



# High Risk /Medical Needs

Shelter Planning Template

Urban Area Security Initiative Project

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# UASI High Risk Populations Disaster Planning Medical Needs Sheltering Planning Template

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# I. Introduction

Recent local disasters (the November flooding and Hanukkah Eve Windstorms of 2006) coupled with the outcome and after action reports of larger national disasters (Hurricanes Katrina and Rita of 2005) have shown growing recognition that people with disabilities or special medical needs are a more vulnerable and medically fragile population in an emergency or disaster. These events have emphasized the need to prepare a strategic plan for when their daily survival mechanisms, coping skills, and support systems are interrupted. This plan should address the unique circumstances of persons with disabilities and special medical needs in emergency and disaster preparedness planning.

The **definition for High Risk Populations** used in this document follows the same definition used by Washington State for its After Action Report on the 2006 Winter Storms. It is “individuals who have high risk for harm from an emergency or disaster due to significant limitations in their personal care or self-protection abilities, mobility, vision, hearing, communication, or health status. These limitations may be the result of physical, mental or sensory impairments; or medical conditions. Some of these individuals may be reliant on specialized supports such as mobility aides (wheelchairs, walkers, canes, crutches, etc.), communication systems (hearing aides, TTY’s, etc.), medical devices (ventilators, dialysis, pumps, monitors, etc.), prescription medication, or personal attendants. For some individuals, loss of these supports due to emergency related power and communication outages, or transportation and supply disruptions, may be the primary or only risk factor.”

The other term that is used in this document is **Medical Needs Population**. These are individuals who require *sustained* assistance (or supervision) for medical needs, but do not have an acute condition requiring hospitalization. This is a subset of and a narrower definition than High Risk populations.

During an emergency or disaster, people are apt to be displaced, either through loss of electricity, damage to a home, or other reasons. The first place people should go is to friends or family outside of the immediate damaged area. General shelters are made available to those that have no other alternatives. Many of these general purpose shelters do not have adequate supplies or trained personnel to accommodate people with medical needs. Many people with medical needs do not need to go to hospitals, but end up there because they can’t be accommodated in general shelters.

The Urban Area Security Initiative of the Seattle Region which includes City of Seattle, City of Bellevue, Snohomish County, King County and Pierce County have joined together to formulate a planning template in the care, sheltering and transportation of the Puget Sound Medical Needs Population. This planning template can serve as a roadmap for other jurisdictions to follow in their planning efforts of the medical needs community. It recognizes the fact that people with disabilities and those considered having ‘medical needs’ and their caregivers have as much responsibility as any other citizen to prepare for surviving an emergency or disaster, including transportation.

## Laws, Authorities and Policies

There are legal requirements set by federal, state and local legislative bodies that require local jurisdictions to provide emergency management services to all individuals living and/or working within their jurisdictional boundaries. In addition, those bodies have also set requirements that address equal access to those services and defined what that looks like. Listed below are some of the federal and state major citations that address these issues. **Please note: this list is not exhaustive and since we are not attorneys we would suggest if you have any questions you consult with your legal authorities.** For local codes and ordinances, please check your county, city or other jurisdictions governing codes and policies.

On the Federal level, the following apply:

1. Rehabilitation Act of 1973 § 104, 29 U.S.C. § 794 (2006) makes local governments responsible for oversight of equal access by everyone to any program, service or activity that receives any federal funding.
2. 42 U.S.C. §12132; 42 U.S.C. §12102(2)(B) & (C) says no one who is qualified may be excluded because of a disability from any programs, services or activities provided by state and local governments.
3. 28 C.F.R. § 35.104 which defines disabilities and says individuals with disabilities may not be excluded from public accommodations by commercial facilities.
4. Executive Order issued by President George W. Bush on July 22, 2004
5. Federal Civil Defense Act of 1950, as amended.
6. Public Law 93-288, "Disaster Relief Act of 1974" as amended by PL 100-707, "Robert T. Stafford Disaster Relief and Emergency Assistance Act"
7. Public Law 96-342, "Improved Civil Defense".
8. Public Law 99-499, "Superfund Amendments and Reauthorization Act of 1986".

On the State level:

1. RCW 49 addresses the definition of Civil Liberties and Disabilities
2. RCW 70 Public Health & Safety
3. RCW 38.52 Emergency Management
4. RCW 51.12.035 Volunteers (refers to RCW 38.52 differentiating emergency workers and 41.24 RCW for firefighters)
5. WAC 118 Washington Military Department (Emergency Management)

## 1. How to Use this Planning Template

This planning template is a guide for any entity responsible for planning for the medical and emergency shelter needs of medically needy persons in a disaster. Information and forms included in this document are neither mandatory nor copyrighted. Use what is applicable to your community.

You'll probably want to start by gathering together those public, non-profit, and private entities that serve medical needs (MN) and/or high risk populations (HRP). For example:

- Long term care facilities;
- People who are chronically ill or disabled who can provide direct feedback;
- Medical providers (physicians, hospitals, and service delivery organizations);
- Homeless services and advocates;
- Government planners, including Emergency Management, Public Health, and Transportation;
- Administrators of facilities where you might establish a shelter (e.g., public schools, faith communities).

Together, review the Scope and Planning Assumptions included in this template, and delete inappropriate ones for your community, adding those that are needed to make your plan effective to your demographics.

Based on the assumptions that fit your community, review other resources provided or cited in this document and determine how best to proceed. For some communities, dividing the work into several sections with a task force for each makes sense. For others, working through each section as a whole committee is more beneficial.

Recognize that some parts of the plan will be relatively easy to agree on. Other elements will require discussions and additional research. And, some will need political endorsement from city or county councils. Writing a community-wide plan will take time and patience.

As you begin creating drafts, distribute them widely for feedback. Agree on a final, working draft and again agree on when and how you will review it for needed updates.

If possible, train appropriate staff in agencies on implementing the plan and then exercise parts of it to reinforce training and to test the plan's applicability.

## **2. Planning Checklist**

### **WHO**

- Have you established who is in charge?
- Have you identified your Lead Agency?
- Who will take charge if the Lead Agency is unable?
- Have you identified your Mutual Aid partners in and out of jurisdiction?
- Have you established regional agreement on key planning assumptions?
- Have you established regional agreement on key definitions?
- Have you established all key stakeholder vetting?

### **WHAT**

Have you established what protocols need to be in place in advance?

- Pre-arranged agreements
- Contracts
- Memorandums of Understanding (MOU) and/or Mutual Aid Agreements (MAA)
  - ✓ Transportation
  - ✓ Security
  - ✓ Communications
  - ✓ Staffing
  - ✓ Feeding
  - ✓ Utilities
  - ✓ Facilities
  - ✓ Parking
  - ✓ Laundry
  - ✓ Sanitation (latrines/garbage/hand washing/showers)
  - ✓ Long Term Care facility beds (including payment responsibilities)
- Forms, Standard Operating Procedures (SOPs)/Standard Operating Guidelines (SOGs), policies and protocols
- Have you established protocols for volunteers?
- Have you established protocols for pediatrics/minors?

### **WHY~WHEN**

- Have you identified the trigger points that activate a Medical Needs shelter?
- Have you established a model concept of operations based on industry best practices?
- Have you cross-referenced your plans against neighboring regions?
- Have you cross-referenced your plans against local, county, state, and federal plans?
- Have you established the scope of potential Medically Fragile population in your jurisdiction?

### **WHERE**

- Have you identified your key facility contacts and their capabilities?
- Have you coordinated with your regional hospitals for acute care triage?
- Have you considered evacuation plans?

## ***HOW***

Have you identified key logistical and reporting concerns?

- ✓ Mapping of facilities in and out of jurisdiction
- ✓ Mapping of transportation routes
- ✓ Mapping of alternate transportation routes
- ✓ Coordination between facilities in and out of jurisdiction
- ✓ Medical staffing sources, contracts and contacts
- Have you established methods for costing and reimbursement (FEMA)?
- Have you established appropriate reporting protocols and established when an incident is complete including criteria for opening/closing shelters?
- Have you established communications channels and updated your contacts lists?
- Have you established resources to overcome language barriers including interpreters?
- Have you designed recovery procedures including Critical Incident Stress Management (CISM) and Critical Incident Stress Debriefing (CISM)?
- Have you established demobilization procedures?

### 3. Selecting a Lead Agency

In some communities, identifying the “Lead Agency” for implementing your plan will be easy, one agency will stand out as the best and everyone will agree readily. In many cases, however, the “lead” title is not easy. Political disagreements and competition interfere with the decision-making process or lack of resources will make it seem that no one can take on the job.

Here are some suggestions for determining the agency that will take responsibility for leadership in operationalizing your plan:

- Clarify the definition of “Lead Agency” and also the role of all support agencies. If everyone has a job to do it is less awkward for one agency to be in the top position.
- Also identify resources that are available to the lead agency for shelter implementation. If an agency understands that it is not responsible for purchasing everything that is needed in a disaster, one or more may be willing to take the lead.
- Clarify liability. Again, if everyone has a role and if all are equally liable for decisions made, one agency may volunteer.
- Look at your community’s Emergency Management Plan. Is a lead organization already identified in that plan? Are the definitions of roles and liability listed there? Are available resources listed? Don’t duplicate effort if you can find answers quickly and move forward with other decisions.
- Contact other communities to learn of the variations in leadership. Ask if they have learned lessons in leadership that they will share with you. Can they recommend one organization over another from their own experiences?
- Bring key leaders in your community together. Explain that you will be asking them to recommend a lead agency for implementing your plan and then facilitate a tabletop exercise that will help them to review essential elements before making their recommendation.
- Consider appointing more than one agency and rotate the responsibility. Organization X is lead for shelter implementation for this quarter, Organizations Y and Z for succeeding months. Or, appoint a lead agency and a back-up for one year. After the year is over, the back-up becomes lead and another agency becomes back-up so next year’s lead agency is prepared this year to take over.

## 4. Scope

The goal of this planning template is to meet the emergency shelter needs of persons with medical needs (MN) in an emergency or disaster in your jurisdiction. The plan template provides guidance to all those entities with a role to play in the care and shelter of medical needs persons before, during and following a disaster.

There are three components to the plan, where one, two, or all of the options may be utilized depending on the severity of the emergency or disaster, or as resources and needs dictate. Each community can pick and choose components, or even change and add elements for this to be a plan that works for you.

The three components of the MN sheltering planning template in this document are:

1. Pre-Sheltering for Medical Needs
2. Co-location of Medical Needs Component with a General Population Shelter
3. Medical Needs-Only Shelter

These planning templates have been developed with an eye toward the varying ways that jurisdictions will decide to plan for their MN populations.

1. The **‘Pre-Sheltering for Medical Needs’** component can be utilized before there are enough requests to activate either the Co-location or Medical Needs-Only Shelter. When General Population Shelters can’t accommodate MN individuals or when people are referred to the emergency operations center, a process begins to start placing these populations with long term care facilities with available beds. Facilities should have agreements in place with the authorizing jurisdiction in advance, and will be identified with available bed space at the time of an incident.

2. At the point that a larger number of requests for Medical Needs sheltering is required, another alternative is a **‘Co-location of Medical Needs Component with a General Population Shelter.’** A general population shelter that has been screened for accessibility for MN population will be designated as a location for those with medical needs. A trailer with stored supplies for medical needs (larger cots, walkers, manual wheelchairs, basic medical supplies, etc. that has been stocked in advance) will be deployed, along with a small number of trained staff, to set up a MN component. A benefit to this method of sheltering allows for the co-location of a MN person with their support system (family, friends and/or caretakers).

