

Sheltering the Medically Fragile

November 2012

A Supporting Annex to the Mass Care and Shelter Plan

Table of Contents

1.0 INTRODUCTION	3
1.1 Definitions	3
1.2 Limitations of the Medically Fragile Shelter	4
1.3 Planning Assumptions	4
2.0 CONCEPT OF OPERATIONS	7
2.1 Preparedness	7
2.3 Shelter Notification	7
2.4 Shelter Activation	8
2.5 Shelter Set-up	9
2.6 Shelter Management	10
2.7 Shelter Staffing	12
2.8 Medically Fragile Deactivation	12
3.0 ROLES AND RESPONSIBILITIES	14
3.1 County Government	14
3.2 Shelter Worker Organization	15
3.3 Shelter Worker Support Organizations	15
4.0 RESOURCES FOR MEDICALLY FRAGILE SHELTERS	17
List of Medical Devices and Related Equipment for Medically Fragile Shelters	17
ATTACHMENTS	19
Attachment 1: Shelter Organization Chart, Staffing Guide and Position Guides	20
Attachment 2: Guidance for Managing and Operating the Medically Fragile Shelter	59
Attachment 3: Shelter Exterior and Interior Signage	67
Attachment 4: Wristband Color Code Categories	69

1.0 INTRODUCTION

The County of Sacramento is responsible for the sheltering of medically fragile persons within their jurisdictional boundaries in the event of an emergency or disaster requiring the evacuation and sheltering of impacted persons.

This annex has been developed to provide support staff at the activated shelters and the county's Emergency Operations Center with documentation of the necessary tasks for providing safe, secure, and effective sheltering of medically fragile persons, including those who reside in the county and those who may be evacuating to the county from cities within or possibly outside its jurisdictional boundaries. The County of Sacramento recognizes that activation of shelters is event driven. This is an all hazards shelter annex and does not address specific scenarios.

Additionally, this annex will describe the authority and concept of operations to address the population who will require needs beyond what a general shelter can accommodate. Nursing/medical staff assigned to shelters will provide care within their scope of practice, based on their training and qualifications. Nurses and medical staff are not expected to provide total care beyond their professional level of expertise. This annex is an extension of the Sacramento County Mass Care and Shelter Plan and the Sacramento County Emergency Operations Plan (EOP).

1.1 Definitions

Medically fragile shelters are intended to provide, to the extent practicable under emergency conditions, an environment in which medically fragile evacuees' current level of health can be sustained. Persons best served in a medically fragile shelter have physical or mental conditions that require limited medical oversight that cannot be accommodated or provided in a general population shelter. A medically fragile shelter is NOT a hospital or nursing home.

These facilities are administered by appropriate governmental agencies in collaboration with the Red Cross or other sheltering agencies. The local health authorities ensure appropriate planning for staff and supplies, in collaboration with support from transferring facilities responsible for incoming persons, local government, volunteers, and others.

Medically fragile shelters are oftentimes co-located with a general population shelter; a stand-alone medically fragile shelter would be required only when a large number of persons need the services of designated, staffed and resourced medically fragile shelters, and there is not enough room to co-locate the general population shelter. A medically fragile shelter can sometimes be referred to as a:

- Medical Treatment Unit
- Temporary Infirmary

For the purpose of this annex, medically fragile shelters are designed to care for people with the following kinds of issues:

- People with medical conditions that require professional observation, assessment and maintenance, such as:

- Routine injections
 - IV therapy
 - Wound care
 - In-dwelling drainage or feeding tubes
 - Respiratory therapy or assistance with oxygen
 - Dependent upon electrical medical devices
 - Insulin-dependence needing blood sugar monitoring and injections
- People with chronic conditions who require assistance with activities of daily living and need a caregiver present. For example: a person whose mental status requires continuous monitoring and a secure environment, or an incontinent person that requires catheterization or bowel care.
 - People with regular need for medications and/or regular vital sign readings that are unable to do so without professional assistance.
 - Someone who requires the level of care beyond the basic first aid level provided at the general population shelter.

1.2 Limitations of the Medically Fragile Shelter

Medically Fragile Shelters usually operate in school buildings, churches or other community buildings. They are not equipped as a medical care facility. Many have some form of emergency power generation, although it may be limited.

Staffing is dependent on the county's capability. Volunteerism of community health care providers will be coordinated as necessary to supplement assigned personnel by DHHS who serves as the lead agency for the Health/Medical Branch in the EOC. Many times, hospitals and home health care agencies cannot or will not be able to assign staff to the shelters, but a request for their services will be pursued.

The integrity of the building and the safety of those performing some of the required medical procedures may be jeopardized in an uncontrolled situation (e.g. provision of IV chemotherapy, peritoneal dialysis, and oxygen therapy) and without the required medical expertise.

Displaced persons do not always bring their needed supplies with them to a shelter as recommended. The ability to access these supplies from the community during an emergency will be limited or delayed.

1.3 Planning Assumptions

The following list provides basic planning assumptions used when developing this medically fragile shelter plan. All of these assumptions have been based on research data, FEMA or state guidance and/or best-guess values that apply to medically fragile shelter establishment. Those assumptions are:

- Shelters in the county (general population shelters and medically fragile shelters) may be needed to support citizens of the County itself, and/or residents from cities within Sacramento County, and/or citizens from outside of the Sacramento Operational Area.

- Medically fragile sheltering is designed for short-term (72 hour) operations.
- Medically fragile persons would typically receive better care at an established facility designed to address their needs, or when transferred to the homes of family/friends that can care for them. A shelter is a temporary solution and may not be able to provide the same level of care as a fixed facility or sustain adequate care for any extended period of time (i.e., greater than 72 hours). Shelter facilities will eventually need to return to their designed use.
- 75% or more of medically fragile persons live at home and receive some type of home healthcare for conditions which include:

Cancer	Heart and lung disease	Chronic illness
AIDs	Fracture	Triaged victims of incident
Diabetes	Stroke	

- Many people in the County of Sacramento may require a medically fragile level of care if evacuated.
- 20-25% of the medical fragile persons in a community live in a facility that provides some type of healthcare and support. Such facilities include:
 - Board and Care Facility
 - Assisted Living Center
 - Convalescent Facility
 - Skilled Nursing Facility
 - Rehabilitation Facilities
 - Specialized Care Facility for the mentally challenged
- Within the County of Sacramento there are hundreds of people that are living in adult and elderly facilities that provide care and support. The State of California Community Care Licensing recognizes the following facility types.
 - Adult Day Programs. Adult Residential Facilities (ARF). A 24-hour non-medical care facility for adults who may be physically handicapped, developmentally disabled, and/or mentally disabled.
 - Adult Residential Facility for Persons with Special Health Care Needs Facilities provides 24-hour care for up to 5 people.
 - Residential Care Facilities for the Chronically Ill. Facilities can take up to 25 people, typically with AIDS/HIV.
 - Residential Care Facilities for the Elderly (RCFE). These are also known as assisted living facilities, retirement homes, and board and care homes. Services provided at this facility type include the care, supervision and assistance with activities of daily living, such as bathing and grooming. They may also provide incidental medical services under special care plans. The facilities can range in size from six beds or less to over 100 beds.
 - Continuing Care Retirement Communities (CCRC). Long-term care facility. The facility manager/owner must obtain an RCFE license. In addition, CCRCs

- that offer skilled nursing services must hold a Skilled Nursing Facility License issued by the Department of Health Services.
- Social Rehabilitation Facilities. A facility that provides 24-hour-a-day non-medical care and supervision in a group setting to adults recovering from mental illnesses who temporarily need assistance, guidance, or counseling.
 - People are encouraged to be self-sufficient for 72-hours following the impact of a disaster or emergency.
 - Medically fragile sheltering operations will require regional coordination among multiple levels of government and non-governmental organizations, especially the American Red Cross.
 - Food for medically fragile sheltered populations is usually better provided from outside sources. It is not usually necessary to establish in-shelter food preparations service, especially for specialized diets, at a medically fragile shelter site. Staff time is better spent on assisting the sheltered persons.
 - Assistance needed from government and non-governmental organizations typically includes bulk distribution of commodities (e.g., food, water, diapers, baby food and formula) and equipment related to food preparation, medical treatment, sleeping, etc.
 - Mental Health services need to be available to both emergency workers and the affected population.
 - Requests for specific resources (Mutual Aid) are made through the activation of the DHHS Department Operational Center (DOC) if activated, communicating directly to the Emergency Operations Center (EOC).
 - State support for shelter related assets are processed through the Operational Area (OA EOC) to the Regional Operations Center (REOC) and State Operations Center (SOC), as necessary.
 - Federal Support may not be available for up to 72 hours – by which time medically fragile persons should preferably have been transferred out of the shelter and to a more permanent location.
 - Recovery operations and the restoration of basic infrastructure, such as roads, communications, transportation services, and utilities, must be considered before transitioning people out of a shelter.

2.0 CONCEPT OF OPERATIONS

2.1 Preparedness

In most instances where a local emergency or a wider-scale regional disaster necessitates the need to evacuate citizens, shelters will be opened and shelter staff will be activated. If sufficient regional and local planning and training is complete, the open shelter(s) have the staff capacity and physical resources to support all the evacuees at the shelters, including those that may have some access and functional needs. There are certain instances where an evacuee needs a dedicated caretaker to support them, due to their required level of care. A general shelter will not have staff to provide the type of dedicated caretaking such a person might need.

Anticipating the needs of medically fragile persons during an evacuation event, certain shelters are designated as medically fragile shelters and are equipped with appropriate resources and appropriate level of trained staff members. Medically fragile shelters are usually co-located inside general shelters, however will be physically located in a distinct and secure area within the shelter site. Staff members in the medically fragile shelter area will have distinct duties from those serving the general shelter population. Family members of medically fragile persons can reside in the general shelter area to provide support to their family in the medically fragile shelter area.

2.2 Public Alert and Warning

The County of Sacramento Public Information Officer (PIO) must be kept apprised of all locations of activated shelters in the County during an emergency. The County Joint Information Center (JIC), which includes the PIOs from other local government agencies, if necessary, is responsible for providing notification through organized news release platforms (radio, television, websites and social networking media).

