership will contact Medical Reserve Corps (MRC) volunteers if needed via the Ohio Responds tool and request that they provide their availability status. The Health Collaborative will inform local hospitals of available shelter locations.

## **B. Communication**

1. All communication from ARC shelters will be directed to the ARC headquarters in Cincinnati. The ARC will then directly deal with or forward any requests to the County EOC that are beyond their capabilities or available resources.
2. The ESF-6 desk will keep the Health Collaborative informed of all shelter locations so that all the regional hospitals are aware of shelter locations

## **VII. TRANSPORTATION**

- A. Individuals requiring transportation support include persons who cannot operate a motor vehicle due to disabilities, age, addictions, legal restrictions, etc., and those who do not have access to a motor vehicle.
- B. Hamilton County EMA maintains a partnership with the Southwest Ohio Regional Transit Authority for transportation support of individuals in times of emergency. Additional transportation support of individuals would come from ESF-6 support agencies if necessary.
- C. Hamilton County Developmental Disabilities Services (HCDDS) may be able to provide transportation support.
- D. Transportation and delivery of durable medical equipment (DME) and additional resources will be coordinated through the EOC.

## **VIII. ROLES AND RESPONSIBILITIES OF ORGANIZATIONS**

### **A. The American Red Cross – Cincinnati Area Chapter:**

- Will establish general population shelters that accommodate individuals with functional needs.
  - Will ensure handicap accessibility to all shelters.
  - Will ensure shelter entrances are unencumbered due to weather (e.g. snow/ice).
- Will provide medical and mental health staffing for shelters to support individuals with functional and/or medical needs.

### **B. The Health Collaborative (Regional Healthcare Coordinator):**

- Will notify local hospitals about shelter openings.
- Will provide liaison with area emergency departments.
- May deploy requested assets to shelters, such as Medical Needs Carts (Attachment 1)
- May deploy oxygen generator upon request, if available.
- Will coordinate needed supplies from hospitals.
- May deploy charging stations for medical equipment, upon request.
- Coordinate with providers to facilitate access to medication and assistive devices for individuals impacted by the incident.

**C. Public Health – Cincinnati & Hamilton County & Other Jurisdiction Health Agencies:**

- Will coordinate Medical Reserve Corps volunteers to be used as medical staffing.
- Will notify partner organizations about shelter openings via current notification protocols.
- Will coordinate use of long-term facilities as alternate accommodations.
- Coordinate with providers to facilitate access to medication and assistive devices for individuals impacted by the incident.

**D. Hamilton County Emergency Management/Regional Operations Center:**

- Will activate Hamilton County EOC (known as the ROC).
  - Will activate *ESF-6 Mass Care* to coordinate resource support for FNSS.
  - Will coordinate logistical support for the shelters.
  - Will activate *ESF-8 Public Health and Medical Services* to support the medical needs of ESF-6.
- Will activate a Transportation Information Line to coordinate transportation for shelters or alternate accommodations.

**E. Hamilton County Public Information Officer (PIO) will:**

- Activate the Joint Information Center (JIC) in the Hamilton County EOC.
  - NOTE: Some agencies may participate via virtual JIC.
- Prepare briefing sheets for Hamilton County EMA Information Line operators to use regarding public information.

**F. Local Jurisdiction Fire/EMS:**

- May fill temporary medical staffing shortages in the shelters, including triaging, with the fire chief's approval.
- May triage during initial transportation to determine if residents should go to the general shelter, medical shelter, or hospital with approval of chief and agency medical director.
- Will provide medical transportation in support of the shelters.
- May provide medical supplies and equipment upon request.

**G. Council on Aging (COA) will:**

- Identify COA clients residing in shelters and provide direct services.
- Facilitate placement of COA clients to long-term care facilities if alternate accommodations are needed.

**H. Southwest Ohio Regional Transportation Authority (SORTA) will:**

- Provide transportation in support of shelters and alternate accommodations as requested by the Hamilton County EOC.

**I. 2-1-1 (United Way) will:**

- Disseminate information regarding sheltering to those who make inquiries.

**J. Mental Health And Recovery Services Board will:**

- Use Mental Health Access Point (MHAP) to facilitate, assist with connection and coordination with other mental health agencies to respond to behavioral health needs of individuals.

**IX - INTAKE CLASSIFICATIONS**

**A. FUNCTIONAL NEEDS THAT CAN BE MET IN A SHELTER**

This group includes but is not limited to individuals who are or have:

- Sensory impairment (Hearing/Vision)
- Oxygen dependent
- Limited English proficiency or Non-English speaking
- Physical Disabilities
- Service animal
- Cognitive and/or Developmental Impairment/Disability
- Chronic Medical Conditions
- Mental Illness
- Pharmacological Dependency
- Dependent children, including those unaccompanied by parent or guardian

Certain individuals who have medical needs such as those on a ventilator, nebulizer, colostomy/ileostomy, and the like can be evaluated for care within a shelter, especially if the client is accompanied by a family member or care aide.