3. The third component is a **‘Medical Needs-only Shelter’** where only persons with MN and one family member/caregiver could be sheltered. This also could be an option if a long term care facility needed to be evacuated, and only residents of that one facility would be allowed. This option would include the need to provide staff for the operational end of the shelter, as well as staff for oversight and caring of the MN population within the shelter.

## **Planning Assumptions**

(This planning template was prepared under the following assumptions. In creating a plan, list the assumptions relevant to disasters in your jurisdiction.)

The local and regional utilities, communications, lifelines, medical and transportation systems and networks will sustain damage. Emergency and disaster response and recovery activities will be difficult to coordinate.

In an incident requiring evacuation, special transportation may be needed to transport MN people to a shelter.

There will be available pet sheltering on or near the Medical Needs shelter. Coordination of communication will take place through the EOC/JIC and will be needed in multiple languages.

Public, private and volunteer organizations and the public will have to utilize their own resources and be self sufficient for a minimum of seven days, possibly longer.

No single agency or organization will be able to satisfy all emergency resource requests during a major emergency or disaster.

Co-location of a MN shelter with a general population shelter is a viable option to consider.

The American Red Cross does not provide medical care within its shelters.

Shortages of emergency response and medical personnel will exist creating a need for auxiliary emergency medical and shelter management personnel. Volunteer and private sector support will be crucial to augment disaster response and recovery efforts.

It is not possible to anticipate or calculate the number of MN persons in a community. An increasing number of people are sustained at home using medical equipment and skilled care for respiratory assistance, feeding and medications.

There will be individuals with disabilities and medical needs who are on their own with no family or friends to care for them and need assistance other than what a traditional shelter can provide but not quite necessitate the need for a hospital bed.

Skilled care, nursing home facilities, group homes, and in patient care facilities will have plans in place along with memorandums of agreements with similar facilities and transportation vendors to transfer their patient load if their facility becomes un-useable or severely damaged.

All people, including those with Medical Needs, are not prepared for disasters.

## **Public Information/ Media Relations**

Rapid dissemination of information is essential and vital for health and safety protection before, during and after emergencies and disasters.

Local jurisdictions must provide the community with information on sheltering options along with basic health and safety information. Your county's Joint Information Center (JIC) can serve as a central clearinghouse for the distribution of timely and accurate information on all aspects of care and shelter support and information on local relief and recovery services available.

Local governments via their Emergency Operation Center's JIC will inform the public of activation, conditions, requirements (caregivers, defined category of patient, to bring meds and equipment, etc.) and locations of Medical Needs Shelters.

In any disaster where sheltering is required, jurisdictions will want to provide information on sheltering options and make suggestions to alleviate the strain on resources and overcrowding in shelters:

- Via media the JIC will encourage displaced residents stay with family or friends if possible.
- Stress that residents' shelter-in-place, if possible, assuming they have the resources and facilities to do so.
- Stress that persons going to shelters bring their personal disaster kits with blankets or sleeping bag, change of clothes, personal hygiene items, medical supplies and prescription medications.

### **Public Information Control:**

- All media contacts regarding the Medical Needs Shelters are to be referred to the jurisdictions action public information officer or Joint Information Center if established.
- The privacy rights of the staff and residents in the Shelter are to be observed, and media personnel should only be allowed to access areas of the Shelter that do not interfere with anyone's rights or with Shelter operation. If the media wish to interview anyone in the Shelter, the Shelter Manager may ask for volunteers.
- Local EOCs should also coordinate with the local PIO or the JIC if established before releasing information on Medical Needs Shelters.
- Public outreach to citizens who fall within the categories of medically fragile should take precedence during a disaster. Pre-planning by local jurisdictions to get messages out in a variety of languages and through different "channels" will assist with timely and thorough dissemination to this "high risk" population.

## **Definitions**

### **1. General Population Shelters**

These are temporary in nature and are designed for people displaced as a result of emergency incidents or disasters. All mass care and shelter services will attempt (but not guarantee) to meet current requirements for the Americans with Disabilities Act (ADA). Services are provided without regard to economic status or racial, religious, political, ethnic, or other affiliation. Traditional general population shelters can meet the needs of individuals with minimal need for health checks (first aid level only), but they cannot meet the needs of anyone requiring a consistent or above first aid level of care. Shelters will generally be run by Faith Based agencies, non-profits (such as American Red Cross or Salvation Army) and/or local municipalities with or without ARC assistance. General Population Shelters are utilized by able bodied persons who are capable of self care and are supported with food service, sanitation, cots, blankets, security, trained staff, etc.

### **2. High Risk Populations**

Individuals who have high risk for harm from an emergency or disaster due to significant limitations in their personal care or self-protection abilities, mobility; vision, hearing, communication, or health status. These limitations may be the result of physical, mental or sensory impairments; or medical conditions. Some of these individuals may be reliant on specialized supports such as mobility aides (wheelchairs, walkers, canes, crutches, etc.), communication systems (hearing aides, TTY's, etc.), medical devices (ventilators, dialysis, pumps, monitors, etc.), prescription medication, or personal attendants. For some individuals, loss of these supports due to emergency related power and communication outages, or transportations and supply disruptions, may be the primary or only risk factor.

### **3. Medical Needs Component to a General Population Shelter (Co-location)**

These are areas within a general population shelter that will offer greater medical assistance than basic first aid, but not to the level of acute care. Shelter population can include the patient, immediate family and/or caregivers and are supported with food service, sanitation, cots, blankets, security, trained staff, etc. but will also need additional space per patient, special beds, power, medical equipment and medically trained staff.

During times of disaster, citizens who fall within the Medical Needs definition may show up at General Population Shelters making it necessary to implement a system of screening.

### **4. Medical Needs Populations**

These are individuals who require *sustained* assistance (or supervision) for medical needs, but do not have an acute condition requiring hospitalization. This is a subset of and a narrower definition than High Risk populations.

### **5. Medical Needs Shelter (MNS)**

These are locations that will offer greater medical assistance than basic first aid, but not to the level of acute care. In many cases these types of shelters may be reserved for a relocation of a long term care facility in the event of a disaster. It will be assumed that the

staff of the long term care facility will accompany the patients and be the primary caregivers of medical care to the residents. Supplies and equipment will also be the responsibility of the evacuated facility. Due to the nature of this facility, limiting occupants to just those of the evacuated facility should be given consideration.

## **A Note about Pediatric Needs**

A report by the American Academy of Pediatrics, called *Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians*, summarizes the differences between planning a shelter for vulnerable or medically needy adults and a shelter that includes vulnerable or medically needy children.

### **Children Are Not Small Adults**

Many important differences distinguish children from adults and are the origin of the oft-used truism ‘you can’t treat children as small adults.’ Some of these differences are:

- Anatomic differences (e.g., size, more pliable skeleton).
- Physiologic differences (e.g., age-related variations in vital signs, higher relative metabolism).
- Immunologic differences (e.g., immature immunologic system, higher risk of infection).
- Developmental differences (e.g., inability to vocalize symptoms or localize pain, dependence on others for necessities of life).
- Psychological differences (e.g., age-related response to trauma, vulnerability to major psychiatric disorders such as depression).



These differences affect children’s vulnerability to injury and response in a disaster. Failure to account for these differences in triage, diagnosis, and management of children is most often due to lack of knowledge or experience or both. Unfortunately, grave errors can result, increasing the child’s risk of serious harm and even death.

(Found at: <http://www.ahrq.gov/research/pedprep/pedtersum.htm>)

In your community, as you establish plans, include one or more Pediatrician and at least one parent of a disabled child to make sure the plans are appropriate for children.

## **Description of Medical Needs populations served**

In the immediate aftermath of an emergency or disaster, it will become apparent that some persons who evacuate to a general public shelter need a higher level of care. Below is a description of the intended population that would be best served within these systems.

1. Individuals have no acute medical conditions but require some medical surveillance and/or special assistance beyond what is available in a standard

shelter. If a caregiver is needed, a family member, friend or the caregiver from the home or home health agency must accompany and stay with the person at the MN shelter – whether a co-located shelter or a medical needs-only shelter.

*Examples:*

- Bedridden, stable, able to swallow
- Individuals with severely reduced mobility (arthritis, muscular conditions, artificial limbs or prosthesis)
- Persons who have any medical equipment that needs monitoring
- Persons with mental illness who are non-violent
- Wheelchair bound persons with medical needs
- Insulin-dependant diabetic unable to monitor own blood sugar or to self-inject
- Requires assistance with tube feedings
- Draining wounds requiring frequent sterile dressing changes
- Patients with partial paralysis
- Various ostomies, if unable to take care of themselves
- Persons who require special diets
- Persons with dementia who cannot be maintained at a standard shelter
- Persons with tuberculosis controlled by medication, but need monitoring for compliance
- Persons whose disability prevents them from sleeping on a cot
- Person temporarily incapacitated (broken leg, post-surgery)

2. A long term care facility (i.e. nursing home, boarding home, adult family home) needs to evacuate a portion or all of its premises, and relocate to another facility/shelter. Staff from the long term care facility will staff for the medical needs of the patients.

## **II. Pre-sheltering**

### **1. Concept of Operations**

In many instances of local emergencies and disasters, people with Medical Needs who need to be sheltered number in the single digits or low double digits. Before activating a full component of a MN shelter at a general population shelter, a more ideal solution which maximizes the level of care, is to triage and direct MN populations to pre-determined long term care facilities that have empty beds available. This also allows a jurisdiction to utilize a less resource-intense alternative.

Individuals with Medical Needs will call a pre-identified general phone number (which needs to be set up by each individual jurisdiction), and will be referred by someone at a general shelter, or be identified by other means.

Emergency operations centers/local jurisdictions will enter into voluntary agreements with long term care facilities for use of empty beds during disasters to accommodate individuals with Medical Needs. If possible, these agreements should be created and signed in advance of a disaster.

Costs for this emergency usage of surplus beds must be worked out in advance, during the development of the agreements. The costs could be borne by the individual, private insurance, the jurisdiction, the facility, Medicare/Medicaid, or a combination of all five.

### **2. Responsibilities**

#### **A. Identifying long term care facilities**

Each region/jurisdiction should pre-identify long term care facilities that are agreeable to accommodating placement of Medical Needs individuals in cases of emergency or disaster. Memorandums of understanding should be signed between the lead agency (health department, emergency management, etc.) to solidify relationship, including identifying financial responsibility (government, facility, individual, etc). Participating long term care facilities, contact names, facility beds, and geographic regions are listed in Appendix 2. On-going relationship building between emergency management and long term care facilities will enhance preparedness and responsiveness.

#### **B. Placement process**

1. A Medical Needs individual makes contact with agency lead in one of several ways: by phone, by direct contact at general shelter, by indirect contact at other locations, or by referral.

2. The contacted agency/individual conducts phone prescreening or face-to-face prescreening. This could include prescreening at registration stations at general shelters. The prescreening process should include identifying social, psychological, and youth issues.
3. Identified Emergency Operation Center (EOC) liaison will contact facilities with available beds, placing MN person with closest and most appropriate facility.
4. Alternative plans for individuals who don't meet prescreening qualifications should be in place. They could go to a hospital, or could be accommodated in a general shelter.

### **C. Transportation**

Transportation will be an issue in most cases – transportation to the identified long term care facility from the home, general shelter, or other location. Identification of and agreements between alternate transportation companies should be pursued. Determination of transportation protocols should be developed. A sample list of transportation alternatives and contact names are in Appendix 3.