The County PIOs should provide general shelter locations and information to the media. However, medically fragile shelter locations should only be provided to Emergency Medical Services (EMS), care-facilities and other shelter managers. A phone number should be provided for media releases. Anyone who may believe they, or someone they care for, have additional medical needs that cannot be met at a general shelter should be advised to call an information number, which could be 211. Operators should provide the location of the medically fragile shelter to anyone who has non-acute medical conditions that require monitoring and/or treatment of personal care beyond what is typically provided in a general shelter.

All general shelter managers will be notified of the location of the nearest medically fragile shelter. Evacuees who are triaged and found to need a higher level of care than that offered at a general shelter will be, if possible and safe, transferred to a facility that can better meet their needs.

2.3 Shelter Notification

Depending on the nature of the disaster, there may or may not be advance warning of an event. In situations where warning is given, preparation for the event will begin with as much lead-time as possible.

The Sacramento Office of Emergency Services (SOES) will send information regarding an anticipated timetable of when the County EOC will be completely activated. The Director of Emergency Services and the Operational Area Coordinator will provide direction and objective to the Emergency Management Staff for activation.

The Sacramento County Emergency Operations Center will:

- Notify the lead agencies that will have representatives in the OA EOC and the lead agencies involved in shelter operations.
- Notify Public Health and Emergency Medical Services (EMS) to initiate medical shelter staffing coordination when necessary.
- Identify possible evacuation levels and affected populations.
- Notify transportation agencies to begin notification procedures.
- Keep agencies updated on the status of the event, by email, OA radio briefings, phone calls, and/or faxes.
- Determine facility locations for medically fragile shelters.
- Notify support agencies and personnel with estimate opening time and locations.

The DHHS will:

- Activate the notification call down list and prepare for coordination of staffing shelters.
- Coordinate with DHA on which facilities will be opened as a medical shelter. Inspect, dispense and/or relocate equipment and/or supplies.
- Mobilize available resources.
- Notify the medical shelter Operations Chief/Nurse Manager of any problems or deficiencies.
- Provide staff to the medically fragile shelter at a designated time.

2.4 Shelter Activation

The agency having jurisdiction over the established general population shelter (DHA or ARC) will also be responsible for registration and triage of persons entering the shelter. DHHS may deploy at the request of DHA for nurse support and triage of medically fragile persons. Additional, shelter staff could be assigned from DHA, DHHS or ARC.

Displaced persons who are ambulatory (with or without assistance devices) or have a serious medical condition, and are accompanied by a caregiver/assistant may be placed in a general shelter. Once it is determined the displaced person will require resources and services beyond what the general shelter can provide, the following levels of response and

assessments will occur.

In Sacramento County, there are three levels of consideration when placing medically fragile evacuees in temporary sheltering situations:

- Level 1 situations are when no medically fragile shelter is actually opened, but rather any medically fragile individual can be sent to a current fixed facility in the area, such as an assisted living facility or a skilled nursing facility.
- Level 2 situations are when there is no longer capacity to accept evacuees in the local, fixed facilities; this is typically due to increased evacuations from a regional disaster. In this type event, medically fragile shelter operations will be established within the confines of a general population shelter or as a stand-alone medically fragile shelter. This plan is designed to support this type of situation.
- Level 3 situations are when there is a catastrophic event that causes a significant number of evacuations. Many of the evacuees will have incurred injuries due to the event itself. In this situation stand alone medically fragile shelters, such as a field hospital may be requested from the State of California and/or the Federal Emergency Management Agency (FEMA). Along with state and federal resources, the city/county shelter management staffing will need augmentation from mutual aid through the state. In level 3 situations, the State or Federal plan may be implemented for the full activation, staffing, resources and management of their stand-alone shelter unit.

2.5 Shelter Set-up

Many facilities in the County of Sacramento have been designated as general population shelter sites and have been surveyed by the American Red Cross and/or the County of Sacramento. Additionally, some facilities have been designated as facilities capable of being set up to receive medically fragile evacuees. Details for shelter set up of these two facilities are provided in the attachments to this annex.

The shelter set-up and staffing requirements are similar for both the medical and general population shelters. Specific space requirements and additional qualified resources are required at the medically fragile shelters. Below is a list of the additional requirements for the medically fragile shelters:

- Additional aisle spacing between the cots to allow for wheel chair access.
- Additional sleeping space per person, i.e., 80 sq. ft. per person vs. 40 sq. ft sleeping area in a general shelter.
- A number of “accessibility cots” that are larger, include guardrails, and have head and leg lift capability.
- An ensured power supply to meet various medical equipment service needs.
- Sufficient outlets to support expanded number of powered devices.

- Additional designated space or rooms for clinical briefings/interviews, medical treatment or physicians care, mental health support, and prophylaxis distribution.
- Additional storage areas for medical supplies.
- Refrigeration space especially designated for medical supplies that are separate from the food supplies.
- Additional capacity in bathrooms and showers that can support people with mobility limitations.

Shelter Signage should be positioned to direct incoming evacuees, ambulance, family members and workers/volunteers to the correct locations. Suggested shelter interior and exterior signage that should be placed is provided in the attachments.

2.6 Shelter Management

Detailed guidance for management of the medically fragile shelter is provided in attachments to this annex. This section is intended to provide a brief overview.

The medically fragile shelter will be managed following ARC guidelines for shelter operations with a medically fragile care component. Non-medical staff in the medically fragile shelter will have typically received ARC basic shelter operations training, or will need to receive some just-in-time training for their designated role in the shelter. Non-medical staff members are those assigned to all shelter positions except for the Shelter Operations Section's medical care focused functions. Non-medical staff will take the lead for the following:

- Shelter set-up and demobilization
- Shelter Administrative
- Shelter Planning and Logistics
- Liaison duties
- Public information/media relations
- Feeding
- Dormitory supervision
- Client registration
- Facility management
- Security and building access control
- Parking and traffic control
- Janitorial
- Communications
- Donations management
- Entertainment/recreation
- Child care
- Pet sheltering
- Laundry service
- Transportation
- Other non-medical related duties as assigned

The medically fragile shelter will likely include a general shelter area co-located with the medically fragile shelter; in this way family members of the medically fragile can be sheltered in the same location. The ARC will support the operations for the general shelter component, as well as provide support to the medically fragile shelter management as needed.

Skilled medical staff will maintain the supportive environment and provide for the care of medically fragile evacuees. The Shelter Operations section staff (see shelter ICS organizations below), which includes medically trained persons (nurses, physicians, mental health professionals, EMS, etc.) should remain focused on evacuee care, and not the actual shelter logistics. The ARC and other non-medical staff will provide the same support in the medically fragile shelter as is given at a general population shelter.

Basic shelter management includes the check-in of all persons. Medically fragile persons, their children and their caregivers will be given a color-coded wrist band to identify them as persons that need supportive monitoring. Shelter workers should wear their official identification badges. Those in the general shelter section of the overall shelter will not be given wristbands. Wristband color code guidance is provided in the attachments.

Incoming evacuees will be given a clinical briefing and provide a brief informational overview of the shelter management so they understand what they can expect. Qualified shelter staff will also provide, as needed, one-on-one clinical interviews with evacuees, prophylaxis treatment and meds, professional mental health support, and medical treatment. All medically fragile individuals will be processed out of the facility upon their departure.

While the shelter is designed for those persons who are living in a personal home environment with their care givers, there may be cases where a care facility (e.g., assisted living or skilled nursing facility) will need to shelter some or all of the people in its care at the shelter while making arrangements to move them to some alternative facility. In this case, it is expected that the care facility also provide staff, equipment, supplies and other support toward the care of those individuals and for the overall support and functioning of the shelter.

A challenge to the overall management of the medically fragile shelter will be to maintain a calm and supportive environment during a period of personal and regional upheaval that typically accompanies all disasters. Medically fragile persons are at a heightened risk of their condition being negatively exacerbated whenever they are transported, and whenever they lose the support and security of their familiar surroundings. Therefore, while located in the shelter, this population will be in need of both focused physical care and emotional support. Many who were stable in their home or facility environment may be more fragile in the shelter situation.

Because of their difficulty in moving, medically fragile persons should, whenever possible, be moved directly to a long-term situation (home or facility) that can accommodate their needs. Shelters are temporary solutions - meant to support medically fragile evacuees for no more than 72 hours.

2.7 Shelter Staffing

Staffing patterns can be adjusted based on the situation at the shelter, such as spatial orientation, number of evacuees, etc. Staff should not work beyond a 12-hour shift. Due to the nature of the shelter operations, full levels of staffing would be needed during both day shifts and night shifts.

Availability of staff members could be limited, depending on the availability of county, city and volunteer staff. In some cases, staff from local hospitals or fixed care facilities may be called upon to support the shelter. The health and welfare of the evacuees may be jeopardized without a full complement of trained shelter staff and/or medical professionals. This is especially true during basic medical procedures such as IC chemotherapy or oxygen therapy.

In general, one physician should be available (on call or on site) while the shelter is open. A licensed registered nurse should be available on site at all times. Nursing staff should be sufficient to provide line-of-site care of all medically fragile individuals; typically one licensed registered nurse per up to 30 persons. A caregiver (nursing assistant) is ideally assigned to up to 15 medically fragile persons in the shelter, but a lower ratio would be desired.

If medically fragile persons have been evacuated from a fixed care facility, it is expected that the medical staff from that facility accompany their clients to the shelter and continue to provide care at the shelter.

Staff position guides are listed in the attachments.

2.8 Medically Fragile Deactivation

Once a shelter has been activated, the County's EOC or County Department of Health and Human Services (DHHS) DOC is responsible for giving the deactivation order, unless the Operational Area (OA) EOC has been activated. The county will coordinate staffing and resourcing the shelter up until the deactivation order is provided. All medically fragile evacuees must be returned to their homes, family member's homes, care facilities, or moved to another safe facility before the shelter may be closed.

Factors that impact the decision to deactivate include if there is an urgency to return the shelter to its day-to-day use, whether transportation is available to the evacuees, and the availability of long-term accommodations.

