Annex 2:

Medical Shelter

Updated: May 2023

Preface

This document provides the framework for establishing a Medical Shelter in Tuolumne County either as part of a General Population Shelter or as a stand-alone facility. The Tuolumne County Medical Shelter Plan was developed using several source documents, including:

➢ California Guidance on Sheltering Persons with Medical Needs
➢ Tuolumne County HSA Mass Care & Sheltering Plan
➢ Tuolumne County EMS Agency Field Treatment Site Plan

Medical Shelter Activities/Objectives: Assess, Monitor, & Triage

Acknowledgements

The following agencies contributed to the development of this document:

- Tuolumne County Public Health

- Calaveras County Health Services Agency

- Disaster Doug Consulting

- American Red Cross, Sierra-Delta Chapter

Medical Shelter Plan

Contents

        Medical Shelter Plan

Medical Shelter Plan

I. INTRODUCTION

The need for local jurisdictions to shelter displaced persons who have been evacuated from their residence is common in many disasters. Many of these displaced individuals have medical needs that require skilled medical care to assist them in maintaining their usual level of health and avoid the need for hospitalization.

Emergencies where large numbers of individuals with existing medical needs are displaced from their homes can create a strain on the existing healthcare system. In many cases, these individuals maintain their usual level of health at home, but displacement may exacerbate and require medical care to avoid hospitalization. If their medical needs are not met within the shelter, the existing healthcare system may become overwhelmed as it must also surge to care for injuries or illness caused by the disaster. By establishing a Medical Shelter, these displaced populations can be cared for outside the existing healthcare facilities and focus on more acute client needs.

Medical Shelter activation, coordination, and support is managed by the Medical Health Operational Area Coordinator (MHOAC)/EMS Agency Duty Officer or from the Medical-Health Branch of the Operational Area EOC (or DOC), and supported by the Public Health Department.
The Health Officer or his/her designee will act as the medical director of a medical shelter.

Existing procedures to request medical resources through the MHOAC apply. Existing procedures to request non-medical resources through the IC from OES (or EOC Logistics Section) or through law and fire mutual aid systems also apply.

Figure 1 – Continuum of Care depicts healthcare services within the continuum of care that are expanded during an emergency to incorporate temporary sites including Medical Shelters that may be established to support the existing healthcare delivery system to maximize healthcare surge.
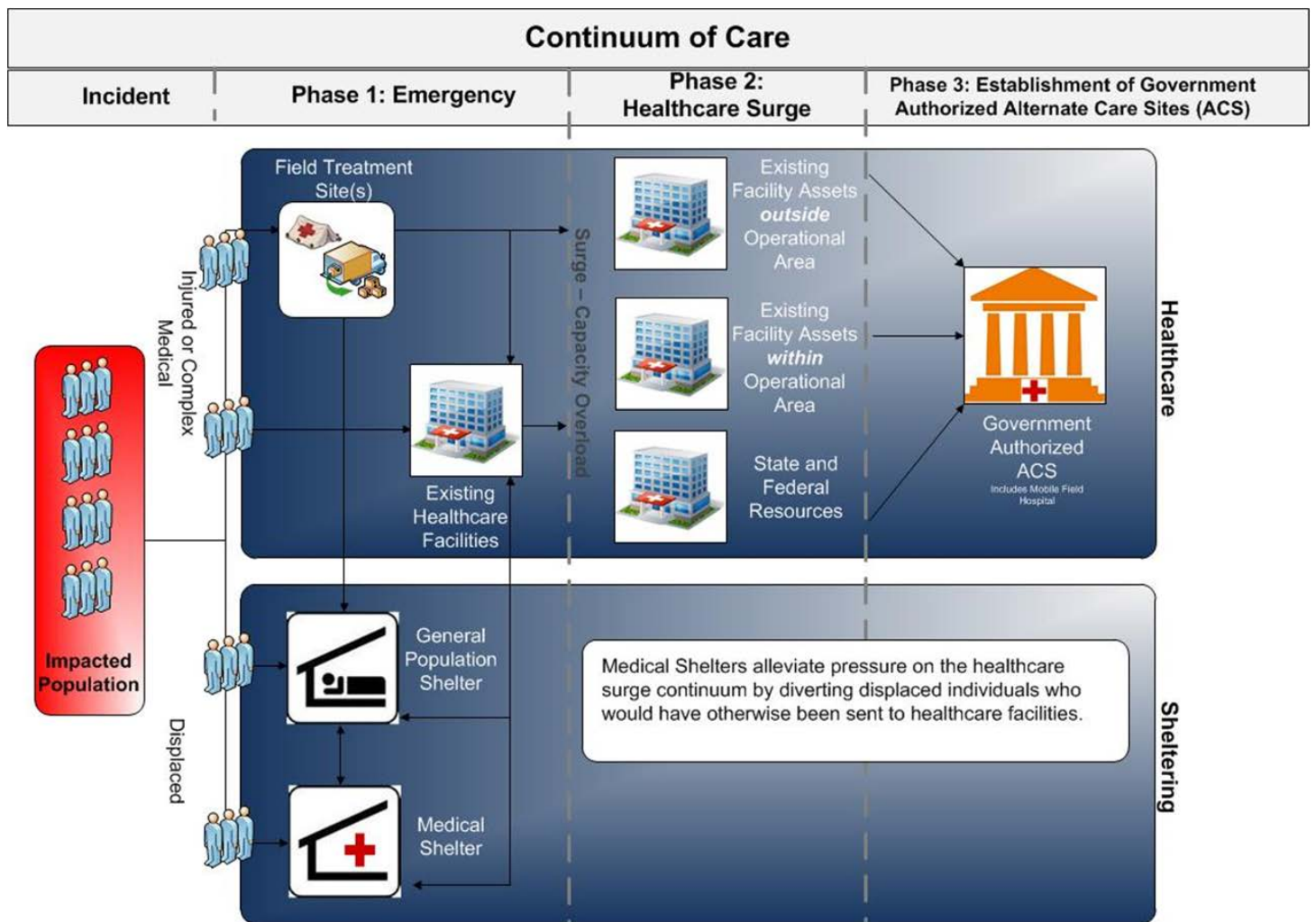
NOTE: Activation of any site within the healthcare surge continuum is incident driven (e.g., not all sites will be activated for all incidents).

A. Purpose

The intent of a Medical Shelter is to address the medical needs of individuals who have been displaced from their residence as a result of a disaster and require temporary housing and medical support. The medical needs of these individuals require medical care beyond what can be accommodated in a general population shelter, but not complex or severe enough to necessitate hospitalization.

The goal of a Medical Shelter is to assist displaced individuals in maintaining their usual level of health during an emergency. Many displaced individuals have medical conditions and may experience difficulty from the stress of a disaster or lack accessibility to medical supplies, equipment and other resources. Individuals who generally manage their health at home through routine doctor visits and prescribed medications may experience an exacerbation of symptoms related to their underlying disease. For example, some individuals with chronic obstructive pulmonary disease may have increased respiratory problems as a stress response to the incident.

Medical Shelter Plan

Others with hypertension or diabetes may experience varying blood pressure or glucose levels that are normally controlled with routine medications. Although these individuals do not require hospitalization, they may need medical care to adjust their medications or require more frequent monitoring of their condition.

The decision to place a client in a Medical Shelter is flexible based upon county resources, judgment of Medical Shelter clinicians and an individual's right to self-determination. Given these considerations, the following examples provide situations where a Medical Shelter may be appropriate:

- A child or adult with insulin dependent diabetes may experience change in their usual level of health during an emergency. If this individual is closely monitored and medications adjusted accordingly by skilled medical professionals, hospitalization can be avoided. However, this individual cannot be accommodated in a general population shelter if their needs require frequent medical monitoring;
- A person at home recently discharged from the hospital after surgery requiring home nursing care (e.g., dressing changes, etc.). Due to the disaster, home health care might not be available. To continue the frequency and level of this care the client can be placed in a Medical Shelter to avoid hospitalization;
- An asthmatic needing treatment who normally controls their medical condition with maintenance medications. Due to the impact of the disaster, the individual experiences increased medical needs. The change in the client's medical condition may be due to the stress of the incident or decreased air quality as in a fire incident. This individual may need a change in medication or frequent nebulizer treatments. If properly managed, this individual can be housed in a Medical Shelter and not impact the local healthcare system.

B. Activation Considerations

The decision to activate a Medical Shelter is based upon the defined role for the site and the needs of the incident. Generally, consideration may be given for activating a Medical Shelter if a significant number of individuals require or will likely require continuous surveillance of medical needs beyond what is available in a general population shelter. Consider activation if there is a disruption or strain on the public health and medical system.

An emergent evacuation of a healthcare facility may also necessitate establishing a Medical Shelter. Although existing healthcare facilities (e.g. skilled nursing facilities and hospitals) are required to have their own emergency plans which include evacuation, in some circumstances the immediacy of an incident may preclude the ability of a healthcare facility to evacuate their clients to a "like facility." In this situation, Medical Shelters may be a viable short term alternative. If available, healthcare facility staff should accompany clients to the Medical Shelter.

C. Functional Needs Support Services

Functional needs may include physical, sensory, mental health, cognitive and intellectual needs that affect the ability to function independently after a disaster. Women in late stages of pregnancy, the elderly and people needing bariatric equipment (i.e., supplies that are designed for larger or obese individuals) may also require functional needs support.

In November 2010, the Federal Emergency Management Agency released Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters. The document provides guidance to understand the requirements for sheltering children and adults with functional support needs in general population shelters.

Medical Shelter Plan

II. ROLES AND RESPONSIBILITIES

Public and private organizations must work together to effectively implement a Medical Shelter operation. During the planning process, organizations should establish agreed upon roles and responsibilities to ensure effective implementation of Medical Shelter operations. Table 2 –Summary of Local Agency Roles provides a summary of common Medical Shelter roles and responsibilities for entities at the local level, although these roles may vary depending upon a jurisdiction's organization and established operating procedures. A "P" in the Table designates a primary role in the associated function, while an "S" represents a support role for that agency.

Table 2 – Summary of Local Agency Roles

Functions	Public Health and Medical		Social Services	Emergency Management	Mental Health	Healthcare Facilities	Skilled Nursing Facilities
	Public Health	EMS					
Activating	P	S		S			
Opening	P	S		S			
Equipping (non-	P		S	S		S	S
Equipping (medical)	P	S		S			S
Staffing (non-medical)	P	S	S	S		S	S
Medical Staffing	P	P		S	S	S	S
Volunteers	P	P	S	S	S	S	S
Deactivation/Closing	P	S		S	S		
Finance	P			S			
Emergency Transport		P					

A. Public Health and Medical

Local health departments and emergency medical services functioning in an integrated capacity are typically the lead agencies in health and medical emergency functions, and have a role in all aspects of Medical Sheltering, including:

- Coordination of planning, response and recovery;
- Coordination of Medical Shelter activation;
- Determining the need for medical authority to operate a Medical Shelter;
- Coordination of staffing resource deployment to support Medical Shelter operations;
- Deployment of Disaster Healthcare Volunteers;
- Designation and operation of Medical Shelter sites;
- Coordination of Medical Shelter site closures;
- Provision of basic medical care.

B. Social Services

Social service agencies are often designated as the lead for mass care and shelter. Social service agencies may coordinate with emergency management and non-governmental organizations to plan, staff, equip and operate general population shelters. However, the ability of social services agencies to support general population sheltering activities varies among jurisdictions. The local social services agency or mass care and shelter lead may provide support services or resources to a Medical Shelter when collocated with a general population shelter. Social services may also assist in the identification of individuals with medical needs.

C. Office of Emergency Services (OES)

The local Office of Emergency Services (OES) typically supports the local lead agency for mass care and sheltering. However, in some jurisdictions OES is the designated lead agency. OES may be asked to coordinate logistics for a Medical Shelter. These resource requests should follow standard procedures through the jurisdiction's emergency operations center.

D. Behavioral Health

Mental health providers play a significant role in general population shelters and have a vital role in ensuring the continuation of care, treatment and housing for clients within the behavioral health system at the Medical Shelter. They may be involved in assessing and activating the response to behavioral health issues at a Medical Shelter. These services should include support for both clients with pre-existing conditions and person impacted by the emergency who need support.

E. Volunteers

Volunteers may provide support to a variety of emergency response activities including both general population and Medical Shelters. However, planners should be aware that volunteer organizations may also be identified in other planning initiatives within the public health and medical response system (e.g., healthcare facilities) and with other disciplines. Local planners should coordinate closely with volunteer agencies to ensure there is capacity to meet projected needs.

1. American Red Cross

The American Red Cross provides mass care and shelter in collaboration with the California Department of Social Services and local social service agencies, and emergency management agencies. In most local jurisdictions, the American Red Cross is designated as the primary community based organization responsible for shelter, feeding and other disaster relief services including nursing, mental health and client casework. They are also responsible for compiling and reporting information on sheltered populations. The information includes the number of displaced individuals, the number residing within the shelter and any unmet needs.