### **III. Co-location of Medical Needs Component with General Population Shelter**

#### Concept of Operations

##### **General**

When there is an immediate need to find appropriate shelter for a larger number of Medical Needs populations, or when a trigger point has been reached, one alternative is the co-location of a MN component with a general population shelter. Jurisdictions should define that trigger point, whether based on number of requests or type of incident.

During planning, locations identified as general shelters should also be noted as to whether they would be compatible with ADA requirements and other specifics (such as in the draft workgroup findings in Appendix 6), with appropriate additional space for the requirements of a MN component.

When the trigger point of high risk population requests has been met, operations will identify the most appropriate location for a co-located Medical Needs Shelter. Emergency Management, or the appropriate agency in your jurisdiction, will begin mobilization of the Medical Needs Resource trailer (if developed) and accompanying Medical Reserve Corp staff (or other appropriate staff), based on availability and priority. Mobilized staff will contact general shelter staff and operate under the umbrella of the general shelter, accessing meals and other general resources.

If a trailer has not been established, Emergency Management or an agency assigned to medical logistics will gather equipment, personnel and other resources needed for the shelter.

##### **Considerations for Medical Needs Shelter Co-location Activation**

The following is a list of considerations when determining whether to activate a Medical Needs Shelter:

- An evacuation of the public has occurred or may occur, causing persons with MN to seek shelter.
- Evacuation is expected to last more than eight (8) hours.
- Hospitals cannot accommodate surge of patients during an emergency.
- A number of people with special MN have arrived at the general shelters and/or the general shelters are receiving requests to shelter people with special MN.

## **Support Services**

- Medical Needs shelter will be either co-located with or in close proximity to a general shelter.
- The general shelter will provide basic shelter services to all residents including food and sanitation.

## **Operations**

### **A. Registration**

Shelter registration and medical intake forms (Appendix 4) will register patients triaged to the Medical Needs component of the general shelter. A patient care record is created for each patient using the registration folder.

Upon arrival, patients must complete appropriate forms (Appendix 4). Patients could also be fitted with a wristband with their name, American Red Cross record number or scan sticker, caregiver, and shelter name written on it.

### **B. Caregiver/Family Member/Pets**

- Caregivers/family members should accompany patients to the Medical Needs/General Population shelter whenever possible.
- The Triage Officer on site gives each caregiver/family member a wristband with their name written on it for identification and corresponding record number or scan sticker of their attendee.
- Caregivers/family members are expected to assist the shelter staff in providing care to the caregiver's patient.
- Whenever possible, sheltered persons may be called upon to volunteer to assist with other shelter duties as appropriate and approved by the Site Director.
- The registration staff members are to ensure that space is provided in the shelter for the caregiver(s) of the patient admitted to the shelter.
- Only service animals are allowed in the MN/General Population shelter. Pet sheltering should be located close to the General Population shelter.

### **C. Infection Control**

- Universal precautions are to be followed at all times per policy and procedure.

- The staff members are to take appropriate infection control precautions.
- Special patient precautions are to be noted at the patient's bedside.
- All staff members are to be trained in the proper handling of patients and supplies

#### **D. Security**

- Agreements should be created in advance with local law enforcement or private security to provide primary security personnel to maintain a secure shelter and assist in crowd control if necessary.
- Staff working in the Medical Needs/General Population shelter will wear identification badges at all times displaying name, role and agency.
- All rooms that contain sensitive equipment and pharmaceutical supplies should remain locked during shelter operations. One person per shift should be assigned responsibility to track use of such resources. (see below, Pharmacy Area)

#### **E. Patient Counseling**

- A location at the Medical Needs/General Population shelter is to be established away from the main patient area for patients who have difficulty coping with the situation. This can also be used to treat staff.
- Mental Health professionals are to be part of the medical team to provide counseling. They will be visible in all areas of the shelter and are to float in the main patient area to intervene with potential mental health issues.
- If available, Critical Incident Stress Management (CISM) teams are to be assigned to assist in stress defusing and debriefing, as necessary.

#### **F. Pharmacy Area**

- The Site Director designates a Pharmacy Area located away from the main Patient Area for the storage of patient medication and other supplies. Whenever possible, a nurse's office with a lockable door and a refrigerator is to be used.
- The Pharmacy Area will be blocked off, and the shelter staff members are to remain vigilant to prevent patient access to the Pharmacy Area. Security personnel should be assigned to the Pharmacy Area to provide additional security.

#### **G. Volunteers**

- See Appendix 12

## **IV. Medical Needs-Only Shelter**

### Concept of Operations

#### **General**

In some instances, a jurisdiction may choose to utilize a whole facility specifically for Medical Needs populations. This may occur when long term care facilities need to be partially or wholly evacuated, or when more oversight is needed for a particular group or groups.

#### **Considerations for Medical Needs Sheltering Activation**

The following is a list of considerations when determining whether to activate a Medical Needs-only facility:

- An evacuation of the public has occurred or may occur, causing persons with MN to seek shelter.
- Evacuation is expected to last more than eight (8) hours.
- Hospitals cannot accommodate surge of patients during an emergency.
- A number of people with special MN have arrived at the general shelters and/or the general shelters are receiving requests to shelter people with special MN.
- A long term care facility (or a portion of one) needs to be relocated.

#### **Operations**

##### **A. Registration**

Shelter registration and medical intake forms (Appendix 4) will register patients triaged to the MN Shelter. A patient care record is created for each patient using the registration folder.

Upon arrival, patients must complete appropriate forms (Appendix 4). Patients could also be fitted with a wristband with their name, American Red Cross record number or scan sticker, caregiver, and shelter name written on it.

##### **B. Caregiver/Family Member/Pets**

- Caregivers/family members should accompany patients to the MN shelter whenever possible.

- The Triage Officer on site gives each caregiver/family member a wristband with their name written on it for identification and corresponding record number or scan sticker of their attendee.
- Caregivers/family members are expected to assist the shelter staff in providing care to the caregiver's patient.
- Whenever possible, sheltered persons may be called upon to volunteer to assist with other shelter duties as appropriate and approved by the Site Director.
- The registration staff members are to ensure that space is provided in the shelter for the caregiver(s) of the patient admitted to the shelter.
- Only service animals are allowed in the Medical Needs shelter.
- Coordinate with the General Population sheltering for pets.

### **C. Infection Control**

- Universal precautions are to be followed at all times per policy and procedure.
- The staff members are to take appropriate infection control precautions.
- Special patient precautions are to be noted at the patient's bedside.
- All staff members are to be trained in the proper handling of patients and supplies.

### **D. Security**

- Local law enforcement and private security may be asked to provide primary security personnel to maintain a secure shelter and assist in crowd control if necessary.
- Staff working in the MN shelter will wear identification badges at all times displaying name, role and agency.
- All rooms that contain sensitive equipment and pharmaceutical supplies should remain locked during shelter operations. One person per shift should be assigned responsibility to track use of such resources. (see below, Pharmacy Area)

### **E. Patient Counseling**

- A location at the Medical Needs Shelter is to be established away from the main patient area for patients who have difficulty coping with the situation. This can also be used to treat staff.

- Mental Health professionals are to be part of the medical team to provide counseling. They will be visible in all areas of the shelter and are to float in the main patient area to intervene with potential mental health issues.
- If available, Critical Incident Stress Management (CISM) teams are to be assigned to assist in stress defusing and debriefing, as necessary.

#### **F. Pharmacy Area**

- The Site Director designates a Pharmacy Area located away from the main Patient Area for the storage of patient medication and other supplies. Whenever possible, a nurse's office with a lockable door and a refrigerator is to be used.
- The Pharmacy Area will be blocked off, and the shelter staff members are to remain vigilant to prevent patient access to the Pharmacy Area. Security personnel should be assigned to the Pharmacy Area to provide additional security.

#### **G. Volunteers**

- See Appendix 12

## **V. Appendices**

### **Appendix 1            General Population Shelter Standard Operating Procedures**

(See attached Red Cross Shelter Training document)



## Appendix 3 Transportation Alternatives and Contacts

### 1. Sample list

Pierce County Alternative Transportation Matrix			
Transportation Business/Agency Name	Phone	Web	Restrictions
Aabc Transportation	(253) 474-7049		
Amtrak	1-800-872-7245	<a href="http://www.amtrakcascades.com/">http://www.amtrakcascades.com/</a>	
Best Taxi	(253) 465-1000		
Beyond the Borders (Pierce Transit)	1-800-562-0336	<a href="http://www.piercetransit.org/schedules/beyondborders/bb.htm">http://www.piercetransit.org/schedules/beyondborders/bb.htm</a>	
Bremerton-Kitsap Airporter	1-800-562-7948	<a href="http://www.kitsapairporter.com/">http://www.kitsapairporter.com/</a>	
Budget Rent a Car	1-800-527-0700	<a href="http://www.budget-tacoma.com/">http://www.budget-tacoma.com/</a>	12 Passenger Vans
Cascade Taxi	(253) 942-8773		
Checkered Cab	(253) 943-5555		
City Cab	(253) 943-5555		
Cuddy's Taxi Services	(253) 569-5729		
Federal Coordinating Council on Access and Mobility	1-800-527-8279	<a href="http://www.unitedwerride.gov/1_64_ENG_HTML.htm">http://www.unitedwerride.gov/1_64_ENG_HTML.htm</a>	
First Student, Inc	(513) 241-2200	<a href="http://www.firststudentinc.com/">http://www.firststudentinc.com/</a>	
Greyhound Charters	1-800-454-2487	<a href="http://www.greyhound.com/products_services/charter.shtml">http://www.greyhound.com/products_services/charter.shtml</a>	
Grayline (Bus Charters)	1-800-426-7532	<a href="http://www.graylineseattle.com/index.cfm">http://www.graylineseattle.com/index.cfm</a>	
Intercity Transit	1-800-287-6348	<a href="http://www.intercitytransit.com/page.cfm">http://www.intercitytransit.com/page.cfm</a>	
Ken Cab Company	(253) 651-3312		
Kitsap Transit	1-800-501-RIDE	<a href="http://www.kitsaptransit.org/">http://www.kitsaptransit.org/</a>	
L.E.W.I.S Mountain Highway Transit	1-800-994-8899		
Orange Cab Taxi	(253) 779-8080		
ParaTransit	1-800-925-5438	<a href="http://www.paratransit.net/home.asp">http://www.paratransit.net/home.asp</a>	
Pierce County Coordinated Transportation Council	(253) 798-6937	<a href="http://www.piercecountyrides.org">www.piercecountyrides.org</a>	
Pierce County Ferry Operations	(253) 588-1950	<a href="http://www.co.pierce.wa.us/pc/abtus/ourorg/pwu/ferry/ferrymain.htm">http://www.co.pierce.wa.us/pc/abtus/ourorg/pwu/ferry/ferrymain.htm</a>	

Pierce Transit	(253) 581-8000	<a href="http://www.piercecountyrides.com/">http://www.piercecountyrides.com/</a>	
Pierce-King Cabulance	(253) 473-7444		
Public Taxi	(253) 779-0442		
Puyallup Yellow Cab	(253) 848-2930		
Rainier Shuttle	(360) 569-2331		May through October
Shuttle Express	(800) 487-7433	<a href="http://www.shuttleexpress.com/index.html">http://www.shuttleexpress.com/index.html</a>	
Sound Transit	(800) 201-4900	<a href="http://www.soundtransit.org/x19.xml">http://www.soundtransit.org/x19.xml</a>	
Speed's K Street Taxi	(253) 272-3887		
Tacoma Farwest Services Corp.	(253) 779-8080		
The Aeroporter	(253) 927-6179	<a href="http://www.capair.com/">http://www.capair.com/</a>	
Washington State Ferries	(360) 705-7000	<a href="http://www.wsdot.wa.gov/ferries/index.cfm">http://www.wsdot.wa.gov/ferries/index.cfm</a>	
Yellow Cab	(253) 472-3303		
Yellow Taxi	(253) 627-2525		

## 2. Sample Memorandum of Agreement for Transportation Services

### Memorandum of Agreement

#### Transportation services for evacuation of licensed care facility in times of emergencies

Between:

\_\_\_\_\_ (Licensed Care Facility)

And

\_\_\_\_\_ (Transportation Company)

#### 1. Purpose

The purpose of this Memorandum of Agreement (MOA) is to establish a mechanism whereby a transportation company agrees to transport, in good faith, residents and employees of licensed care facilities which must be evacuated during emergencies.