**B. MEDICALLY FRAGILE NEEDING CARE WITH CARE PROVIDER**

Individuals with advanced medical requirements may come to the shelter with a care aide or family members. When the caregiver or family member(s) are able to provide the daily medical care needed by these clients, they can generally remain in the shelter.

However, if individuals need more care than can be provided by a care aide, family members, or available personnel, the individual should be transported with their family or care giver to a more appropriate care setting.

From past disaster experience, it is often possible to provide other arrangements for these individuals that will help provide the care they need. Working with EMA and ARC, temporary placement in a nursing home or long term acute care facility may be feasible.

**C. ACUTELY ILL WHO MUST BE EVACUATED TO A HOSPITAL**

These individuals require medical treatment that cannot be administered within the shelter or within an alternative health care facility.

- New injuries requiring medical care. Client may be able to return to the shelter following treatment.
- New onset medical emergencies or acute decompensation/exacerbation of a chronic medical condition.

- For minor medical conditions (e.g., nausea and vomiting, mild asthma attacks, etc.), shelter residents may be evaluated by ARC Health Services or MRC volunteers (as available) to assess if more advanced medical treatment is required than can be provided in the shelter.

Efforts shall also be made to keep these individuals with their family members or care givers if possible.

**Attachment 1 –Medical Carts: 2 carts per set, 8 sets total, 16 carts total**

**Cart 1**

Top Shelf	Quantity	Comments
Urinary bags	1 case	20 per case
Infectious Waste Liner	1 case	500 per case
Low density liners	1 case	10/20's
Ear loop Masks	1 case	12 boxes per case/50 masks per box)
D-tank oxygen bottle	1	
Middle Shelf		
Sharps containers	2	3 gallons
Emesis Basins	1 case	250 per case
Oxygen Tote	1	
Adult Nasal Cannulas	1 bag	10 per bag
Adult Non-Rebreather	1 bag	10 per bag
Pedi Non-Rebreather	1 bag	10 per bag
Nebulizers	1 bag	4 per bag
Adult Ambu bag	3	
Pedi Ambu bag	1	
OB/Urinals/Bed Pans Tote	1 tote	
urinals	10	
bed pans	10	
OB kit	1	
Trauma Tote	1	
Arm Boards	12	
Iodine Bottles (16 oz)	3	
Medical Tape	6	
Splints	2	
Emergency Blankets	6	
Elastic Bandages (3in)	1 box	10 per box
Ice Packs	5	
Triangular Bandages	1 box	12 per box
Combo-pads	1 box	20 per box
Gauze (3in)	1 box	12 rolls per box
3 in x 3 in dressing	9 boxes	100 per box

**Cart 1**

Middle Shelf	Quantity	Comments
Band-aids	5 boxes	100 per box
Bottom Shelf		
Under pads 17x24	1 case	300 per case
Adult walkers	2	
Commodes	2	

**ATTACHMENT 1 CONTINUED:**

2 carts per set, 8 sets total, 16 carts total

**Cart 2**

Top Shelf	Quantity	Comments
Diagnostic Tote	1	
Blood Glucose Monitor	2	
Glucose test strips	2 case	100 per case
Blood Pressure Cuff Adult	2	
Blood Pressure Cuff Large	2	
Blood Pressure Cuff Pedi	2	
Scissors	4	
Alcohol Preps	1 box	200 per box
Tongue Depressors	1 box	100 per box
Stethoscopes	5	
Opitclear Eye drops (1/2 oz)	2	
Glutose 37.5 grams	1 box	3 per box
Digital Thermometers	4	
Thermometer covers	6 boxes	100 per box
Penlights	2	
Ammonia Inhalants	1 box	10 per box
Administration Tote	1	
Arm Bands	1 bag	100 approximately
Baggies	1 bag	25 approximately
Power strips	10	
Head lights	2	
Batteries size C	1 box	12 per box
Batteries size AA	1 box	24 per box
Roll of tape	1	
Scissors	1	
Sharpie Markers	1 box	12 per box
Personal Protection Equip. Tote	1	
Sharps containers	5	
Redz Spill Control (15 oz)	2	
Antibiotic Wipes (PAWS)	2 jugs	160 per jug
Hand Sanitizer 16 oz	1	
	<b>Cart 2</b>	
Middle Shelf	Quantity	Comments
Antiseptic Hand Cleaner	1 case	24 (2 oz) per case
Eye Shields	1 box	12 per box
Gloves Tote	1	
Small	2 boxes	100 per box
Medium	2 boxes	100 per box
Large	2 boxes	100 per box
X-Large	2 boxes	100 per box

Straws/Pitchers/Cups Tote	1	
Straws	1 box	400 per box
Pitchers	10	
Cups (8 oz)	8 Bags	120 per bag approximately
Measuring Cups (2 oz)	2 bags	100 per bag approximately
Exam Gowns	2 cases	50 per case
Washbasin (5 quart)	1 case	50 per case
Posterboards	5	
<b>Bottom Shelf</b>		
Wheelchairs	2	
Ultra-soft plus (larges)	1 case	72 per case