Once all the medically fragile evacuees have been relocated to safe area, the shelter staff will:

- Note the departure time, mode of transportation and physical condition of all medically fragile individuals as they left the facility (details should be forwarded to the DOC for inclusion to the County and OA EOC situation reports.
- Conduct a final check that all equipment and supplies have been accounted for and scheduled for pickup.
- Note any breakage or damage to the facility and provide the documentation to the DOC for inclusion to the County and OA EOC situation reports.

- Forward or archive all paperwork related to any medically fragile individuals and the operation itself.

Shelter workers will be offered the opportunity to meet with mental health professionals to debrief their experience and discuss stress-related issues that arose while serving as a shelter worker.

3.0 ROLES AND RESPONSIBILITIES

3.1 County Government

California Health and Safety Code 34070-34072 states Local government (Sacramento County) is responsible for public health, care and shelter of its residents, including those with needs that fall beyond the scope of the American Red Cross in disaster sheltering. Local government staff functions that play a critical role in activating and supporting medically fragile shelter services include the following:

Departmental Operations Center (DOC), County Department of Health and Human Services. In the case of a localized emergency, the county EOC may not open. The DHHS DOC will activate to support the local medically fragile shelter operations and will coordinate directly with the affected jurisdiction (if activated) or the shelter itself if located in an unincorporated area of Sacramento County. The DOC may also remain activated in a low-level County EOC activation.

Health/Medical Branch Coordinator (Assigned to County EOC)

The DHHS designee assigned to the EOC is the contact point for the Nurse Manager of each medically fragile shelter. The Coordinator is responsible for the administration and oversight of the program and reports to Health Officer. The Health/Medical Branch Coordinator will utilize the DOC to oversee the duties assigned by the EOC.

- Notifying home health agencies of impending events, status of event, and activation of shelter staffing.
- Notifying and assigning the Operations Chief/Operations Chief/Nurse Managers, support staff, home health agency staff members and volunteers to each shelter, when activated.
- Procuring information on the health care status of the displaced persons when requested. Providing advice and support to the DOC and Sacramento County jurisdictions.
- Arranging for all necessary medical supplies, which are not currently available at the shelter by coordinating with the DOC and DHHS Warehouse.
- Coordinating alternate sheltering arrangements for displaced persons whose medical treatment exceeds the care limits of a medically fragile shelter, in consultation with the Senior Physician.
- Supervising the preparation of the requests for medications and supplies, which are required for the health care of the shelter individuals, through the DOC.

Care and Shelter Branch (Assigned to the County EOC) Within the OA EOC, the Care and Shelter Branch and the Health/Medical Branch staff are located near each other in order to better facilitate their mutual support of sheltering in the county, especially in regards to coordination of DHHS staff, other medical staff and specialty equipment. The Care and

Shelter Branch will coordinate with the EOC Care and Shelter Unit when a medically fragile shelter is activated in the Operational Area.

Health Officer (Assigned to County EOC)

The Health Officer or designee is assigned to the EOC and is professionally responsible and will help to coordinate health/medical services provided in the medically fragile shelter. Some of those services are:

- Approving standard nursing protocols for the shelter staff.
- Approving all extraordinary medical procedures performed at the shelter.
- Providing diagnosis and treatment orders for acute illnesses, which occur among displaced persons of the shelter, when attempts by nursing staff to contact the primary care physician are unsuccessful.
- Coordinate and assist EMS with patient transfer to next level of care in community when shelter cannot provide those services safely.
- Consulting with the Operations Chief/Nurse Manager in the shelter on personal care problems when required and attempt to provide resolution of these problems.
- Arranging professional contact to each shelter within 24 hours (post disaster) and each 24 hour period thereafter if possible to assess medical problems at the shelter.

3.2 Shelter Worker Organization

In a medically fragile shelter, the workers will organize themselves using incident command system. Shelter workers in Command staff positions, such as Shelter Manager, Safety and Security Officer, will be staffed by County personnel or personnel tasked from the Operational Area. Planning and Administration Section positions will likewise be staffed by County personnel or personnel tasked from the Operational Area, with support from the ARC or other volunteers. County DHHS will assure that Operations positions are staffed by qualified personnel, but do not have sufficient employees to staff all Operations positions.

The On-Site Doctor position will be filled by Medical Volunteer Corps (MVC), or other medical personnel. The Paramedic unit positions will be coordinated by county Emergency Medical Services personnel.

If any needed positions cannot be filled by the designated organization, the County EOC will need to request support through mutual aid.

3.3 Shelter Worker Support Organizations

- **American Red Cross.** The ARC has a long-standing disaster relief mission (as mandated by US Congress, and according to its corporate policy), and partners with local government to provide care and shelter. While they provide most key management roles in a general shelter environment, the ARC will play a support role in a medically fragile shelter environment, mostly providing support to co-located

- general shelter populations and providing some logistical support to medically fragile staff members.
- **Department of Health and Human Services.** In Sacramento County the Department of Health and Human Services (DHHS) and its Division of Public Health (DPH) provides public health assistance and oversees medical care to medically fragile and other shelters, as designated in Sacramento County's Emergency Operations Plan. County EMS may also be involved in medically fragile sheltering.
 - **Medical Reserve Corps.** Provide medically trained personnel to provide shift support to key shelter operations positions, such as nurse manager, on-site doctor, or nursing unit staff.
 - **Caregivers for medically fragile persons living independently.** Caregivers (family members) are needed to remain with their person at the shelter.
 - **Staff from transferring agency.** Such staff must remain with their clients and continue to care for them at the medically fragile shelter site. Such staff must also bring with them:
 - Medical equipment that is needed for their clients, such as oxygen, insulin and infusion pumps
 - Individual records or medical charts
 - Special supplies such as egg crate mattresses, adult diapers or dietary items
 - Prescription drugs
 - Extra clothing.
 - **Other volunteers.** Volunteers can support bringing prepared meals, setting up areas, and performing general cleanup.

4.0 RESOURCES FOR MEDICALLY FRAGILE SHELTERS

<i>List of Medical Devices and Related Equipment for Medically Fragile Shelters</i> <i>Assumes General Shelter Resources are Available</i>	
Medical Devices and Equipment	
CPR Bag-Valve-Mask Kits (Ambubag)	Oxygen-Delivery System
AED (Citizen Defibrillator)	Oxygen Canisters and Plug In For Oxygen Concentrators
Stethoscopes	Oxygen Saturation Monitors
Blood Pressure Cuffs	Infusion Pumps for Total Perenteral Nutrition (Tube Feeding) and Long-Term Antibiotics (IV Pumps)
Glucose Monitoring With Strips or Discs	Bedpans
Insulin Syringes	IV Stands
Hazardous Waste Bags And Sharps Containers	Bag-Valve-Mask for CPR
Patient Lifts (Hoyer Lift)	Clear Oxygen Masks (Infant, Child, Adult)
Lined Bio-Hazard Garbage Bags	Ventilator Connections
Chux (Waterproof Bed Pads),	Suction Machines With Catheters
Commodes	Foley Catheter Bags
Shower Chair	CPAP (Continuous Positive Airway Pressure) and BIPAPs (Bi-Level Positive Airway Pressure) Units (Breathing Assists)
Wrist Bands for Names and Info	Emesis Basins
Container for Meds and Personal Stuff	In and out Urinary Catheters
Ace Wraps and Dressings	Incontinent Briefs
Saline For Cleansing	Walkers, Canes
Wipes and/or Solution For Sanitizing	Wheel Chairs
N-95 Masks	Accessible Cots (have pre-filled out request forms)
Butterfly bandages -(12 per 100, 2 sizes)	Nix or other lice treatment (3 per 100 people)

List of Medical Devices and Related Equipment for Medically Fragile Shelters	
<i>Assumes General Shelter Resources are Available</i>	
Non-Medical Support Equipment	
Portable Light	Generators and Generator Hook-Up
Clipboards And Paper/Pen Supplies	Kleenex
Disposable Night Gowns	Mortuary Pack
Doctor's Or Nurse's Records	Accessible Cots*
Chair By Each Cot	Desk & Chairs For Nurses Stations
Locked File Cabinet On Wheels	Medicine Cart
Extension cords and surge protectors	Digital Camera
Combs (5") 10 per 100 people	Soft cloth or paper slippers or paper shoe covers
Hand/body lotion	Toothbrushes and toothpaste
Linens	