#### 2. Description

\_\_\_\_\_ (Licensed care facility) intends to enter into a MOA with transportation company (Company) to provide reasonable transportation services, to support an evacuation in a pending or actual disaster, or as needed to respond to other incidents. The following list is representative of, but not limited to, the principle tasks the transportation company might be activated to accomplish:

- a. Transport residents and staff from current licensed care facility to alternative site.
- b. Adapt for different transportation requirements, depending on needs of residents (wheelchair only, bedridden, mobility challenged, etc.).
- c. When necessary, transport residents and staff back from alternative site to current licensed care facility.

#### 3. Deployment Activation

This Agreement may be activated only by notification by the designated Licensed Care Facility Incident Commander or his/her designees. Deployment activation, pursuant to this MOA, may occur at any time, day or night including weekends and or holidays.

Upon acceptance of deployment activation, the Transportation Company must be in route to the designated location within two (2) hours from the time it receives the official deployment notification from Licensed Care Facility. For reimbursement purposes, the mission will start when the Transportation Company's personnel leaves their business (or bus staging area) and will conclude at the time the personnel returns to their personnel or bus drop-off area after Licensed Care Facility issues a demobilization order or the terms of the deployment authorization have been met.

#### 4. Terms

- a. This Agreement shall be in full force and effect through the date of execution and ending in December 2009, but will be renewed automatically unless terminated pursuant to the terms hereof.
- b. The Transportation Company personnel who respond must be in good standing with the company, and be up to date on all requisite licensing and permitting.
- c. The Company and all its deployed personnel must abide by all federal, state, and local laws.
- d. The Company will only deploy staff upon receipt and under the terms of the official deployment notification(s) as described in Section 3.
- e. The provider must assure detailed records of expenditures and time spent by deployed staff

are complete, accurate, and have adequate supporting documentation.

**5. Funding**

In the event that this Agreement is activated in response to a pending or actual disaster, the Company may invoice the Licensed Care Facility as follows:

- Standard labor rate of \$\_\_\_\_\_ for driver(s), plus overtime at 1 ½ times the established rate for any hours worked over 8 within each 24 hour period.
- No fringe benefit cost will be reimbursed.
- Mileage from deployment site and return at a rate per mile as \$\_\_\_ per mile.

**6. Method for reimbursement**

- a. The Licensed Care Facility will provide a method for submitting the required information for invoicing as part of the initial notification.
- b. The provider must submit accurate paperwork, documentation, receipts and invoices to Licensed Care Facility within 30 days after demobilization.
- c. If Licensed Care Facility determines that the provider has met all requirements for reimbursement, they will reimburse the company within 30 days of receiving a properly executed and accurate invoice with the required paperwork and documentation.

**7. Resource estimates**

In order for the Licensed Care Facility to properly plan for staff availability for disaster response, the Company estimates the following resources which could be made available by the Company:

- |                                   |            |
|-----------------------------------|------------|
|                                   | # and type |
| • Licensed Drivers                | _____      |
| • Regular transportation vehicles | _____      |
| • Special Needs Vehicles          | _____      |

**8. Contract Claims**

This Agreement shall be governed by and construed in accordance with the laws of the State of Washington as interpreted by the Washington courts. However, the parties may attempt to resolve any dispute arising under this Agreement by any appropriate means of dispute resolution.

**9. Hold Harmless/Indemnification**

The Transportation Company will hold harmless and indemnify the Licensed Care Facility against any and all claims for damages, including but not limited to all costs of defense including attorneys fees, all personal injury or wrongful death claims, all worker’s compensation claims, or other on-the-job injury claims arising in any way whatsoever from the transportation of the Licensed Care Facility’s residents and clients at any location.

**10. Acceptance of Agreement**

A Transportation Company offering to enter into this MOA shall fully complete this MOA with the information requested herein, sign two originals of a fully completed MOA, and send both via regular U.S. mail.

Contact Name  
 Licensed Care Facility Name  
 Address  
 City, State Zip

In addition, a copy of the MOA, signed and fully completed by the Company, shall be faxed or sent to Pierce County Aging and Long Term Care, 3580 Pacific Avenue, Tacoma, WA 98418 or 253-798-3812 (fax).

As noted by the signature (below) of the Transportation Company or its authorized agent, the Company agrees to accept the terms and conditions as set forth in this Agreement, agrees to abide by the requirements for reimbursement and waives the right to file a claim to be reimbursed for any amount above the payment schedule amount, as outlined herein. All amendments to this MOA must be in writing and agreed to by the Transportation Company and the Licensed Care Facility.

**Transportation Company**

Company Name \_\_\_\_\_  
Business address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
E-mail \_\_\_\_\_

-----  
Emergency Contact Information (for after-hour emergencies)

Contact name \_\_\_\_\_  
Contact phone # \_\_\_\_\_  
Contact fax # \_\_\_\_\_  
Contact cell # \_\_\_\_\_  
Contact e-mail \_\_\_\_\_

-----  
Signature of Company Rep  
or Authorized Agent \_\_\_\_\_  
Printed name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

---

**Licensed Care Facility**

Facility Name : \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

# Appendix 4 Medical Needs Shelter Intake Form

## 1. American Red Cross

AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES INITIAL INTAKE AND ASSESSMENT TOOL			
Date/Time: _____ Shelter Name/Location: _____ DRO Name/Number: _____ Name of Person: _____ Age: _____ Names/Ages of all family members present: Age, gender, NOK/guardian: Home Address: _____ INITIATING ASSESSMENT: _____ Contact Number: _____ NAME OF STAFF _____			
INITIAL INTAKE	Circle	Actions to be taken	Comments (Include name of affected family member)
We will now be asking you a series of questions - Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, determine needs in conjunction with shelter manager and Health Services.	
What language are you most comfortable with?		If other than English: refer to shelter manager if interpreter is needed. Once interpreter is available return to initial intake.	
Do you have a medical or health concern or need <b>right now</b> ?	YES / NO	If Yes, stop interview and refer to Health Services immediately.	
How are you feeling? Physically? Emotionally?		If life threatening, call 911. Other urgent needs - refer to Health Services (HS) or Disaster Mental Health (DMH) now.	
Do you need any medicine, equipment or other items for daily living?	YES / NO	If Yes, refer to Health Services and ask next question.	
Do you need a caregiver or personal assistant?	YES / NO	If Yes, ask next question. If No, skip next question.	
Is your caregiver present and planning to remain with you?	YES / NO	If Yes, name of person. If No, refer to Health Services.	
Do you use a service animal?	YES / NO	If Yes, ask next two (2) questions. If No, skip next two (2) questions.	
Is the animal with you?	YES / NO	If No, ask next question.	
If No, do you know where the service animal is?	YES / NO	If No, notify local animal control of loss and attempt to identify potential resources for replacement.	
If under the age of 18, do you have a family member or responsible person with you?	YES / NO	If No, refer to Health Services or Disaster Mental Health. If Yes, locate parent or guardian to continue interview.	
<b>This question is only relevant for interviews conducted at HHS medical facilities.</b> Are you presently receiving any benefits (Medicare/Medicaid).	YES / NO	If Yes, list type and benefit number(s) if available.	
Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to Health Services.	
<b>Question to Interviewer:</b> Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, Refer to Health Services or Disaster Mental Health.	<b>*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.</b>
<b>REFERRED TO HEALTH SERVICES Yes <input type="checkbox"/> No <input type="checkbox"/> REFERRED TO DISASTER MENTAL HEALTH Yes <input type="checkbox"/> No <input type="checkbox"/></b>			
HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP			
ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments

Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (EpiPen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list and list potential sources if available.	
<b>MEDICATIONS</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
Do you take any medication(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	
<b>HEARING</b>			
Do you need assistance in hearing me?	YES / NO	If Yes, ask next question. If No, skip the next question.	

<b>AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES INITIAL INTAKE AND ASSESSMENT TOOL</b>			
Would you like me to write the questions down?	YES / NO	If Yes, give client paper and pen. If no, go to the next category of questions.	
Do you use a hearing aid?	YES / NO	If Yes, ask next two (2) questions. If No, skip next three questions.	
Do you have your hearing aid with you?	YES / NO	If Yes, ask next two (2) questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (explain).	
<b>VISION/SIGHT</b>			
Do you wear prescription glasses?	YES / NO	If Yes, ask next two (2) questions. If No, skip next two questions.	
Do you have your glasses with you or with your personal belongings?	YES / NO	If No, identify potential resources for replacement.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, determine if accommodation can be made in the shelter.	
Do you need help moving around or getting in and out of bed?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, consult with HS and shelter manager to determine if accommodation can be made in the shelter.	
<b>ACTIVITIES OF DAILY LIVING</b>		<b>Ask all questions in category.</b>	
Do you need help getting dressed?	YES / NO	If Yes, explain.	
Do you need assistance using the bathroom?	YES / NO	If Yes, explain.	
Do you need help bathing?	YES / NO	If Yes, explain.	

Do you need help eating? Cutting food?	YES / NO	If Yes, explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult with HS and shelter manager to determine if general population shelter is appropriate.	
<b>NUTRITION</b>			
Do you wear dentures?	YES / NO	If Yes, ask next question. If No, skip the next two questions.	
Do you have them with you?	YES / NO	If No, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify Feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies.	
<b>INTERVIEWER EVALUATION</b>			
<b>Question to Interviewer:</b> Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with DMH and shelter manager.	
<b>Question to Interviewer:</b> Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with shelter manager on alternative sheltering options.	
<b>NAME OF PERSON COLLECTING INFORMATION:</b>	Signature:		Date:

**This following information is only relevant for interviews conducted at HHS medical facilities:** Federal agencies conducting or sponsoring collections of information by use of these tools, so long as these tool are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.3(h)(5). The authority for collecting this information is 42 USC 300hh-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

(As of 4/07)

## 2. Delaware Model

Medical Needs Shelter Registration Record

### MEDICAL NEEDS SHELTER REGISTRATION RECORD

**TO BE COMPLETED BY PATIENT**

Patient Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Shelter Site: \_\_\_\_\_

Arrived via:  Self-Report  Referral (Circle: Hospital or Congregate Shelter)  Local EMS

Date: \_\_\_\_\_

Time: \_\_\_\_\_

#### Personal Information:

Patient Name: \_\_\_\_\_ Sex:  Male  Female Marital Status: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security No: \_\_\_\_-\_\_\_\_-\_\_\_\_

Ethnicity/Race: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Employed By: \_\_\_\_\_

#### Emergency Contact Information:

Contact Name: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

#### Medical Insurance Information

Insurer	Policy Number	Policy Holder	Type of Coverage			
			Sgl.	Fmly.	Pri	Sec.
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Comments

