•This learning module has the primary purpose of educating healthcare providers on Alternate Care Facility (ACF) establishment and management.

Natural or man made disasters can require the implementation of ACFs to provide care to patients affected by the incident. ACFs can be opened in close proximity to the Emergency Department or off site.

For the purposes of this module the ACF will be considered a secondary site in close proximity to the ED of the affected hospital. All ACF references will be based on this scenario.
Special Medical Needs
Definition

Persons with Special Medical Needs include individuals who require special assistance with medical or personal care during evacuations and sheltering because of physical or mental impairment.

The level of care goes beyond the “basic first aid” available in the general shelters, but does not include those that are self-sufficient in their daily personal care needs.

Ambulatory patients may be sent to the Alternate Care Facility post decontamination for care.
What types of patients have Special Medical Needs?

- Elderly
  - In facilities
  - In homes
- Chronically Ill
- Children with disabilities
- Other adults with medical disabilities

Many homebound patients can be displaced in natural disasters. In Sept 2003 Hurricane Isabel sent hundreds of homebound patients out of their homes into hospitals, group homes, shelters, and other Skilled Nursing Facilities.

Chronically ill children may need special services. Pediatric Services of America serves many ventilator and Cystic Fibrosis related cases in the home daily. If there is a lack of power will the daily services be interrupted and so who will render the services needed?

Communities often have a list of debilitated on record with EMS and Home Health. This list is often helpful to have some inside information on the background on whom you may be serving.

An assessment your population served and a list will be helpful to keep for times of disasters.
Data on Special Medical Needs

- 1998 - 65 years + = 12.7% of US population
- Percentage has tripled since 1990
- By 2020, will have increased by 22.7%
- 52% of older population have at least one disability
Community awareness of your team and your functions is important. Establishing an educational plan that includes community awareness will lessen anxiety on scene if the people know what you are and your mission.

The team plan of action needs to discussed many times prior to drills and actual use. All team members need to have input into the development. Field Operation Guides (FOGS) will be pre established. Activation plans will need to be clear and concise and rehearsed many times during the year.
Who are your Customers?

- Homebound
- Health care facilities
- Home care / DME
- Social Service
- Hospitals

We refer to the above agencies as customers. These healthcare entities and support services provide critical links to information. Building prior relationships with the agencies is suggestible and can be incorporated into a community education plan.

Social Services has plans and means in place to provide funding in disasters for the placement of certain in home and group home clients. Contacted the local DSS office and maintaining communication is an asset and can facilitate placement and movement of patients out of the ACF if space and manpower becomes an issue.

Community Alternatives Program for Mentally Retarded (CAP-MR) is a Medicaid based program that provides care and in home aide for the mentally retarded living in the community. Contacting the Case Worker responsible for these persons can assist you with communication, transportation, family contacts, vital information, etc. This may also be a great person to serve as a team member for special care needs of the mentally retarded.
SMAT Type II Functions

- Set up ACF
- Assist Hospitals with decon
- Establish ED for ambulatory patients post decontamination
- Assist hospitals with surge capacity
- Assist at Drug Distribution sites for mass immunization or prophylaxis
SMAT II can serve as an educational arm for the dissemination of information to groups and individuals within the community.

SMAT II units can impact communities with education on planning for disasters. Such educational forums allow for open communication, public awareness of the team, and establishment of relationships.

Mobile education given across the SMAT II region will be a main focus of the team. Setting up Alternate Care Facilities will require first hand knowledge of communities that will be served and demographics of certain high risk populations.
Alternate Care Facilities

Don’t wait for the storm to come to decide where it’s going to be, getting permission to use the building, or who is going to staff it.

During the 2003/04 HRSA hospitals were asked to include secondary triage sites in their disaster plan. They are also to establish Alternate Care areas if their Emergency departments become contaminated. The disaster contact for each hospital can discuss the location of these Alternate Care Areas.

In the 2002/03 Hospital Needs Assessment, some hospitals had already established Offsite Quarantine Sites for transfer of patients. This was a note of interest that 3 of those hospitals already had plans reflecting specific staff who would work the actual quarantine site.