***Accessible Cots (aka disabled or ADA cots)**

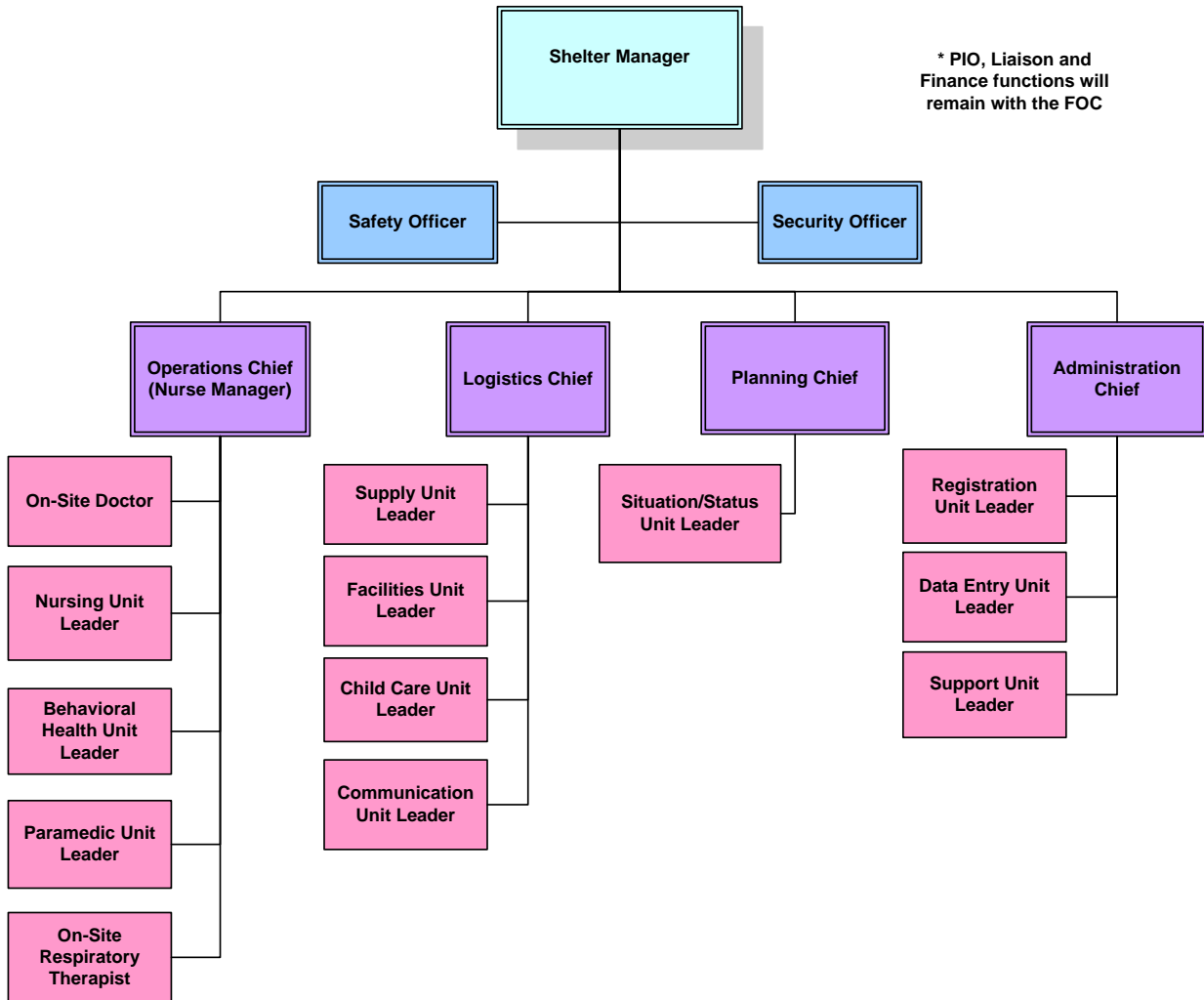
- Height: 17 -19 inches without a mattress
- Width: minimum 27 inches
- Weight capacity: up to 350 lbs.
- Flexible head and feet capacity
- Side-rails: not standard. If need side-rails must specify

ATTACHMENTS

Attachments included with this plan provide operational guidance for the various responders supporting a medically fragile shelter operation. The guidance document information is aligned with the County's purpose of providing effective shelter for medically fragile persons and consistent with the concept of operations and resource provisions as described in this plan.

Attachment 1: Shelter Organization Chart, Staffing Guide and Position Guides

Staff for the medically fragile shelter will most likely contain staff members from Sacramento County DHHS, Medical Volunteer Corps, American Red Cross and other volunteer organizations. The likely assignments are shown in the organization chart.



Shelter Manager Position Checklist

Upon Activation:

- Receive briefing from the Health Care Coordinator.
- Ensure knowledge of mission and plan of operations.
- Review Medically Fragile Shelter Plans.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Shelter Operations Section Chief
 - Shelter Logistics Section Chief
 - Shelter Administration Section Chief
 - Shelter Security Officer
 - Shelter Safety Officer
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or the Shelter Safety Officer if regarding a safety issue).
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided in their checklists. This ensures standardization and consistency with respect to performance and information during Medically Fragile Shelter operations.
 - Ensure direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
 - Operational overview
 - Stations / patient flow
 - Operational Periods
 - Resupply Timetable
 - Recurring Report Schedule
 - Staffing/Equipment/Supply Issues

- Confirm with the Shelter Operations Section Chief and Shelter Logistics Section Chief that all equipment and supplies are being shipped to the shelter, and that areas are being set up.
- Develop staff assignments and work schedule.

Response Phase:

- Interface with the DHHS DOC if activated, or the County EOC for coordination of health/medical resource requests.
- Establish interface with appropriate local officials:
 - Establish callback numbers to DOC and/or EOC.
 - Notify EOC when shelter operations commence processing of patients.
 - Report progress to EOC.
- Review shelter work schedule and assign work assignments for each station.
- Ensure standardization/consistency of information provided to patients.
- Brief officials and media, as appropriate.
- Establish time schedule for operational briefings, and conduct as scheduled.
- Work with the Shelter Operations Section Chief and Shelter Logistics Section Chief to set up shelter Stations.
- Ensure staff has all equipment and supplies needed to carry out their functions.
- Work with the Shelter Administration Section Chief to ensure sufficient staff is available for intake/discharge and to assist patients where needed.
- Brief all station leaders on procedures for additional supplies, security problems, treatment issues and other problems.
- Follow the process as patients begin to filter through each station. Modify any process as needed.
- Ensure that proper documentation is maintained for all activities.
- Confirm with Shelter Operations Section Chief that EMS is ready to transport to designated medical facility.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in.
- Conduct exit interviews with your direct reports.
- Participate in the After Action process.

Shelter Safety Officer Position Checklist

Upon Activation:

- Receives briefing from the Shelter Manager.
- Review plan and checklist.

Response Phase:

- Maintain Unit Log.
- Responsible for the safety of all shelter occupants.
- Has authority of the Shelter Manager in stopping unsafe acts.
- Participate in meetings and briefings to ensure that safety considerations are a part of the plan at all times.
- At a minimum:
 - Monitor clinical, medication and infection control safety.
 - Monitor food and safe drinking water standards.
 - Monitor environmental safety for fall hazards, sanitation and waste management.
 - Report hazards and plan for mitigation.
 - Ensure completion of incident/accident reports.
 - Coordinate with Shelter Logistics Chief for additional facility assistance in sanitation assistance.
- Coordinate staff badges/passes as necessary.
- Identify and make known to the Shelter Manager any safety issues.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Shelter Administration Section Chief.
- Identify issues for the After Action Report.

Qualifications and Training

There may be licensing requirement for someone who is monitoring clinical, medication and infection control safety.

Shelter Security Officer Position Checklist

Upon Activation:

- Receives briefing from the Shelter Manager.
- Review plan and checklist.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Security Specialists
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you or law enforcement officer
 - Any questions, problems or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided for the job assignment.
 - Ensure that direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Ensure that a resource accountability system (personnel and equipment) is established and maintained.
- Maintain Unit Log.
- Arrange for security of equipment and supplies as they arrive at the site.
- Supervise the set-up of crowd control system (cones, ropes, etc).
- Participate in meetings and briefings to ensure that security considerations are a part of the plan at all times.
- Post security staff as needed. At a minimum:
 - Entrance: Admit authorized personnel and patients only.
 - Exit: Ensure no unauthorized entry.
- Ensure security is provided for all personnel, equipment, vehicles and buildings.
- Coordinate staff badges/passes as necessary.
- Identify and make known to the Shelter Manager any security issues.
- Offer operational assistance and recommendations regarding evidence collection, processing, and security to local law enforcement.
- Notify the Shelter Safety Officer of any accidents.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Shelter Administration Section Chief.
- Conduct exit interviews with your direct reports.
- Identify issues for the After Action Report.

Shelter Operations Section Chief Position Checklist

Upon Activation:

- Receive briefing from Shelter Manager.
- Ensure knowledge of mission and plan of operations.
- Review Plan and Checklist.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - On-Site doctor
 - Nursing Unit Leader
 - Mental Health Unit Leader
 - Paramedic Unit Leader (if available)
 - Respiratory therapist (if available)
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or the Safety Officer if regarding a safety issue).
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided in their checklists. This ensures standardization and consistency with respect to performance and information during Medically Fragile Shelter operations.
 - Ensure direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to Unit Leaders at scheduled briefing(s):
 - Operational overview
 - Stations / patient flow
 - Operational Periods
 - Resupply Timetable
 - Recurring Report Schedule
 - Staffing/Equipment/Supply Issues
- Confirm with the Shelter Logistics Section Chief and Shelter Manager that all equipment and supplies are being shipped.

- Develop staff assignments and work schedule.

Response Phase:

- Participate in staff briefing(s) as scheduled by the Shelter Manager.
- Interface with the EOC for coordination of medical/health resource requests.
- Establish interface with appropriate local officials:
 - Establish callback numbers to EOC.
 - Notify EOC when shelter operations commence processing of patients.
 - Report progress to EOC and Shelter Manager.
- Ensure standardization/consistency of information provided to patients.
- Assist in briefing officials and media, as appropriate.
- Establish time schedule for operational briefings, and conduct as scheduled.
- Participate in staff briefing(s) as scheduled by the Shelter Manager.
- Maintain Operations Log.
- Meet with Unit Leaders and ensure that material presented is consistent with the Medically Fragile Shelter plan and other information being distributed.
- Ensure that proper documentation is maintained for all Operations activities.
- For issues of medical necessity, the Shelter Operations Chief, in consultation with the EOC, will have the final say in patient care and transportation to a hospital or nursing home, if needed.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Shelter Manager.
- Conduct exit interviews with your direct reports.
- Participate in the After Action process.

Qualifications and Training

Licensed Registered Nurse

Shelter Nursing Unit Leader Position Checklist

Upon Activation:

- Receives briefing from the Shelter Operations Section Chief.
- Review plan and checklist.
- Perform duties as outlined by the Shelter Operations Section Chief.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Nursing Staff
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you or law enforcement officer if regarding a safety issue.
 - Any questions, problems or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided for the job assignment.
 - Ensure that direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Work with the Shelter Operations Section Chief and the On-site Doctor to ensure patients are transported to proper location for additional treatment.
- Maintain Unit Log.
- Work with Shelter Operations Section Chief and On-site Doctor to ensure proper care of patients and that pertinent information is recorded on the patient record.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Shelter Operations Section Chief.
- Conduct exit interviews with your staff.
- Identify issues for the After Action Report.

Qualifications and Training

Registered Nurse

Nursing Unit Staff Position Checklist

Upon Activation:

- Receives briefing from the Nurse Unit Leader.
- Review plan and checklist.
- Perform duties as outlined by the Nurse Unit Leader.

Response Phase:

- Work with the Nurse Unit Leader and the On-site Doctor to ensure patients are transported to proper location for additional treatment.
- Work with Nurse Unit Leader and On-site Doctor to ensure proper care of patients and that pertinent information is recorded on the patient record.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Shelter Operations Section Chief.
- Identify issues for the After Action Report.