\_\_\_\_\_  
\_\_\_\_\_

Medical Needs Shelter Triage Sheet

**MEDICAL NEEDS SHELTER  
INITIAL TRIAGE SHEET**

**TO BE COMPLETED BY PATIENT**

Patient Name: _____
Social Security #: _____
Shelter Site: _____

**Medical Information:** Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

**ILLNESSES** Check where you have had the following illnesses or problems:

<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Seizure Disorders / Epilepsy
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Kidney / Bladder Problems	<input type="checkbox"/>	Thyroid Disease
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Lung Disease, Tuberculosis	<input type="checkbox"/>	_____
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	_____
<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	Mumps, Measles, Chicken Pox	<input type="checkbox"/>	_____

**Medications:** (Include Prescription and Over the Counter)

Medication Name	Amount	Frequency	With You?
			Y N
			Y N
			Y N
			Y N
			Y N

**Treatments:** (I.e. Blood Sugar, Wound Care, etc.)

Treatment	Type	Frequency

**Special Needs/Conditions:** (Check all that apply.)

<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	IV Therapy	<input type="checkbox"/>	Walker/Cane
<input type="checkbox"/>	Diabetes/Insulin Dependent	<input type="checkbox"/>	Medication Assistance	<input type="checkbox"/>	Wheelchair Bound
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Catheter (Type: _____)	<input type="checkbox"/>	Incontinence
<input type="checkbox"/>	Angina Pectoris	<input type="checkbox"/>	Feeding Tube	<input type="checkbox"/>	Special Dietary Needs
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Wound Care	<input type="checkbox"/>	Language Barrier
<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Memory Impaired		
<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	Mental Health Impaired		<b>Discharge Issues:</b>
<input type="checkbox"/>	Oxygen Dependent	<input type="checkbox"/>	Speech Impaired	<input type="checkbox"/>	Mobile Home/Trailer
	(Circle: Ventilator, Nasal Cannula,	<input type="checkbox"/>	Sight Impaired	<input type="checkbox"/>	Medically Dependent On
	CPAP)	<input type="checkbox"/>	Hearing Impaired		Electricity

**MEDICAL NEEDS SHELTER  
INITIAL TRIAGE SHEET**

**TO BE COMPLETED BY NURSE**

Time: \_\_\_\_\_

Vital Signs:      Pulse \_\_\_\_\_      RR \_\_\_\_\_      BP \_\_\_\_\_      Temperature \_\_\_\_\_

Medications Reviewed

Health History Reviewed

**Comments**

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**Other Information:**

Caregiver Present ( Name and Relationship): \_\_\_\_\_

Durable Medical Equipment (List): \_\_\_\_\_

Personal Valuables (List): \_\_\_\_\_

Accepted by Area Representative

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Disposition:**    MNS Shelter    Hospital    Congregate Shelter

## **Appendix 5 Pre-screening Questions (phone and in-person)**

(From the King County Medical Needs Shelter procedures – please feel free to establish some of your own prescreening questions.)

### **1. Reason for needing relocation to a medical needs shelter:**

- Loss of power and/or heat
- [Patients can not relocate to the MN shelter due to acute medical need or due to a change in medical status]

### **2. Population identified for relocation:**

- Medically frail in either:
  - Home
  - Nursing Home or other Facility

### **3. Populations that will not be relocated to a MN shelter:**

- No pediatrics
- No life threatening medical condition

### **4. Expectations for incoming:**

- Institutionalized: Medical direction, staff and equipment must be from the institution
- Non-institutionalized: medical direction, staff and equipment will come under King County

## **Appendix 6      Sample of Facility Specifications**

### **Selection Criteria**

- The following is ideal criteria for identifying facilities to serve as MN Shelters. Circumstances may prevent adherence to criteria due to public need. MN Shelters may be identified on an ad hoc basis should the primary and back-up MN Shelters become unavailable.
  - Availability of back-up power for wall outlets in area identified for patient care or be “generator-ready” with appropriate rapid hook-up connection in-place.
  - Located outside the zone or path of hazard.
  - Structurally sound to sustain the event.
  - In compliance with American Red Cross shelter criteria standards.
  - Ramp(s) with walk-way overhang and over-size doors to support over-sized equipment and supply delivery and to serve a dual role of emergency transport exit.
  - Americans with Disabilities Act Accessibility (ADA 1992).
- **Pre-Selected Facilities**
  - A primary and back-up facility will be located in each jurisdiction.
  - A listing of primary and alternate shelter locations will be maintained under a separate cover.
- **MN Shelter Set-up**
  - The MN Shelter will be generally set-up in one to two large rooms adjacent to, but separate from, the General sheltering areas.
  - The actual bed capacity of the MN Shelter is at the discretion of the MN Shelter Site Director and is dependent on size of the facility, anticipated number of patients, and available staff.
  - The beds should be set-up with a minimum of three (3) feet between beds. A chair should be placed between each bed.
  - Men should be separated from women by partitions or other physical barriers if feasible and appropriate (e.g. there are no serious injuries involved).
  - A designated area should be established for pediatric patients and their family/caregiver.

- Access to the MN Shelter should be limited to the greatest extent possible.
- A staff rest area should be established in a quiet area of the shelter.
- Food service for the MN Shelter is provided through the general shelter.
- The MN Shelter staff will notify the food service staff of food requirements for MN Shelter patients.
- The general staff is not expected to supply specialized dietary foods for MN Shelter patients.
- The MN Shelter Site Director will note any specific facility damage prior to set-up of the MN area(s).

## Appendix 7      Sample Job Action Sheets

*Medical/health professionals should only perform those duties consistent with their level of expertise and only according to their professional licensure/certification and allowable scope of practice.*

Administrative Officer

Administrative Support

Logistics Officer

Mental Health Professional

MNS Medical Director

MNS Site Director

Nurse

Patient Care Technician

Triage Officer

**ADMINISTRATIVE OFFICER  
JOB ACTION SHEET**

- 1.) To oversee administrative support of the MNS.  
 2.) To act as a liaison between the MNS and EOC.  
 Reports to: MNS Medical Director

NAME: \_\_\_\_\_  
 DATE: \_\_\_\_\_

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on nametag.	
	Maintain contact between the MNS and EOC.	
	Apprise the MNS Medical Director of important incoming information.	
	Provide the Triage Officer with administrative support staff as needed.	
	Observe patients and staff for stress and fatigue.	
	Observe all staff, and patients for signs of stress and inappropriate behavior. Report concerns to the MNS Medical Director	
	Remind personnel to clean up areas upon termination	

**ADMINISTRATIVE SUPPORT  
JOB ACTION SHEET**

**To provide administrative support for MNS operations.**

**Reports to: Administrative Officer**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on nametag.	
	Maintain communication between all areas involved.	
	Maintain security and safety of staff and occupants.	
	Work together with Security Officer at facility and local enforcement agencies.	
	Post signs guiding traffic throughout MNS.	
	Control access to MNS staff, patient, ALS, family members/caregivers.	
	Establish one main entrance for the flow of occupants into the shelter.	
	Work with MNS Site Director and facility safety / security officer to set up security.	
	Post security staff on outside doors and for fire watch, if available.	
	Monitor parking and drop off areas.	
	Respond to emergencies in the shelter as needed.	
	Assist in locating lost persons and/or property.	
	Provide all administrative support including copying, documentation, form completion, filing, etc.	
	Retain all requisitions, supply lists, purchase orders and receipts. All information will be forwarded to the MSO for cost recovery processes.	
	Work in specific areas of MNS to provide administrative support (i.e. triage).	
	Provide registration assistance to ARC, as needed.	
	Assist in minor patient care (transport, feeding, etc.), as needed.	

<b>DATE/TIME TASK DONE</b>	<b>TASK DESCRIPTION</b>	<b>REFERENCE</b>
	Assist in providing food/beverages to patients, as needed.	
	Observe patients and staff for stress and fatigue.	
	Observe all staff, and patients for signs of stress and inappropriate behavior. Report concerns to the Administrative Officer.	
	Remind personnel to clean up areas upon termination	

**LOGISTICS OFFICER  
JOB ACTION SHEET**

**To serve as the primary staff officer for MNS Medical Director for all matters concerning logistics.**

**Reports to: MNS Medical Director**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on nametag.	
	Set up MNS Shelter to receive patients.	
	Perform shift reviews to assess needs of MNS.	
	Reorder supplies as needed.	
	Oversee housekeeping, trash and medical waste disposal.	
	Ensure disposal of trash and medical waste.	
	Ensure that housekeeping activities are completed.	
	Work directly with American Red Cross to ensure adequate food service is provided to shelter residents.	
	Observe patients and staff for stress and fatigue.	
	Observe all staff, and patients for signs of stress and inappropriate behavior. Report concerns to the MNS Medical Director.	
	Remind personnel to clean up areas upon termination	

**MENTAL HEALTH PROFESSIONAL  
JOB ACTION SHEET**

To assess the mental health needs of the patients, their caregivers, and staff in the MNS and providing crisis management or referral.

To assess the mental health needs of staff.

Position Reports to the MNS Site Director

Required Credentials: Licensed Mental Health Professional

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>DATE/TIME TASK DONE</b>	<b>TASK DESCRIPTION</b>	<b>REFERENCE</b>
	Read Job Action Sheet and review organizational chart.	
	Put on nametag.	
	Assist with establishing the Patient Area.	
	Assist patients with needs as indicated obtaining needed resources and referral to other agencies.	
	Assess patients, their caregivers, and staff for signs of stress or anxiety and provide intervention as needed.	
	Remind personnel to clean up areas upon termination.	
	Participate in/complete after-action requirements.	

**MNS MEDICAL DIRECTOR  
JOB ACTION SHEET**

To provide supervision, administration, and medical oversight for the MNS.

Position Reports to

Required Credentials: Licensed physician

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on nametag.	
	Provide patient census to SHOC.	
	Ensure the needs of the shelter occupants are being met.	
	Report shelter needs to SHOC Operations.	
	Conduct staff meetings to update shelter operations and needs.	
	Maintain communications with MNS Site Director and Administrative and Logistics Officers.	
	Observe all staff, and patients for signs of stress, fatigue and inappropriate behavior.	
	Remind personnel to clean up areas upon termination	
	Participate in/complete after-action requirements	

**MNS SITE DIRECTOR  
JOB ACTION SHEET**

To establish and oversee set-up and operations of MNS.  
Position reports to: MNS Medical Director

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>DATE/TIME TASK DONE</b>	<b>TASK DESCRIPTION</b>	<b>REFERENCE</b>
	Read Job Action Sheet and review organizational chart.	
	Put on nametag	
	Establish and maintain contact with Shelter Manager and SHOC.	
	Delegate responsibilities and check sheets to each team leader.	
	Develop and plan space at location.	
	Complete a check and verify that the shelter is ready for operation before it opens to public.	
	Establish areas of shelter for patient care assigned to that room.	
	Assign personnel within designated area.	
	Work with medical support staff to ensure appropriate care.	
	Set up treatment areas as indicated.	
	Ensure all supplies and records for designated areas are handled properly.	
	Anticipate needs on census and patient needs and communicates with support staff.	
	Advise Medical Director of any changes in condition of the patient(s).	
	Observe patients and staff for stress and fatigue.	
	Observe all staff, and patients for signs of stress and inappropriate behavior. Report concerns to the MNS Medical Director.	
	Remind personnel to clean up areas upon termination	

**NURSE  
JOB ACTION SHEET**

To deliver appropriate health/medical services.  
 Reports to: MNS Site Director  
 Required Credentials: Registered Nurse license

NAME: \_\_\_\_\_  
 DATE: \_\_\_\_\_

<b>DATE/TIME TASK DONE</b>	<b>TASK DESCRIPTION</b>	<b>REFERENCE</b>
	Read Job Action Sheet and review organizational chart.	
	Put on nametag.	
	Assess the physical condition of the patients on an ongoing basis.	
	Maintain the patient's medical update form.	
	Advise the MNS Site Director of any adverse change in condition of patients.	
	Monitor those patients receiving oxygen and refers to respiratory therapist if problems occur.	
	Deliver care and assistance to residents as required, following approved protocols, procedures and guidelines and/or as directed by the MNS Medical Director.	
	Work with family members/caregivers to assist with rendering care to the patients.	
	Refer patients who need immediate medical attention to physician and/or contact 911.	
	Maintain standard precautions and infection control.	
	Participate in health/medical briefings at beginning and end of each shift or while on shift.	
	Assess emotional needs of residents and coworkers.	
	Monitor the physical environment for safety or environmental risk.	
	Oversee patient care technicians in delivery of care to patient.	
	Observe patients and staff for stress and fatigue.	
	Observe all staff, and patients for signs of stress and inappropriate behavior. Report concerns to the MNS Site Director.	
	Remind personnel to clean up areas upon termination	

**PATIENT CARE TECHNICIAN  
JOB ACTION SHEET**

To provide general assistance to the Nursing staff in caring for patients.