Meeting with hospitals in the region and being familiar with their disaster point of contact prior to an event is critical for a more rapid lane of communication. Knowing where Hospital As Alternate Care site is relevant to the establishment of the SMAT II ACF.
Who will be the Alternate Care Facilities Population

- **Referrals:**
  - Nursing / Rest Homes
  - Home Care System
  - Hospital Emergency Rooms
    - DMATS
    - EMS
    - Police

The ACF may receive patients from multiple sources. During Hurricane Isabel numerous home care patients had to be moved inland for care and safety. Home Health Nurses worked with local Emergency Management to have these patients moved prior to Isabel making landfall. Patients normally living in the home alone may no longer be able to function because of lack of power, lack of caregiver, absence of meal services, and even inability of home care staff to assist with Activities of Daily Living.

During hurricane Floyd Nursing Homes had to be evacuated. Even though Mutual Aide Agreements do exist now between Nursing Homes and hospitals, patients may have to be shifted into the ACF. Be aware of this and be ready with proper equipment and a diverse team of providers.

DMATS may also be a referral source. As patients are triaged and treated they may be sent to your ACF. EMS and police may also bring or escort patients to your ACF. If the patients are ambulatory or if you are acting as overflow the patients can even walk up on their own based on Public Service Announcements.

Remember Nursing Homes are only 50% of the problem. Do not forget the home as the main patient source.
## Pre-Planning Issues

- Facility location
- When and under what circumstances the facility will open
- Patient criteria
- How patients will be moved to the facilities
- Who has the authority to open a facility
- Who will staff the facility
- Who will supply the facilities with food, water, medications, etc.
- How the facility will be financed

The above issues need to be addressed when establishing your ACF plan of action. These are all critical to your mission. The SMAT II team will open the facility and of course staff it. How will your team staffing work? Will you work twelve hour shifts and then rotate? Based on the number served you need several staffing patterns.
Alternate Care Facilities
Requirements

• Proper geographical location
  - Roads, flood plain, hospital proximity

• Structurally sound

• Ground floor

• ADA compliant

• Large rooms

• Toilet and showering facilities
Alternate Care Facilities Requirements (cont.)

- Feeding facilities
- Gas heat preferred
- Generator powered or pre-established hook-up
- Ability to secure

Pre Planning and assumptions

- Develop a planning template for your team. Include the mentioned criteria for setting up an Alternate Care Facility. Use this check sheet for your guide when selecting sites throughout your region for set up of the medical care units.
After Facility has been Selected

- Written memorandum of understanding and update annually
  - Who is responsible for what?
  - Liability issues
  - Points of contact and alternates 24/7

- Develop lay out plan for the facility
- Exercise plan (pre-event)
More than one facility per geographical area needs to be selected.
Homebound patients will be one of the primary focus areas in disasters. Knowing where and who the clients are is important. Ventilator, dialysis, and mobility impaired clients will be the more difficult to transfer and establish care in the facility.

Swift water rescue was mobilized to rescue elderly, debilitated clients during hurricane Isabel. The outcome was positive and sheltering and care was established prior to the mission. Prior knowledge of facility capabilities and capacities is crucial to the outcome of rescue missions related to the elderly. If Emergency Departments are at maximum capacity and cannot handle an influx of patients from the disaster scene the ACF can provide such care. Rescue teams will be made aware of the ACF through the Emergency Operations Center may direct the movement there based on patient conditions.
Assist long-term health care facilities to improve their sustainability or in times of evacuation.

Long Term Care (LTC) Facilities have evacuation plans in place. The actual movement of these patients is difficult based on age, physical condition, and mental status. To evacuate an entire Alzheimer’s unit to another facility is not a task to be taken lightly. Early set up of the ACF will allow the staff to be set up and ready prior to the influx of these special needs patients. Rendering care to patients without caregivers or historians will present many challenges. Staff from the evacuating facility should accompany the patients to answer questions and assist the transferred residents to acclimate. LTC administration should also be with the residents to notify family members and assist with operational duties within the ACF.

Medical Social Workers are a great resource to have on the team for this function. They are well versed in the needs of the residents and usually have prior relationships with LTC in their communities.
Objectives

- Define and identify “Pre-Planning” needs for Facilities and Agencies.
- Evacuation vs. sheltering in place
- Identify exterior facility considerations
- Identify interior facility considerations
- Identify water needs and issues
- Transportation Issues
Transportation Issues

Do you know where you will take the patients?
Does your facility have wheelchair and/or stretcher capable vehicles? How many patients need to be moved?

