RESPONSE OPERATING GUIDELINES

Medical Sheltering
2012

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DSHS Response Operating Guidelines 2012:Medical Sheltering (Rev. 04/12)

RECORD OF CHANGES

RESPONSE OPERATING GUIDELINES

MEDICAL SHELTERING 2012

Change #	Date Entered	Location/Description of Change	Page #	Initials

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I.	AUTHORITY

State of Texas Basic Plan, Annex H - Health and Medical; Annex C – Shelter & Mass Care. FEMA - Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, NOV 2010.

II.	PURPOSE & SCOPE

A. PURPOSE

The purpose of this document is to describe the operational program for sheltering and caring for persons with medical needs and to provide policies and procedures for implementing the State of Texas Department of State Health Services Medical Needs Shelter Plan.

This document will provide information on the following:

- "Medical Needs" as used by the Texas Division of Emergency Management and the Department of State Health Services.

- Describe the response and support provided by the Department of State Health Services for Medical Shelter operations.

- Medical Shelter staffing recommendations.

- General triage criteria for placement of those with medical needs into appropriate shelters.

- General criteria and recommendations for evacuation transportation needs.

- Recommendations and reporting forms for public health surveillance of shelters.

- Communication and Coordination of all Medical Shelter operations in state.

- Support provided to communities that provide Medical Shelters that are activated during large scale disaster.

- State supported Medical Shelters by contracting services (such as BCFS).

- Federal assistance to support state shelter operations by requesting appropriate levels and components of Federal Medical Stations.

B. SCOPE

This guide is to ensure residents of Texas having medical or behavioral needs receive the support and care they need when a disaster strikes. Local jurisdictions with support from state and federal partners will establish Medical Shelters to provide care for persons with medical needs.

- Individuals who require active monitoring, management, or intervention by a medical professional to manage their medical condition.
- Some examples include people who are:
  - Hospice patients

- Ventilator patients
- Tracheotomy which requires suctioning
- Extensive wound management requiring a sterile environment or suctioning
- Requiring isolation due to infection disease
- Dysrhythmia management
- Receive skilled nursing care at home
- Previously from a skilled nursing facility that have no access to a skilled nursing home/facility

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III.	ACRONYMS & DEFINITIONS

A. ACRONYMS/DEFINITIONS

ARCC   Alamo Regional Command Center.

BCFS   Contract partner who provides critical emergency support services such as medical sheltering to state and local governments during disasters.

CMOC   Catastrophic Medical Operations Center – Houston.

CMS   Consumable Medical Supplies

DC   District Coordinator. Previously Regional Liaison Officer (RLO)

DDC   Disaster District Chairman or Committee.

Division 1   Texas coastline north of Matagorda County (including Matagorda County).

Division 2   Texas coastline south of Matagorda County.

DME   Durable Medical Equipment.

DPS   Department of Public Safety.

DSHS   Department of State Health Services.

ESRD   End Stage Renal Disease.

ETT   Evacuation Triage Team. A team of 3-6 personnel that deploys and integrates with local jurisdictions to assist with triage for transportation needs and sheltering placement during an evacuation.

HSR   Health Service Region.

M-IST   Medical Incident Support Team – a Liaison team that is pre-deployed to the DDCs and local EOCs to provide assistance for ESF-8 coordination. M-ISTs will be the primary conduit for the DDC to coordinate ambulance and other medical assets during evacuation procedures.

MOC   Medical Operations Center – A command node that brings together representatives from healthcare organizations, ground and air transport organizations and public health to coordinate and streamline the requests and

	activities of a region's healthcare system during a disaster. The MOC can be activated in both affected and reception jurisdictions.
Medical Shelter	Temporary emergency-type population shelter designed specifically to provide "medical/nursing care" to individuals with chronic and/or acute physical, psychiatric disability or cognitive impairment conditions or other health issues that prevent the individual from being housed in a general population type shelter but not severe enough to require hospitalization.
MMT	A strike team of medical professionals with emergency response expertise that respond to an event and provide appropriate medical assessments and triage, treatment for acute illness and minor injury, treatment and stabilization of underlying chronic medical, mental health, force protection of responders, substance abuse conditions, and patient stabilization for transport during emergency response operations.
NDMS	National Disaster Medical System.
RMOC	Regional Medical Operations Center – San Antonio.
ROC	Regional Operations Center operated by Health Service Region.
SMOC	State Medical Operations Center, formerly the Department of State Health Services Multi-Agency Coordination Center (DSHS MACC), located in Austin. The SMOC is responsible for coordination of all public health and medical (ESF-8) response activities.
SOC	State Operations Center.
STAR	State of Texas Assistance Request. Replaces 213RR Resource Request.
TDEM	Texas Division of Emergency Management.
TEEC	Texas Emergency ESRD Coalition.
TEXAS ETN	Texas Emergency Tracking Network
TTY-TDD	A group of telecommunication devices that make it easier for the hearing/speech impaired to talk over telephone lines. TTY - Telephone typewriter, Teletypewriter or Text phone. TDD - Telecommunications Device for the Deaf.

IV.   SITUATION & ASSUMPTIONS

A. SITUATION/ASSUMPTIONS

1. A hurricane or other incident has occurred that exceeds local response capability for necessitating State and/or Federal assistance.

2. Hospitals, nursing homes, ambulatory care centers, home health care, and other facilities for medical/health care populations may be damaged or destroyed in major emergency situations.

3. Medical and health facilities that survive emergency situations with little or no damage may be unable to operate normally because of a lack of utilities or because staff are

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unable to report for duty as a result of personal injuries or damage to communications and transportation systems.

4. Medical and health care facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the "walking wounded" and seriously injured victims transported to facilities in the aftermath of a disaster.

5. Uninjured persons who require frequent medications such as insulin and antihypertensive drugs, or regular medical treatment, such as dialysis, may have difficulty in obtaining these medications and treatments in the aftermath of an emergency situation due to damage to pharmacies and treatment facilities and disruptions caused by loss of utilities and damage to transportation systems.