Qualifications and Training

Registered Nurse

Licensed Vocational Nurse

Certified Nursing Assistant

Medical Assistants

Volunteers

On-Site Doctor Position Checklist

Upon Activation:

- Receive briefing from the Shelter Operations Section Chief.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklist.
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or the Safety Officer if regarding a safety issue).
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided in their checklists. This ensures standardization and consistency with respect to performance and information during SNS operations.
 - Ensure direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Develop staff assignments and work schedule.

Response Phase:

- Participate in staff briefing(s) as scheduled by the Shelter Operations Section Chief.
- Review your position checklist.
- Perform duties as outlined by the Shelter Operations Section Chief, which may include:
 - Provide medical evaluation and treatment prescriptions for medically fragile individuals as necessary.
 - Monitor medical care provided as appropriate.
 - Oversee all clinic functions/problem solving.
 - Assist with emergency medical situations.
 - Review storage and handling instructions for the vaccine/medication being used.
 - Introduce self to area leaders and managers, communicate expectations of shelter operations.
 - Familiarize self with all paperwork, equipment and supplies used in shelter.
 - Familiarize self with all areas of shelter.

- Ensure that all patient care or contact areas are adhering to infection control policies.
- Be available for consult from other areas of shelter.
- Give directions to patients and staff as needed.
- Monitor colleagues, patients and family members for signs of fatigue and stress.
- Report any difficulties to the Shelter Operations Section Chief.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Shelter Operations Section Chief.
- Conduct exit interviews with your staff.
- Identify issues for the After Action Report.

Qualifications and Training

Medical Doctor

Nurse Practitioner

Respiratory Therapist Position Checklist

Upon Activation:

- Receives briefing from the Shelter Operations Section Chief.
- Review plan and checklist.
- Perform duties as outlined by the Shelter Operations Section Chief.

Response Phase:

- Work with the Nursing Unit Leader as needed.
- Provide specialized respiratory services to displaced person(s) as prescribed.
- Provide assistance on equipment such as ventilators and other specialized respiratory equipment.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Shelter Operations Section Chief.
- Identify issues for the After Action Report.

Qualifications and Training

Respiratory Therapist

Mental Health Unit Leader Position Checklist

Upon Activation:

- Receives briefing from the Shelter Operations Section Chief.
- Review plan and checklist.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Mental Health staff
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you or law enforcement officer if regarding a safety issue.
 - Any questions, problems or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided for the job assignment.
 - Ensure that direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Responsible for the mental health of both staff and displaced person(s).
- Helps both staff and displaced person(s) adjust to the rigors of living in a shelter.
- Responsible for:
 - Making rounds and watching for signs of agitation, depression, confusion and responding to alleviate potential problems.
 - Assist staff in promoting diversions and activities, conversation, time orientation, etc.
 - Work with displaced person(s) experiencing problems and guiding staff on best therapeutic methods.
 - Coordinate medication requirements with On-Site Doctor.
 - Report potential problems that may need further intervention to the Shelter Operations Section Chief.

Recovery/Termination Phase:

- Plan for debriefing staff before they leave the shelter.
- Determine efficacy of conducting a debriefing session one to two weeks following shelter deactivation.

- Identify issues for the After Action Report.

Qualifications and Training

Credentialed Mental Health Professional

Mental Health Staff Position Checklist

Upon Activation:

- Receives briefing from the Mental Health Unit Leader.
- Review plan and checklist.

Response Phase:

- Responsible for the mental health of both staff and displaced person(s).
- Helps both staff and displaced person(s) adjust to the rigors of living in a shelter.
- Responsible for:
 - Making rounds and watching for signs of agitation, depression, confusion and responding to alleviate potential problems.
 - Assist staff in promoting diversions and activities, conversation, time orientation, etc.
 - Work with displaced person(s) experiencing problems and guiding staff on best therapeutic methods.
 - Coordinate medication requirements with On-Site Doctor.
 - Report potential problems that may need further intervention to the Shelter Operations Section Chief.

Recovery/Termination Phase:

- Plan for debriefing staff before they leave the shelter
- Identify issues for the After Action Report.

Qualifications and Training

Credentialed Mental Health Professional

Shelter Logistics Section Chief Position Checklist

Upon Activation:

- Receive briefing from Shelter Manager.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklists.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Supply Unit Leader
 - Facilities Unit Leader
 - Communications Unit Leader
 - Child Care Unit Leader
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or the Safety Officer if regarding a safety issue).
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided in their checklists. This ensures standardization and consistency with respect to performance and information during Medically Fragile Shelter operations.
 - Ensure direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to Unit Leaders at scheduled briefing(s):
 - Operational overview
 - Stations / patient flow
 - Operational Periods
 - Resupply Timetable
 - Recurring Report Schedule
 - Staffing/Equipment/Supply Issues
- Develop staff assignments and work schedule.

Response Phase:

- Participate in staff briefing(s) as scheduled by the Shelter Manager.

- Interface with the EOC for coordination of resource requests.
- Establish interface with appropriate local officials:
 - Establish callback numbers to EOC.
- Responsible for oversight of all logistics functions.
- Coordinate with school representative in maintaining facilities such as restrooms, kitchen, break and sleeping areas.
- Responsible for the set-up and tear down of equipment prior to opening and after closing the shelter.
- Ensure staff has all equipment and supplies required to accomplish their functions.
- Participate in staff briefing(s) as scheduled by the Shelter Manager.
- Maintain Logistics Log.
- Meet with Unit Leaders and ensure that material presented is consistent with the Medically Fragile Shelter plan and other information being distributed.
- Ensure that proper documentation is maintained for all Logistics activities.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Shelter Manager.
- Conduct exit interviews with your direct reports.
- Participate in the After Action process.

Supply Unit Leader Position Checklist

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Shelter Logistics Section Chief.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklists.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Supply Unit Staff
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or the Safety Officer if regarding a safety issue).
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided in their checklists. This ensures standardization and consistency with respect to performance and information during Medically Fragile Shelter operations.
 - Ensure direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Review your position checklist.

Response Phase:

- Perform duties as outlined by the Shelter Logistics Section Chief which may include:
 - Coordinate with Shelter Manager, Operations, Logistics, and Administration Section Chiefs and EOC to determine supply requirements.
 - Assure a continuous stream of supplies.
 - Maintain control and security of supplies.
 - Maintain an inventory log and account for use of supplies.
 - Identify and tag all equipment needing repair and/or replacement.
 - Assist with set-up and tear down of the facility.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Shelter Logistics Section Chief.
- Identify issues for the After Action Report.

Supply Unit Staff Position Checklist

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Supply Unit Leader.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklist.
- Review your position checklist.

Response Phase:

- Perform duties as outlined by the Supply Unit Leader which may include:
 - Assure a continuous stream of supplies.
 - Maintain control and security of supplies.
 - Maintain an inventory log and account for use of supplies.
 - Identify and tag all equipment needing repair and/or replacement.
 - Assist with set-up and tear down of the facility.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Supply Unit Leader.
- Identify issues for the After Action Report.

Facilities Unit Leader Position Checklist

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Logistics Section Chief.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklist.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Facilities Unit Staff
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or the Safety Officer if regarding a safety issue).
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided in their checklists. This ensures standardization and consistency with respect to performance and information during Medically Fragile Shelter operations.
 - Ensure direct reports are personally prepared, self-sufficient and adequately.
 - Equipped to perform their assignments.
- Review your position checklist.

Response Phase:

- Ensure facility is adequate to meet staff and shelteree needs.
- Ensure toileting facilities are continuously cleaned and stocked.
- Ensure adequate kitchen and eating facilities.
- Coordinate with Supply Unit Leader to ensure sufficient quantities of food and water and that special meals are available for those that need them.
- Coordinate with the Safety Officer to ensure environmental and health standards are met and maintained.
- Ensure adequate rooms are secured away from displaced person(s) to provide childcare and rest areas for staff.
- Duties and responsibilities include:

- Assist with set-up and tear down of the facility.
- Plan for meal delivery for non-ambulatory clients.
- Monitor environmental and feeding facility sanitation.
- Plan for general waste and medical waste management and disposal.
- Coordinate linen management for delivery of clean linen and removal of soiled linen.

Maintain Unit Log.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Shelter Logistics Section Chief.
- Identify issues for the After Action Report.

Facilities Unit Staff Position Checklist

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Facilities Unit Leader.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklists.
- Review your position checklist.

Response Phase:

- Ensure toileting facilities are continuously cleaned and stocked.
- Ensure adequate kitchen and eating facilities.
- Ensure adequate rooms are secured away from displaced person(s) to provide childcare and rest areas for staff.
- Duties and responsibilities include:
 - Assist with set-up and tear down of the facility.
 - Plan for meal delivery for non-ambulatory clients.
 - Monitor environmental and feeding facility sanitation.
 - Plan for general waste and medical waste management and disposal.
 - Coordinate linen management for delivery of clean linen and removal of soiled linen.
- Maintain Unit Log.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Facilities Unit Leader.
- Identify issues for the After Action Report.

Communications Unit Leader Position Checklist

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Shelter Logistics Section Chief.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklist.
- Review your position checklist.

Response Phase:

- Perform duties as outlined by the Shelter Logistics Section Chief which may include:
 - Responsible for ensuring continuous communications between the shelter staff and the EOC.
 - Ensure all communications equipment (radios, telephones, batteries, chargers, electrical cords, etc) is included in equipment cache sent to the shelter.
 - Set up, test, maintain, and arrange for repair of all telecommunications equipment.
 - Set up a communications center to house communications support equipment (back-up radios and phones, batteries, etc).
 - Obtain information for a directory of significant contact phone/fax/pager numbers.
 - Establish and manage a message system.
 - Issue radio, computers and/or phone equipment to personnel according to orders from Shelter Manager or Shelter Logistics Section Chief. Maintain records of equipment issued.
 - Attempt to establish FAX and wireless connectivity with the EOC.
 - Provide Just-In-Time training on equipment, as needed.
 - Maintain a Unit Log.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Shelter Logistics Section Chief.
- Remove all communications equipment and pack it appropriately for transport.
- Account for all communications equipment issued to staff.
- Identify and tag all equipment needing repair and/or replacement.
- Identify issues for the After Action Report.