Pre Planning and assumptions

Are there private ambulance services in the county (mutual aid agreements)?
Is there a public transportation system with vehicles that could be utilized?
Is the patient emotionally prepared for the move?
Medication, personal records should go with the patients
Local emergency services is going to be overwhelmed and may not be able to support your needs.
Address prior to event, don’t relay on Emergency Management to be your only resource.
How Large is the Problem?

- Obtain data from:
  - Nursing facilities
  - DME company’s
  - Home care company’s

The above picture is a nurse during the Vietnam war. This was an era when MASH units were the hospital of choice. Alternate Care Facilities can be many different set ups with safety, electricity, access, and functionality being the main infrastructure.
Working with Long Term Care Facilities, homecare nursing, and DME companies

- Reviewing disaster plans
- Understanding their issues
  - Generators / fuel sources
  - Levels of care provided
  - Staffing issues
  - Transportation capabilities
- Mutual aid agreements
Facility Needs

- Accessibility
  - Routes
  - Out of Flood plain

- Generator

This requires a pre-plan to assure that the proper connections are in place.
4 Needs of the ACF

• Needs to be out of harms way
• Needs adequate ingress/egress
• Need to be able to secure building and perimeter
• Needs to be a well know location in the community
<table>
<thead>
<tr>
<th>Inventory Needs for Facility (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Cots, bedding,</td>
</tr>
<tr>
<td>- Food, water, Ensure</td>
</tr>
<tr>
<td>- Intravenous Supplies</td>
</tr>
<tr>
<td>- Medications</td>
</tr>
<tr>
<td>- Biohazard, clothing, specimen, and trash bags</td>
</tr>
<tr>
<td>- Urinary health supplies</td>
</tr>
<tr>
<td>- Linens and patient gowns</td>
</tr>
<tr>
<td>- Janitorial and logistical supplies</td>
</tr>
<tr>
<td>- Respiratory supplies</td>
</tr>
</tbody>
</table>
Staff Quarters and their families

- An area away from the patient areas where the staff can relax, rehab, and rest

If available, a separate area for television and/or recreation for staff members is also important for mental health. Staff recovery will be needed regularly. Higher functioning can only be achieved if the lower levels of Maslow’s hierarchy are met. Shelter, food, water, and sleep. This methodology of reaching higher levels of functioning is proven in disasters.

http://www.envisionsoftware.com/Articles/Maslows_Needs_Hierarchy.html

The above picture is of Vietnam nurses resting after drills. Today’s ACFs will assimilates some of the characteristics of the MASH units back in the late 60s and early 70s.

http://www.illyria.com/vnchris1.html
Transportation Issues

Consideration must be given to road conditions of the evacuation routes

Hurricane Floyd

- 2002 roads damaged due to storm
- (>1000) 90% of the roads east of Raleigh, NC were closed post storm
- 100 Helicopters were brought in to assist

The above statistics speak for themselves. An interesting note on Hurricane Isabel: roads disappeared in the Dare County area as well. Working closely under the guidance of Emergency Management will assist in a more fluid movement of patients out of the affected area to your ACF or other facilities. Understanding that Emergency Management is the direction and control of an event is critical. The medical resources that are provided can be potentiated by other resources such as National Guard and special teams for transportation assistance. These plans and all requests should go through Emergency Management for coordination and reimbursement purposes.
Interior Planning Needs

Emergency lighting, food storage and medical power needs

Minimum of 72 hours of water, food, medication and supplies for each patient

Staffing
Planning for movement of patients within facility for staffing, electrical and damage needs

Communications
All of these are considerations when developing your ACF plans. The team must be self sustaining for 72 hours. Federal aid can sometimes take up to 72 hours to arrive on scene.

Having patients bring medications in may also be an issue. During Hurricane Isabel several patients were moved inland from the home to a special needs shelter. They brought medication with them from the home. The medication did not have their name on it and they were not able to give an accurate history. Their local hospital was called and medical records searched for any information on family members to contact or primary MD.

These patients had not been seen by a physician in six years. Both were diabetic at last exam and one was even on anticoagulants. The local Health Director was contacted and was able to pull records on the clients. They were subsequently checked out and sent to the ED for numerous health problems that were not stabilized.