6. Because of the inherent risks that medical needs people face during the evacuation of a medical institution facility certain critical-care patients should not be moved unless absolutely necessary. Experts in emergency management and health care endorse the concept of sheltering-in-place and support efforts to harden structures so that patients may be safely sheltered in place.

7. Hospital administrators and government officials are all cognizant of the fact that movement of any critical care patient from a hospital to any other venue increases morbidity and mortality risks. This fact and the lack of precise predictability of a storm's landfall 48-72 hours pre-event make the decision to evacuate any facility a difficult yet critically important decision.

V. CONCEPT OF OPERATIONS

A. BACKGROUND INFORMATION

1. The Texas Division of Emergency Management and the DSHS have worked with federal, State, and local communities to provide a coordinated response to a hurricane impacting the Texas coastline. Medical Shelters and Federal Medical Stations are opened based on the following operational concepts:

2. Previous planning efforts were based on the use of Medical Special Needs Sheltering recommendations guidance for people with functional and medical needs based on a level 0-5 system. This is no longer in effect. Based on historical information, Medical Sheltering capacity needs will be determined using 5% of population being evacuated.

3. Consolidation of medical shelter populations into fewer locations where possible to streamline the logistical support capabilities, reduce response time and reduce costs. When considering medical sheltering operations it was determined that due to the size of the state and distance between many sheltering jurisdictions and the main staging and storage points for supplies and transportation, the logistics of the evacuation evolution can be simplified by bringing people to the support rather than the other way around. This also improves patient care and lessens the distance between evacuation and shelter.

4. San Antonio has the capacity to shelter up to 5,000 medical evacuees and will be the primary Medical Sheltering location with other locations to open as necessary.

5. DSHS will continue to maintain plans developed to support Medical Shelters in previously determined Medical Sheltering jurisdictions/areas. This includes the provision of staffing, medical supplies and other logistical support needs.

6. BCFS will provide Medical Shelter management and support in San Antonio through a contract with DSHS.

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7. BCFS will still manage the medical supply/resupply and wrap around services for a limited number of Medical Shelters outside of San Antonio. Previous plans utilized BCFS as an Area Command component but will not be necessary in the future.

8. Screening at embarkation centers will help streamline the evacuation and sheltering process. It will make more efficient use of scarce transportation assets and allow us to direct people to the most beneficial shelter for their needs. Transportation Triage and Shelter Placement Guidance tools have been developed to assist in this process. See attached screening tools.

9. A significant gap exists at the local level to screen or triage persons onto the correct transportation resource and ultimately to the appropriate shelter. DSHS is identifying and training nurses and paramedics, under our current medical staffing contracts, to provide staff to fill this gap. BCFS also has capacity to provide staffing to fill this need.

10. Federal Medical Stations (FMS) are part of the overall plan and will be utilized both in cache-only and cache plus staff forms <u>as needed</u> in:

   a. San Antonio
   b. Tyler
   c. Laredo
   d. Bryan
   e. Austin

B. LOCAL RESPONSE

1. Local jurisdictions should coordinate Medical Sheltering activities and efforts with their respective counties to assure efficient and effective use of resources for an area response. It is expected local public health will:

   a. Identify shelter locations and enter into agreements with facilities to serve as Medical Shelters during disasters.

   b. Provide support to each designated Medical Shelter.

   c. Identify and coordinate support resources.

   d. Coordinate with medical partners to ensure acceptable level of medical care within the Medical Shelter.

   e. Coordinate with the Office of Emergency Management, local medical and health care providers and other agencies/organizations as required, with the management, operation and staffing of the Medical Shelters.

   f. Actively recruit health/medical staff to supplement and/or replace nurses and physicians in the Medical Shelters.

   g. Develop agreements with partners to provide medical staff in the Medical Shelters.

   h. Maintain a disease surveillance program, initiate appropriate public health interventions and preventive measures.

   i. Coordinate disaster behavioral health services to ensure they are available.

   j. It is strongly recommended that jurisdictions that receive evacuees establish a reception center for ALL incoming evacuees. The reception point will allow for proper registration, medical assessment/triage, and assignment of evacuees into appropriate shelters including Medical Shelters.

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k. Jurisdictions should staff reception centers with medical professionals to assist with triage and assignment of evacuees into appropriate shelters. Arriving evacuees may have previously been identified as to types of care needed, i.e., purple ID bracelet or fanny pack for Dialysis patients.

l. Assure registration of evacuees into shelter and provide daily census counts.

2. Shelter Assessment:

   a. Each Shelter that is opened in a jurisdiction, whether it is a general population shelter or a Medical Shelter should be assessed as soon as possible for any public health and/or public safety conditions that may exist. **See Attachment 4, Shelter Liaison Checklist.**

   b. Local Public Health and/or DSHS Health Service Regions are responsible for performing shelter assessments. Upon request, DSHS can provide shelter support teams and staff to assist with shelter assessment and monitoring.

3. Shelter Surveillance:

   a. Infection, disease, and injury reporting in all shelters, including Medical shelters is a responsibility of local health departments and/or the Health Service Regions.

   b. In order to provide accurate and up to date information for a daily statewide situational report of shelter operations DSHS has incorporated the following reporting process. Epidemiologists at the local, regional and state, must review reports and identify potential public health issues occurring in the shelters and the local area.

   c. Generally, each shelter should report daily, the number of cases of illness and injuries identified during the previous 24 hour reporting period to local health departments or the Health Service Regions. The shelter should fax or call in the data to their local health department daily. Local health should summarize and forward this summary report data to the Health Service Regions daily. The Health Service Region will take the shelter reports received from the counties not served by a local health department and summarize as above.

   d. Health Service Regions should then combine the summaries from their local health departments to create a regional summary on the Shelter Surveillance Situational Report. This summary report will be transmitted to the Department of State Health Services State Medical Operations Center (SMOC) each day for creating a statewide summary. **See Attachment 6, Shelter Surveillance Sheet**.