Child Care Unit Leader Position Checklist

Upon Activation:

- Attend overall staff briefing and receive assignment from the Shelter Logistics Section Chief.
- Review your position checklist
- Ensure knowledge of mission and plan of operations.
- Review Plan and checklist.
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned to you, but they DO NOT take instructions from or provide information to anyone other than you.
 - Any questions, problems or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided for in the job assignment.
 - Ensure that direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Responsible for providing childcare to family members of staff and displaced person(s).
- Provide activities to keep children occupied.
- Coordinate with Facilities Unit Leader to provide a secure and safe play area away from displaced person(s) and staff rest area.
- Establish verification process for releasing children to parents or guardians.
- Maintain cleanliness and implement hygiene measures to reduce disease transmission.
- Consult with Shelter Safety Officer on infection control issues or child illness for exclusion guidelines.
- Maintain Unit Log.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Shelter Logistics Section Chief.
- Conduct exit interviews with your staff.
- Identify issues for the After Action Report.

Qualifications and Training

Must have completed infant/child CPR.

Child Care Unit Staff Position Checklist

Upon Activation:

- Attend overall staff briefing and receive assignment from the Child Care Unit Leader.
- Review your position checklist
- Ensure knowledge of mission and plan of operations.
- Review plan and checklist.

Response Phase:

- Responsible for providing childcare to family members of staff and displaced person(s).
- Provide activities to keep children occupied.
- Enforce verification process for releasing children to parents or guardians.
- Maintain cleanliness and implement hygiene measures to reduce disease transmission.
- Maintain Unit Log.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Child Care Unit Leader.
- Identify issues for the After Action Report.

Qualifications and Training

Must have completed infant/child CPR.

Shelter Administration Section Chief Position Checklist

Upon Activation:

- Receives briefing from the Shelter Manager.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklist.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Registration/Discharge Unit Leader
 - Support Unit Leader
 - Data Entry Unit Leader
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you or law enforcement officer if regarding a safety issue.
 - Any questions, problems or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided for the job assignment.
 - Ensure that direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Perform duties as outlined by the Shelter Manager which may include:
 - Setup waiting and registration area.
 - Assist Shelter Operations Section Chief in Triage setup.
 - Ensure all displaced person(s) and staff members are registered before they enter the shelter.
 - Ensure orientation information is available to displaced person(s) when they arrive.
 - Post orientation information in areas where it can be read by displaced person(s) and family members.
 - Institute system for staff and displaced person(s) to be checked in and out of shelter.
 - Maintain accurate census of staff, displaced person(s) and family members and providing that information to the EOC when requested.

- Maintain a database of all staff, displaced person(s) and family members to include home address and means of transport to the shelter.
- Maintain staff and volunteer registry, sign-in sheets and work hour logs.
- Make sure staff has all equipment and supplies needed to carry out their functions.
- Work with Shelter Operations Section Chief and Shelter Manager to establish procedures for handling unusual patients or circumstances (i.e. children/infants, ill patients, non-mobile or disabled patients, hearing impaired patients, non-English speaking patients, etc.).
- Maintain Unit Log.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Shelter Manager.
- Determine permanent storage/ownership of all documentation and coordinate delivery of all materials through the Shelter Logistics Section Chief.
- Conduct exit interview with your direct reports.
- Participate in the After Action process.

Registration/Discharge Unit Leader Position Checklist

Upon Activation:

- Receives briefing from the Shelter Administration Section Chief.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklist.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Registration/Discharge Staff
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you or law enforcement officer if regarding a safety issue.
 - Any questions, problems or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided for the job assignment.
 - Ensure that direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Perform duties as outlined by the Shelter Administration Section Chief which may include:
 - Setup waiting and registration area.
 - Ensure all displaced person(s) and staff members are registered before they enter the shelter.
 - Coordinate with Nursing Unit Leader to collect information on special medical and dietary needs to ensure proper placement in shelter.
 - Ensure orientation information is available to displaced person(s) when they arrive.
 - Post orientation information in areas where it can be read by displaced person(s) and family members.
 - Institute system for staff and displaced person(s) to be checked in and out of shelter.

- Maintain accurate census of staff, displaced person(s) and family members and providing that information to the Shelter Manager, Shelter Administrative Section Chief and EOC when requested.
- Provide registration/discharge forms to Data Entry Unit Leader for entry in database.
- Maintain a database of all staff, displaced person(s) and family members to include home address, contact information and means of transport to the shelter.
- Maintain staff, sign-in sheets and work hour logs.
- Make sure staff has all equipment and supplies needed to carry out their functions.
- Work with Shelter Operations Section Chief and Shelter Manager to establish procedures for handling unusual patients or circumstances (i.e. children/infants, ill patients, non-mobile or disabled patients, hearing impaired patients, non-English speaking patients, etc.).
- Maintain Unit Log.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Shelter Administration Section Chief.
- Conduct exit interview with your direct reports.
- Participate in the After Action process.

Registration/Discharge Unit Staff Position Checklist

Upon Activation:

- Receives briefing from the Registration/Discharge Unit Leader.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklist.

Response Phase:

- Perform duties as outlined by the Registration/Discharge Unit Leader which may include:
 - Setup waiting and registration area.
 - Ensure all displaced person(s) and staff members are registered before they enter the shelter.
 - Ensure orientation information is available to displaced person(s) when they arrive.
 - Post orientation information in areas where it can be read by displaced person(s) and family members.
 - Provide registration/discharge forms to Data Entry Unit Leader for entry in database.
 - Maintain Unit Log.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Registration/Discharge Unit Leader.
- Participate in the After Action process.

Support Unit Leader Position Checklist

Upon Activation:

- Receives briefing from the Shelter Administration Section Chief.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklist.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Support Unit Staff
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you or law enforcement officer if regarding a safety issue.
 - Any questions, problems or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided for the job assignment.
 - Ensure that direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Perform duties as outlined by the Shelter Administration Section Chief which may include:
 - Setup waiting and registration area.
 - Recruit and assign volunteers to duties as needed.
 - Assist nurses with serving meals to clients, assisting clients to restrooms and assisting nurses with providing limited care.
 - Assist Facilities Unit Leader with meal preparation and general facilities maintenance.
 - Assist Child Care Unit Leader with childcare.
 - Assist Supply Unit Leader with loading and unloading supplies and delivering to appropriate area.
 - Assist with set-up and tear down of the shelter.
 - Assist Registration/Discharge Unit Leader to post orientation information in areas where it can be read by displaced person(s) and family members.

- Make sure staff has all equipment and supplies needed to carry out their functions.
- Work with Shelter Operations Section Chief and Shelter Manager to establish procedures for handling unusual patients or circumstances (i.e. children/infants, ill patients, non-mobile or disabled patients, hearing impaired patients, non-English speaking patients, etc.)
- Assist displaced person(s) to their assigned space and getting settled in.
- Provide comfort measures to and emotional support to displaced person(s) and family members.
- Assist in maintaining cleanliness and safety of the shelter.
- Maintain Unit Log.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Shelter Administration Section Chief.
- Conduct exit interview with your direct reports.
- Participate in the After Action process.

Support Unit Staff Position Checklist

Upon Activation:

- Receives briefing from the Support Unit Leader.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklist.

Response Phase:

- Perform duties as outlined by the Support Unit Leader which may include:
 - Setup waiting and registration area.
 - Assist nurses with serving meals to clients, assisting clients to restrooms and assisting nurses with providing limited care.
 - Assist Facilities Unit Leader with meal preparation and general facilities maintenance.
 - Assist Child Care Unit Leader with childcare.
 - Assist Supply Unit Leader with loading and unloading supplies and delivering to appropriate area.
 - Assist with set-up and tear down of the shelter.
 - Assist Registration/Discharge Unit Leader to post orientation information in areas where it can be read by displaced person(s) and family members.
 - Make sure staff has all equipment and supplies needed to carry out their functions.
 - Assist displaced person(s) to their assigned space and getting settled in.
 - Provide comfort measures to and emotional support to displaced person(s) and family members.
 - Assist in maintaining cleanliness and safety of the shelter.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Support Unit Leader.
- Participate in the After Action process.

Data Entry Unit Leader Position Checklist

Upon Activation:

- Receives briefing from the Shelter Administration Section Chief.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review plan and checklist.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Support Unit Staff
- Meet with your direct reports:
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - Direct reports work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you or law enforcement officer if regarding a safety issue.
 - Any questions, problems or incidents should be reported to you, NOT to anyone else.
 - It is important that direct reports DO NOT MAKE DECISIONS on their own, other than provided for the job assignment.
 - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Perform duties as outlined by the Shelter Administration Section Chief which may include:
 - Entering registration and discharge information into the database.
 - Transmitting database to the Shelter Manager, Shelter Administration Section Chief and EOC as requested.
 - Maintain the database on staff assigned to shelter and maintain report in/out times.
 - Enter and maintain any other data deemed pertinent by the Shelter Administration Section Chief.
 - Make sure staff has all equipment and supplies needed to carry out their functions.
 - Maintain Unit Log.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Shelter Administration Section Chief.
- Conduct exit interview with your direct reports.
- Participate in the After Action process.

Data Entry Staff Position Checklist

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Data Entry Unit Leader.
- Review your position checklist.

Response Phase:

- Perform duties as outlined by the Administration Leader which may include:
 - Entering registration and discharge information into the database.
 - Transmitting database to the Data Entry Unit Leader as requested.
 - Maintain the database on staff assigned to shelter and maintain report in/out times.
 - Enter and maintain any other data deemed pertinent by the Shelter Administration Section Chief.
 - Ensure there are plenty of forms and other needed supplies.
 - Enter data into computer as it arrives.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Data Entry Unit Leader.
- Assist with the teardown and re-packing of supplies as requested.
- Identify issues for the After Action Report.

**Other
Position Checklist**

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Support Unit Leader.
- Review your position checklist.
- Perform duties as outlined by the Support Unit Leader which may include:
 - Direct patients through the Shelter.
 - Assist with persons with disabilities.
 - Relieve other workers during break periods.
 - Assist with maintaining and running supplies as needed and keeping the shelter clean.
 - Familiarize yourself with all aspects of the shelter operation.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Support Unit Leader.
- Identify issues for the After Action Report.