Post hurricane they were discharged to the home, only to find their home was no longer there. Placement for short term became the primary goal. NOTE: Having an RN Case Manager on your team is also suggestible. They are familiar with discharge planning procedures. This was only one small incident that occurred during the hurricane.
Remember that Nursing Homes are only ½ the problem!

- Proactive
- Outreach Teams

What are other vulnerable populations in disasters? Does your catchment area have labor camps or large Hispanic communities? How will you triage and treat an onslaught of non-English speaking victims?

Having Hispanic healthcare professionals or bilingual staff on your team would be beneficial. North Carolina has a Hispanic Professional Association [http://www.thencshp.org](http://www.thencshp.org). Translators need to be identified and trained along with the team to provide much needed communication.

Children are another critical population encountered. Just as they are seen in the ED, children also are treated in the ACF. School incidents would be a scenario where the pediatric population may overwhelm medical resources. It is suggested that Pediatricians and Pediatric Nurse Practitioners be included on the team. Child Psychologists would play a key role in this population as well.

Psychiatric patients present quite a challenge. Evacuation of Psych hospitals would introduce the need for specially trained healthcare professionals to deliver care. Changes in patterns and environment will further disrupt and alter mentation and mood. Psychiatrist and Psych Nurses would be a good addition to the SMAT II for this incidence.
Are you placing your ACF in a safe place based on the incident? Are you above the flood plain? Are you near a chemical contamination? These are questions that must be critically evaluated. Hurricane Isabel rendered such high winds on the east coast that windows in a shelter shattered and subsequently causing injury. A careful scene survey and prior planning are relevant to the safety and welfare of the team and people you are caring for.
Exterior Facility Needs

Moose Lodge, Tarboro, North Carolina
Hurricane Floyd, September 1999

ACF Exterior Needs

• Wheelchair accessible
• Adequate parking
• Outdoor perimeter that can be secured
• Directions to this facility known to general public
• More than one way in and out
Location / Accessibility

- This will include not only routes, but ramps and doors as well

Can patients be transported into your ACF safely and without obstacles? Check all entrances and exits. Establish a flow of patients and brief team prior to care delivery. Establish all roles and expectations in advance.
Pictures depict Alternate Care Facility set ups. Beds can be set up in open areas where movement is not hindered. Set up for the ACF needs to be based on the scenario. An ED would be different than a set up for an evacuated Alzheimer’s Unit in a Long Term Care Facility.
The facility should have a functional generator system or be pre-wired to accept a generator supply. Generator planning should be sufficient to sustain heating or cooling system, cold food storage, medical equipment and lighting.

Pre Planning and Assumptions

- Event may occur during cold weather
- Keep hot foods hot and cold food cold
- Medication Room must be secure and have a separate refrigerator for drugs.
- Have thermometers in the trailer for monitoring of food and pharmaceutical supplies
- Temperature in the building should be able to be monitored by the staff
Pre Planning and Assumptions

Put ambulatory patients close to:
- Feeding Area
- Bathrooms

away from exits: ie. patients may wander
Pre Planning and Assumptions

The above is the Refrigeration and Triage area in an Alternate Care Facility during Hurricane Floyd.
### Registration / Triage Area

- An Alternate Care Facilities Log
  - Bed Assignment
- Medical Treatment Report
- Personal Valuables / DME Log
- DNR
- Staffing

Transferring Facilities should provide the following:

- o Patient record (a copy is acceptable)
- o Patient Medications
- o Personnel who know their patients
- o Contact person from the patients home or county who may provide ongoing information if needed
Treatment Areas

- To provide controlled environment for physical exams, immediate care, and assessment
  - Staffing
    - 1 x Medical staff for every 10-12 patients
    - 2 X non-medical staff for every 10-12 patients
  - Separation of types of patients, if possible
    - Ambulatory
    - Non-Ambulatory
    - Secured
  - Equipment
Pre planning and assumptions

- Heads may need to be elevated
- Blocks may need to be placed under head or foot of bed
- 60 square feet per patient needed for the Alternate Care Facility
Discharge or Transfer of Patients

- Family or friends must present identification
- Must be logged out of facility
- Obtain information on where patient is going