2. Community Emergency Response Teams (CERT)

Community Emergency Response Teams organized by local law enforcement, fire or emergency management agencies provide training in basic disaster response skills such as fire safety, light search and rescue, team organization and disaster medical operations. These trained response teams also educate volunteers to prepare for hazards.

Community Emergency Response Team members may assist in staffing Medical Shelters. While not medically trained, Community Emergency Response Team members may serve as support staff or in some cases as personal assistants who can assist individuals with activities of daily living.

Medical Shelter Plan

3. **Disaster Healthcare Volunteers**

Disaster Healthcare Volunteers statewide program, administered by the Emergency Medical Services Authority, is California's name for the federally mandated and funded Emergency System for Advanced Registration of Volunteer Health Professionals. The program recruits, registers, verifies licensure and credentials volunteer healthcare professionals. Through the system's electronic database, local system administrators can select, roster, deploy and track volunteer healthcare professionals within their operational area. State administrators can assist with volunteer requests statewide.

Persons impressed into service and volunteers, whether registered or convergent, are also considered to be disaster service workers. During a proclaimed emergency under the Emergency Services Act, disaster service workers have immunity from liability for civil damages, either on account of personal injury to or the death of any person or damage to property, resulting from any act or omission while performing their disaster services anywhere within any jurisdiction covered by the emergency, unless the act or omission was willful.

III. MEDICAL SHELTER ACTIVATION

A. PLAN ACTIVATION

General population shelters may be established by Tuolumne County Office of Emergency Services, Tuolumne County Human Services Agency, the American Red Cross, or even local service organizations. The County Health Officer or designee shall determine the number, types, and locations of Medical Shelters that should be activated. Ideally, medical shelters will be a designated portion of a general population shelter- approximately 10%.

1. **Medical Shelter Activation Team**

a. Once the Public Health Officer or designee has determined the number, type(s), and location(s) of Medical Shelter(s) required, a Medical Shelter Activation Team shall be identified and Incident Command System (ICS) activated. If ICS has already been activated or established for the emergency, the Medical Shelter may be activated within the established ICS structure.

b. The Medical Shelter Activation Team shall be comprised of at least the following representatives:

- Medical Shelter Manager/Incident Commander: One Public Health representative with a minimum of ICS 300 training shall act as Medical Shelter Manager to provide overall direction to the team and review. This position may be designated as Incident Commander, Medical Branch Manager, or other as appropriate.

- Medical Care Group Supervisor: One clinical care representative shall be assigned to ensure the clinical care objectives have been identified, including facility layout, staffing, equipment/supply, and support service needs. Depending on possible established ICS structure, this position may be designated as Medical Group Supervisor or other as appropriate.

- Facilities Unit Leader: One facilities representative shall be assigned to review the Facility Site Plan and ensure that facility infrastructure (e.g. electricity, water, HVAC, sanitation, etc.) needs and objectives have been properly identified. *Consider Environmental Health Department.*

- Security Group Supervisor: One security representative from law enforcement shall be assigned to review the Security Plan, and ensure security objectives have been identified, including: staff,

client, and property security, as well as the staffing, equipment, and supply needs of security personnel have been identified. Depending on established ICS structure, this position may be designated as Security Group Supervisor or other as appropriate.

- Logistics Section Chief: One resources/logistics representative shall be assigned to identify and document resource needs, including: staffing, equipment, and supplies.

2. Medical Shelter Manager/Incident Commander (IC)
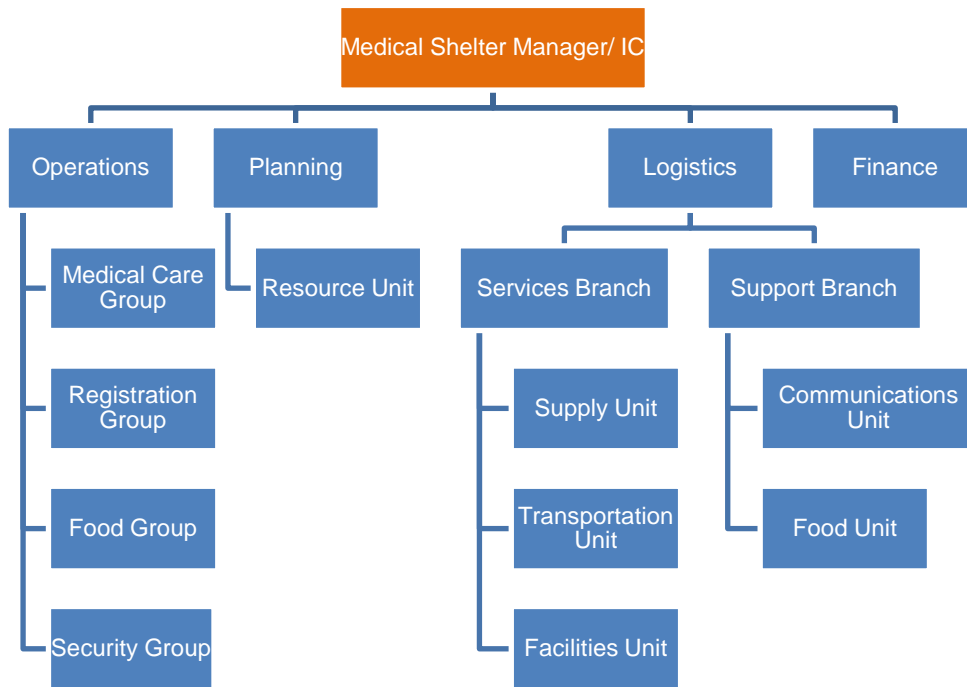
a. Purpose

The Medical Shelter Activation Team Leader is responsible for organizing and directing the Medical Shelter Activation Plan implementation. The Team Leader gives overall strategic direction to team members for Medical Shelter management and support activities, and acts as liaison to the Public Health Department Operations Center.

b. Medical Shelter Incident Action Plan

The Medical Shelter Manager/IC along with the Planning Section Chief shall oversee the Action Planning activities for establishing the Medical Shelter, including:

1. Assessment / Initial Briefing (ICS 201)

Medical Shelter Plan

Brief all team members of the nature of the problem, immediate critical issues, and initial plan of action, including target date/time for opening the Medical Shelter. Request ICS 204 forms from each team member within their assigned areas.

2. Tactics Meeting
   The planning process is designed to take the Command/Control objectives and break them down into tactical assignments for each operational period. The purpose of the Tactics Meeting is to review the tactics developed by the team members. This includes the following:
   i. Determine how the selected strategy will be accomplished in order to achieve the Medical Shelter Activation objectives.
   ii. Assign resources to implement the tactics.
   iii. Identify methods for monitoring tactics and resources to determine if adjustments are required (e.g., different tactics, different resources, or new strategy).

ICS Form 215G: Planning Worksheet and Form 215A: Safety Analysis are used to document the Tactics Meeting. Resource assignments will be made for each of the specific work tasks.

3. Planning Meeting
   The Planning Meeting provides the opportunity for the Medical Shelter Activation Team to review and validate the operational plan for the next operational period. The Medical Shelter Manager conducts the Planning Meeting following a fixed agenda, including review of the amounts and types of resources needed to accomplish the plan. At the conclusion of the meeting, the Medical Shelter Manager will indicate when all elements of the plan and support documents are required to be submitted so the Action Plan can be finalized.

4. Submit Final Action Plan
   The finalized Action Plan shall be submitted to the Medical Health Department Operations Center (DOC) for approval. If the Shelter Manager is acting as the Incident Commander within ICS, then they may approve the Incident Action Plan.

3. Medical Shelter Activation Team: Medical Care Group
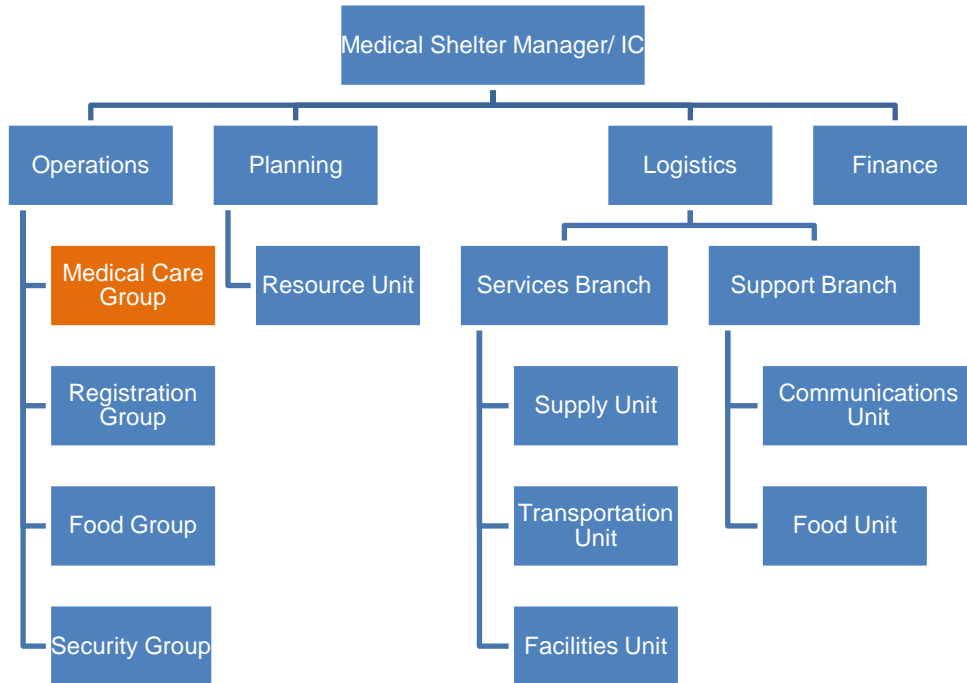
a. Purpose

The Medical Care Group Supervisor is responsible for establishing the overall delivery of medical care and ancillary services for the Medical Shelter, including: triage; client admissions and discharges; planning for short- and long-term staffing and medical resource needs; and pharmacy services.

b. Areas of Responsibility

1. Staffing, Equipment, Supplies

   a. Consider appointing additional staff members as needed.

   b. Work with the Logistics Section Chief to ensure that the Medical Shelter is properly equipped and supplied with adequate resources for Medical Shelter operations.

   c. Work with the Facilities Unit Leader to ensure that:

      i. Facility Layout for client care areas, support services areas, and storage areas are arranged in a manner that is conducive to providing client care.

      ii. Environmental Services are established and conducive to Medical Shelter operations, including: clean/soiled laundry services, refuse storage, bio-hazard waste storage, housekeeping services, etc.

      iii. Food Services and ordering processes are established and conducive to Medical Shelter operations.

Medical Shelter Plan

2. Client Movement

    a. Ensure that local facilities are notified regarding the Medical Shelter activation and client criteria, including:

        i.   Triage criteria determined by the Medical Health Department Operations Center.
        ii. Contact information for the Medical Shelter Manager or designee to accept Medical Shelter clients.

3. Client Registration

    a. Ensure all necessary staff and supplies for registering clients is made available, including:

        i.   Registration and Consent Forms
        ii.   Disaster Victim / Client Tracking Log
        iii. Client identification bracelets/ ID system
        iv.   Client identification labels/ labeling system

    b. Consider need for additional registration staffing for first operational period of Medical Shelter.

4. Pharmacy Services

    o Establish a lockable pharmacy area. Aside from the lockable doors, there should be security personnel and if possible, alarms and cameras. Installation of some of these additional security controls may be needed to protect the pharmacy area under the isolation/quarantine scenario if there is a general shortage of vaccines or preventive or curative medications.

    o Establish a medication ordering and delivery process.

    o Establish a medication tracking process and log at the Medical Shelter.

B. Client Record / Documentation

    1. Ensure that adequate Medical Shelter Client Record forms are made available for Medical Shelter staff.

        a. Determine process for on-site storage of client records.
        b. Upon termination of Medical Shelter, Tuolumne County Public Health Department will retain all records for seven years.