Attachment 2: Guidance for Managing and Operating the Medically Fragile Shelter

The following information applies to medically fragile shelter operations in the County of Sacramento. Following these protocols will ensure all shelter staff, municipal, county, and VOAD entities, can coordinate seamlessly in a disaster.

Opening of the Medically Fragile Shelter

The Medically Fragile Shelter will be opened by the designated person responsible for the building and the Shelter Manager designated for the Medically Fragile Shelter. If a Medically Fragile Shelter is not open by the estimated time, the following steps should be taken:

- Notify Health/Medical Branch Coordinator in the EOC or DHHS DOC of situation. The Health/Medical Branch Coordinator will coordinate with Care and Shelter Branch on situation.

Walk Through and Conduct a Survey of the Facility

Once the Medically Fragile Shelter is opened, the Shelter Manager, Shelter Operations Chief and site representative must survey the area. The survey should document the condition of the facility and any facility equipment that will be utilized during the Medically Fragile Shelter operation.

Secure the Facility

In order to maintain the flow of personnel and displaced person(s) coming into and out of the Medically Fragile Shelter, it is important to establish one main entryway. The Shelter Manager and security personnel will ensure that areas that are not to be used during the Medically Fragile Shelter operation are secured and identified as off limits. Interior spaces of the building that are not to be utilized should be identified with the “Do Not Enter” signs provided in the Medically Fragile Shelter Office Kit.

Set up the Signage

After the Medically Fragile Shelter has been surveyed and properly secured, the staff should begin setting up to receive displaced person(s) and supplies.

Post exterior signs: Designated personnel will post the exterior signs in pre-designated areas to guide traffic to the Medically Fragile Shelter.

Post interior signs: The Logistics Chief, or designee, is responsible for posting the interior signs to identify the various stations and important locations within the Medically Fragile Shelter. Any signs that are not listed but deemed necessary will have to be created by the Medically Fragile Shelter staff. Signs should be secured with painters tape to reduce facility damage.

Set-up of Medically Fragile Shelter Management Stations

The medically fragile shelter should be set up, in general, per the following information.

Set up Registration and Information Area

Set up the registration area with tables and desks near the main entryway. Unpack the shelter management kit that provides:

- Blank registration forms
- Sharpie thin markers and pens
- Registration signage
- Colored wrist bands

This will ensure that all persons coming to the Medically Fragile Shelter are screened and registered, and can be provided with information. Wheelchairs located in this area are for transport of persons to the dormitory area and then returned to registration area; they are not be loaned out for individual patient use.

The shelteree should then be directed to the triage areas to have the medical portion of the registration form updated. At the triage station the shelteree will be assigned to an area of the medically fragile shelter based on the level of care that is required.

An information area should be near the triage station and should include an area where updates can be posted. The medically fragile shelter rules should be displayed in this area. Personnel should remain at the information area to provide updates to the people in the medically fragile shelter.

Set up a Triage Area

The triage area should be located near the registration, however not to block the traffic flow that may be heavy at registration. Medical information will be requested from the displaced person(s), and an initial examination may be performed; therefore, privacy of the shelteree should be considered when selecting a location.

Any evacuee that is in critical condition will be sent for medical treatment and/or isolation. They may need to be transferred to a medical facility/hospital for acute care. Transportation should be arranged for the evacuee by shelter staff in coordination with the EOC.

Set up a Clinical Interview Area

The clinical interview should be set up near the triage area. This interview is conducted by a nurse who will collect detailed information from evacuees on their condition. Incoming evacuees will be triaged and registered before moving into the clinical education and interview area to support their placement.

Set up Public Areas - Waiting Area and Eating Area

The waiting area is outside the registration desk where evacuees can rest while waiting placement or for clinical briefings or interviews. This area can also be used as a general sitting area when not needed during evacuee registrations. The eating area is established as a fixed area that also doubles as a place for the general congregation of evacuees. The eating area should be away from any dormitory area.

Set up Medical Care Areas.

Medical care areas include physician evaluation, medical treatment, and mental health rooms. In many cases these services may need to be provided to persons in their cots or care areas, given their mobility issues. For reasons of privacy and courteous care, any medical evaluations or treatments (physical or mental) should be provided in a private setting if possible.

Set up a Nurses Station

A nurse's station must be set up so that the lead RN has line of site with all the medically fragile persons. Depending on the numbers of persons, there may be a need for multiple nurses' stations. The nurses' station should include a first aid cache and the nurse should have access to the medical supply area. The Nurse Manager (Shelter Operations Chief) should oversee the station.

Set up a Medical Supply Area

The medical supply area should be secured and monitored by the Nurse Manager. All pre-identified medical supplies will be delivered to the Shelter Logistics Chief and will be logged in when received. The general supplies for the medically fragile shelter should be stored in an area away from public areas. Upon receipt of medical supplies, the Logistics Chief or designee will verify items and quantities, noting any discrepancies on the inventory sheets.

Set up a Staff Break Room and Sleeping Area

This area should be located in a quiet area of the Medically Fragile Shelter, preferably away from the main traffic. The area should be secure from outside entry for staff safety and lockable from the inside. The ideal area would be an area where natural light can be controlled to allow for people to sleep during the day and it should be located near restroom facilities.

Plan for a Temporary Morgue

A temporary morgue needs to be established in case of a death in the Medically Fragile Shelter. The morgue area should be an isolated room, away from the general congregation areas. The deceased person should be shrouded with a blanket and have an identification band applied to the wrist and ankle. If no family member is available to take possession of personal belongings, the items should be inventoried and stored in a secure area. The Shelter Manager should notify the EOC. A temporary morgue must be considered in case the establishment of a temporary morgue becomes necessary.

Process Staff and Supplies Arriving at the Medically Fragile Shelter

Check In Staff

All staff reporting to the Medically Fragile Shelter must report to the Registration Desk, present identification and sign in. Staff members should report to the Administration Chief for assignment within the Medically Fragile Shelter. If the Administration Chief is not available, they should report to the Shelter Manager or designee for direction. All staff should be issued and wear Medically Fragile Shelter identification vests if available and wear their agency picture ID. All staff members should fill out the Medically Fragile Shelter Staff Registration form, verify contact phone numbers and log the hours they work while the Medically Fragile Shelter is open.

Staff is expected to report to the Medically Fragile Shelter under the agreements and/or plans made by each agency. Shift changes should be taken into consideration with reporting times. Depending on the nature of the emergency, it may be impossible for staff to report during and immediately after the event. This could lead to shortages in staff and exhaustion of staff on duty. Agencies providing staff should consider two twelve-hour shifts for personnel to relieve one another.

Check In Volunteers

All volunteers must sign in at the Registration Desk and fill out the Disaster Worker Registration Form, if they have not already and log all hours they work while the Medically Fragile Shelter is in operation. Volunteers will report to the Administration Chief and should be assigned to an area of the Medically Fragile Shelter where they will feel comfortable. All volunteers should be oriented and supervised by the appropriate staff member. All volunteers should be issued and wear identification.

Check In Supplies

All supplies that arrive at the Medically Fragile Shelter must be inventoried and then kept in a secure area. The management personnel in charge of each area will track their supplies and report the receipt of supplies to the Logistics Chief. Supplies delivered from off site should be distributed to the appropriate area of the Medically Fragile Shelter. Refer to the facility map for the location of the supply area. The Logistics Chief should reassign duties if the person responsible for the task is not present at the opening of the Medically Fragile Shelter. Supplies should then be disbursed to the appropriate area within the Medically Fragile Shelter. Due to space constraints, supplies may have to be stored in a centralized, secure area until the staff needs them.

Disburse Supplies and Equipment

Assignment of Cots/Bedding: The Registration Desk, with assistance from Triage Nurse, as needed, determines who should receive accessibility cots and bedding, and who can be supported by more readily available shelter cots, especially if the supply is limited.

Medical Supplies: Medical Supplies must be kept in a secured area that has been designated by the Operations Chief. These supplies should be inventoried, checked out, and handled by Operations Section staff only. The Operations Chief should apply quality control and monitoring of the medical supplies as deemed necessary.

Check In of Visitors

It is probable that a Medically Fragile Shelter will be visited by the media or by other people who are not there to stay or to assist. All visitors must sign in at the registration area and state their purpose. The Shelter Manager should be notified of all visitors on the premises. Visitors should be asked to wait in an area that does not interfere with medically fragile shelter operations. Solicitation of any nature is prohibited. Media filming and photographing of clients and facilities is not allowed without approval and individual consent. They should be treated in a kind and courteous manner and asked to wait for the Shelter Manager. The OA EOC and if activated the relevant City EOC should be notified when the media arrive.

Ongoing Medical Fragile Shelter Operations

Process Medically Fragile Persons upon their Arrival

Posted signs will direct traffic to the entryway of the facility. The security personnel will direct all other personnel coming into the Triage area.

Displaced person(s) on buses will be escorted into the Medically Fragile Shelter. Displaced person(s) in private cars who need assistance should be allowed to unload at the drop-off area after which the car should be parked in the appropriate parking area. If any Medically Fragile Shelter personnel are available to help park cars or assist people into the building they should be recruited. Displaced person(s) should be permitted to unload their personal items at the drop off area so they do not have to carry them a long distance.

Triage Evacuees

Before displaced person(s) are processed through registration in the Medically Fragile Shelter they should be assessed for appropriateness, based on level of care available, by the Triage Team.

The mission of the triage team is to efficiently sort displaced person(s) into treatment categories enabling medical teams to provide the best care possible to the greatest number of displaced person(s). The triage team does not provide direct shelter care because it will slow the triage process. The exceptions are airway management, or other situations, which require immediate action to save life, limb, or sight. A triage team will make quick assessment and route displaced person(s) to the appropriate alternate location or to proceed to registration.