Planning and Assumptions

- Forms should be used as directed for patient tracking, record, education, discharge, and follow up. These forms may be used from pre-existing hospital forms and revamped for the ACF.
- Follow care and follow up phone calls can be necessary.
- Documentation must be thorough and must be kept in the ACF just as it is in the hospital setting.
- Discharge logs must be maintained and keep in mind this may be done on paper not computer.
- HIPPA and confidentiality are still critical issues. Even in disasters.
Food Areas

- Must be in separate area
- Must have access to water
- Must have method to keep food cold/hot
- Dining Area
- Diet/Menu

- Food may have to be catered in depending on location.
- Food areas need to be away from patient care areas.
- If there is no area for keeping food hot or cold, food may need to be provided by other means. The American Red Cross may assist with this. These requests should be made through emergency management and coordinated prior to ACF set up.
- Food being brought into the ACF per patients must be monitored. Food donated per outside sources cannot be given to the patients or staff within your ACF. Externally prepared food can only be served if catered or brought in by an agency specifically for that function.
- Family members need to be cautioned not to bring food into the ACF from home.
- Many times community members and churches will offer food. This cannot be accepted due to liability and food handling laws.
Supply-Pharmacy Area

- Secured area
- Patients may arrive with personal medications
- Nursing facilities should bring medications.
- Minimum of 24 hr. medication supply
- Daily log of medications on hand and dispensed

• Always label medication with patients name and location in the ACF
• The facility must have a secured and temperature monitored medication area.
• Pharmacy technicians will be useful for your team of this function.
Pre Planning and assumptions

A makeshift Pharmacy set and operated in an Alternate Care Facility during Hurricane Floyd. Note the organization supplied by boxes to stack and set up drug distribution. Shelving provided the much needed visible storage for preparation of distribution.
Infection Control

Universal Precautions

Sharps
Masks
Gloves
Hand washing

Pre Planning and assumptions

Remember to separate solid, liquid, and biological waste
Wash hands frequently
The same rules for the Emergency Department, Physicians Office, or Community Care Clinic for the most part apply in the Alternate Care Facility
Housekeeping and Maintenance employees are good choices for team selection when considering daily operations of the Alternate Care Facility.
Discharge or Transfer

- Family or friends must present identification
- Must be logged out
- Obtain information on new location
  - Name
  - Location
  - Telephone Number
Administration and Documentation

Pre Planning and assumptions

- The phones never stop ringing while service is in existence
- Record and maintain everything you will need this for reimbursement and legal implications
- VIPs and Officials never stop coming
- You may be covered in media around the clock which can interfere with treatment and care
- You must have a Public Information Officer on all shifts to manage communications and media
Make sure you address:

Communications

You will need multiple methods for communications:

• Pagers
• Landline Telephones
• Cell phones
• Internet
• Satellite Phones
• 2 Way radios

The State is providing a portable UHF radio for all trailers funded this year. The State liaison, Public Health, PHRST teams, and other officials will have compatible communications for this system as well.
Communications

- Assure that a communications system is in place
  - Are telephones working?
  - Are cellular phones available, if so, are they working?
  - Are amateur radio operators available?
    - This should be written into the shelter pre-plan for early notification
  - Handheld radios can serve for in-house use

Pre Planning and assumptions

Emergency Management has lists of all Ham Radio operators and can provide them if requested for continuous communication if phone and cable is out
Security

- Assure security is available for not only the patients, but the staff as well
- Remember that Alzheimer’s patients tend to wander

Pre Planning and assumptions

Pharmaceuticals need to be heavily secured as in the hospital setting
Security for personnel will be needed to protect the providers to and from the Alternate Care Facility
Remember desperate times call for desperate measures and people can become very hostile in disasters
The Emergency Operations Center (EOC)

Pre Planning and assumptions

All Alternate Care Facilities need an Emergency Operations Center for incoming information and coordination with other response resources. The size of the EOC can and will vary.
EOC

- **Functions under the standard Incident Command System (ICS)**

Pre Planning and assumptions

- It will be important for your team to have an understanding of the ICS system. It is the basis of all operations during a disaster. For the team to communicate and function at higher levels all members will need a sound working knowledge. ICS 100-300 is suggested with ICS 100 as a minimal for all members.
Medical EOC Needs:

- Trained personnel
- List of local resources
- Operational Manual
- Standardized Forms
- Communications
- Maps
- Access to news media / weather (TV, radio etc.)
- Several telephone lines
- Internet access
Identify problems:

Staffing
• Scheduling of specific functions: ie. Who will be the PM logistics officer?
• The EOC needs someone in charge of the EOC itself. This person does not need to be the person answering the phones etc. This person should be the Operations Chief for the EOC alone.
• The EOC Operations Chief will be responsible for oversight of operations within the actual EOC. These would include: Scheduling, staffing, duty assignments, paperwork, oversight of phone and call logs, response records maintenance.