Reports to: Nurse

Required Credentials: Either Licensed Practical Nurse or EMT (B) authorized to practice

<b>DATE/TIME TASK DONE</b>	<b>TASK DESCRIPTION</b>	<b>REFERENCE</b>
	Read Job Action Sheet and review organizational chart.	
	Put on nametag.	
	Communicates needs to RN.	
	Assist with patient care such as feeding, transporting, bathing, changing linens, etc.	
	Observe patients and staff for stress and fatigue.	
	Observe all staff, and patients for signs of stress and inappropriate behavior. Report concerns to one of the nurses.	
	Remind personnel to clean up areas upon termination	

<b>TRIAGE OFFICER JOB ACTION SHEET</b> <b>To provide medical assessment for all patients entering the MNS.</b> <b>Reports to: MNS Medical Director</b>
NAME: _____ DATE: _____

DATE/TIME TASK DONE	TASK DESCRIPTION	REFERENCE
	Read Job Action Sheet and review organizational chart.	
	Put on nametag.	
	Perform all triage functions for MNS patients.	
	Complete Initial Evaluation Sheet (MNS Form E-2) upon patient arrival.	
	Observe patients and staff for stress and fatigue.	
	Observe all staff, and patients for signs of stress and inappropriate behavior. Report concerns to your direct report.	
	Remind personnel to clean up areas upon termination	

## Appendix 8 Questions for establishment of a medical needs shelter

- What type of ‘discharge’ process for High Risk Population leaving shelter? What is responsibility of shelter in ‘handing over’ a HRP to another caretaker/person?
- What type of clinical staffing ratio is recommended and/or the required minimum for medically fragile shelter (or any temporary medical facility)?
- What type of legal authority do we need to establish a ‘community’ shelter in a facility that has signed an agreement with Red Cross?
- Where will the staffing/volunteers come for the medically fragile portion of the shelter?
- What type of ‘intake form’ should we use/ what type of information do we want to collect at registration?
- What type of ‘pre-screening’ questions/parameters should we use (if any)?
- What is the ‘cut-off’ point/definition for medically fragile vs. general shelter populations?
- What protocols/training/standards do we need for setting up HRP shelters?
- What supplies/equipment will be needed?
- What will be used for standard identification of HRP level of care? (triage tool)
- What type of agreements do we need or should we have in place, and with whom?
- What about pets?
- How should the Medical Needs Shelter be configured and what is the minimum space required? (i.e. treatment areas, privacy areas, quiet areas, storage areas) And will any of these areas need to be secured? Will increased security for these areas be needed? Any other requirements? (i.e. must be ADA accessible, etc).
- What messages do we want to relay about HRP shelters to the community?
- How (or do we) need to identify HRP in ‘combo’ shelters by bracelets, etc. for better management and oversight?

## Appendix 9      Sample List of Supplies and Equipment

Product number	<b>Administrative &amp; Office Equipment</b>		UOM	QTY	Trailer Location
	2 - 3 Hole Punch		Each	2	
	Batteries (AA Size) - Rayovac	8/pk	Pack	4	
	Batteries (C Size) - Rayovac	2/pk	Each	4	
	Batteries (D Size) - Rayovac	2/pk	Each	3	
	Binder Clips, Large		12/Box	3	
	Binder Clips, Medium		12/Box	3	
	Binder Clips, Small		12/Box	3	
	Clipboards, Metal Box		Each	30	
	Desk/Table Lamp		Each	5	
	Desk/Table Lamp Replacement Bulbs (60 Watts) (4/Pack)	4/pk	PK	10	
	Easel and Dry Erase board,		Each	5	
	Flashlight		Each	3	
	Highlighters (Fluorescent Pink)		PK	3	
	Highlighters (Fluorescent Yellow)		PK	3	
	Labels	BX	Each	2	
	Labelwriter 310 label printer		Each	1	
	Marker, Dry Eraser (Black)		Each	2	
	Marker, Dry Eraser (Red)		Each	2	
	Marker, Flip Chart (Black)		SET	2	
	Marker, Flip Chart (Red)		Each	2	
	Masking tape (1" x 60 YD)		Each	5	
	Pad, Lined (Legal)		Dozen	2	
	Pads, Easel	2 Pads	Ctn.	5 ctn	
	Pads, Telephone Message (2 part)	100 pgs	Book	3	
	Paper Clamps (Butterfly Shaped)	12 per	Box	3	
	Paper Clips (Jumbo)		Box	3	
	Paper Clips (No. 1)		Box	3	
	Paper, Copy		Carton	3	
	Pen, Stick Ballpoint (Medium Point)		Dozen	3	
	Pencil Sharpener, Electric		Each	1	
	Pencils, Woodcase #2		Dozen	3	
	Removable Notes (4" x 6")		Dozen	3	
	Scissors		Blunt	2 pair	
	Staple Remover		Each	2	
	Stapler		Each	4	
	Staples		5000/Box	2	
	TAPE DISPENSER		Each		
	Transparent tape 3/4 in.		Roll	4	
	Envelopes, #10 Business		500/Box	1	
	Envelopes, 32# Kraft Clasp (9" x 12")		500/CTN	1	
	Labels (allergy)				

	<b>Housekeeping Equipment</b>				
	Locking Medicine Cabinet (Safe)		Each	1	
	Body Lotion	288/case	Case	1	
	Chlorine bleach, liquid	4 gal/	Case	1	
	Disinfectant Spray (Franklin)	12/Case	Case	1	
	Hand sanitizer	12/case	Bottle	1	
	Paper Cups, 8 oz.	1000/per	case	1	
	Paper Towels	12 rolls	Case	1	
	Sandwich Bags 10 x 14,	1000	Case	1	
	Facial Tissue, 200/40 packs		Case	1	
	<b>Medical Equipment and Supplies</b>				
	Antipruritic ointment?	Tube		1	
	Bag-Valve-Mask, Adult?	6/Case	Case	1	
	Bag-Valve-Mask, Child?		Each	3	
	Bag-Valve-Mask, Infant?		Each	3	
	Carts for Trailer				
	Exam gloves, Extra Large (11", .6 mil Nitrile)	50/Box	Box	2	
	Exam gloves, Large (11", .6 mil Nitrile)	50/Box	Box	2	
	Exam gloves, Medium (11", .6 mil Nitrile)	50/Box	Box	2	
	Exam gloves, Small (11", .6 mil Nitrile)	50/Box	Box	2	
	Sharps Containers (2 gallon)	20/box	Each	20	
	AED		Each	1	
	AED replacement Defibrillator Pads (6/box)		Each	4	
	1" x 10 yds		12/Box	2	
	1/2" x 10 yds		24/Box	1	
	2" x 10 yds		6/ Box	4	
	Acetaminophen (non-aspirin) - Liquid, pediatric	Pediatric		1	
	Acetaminophen (non-aspirin)	Adult	Each	1	
	Adhesive strips	Ass. Size	60/Box	1	
	Adhesive tape	3" x 5"	4roll/Box	2	
	Alcohol Prep	3000	Case	1	
	Alcohol, isopropyl	1 pint		1	
	Ammonia Inhalant - Breakable Capsules	100/Box	Box	1	
	Antacid, low sodium - Alcalak - 50 x 2	100	Box	1	
	Antibiotic ointment - Neosporin ointment	1 oz	Tube	1	
	Antiseptic	Bottle	16 oz bot	1	
	Applicator, cotton-tipped - Case of 2000	6" long	Case	1	
	Aspirin, 5 grain - Tri-Buffered aspirin	250 pkgs		1	
	Bandage gauze roller	12/bag	Bag	1	
	Bandage, Self-Adhering, 3" x 5 yds. - Asst. Colors	24/Box	Box	2	
	Bandage, Self-Adhering, 6" x 4.1 yds. (Non-Sterile)	16/Box	Box	1	
	Band-Aids, (3/4" x 3")	100/Box	Box	1	
	Basin, 8 Qts, Disposable		Each	50	
	Bed Pan, disposable		Each	50	

	Bedside Commode w/ comfort grip armrest		Each	2	
	Betadine scrub solution - 16oz		Bottle	12	
	Bio-Hazard Infectious Waste Bags, 10 Gallons	50/Box	Box	3	
	Bio-Hazard Waste Container	20 gal	Each	2	
	BP Kit (Adult, Child, Infant, Obese, Thigh) Blue - Kits		Each	2	
	Bulb Syringe, 2oz.		Each	5	
	Calamine lotion 4oz		Bottle	1	
	Central Line Kit (Dressing Tray/ w/Tegaderm		Each	2	
	Compact Suction Unit		Each	1	
	Compact Suction Unit		Each	1	
	Compact Suction Unit		Each	1	
	Compact Suction Unit		Pkg of 6	2	
	Compact Suction Unit - 800cc		Each	1	
	Compressor/ Nebulizer (Pulmo-Aide)		Each	2	
	Cotton balls - non sterile, large	2000/	Case	1	
	Dressing, 2 x 2 (10/Box)	10/per	Box	5	
	Dressing, 4 x 4 (10/Box)	10/per	Box	5	
	Elastic bandage	10/Box	3"	2	
	Emesis Basin, Disposable Kidney Shaped	10/ctn	Ctn	5	
	Epipen auto injector		Pkg of 2	1	
	Eye pads	50/ Box	Box	1	
	Gauze Compresses, Ind Wrapped 3X3 or 4X4	200/pkg	Each	12	
	Glucometer (Accu-Check)		Each	2	
	Glucometer Strips (Accu-Check)	50/Box	Box	2	
	Active controls (Accu-Check)	2/Box	Box	2	
	Lancets (Accu-Check)	100	Box	2	
	Handi-Wipes - Bacterial BZK Wipes	100 sheets	Box	1	
	Hydrogen Peroxide (16 oz. Bottle)	16 OZ	Each	1	
	Ice Bag	10/Ctn	Ctn	1	
	Insulin Needle & syringe - 28g x 1/2" 1cc		Box/100	1	
	Iodine Swabs	100/Box	Box	1	
	Irrigation Kit		Each	1	
	IV Administration Sets, Standard (10 drops)	50/Case	Case	1	
	IV Administration Sets, Standard (60 drops)	50/Case	Case	1	
	IV Armboard (2" x 9")	6/Pack	Pack	1	
	IV Poles - 2 hook, caster	1	Each	2	
	IV Preparation Kit - (IV Start Kit)-w/ tegaderm dressing		Each	2	
	Lantern, Tuff lite, 4D		Each	1	
	Loom woven Wool blanket - Blue		Each	50	
	Luer Adapter - Multi Sample	100/Box	Box	1	
	Nasal Cannulas, Adult		Each	1	
	Nasal Cannulas, Infant/Pediatric		Each	1	
	Nebulizer Kit, Disposable (Pulmo-Aide)		Each	20	
	Nitriderm Surgical Gloves Non-Latex - size 6.5	25/Box	Box	1	
	Nitriderm Surgical Gloves Non-Latex - size 7.5	25/Box	Box	1	
	Obstetrical Kit		Kit	1	
	Peak Flow Meter - disposable mouth piece - Standard	100/Box	Box	1	