The triage team will:

- Obtain a brief history and perform a nursing assessment (to include basic personal information, ongoing medical needs, and allergies, the presence of alcohol or drugs, or language barriers).
- Written physicians orders and prescriptions will be documented if available.
- Determine whether the shelteree can be sheltered in a general shelter or at the medically fragile shelter.
- Provide shelter rules to all displaced person(s) and caregivers.
- Place a wristband if available on all displaced person(s) assigned to the medically fragile shelter. The band will state the shelteree's name, address, and phone number. A color-coded sticker will be placed on each wristband to identify type of care required. The same colored sticker will be placed on the shelteree care forms, which will be given to the nursing staff. [Note: some may request that they not have a wristband, which is their prerogative.]
- Any displaced person(s) that is in critical condition should be transferred to a medical facility. They will receive a white wristband stating name, address, and destination for transport. All triage records will be forwarded with the shelteree, and the shelter registration form (if completed) will be annotated with transfer information.
- Triage personnel will be assigned other duties after the initial surge intake is completed or as directed by the Nurse Manager (Shelter Operations Chief.)

Admitting and Registering Medically Fragile Persons

Each displaced person will be individually interviewed by the registration staff, and their admissions paperwork will be completed before admission. It is very important to ascertain and enter to the registration log the names of family or friends' as well as home health agencies involved and to obtain information on how the shelteree arrived.

Persons should give their name to the registration desk. Each name should be written on the wristband and the information on the top section of the registration form (name, date of birth, address and emergency contact) should be updated. A blank registration form needs to be completed and their name, number of companions, and date of arrival are logged on the Medically Fragile Shelter Shelteree Log Sheet.

Once displaced person(s) are registered, they are directed to the appropriate care area. Care areas can be developed depending on the particular evacuees that are present at the shelter. These areas will typically include:

- ***Area for Memory Impaired.*** This area should provide a safe space for those whose cognitive abilities are impaired, such as those with dementia or Alzheimer's disease that could, if not monitored, become confused and lost in the shelter environment.
- ***Area for oxygen support needs.*** This area will provide the power hook ups for those with the need for oxygen augmentation via an oxygen concentrator. The medically fragile shelter will provide back-up oxygen canisters in case of power failures.
- ***Area for medical isolation needs.*** Some of the medically fragile may be suffering from contagious diseases that would be extremely harmful to the medically fragile populations. An isolation area will be identified that is physically separated from the rest of the shelter and has its own bathrooms.
- ***Other specialized areas as needed.***

Provide Care

The medical professionals will essentially make up the Operations Branch of the Shelter ICS. Their role is to provide the medical support to the medically fragile evacuees. In no circumstances are the shelter staff members expected to provide medical services that are beyond their level of skill or training. Specific duties are described in the position guides. However, there is no way to fully predict the particular issues that the evacuees may be dealing with, and medical staff will need to be flexible in organizing their assignments, their priorities, and their resources to meet the needs of the evacuees.

Conduct Basic Shelter Worker Duties

The shelter management staff should meet at least once a shift to discuss the shelter action plan for that shift, any problems that need resolution, key goals for the shift, and what support is needed. The Shelter Planning Chief will lead the meeting. Safety and Security concerns should always be an agenda item. The Shelter Manager should ensure that all key elements of shelter management are in process.

The Shelter Planning Chief and staff, in consultation with the various branches, should develop shelter action plans that support the staffing rotations, supply ordering, meeting requests for obtaining specialized equipment, media tours, and other key events.

The Shelter Logistics Chief or designee should determine the times and best options for feeding at the shelter in an initial briefing. Options may include fast food or restaurant-prepared meals (particularly during the first 24 hours), or ordering supplies for food preparation. Typically at a medically fragile shelter meals are brought in as the staff time is focused primarily on shelteree medical care issues.

Critical to managing day-to-day activities is to identify food storage, food preparation, dining, and garbage disposal areas within the shelter. Locate the disposal area away from the preparation, serving, and dining areas. Provide cleaning and disinfectant supplies.

While the Shelter Operations Branch is providing a unique role to shelter services in a medically fragile shelter, the other positions are very similar to the duties in a general shelter. Basic ARC procedures for shelter management work equally well in the medically fragile shelter.

Feed Staff and Evacuees

The feeding responsibilities in a shelter include supervising food distribution (or on-site food preparation if necessary) and food service for displaced person(s), their families, and shelter staff. ARC will typically handle feeding functions. Ideally, food is prepared off-site and delivered to the medically fragile shelter; in this way the medically fragile shelter does not have another major operations function to manage over its 72-hour period.

Discharge Procedures

Complete all Paperwork. Medically Fragile Shelter records should indicate the shelteree's condition, time of entry, time of departure and notes of stay. Notification will be provided to the Shelter Operations, Administration and Logistics Chiefs.

Medically fragile evacuees will be discharged in coordination with both the nurse/medical professional staff and the shelter administration staff. General shelter evacuees can leave as they desire, and simply need to checkout with registration; medically fragile populations, however, must be provided careful oversight in the discharge process to ensure their safe transportation and final arrival to a safe facility/home.

Transportation for Evacuees. Those displaced person(s) who are stable and have their own transportation should be assisted with departure. The time displaced person(s) leave should be noted. If evacuees need EMS transport, the Shelter Manager should make a request through the EOC (City or OA EOC).

For those placed in a temporary fixed facility (e.g., SNF or assisted living facility), DHHS must follow up with the shelteree and further assist his or her return to a long-term situation at a home or other living arrangements.

Closing of Medically Fragile Shelter Operations

Collect all Paperwork. The Shelter Manager will inform Medically Fragile Shelter staff where to turn in all registration forms, charting forms, management advisory reports,

media releases, staff sign-in sheets, supply logs, room assignment logs, situation status reports, volunteer packets, etc.

Ensure Mental Health needs are addressed. Ensure all mental health issues for shelter workers have been identified and addressed. Each departing shelter staff person should be provided the opportunity for a consultation with a mental health professional.

Equipment and Supplies Discharged. The Shelter Logistics Chief/Designee will:

- Assign staff to re-pack the supplies, oxygen canisters, equipment, and ensure that the supply logs are complete.
- Make arrangements for the oxygen, medication, supplies, blankets and cots to be picked up promptly to ensure the speedy resumption of the facility's normal activities. Nursing staff should be given time to account for medication and supplies used. Staff members that pick up supplies should account for all boxes and equipment that were taken to the shelters.
- Contact staff and volunteers who have agreed to help with deactivation (in consult with the Shelter Manager).

Final Closure Walkthrough. When all displaced person(s) have departed, the Shelter Logistics Chief (along with the Shelter Manager and Operations Chief if available) and the Site Representative will carefully check each room. All remaining medical equipment and supplies will be inventoried, removed and placed in the central staff area for appropriate disposition. The room will be returned to order and all trash removed. All documentation will be turned over to the Shelter Administration Chief.

The Shelter Logistics Chief (or designee) will complete a final inventory of the remaining supplies and calculate the total quantity used. The inventory sheets are to be returned to the County EOC.

Attachment 3: Shelter Exterior and Interior Signage

The materials provided in this section are ideally the same for all shelters activated throughout the operational area.

EXTERIOR SIGNS		
Type of Sign	Quantity	Placement
Medically Fragile Shelter and Arrow Signs	6	<ul style="list-style-type: none"> 1 placed inside by the information area 1 placed on the exterior of the Medically Fragile Shelter main entrance 4 placed along the access routes to indicate the direction of the entrance to the Medically Fragile Shelter Arrows should be attached to indicate the direction
Buses Only	2	Placed near the main entrance to indicate the drop off area for buses
Emergency Vehicles Only	2	Used to indicate where emergency vehicles should pick up and drop off displaced person(s).
Medically Fragile Shelter Drop Off and Pick Up	2	Used to indicate load/unload area for medically fragile person(s). People should be allowed to unload their supplies or drop off medically fragile persons as close to the building as possible.

INTERIOR SIGNS		
Type of Sign	Quantity	Placement
Picture Board	1	Near the registration/information areas. To be used to help persons who have difficulty verbalizing their needs.
Shelter Registration	2	On the wall or on the table of the registration area.
Shelter Information	2	1 near the entrance/registration area with an arrow and 1 near the information area.
Shelter Office/Nurses Station	2	1 near the entrance/registration areas with an arrow and 1 near the Office.
Day Care Facility - Restricted Entry	1	Area for children of emergency workers, if any.
Enter/Do Not Enter	4/4	Post these signs to indicate the areas that people may or may not enter or use. Security will need to ensure that people stay out of areas designated as off limits.
Exit	3	Use these signs to indicate the main exit.
Supervised Area	1	Area for oxygen, mental displaced person(s).
Treatment	1	Area for medication assisted displaced person(s).
Isolation – Do Not Enter	1	Area for displaced person(s) with contagious conditions.(Move from shelter if more appropriate facility

		is available.)
INTERIOR SIGNS CONT'D		
Type of Sign	Quantity	Placement
Hospice	1	Area for hospice displaced person(s).
Pediatrics	1	Area for children who are special needs displaced person(s).
Triage Area	1	Area for screening persons with special needs.
Animal Holding	1	An area should be designated for evacuee animals for their transfer to an animal shelter.
Staff Only	2	
No Smoking	8	Exit areas and bathrooms
Oxygen in Use	4	

Attachment 4: Wristband Color Code Categories

The following table is taken here to develop consistency of terminology and methodology between the municipalities in Sacramento County and responding staff from county departments.

All staff working at the shelter must have either an official identification badge from their jurisdiction and/or agency, e.g. Sacramento County Department of Health and Human Services or America Red Cross Volunteer.

Identification Wrist Bands or Badges of Persons in Shelter		
Color	Designation of Person in Shelter	Wrist Band Information
Pink	Client/Patient. Registered displaced person with medical needs.	<ul style="list-style-type: none"> • Name • Number of accompanying family members or caregivers • Mode of transportation
Orange	Children. Children of staff or medically fragile client.	<ul style="list-style-type: none"> • Name • Name of staff member or client • Mode of transportation
Green	Caregiver or Family Member of a client in the shelter.	<ul style="list-style-type: none"> • Name • Name of client • Mode of transportation
Official Agency Name Badge	Shelter Staff. Representing DHHS, Sacramento County, Red Cross, Medical Volunteer Corps, etc.	Badge information includes: <ul style="list-style-type: none"> • Name • Agency/Organization