4. It is expected that Local Emergency Management Coordinators or Directors will:

   a. Assume the responsibility of opening the Medical Shelter facility through activation of emergency plans or through MOUs.

   b. Assume responsibility for identifying an appropriate building location.

   c. Should local jurisdictions determine that the scope of the event, or related event-response needs, exceeds local capacity, they should request assistance through their multiagency coordination center or local Disaster District.

d. Each jurisdiction that has been identified as a shelter hub will identify a designated location where evacuees are "received". Upon arrival, evacuees should be triaged, registered, and assigned a shelter matching their immediate needs. Reception centers will provide evacuees with directions and if necessary transportation to the shelter facility and a registration form to be filled out by the evacuee.

e. Provide support to include housekeeping/maintenance, meal preparation, security, and general shelter staff.

f. Coordinate the provision of clothing, blankets, cots, personal care items and other items to evacuees and care givers.

g. Coordinate the provision of consumable medical supplies (CMS), durable medical equipment (DME), and oxygen.

h. Provide food and water for shelterees, care givers and staff.

i. Support the need for additional rest rooms, hand sinks, and showers.

j. Identify housing and nutritional support for staff working at the Medical Shelter.

k. Coordinate or provide wrap-around services, e.g. security, transportation, EMS.

C. SHELTER MANAGEMENT

1. Medical Shelter Management Team will:

a. Authorize protocols and standing delegation orders for operations in the Medical Shelter.

b. Coordinate overall medical operation and medical staffing relative to the Medical Shelter/Refuge of Last Resort (RLR).

c. Designate shelter teams of nurses, doctors and medical support staff to manage the Medical Shelter.

d. Coordinate the triage of shelterees into the Medical Shelter.

e. Operate using an Incident Command System structure.

f. Remain current on Medical Shelter guidelines and standard operation procedures.

g. Ensure that medical staff assigned to the Medical Shelter be qualified to provide Healthcare Provider level CPR.

D. STATE RESPONSE

1. Health Service Region (HSR) Roles

a. Assist local jurisdictions in Medical Sheltering activities.

b. Accumulate information and data from jurisdictions within the HSR

c. Forward all documentation to response personnel in the SMOC.

d. Provide technical assistance to local jurisdictions.

e. In jurisdictions with no Local Public Health Department, DSHS Health Service Regions (HSRs) are responsible for performing shelter assessment and monitoring.

f. Health Service Regions should combine shelter surveillance summaries from within their jurisdiction to create a regional summary on the Shelter Surveillance Situational Report.

2. DSHS Central Office Roles

a. DSHS, along with the DSHS Health Service Region staff, will support local jurisdictions.

b. State Medical Operations Center (SMOC)

1) Coordinate public health and medical response activities above the field level.

2) Prioritize incident demands for critical or competing resources acting as a conduit for state assets and resources regarding Medical Sheltering.

3) Facilitate communications between the necessary local, regional, state and federal entities to assemble assets to respond to and resolve requests for state public health and medical assistance.

4) Activate agreements for Medical Shelters.

5) Activate Evacuation Triage Teams (ETT) to assist local jurisdictions with evacuation.

c. DSHS contracts with agencies that can provide medical shelter support or pre-event consultation and technical assistance.

d. Assist jurisdictions with Medical Shelter pre-planning Worksheets.

3. DSHS State Medical Shelter Operations Support

a. Information and Data Sharing/Communication Support.

1) The SMOC and the Health Service Regions play an integral role in the communication of health and medical information as it relates to sheltering operations during a disaster response. The information is utilized by local and State response partners for planning purposes and operational response activities.

2) There are several internet based software programs that are utilized by responders that provide information and data to the local, regional and State agencies involved in an event. The primary systems utilized to share information and data between local and state response partners as related to shelters are:

- **EMSystems**: hospital status, End Stage Renal Disease Status
- **WebEOC**: shelter information, hospital bed availability combined
- Resource Status for Medical transportation assets, resource requests utilizing the electronic WebEOC STAR/213RR
- **Texas Emergency Tracking Network (Texas ETN)**: people and patient tracking, including shelter locations, capacity and census.
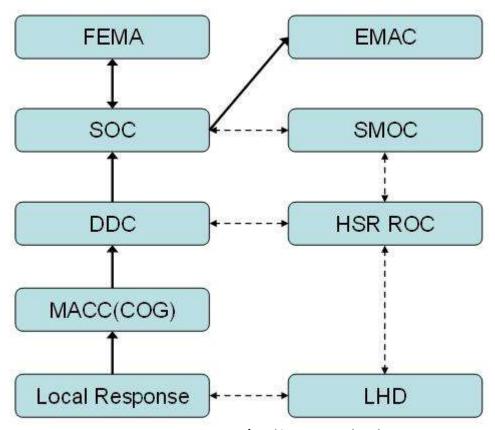
b. Texas Emergency Tracking Network (Texas ETN)

1) Texas ETN is a complete evacuee tracking system which allows a jurisdiction to match each evacuee with a unique wristband prior to evacuation. Evacuee enrollments are stored in a database at the University of Texas Center for Space Research in Austin, Texas that has been provided by the State of Texas Division of Emergency Management (TDEM). Evacuee wristbands are scanned either by radio frequency identification (RFID) or barcode scans at key points in the evacuee's journey so the evacuating jurisdiction can know at any time where evacuees were last "seen" and Re-entry can be accomplished more easily.

2) Any evacuating or sheltering jurisdiction may participate in the Texas ETN system simply by expressing desire to do so to the assigned DPS District Coordinator (DC). Sheltering jurisdictions should be prepared to participate in two primary ways:

- To scan evacuees as they check into shelters so that the State and evacuating jurisdiction personnel can know that they have arrived at a shelter location.
- To begin the process of returning evacuees to their home communities by electronically manifesting them for their trip home when loading onto buses.