Other
• Coordination with other agencies will be a primary function and a difficult one. Personnel assigned to this task should have excellent communication and organization skills.
• Personnel assigned to coordinate between agencies should also have a firm grasp of the mission and functions of agencies they are working with.
• The EOC Operations chief needs to be familiar with agencies within the region as well as well versed in ICS.
EOC Facility Needs

- Safe location
- EM 2000 and UHF radio for communication with Regional or State EOC
- Multiple land lines, fax machines, e-mail
- Emergency power
- Alternate communication capabilities
- Break area
- Billeting accommodations
- Televisions for news updates

Pre Planning and assumptions

Planning Points

- When scheduling EOC coverage keep in mind hours of rest needed for staff. Do not forget to have your staff take breaks and rest. Remember Maslow’s Hierarchy. Basic needs must be met to achieve high levels of performance required during disasters.
- Think through your electrical and IT needs prior to setting up your EOC. Are computers compatible with systems existing.
- Tests should be completed on phones. Keep your updated phones.
- Inventory lists should be developed for your EOC prior to the disaster.
- Make sure you have public utilities phone numbers and contact information.
- Need phone numbers for local law and fire. Communication should go through the local emergency management.

Selecting an individual for the team who has electrical and IT experience will be a plus. The setting up of the Alternate Care Facility will require multiple connections for higher communications and interoperability with other resources. These team members will be useful in handling issues with your EOC as well. Preplanning
EOC Facility Needs (cont.)

- Up-to-date contact data (confirm at least every 6 months)
  - Long term care facilities, DME, home care, emergency services, veterinarians, hospital ED’s

- Standard reporting forms
- Area maps
- Flip charts

Pre Planning and assumptions

Keep in mind that the Regional Advisory Committees have updated contact lists of healthcare entities and contact people.

In recent disasters the Nursing Supervisor is the best contact person for hospitals to determine bed control status and current needs and capabilities.

Long Term Care Facility information is housed within the North Carolinas Department of Facility Services. The State EOC will have a representative present to assist with any needs related to contact information or demographics of the LTCs, Assisted Livings, and or Group/Family Care homes.

Hospital Bioterrorism Coordinators are assigned to the EOC during disasters to assist with these needs and will serve as the team liaison for meeting these needs.
The Department of Crime Control and Prevention, State Emergency Management as been tasked with the writing of SMAT 1-111 activation and the integration of the RACs. To expedite this process the North Carolina Office of Emergency Medical Services has been tasked with assisting to define the roles, functions, and activation of the RACs and the SMATs in the State Disaster Response Plan.

The draft is due out in mid June 2004 with the final due August of 2004. The activation will still be by State request through State Emergency Response Team SERT and it will remain there.
Anything that has a major affect on the ability of a Special Medical Needs patient to gain access to services creates a personal DISASTER!
Risk of possible flooding

Pre Planning and assumptions

o Do not set up the Alternate Care Facility in the flood zone. You do not want to have to evacuate already sheltered patients.
Loss of utilities, such as power or water (Countywide or region wide for greater than 1 hour)

- 308 Assisted living facilities affected
- 232 Nursing home facilities affected
- With a total of 49,832 beds

Pre Planning and assumptions

- Where do you place these patients?
- What kind of capacity will your Alternate Care Facility have?
- How many patients can you effectively manage?
- Can you turn patients away from your facility in a disaster?
- Who do you call when you have reached maximum capacity and more patients are coming in?
- Protocols need to be established and set in place before the time to make these decisions.
Health, Medical Needs and Assessments

- Start Earlier
- Continue until Event Ends
- Printed Resource List (Health & Medical)
  - Complete & Current

• Do NOT wait for the event to occur to start thinking about it!!
• Review plan at least annually
• Check points of contact every 6 months: they change often
OUR GOAL;

Is to maintain the population in their homes if at all possible. It may be much harder on the individuals to move them than to provide the needed service in the home/facility.