4. Medical Shelter Activation Team: Facilities Unit
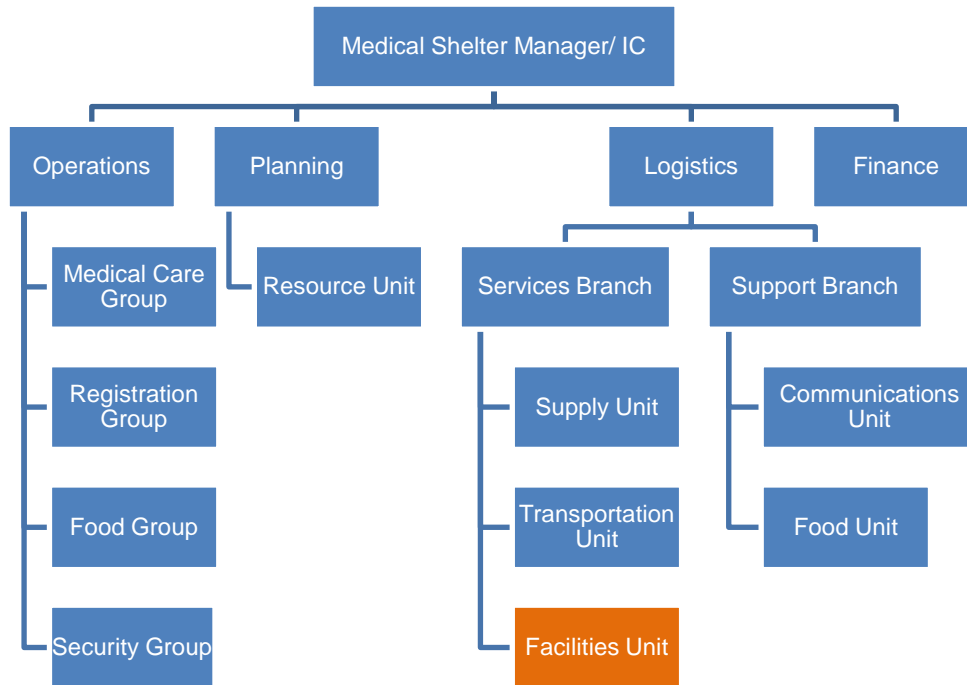
a. **Purpose**

The Facilities Unit is responsible for organizing and managing the services required for sustaining the Medical Shelter operations, including: power/lighting, water/sewer, HVAC, buildings and grounds, structural integrity, environmental services, and food services.

b. **Areas of Responsibility**

1. Facility Assessment

   ➤ Schedule Assessment

   Schedule a facility assessment, in cooperation with the Medical Shelter Activation Team. Include additional personnel on the site visit as needed to address area-specific assessments, such as: Power/Lighting, Water/Sewer, HVAC, Building/Grounds, Environmental Services, Food Services, etc.

   ➤ Conduct Assessment

   Ensure that the assessment team has copies of the Medical Shelter Site Plan, as well as the Facility System Status Report (ICS Form 251). Provide clip-boards and writing utensils as needed. Consider taking a camera to photograph specific areas of concern as needed. Request that each team member document findings during the site visit and submit any issues regarding the facility and infrastructure in writing.

   ➤ Submit Assessment Report

After completion and review of the final Facility System Status Report (ICS 251); submit the report to the Planning Section Chief. The Planning Section Chief shall incorporate the report into the Medical Shelter Incident Action Plan, as well as into the briefings to local officials.

2. Environmental Controls

➢ Non Bio-hazard Waste

Ensure that an area has been identified for storage of non-biohazard refuse. Work with Logistics to ensure that adequate numbers of waste receptacles are made available for Medical Shelter personnel. Ensure that a waste removal service has been secured and scheduled.

➢ Bio-hazard Waste

Ensure that an area has been identified and secured for storage of bio- hazard waste. Work with Logistics to ensure that adequate numbers of bio-hazard waste receptacles, sharps containers, and bio-hazard spill kits are made available for Medical Shelter personnel. Ensure that a bio-hazard waste removal service has been secured and scheduled.

➢ Linen

Ensure that areas have been identified for storage of clean and soiled linens. Work with Logistics to ensure that adequate linens are made available for Medical Shelter clients.

➢ Housekeeping

Ensure that areas have been identified for storage of housekeeping supplies. Work with logistics to ensure that adequate cleaning supplies are made available for Medical Shelter staff (e.g. brooms, mops, towels, soaps, bleach, etc.). Ensure that a process for obtaining housekeeping services has been identified.

5. Medical Shelter Activation Team: Security Group

```
                        ┌─────────────────────────┐
                        │  Medical Shelter Manager/ IC  │
                        └─────────────────────────┘
        ┌──────────┬────────────┬──────────────┬──────────┐
   ┌─────────┐ ┌─────────┐              ┌─────────┐ ┌─────────┐
   │Operations│ │Planning │              │Logistics│ │ Finance │
   └─────────┘ └─────────┘              └─────────┘ └─────────┘
        │           │              ┌──────────┴──────────┐
   ┌──────────┐ ┌──────────┐  ┌──────────────┐ ┌──────────────┐
   │Medical Care│ │Resource Unit│ │Services Branch│ │Support Branch│
   │   Group    │ └──────────┘  └──────────────┘ └──────────────┘
   └──────────┘                      │                  │
   ┌──────────┐                 ┌──────────┐    ┌──────────────┐
   │Registration│               │Supply Unit│    │Communications│
   │   Group    │               └──────────┘    │    Unit      │
   └──────────┘                      │          └──────────────┘
   ┌──────────┐                 ┌──────────────┐ ┌──────────┐
   │Food Group│                 │Transportation│ │Food Unit │
   └──────────┘                 │     Unit     │ └──────────┘
   ┌──────────┐                 └──────────────┘
   │Security Group│             ┌──────────────┐
   └──────────┘                 │Facilities Unit│
                                └──────────────┘
```
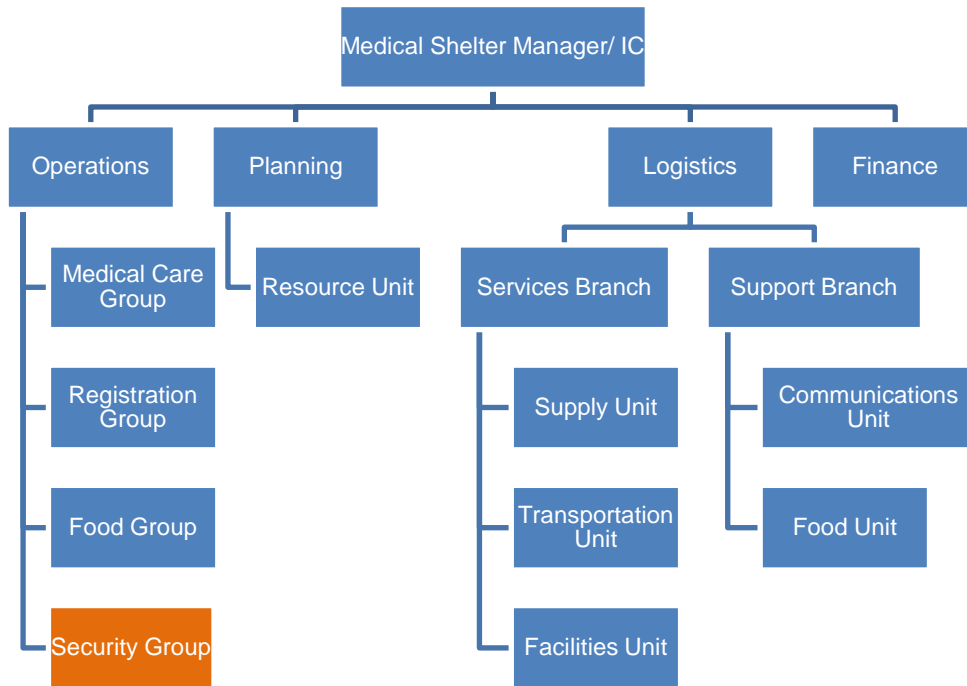
a.   Purpose

To establish a process for coordination all of the activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface.

b.   Background

Safety and security is the most essential operational requirement of a Medical Shelter. Without proper safety and security measures at a Medical Shelter, the lives of clients and personnel will be compromised. It is recommended that a Medical Shelter be open to the public ONLY IF at a minimum at least two security personnel are present at the time of opening. Security needs and goals at the Medical Shelter may require more security than under normal conditions of operations given the nature of the disaster. These include general safety of clients, staff, and visitors, and protection of pharmaceuticals and other assets. However, typical measures to achieve security would be more complex for a Medical Shelter due to the following reasons:

i.   Since this is a temporary Medical Shelter facility; the facility itself and security procedures will be unfamiliar and not yet routine to the security staff. Therefore, protocols will be more difficult to maintain and unusual events will be more difficult to identify

ii.   Medical Shelter personnel will not be known to security staff or to one another, therefore unauthorized persons will be more difficult to identify

iii.   All personnel, clients, and visitors will be under heightened stress due to the catastrophic event that necessitated opening of the Medical Shelter

Medical Shelter Plan

c. Areas of Responsibility

1. Staffing

   Determine number and types of security personnel needed to adequately staff the Medical Shelter. Consideration should be given to the following:

   ➢ Number of security personnel needed and in what timeframe. (Options for obtaining security personnel include: private firms, local law enforcement, or volunteers, such as CERT members trained in Life, Safety, & Asset Protection by the Red Cross.)
   ➢ Level of training needed (just-in-time training for specific incident).
   ➢ Gear and equipment specifications.
   ➢ Number of personnel who need to be armed.
   ➢ An estimate of how long the personnel will be needed.

2. Security Plan

   ➢ The Security Group Supervisor shall develop a Security Plan with key objectives for security personnel using the ICS Branch Assignment Form 204.

   ➢ Consider site-specific needs, including:
      o Security protocols to be followed and exact parameters of responsibility.
      o Chain of command guidance.
      o Patrol of parking and shipping areas for suspicious activity.
      o Traffic Control
      o Removing unauthorized persons from restricted areas. (For non- sworn personnel, physical removal is prohibited. Use 911).
      o Need for security personnel to use personal protective equipment

   ➢ Access Control Parameters
      o Control of access to the site and the building would be achieved through security personnel, physical barriers such as fencing and mechanical devices.
      o The exterior windows, doors, and other structural components of the Medical Shelter building should be in place with no breach in the building envelope allowing for building access other than in normal doorway entrances. Locks on doors and windows should be in place and functional. A limited number of building entranceways should be established. Exterior doorways should be controlled with locks.

      o Medical Shelter(s) should have a lockable pharmacy area.

      o A security process should be set up for the following:
         • Ensuring the security of existing inventory and caches by utilizing personnel or security cameras.
         • Controlling access into and within the building area.
         • Identifying and tracking clients, staff, and visitors.

      o Personnel responsible for access control shall be provided a site diagram indicating the perimeter of Medical Shelter operations, as well as authorized entry and exit points for staff, clients, and visitors.

Medical Shelter Plan

3. Communications Plan (ICS 205)

    Work with the Operations Section Chief or Medical Shelter Manager to identify the methods of communications for security personnel. Communications Plan- Form 205 shall be provided to security personnel as necessary.

    ➢ Assignment of Equipment

      o   Determine resource needs and make assignment of security equipment, including Keys, Portable Radios, Placards, Caution Tape, etc.

      o   All assignment of equipment shall be documented, using the Resource Account Record (ICS 257).

6. Medical Shelter Activation Team: Logistics
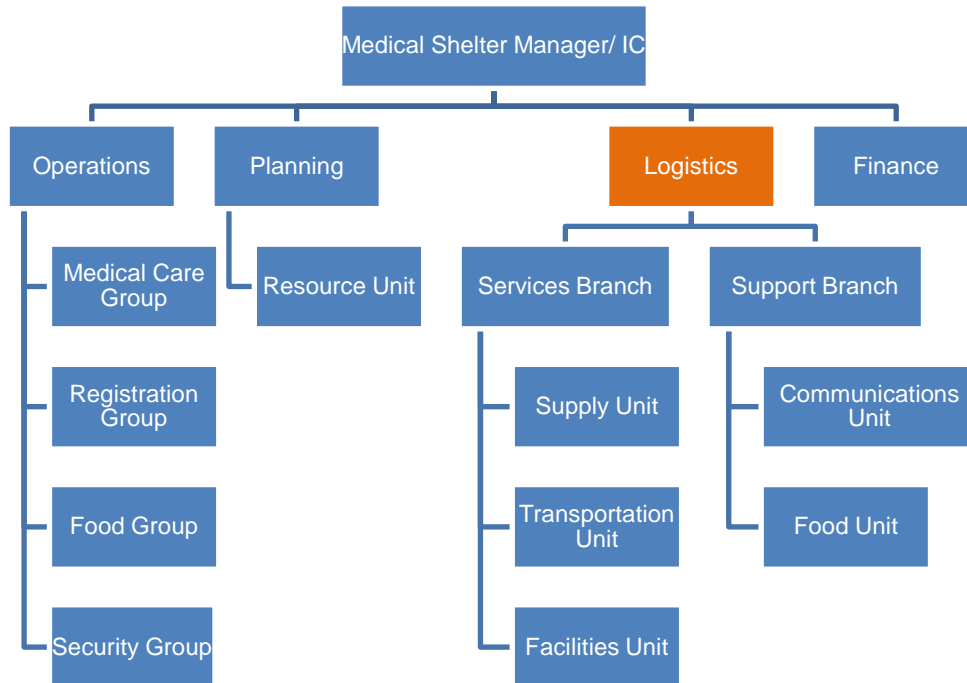
a. Purpose

The purpose of the Logistics Section Chief is to organize and direct those operations associated the provision of human resources, materiel, and services to support the Medical Shelter. Participate in Action Planning.

b. Areas of Responsibility

1. Resource Assessment

➤ Evaluate on-hand communications equipment required for response and project need for repair and expanded inventory

➤ Inventory on-hand food and water supply

➤ Assess and evaluate IT/IS capability, and determine need for repair or expansion of service and support

➤ Determine available inventory of the following, based on the type of event and type of client, e.g. adult versus pediatric, supportive versus acute care (see Equipment/Supply Matrix*). This may include, but is not limited to:
   o Bandages and Wound Management
   o Client Bedding, Gowns, Cots, Misc.
   o Healthcare Provider Personal Protective Equipment (PPE)
   o Exam Supplies
   o General Supplies
   o Emergency Equipment and Associated Supplies

Medical Shelter Plan

2. Staffing

➢ One Public Health Nurse and one Assistant per 10 patients will be the standard clinical staffing for the Medical Shelter operations, in addition to the non-clinical staff (typically provided through the general population shelter).