3) The State of Texas typically activates Texas ETN once a federal disaster declaration has been given. For hurricanes, this is typically in the H-72 to H-60 hour time frame. At that time, the system is open for unlimited software license use by all jurisdictions.

c. Resource Requests/Tracking – STAR/213RRs

1) The STAR/213RR is used to request, deploy, track, demobilize, and replenish all resources utilized in an incident.

2) All disasters are managed at the local level. If local government resources are exhausted and/or they need assistance, the request for assistance process should be utilized.

3) The Local Health Department coordinates all public health and medical response activities for their community. If local resources are exhausted and/or they need assistance, the first step is to request assistance from the Multi-Agency Coordination Center (MACC COG).

4) If the MACC (COG) cannot fill the request, the step is to request assistance from the Disaster District Committee (DDC). The DDC is headed up by either a Department of Public Safety (DPS) Captain or Lieutenant.

a) The Health Service Region Regional Operations Center (HSR ROC) coordinates all public health and medical response activities for their region. There is usually an HSR representative at the DDC. If the DDC can't fill the request, it goes to the State Operations Center (SOC). If it is a health and medical request, the ESF 8 desk forwards the request to the DSHS State

Medical Operations center (SMOC). The SMOC is also in communication and coordinates with the HSR ROC.

b) If the state can't fill the request, the SOC makes a request to the Federal Emergency Management Agency (FEMA). Another route would be to request assistance through the Emergency Management Assistance Compact System (EMAC) – this is interstate mutual aid.

```
FEMA          EMAC
 |              ↑
SOC  <----->  SMOC
 ↑              ↕
DDC  <----->  HSR ROC
 ↑              ↕
MACC(COG)       ↕
 ↑              ↕
Local Response <----> LHD
```

Resource Request/Tracking Process Flowchart

d. Shelter Monitoring and Public Health Surveillance

1) Infection, disease, and injury reporting in all shelters, including Medical Shelters is a responsibility of local health departments and/or the Health Service Regions. DSHS can provide shelter support teams and staff to assist with shelter assessment and monitoring.

2) Generally, each shelter should report daily, the number of cases of illness and injuries identified during the previous 24 hour reporting period to local health departments or the Health Service Regions for creation of a summary report. **See Attachment 6: Shelter Surveillance Summary Form.**

3) This summary report will be transmitted to the Department of State Health Service State Medical Operations Center (SMOC) each day for creating a statewide summary.

4) Shelter Surveillance forms and instructions can be found on the DSHS web site. http://www.dshs.state.tx.us/comprep/surveillance/default.shtm.

   e. Pharmacy Services
- Direct contracts with pharmacies
- Request Federal Emergency Pharmacy Assistance Program (EPAP)

   f. DSHS has available Medical Shelter "Push Packs" (100 guests) to assist in supporting initial requirements until the shelter population can be assessed. Contents include:

- Over-The-Counter medications (OTC's)
- Wound care supplies
- Patient monitoring
- Personal Protective Equipment (PPE)
- Daily living needs
- Respiratory therapy
- Durable Medical Equipment (DME)

   g. Oxygen
- State oxygen services contract

   h. Durable medical equipment (DME)

   i. Medical staffing
- State contracts with medical staffing agencies
- Mobile medical teams
- EMTFs

E. FEDERAL ASSISTANCE

1. Federal Medical Station (FMS)

   a. FMS helps support overwhelmed communities in a mass casualty event by:
1) Quickly turning a building of opportunity into a temporary medical shelter.
2) Accompanied by DSNS/FMS logistical team for set up support.
3) Stocked with beds, supplies, and medicine to treat 250 patients for up to three days.
4) Can be used for inpatient, non-acute treatment.
5) Modular Configuration, scalable according to size of incident.
6) Modeled for all age populations.
7) Transports by air or ground for rapid, maximum geographic distribution

   b. Description

1) State and local health resources can quickly become overwhelmed in the event of a disaster. CDC's Division of Strategic National Stockpile (DSNS) can assist these communities by deploying Federal Medical Stations, or FMS. An FMS is a cache of medical supplies and equipment that can be used to set up a temporary non-acute medical care facility. Each FMS has beds, supplies, and medicine to treat 250 people for up to three days. The local community will probably be required to provide some operational support.

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2) The FMS allows a flexible response through its scalable and modular design. The FMS is scalable in size – the smallest slice would be 50 beds and could be scaled up to 250 beds (or multiples of 250 beds if the space was big enough).An FMS provides rapidly deployable low to mid-acuity health and medical care to patients who have non-acute medical, mental health, or other health-related needs that do not need hospitalization but cannot be provided for in the general shelter population.

3) An FMS is designed to provide care for patients with needs such as: conditions requiring observation, assessment, or maintenance; chronic conditions requiring assistance with the activities of daily living; or a need for medications and vital sign monitoring and who are unable to do so at home. Expected patients are those folks that are generally well managed at home but because of a loss of infrastructure (they have no electricity, their clinic was destroyed, all pharmacies are closed), they will begin to decompress. It is specifically designed to manage patients with acute exacerbations of chronic conditions.

4) The Federal Medical Stations are operated by federal, state and local groups. Department of Health and Human Services and the Department of Homeland Security are developing other models which will provide critical care and special needs capabilities. State and local officials will locate and determine the suitability of an existing facility or structure that can be used as an FMS site.