- Hypothermia
- Hyperthermia
- Mental Stress
- Physical Stress
Medical Needs and Assessments

- Hospitals, Nursing Homes, Dialysis, Health Departments and Shelters
- Phone - daily
- On-site assessments as indicated

Things change almost every hour: DO NOT FORGET:

- Roads
- Power
- Phones
- Food/Water
- Medication Needs
- Personnel needs and their families
Sheltering in place is a decision that must be made early on. A plan should be pre-existing prior to the disaster. There are times when sheltering in place is a much better alternative. The needs of the elderly, pediatric, and psychiatric populations should be taken into consideration. Movement of these populations is very time-consuming and presents obstacles to safety and normal mentation.

Evacuation of a healthcare facility is a major undertaking and will present many challenges to staff and patients. Evacuation plans should be practiced by all healthcare facilities. Accepting these evacuees will require practice as well for the SMAT units.
Types of Sheltering

- In-place shelters
- Private Accommodations
- Long-term care facilities
- Hospitals
- Alternate Care Facility
  (Last Resort)
Where do we move them?

- Other Nursing Homes?
  - No surge capacity
- Hospitals?
  - High census for current staff levels
  - Reimbursement Issues
  - NDMS Activation to staff “empty” beds?
- Alternate Care Facilities?
- Out of area?
  - Transportation
  - Mortality/Morbidity
  - Paper trail nightmare
Patient Issues

- Caregivers
- Personal Care Needs
- Medications
- Special Diets
- Immobility or requiring assistance with mobility
- Mentally confused
- Medical equipment needs
- Specially Trained Personnel

Plan your ACF much like you would a make shift ED?
What problems do you expect to see in the ED?
How do you normally handle these?
What if you didn't have the resources available for to handle these?
When writing protocols for your SMAT II unit listing common problems and solutions will assist you to equip your team and trailer with supplies and needs. Using critical thinking skills to pre plan will decrease the need for intervention form outside sources which may already be taxed.
The ability to staff your SMAT II with a diverse group of healthcare professionals will also increase your units effectiveness.
Pre Planning and assumptions

- 60% of homebound patients will have four legged companions.
- This statistic will result in numerous statements such as: “I will not leave Willie here, if he doesn’t go, I don’t go”.
- This presents multiple problems for the rescue teams and the Alternate Care Facility accepting the patient.
- Familiarity with the County Animal Response Teams will be helpful in these situations.
- Have a plan in place for these situations to alleviate stress on the patient and the team members.
- County Animal Response Teams can assist on site with these pets and assure dry and secure care for these family pets.
Health Care Facility Crisis
- Is this an emergency or urgent evacuation?
- Are you safer where you are than where you might be going?
- Do you have a pre-plan including:
  - Where to go
  - How to move
  - What supplies and equipment to move
- Can the move be made safely?
- If you remain, do you have sufficient supplies?
- If you remain, can timely assistance get to you?
## Hurricane Floyd Data

### Homes

- 12,000 homes uninhabitable
- 7,000 rental homes uninhabitable
Before Evacuating:

- Turn off water, gas, and power
- Post a note on the door detailing where you have gone
- Tell your neighbor
- Lock the doors
Summary

- Hurricane Floyd 1999
  - Manned state EOC – 32 days
  - 3 special medical needs shelters
    - 350 patients – 18 days
  - Delivered medical supplies and oxygen to multiple facilities – 21 days
  - 82 outreach evaluations
2002-2003 Winter Storms

- EOC opened 6 times – 10 days
- Many issues with power, heat, medications, and oxygen.
  (1-24 hr. – handled 78 calls)
- 7 outreach visits to Long Term Care Facilities and Private Homes
Lessons Learned

EOC

- Need relief staff
- Need medical control to resolve issues

COORDINATE

- Home care and DME calls
- Frequent calls to nursing facilities

- Be proactive!
- Partner with local law enforcement to check on individual home calls
Lessons Learned (cont.)

- Pre-wire Special Medical Needs shelters for generator hook-up
- Have a good working relationship with the power company
- Need a working relationship with certified electricians
- You must be flexible!
- It’s not going to happen the way you plan it!