Peak Flow Meter - Standard range		Each	1	
Pediatric Band-aids - Sesame Street	100	Box	2	
Pocket Mask replacement one-way valves		Each	10	
Privacy Partitions		Each	3	
Pulse Oximeter		Each	1	
Pulse Oximeter Charger		Each	1	
Respirator, N-95 with One-Way Valve	10/Box	Box	1	
Safety Glasses		Each	5	
Safety Pins Size#1	144	Bag	1	
Safety Pins Size#2	144	Bag	1	
Safety Pins Size#3	144	Bag	1	
Sensicare Non-Latex Power-free exam gloves - Large	100/Box	Box	2	
Sensicare Non-Latex Power-free exam gloves - Medium	100/Box	Box	2	
Sensicare Non-Latex Power-free exam gloves - Small	100/Box	Box	2	
Sensicare Non-Latex Power-free exam gloves - X-Large	100/Box	Box	2	
Shears, paramedic		Each	2	
Sheets, Disposable	50/Case	Case	2	
Spill Kit - EZ Clean spill kit		Each	1	
Sterile Water - 1000ML	12/per	Case	1	
Sterile Water - 250ML	12/per	Case	1	
Sterile Water - 500ML	12/per	Case	1	
Stethoscopes -		Each	10	
Stethoscopes - Pediatric		Each	10	
Suction Catheter Mini soft Kits		Each	1	
Suction Catheters - 6FR		Each	3	
Suction Catheters - 8FR		Each	3	
Suction Catheters - 10FR		Each	3	
Suction Catheters - 12FR		Each	3	
Suction Catheters - 14FR		Each	3	
Suction Catheters - 16FR		Each	3	
Suction Catheters - 18FR		Each	3	
Surgical Masks w/face shields	50/Box	Box	1	
Surgilube (5 gram packet)	144/Pkts	Box	1	
Syringe (30cc) - 40 per/ box (Syringe only)	40/	Box	1	
Syringe, Self-sheathing, 10cc	100/Box	Box	1	
Syringe, Self-sheathing, 3cc	100/Box	Box	1	
Syringe, Self-sheathing, 5cc	100/Box	Box	1	
Tape, 1" x 10 yd (hypo)	12 Rolls/	Box	1	
Tape, 3" x 10" yd (hypo)	4 Rolls/	Box	1	
Tegaderm Transparent Dressing	100/Box	Box	1	
Thermometer, Digital		Each	10	
Thermometer, Genius - Kendall		Each	1	
Throat Lozenges	300	bag	2	
Tongue Depressors	100/Box	Each	1	
Tracheostomy Care Set w/Hydrogen Peroxide		Each	3	
Triple Antibiotic Ointment (1 gram)	144	Box	2	
Underpads ("Blue" Pads)	300	case	1 cs	

Urinal, Male, disposable	12/Case	Case	1	
Urinary Drainage Bag		Each	3	
Wound Care cleaner Spray - 12oz bottle		Each	1	
Wound Dressing (Sorbsan) - 3" x 3"	10/per	Box	1	
IV Needle, 14g - Catheter	50/Box	Box	1	
IV Needle, 16g - Catheter	50/Box	Box	1	
IV Needle, 18g - Catheter	50/Box	Box	1	
IV Needle, 20g - Catheter	50/Box	Box	1	
IV Needle, 22g - Catheter	50/Box	Box	1	
IV Needle, Butterfly, 25g	50/Box	Box	1	
Lancet (Use with glucometer)	150/Box	Box	1	
Needle, 20g x 1-1/2" - For Syringes			1	
Needle, 22g x 1-1/2"- For Syringes			1	
Needle, 25g x 1"- For Syringes			1	
Oxygen Cylinder, E size, Aluminum		Each		
Oxygen Humidifiers		Case		
Oxygen Regulator (Single DISS Connection)				
Oxygen Supply Tubing		Case	1	
Suction Sys w/lg bore Yankauer, Adult (Res-Q-Vac or equiv)		Each	1	
Suction System Replacement Kits, Adult (includes Yankauer and canister)		Each	2	
Suction System, Battery operated (S-Scort III or equivalent)		Each	1	
Suction System, Replacement canisters for S-Scort III or equivalent)		Each	1	
Syringe (1cc)			?	
Syringe, 30cc	50/Box	Box	2	
Syringe, 60cc	25/Box	Box	3	
Thermometer, Digital Probe Covers				
Thermometers, Pacifier		Each	15	
Trailer (24 ft L x 8 ft. W)			1	
<b>Patient Care Equipment</b>				
Refrigerator		Small	1	
Sanitary Napkins	250/CS	Regular	1 dozen	
Signage				
		dozen	1	
Can opener		Manual	1	
Diapers, adult, disposable, Med./large	72/CS		1	
Diapers, baby, disposable, Med./large	96/CS		1	
Formula, Infant, Powdered and Liquid		Case	1	
Identification Bracelets	1000/BX	Each	1	
Disposable Pillow	50	case	3	
Disposable Pillowcase	100	case	1	
Disposable Towels - Mauve 2 ply	500	case	3	
Walker, Folding		Each	1	

	Washcloths Disposable	50	Pack	3	
	Wheelchair		Each	2	
	Chair, Folding		4/Ctn.	4 ctn	
	Food Tables (Folding Snack Size)		Each	2	
	Table, Folding 72" x 30")		Each	1	
	Adult Cots		Each	50	
	Pads for cots		Each	50	
	Child Cots		Each	5	
	Hand Carts		Each	2	

## **Appendix 10      Community Resources**

**To identify Long Term Care Facilities by address, county or zip code, visit:**

For Adult Family Homes

<http://www.adsa.dshs.wa.gov/Lookup/AFHPubLookup.asp>

For Boarding Homes

<http://www.adsa.dshs.wa.gov/Lookup/BHPubLookup.asp>

For Nursing Homes

<http://www.adsa.dshs.wa.gov/Lookup/NHPubLookup.asp>

**To identify Senior Services available**

Pierce County Aging & Disability Resource Center

<http://www.PierceSenior.org>

King County Senior Services

<http://www.SeniorServices.org>

Snohomish County Senior Services

<http://www.sssc.org>

**To identify general Community Resources for Human Services**

Pierce County Resource Guide

<http://www.co.pierce.wa.us/xml/abtus/ourorg/comsvcs/CoAction/documents/9-07ResourceGuide.pdf>

King County Resource Guide

Snohomish County Resource Guide

**WASHINGTON AREA AGENCIES ON AGING**

Revised 4/21/2008

<p><b>Olympia Area Agency on Aging (O3A)</b>                  Roy Walker, Director                  11700 Rhody Drive                  Port Hadlock, WA 98339                  360/379-5064; FAX: 360/379-5074; Toll Free: 1-866-720-4863  <a href="mailto:walkerb@dshs.wa.gov">walkerb@dshs.wa.gov</a> Website: <a href="http://www.o3a.org/">http://www.o3a.org/</a></p>	<p><b>PSA #1 DSHS Region 6</b>                  Clallam, Grays Harbor, Jefferson &amp; Pacific                   SUA Liaison: Susan Shepherd                  360/725-2418</p>	<p><b>Aging &amp; Adult Care of Central WA (AACCW)</b>                  Bruce Buckles, Executive Director                  50 Simon St. SE                  E. Wenatchee, WA 98802                  509/886-0700; FAX: 509/884-6943; Toll Free: 1-800-572-4459  <a href="mailto:bucklb@dshs.wa.gov">bucklb@dshs.wa.gov</a>                  Website: <a href="http://www.aaccw.org/">http://www.aaccw.org/</a></p>	<p><b>PSA #8 DSHS Region 1</b>                  Adams, Chelan, Douglas, Grant, Lincoln &amp; Okanogan                   SUA Liaison: Susan Engels                  360/725-2563</p>
<p><b>Northwest Regional Council (NWRC)</b>                  Victoria Doerper, Director                  600 Lakeway Drive                  Bellingham, WA 98225                  360/676-6749; FAX: 360/738-2451; Toll Free: 1-800-585-6749  <a href="mailto:doerpva@dshs.wa.gov">doerpva@dshs.wa.gov</a> Website: <a href="http://www.nwrcwa.org/">http://www.nwrcwa.org/</a></p>	<p><b>PSA #2 DSHS Region 3</b>                  Island, San Juan, Skagit &amp; Whatcom                   SUA Liaison: Brent Apt                  360/725-2560</p>	<p><b>SE WA Aging &amp; Long-Term Care (SEWA ALTC)</b>                  Helen Bradley, Director                  Mail: PO Box 8349                  Meadowbrook Mall 7200                  W. Nob Hill Blvd, Ste. 12                  Yakima, WA 98908-0349                  509/965-0105; FAX: 509/965-0221; Toll Free: 1-888-769-2582  <a href="mailto:bradhj@dshs.wa.gov">bradhj@dshs.wa.gov</a>                  Website: <a href="http://www.altcWASHINGTON.com/">http://www.altcWASHINGTON.com/</a></p>	<p><b>PSA #9 DSHS Region 2</b>                  Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Yakima &amp; Walla Walla                   SUA Liaison: Brent Apt                  360/725-2560</p>
<p><b>Snohomish County Long-Term Care &amp; Aging Division</b>                  Jerry Fireman, LTC &amp; Aging Supervisor                  Mary King, Case Management Administrator                  3000 Rockefeller Ave. M/S 305                  Everett, WA 98201                  425/388-7200; FAX: 425/388-7304; Toll Free: 1-888-435-3377  <a href="mailto:jfireman@co.snohomish.wa.us">jfireman@co.snohomish.wa.us</a>  <a href="mailto:mary.king@co.snohomish.wa.us">mary.king@co.snohomish.wa.us</a></p>	<p><b>PSA #3 DSHS Region 3</b>                  Snohomish                   SUA Liaison: Susan Shepherd                  360/725-2418</p>	<p><b>Yakama Nation Area Agency on Aging</b>                  Marie Miller, Director                  Mail: PO Box 151 91                  Wishpoosh                  Toppenish, WA 98948                  509/865-7164; FAX: 509/865-2098;  <a href="mailto:mmiller@yakama.com">mmiller@yakama.com</a></p>	<p><b>PSA #10 DSHS Region 2</b>                  Yakama Reservation                   SUA Liaison: Brent Apt                  360/725-2560</p>
<p><b>Aging &amp; Disability Services/Seattle Human Services Dept.</b>                  Pam Piering, Director                  Selina Chow, Operations Manager                  Mail: Office:                  700 5th Ave., Ste. 5100 700 5th Ave.                  PO Box 34215 5th &amp; Columbia 51st Floor                  Seattle, WA 98124-4215                  206/684-0660; FAX: 206/684-0689; Toll Free: 1-88-435-3377  <a href="mailto:Pamela.piering@ci.seattle.wa.us">Pamela.piering@ci.seattle.wa.us</a>  <a href="mailto:selina.chow@ci.seattle.wa.us">selina.chow@ci.seattle.wa.us</a></p>	<p><b>PSA #4 DSHS Region 4</b>                  King                   SUA Liaison: Aaron Van Valkenburg                  360/725-2554</p>	<p><b>Aging &amp; Long-Term Care of Eastern WA (ALTCEW)</b>                  Nick Beamer, Director                  1222 N. Post                  Spokane, WA 99201                  509/458-2509; FAX: 509/458-2003;  <a href="mailto:beamer@dshs.wa.gov">beamer@dshs.wa.gov</a>                  Website: <a href="http://www.altcew.org/">http://www.altcew.org/</a></p>	<p><b>PSA #11 DSHS Region 1</b>                  Ferry, Pend Oreille, Spokane, Stevens &amp; Whitman                   SUA Liaison: Susan Shepherd                  360/725-2418</p>
<p><b>Pierce County Aging &amp; Long-Term Care</b>                  Sally Nixon, Director                  3580 Pacific Ave.                  Tacoma, WA 98418                  253/798-7236; FAX: 253/798-3812; Toll Free: 1-800-642-5749  <a href="mailto:snixon@co.pierce.wa.us">snixon@co.pierce.wa.us</a></p>	<p><b>PSA #5 DSHS Region 5</b>                  Pierce                   SUA Liaison: Susan Engels                  360/725-2563</p>	<p><b>Colville Indian AAA</b>                  Reva Desautel, Director                  PO Box 150                  Nespelem, WA 99155                  509/634-2759; FAX: 509/634-2793; Toll Free: 1-888-881-7684  <a href="mailto:Reva.desautel@colvilletribes.com">Reva.desautel@colvilletribes.com</a></p>	<p><b>PSA #12 DSHS Region 1</b>                  Colville Reservation                   SUA Liaison: Brent Apt                  360/725-2560</p>