➢ Consider the need for Just-in-time training. Just-in-time training refers to rapid training courses designed to familiarize staff with processes and operations. This training must occur prior to staff engaging in operational activities, and should cover the operations and administration of the medical shelter as well as instructions on using equipment, medical supplies and other materials. Just-in-time training can take place in any area of the shelter. Just-in-time training courses may include:
   o Site operations and procedures;
   o Client tracking and client valuables tracking;
   o Report procedures, check-in procedures, credentialing;
   o Personal protective equipment, medical evaluation and testing, infection control, fit testing;
   o Client record keeping, storage, and chain of command;
   o Communication procedures;
   o Obtaining prescription procedures;
   o 911 protocols;
   o Standing orders;
   o Identifying, assisting, and appropriately interacting with individuals with special needs;
   o Logistics.

3. Resource Request

➢ Complete a status report and a formal request for assistance, utilizing the EM Resource system or Medical Resource Request Form.

➢ This formal request should be submitted to the Medical Health DOC and should be specific and quantifiable.

➢ Ensure that when acknowledgement of the request is received, it is saved and used to track the request status. The acknowledgement should contain:
   o Confirmation of the specific request that was made.
   o The anticipated response time.
   o Any additional information on the scope and impact of the disaster and its effect on mutual aid requests.

➢ Prepare to reconfirm a response time of request if the request is not fulfilled as anticipated.

4. Pharmaceuticals

Shelter management should consider pharmaceutical needs including prescriptions and over-the counter products. For security purposes and to minimize the amount of set-up required at the medical shelter, when possible medical shelters should utilize local retail pharmacies and hospitals to fill and/or refill prescriptions for clients at the medical shelter. Some retail pharmacy chains have mobile pharmacy capability which may be utilized to provide temporary pharmacy services to the medical shelter. Considerations and planning that need to be detailed fall under the responsibility of the Medical Director and include:

☐ Ordering process for prescriptions, bulk medications, IV solutions, etc.;
☐ Pickup or delivery of prescriptions;
☐ On-site storage and security of prescriptions;
☐ Dispensing of prescriptions including those requiring compounding;
☐ Disposal of unused medications.

The Medical Director's medical license and Drug Enforcement Agency (DEA) registration will be required for ordering and delivery of medication from wholesalers unless a pharmacy is utilized for this purpose. Relying on the Medical Director's personal license and DEA registration may require more advance planning as well as logistical support during an event than using a pharmacy because drug wholesalers will only ship to the address printed on the DEA registration. Having the medical shelter stocked and re-supplied from a local pharmacy may be a more expeditious method than having shipments of pharmaceuticals made first to the Medical Director's office and then secondary delivery to the medical shelter. Either way, logistical support to move products to and from the medical shelter must be in place.

5. Inventory Management

  ➢ Clarify the process for how materials get delivered.

  ➢ Identify where materials will be delivered so there are one or more specific locations that delivery is expected.

6. Resource Tracking

  ➢ Ensure that all movement of equipment and supplies is tracked, utilizing the Chain of Custody Log (**See HEPReP Section 6: Resource Management**).

  ➢ Ensure a process for security and control of medications, equipment, and supplies, as needed.

7. Food Unit

  ➢ Determine whether dietary services for clients will be conducted on- site or off-site.

  ➢ Ensure that a dietary services plan is developed and included in the Medical Shelter Action Plan.

  ➢ Estimate the number of client meals which can be served utilizing existing food stores. In conjunction with Logistics, implement rationing if situation dictates.

  ➢ Coordinate external food service support.

  ➢ Ensure plans comply with Environmental Health Food Safety policies and procedures.

B. ACTIVATION APPENDICES

Medical Shelter Plan

Appendix A: Medical Shelter Triage Tool

Medical Shelter Plan

Medical Shelter Triage Tool

SCOPE / LEVEL of MEDICAL SHELTER CARE

MEDICAL SHELTER LOCATION:	Date:

CLIENT DEMOGRAPICS:

Age Restrictions: ☐None ☐ Adults Only (Ages: ____) ☐ Pediatrics Only (Ages: ___) ☐ Other _____

Gender Restrictions: ☐None ☐ Males Only ☐ Females Only

Activity Restrictions: ☐ None ☐ Ambulatory - Unassisted ☐ Ambulatory - Assisted ☐ Wheelchair ☐ Bed-bound

CLINICAL SUPPORT RESTRICTIONS:

DIETARY: ☐ No restrictions

☐ Other: _____

RESPIRATORY: ☐ No restrictions ☐ No Oxygen Support ☐ Other:_____

GI/GU: ☐ No restrictions ☐ No incontinence ☐ Other: _____

OTHER:

LEVEL / SCOPE OF MEDICAL SHELTER CARE:

Clients have no acute medical conditions, but require medical monitoring, treatment or personal care beyond what is available in public shelters.

CLIENT TYPES FOR MEDICAL SHELTER ADMISSION:

☐ Bedridden, stable, able to swallow
☐ Wheelchair-bound requiring assistance for ADLs
☐ Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject
☐ Requires assistance with tube feedings
☐ Draining wounds requiring frequent sterile dressing changes
☐ Oxygen dependent; requires respiratory therapy or assistance with oxygen
☐ Incontinent; requires regular catheterization or bowel care
☐ Requires attendant

CLIENT CRITERIA SUMMARY / ADDITIONAL NOTES:

Public Health Officer (or designee): _____ Date: _____
                                   Signature

Medical Shelter Plan

Appendix B: Medical Shelter Job Action Sheets

The following Job Action Sheets are provided in the event that a stand-alone Medical Shelter is necessary. Otherwise, the General Population Shelter may provide the logistical infrastructure for general shelter operations, e.g. food, supplies, security, etc.

Job Action Sheets

MEDICAL SHELTER MANAGER/ INCIDENT COMMANDER

Mission: Organize and direct the Medical Shelter. Give overall strategic direction for incident management and support activities, including emergency response and recovery.

Date: _____ Start: _____ End: _____ Position Assigned to: _____

Signature: _____ Initial: _____

Medical Shelter Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Assume role of Medical Shelter Manager/ IC and activate the Incident Command System (ICS).		
Read this entire Job Action Sheet and put on position identification.		
Coordinate with the General Population Shelter Manager, and liaison with the Public Health Department to establish the Medical Shelter operations.		
Ensure that the procedures for accepting clients into the Medical Shelter are established.		
Determine the schedule for periodic staff briefings. Document discussions, decisions and follow up actions required.		
The request for MEDICAL SHELTER activation will follow the SEMS process. Planning and logistical support will be provided through the MHOAC or Operational Area EOC as needed.		

Documents/Tools
- ICS 203   - ICS 214

Medical Shelter Plan

PUBLIC INFORMATION OFFICER

Mission: Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the Shelter Manager.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials:_____

Position Reports to: Shelter Manager/ IC Signature _____ :

Medical Shelter Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Receive appointment and briefing from the Shelter Manager.		
Read this entire Job Action Sheet and review incident management team chart (ICS 207). Put on position identification.		
If advisable, prepare information and instructions for the public to inform about the location of the MEDICAL SHELTER and the type of care provided. Coordinate releases to the media through the Operational Area PIO/JIC.		

Documents/Tools
• Incident Action Plan • ICS 207 • ICS 214

Medical Shelter Plan

SAFETY OFFICER

Mission: Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions. Have authority to halt any operation that poses immediate threat to life and health.

Date: _____   Start: _____   End: _____   Position Assigned to: _____ Initials: _____
Position Reports to: Shelter Manager/ IC   Signature: _____
Medical Shelter Location: _____   Telephone: _____
Fax: _____   Other Contact Info: _____   Radio Title: _____

Task	Time	Initial
Receive appointment and briefing from the Shelter Manager.		
Read this entire Job Action Sheet and review incident management team chart (ICS 207). Put on position identification.		
Security for the following areas may be required: ☐ Medical supplies ☐ Pharmaceuticals ☐ Food ☐ Staging ☐ Perimeter ☐ Helicopter area ☐ Patient treatment areas		
Ensure that access to the site is controlled. Establish check-in and badging procedures. If needed, request badge making equipment and personnel through the Logistics Section Supply Unit.		

Documents/Tools
• ICS 214   • ICS 215A

PLANNING SECTION CHIEF

Mission: Oversee all incident-related data gathering and analysis regarding incident operations and assigned resources, develop alternatives for tactical operations, conduct planning meetings, and prepare the Incident Action Plan (IAP) for each operational period.

Date: _____   Start: _____   End: _____   Position Assigned to: _____   Initial: _____

Position Reports to: Shelter Manager/ IC   Signature: _____

Medical Shelter Location: _____   Telephone: _____

Fax: _____   Other Contact Info: _____   Radio Title: _____

Task	Time	Initial
Assist the Shelter Manager in developing an IAP for the first operational period, as well as for the next operational period.		
Appoint Unit Leaders as necessary.		

Documents/Tools
• ICS 202 • ICS 214

MEDICAL CARE GROUP SUPERVISOR

Mission: Supervise clinical staff. Assume responsibility for assessment, treatment, and movement of clients.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: **Operations Section Chief** Signature: _____

Medical Shelter Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Develop organization sufficient to handle assignment.		
Direct and supervise personnel as assigned.		
Coordinate movement of clients into and out of the Medical Shelter.		
Request sufficient medical equipment and supplies as necessary.		
Ensure continual triage of patients throughout treatment areas.		
Give periodic status reports to Shelter Manager.		
Maintain Unit/Activity Log (ICS Form 214)		

Documents/Tools
• ICS 214

LOGISTICS SECTION CHIEF

Mission: Oversee the management of the Communications, Supplies and Inventory, and Facility Services. Coordinate logistics needs for the Medical Shelter site operations.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Shelter Manager/ IC   Signature: _____

Medical Shelter Location: _____ Telephone: _____

Fax: _____   Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Appoint Unit Leaders as necessary.		
Receive confirmation of adequate supplies and staff from Unit Leaders under your supervision.		
Ensure Section Personnel comply with safety policies and procedures.		
Document all key activities, actions, decisions in a Unit Log (CCPHD 214) on a continual basis.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Shelter Manager. Provide for staff rest periods and relief.		

Documents/Tools
• ICS 202 • ICS 214

COMMUNICATIONS UNIT LEADER

Mission: Organize and coordinate internal and external communications connectivity.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____
Position Reports to: Support Branch Director   Signature: _____
Medical Shelter Location: _____ Telephone: _____
Fax: _____   Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Prepare and implement the Incident Communications Plan.		
Establish appropriate communications distribution / maintenance locations.		
Ensure communications system are installed and tested.		
Ensure an equipment accountability system is established.		
Provide technical information as required.		
Recover equipment from relieved or released units.		
Maintain Unit/Activity Log		

Documents/Tools
• ICS 205 • ICS 214

FOOD UNIT LEADER

Mission: Make arrangements for food for staff and patients. Consider estimated duration of MEDICAL SHELTER operations

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Support Branch Director Signature: _____	
Medical Shelter Location: _____ Telephone: _____	
Fax: _____ Other Contact Info: _____ Radio Title: _____	

Task	Time	Initial
Determine food and water requirements.		
Determine method of feeding to best fit each facility or situation.		
Ensure that well-balanced menus are provided.		
Order sufficient food and potable water from the Supply Unit.		
Maintain an inventory of food and water.		
Maintain food service areas, ensuring that all appropriate health and safety measures are being followed.		
Ensure adequate hand-washing stations, soap and towels, or hand sanitizer availability		
Consider refrigeration needs for food		
Consider heat source for cooking		
Consider trash collection needs		
Consider staffing needs for cooking, serving, cleaning		
Consider need for tables and chairs		
Maintain Unit/Activity Log		

Documents/Tools
• ICS 214

SUPPLY UNIT LEADER

Mission: Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies, and pharmaceuticals.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Services Branch Director Signature: _____

Medical Shelter Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
If using a site or facility that was not pre-inspected or pre-designated, determine the need for: Cached tents (for outdoor site)		
Lighting		
Water for drinking and sanitation		
Generators and fuels		
Portable latrines		
Heating or cooling		
Cots, blankets, linens		
Cooking, catering, or canteen arrangements		
trash containers and collection/removal		
bio-waste containers and removal		
communications		
Coordinate medical and non-medical equipment and supply requests, and mutual aid through adjacent jurisdictions and the MHOAC when required.		
Request deployment of cached treatment equipment and supplies, OR request logistics staff at the EOC to initiate re-supply through vendors and mutual aid.		