Regional Evacuation Scenarios
Area-Based Federal Medical Station Needs

		FMS Cache	FMS Cache w/ Staff	DMAT Strike Team
SE Texas Evacuation				
San Antonio	5000	3		3
Tyler – Glass Center	100	1		1
		4	**0**	**4**
Houston/Galveston Evacuation				
San Antonio	5000	3		3
Austin	150	1		
Bryan/College Stn – Brazos	250		1	
		4	**1**	**3**
Matagorda and/or Corpus Christi Evacuation				
San Antonio	5000	3		3
Austin	150	1		
Bryan/College Stn – Brazos	250		1	
		4	**1**	**3**
LRGV Evacuation				
San Antonio	5000	3		3
Laredo 1 - Laredo Energy Arena	250		1	
Laredo 2 - Laredo Haynes	200	1		1
Austin	150	1		
Bryan/College Stn – Brazos	250		1	
		5	**2**	**4**

2. Federal Emergency Pharmacy Assistance Program (EPAP)

   a. Program provides a way for pharmacies to process claims for prescription medications and limited durable medical equipment (DME) provided to individuals who are from a disaster area declared by the President and who do not have any form of health insurance coverage.

   b. Eligible individuals may be provided essential pharmaceutical and DME written prescription assistance **limited to a one-time 30-day supply** for a medication to treat an acute condition, to replace maintenance prescription drugs or medical equipment lost as a direct result of an event or as a secondary result of loss or damage caused while in transit from the emergency site to the designated shelter facility at no cost to the patient.

F. MEDICAL SHELTERS

1. Medical Shelters should be located in facilities that are capable of providing a safe haven for persons who meet the criteria for being considered as an individual with medical needs, their family and/or caregivers, the recommended staff who will be providing Medical Shelter services and the equipment and supplies that will be required during the time the shelter is expected to be open. The medical needs services provided during an emergency or disaster event should be delivered, when practical, in an environment that can sustain pre-disaster levels of health.

2. Facilities used as shelters should follow American Red Cross (ARC) Shelter Criteria, meet Americans with Disability (ADA) requirements, integrate support services for those with access or functional needs as outlined in the FEMA FNSS guidelines and conform to state and local building and fire safety codes. General population shelters are based on forty (40) square feet per cot or bed. Recommended guidelines for Medical Shelters are eighty (80) square feet per cot or bed to allow for additional space required for accompanying medical equipment

3. Medical Facilities should allocate space to include the following:

   a. Medical Station
   b. Medical Isolation Areas
   c. Medical Administration Area

4. Dialysis Services

   a. Many kidney dialysis patients will come to a shelter with a purple wrist band and a purple fanny pack that includes their medications and kidney dialysis physician orders.

   b. Dialysis patients may be sheltered in either a general shelter or a medical shelter based upon their functional need and other underlying medical condition.

   c. Shelters should consider
      1) that arrangements for transportation to dialysis must be made
      2) transferring these individuals to another shelter nearer a dialysis facility.

d. Designate a few shelters as the "go to" locations for dialysis patients to make transportation to dialysis treatment easier. These go to shelters should be close to large dialysis centers (if possible). These shelters can also be used for others. Routinely screen for people who require dialysis or have a transplant when individuals seek shelter in disasters.

e. Dialysis Resources
   1) Contact The Texas Emergency ESRD Coalition Hotline at 1-866-407-3773 to receive assistance with scheduling dialysis services for patients.
   2) End Stage Renal Disease Network: www.esrdnetwork.org; 972/503-3215; fax: 972/503-3219.
   3) Procedures For Shelter In Need of Dialysis In Texas
      - Dialysis In-Take Form. See FNSS Toolkit: https://www.preparingtexas.org/preparedness.aspx?page=32137bc8-eed7-42bb-ad7e-2765fd8abdb9
      - Dialysis and Transplant Patient Triage Form – Texas ESRD Emergency Coalition (TEEC)
      - Recommendations for Renal Diet in Shelters

G. FUNCTIONAL NEEDS SUPPORT SERVICES (FNSS)

1. The recent issuance of FEMA Functional Needs Support Services (FNSS) Guidance has required changes to current sheltering policies for both general population and medical sheltering.

2. Categorization into levels does not meet FNSS guidance so we are transitioning away from 0-5. We will have General evacuees (old levels 0-3), Medical evacuees (old level 4) and Hospital/Home Health (old level 5).

3. New functional and medical triage guidance to assist with the best placement is being finalized. TDEM, in coordination with Disability Commission, DSHS, DARS, DADS and local Emergency Managers have developed an FNSS Toolkit to assist locals in planning for and implementing FNSS for affected populations.

4. In keeping with the spirit of the FNSS guidelines, patients will be screened for functional/medical needs and recommendations as to the most beneficial shelter for their needs will be presented to individuals. This will result in an increased number of persons with functional needs in General Population Shelters and a decrease in the total population in Medical Shelters.

5. Local, Regional and State Medical Shelter plans should include arrangements for services that are necessary to provide sufficiency of care in order to maintain level of function for children and adults with and without disabilities who have access and functional needs in a Medical Shelter. Emergency managers and shelter planners should arrange for services ahead of time through the use of provider agreements.

6. The following examples from the FEMA FNSS Guidelines of types of services that should be available in a Medical or General Population Shelter:

a. Power Generation
   1) Redundant source of power even in the event of a long-term power outage. Some facilities may have no source of emergency power generation, while others may have life sustaining only. Emergency managers and shelter planners should take whatever steps are necessary to see that there is a plan for providing an

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alternate source of power in the event of an outage and mechanical service contracts/services for emergency repairs.

b. Medical Providers

   1) On-going supply of oxygen
   2) Access to dialysis treatments (this includes providing access to transportation to and from the dialysis facility and a meal(s) if a resident is not at the shelter during meal time(s))

c. Communications providers

   1) Interpreters (Spanish, sign language, etc.)
   2) Television with captioning, if provided at all
   3) Information technology/computer services, if provided at all
   4) TTY-TDD
   5) Computer Assisted Real time Translation (CART)
   6) Note taking

d. Food service providers

   1) Special diets
   2) Caterer

e. Transportation providers

   1) Para transit services
   2) Public transportation

f. Shelter Maintenance providers

   1) Service for accessible portable toilets, hand washing units, showers, etc.
   2) Disposal of bio-hazard materials, such as needles in sharps containers

g. DME providers

h. CMS providers

i. See **FEMA Functional Needs Support Services Guidance** Dtd Nov 2010 for detailed information http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf

j. Texas Division of Emergency Management (TDEM) **Functional Needs Support Services Toolkit** Dtd Jun 2011:
   https://www.preparingtexas.org/preparedness.aspx?page=32137bc8-eed7-42bb-ad7e-2765fd8abdb9

k. Access to services

   1) Dental
   2) Medical Care
   3) Behavioral Health
   4) Veterinary

VI.   MAINTENANCE & UPDATE

The Response and Recovery Unit is responsible for maintaining and updating the DSHS Response Operating Guidelines. These are living documents and will be reviewed, updated, and approved on an annual basis or more frequently in response to department policy or procedure changes. Revisions/changes made to the ROG after the Effective Date (May 1) are recorded in the Record of Changes form found on Page 3. Below is the review and update schedule that will be followed:

March – April   Review and Comment

May 1   Effective Date

VII.   ATTACHMENTS

ATTACHMENT 1 – PRE-IDENTIFIED MEDICAL SHELTERS MATRIX
ATTACHMENT 2 – EVACUATION TRANSPORTATION TRIAGE GUIDE
ATTACHMENT 3 – SHELTERING PLACEMENT GUIDE
ATTACHMENT 4 – SHELTER LIAISON TEAM CHECKLIST
ATTACHMENT 5 – MEDICAL SHELTER PLANNING WORKSHEET
ATTACHMENT 6 – SHELTER SURVEILLANCE SHEET
ATTACHMENT 7 – SHELTER SITUATIONAL REPORT

DSHS Response Operating Guidelines 2012:Medical Sheltering (Rev. 04/12)

ATTACHMENT 1 – PRE-IDENTIFIED MEDICAL SHELTERS MATRIX

Pre-Identified Medical Shelters		Statewide Medical Shelter Capacity		
City/Location	**Medical Shelter Site Capacity**	**6750**		
		FMS Cache	**FMS Cache w/ Staff**	**DMAT Strike Team**
SE Texas Evacuation				
San Antonio (2000 +3000 additional surge)	5000	3*		3
Tyler – Patriot Center	200			
Tyler – Glass Center	100	1*		1
Tyler – Green Acres Baptist Church**	100			
Tyler – Southern Oaks**	100			
Tyler – Colonial Hills**	100			
Tyler – Southside**	100			
Houston/Galveston Evacuation				
San Antonio (2000 +3000 additional surge)	5000	3*		3
Austin	150	1*		
Bryan/College Stn – Brazos Center	250		1	
Bryan/College Stn – Central Baptist	200			
Matagorda and/or Corpus Christi Evacuation				
San Antonio (2000 +3000 additional surge)	5000	3*		3
Austin	150	1*		
Bryan/College Stn – Brazos Center	250		1	
Bryan/College Stn – Central Baptist	200			
LRGV Evacuation				
San Antonio (2000 +3000 additional surge)	5000	3*		3
Laredo 1 - Laredo Energy Arena	250		1	
Laredo 2 - Laredo Haynes Wellness	200	1		1
Austin	150	1*		
Bryan/College Stn – Brazos Center	250		1	
Bryan/College Stn – Central Baptist	200			
** BCFS will provide Shelter oversight for Glass Center and churches (only 2 of 4 churches at any time in Tyler).		*BCFS Managed Shelter		

Air Operations

Agency	City	Capacity	Medical Evacuee Transfer - Air	Facility Transfer
TxMF	San Antonio*	400	TxMF	Determined after reception triage
TxMF NDMS	Dallas/ Ft. Worth		TxMF & NDMS (when activated)	Determined after reception triage

* Medical Shelter transports to San Antonio by TxMF _prior to_ NDMS activation.

Last Update: 04/12/2012

DSHS Response Operating Guidelines 2012:Medical Sheltering (Rev. 04/12)

TRANSPORTATION TRIAGE

DOES THIS PERSON REQUIRE EMERGENCY MEDICAL TREATMENT? → **YES** → **911-HOSPITAL**

STATUS **TRANSPORTATION**

MOBILITY IMPAIRED
Person using wheelchair

— YES → **NEED MEDICAL CARE?** — NO → **PARA-TRANSIT VEHICLE** Equipped to transport wheelchairs

NO ↓

YES ↓ (from NEED MEDICAL CARE?)

IS MEDICAL TRANSPORTATION REQUIRED TO EVACUATE?

- Daily dependence upon caregivers but traveling alone?
- Require medical support or monitoring?
- Have extensive equipment needs other than a wheelchair?
- Recent rapid onset of fever or illness, recent hospitalization or surgery?
- Mental health issues?

NO TO ALL → **REGULAR BUS** Typical "over the road" bus used to transport people.

YES ↓

CAN PERSON TRAVEL

— YES → **MEDICAL BUS** Equipped with medical staff, equipment and supplies to provide for basic medical needs.

NO ↓

- Does person require medical oxygen at greater than 4 liters per minute?

- Does person require continuous cardiac monitoring?

- Does person require continuous IV medications requiring monitoring? ("to keep open" IV's, peg tubes or vitamin drips do not fit this category).

- Does person have orthopedic injuries requiring appliances or other acute medical condition(s) that prohibit patient from traveling on alternative

NO TO ALL → **LITTER BUS** Equipped with medical staff and basic supplies for medical care to transport person needing litter

YES → **AMBULANCE**

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Shelter Placement Guidance

Acute Medical Emergency — YES → **911-Hospital**

Description: An individual who requires emergency care.
Examples
• Difficulty breathing
• Chest pain
• Hemorrhaging
• Diabetic shock
• Acute psychosis

NO ↓

Skilled Nursing Care Required 24/7 — YES → **Medical Shelter Recommended**

Description: Individuals who require active monitoring, management, or intervention by a medical professional to manage their medical condition.
Examples
• Hospice patient
• Ventilator patient
• Tracheotomy which requires suctioning
• Extensive wound management
• Requiring isolation due to infectious disease
• Dysrhythmia monitoring/management
• Receives skilled nursing care at home.
• Nursing home patient with no access to nursing home.