<p><b>Lewis/Mason/Thurston Area Agency on Aging (LMT)</b>  Dennis Mahar, Director  3603 Mud Bay Rd., Ste. A  Olympia, WA 98502  360/664-2168; FAX: 360/664-0791; Toll Free: 1-888-702-4464  <a href="mailto:mahardw@dshs.wa.gov">mahardw@dshs.wa.gov</a> Website:  <a href="http://www.lmtaaa.org/">http://www.lmtaaa.org/</a></p>	<p><b>PSA #6 DSHS Region 6</b>  Lewis, Mason &amp; Thurston</p> <p>SUA Liaison: Susan Shepherd  360/725-2418</p>	<p><b>Kitsap County Division of Aging &amp; Long-Term Care</b>  Paul Urlie, Administrator  Mail:  Office:  614 Division St. M/S-5  1026 Sidney  Port Orchard, WA 98366  360/337-7068; FAX:  360/337-5746; Toll Free:  1-800-562-6418  <a href="mailto:purlie@co.kitsap.wa.us">purlie@co.kitsap.wa.us</a></p>	<p><b>PSA #13 DSHS Region 5</b>  Kitsap</p> <p>SUA Liaison: Susan Engels  360/725-2563</p>
<p><b>Southwest Washington Area Agency on Aging (SW AAA)</b>  Mary Lou Ritter, Interim Director  201 NE 73<sup>rd</sup> St., Ste. 101  Vancouver, WA 98665  360/694-6577; FAX: 360/694-6716; Toll Free: 1-888-637-6060  <a href="mailto:ritteml@dshs.wa.gov">ritteml@dshs.wa.gov</a> Website:  <a href="http://www.helpingelders.org/">http://www.helpingelders.org/</a></p>	<p><b>PSA #7 DSHS Region 6</b>  Clark, Cowlitz, Klickitat, Skamania &amp; Wahkiakum</p> <p>SUA Liaison: Susan Engels  360/725-2563</p>	<p><b>Washington Association of Area Agencies on Aging (W4A)</b>  W4A Headquarters: 1501 S. Capitol Way #103  Olympia, WA 98501-2293  360/570-2239; FAX: 360/570-1943 <a href="mailto:W4A@olywa.net">W4A@olywa.net</a>  Victoria Doerper, Chair; Sally Nixon, Vice-Chair; and Nick Beamer, Treasure</p>	

## Appendix 11 Guidelines for Working with Spoken and Sign Language Interpreters

A spoken and sign language interpreter is a trained professional bound by a code of ethics, which includes strict confidentiality. The interpreter is there to facilitate communication only, and can neither add nor delete any information at any time.

### ***Guidelines for Working with Spoken Language Interpreters – Before Interview***

- A good match between client and interpreter can avoid many potential problems. If possible, when requesting an interpreter consider:
  - Gender
  - Age
  - Social/ethnic issues
  - Dialects
  - Family/Social ties
  
- Establish rapport with the interpreter
- Learn how to pronounce the client's name
- Learn how to say hello, goodbye and thank you in the client's language
- Explain the purpose of the session
- Remind interpreter to keep all information confidential
- Discuss eye contact, seating/positioning
- Discuss timing
- Remind interpreter not to "screen" client's speech
- Encourage interpreter to ask clarifying questions
- Remind interpreter not to engage in independent conversation with the client or you during the session
- Explain any technical terms you expect to use during the session
- Discuss whether the client or interpreter is likely to feel uncomfortable if certain matters are discussed.
- Agree on how introductions are to be made
- Agree on when feedback will be given, consider:
  - Non-verbal cues
  - Speech pattern and tone
  - Cultural information
- Make sure you have forms in the client's primary language and or go over the English form with the interpreter carefully

### ***Guidelines for Working with Spoken Language Interpreters – During Interview***

- Introduce yourself and the interpreter to the client
- Take the positions agreed upon
- Tell the client the ground rules for communicating through the interpreter:
  - Everything you say and everything the client says will be interpreted
  - Speak in short phrases so the interpreter will be able to interpret more easily
  - Tell the client that what they say is confidential; neither you nor the interpreter will reveal anything about the interview to uninvolved parties

- Ask the client if they have any questions about the interpreting process
- Talk **through** the interpreter **not to** the interpreter. Respect your client by talking to them and not about them.
- Acknowledge your client with your body language
- Use time efficiently
- Use simple language and avoid jargon, technical terms, and slang
- **Speak slower** not louder
- Be patient, and encourage the interpreters understanding
- Respect the interpreters judgment, if the interpreter insists that a questions is inappropriate, discuss it after the session

### ***Guidelines for Working with Spoken Language Interpreters – Post Interview***

- Discuss issues that could not be adequately discussed during the session, impressions of the client and problems or misunderstandings
- Thank the interpreter

### **General Guidelines for Spoken Languages**

- Do not jump to linguistic conclusions, things may not always mean what they sound like they do
- An interpreter who is prepared with a dictionary is acting professionally
- Language learning is binary – a client who has some English speaking ability may not necessarily be able to understand everything. A client who asks for an interpreter may be able to understand and use quite a bit of English

### **Using a Sign Language Interpreter**

- Do not ask the interpreter for his/her opinion or to perform any tasks other than interpreting.
- Before requesting a sign language interpreter, ask the deaf person if he/she has any interpreter preferences. Whenever possible, try to secure a preferred interpreter first.
- Do not make comments to the interpreter, which you don't mean to be interpreted to the deaf person.
- When using an interpreter, look directly at the deaf person (not the interpreter).
- Speak in a normal tone and speed. Speak in the first or second person only (not third person).
  - Correct: "Did you have any trouble finding us today?"
  - Incorrect: "Please ask him if he had any trouble finding us today."

### **Your Sign Language Interpreter Etiquette**

- The interpreter will be at least a few words behind the speaker. Allow for extra lag time to give the deaf person a chance to respond to the question just asked.

- If the interpreter misses something or has trouble keeping up, it is the interpreter's responsibility to ask for clarification or repetition.
- It is generally best to have the interpreter sit next to the main speaker. The deaf individual can then watch both the interpreter and speaker in the same field of vision.
- If a meeting will last for more than two hours, it is generally necessary to have two interpreters who work on a rotating basis.
- Remember, a deaf person cannot watch the interpreter and study written material at the same time.
- Allow extra time for the deaf person to watch the interpreter and read the materials sequentially.
- Each time you hire an interpreter, be sure to check with the deaf person afterwards to see if he/she found the service to be satisfactory, and whether the deaf person would feel comfortable using this same interpreter again or not.
- Remind interpreter not to "screen" client's speech
- Encourage interpreter to ask clarifying questions
- Remind interpreter not to engage in independent conversation with the client or you during the session
- Explain any technical terms you expect to use during the session
- Discuss whether the client or interpreter is likely to feel uncomfortable if certain matters are discussed.
- Talk **through** the interpreter **not to** the interpreter. Respect your client by talking to them and not about them.

## **Appendix 12      Utilization of Volunteers**

### **Purpose**

Effective disaster response depends on utilization of volunteer personnel. Organized groups, which provide their own supervision, transportation, and support needs, are preferred to individual volunteers.

If volunteers are needed at the Medical Needs Shelter, attempt to find existing groups with required skills. Information and assistance is available from:

- ❖ Volunteers of America
- ❖ Department of Emergency Management
- ❖ Medical Reserve Corps
- ❖ American Red Cross
- ❖ Salvation Army
- ❖ Department of Health
- ❖ Search and Rescue
- ❖ United Way
- ❖ Disaster Assistance Council
- ❖ Community Emergency Response Teams
- ❖ Media

### **Volunteer Disaster Service Workers**

Volunteers active in emergency services and/or disaster relief operations usually belong to one of two categories: registered emergency worker volunteers or spontaneous (convergent) volunteers. Depending on circumstances, different registration procedures are utilized to serve each groups needs.

### **Organized Volunteers**

Organized volunteers are defined as individuals affiliated with specific organizations prior to an emergency or disaster. These organizations are usually chartered to provide volunteer emergency and/or disaster relief services. Members of these organizations usually participate in scheduled exercises to practice their disaster relief skills and integration with local community's emergency plan response effort.

Examples of local organizations include:

- ❖ ARES Radio League
- ❖ RACES Radio League
- ❖ American Red Cross
- ❖ Search and Rescue
- ❖ Salvation Army
- ❖ Medical Reserve Corps
- ❖ Community Emergency Response Teams
- ❖ Critical Incident Stress Debriefing Team

Registration of organized volunteer disaster service workers/groups will be accomplished by notifying DEM either by phone, radio or runner. All individuals/groups covered

under the WA State Emergency Service Worker program must sign in by utilizing DEM form EMD-078 State of Washington Emergency Worker Daily Activity Report. All other individuals/groups should contact their organization for proper sign in protocols.

### **Utilization of Individual Volunteers**

Spontaneous (convergent) Volunteers are members of the general public at large who spontaneously volunteer during emergencies or disasters. They are not usually involved with organized volunteer organizations and may lack specific disaster relief training when there is very little time and few resources to train them. They come from all walks of life and form the majority of volunteer personnel available to local public safety agencies during a disaster response. Convergent volunteers should be referred to one of the local organized volunteer groups for placement.

Convergent Volunteers unless medically trained with proof of medical licensure will not be allowed to work in the Special MN Shelter except under supervision in the food service, janitorial or registration areas.