Task	Time	Initial
Manage inventory of medical and non-medical supplies.		
Distribute supplies as requested by Operations.		
Coordinate with Operational Area EOC to ensure steady re-supply.		
Assigns medical and non-medical volunteers, providing orientation for new arrivals.		
Coordinate all MEDICAL SHELTER medical and non-medical staff requests through the EOC or DOC.		
If Mental Health staff have not been pre-planned, request assistance from the Medical Health DOC or the OA EOC.		
If caring for children and / or pets is an issue, request activation of support through the OA EOC.		
Maintain Unit/Activity Log		

FACILITIES UNIT LEADER

Mission: Responsible for the layout and activation of incident facilities and Shelter Manager Post. Provide sleeping and sanitation facilities for personnel and clients.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Services Branch Director   Signature: _____

Medical Shelter Location: _____   Telephone: _____

Fax: _____   Other Contact Info: _____   Radio Title: _____

Task	Time	Initial
Responsible for the layout, activation, and operational functionality of the facility.		
Coordinate with Logistics Chief for utilities, tents, cots, lighting, generators, and fuels. In pre-designated sites; ensures set-up according to layout.		
Coordinate with Food Unit to determine shared resource / equipment needs.		
Review infrastructure and support requirements at pre-inspected, pre-designated facilities. Request provision of missing utilities, equipment, generators, etc.		
Assess non-pre-inspected location (s), giving consideration for ambulance access/egress.		
Arrange laundry service for blankets and linens, either on-site or by vendor pick-up and delivery. Consider using disposable blankets, or donated blankets.		
Arrange for water storage and waste water holding containers when sewer is unavailable.		
Arrange for removal of waste from the site, including bio-medical waste.		
Maintain Unit/Activity Log		

Documents/Tools
• MS 01   • MS 02   • ICS 214

SECURITY GROUP SUPERVISOR

Mission: Coordinate all of the planning activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Operations Section Chief Signature: _____

Medical Health DOC Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Activity	Time	Initial
Receive appointment and briefing from the Operations Section Chief or Medical Shelter Manager. Obtain packet containing Job Action Sheets.		
Read this entire Job Action Sheet and review Medical Shelter Incident Action Plan. Put on position identification/vest.		
Notify your usual supervisor of your assignment.		
Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis.		
Develop a Security Plan with key objectives for security personnel using the ICS Branch Assignment Form 204.		
Consider site-specific needs, including: • Security protocols to be followed and exact parameters of responsibility • Security of the Medical Shelter, triage, client care, and other sensitive or strategic areas from unauthorized access • Chain of command guidance • Patrol of parking and shipping areas for suspicious activity • Traffic Control • Removing unauthorized persons from restricted areas • Need for security personnel to use personal protective equipment • Ambulance entry and exit		
Determine number and types of security personnel needed to adequately equip the Medical Shelter. Consideration should be given to the following:		

Activity	Time	Initial
• Number of security personnel needed and in what timeframe. (Options for obtaining security personnel include: private firms, local law enforcement, or volunteers.) • Level of training needed. • Gear and equipment specifications. • Number of personnel who need to be armed. • An estimate of how long the personnel will be needed.		
Work with Health Services Unit to ensure a lockable pharmacy area. Aside from the lockable doors, there should be security personnel and if possible, alarms and cameras.		
A security process should be set up for the following: • Ensuring the security of existing inventory and caches by utilizing personnel or security cameras. • Controlling access into and within the building area. • Identifying and tracking clients, staff, and visitors.		
Work with the Operations Section Chief to identify the methods of communications for security personnel. The Communications Plan- Form 205 shall be provided to security personnel as necessary.		
Determine resource needs and make assignment of security equipment, including Keys, Portable Radios, Placards, Caution Tape, etc. All assignment of equipment shall be documented, using the Resource Account Record (ICS 257).		

Documents/Tools
• Medical Shelter Incident Action Plan • Target Facility Site Plan • ICS Form 204 – Branch Assignment Sheet • ICS Form 205 – Communications Plan • ICS Form 214 – Operational Log • HICS Form 257 – Resource Accounting Record

	Time	Initial
Utilize the Matrix for Medical Shelter Staffing Guidelines to determine levels and numbers of clinical and non-clinical staff needs.		
Complete a status report and a formal request for assistance, utilizing the EM Resource system or Medical and Health Resource Request Form. This should be specific and quantifiable.		

Appendix C: Medical Shelter Target Facility Assessment

FACILITY ASSESSMENT

Medical Shelter Facility Assessment

Site Name:	
Address**:**	
Map / Page grid #:	

Items to Be Completed Prior to Survey Visit

Individual completing assessment:	
Date of assessment:	Phone:
Point of Contact for site access:	Phone:
After business hours point of contact:	Phone:
Point of Contact for facility maintenance (if applicable):	Phone:
Point of Contact for site security (if applicable):	Phone:
Total square feet:	Covered square feet: *8K required for 50 beds*
# of buildings available:	(circle) One floor or Multilevel # of floors: SINGLE FLOOR

The following is a list of basic facility requirements to establish a Medical Shelter. Please determine if the requirement is present, not present or reasonably accommodated (potential to be present with refitting/renovation). *P = Present; NP = Not Present; RA = Reasonably Accommodated*

I. Infrastructure	P/NP/RA	Comments
Door size adequate for gurneys		
Floors		
Loading Dock		
Parking for staff and visitors		
Roof		
Toilet facilities/showers (#:_0_)		
Hand-washing facilities		
HVAC System for adequate ventilation		
Climate Control		
Walls		
Wheelchair access		

II. Total Space	P/NP/RA	Comments
Auxiliary Spaces (Rx, Counselors)		
Equipment/supply storage area		
Family area		
Food and supply prep area		
Mortuary holding area		
Client decontamination/isolation area		
Min 40-100 sq. feet per person depending on physical needs (wheelchair, pet, friend, etc.)		
Staff support/rest break areas		

III. Utilities	P/NP/RA	Comments
Air Conditioning		
Electrical Power (back-up generator)		
Heating		
Lighting		
Water		

Medical Shelter Plan

Fire protection safety and equipment		
Refrigeration for safe storage of medical supplies		
IV. Communications	**P/NP/RA**	**Comments**
Phone Capability (#:____)		
Two-way radio capability		
Wired for IT and Internet Access		
V. Clinical Requirements	**P/NP/RA**	**Comments**
Triage/ER Client Care		
Reception/Staff/Family Entrance(s)		
Pharmacy (secured area)		
Isolation Area		
Nurse Station		
Rest Area		
Storage: Housekeeping Supplies/ bio-waste		
Storage: Linens (clean / soiled)		
Decontamination / Hand washing / Bathrooms		
VI. Security	**P/NP/RA**	**Comments**
Ability to lock down facility		
Provide secure storage for controlled substances		
Access control staff / clients / visitors		
Access roads / parking		
Ambulance access / Medical supply delivery		

Please answer the following questions:
Has this site been identified for use in other emergencies?
ADA access for persons with disabilities?
Size of largest open room:
Total covered area sq ft (estimate for 50 clients +staff = 8,000):
Are there any other indigenous communications resources (i.e. security radios, intercom, Internet etc)?
Generator Capacity: none   watts.
Fuel on site :   none   gallons   Runtime with existing fuel?   0   Hours 0
Nearest major thoroughfare:
Road size and number of lanes for access to site:
How does the general layout look?   Good   Fair   Congested
Would materiel need to be relocated to use this facility/site?   Y   N
Estimate # of non-ambulatory clients in all areas (@100 sq. ft. per client)
Problems, major stumbling blocks? Comments.
What would have to be brought in?
Overall Comments/Recommendation:

Medical Shelter Plan

Appendix D: Client Tracking Form

CLIENT TRACKING FORM

Tuolumne County Health Emergency Preparedness and Response Plan (HEPReP)

MEDICAL SHELTER CLIENT TRACKING FORM									
1. INCIDENT NAME:			**2. DATE/TIME PREPARED:**			**3. OPERATIONAL PERIOD DATE/TIME:**			
4. TRIAGE AREA									
Triage Tag#	Disaster/ Incident	Last Name	First Name	Sex	DOB/ Age	Time In	Area Triaged To	Disposition	Time Out
5. AUTHORIZATION SIGN OFF:					**6. CLINICAL PROVIDER:**				
7. SUBMITTED BY:					**8. AREA ASSIGNED TO:**			**9. DATE/TIME SUBMITTED:**	
10. MEDICAL SHELTER NAME:					**11. PHONE:**			**12. FAX:**	

Medical Shelter Plan

Appendix E: Communication Diagram

COMMUNICATIONS DIAGRAM

Medical Shelter Plan

Tuolumne County Public Health Department
Medical Shelter

Internal Radio Communications

Channel Assignments

☐
☐
☐
☐

Radio Assignment Log

Type	Position		Quantity	Deployed	Returned
Radio	Shelter Manager		1		
Family Radio	Security Group Supervisor		3		
Family Radio	Logistics Section Chief		1		
Family Radio	Food Unit Leader		1		
Family Radio	Facilities Unit Leader		1		
Family Radio	Registration Group Supervisor		1		
Family Radio	Medical Care Group Supervisor		3		
Family Radio	Planning Section Chief		1		
Family Radio	Communications Unit Leader		2		
Family Radio	Supply Unit Leader		1		
Family Radio	Resource Unit Leader		1		
Family Radio	PIO		1		
Family Radio	Safety Officer		1		
TOTAL			16		

CCPHD- 205A

Medical Shelter Plan

Appendix F: Client Intake Form

CLIENT INTAKE FORM

Medical Shelter Plan

Tuolumne County Medical Shelter
CLIENT INTAKE FORM

Complete the shelter intake form, which should including the following:
- Current medical status;
- Functional or communication limitations/barriers;
- List of all medications and the amounts being taken and/or brought with them. Any medication the client needs and does not have should be verified. Medical staff are responsible for ensuring that all medication is labeled with the client's name and disaster incident number;
- List of all medical equipment the client needs and/or has brought with them; medical staff should label all equipment with the client's name and disaster incident number;
- List of all companions accompanying the client;
- Chief medical complaint and history of previous medical conditions;
- Any dietary needs;
- Any medical services needed (e.g. dialysis, oxygen etc.);
- Cause of injury or illness;
- Documentation of treatment provided in triage;

Table 11 – Standard Risk Assessment Codes

Color	Client Type	Definition
Red	Allergy	Individual has an allergy. Red wristband alerts staff to look in the client's medical record for additional information.
Yellow	Fall Risk	Individual has a propensity to fall. Staff will monitor clients closely to determine if they need personal assistance.
Purple	Do Not Resuscitate	Individual has expressed an end-of-life wish medical staff should be made aware.
Blue	Communicable	Individual has or may have a respiratory, gastrointestinal, or skin infection.

Appendix G: Set-up Diagrams

MEDICAL SHELTER SET-UP DIAGRAMS

MEDICAL SHELTER Set-up Diagrams

Figure 4 – Medical Shelter Functional Locations

Operational Area Emergency Operations Center

Logistics
Support Services
Volunteers

Planning
Finance/
Admin

Public Health or EMS Department Operations Center

Staffing

Medical Equipment and Supplies

Medical Shelter

Shelter Manager

Clinical Staff
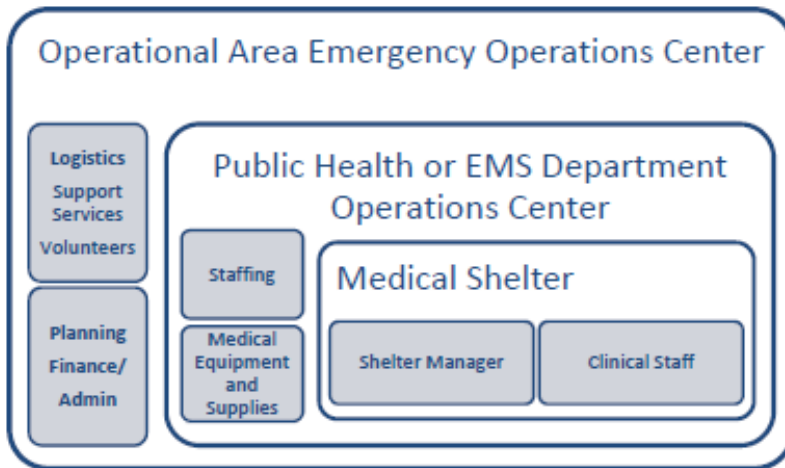
Clients with wheelchairs, lift equipment, personal care assistants and service animals may require approximately 100 square feet of space per client. Planners should consider that additional space will be needed to accommodate family and caregivers of clients. Family members and caregivers can assist shelter staff in providing care for the clients.

Figure 5 –Sample Shelter Layout

10 feet

10 feet

Wheelchair or other Equipment

Service Animal Bed

4 ft aisle

Wider, higher bed (e.g. hospital bed)

Standard bed for personal care assistant

Medical Shelter Plan
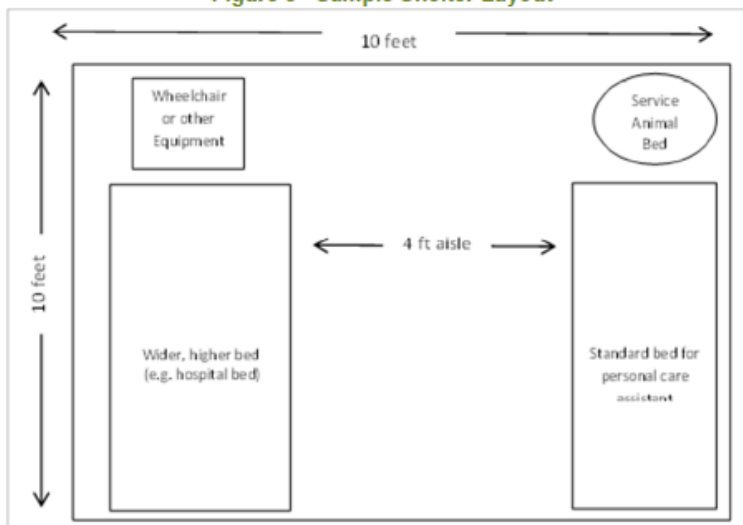
Diagram 2: Medical Bed Set-up Instruction Sheet

Westcot
Folded and Opened with
Head and Foot Elevated

Caution - Bed weighs 30#

Start

Westcots will arrive either packed 10 per pallet or in the optional Westcart 10 Bed rolling rack. Remove one bed from the box or rack. Find the Closure Strap Buckle, and Pinch to Release

Step 1

Turn the bed on its side. If the Westcot was ordered with the mattress it is tucked between the legs and the decking. Slowly open the bed and partially open the end legs. Caution must be taken to avoid tearing the cover on the leg locks.

Step 2

Pull the mattess out and set aside. Note the Leg Locks are Labled with Arrows to show the direction they must travel to **unlock** them. As you open the legs further, they will move from the **V** postion to **Straight** and Locked position.

Step 3

Starting with the Center Leg, push the top leg lock until it is in the Locked position. You can use your foot to do the same with the bottom lock. Do the same with the two ends legs

Step 4

Once the Legs are Locked, the foot and head elevators will lift off the main bed frame. To safely open the bed, pull the head and foot elevators flush to the frame.

Step 5

The decking keeps the bed under tension so be careful when preparing to open the bed to its flat position. Holding the head elevator to the frame, open the bed until it is completely flat. Next rotate the bed onto its legs so that it rest on the floor.

Step 6

Medical Shelter Plan

Appendix H: Staffing Matrix

STAFFING MATRIX

Tuolumne County Medical Shelter
STAFFING MATRIX

The following staffing matrix is provided in the event that a stand-alone Medical Shelter is necessary. Otherwise, the General Population Shelter will provide the logistical infrastructure for general shelter operations, e.g. food, supplies, security, etc.

Staff/Volunteer	Numbers (12 Hour Shift)	Coverage
CLINICAL STAFF		
RN (per 10 clients)	1 per shift	On site 24/7
Nursing Attendant (per 10 clients)	1 per shift	On site 24/7
SUPPORT STAFF		
Shelter Manager/Incident Commander	1 per shift	24/7
Safety Officer	1 per shift	
PIO	1 per shift	
Liaison	1 per shift	
Logistics Section Chief	1 per shift	
Resource Unit Leader	1 per shift	
Security Group Supervisor	1 per shift	
Runners	1-3 per shift	
Supply Unit Leader	1 per shift	24/7
Registration Group Supervisor	1 per shift	
Communications Unit Leader	1 per shift	
Facilities Unit Leader	1-2 per shift	
Food Group Supervisor	1-2 per shift	24/7
Child / Pet Care Unit Leader	1 per shift	24/7
Operations Section Chief	1 per shift	24/7
Planning Section Chief	1 per shift	
Medical Care Group Supervisor	1 per shift	24/7
Client Inquiry and Information	1 per shift	24/7
Finance-Admin Section Chief	1 per shift	
Transportation Unit Leader	1 per shift	

I. Medical Shelter Organization Structure

```
                    ┌─────────────────┐
                    │  Medical/Health │
                    │  DOC Director/  │
                    │     MHOAC       │
                    └────────┬────────┘
                    ┌────────┴────────┐
                    │ MEDICAL SHELTER │
                    │   MANAGER/ IC   │
                    └────────┬────────┘
           ┌─────────────┐   │   ┌─────────────┐
           │   LIAISON   │───┼───│   MEDICAL   │
           └─────────────┘   │   │  DIRECTOR   │
           ┌─────────────┐   │   ┌─────────────┐
           │   SAFETY    │───┼───│     PIO     │
           │   OFFICER   │   │   └─────────────┘
           └─────────────┘   │
```

OPERATIONS SECTION	PLANNING SECTION	LOGISTICS SECTION	FINANCE-ADM SECTION

OPERATIONS SECTION
- BEHAVIORAL HEALTH GROUP
- MEDICAL CARE GROUP
- SECURITY GROUP
- REGISTRATION GROUP
- FOOD GROUP

PLANNING SECTION
- DOCUMENTATION UNIT
- SITUATION UNIT
- RESOURCES UNIT

LOGISTICS SECTION

SERVICES BRANCH
- SUPPLY UNIT
- TRANSPORTATION UNIT
- FACILITIES UNIT
  - ENVIRONMENTAL CONTROLS
  - HOUSEKEEPING

SUPPORT BRANCH
- COMMUNICATIONS UNIT
- FOOD UNIT

The organization chart is provided in the event that a stand-alone Medical Shelter is necessary. Otherwise, the General Population Shelter will provide the logistical infrastructure for general shelter operations, e.g. food, supplies, security, etc. In some instances, the Medical Director position will be incorporated into the DOC leadership position at the head of this chart.

Appendix J: Medical Shelter Forms

MEDICAL SHELTER FORMS

MEDICAL SHELTER-01 - SITE ASSESSMENT FORM

> The Site Assessment Form is used to assess the suitability of facilities. See also the ARHQ Site Assessment tool, which can be accessed at http://www.ahrq.gov/research/altsites.htm. This web-based tool assesses how types of existing facilities (schools, community centers, churches, etc.) may be used as an Alternate Care Site / Field Treatment Site. The American Red Cross recommends 40 sf/person.

Site Name:	
Address:	

Attachments Needed With This Survey

Site Map and/or Floor plan drawing of facility structure

Items to Be Completed Prior to Survey Visit

Individual completing assessment
(Print)   Date   Phone
Point of Contact for site access   Phone
After business hours point of contact   Phone
Point of Contact for facility maintenance (if applicable)   Phone
Point of Contact for site security (if applicable)   Phone

Total square feet:	Covered square feet: 40K required if requesting FMS (250 bed unit)
# of buildings available:	(circle) One floor or Multilevel # of floors:

Loading Dock*	Y	N	Tractor Trailer Access	Y	N
Fork lift available	Y	N	Pallet Jacks	Y	N
Gurney-sized doors if yes, #:	Y	N	Toilets * if yes, #:	Y	N
Water	Y	N	Water heater	Y	N
Electrical power	Y	N	Waste disposal	Y	N
Back up generator	Y	N	Biohazard waste disposal	Y	N
Heating	Y	N	Laundry*	Y	N
Cooling	Y	N	Hand washing*	Y	N
Lighting	Y	N	Showers* if yes, #:	Y	N
Staging area*	Y	N	Refrigeration* if yes, #:	Y	N

Medical supply storage*	Y	N	Food storage/ preparation area*	Y	N
Ambulance arrival area*	Y	N	Counseling area*	Y	N
Access control (fencing)*	Y	N	Family Area*	Y	N
Client triage area*	Y	N	Managers Area*		
Patient treatment area*	Y	N	Staff area*	Y	N
Patient evacuation area*	Y	N	Telephone if yes, #:	Y	N
Secure pharmaceutical storage*	Y	N	Radio if yes, #:	Y	N
Parking* if yes, #:	Y	N	* Indicate locations on site map		

Do you have volunteers that help at your facility?	Y	N
Site Name:		
Address:		
Do they have special language capabilities?	Y	N
Has this site been identified for use in other emergencies?	Y	N
Number of onsite security staff Working hours		
ADA (Handicap) access?	Y	N
Size of largest open room: x feet		
Are there any other indigenous communications resources (i.e. security radios, intercom, Internet etc)? Comments		

Generator Capacity: watts. Fuel on site : gallons.		
Runtime with existing fuel? hours		
Nearest major thoroughfare:		
Road size and number of lanes:		
How does the general layout look? Good Fair Congested		
Would materiel need to be relocated to use this facility/site?	Y	N
Estimate # of non-ambulatory casualties in all areas (@50sq ft per patient)		
Problems, major stumbling blocks? Comments. What would have to be brought in? Fork lift operators, Ice, etc,		

MEDICAL SHELTER-02 –SITE REPORT FORM

SITE REPORT FORM

INSTRUCTIONS: *Complete this form at the end of each shift and fax one copy to the Medical/Health Departmental Operations Center (DOC) (or Operational Area EOC) at _____ (fax number). Or provide information by telephone / radio / email.*

Date:	Time:	Site:	Person Reporting:

Shift: (Time Period Covered By This Report)

Phone #   **Fax #**

Total # Clients Triaged:	Current	Day Total	# Clients Released:	Current	Day Total
# Clients in Ambulatory	Current	Day Total	# Clients in Non-ambulatory (w/c)	Current	Day Total

Approximate # Waiting to be Triaged:

Overall Status of Site Operations: ☐ No Problems to Report

☐ Problems With: (Describe)

☐ Communications

☐ Staffing

☐ Security

☐ Supplies

☐ Public Information

☐ Translation

☐ Other

Resource Orders Pending:	Staffing Requirements Next Shift:

DOC Received By:	Date:	Time:

MEDICAL SHELTER-03 – MEDICAL SHELTER PERSONNEL TIME SHEET

Site Personnel Time Sheet

1. FROM DATE/TIME			2. TO DATE/TIME		3. SITE		4. UNIT LEADER	
#	Employee (E)/ Volunteer (V)* Name (Please Print)	E/V	Employee Number	ASSIGNMENT	Date/ Time In	Date/ Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
5. Certifying Officer							6. Date/Time Submitted	

* May be usual staff or approved volunteers from community.

Medical Shelter Plan

MEDICAL SHELTER-04 CLIENT RECORD

American Red Cross

Client Health Record | CONFIDENTIAL

DRO # _____ DRO Name _____ DRO Date _____ Case # _____

Service Delivery Site _____ City/County/State _____ CAS # _____

Client Information

Name (Last, First) _____ Primary Language _____

Age _____ Date of Birth _____ ☐ Male ☐ Female ☐ Other   Veteran ☐ Yes ☐ No

Pre-Disaster Address _____

Current Address _____ Phone # _____

Alternate Contact Name _____ Phone # _____

Caregiver: ☐ Home Health Provider ☐ Parent ☐ Spouse ☐ Friend ☐ None ☐ Other _____
Name _____ Phone # _____

Allergies

List all medication, environmental and food allergies, and include type of reaction.

_____

_____

_____

Insurance Information and Medical History

Policyholder Name _____ Policy Phone # _____ Policy # _____

Health Care Provider _____ Provider Phone # _____

Treatment & Release Date _____ Hospitalized ☐ Yes ☐ No Where _____

Medical History _____

_____

_____

_____

_____

_____

Current Medication	Dosage	Last Dose	Current Medication	Dosage	Last Dose

Pharmacy Name _____ Phone # _____

Psy START Mental Health Triage

Risk factors identified by Disaster Health Services and Disaster Mental Health. Do not ask the client about these risk factors directly. These risk factors should be identified during client interaction.

*** Contact site manager and DMH immediately or call 911	** Contact DMH as soon as possible and document referral	* Contact DMH at end of shift and document referral on the Client Health Record

☐ ***Danger to self or others
☐ **Felt/expressed extreme panic or fear
☐ **Felt direct threat to life of self and/or of family member
☐ **Saw/heard death or serious injury of other
☐ **Death of parent, child or family member
☐ **Death of pet
☐ **Significant disaster-related illness or physical injury to self or family member

☐ **Trapped or delayed evacuation
☐ **Family member currently missing or unaccounted for
☐ **Unaccompanied child
☐ *Home not livable
☐ *Separated from immediate family during event
☐ *Prior history of mental health care
☐ No triage risk factors identified

Medical Shelter Plan

American Red Cross

Client Name (Last, First) _____ **Case #** _____ **CAS #** _____

Primary Complaints

Check all complaints that apply to the current visit under each category related to the patient's main reason(s) for seeking care. Do not record client's medical history in this area. For follow-up visits, enter the date next to the box to update the notes section.

Date of Injury _____

Type of Injury
- [ ] Abrasion, cut, laceration
- [ ] Avulsion, amputation
- [ ] Concussion
- [ ] Bruise, contusion
- [ ] Fracture
- [ ] Sprain, strain
- [ ] Other _____

Mechanism of Injury
- [ ] Use of machinery, tools, or equipment
- [ ] Recreational, playing sports
- [ ] Foreign body (e.g. splinter)
- [ ] Ingestion of poison
- [ ] Near drowning
- [ ] Assault (e.g. gunshot, domestic violence)
- [ ] Sexual assault or rape
- [ ] Carbon monoxide exposure
- [ ] Hit by or against object
- [ ] Bite/sting:
  - [ ] insect
  - [ ] snake
  - [ ] human
  - [ ] animal (report to local public health)
- [ ] Burn:
  - [ ] thermal (e.g. fire)
  - [ ] chemical

- [ ] Fall, slip, trip:
  - [ ] Same level
  - [ ] from height
- [ ] Motor vehicle crash:
  - [ ] driver/occupant
  - [ ] pedestrian/bicyclist
- [ ] Other _____

Acute Illness/Symptoms
- [ ] Pain, *specify if possible:*
  - [ ] Chest pain
  - [ ] Ear pain
  - [ ] Muscle or joint pain
  - [ ] Abdominal pain
  - [ ] Headache
- [ ] Other _____

Acute Illness/Symptoms (Cont'd)
- [ ] Cardiac event
- [ ] Fever (>100.4°F or 38°C)
- [ ] Heat related illness symptoms
- [ ] Cold-related condition symptoms
- [ ] Extreme fatigue or overexertion
- [ ] Eye irritation
- [ ] Dehydration symptoms
- [ ] Gastrointestinal:
  - [ ] Nausea or vomiting
  - [ ] Diarrhea (bloody or watery)
- [ ] Respiratory:
  - [ ] Shortness of breath or difficulty breathing
  - [ ] Chest congestion
  - [ ] Congestion, runny nose, sinusitis
  - [ ] Sore throat
  - [ ] Wheezing in chest
  - [ ] Cough
- [ ] Influenza-like-illness (ILI) (fever of 100.4°F or 38° C or greater AND cough and/or sore throat)
- [ ] Skin:
  - [ ] Generalized rash
  - [ ] Localized rash
  - [ ] Soft tissue infection
  - [ ] Fungus, ring worm, tinea
- [ ] Obstetrics/Gynecology:
  - [ ] Vaginal bleeding outside of pregnancy
  - [ ] Pregnancy - abdominal cramping
  - [ ] Vaginal discharge
  - [ ] Pregnancy complications

- [ ] Neurological, *specify:* _____
  _____
- [ ] Mental Health:
  - [ ] Behavior:
  - [ ] Depressed mood
  - [ ] Anxiety or stress
  - [ ] Disruptive
  - [ ] Agitated
  - [ ] Suicidal or homicidal thoughts
  - [ ] Psychotic symptoms (e.g. hallucinations, paranoia)
  - [ ] Drug/alcohol intoxication / withdrawal
- [ ] Not specified elsewhere, *specify:* _____
  _____

Care
- [ ] Blood pressure check
- [ ] Dressing change / wound care
- [ ] Medication refill
- [ ] Blood sugar check
- [ ] Immunization / vaccination
- [ ] Pregnancy / post-partum assessment
- [ ] Other _____

Exacerbation of Chronic Illness
ONLY if current visit related. Do not record patient HX.
- [ ] Asthma
- [ ] Diabetes
- [ ] Cancer, *specify* _____
- [ ] Renal disease / dialysis
- [ ] Seizure disorder
- [ ] Hypertension
- [ ] Congestive heart failure
- [ ] Coronary heart disease (e.g. MI)
- [ ] Cerebrovascular disease / stroke
- [ ] Chronic joint pain (e.g. arthritis)
- [ ] Obstructive pulmonary disease
- [ ] Previous Mental health diagnosis, *specify:*
  _____
- [ ] Other _____

Disposition and Record Tracking
- [ ] Treated by Red Cross
- [ ] Not treated by Red Cross
- [ ] Refused treatment
- [ ] Other _____
  _____
- [ ] Referred:
  - [ ] Hospital / Clinic
  - [ ] Pharmacy
  - [ ] Physician
  - [ ] Self-care
- [ ] Aggregate Morbidity Form Entry (list date for each visit reported)
  _____
- [ ] Intake Tool completed (check when client is referred during registration)

The initial worker legibly prints name, signature, credentials, date and time.

Print Name _____ **Date** _____

Signature _____ **Time** _____

Notes (At time of visit, sign each entry with a date/time, print name, signature, credentials, activity and position)

Legibly document initial visit and each follow-up visit. Use concise language and standard medical terms; include referral information, phone contacts, and/or services provided. Check appropriate complaints and add a dated note next to the complaint. Document each follow-up visit on the daily Aggregate Morbidity Report Form. Disaster Health Services manager/supervisor review each Client Health Record for completeness and legible signatures, before the record is forwarded to the disaster relief operation headquarters or a chapter.

_____
_____
_____
_____

American Red Cross

Client Name (Last, First) _____   **Case #** _____   **CAS #** _____

Notes (At time of visit, sign each entry with a date/time, print name, signature, credentials, activity and position)
Legibly document initial visit and each follow-up visit. Use concise language and standard medical terms; include referral information, phone contacts, and/or services provided. Check appropriate complaints and add a dated note next to the complaint. Document each follow-up visit on the daily Aggregate Morbidity Report Form. Disaster Health Services manager/supervisor review each Client Health Record for completeness and legible signatures, before the record is forwarded to the disaster relief operation headquarters or a chapter.

INCIDENT BRIEFING	1. INCIDENT NAME	2. DATE	3. TIME

4. MAP SKETCH

5. CURRENT ORGANIZATION

```
                        IC

            SAFETY          PIO

            LIAISON

  PLANNING   OPERATIONS   LOGISTICS   FINANCE

   GROUP      GROUP       GROUP       GROUP
```
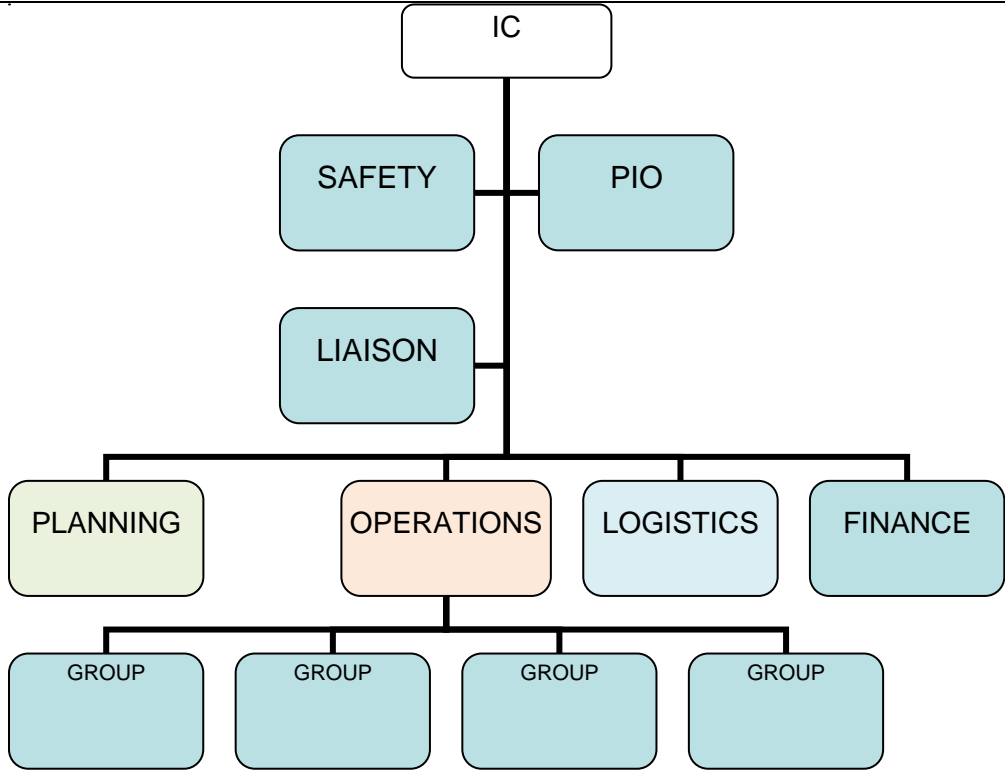
Page 1 of ___	6. Prepared by: (Name and position)

6. NOTES (including accomplishments, issues, warnings/directives)

Resources ordered	Resource identification	ETA	on scene	Location / Assignment

7. Summary of Current Actions

Page 2 of _____	

INCIDENT OBJECTIVES

202- INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. OPERATIONAL PERIOD

5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)

Management Objectives:

-

-

-

Operational Objectives:

-

-

-

6. WEATHER FORECAST

7. GENERAL SAFETY MESSAGE

8. ATTACHMENTS

☐ Organization Assignment List - ICS 203   ☐ Medical Plan - ICS 206   ☐ (Other):

☐ Branch Assignment List - ICS 204   ☐ Incident Map   ☐

☐ Communications Plan -ICS 205   ☐ Traffic Plan   ☐

203 – ORGANIZATION ASSIGNMENT LIST			
1. INCIDENT NAME	**2. DATE**	**3. TIME**	**4. OPERATIONAL PERIOD**
POSITION	**NAME**		
5. Incident Commander and Staff			
Incident Commander / Shelter Manager			
Public Information Officer			
Liaison Officer			
Safety Officer			
6. Agency Representative			
Agency:			
Agency:			
Agency:			
Agency:			
Agency:			
7. Planning Section			
Chief			
Resources Unit			
Situation Unit			
Documentation Unit			
Demobilization Unit			
Other Branch:			
8. Logistics Section			
Chief			
Service Branch			
Support Branch			
Other Branch:			
9. Operations Section			
Chief			
Staging Manager			
Medical Care Branch			
Infrastructure Branch			
Security Branch			
Business Continuity Branch			
HazMat Branch			
Other Branch:			
10. Finance			
Chief			
Time Unit			
Procurement Unit			
Compensation/Claims Unit			
Cost Unit			
12. PREPARED BY (RESOURCES UNIT LEADER)			

203 – ORGANIZATION ASSIGNMENT LIST

Medical Shelter Plan

Tuolumne County Health Emergency Preparedness and Response Plan (HEPReP)

204- ASSIGNMENT LIST		1. BRANCH	2. DIVISION / GROUP
3. INCIDENT NAME		4. OPERATIONAL PERIOD DATE: TIME:	

5. OPERATIONS PERSONNEL

OPERATIONS CHIEF		GROUP SUPERVISOR	
BRANCH DIRECTOR			

6. RESOURCES ASSIGNED THIS PERIOD

RESOURCE DESIGNATOR	LEADER	Number Persons	Trans. Needed	Drop Off PT/Time	Pick Up PT/Time

10. Control Operations

11. Special Instructions

9. DIVISION/GROUP COMMUNICATIONS SUMMARY

FUNCTION	FREQUENCY	SYSTEM	CHANNEL	FUNCTION	FREQUENCY	SYSTEM	CHANNEL

PREPARED BY:	APPROVED BY:	DATE:	TIME:

204- ASSIGNMENT LIST

Medical Shelter Plan

Check-In List   ICS 211

214 – ACTIVITY LOG	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. UNIT NAME	5. UNIT LEADER	6. OPERATIONAL PERIOD	

7. ROSTER OF ASSIGNED PERSONNEL		
NAME	ICS POSITION	HOME BASE

8. ACTIVITY LOG	
TIME	MAJOR EVENTS

9. PREPARED BY (NAME and POSITION)

Medical Shelter Plan

Tuolumne County Public Health Resource Chain of Custody Log

INCIDENT/EVENT:_____ DATE & TIME REQUESTED: _____ REQUESTOR: _____

Date & Time Checked Out	Resource Description	Quantity Checked Out	From (Location, include transporting agency if needed)	Receiving Party Name & Contact Information	Date & Time Returned/ Checked In	Quantity Returned	Returning Party Name & Contact Information	Public Health Staff Processing Return
			☐ ☐ ☐ ☐ ☐ ☐ Other_____	(Signature required for pharmaceuticals)				
			☐ ☐ ☐ ☐ ☐ ☐ Other_____	(Signature required for pharmaceuticals)				
			☐ ☐ ☐ ☐ ☐ ☐ Other_____	(Signature required for pharmaceuticals)				
			☐ ☐ ☐ ☐ ☐ ☐ Other_____	(Signature required for pharmaceuticals)				

AUTHORIZATION   Print Name: _____   Signature:_____Date & Time: _____

UPDATE IN INVENTORY SYSTEM   PHEP or HPP Coordinator Signature:_____Date & Time:_____

Purple- Inventory OUT	Blue- Inventory IN

Medical Shelter Plan

Appendix K: Medical Shelter Rules

The following shelter rules will be enforced to protect all clients:

1. Clients must sign in before being officially admitted to any shelter.

2. All visitors must sign in and sign out.

3. Clients are responsible for their belongings. Valuable should be locked in cars or kept with clients at all times. The shelter is not responsible for lost, stolen, or damaged items.

4. No weapons are permitted in the shelter except those that may be carried by security personnel.

5. No alcohol or illegal drugs are permitted in the shelter.

6. Parents are responsible for controlling the actions and whereabouts of their children. Children should not be left unattended.

7. Noise levels should be kept to a minimum during all hours of the day. Quiet hours are observed between 10:00 pm and 7:00 am.

8. No client will depart the shelter without signing out first.

9. Assistance in keeping the shelter neat and orderly is appreciated.

Appendix L: Feeding and Food Allergy Awareness Tool

Individuals taking refuge in a medical shelter may require special dietary accommodations due to oral motor problems, food allergies, chewing and swallowing problems, food aversions, and special medical dietary needs. This checklist outlines key planning considerations, including:

Tube Feeding and Swallowing Disorders: When the client cannot eat safely or take adequate amounts of food orally, an alternative feeding method may be instituted. This type of feeding may require:

- Liquids to be thickened and the consistency of solid foods adjusted,
- Close supervision while eating,
- Special equipment and training for staff,
- An institutional blender for texture modifications or blended diets,
- A variety of special eating utensils.

Food Allergies: Feeding a client with food allergies can be challenging in a shelter setting. Staff will need to be cognizant of food labels and ingredients lists to avoid particular client allergens. Below are a few suggestions of what to be aware of for different common allergies. If a client is allergic to:

- Gluten: Avoid breads, cake, cereals, cookies, flour, pastas, and pancakes
- Milk: Avoid cheeses, butter, creams, and yogurt. Also avoid lactose-free milk as well as foods with ingredients such as casein and whey.
- Eggs: Avoid cakes, cookies, pastries, mayonnaise, and egg substitutes. Also avoid foods that contain oval bumin, often abbreviated as Ov. Some fresh pastas and soups also may be prepared with eggs.
- Soy: Avoid soybeans, soy nut butter, soy sauce, soy protein, soy oil, and tofu. Also avoid any food with lecithin in the ingredients list.
- Peanuts: Avoid any food that contains nuts, as well as peanut flour or peanut oil, egg rolls, chocolate, candy bars, and any pastries that may contain nuts. If a food's ingredients include hydrolyzed plant or vegetable protein, avoid it because it may contain peanuts. Although peanuts and tree nuts are two different foods and are not actually related, clients who have peanut allergies are advised to avoid tree nuts (and vice versa) because about 30% react to both allergens.
- Tree nuts: Avoid almonds, Brazil nuts, walnuts, pecans, cashews, and macadamia nuts. Avoid nut butters or any product that mentions nuts in the ingredients list, including ice cream or crackers, unless you know them to be nut-free.
- Shellfish: Avoid crab, lobster, shrimp, snails, clams, and oysters, as well as other types of shellfish. Clients who are allergic to shellfish may be able to tolerate fish that swim, such as flounder or cod, but testing may be needed to determine any sensitivity to those foods. Alternatively, children who are allergic to fish that swim may tolerate shellfish. Marinara sauce, Worcestershire sauce, salad dressings, and hot dogs and deli meats also may contain fish or shellfish ingredients.
- Containers: Avoid re-using storage containers or bags that contained other foods

Diabetes: It is important to keep in mind that clients will be under stress both from the incident that displaced them and from living in a medical shelter. Stress can cause a diabetic's blood sugar to rise. Erratic mealtimes also can cause blood sugar to be unstable and potentially dangerous for an individual with diabetes. It is also important to avoid greasy, fried foods and to have readily available fast sources of sugar such as:

- Glucose tablets,
- Small boxes of raisins,
- Small hard sugar candies.

When preparing food for individuals with diabetes, limit products with these sugar-containing ingredients:

- Sugar
- Corn syrup
- Dextrose
- Sucrose
- Corn sweeteners
- Honey
- Molasses
- Brown sugar
- Fruit syrup

Modifications to Diet: Medical shelter staff should verify substitutions or modifications of diet for clients with medical needs based on a prescription written by a licensed physician. It is important that all recommendations for accommodations or changes to existing diet orders be documented in writing. Medical shelters should retain copies of special, non-meal pattern diets.

Appendix M: Medical Shelter Oxygen Guidelines

Oxygen Administration

Clients may be permitted to follow their physician's instructions about the intermittent use of oxygen to relieve the symptoms of chronic obstructive lung disease or some related condition. Clients requiring 24-hour oxygen and/or who are electric dependent should be evaluated for transfer to a higher level of care. Use of the client's own portable oxygen tanks is encouraged. Clients utilizing oxygen concentrators are encouraged to bring their equipment with them for use while electrical power is available. Whenever possible, residents should have battery backup and provide a small tank in case of power failure or switch to portable oxygen tanks for the duration of the shelter period.

Medical shelter staff should request oxygen delivery after the resident has been triaged or the need for oxygen has been determined. Instructions for the use of portable oxygen provided by the client's own physician would be followed to the maximum extent possible.

The preferable method of administering oxygen in a shelter environment is through the use of liquid oxygen, particularly for those residents who are receiving oxygen 24-hours per day or are being administered a high volume of oxygen.

Oxygen Considerations

- Consideration should be given to including several small tanks in packs to be used for ambulation of clients to toilet facilities.
- Bulk oxygen packs must be transported by a licensed vendor.

Calculations

| Tank	Cylinder Constant	Flow	Duration	Tanks Per Person Per Day	Tanks Per 12 hours for 30 people	Tanks Per 27 hours for 30 people	Tanks Per 36 hours for 30 people	Tanks Per 48 hours for 30 people	Tanks Per 72 hours for 30 people
D	0.16	3 liters /min	1.6 hours {1° 36 minutes}	15	225	450	675	900	1350
E	0.28	3 liters /min	2.8 hours {2° 48 minutes}	9	135	270	405	540	810
M	1.56	3 liters /min	15.6 hours {15°36 minutes}	1.54	23.1	46.2	69.3	92.4	138.6
H (K)*	3.14	3 liters /min	31.4 hours {31°24 minutes}	0.76	11.5	23	34.5	46	69

‡ Standard non conservation type regulator

† Tank Calculations (tank pressure – 200 {safe residual pressure} x cylinder constant divided by {/} liters per minute = tank life in Minutes / 60 = hours of oxygen remaining)

* Not Pictured Below, dimensions are usually 9" x 55"

Medical Portable Aluminum Oxygen Cylinders

CYLINDER	M2	M4	ML6	M6,B	M7	M9,C	D	JD	E	M60	M	
DIA./ in.	2.5	3.2	4.3	3.2	4.3	4.3	4.3	5.3	4.3	7.3	8	Diameter
HT./ in. W/OUT VALVE	5.3	8.5	7.5	11.5	9	12	16.5	16.5	25.5	23	36	Height

Source: http://www.americanairworks.com/oxygenrefilling2.html
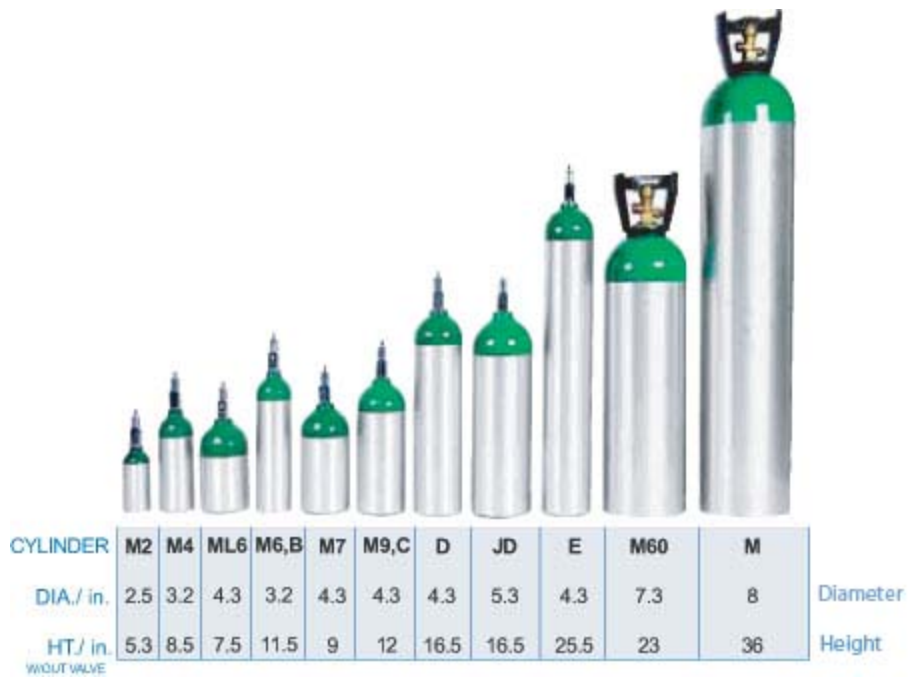
Appendix N: Supplies and Equipment Checklist

Suggested Supply Cache for Medical Shelters	
Items (Equipment/Supplies)	**Quantity per 100 Clients for 3 Days**
2-way radios	12
AED with extra pads	1 adult, 1 pediatric
Alphabetical file folders	2
Antibacterial hand wash	3 bottles + 18 small bottles for staff
Bag valve mask (BVM)	2 adult, 2 pediatric
Ball point pens	1 box each, black and blue
Batteries, assorted sizes	1 box each size
Bedside commodes	10
Blood glucose monitor	1
Blood glucose strips	2 boxes
Lockable storage box for medications	2
Blood pressure cuff set, non-mercury	3 adult, 2 pediatric
Bucket, 2-gallon	2
Can opener	1
Clipboards	15
Cloth towels, large and small	100
Cold pak, reusable	6
Cots with bedding	118 sets (includes staff)
Duct tape	2 rolls
Extension cords	10
Flashlights	10
Forceps/tweezers	2
Garbage bags, small and large	1 box each
General first aid kit	1
Highlighter pens	1 pack
Inter-office envelops, paper pads, manila envelopes	20 each
Masking tape	2 rolls
Message/memo pads	5
Name tags	1 box/package
Paperclips, large and small	1 box each
Pharmaceutical counting tray and knife	1
Plug/power strips	10
Reference material (PDR, etc.)	2
Rubber bands	1 bag/box
Scissors	4
Sharpies, regular and fine point	10 each
Signs	Various
Stethoscope	10
Storage containers, various sizes	10
Wash basins	20
Wheelchairs	10, 1 bariatric
Wrist bands	1 box of 100
Ziploc bags, various sizes	1 box each
3x3 gauze sponges	50

4x4 gauze sponges 2 sterile per pack	100
Alcohol based hand sanitizer	5
Alcohol swabs	3 boxes of 100
Applicators, cotton tipped	1 box of 200
Arm sling	1
Band Aids	5-10 box assorted sizes
Bed pans	20
Biohazard red bags, large and small	1 box each
Body lotion	2 bottles
Bulb syringe	2
Chlorine bleach	1 quart
Chux underpads	150
CPR face mask, adult and pediatric	3 each
Diapers, adult, pediatric, and infant/toddler	50 each
Dressing (abd pad)	24
Dressing paper for tables	2 rolls
Elastic Ace bandage	10
Elastic band, 2-inch and 6-inch	6 packages each
Eye pads	12
Face shields (disposable)	12
Facial tissue	6 boxes
Feminine products	Various
First aid tape roll	10 rolls
Gauze bandages	5-10 boxes
General sponges	12
Germicidal wipes	4 containers
Gloves, non-latex, all sizes	1 box of 100, each size
Goggles	2
Gowns	3
Hospital ID bracelets	Box of 100, each color needed
In-line nebulizer	10
Irrigation kit	2
Lancing device	25
Medication cups/spoons/syringes	75/12/12
Nasal cannulas	5
Neck brace	1
Obstetrical kit	1
Oxygen connectors	5
Oxygen mask, disposable	5
Oxygen tanks (emergency use) with regulators and wrench	5
Salt substitute	1 box
Sharps container, 1 gal and 6 qt	1 each
Splint board	1
Sterile water, 500 ml, irrigation use only	4 bottles
Sugar	1 bag
Surgical masks	Box of 35
Surgical masks with shield (non-latex)	12
Table salt	1 box

Tape, 1-inch paper	5-10 boxes
Tape, hypoallergenic 1-inch	1 box
Tape, silk 1-inch	1 box
Thermometer, non-mercury	12
Thermometer covers	200
Thermometer, aural	1
Thermometer, aural replacement tips	1 box
Tongue depressors	1 bag/box
Triangular bandage	10
Urinals with covers	20
Urinary catheter bags	10
Urinary drainage bag	2
Vinegar	1 bottle
OTC Medications and Supplies	
Activated charcoal	2 bottles
Alcohol, isopropyl	1 pint
Ammonia inhalants	2 boxes
Antacid-low sodium	2 boxes
Antiseptic foam alcohol	2 bottles
Antiseptic germicide prep solution/iodine	8 bottles
Aspirin	1 bottle
Benadryl cream	2 tubes
Benadryl syrup	1 bottle
Betadine scrub	1 bottle
Calamine lotion	2 bottles
Hydrocortisone cream	2 tubes
Hyrdrogen peroxide	4 bottles
Ibuprofen	1 bottle
Instant glucose	2
Insulin regular, NPH & 70/30 10ml	10 vials each
Insulin syringes	25
Ipecac syrup	1 bottle
Kaopectate	2 bottles
Loperamide tablets	4 bottles
Loperamide liquid	2 bottles
Maalox antacid suspension	2 bottles
OTC anti-diarrheal	2 bottles/boxes
Pedialyte	20 bottles
Petroleum/Vaseline	1 tube/container
Saline eye drops	2 bottles
Triple antibiotic ointment	1 box
Tylenol, adult	1 bottle
Tylenol, children's soft chew	1 bottle
Zinc ointment	2 tubes