NO ↓

Medical Support Required — YES → **Medical or General Shelter (Client's Choice)**

Description: Individuals who have a medical condition which can be controlled through a combination of personal caregiver, medication, and complex medical equipment.
Examples
• Unaccompanied with Alzheimer's or dementia
• Asthma with nebulizer
• Chronic Obstructive Pulmonary Disease (COPD) on daily oxygen
• Unaccompanied individuals with a disability and medical conditions who require a caregiver
• Pregnancy requiring bed rest
• Morbidly Obese
• Dialysis patients with underlying medical conditions.

NO ↓

General Shelter

Description: Individuals who are able to meet their daily needs either by themselves or with a caretaker, and may require some assistance from volunteers to assist with personal care.
Examples
• Oxygen dependent
• Mobility disability/self-ambulating, with or without DME, including wheelchair
• Deaf / hard of hearing and blind/low-vision, with or without service animal
• Diabetes, insulin and diet controlled
• Persons with no functional or medical needs

ATTACHMENT 4 – SHELTER LIAISON TEAM CHECKLIST

Shelter: _____

Physical Address: _____

Shelter Manager: _____

Manager Contact: _____
          (Primary contact #)   (Secondary contact #)

Shelter Census: _____

| Assistance Team: _____ |
| Date/Time: _____ |
| City/County: _____ |
| EMC: _____ |

1. Have you established a system for identifying illness in your shelter?	
2. Do you have all the appropriate contact information for medical services?	
3. Do you have hygiene supplies on hand? EX: toilet paper, paper towels, soap, clean running water, hand sanitizer	
4. Do you have a check in/check out process for shelter residents?	
5. Do you have a social services resource directory or contact information for social services?	
6. Do you have a process for obtaining meals?	
7. Are you familiar with the process for obtaining supplies needed for the shelter?	
8. Does the shelter have adequate staffing, including management back-up? Security staff?	
9. Does the shelter have access to 24 hour volunteer medical staff?	
10. Do you have a staff member trained in CPR on each shift?	
11. Do you have a process for keeping common use areas clean?	
12. Do you have a system for identifying and transporting residents that need to be moved to a medical special needs shelter?	
13. Are there any problems with the physical building that interfere with sheltering?	
14. Is the Emergency Evacuation Plan posted? AND are exit signs clearly marked?	

15. Are fire extinguishers and smoke alarms available and operable?	
16. Are off limit areas (janitor, storage, office) locked and secured?	
17. Are there any problems with sewage and water? Is sewage or water public or on-site?	
18. Any problems with pests/rodents?	
19. Is trash being adequately managed?	
20. Are electric breaker boxes 48"-54" above the floor & unlocked?	
21. Are passenger drop-off areas located close to the entrance and have a 60" x 20' aisle that is relatively flat? Is there a curb blocking the path from the aisle to the sidewalk?	
22. Does the facility have accessible parking spaces including a 60" wide aisle and an accessible route to the facility entrance? Are there any steps along the way?	
23. Are there any objects projecting more than 4" from the wall between 27"-80" above the floor? Is there any object hanging below 80" along the accessible route?	
24. Is there at least one entrance to the facility that provides 36" clear width with no elevation changes (steps) greater than ¼"?	
25. Are hallways, corridors and interior routes to services and activity areas at least 36" wide?	
26. Are the toilet rooms accessible? IF you are not sure, see the TAS Survey for Emergency Shelters	

Comments (List # and comment): _____

- -

Issues for DSHS Follow-up

Order #	Issue to Resolve	Forwarded to ROC

DSHS Response Operating Guidelines 2012:Medical Sheltering (Rev. 04/12)

State Supported Medical Shelter				
Shelter Address			**Shelter Capacity**	
City	Laredo	**Air Hub Address**		
	Name P.O.C.	**E-Mail**	**Phone Number**	
Air Hub IC				
City EMC/EOC			Tel - ( ) Cell - ( ) Fax – ( )	
EOC Ph #				
TDEM RLO			Office ( ) Cell ( ) FAX ( )	
DDC Captain			Office: ( )	
Shelter Coordinates				
Shelter Manager	**Name P.O.C.**	**E-Mail**	**Phone Number**	

	Tasks/ Requirements	Resources Tasking or Mission Assignments	Responsible Agency
1	Shelter Management	1	
2	Medical staffing	1. 2.	
3	Food service	1	
4	Security	1	
5	Oxygen	1. 2.	
6	Ambulance	1	

7	Dialysis	1. 2. 3.	
8	Transportation	1	
9	Medical Supplies	1	
10	Medical supplies re-supply	1. 2.	
11	Laundry	1	
12	Janitorial & Bio-waste	1	
13	Staff Lodging	1. 2. 3.	
14	Pharmacy	1. 2.	
15	Shelter Set up	1. 2.	
16	Public Health	1	
17	Toilets & Showers	1. 2.	
18	Air Hub, if required		
19	ADA Compliant?	1. 2.	

NOTES: If facility is not ADA compliant, what accomodation need to be addressed?

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ATTACHMENT 6 – SHELTER SURVEILLANCE SHEET

General Shelter Surveillance Summary Form

Each shelter should fill out the form daily and fax it by 9:00 AM to your local health department at _____. If you do not have access to a fax machine, call your local health department at _____ with the information. Your local health department will forward this information to the state health department to monitor health status locally and statewide.

Directions:

1. If there is a medical emergency at your shelter, **IMMEDIATELY CALL 911**.

2. Please provide the number of people in your shelter. Make sure that you report the number of people in your shelter in the 24 hour reporting period. Please provide the number of people in your shelter that appear to be less than 7 years of age.

3. The number of persons who had a health complaint and were counted in the Symptom/Condition sections of this report should be entered in "**This report represents a total number of _____ ill persons**" on the form.

4. Please count the total number of people with each condition; one person may have multiple conditions. For example, a person who has been vomiting and has pink eye would be counted on each of those lines.

5. Please complete each section of the form. If there are no people complaining of a particular condition, please put in a zero for that line.

6. At the bottom of the page, please note if you have additional public health comments or concerns.

7. If you have any questions, please call your local health department for assistance.

*<u>Note:</u> This form and the information reported back to the health department are only used to assess general health status. The form is NOT used to request supplies, materials, staff, or transportation. Contact your local emergency management office.

Thank you

DSHS Response Operating Guidelines 2012:Medical Sheltering (Rev. 04/12)

TEXAS
Texas Department of State Health Services

Shelter Surveillance Summary Form

Address for Local Health Department: _____ **Phone:** _____ **Fax Daily by 9:00 AM to:** _____

Reporting Person:	**Name:** _____ **Title:** _____

Shelter/Reporting Facility/Address: _____

Shelter Phone #: _____ **Shelter Fax #:** _____

For the last 24 hour reporting period: Time/Date _____ **to** ____ **how many people were here?** _____
(Taken at _____ **AM ☐ PM ☐)**

Of these, how many appear less than 7 years of age? _____

This report represents a total number of _____ *ill persons.*

Symptom/Condition Category	Total Number of Individuals with Complaint Within the Last 24 Hours
Section 1. Infections and Disease Potential	
Fever (temp >100°F) or feverishness **WITHOUT** diarrhea, vomiting, sore throat, or coughing	
Diarrhea	
Of those above with diarrhea, how many had fever?	
Vomiting	
Coughing, difficulty with breathing, sore throat (not chronic conditions or smoker's cough) without fever	
Fever (temperature >100°F) or feverishness AND either cough or sore throat or both	
Sores, boils, draining wounds, serious skin rash, blisters	
Of those with rash, how many had fever?	
Scabies, Lice, or other infestation or ringworm or fungal infections	
Jaundice (yellowing of the skin or eyes)	
Conjunctivitis (Pink Eye)	
Severe headache and stiff neck and fever	
Section 2. Injury/Other	
Self-Inflicted Injury	
Assault Related Injury	
Accidents	
Heat related injury or dehydration (not due to diarrhea)	

Total # of individuals referred to a medical facility for any medical concerns within the past 24 hours? _____

Have any deaths occurred in your shelter within the past 24 hours?   ☐ Yes   ☐ No
   If yes, number of deaths in past 24 hours: _____
Have any physical fights occurred among teen or adults within the past 24 hours?   ☐Yes   ☐No
   If yes, the number of people involved: _____
Additional Public Health Comments or Concerns (*use additional pages if more space is needed*): _____

DSHS Response Operating Guidelines 2012:Medical Sheltering (Rev. 04/12)

Shelter Surveillance Summary Form
Instructions for Local and Regional Health Departments

Public health surveillance in the evacuation shelters objectives:
- Monitor for infectious disease/injury so that trends may be recognized and interventions may be implemented
- Provide for local situational awareness on health status
- Create a daily statewide consolidated report by 10:00 am. The information is shared with state-level stakeholders including the State Operations Center.

The symptoms listed in this tool were selected to provide public health surveillance staff an indication of health status in a shelter and to monitor that status over a period of time. The language used in the tool was aimed at non-medical personnel at the shelter so that they can complete the tool and send it to the health department.

Steps to implement:
1. The local or regional health department that will be receiving the report will need to enter its name, address, reporting telephone number and fax number on the tool.

2. Surveillance staff should spend some time explaining the form's use, where, how and what time to report with one or more contacts at the shelter.

3. Public health staff should document the point of contact(s) for the shelter, telephone and fax numbers, address, capacity, and how the shelter will be reporting – fax or voice.

4. User instructions for filling out the form are part of the distribution document. However health department surveillance staff will need to review how to complete some data elements and other issues to ensure consistency:
- The shelter census is usually taken at night when the highest numbers of people are in the facility. The time for taking as census can vary but is often between 10pm and 2am.
- The reporting period will most often be for 24 hours. However, the reporting period may be less if the shelter is opening or closing in that 24 hour period.
- Set up a 24 hour reporting period with shelter staff – for example 8:00am to 7:59am
- Symptoms reported on the form are for people who have experienced them for the first time in that reporting period. Do not count those people with the same symptom reported on a previous day. If someone was missed from the previous the day, count them on the current report.
- The lines at the bottom are for reporting other public health concerns not otherwise listed. If shelter staff suspect an outbreak of some kind, they should call the health department 24/7 reporting number.

Information flow:
One objective of this system is to have summary information and general situational awareness statewide available by 10am each day. These data assist local and state officials in making policy and resource allocation decisions.

The shelter should fax, or call in the data to their health department by 7:00am daily. The local health department receiving the data should have all the data summarized for their jurisdiction by 8:00am and provide the document to DSHS Regional Office at that time. Some shelters may not report on time for a variety of reasons. The local health department should not delay their report past 8:00am, just note the number of shelters reporting and show the total number expected in the report. In addition to the numerical summaries, include any brief explanations of possible outbreaks or public health significant issues occurring in the shelters.

Regional health departments will take the shelter reports received from the counties not served by a local health department and summarize as above. Then take the summaries from the local health departments to create a regional summary. This summary will be transmitted to the DSHS SMOC Operations for creating a statewide summary by 9:00am.

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General Shelter Surveillance Situational Report

Name of Incident:

Health Service Region

Address:

Phone: **Fax:**

Date of Report: (mm/dd/yyyy)

Total Number of Shelters in HSR: Total Number of Individuals housed in shelters:

Total Number of Shelters reporting:

Summary of Current Public Health Events

For shelters that have reported an increased symptom/condition category with **public health significance** complete the table below.

Type of Events: Gastrointestinal Illness (GI), Respiratory Illness (RI), Wound/Skin Infections (WI), rashes, other (specify)

Status of Event: **Preliminary**: new report, investigation pending
Active: currently investigating
Closed: investigation complete and interventions/recommendations provided
Ruled-out: investigation complete and determined not of public health significance

Shelter Name	County	Type of Event	Status of Event	# Affected	Shelter census

COMMENTS:

Prepared by: Title: