Field Guide for State Medical Shelter Operation
North Dakota Department of Health

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BACKGROUND

Definitions

The North Dakota Department of Health works with other state agencies to provide sheltering for displaced persons during a disaster. To ensure each person receives needed sheltering services during a disaster, shelters of different types will be established. Different agencies assume primary responsibly for the different types of shelters. NDDoH will have primary responsibility for medical shelters and will assist other types of shelters with certain types of medical assistance needs.

General population shelter – Accommodates persons displaced by disaster who

- Are capable of attending to their own physical needs;
- Have disabilities or functional needs that require assistance, but have a person staying with them full time who can assist them; or,
- Have some level of physical care need, and although they do not have a person staying with them to assist them, the level of assistance is such that it is within the scope of care being provided by the general population shelter at that time.

State Medical Shelter (SMS)[1]

- Accommodates all persons needing a level of physical or medical assistance that is beyond the capability of the general population shelter, with some exceptions[2]. (A more detailed list of some of the types of problems likely to be managed by an SMS and some exceptions are provided below.)
- Provides short term care of persons displaced from a health care facility pending placement in another facility.

An SMS is not considered to be a good long term options for a person who is likely to need shelter care in excess of a few weeks. For a person who needs medical sheltering for a long duration of time, NDDoH will explore alternatives such as housing with in-home assistance or placement in a long term care facility.

Authorities

An SMS operated under the authority of NDDoH will be under the direction of the NDDoH Department Operations Center (DOC) as part of the Operations Section. The DOC will reach back to partner agencies (e.g., American Red Cross, Department of Emergency Services, and Department of Human Services) for specific assistance as the need arises, but management decisions will be made by NDDoH.

The procedures described in this document represent guidance from the NDDoH Department Operation Center. The Site Commander has considerable latitude to manage the facility according to his or her choices, but major changes which may potentially affect resident care should be cleared by the DOC.

Liability and Worksite Safety Insurance

All persons working in an NDDoH-operated SMS will be covered by state tort protection which covers all but gross negligence or willful misconduct. These persons will also be registered with WSI to ensure access to workers compensation in the event of injury.

[1] An SMS is not the same as a Local Medical Shelter which is operated by local public health with the logistical support of NDDoH. Although similar in intent, this document was written to support management of an SMS.

[2] Separations between populations going to a general shelter and a population shelter are based on extensive discussions between NDDoH and state and federal partners.

Types of Medical Conditions in an SMS

The range of problems that the shelter might accommodate is broad and the actual dividing line between persons who can remain in a general population shelter and those who need to go to a medical shelter is fluid. For instance, a general shelter might be able to handle someone who needs help with dressing changes when the population of the shelter is 30, but not able to do so when the population grows to 200. At the time that a sufficient level of care is no longer available in the general population shelter for a specific individual, the person will need to move to a medical shelter. In some cases, an individual requesting sheltering may be suitable for either shelter and can be offered a choice.

Examples of persons who might need to be in a medical shelter include:

- Persons receiving regular in-home care from a visiting nurse for a chronic disease;
- Persons receiving regular IV antibiotics or cancer chemotherapy;
- Persons who are moderately or severely immunocompromised;
- Persons who are bed bound or incontinent due to a medical condition or disability ;
- Persons who have severe memory impairment which requires frequent monitoring and re-orientation;
- Persons with psychiatric illness that is not fully controlled (although not out of control enough to require hospitalization, persons with psychiatric illness, like persons with medical illness, may require a level of attention greater than that provided by a general population shelter);
- Persons in mild or moderate alcohol withdrawal who are receiving controlled substances to manage the severity of symptoms;
- Persons on hospice care who are receiving regular narcotic pain killers;
- Persons with an open wound which requires regular medical assistance to change dressings; or,
- Persons needing intermittent bladder catheterization.

Certain residents will not be suitable for either type of shelter, including:

1. Persons with acute medical conditions requiring immediate medical evaluation: These persons need to be seen by a health care provider (e.g., emergency room) before they can be considered for a medical shelter.
2. Persons who require a high level of nursing care or specialized equipment or services: This category would include total care patients (e.g., persons who are unresponsive) and persons on a ventilator.
3. Persons who are violent or uncooperative such that they pose a risk to other persons: The specific disposition for these persons would depend on the situation. A person may be required to leave the SMS, may be referred to law enforcement or may need specialized placement (e.g., a person with an uncontrolled psychiatric condition). It is also possible that a person who is competent to care for themselves, but can longer be cared for in an SMS due to their behavior, may simply be discharged from the shelter. This would be a choice they made based on their unwillingness to act within facility requirements for behavior.

Triage

Triage locations, that is places at which persons may be evaluated for appropriate shelter assignment, will be set up in locations accessible to the displaced population (e.g., at the site of a general population shelter). Persons entering a triage area, who, on brief questioning, are suited to a general population shelter will be sent to that shelter immediately. Persons with medical, mental or social problems who cannot be assigned at the first contact table will be referred to a second level of screening provided by an EMS provider and a human services representative. Which of the secondary reviewers is assigned will depend on which is more likely to be able to make a rapid determination of appropriate shelter assignment. That is, a person who appears to have primarily a medical problem would be referred to

the medical reviewer, while a person with primarily a social service or mental health problem would see the DHS provider. The EMS provider will use a standard form to assess the level of care required, and if that level of care exceeds the level that the general population shelter is providing at that time, the person will be assigned to a medical shelter.

Admission to a SMS

Persons assigned to the SMS will be transported to the SMS or may choose to transport themselves. Persons leaving a triage site after triage to a medical shelter should have documentation of triage to a medical shelter so they do not have to be re-evaluated (and a potentially different decision reached). Persons who self-report to an SMS will be evaluated to determine if their condition warrants admission to a medical shelter or is more suitable for a general population shelter[3].

When a new resident arrives at the SMS, he or she will be tentatively assigned to a care unit the Admissions Coordinator based on a brief review of medical problems and mobility. How that information is applied would depend on how the shelter is structured at that time. The Admission Coordinator will attempt to determine if the person needs to be in a special location or needs special precautions for their care; these may include:

- A person with medical equipment that needs to be operated by electricity;
- A person with behavioral issues that may make them a problem for others in the facility;
- Immunocompromised person;
- A hospice patient on narcotics,
- A person with a potentially contagious illness;
- A mobile person with very limited walking tolerance who can go to the restroom unattended if placed close enough to the restroom;
- A person whose medical problems may be changing such that closer than usual observation is indicated;
- A person with impaired judgment who may wander away from the facility;
- A person needing a higher than average level of care (i.e., should not be placed in a care area that already has a high work load).

In any particular shelter, depending on size and types of problems that are present, many specialized areas may be designated or none. A new specialized area can be established if and when that is needed. See section on cohorting re: when separation is not appropriate.

It is recommended that medical shelters be divided by male and female areas. Unlike general population shelters where persons can go to the restroom to care for their private needs, some residents of a medical shelter may have to toilet and bathe at the bedside. Although privacy curtains provide some level of privacy, it is possible to see around them if a person is close to them. Separation of male and female areas will provide a greater visual distance ensuring greater privacy.

If the Admissions Coordinator finds that the resident's needs are too complex for rapid assessment, a nurse will be asked to perform an intake before a care unit is assigned. Once assigned, the resident, with any equipment they brought with them, will be taken to the assigned care unit and turned over to the care team for that unit. The team leader or other nurse designee will complete an intake using a standard intake form (if that was not already done)[4]. While most persons will be willing to complete

[3] This is possible only if the number of persons presenting to the medical shelter without passing through a triage station is small. If this becomes a problem all persons who are not obviously in need of medical sheltering will be referred to the triage center.

[4] The intake form can be found in the NDDoH Document Library as part of the Sheltering Plan located at

the intake at the bedside, some residents may feel like their responses won't be private. The nurse should ask if the resident feels like they need greater privacy to answer questions about their health. As part of that intake, the team leader will ensure that the resident has adequate medication to take until the next pharmacy clinic; if not, the team leader or other nurse designee will contact the hospital pharmacy or ER for emergency medication until the next pharmacy clinic. The team leader will also submit the resident's name to the kitchen. (See section on Wrap-Around Services).

Occasionally in the process of completing the intake it may become apparent that a resident does not need to be in a medical shelter. This should be referred to the charge nurse. Before a resident is sent to general shelter, it should be confirmed that the general shelter can indeed take care of the person. If the care at the general shelter is questionable or likely to change as the shelter gets busier, it may be preferable to leave the resident in the medical shelter.

Persons who pose only a hypothetical threat, such as a felon on probation or a sex offender, may be admitted to the shelter. Background checks will not be run and staff will be on duty to ensure that all residents are safe. There is no reason for residents to be told the criminal history of any person; however, if such a person is recognized, it may become generalized knowledge.

Although the facility is not being setup to be a medical homeless shelter for the chronically homeless, no effort should be made to identify and separate out such people[5]. If they have been triaged to the shelter, then they should be accepted unless there is some other compelling reason to exclude them.

Refusing Admission

The facility is not required to accept certain individuals (that is, to admit persons in these categories is at the discretion of the facility):

- A person who has been triaged to a general shelter because they lack a reason which requires them to receive medical sheltering;
- A person who is intoxicated, threatening or abusive;
- A person who carrying a weapon or attempting to bring in other prohibited items. Each person entering the facility should be asked first about prohibited items and leaving them outside the building, but if in doubt, police may be called for assistance;
- A person needing immediate medical care;
- A person that the facility cannot take care of safely (e.g., person with active tuberculosis, a person with certain severe allergies for which allergens cannot be avoided). If such a person presents to the facility for admission, the DOC should be notified. Some alternative sheltering accommodation may need to be made for the person.

No person may be excluded due to race, ethnicity, gender, religion, sexual orientation or any other factor which might represent demographic-based discrimination.

Resident Discharge

Residents may request to be discharged from the facility at any time. The Admission Coordinator will ask the resident to sign out of the facility and their intake sheet will be used to verify that the resident received every piece of medical equipment that they brought with them. Each item will be marked

[5] The possible exception to this could be in the oil fields of Western North Dakota where housing is short. However, it is unlikely this would pose a serious problem for a medical shelter, since the persons must meet certain medical need criteria to be admitted.

returned on the sheet and the form dated and signed; the resident will be asked to sign the intake sheet as well documenting that they received their equipment. If the resident has any controlled substances listed on the intake sheet, the Admission Coordinator should confirm that the resident has their pill bottle for that medication. Following resident discharge, the resident's bed, chair and personal belonging container will be disinfected by the team or a volunteer before the location is used again. (See Equipment Cleaning).

Keeping a Resident against Their Will

A resident cannot be retained in the facility against their will unless they are mentally incapable of caring for themselves or the facility has been instructed by the person's legal guardian to keep the person safely in the facility (e.g., a child). If a resident wishes to leave and staff have reason to believe that the resident is not capable of caring for themselves, they will need to work through the hospital with which the facility has a contract or through law enforcement to obtain a 72 hour involuntary hold on the person. After 72 hours, it will be necessary to obtain a court order to hold the person longer.

The initial actions of the staff will be to keep the person safe by the use of non-coercive methods like persuasion, contact the family for assistance, or, failing that, use an involuntary hold. The DOC should be consulted so that further planning for continuing to keep the person can be discussed.

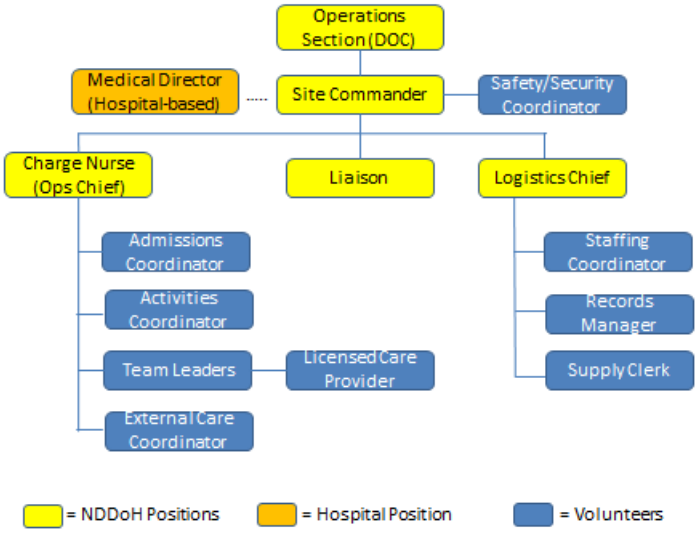
If a resident committed to the facility or who may be in danger if on their own, leaves the facility without staff being aware, family and law enforcement need to be contacted immediately so the person can be found. If it appears that the facility may have difficulty hold the person in the future and family cannot provide the needed care, an alternative venue may be needed to keep the person safe such as commitment to a long term care facility or juvenile care facility.

FACILITY MANAGEMENT

Command Structure

The command structure for an SMS is represented in the ICS diagram below. The facility is intended to be staffed by a relatively small number of NDDoH personnel designated in yellow[6]. Other positions are indicated which may be assigned to volunteers in larger shelters. Although each of the positions listed in the command chart represents a critical function, more than one function can be performed by a single person in small operations. The Site Commander has discretion to determine the extent to which he or she expands the incident command chart. In addition to the positions designated on the chart, non-licensed volunteers may be assigned to any of these positions to assist. Job actions sheets are available for each of the positions in the chart; when functions are collapsed, a single person may be assigned more than one job action sheet.

[6] In some settings (e.g., many shelters open), the number of NDDoH personnel may be further reduced to Site Commander and Charge Nurse, with all other positions assigned to volunteers.



Summary of Positions Listed in ICS Diagram

Site Commander – The Site Commander will be responsible for operating the facility and supervising the management staff, specifically the Charge nurse, Liaison, Safety and Security Coordinator and Logistics Chief. This position will be staffed day and night.

Medical Director – The Medical Director will be filled by a physician from a nearby hospital under contract with NDDoH. The physician will provide consultative care and recommend medical referral when that seems advisable (i.e., transfer to ER or a clinic appointment). The medical director or a designee will be asked to come on-site to evaluate residents in the facility (e.g., shelter clinic). During times when the Medical Director is not available (e.g., off duty), assistance from an alternate physician at the hospital will be requested. This position will be staffed day and night.

Liaison – The Liaison will act as a communication link to the DOC and external partners and assist the Site Commander with management tasks as requested. In addition, the position will be responsible for visiting with each Team Leader during the course of the day to collect information related to the number of residents with syndromes that might indicate an outbreak, and report the results by Resident Care Group to the Site Commander, and if requested, to the DOC. This position will be staffed day and night.

Logistics Chief -- This person will supervise the Staff coordinator, Supply Clerk, and Records Manager. The Logistics Chief would also be person in direct communication with the facility maintenance and wrap around services provider. This position will be staffed day and night.

Staffing Coordinator – The Staff Coordinator will ensure that the facility remains fully staffed during future shifts and manage personnel needs during the current shift. This position might only be staffed during the day, at the discretion of the Site Commander.

Supply Clerk – The Supply Clerk is responsible for tracking, allocating and requesting supplies. The position will also maintain the supplies in the nurse's station. This position will be staffed day and night.

Records Manager – This person would be responsible for the management of forms, management records, resident records, and record storage. Data entry, if required, would also be done by the person. Records may be in either paper or electronic form. This position will likely only be staffed during the day.

Charge Nurse (Operations Chief) – The Charge Nurse will oversee all resident care, directly supervisor the team leaders, Admissions Coordinator, Activities Coordinator and the External Care Coordinator. This position will be staffed day and night.

Admissions Coordinator - The Admissions Coordinator will staff the admissions area, ensuring that all residents are checked in and receive an initial assessment and bed assignment. The Admissions Coordinator will maintain a roster of all staff who have reported for duty for each shift, ensuring they have proper identification and surrender facility identification when leaving, and will ensure that all staff and residents check in and out of the facility. This position will be staffed day and night.

Activities Coordinator – This person would be asked to organize morning and afternoon activities for the residents and coordinate assisting them to any designated activity area. The position would work with individual residents to find occupying activities and set up a recreation area where residents can go to find entertainment resources. This position will only be staffed during the day.

External Care Coordinator – The Care Coordinator is responsible for assisting residents with care needs including logistically supporting the shelter clinic (dates, materials, locations, staffing), getting residents transportation to dialysis or external medical appointments, assisting residents with disaster related contacts (e.g., FEMA) or social service contacts. The position would also make provision for residents to obtain needed external items for purchase. This position will only be staffed during the day.

Team Leader – A single nurse will oversee a single resident care area (about 20 beds) and the other staff assigned to that care area (i.e., other licensed care providers and volunteers). The Team Leader will report to the Charge Nurse. These positions may be filled by volunteer nurses or, in some cases, by a nursing school attending[7]. This position will be staffed day and night.

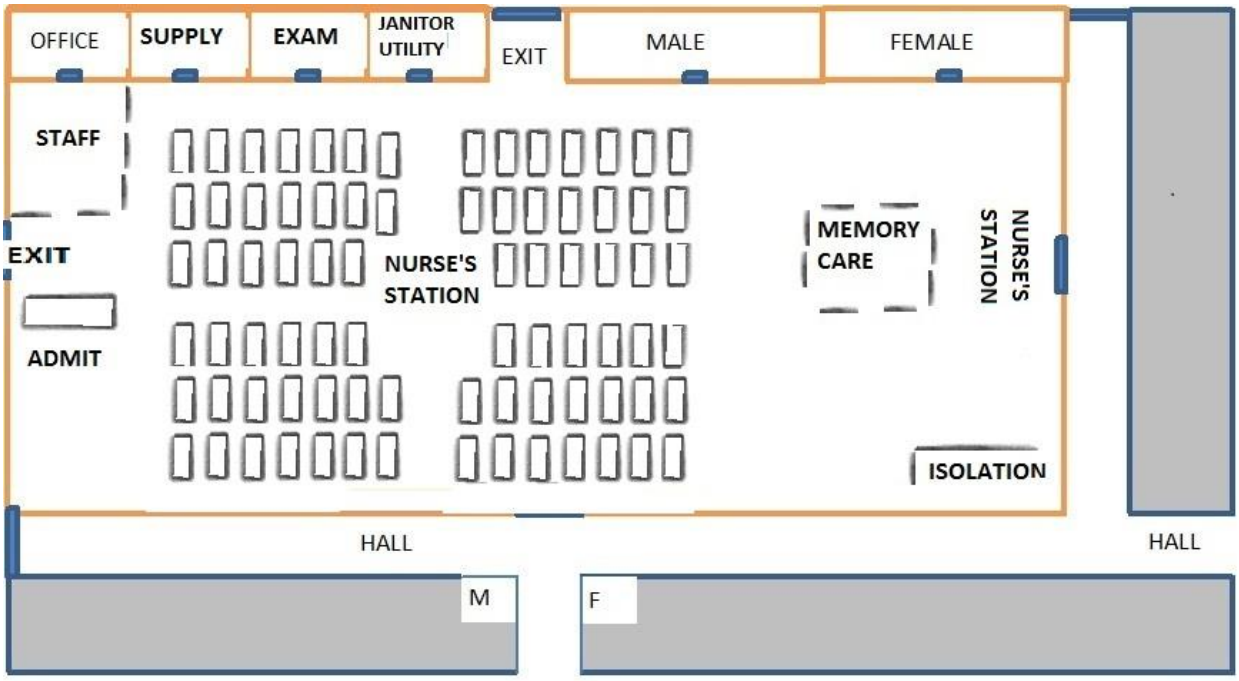
Licensed Care Provider – These persons might be nurses or other licensed health care workers such as CNA or EMT. These positions may also be filled by nursing students under the supervision of an attending. The primary sites designated for SMS setup are sites where nursing schools have agreed to assist with resident care; however, it may not be feasible to use one or more of these sites in all events. This position will be staffed day and night.

Unlicensed Volunteer

Non-medical volunteers may be asked to assume management staff roles (or assist management staff roles). The job duties for the unlicensed volunteers will be determined by the location of assignment. The position may have a specific job action sheet in the command structure, may be in direct assistance of a care team or may be assigned to assist any other staff. Unlicensed volunteers may not do any resident care that would be restricted without a license. A non-licensed volunteer may act in assistive roles to a care team such as cleaning, walking a resident to the toilet, retrieving supplies or visiting with the residents. This position will be staffed day and night.

Facility Setup

[7] In a state medical shelter which uses nursing students, the team leaders overseeing resident care may or may not be nursing school supervisors. If the nursing school supervisors choose to fill these positions, it will give them substantial primary resident care duties. Instead, they may prefer that a volunteer nurse fills these roles while they concentrate on observing and training students.



The above diagram shows a possible setup up of a small shelter which has a designated area for isolating an infectious resident and for care of memory care residents (as examples of special care areas. Most facilities are likely to be set up in a fixed building with a large gymnasium type space. The designated space may extend to some separate areas as well such as office or smaller rooms; however, that may vary with the specific building and arrangements with the owners. An admission desk will be located near the primary entrance to control ingress and egress and provide information to visitors. A separate area would likely be carved out for a recreation area which is not shown.

Separate staff use and work areas will be setup, usually in proximity to the main entrance and preferably in one or more smaller rooms, if available, or in a screened off area. These areas will include:

- An area for private resident care that may be used for
    - Visits with a physician;
    - Care of an acute medical problem pending transfer to a clinic or Emergency Room;
    - Death management;
- A lounge area where staff could leave personal belongings, eat meals, and rest;
- An office area for management, record storage and communications equipment[8];
- A supply area including a refrigerator for storage of medication;
- A separate staff restroom area if available.
- A staff sleeping area (not shown in the diagram);
- A separate staff use-area for cleaning where bedpans or other personal care items could be emptied and rinsed out. (If this is not available, a restroom area will need to be used). This might be a janitorial room if available.

[8] Not all administrative staff may fit in the available office area. Full time or near full time administrative staff may include Site Commander, Liaison, Logistics Chief, Staffing Coordinator and Records Manager. Some may need to be stationed in other designated staff areas with reasonable proximity to communications equipment (e.g., work in the general staff area). Resident record storage should be high priority for being in office.

Most of the open floor area will be occupied by beds for residents. Each resident assigned space will include a surge bed, a resident storage container for personal belongings and medication, and a chair. Special medical equipment may be assigned to a specific resident care area. Certain beds may also be in proximity to certain equipment such as an oxygen concentrator (see discussion on special groups). Beds will be organized into Resident Care Areas of about 20 beds each and four care areas will be organized into a Resident Care Group. Within a single Resident Care Area, beds will be spaced 5 feet apart. Major aisles between resident care areas should be 6-7 feet wide. Beds in a single row will alternate head and foot orientation of the bed.

For example, a facility might setup for 300 beds might have three 80 bed Resident Care Groups with the additional beds organized into one or more special care areas (cordoned off or in separate rooms). Wide aisles will run between each of the 80 bed Resident Care Groups. Signs will be used to designated Resident Care Areas to help residents find their assigned location when returning to their bed (e.g., from the restroom). Signs would be needed to label each Resident Care Area. Color names or state names may be easiest to remember[9]. A nurse's station will be set up at meeting point of the four Resident Care Areas of the Resident Care Group and will include some of the more commonly needed items for routine care. Additional equipment which may be setup in the proximity of the nurse's station includes:

- A work table;
- A Hoyer lift;
- Extra privacy screens;
- Wheelchair
- Stretcher
- Laundry bag
- Waste can

Several types of special care areas may be needed at a particular time (depending on resident needs). Examples include:

- Oxygen area – this will put the beds needing to be near an oxygen concentrator near a wall where the concentrator can be plugged in and easily serving multiple beds from a single concentrator.
- Controlled substance area – residents on narcotic pain killers or other high theft risk drugs will be in a single area so staff will be able to recognize all residents with that type of medication and keep other residents out who didn't need to be in the area. If only a small number of such residents were in the facility, they might be grouped nearest the staff area.
- Isolation area for infectious disease, near a separate restroom area.
- Memory Care Area – likely located some distance away from any exterior door to prevent them from wandering out of the building without being seen.
- Separation areas for disruptive residents (see section Refusing Admission and Cohorting).

Wrap Around Services

It is expected that wrap around services will be provided by the site. This should include dietary, general security, laundry and janitorial. Some residents may have very special dietary needs that the site wrap around services may not be able to provide (e.g., renal diet, gluten free diet). If the facility dietary cannot accommodate this need, it may be necessary to secure this through the local hospital for the few residents that need it. The Liaison should have numbers to call to reach persons needed to secure dietary services.

[9] A resident care group might be Blue with care areas Sky Blue, Navy Blue, Steel Blue, Ocean Blue, or Southwestern with care areas SW Arizona, SW Utah, SW Colorado, and SW New Mexico. See section on addition signs.

Safety and Security

Multiple doors should be present in the shelter. Those doors leading to the outside of the building, other than the main entrance, will need to be locked from the outside but not from the inside. Safety and security issues which will need to be addressed include:

- Contacting law enforcement or other emergency responders if needed;
- Enforcement of rules e.g., resident privacy, prohibited items, noise;
- Controlling entrance through the main doors;
- Assisting with management of problem residents or visitors, and if necessary, asking visitors or residents making the facility unsafe for others to leave;
- Observing exterior doors to prevent residents and visitors from exiting through any but the main entrance. (Some doors should be posted with temporary signs "Emergency Exit Only," but that will not stop memory impaired residents from wandering out of them. Another exit leading to, say, a hallway toilet for staff might be might be label "Staff Exit Only."
- Knowing the location of all fire control equipment and any defibrillators in the building. (A defibrillator is not required to be in the building, but if present, the safety/security staff should know its location.);
- Ensuring aisles and emergency exits are not blocked;
- Knowing how to respond to all types of building emergencies, including knowing the evacuation plan and making sure it is executed in an emergency requiring evacuation;
- Ensuring staff wear appropriate PPE when that is required (e.g., isolation area);
- Ensuring staff wear identification equipment or coverings (scrubs, Tyvek gowns) which designate them as staff. Management staff should wear vests with their position printed on it.
- Ensuring all Resident Care Areas are patrolled by some resident care staff at all times;
- Summoning additional staff if needed urgently; and,
- Managing reports of injury/incidents.

All injury and non-injury incidents need to have an incident report completed. Any event in which more than a trivial injury occurred will be considered to be an incident as will a resident care mishap such as fall, abuse of a resident by another resident or theft of a medication. Incident reports should contain enough detail to allow full reconstruction the incident at a later time. If the initial report is not complete, a Safety/Security Officer should conduct additional interviewing to make the report complete. A Safety/Security Officer should review all incidents with the Site Commander to formulate preventive measures. Incident report forms become part of the administrative record of the facility. In addition to an incident report form for the shelter's records, worker's compensation claims may need to be filed by the worker.

Medical Emergency Procedures - If a resident or staff member experiences a medical emergency, EMS should be called immediately. While this is the primary role of the Safety/Security, any staff member can call for an emergency responder without permission of the Site Commander or Safety/Security. Staff can provide the level of assistance they are trained to provide until EMS arrives to assume care; however, ALS supplies will not be stocked at the site. When EMS arrives, care should be assumed by the EMS crew.

Building Emergencies – Consideration needs to be given to different types of emergency situations. Safe areas for different types of emergencies need to be determined and if evacuation becomes necessary, where the building occupants will evacuate to.

EMS, Fire and Police agencies should be aware of the facility and have a general sense of the number of residents in the facility. If 200 residents are in the facility, it poses a very different logistical issue for fire responders than if 20 residents are in the facility. If a fire alarm sounds in the building, immediately attempting to evacuate 200 residents will not be the wisest course if the fire poses no real threat to resident safety. Or if tornado siren sounds, it may not be possible to evacuate all residents to a safe shelter area before the tornado might arrive in the area. However, this should not preclude moving as many residents as possible to safer areas such as an interior hallway. (NOTE: These types of contingencies should be discussed with Fire and Police, but these issues should likely not be discussed with building administration. If they have not previously considered these issues, administration may feel that these issues create unacceptable liability for the institution. If this raises particular concern for the Site Commander, he or she should discuss it with the DOC).

Resident Safety

- Residents who are memory impaired may wander away.
- It may be easier to accidently roll a resident onto the floor when changing a sheet or chux pad in a surge bed than in a hospital bed. A staff member should delay the task until they can get assistance.
- If a care area is understaffed, the Team Leader in that care area should request that additional staff be assigned to the area.
- Staff should wash hands carefully with soap and water before and after toileting and when visibly soiled. Alcohol hand rubs should be used between every resident cared for;
- If a resident is unsure if he or she can walk to the restroom, staff should take them in a wheelchair or have a one staff member support them and another staff member follow behind them with a wheelchair.
- Unless staff are intentional about putting water at the bedside and encouraging drinking, residents may tend to dehydrate.
- A staff member should not attempt to perform tasks which are outside their skill or training or would not be covered by their license during routine resident care. The staff member should let their supervisor know when they cannot perform a task assigned to them.
- If a staff member is coughing or sneezing, they should, at a minimum, wear a surgical mask, wash their hands and frequently use hand sanitizer. A supervisor should not hesitate to relieve a person from duty who may pose a contagion risk to residents or other staff.

Worker Safety

- Beds cannot be raised like a hospital bed; more bending over may increase risk of back injury;
- Most residents will likely be mobile enough to assist themselves; but occasional lifting or moving of a resident may be necessary. A staff member should delay the task until they can get adequate assistance.
- If it becomes necessary to physically restrain an agitated resident to prevent injury to themselves or others, a staff member should request immediate assistance. Patient protective devices should be available if needed, but should not be used unless absolutely necessary to protect a resident from injury.
- A staff member should always wear the appropriate personal protective equipment for the situation.
- Staff should wash hands carefully with soap and water before eating, before and after toileting and when visibly soiled.
- Avoid touch mucous membranes without washing hands before and after;
- Staff should call any recognized hazard to the attention of a Safety and Security officer.

- Staff should rest when fatigued and take time off if overly stressed.
- Staff should avoid providing personal care to one's own family member in the facility.
- Bottled water will be liberally available to staff. Staff who are busy will tend to neglect adequate hydration. Supervisors should remind workers to drink fluids.
- If a care area is understaffed, the Team Leader in that care area should request that additional staff be assigned to the area.

Sharps

Care staff may be used to disposing of needles and syringes which they use to administer medication; however, in the shelter, some residents will create sharps waste when they self-administer medication. Care staff will need to make sure used needles and syringes are securely disposed of. A resident may be directed to place their needle and syringe in a sharps box or the provider may dispose of it for them. If the provider disposes of it for them, the provider should:

1) Request the resident to cap the needle. Note: While a health care worker should not cap a needle used by or in someone else, a resident can safely cap their own needle. Should they stick themselves, there will be no risk of transmitting infection.

2) Ask the resident to lay the needle and syringe down, then pick it up and dispose of it. The provider should not take a needle and syringe that a resident tries to hand to them.

IT and Communications

An office area will be setup and the site will need to have communications equipment prepared for use by staff. This should include:

- A desktop or laptop computer with Internet access. The computer must be password protected with an automatic log out with 10 minutes. Security software must be installed. Cable internet is preferred but wireless is acceptable. If wireless is not secure, then communications must be non-sensitive when transmitted by that route. Resident information or confidential worker information may not be transmitted by non-secure means.
- Telephone – This can be landline or cell phones. The Site Commander may wish to establish client lines for use by residents rather than allowing residents to have and use cell phones. The phones would have to be used in designated area, or for persons who could not go to the phone, a shelter-supplied cell could be used with supervision at the bed.
- Copier/fax/printer – Some buildings may not be able to support a fax machine.

Census Tracking

All residents entering and leaving the building should be tracked. A master census log of each resident's identity and assigned location should be available in spreadsheet format; a copy of this can be used at the admissions desk to when resident's check out and check back in. When permanent changes occur in resident status, this needs to be logged (e.g., changed location) immediately in the master census record. At the beginning of every shift, Care Area Leaders should receive a printed manifest of their care area which they should ensure is correct.

If a resident wishes to leave the facility for a period of time, they must sign out. Care teams should know when a resident has signed out of the building. This needs to be shared with all members of the care team. For memory care or other mentally impaired residents, it is necessary for all team members to know where the resident is at all times. Residents may be admitted any time of the day or night but residents leaving with expectations of returning to the shelter, should be asked to return at a reasonable hour to minimize disruption to other residents.

Cohorting

With the possible exception of children and their caregiver, a person may not be separated into a separate area of the facility for demographic reasons other than sex (e.g., race, ethnicity, religion, sexual orientation), even if another resident takes offense due to one of these reasons. An offended person certainly may be allowed to move if that is possible. A person may only be moved to a separate area of the facility to meet a legitimate management need.

Residents who are likely to be seriously disruptive to their neighbor's comfort (e.g., offensive smell and refusing to bathe, memory residents who vocalize) may be assigned a bed in a designated area. Persons may also need to be separated for medical reasons, such as needing to have narcotics for pain control or contact precautions due to a resistant microorganism. However, even persons who may be disruptive may not be able to be in the same area with some other person who is disruptive. That is, even the person who won't take a bath needs to be able to sleep away from a memory resident who is vocalizing. Some persons may request to be separated and these requests should be considered case by case. For example, a person who is extremely shy or who has panic attacks with agoraphobia should be accommodated to the extent that that is possible.

A felon on probation or a sex offender may live in the general area of the shelter. No reason exists to send such people to a separate area unless their behavior in the shelter warrants separation. However, staff certainly have latitude of placement within the general area of the shelter. If the facility has separate male and female areas, this should decrease much of the anxiety. If a staff member or resident recognizes someone as a person they are afraid of (e.g., domestic violence perpetrator), they may be separated as far as possible if that is an acceptable solution. Alternate arrangements may be possible (e.g., a temporary stay in a women's shelter) and the DOC can be contacted to consider alternatives. If one person has a restraining order against them which may be violated if both persons are in the same shelter, law enforcement should be consulted, but separate placement of one person is likely indicated.

Personnel Management

Staff Accommodation – The specific situation will determine the way in which staff who are being used in a city distant from their home will be accommodated. They are likely to be housed in a separate area of the shelter or in a separate staff shelter; however, in some cases, hotel rooms may be used. This will be at the discretion of the DOC Incident Commander. Staff who have special accommodation needs should communicate that to the Staffing Coordinator.

Orientations and Briefings - The Site Commander on duty will brief staff at the beginning of the first two shifts after the facility opens and as often thereafter as required to communicate a change in policy or procedure or address a problem[10]. The initial briefings will serve as orientation to staff; thereafter, supervisors will be responsible for orienting staff who are new to working in the facility or who may not be aware of changes in policy since they last worked.

Issues to be covered in the initial briefing and orientations are listed below and discussed in the text of this document. They include:

- Assignments see section Assignments
- Confidentiality and signing confidentiality form – See *Section on Confidentiality and Privacy*

[10] It is preferable for all staff to have had a detailed briefing using archived training materials over the computer. Training computers can be setup to accommodate staff who have not had a briefing. This would permit the Site Commander to concentrate on areas of special concern or change.

- Protecting resident privacy (medical records, cell phone cameras, use of privacy screens) – *See Section on Confidentiality and Privacy*
- Avoiding injury – see section Worker Safety
- Items to bring and not bring to the shelter – See section Items Needed by Staff. Prohibited items are listed for residents under the section Rules. Staff should also not bring prohibited items.
- Use of cell phones – See section on Rules
- Ensuring resident access to assistance – See section on Resident Access to Care
- What needs to be communicated to supervisor – see section on Reporting
- Resident possessions - See section Resident Possessions
- Respect for residents – See section Resident Care
- Infection control practices – See section Infection Control
- Resident care limitations re: roles of unlicensed volunteers – See job description of Unlicensed Volunteers
- Assisting with medications and ensuring resident identity – See section on Medication
- Shift length and staff presence in the building when on duty – See section Shift Length
- Documentation and charting – See section Charting and specific documentation requirements under each section
- Facility organization – see sections on Staffing and Setup
- Supplies – see section Supplies
- Segregated areas – see section Cohorting
- Worker safety – see section Safety and Security
- Reporting for Duty and Badging – see section Badging
- Visitors – See section Visitors
- Shift schedule – Needs to be created by Site Commander. See section Schedule
- Disease surveillance – see section Disease Surveillance
- Emergency procedures – See section Safety and Security
    - Medical emergencies
    - Building emergencies
    - Security emergencies
- Managing resident behaviors – See sections Admission, Cohorting, Rules
    - Violent behavior or threats
    - Disruptive
    - Breaches of confidentiality (e.g., communications, pictures)

Items for Staff to Bring to the Facility – The list of prohibited items applies to staff as well as residents, although exemptions may be considered for staff on a one on one basis. Items which staff will want to bring to work include:

- Government issued photo identification
- Appropriate attire for work (it should not be necessary for staff to bring an extra change of clothes; If scrubs are available, staff can change into those; if not available, all staff would need to wear a Tyvek gown over their street clothes);
- Emergency contact information (if not previously provided)
- Snacks

Schedule - The daily schedule will be posted by the Site Commander and will include each of the following:

- Time of shift change (this will likely be set by the DOC).
- Briefing times and attendance requirements

- Meal times
- Visiting hours
- Times and dates for Shelter Clinics and pharmacy services
- Quiet hours

Meals for Staff - Meals will have to be staggered so all staff are not off the care floor at the same time. Staff may request to receive the same meal eaten by the residents (if staff want this option, they would need have it requested by a specific hour determined by the facility), may eat food they bring in, or leave the facility, with supervisor approval, on a rotating basis to eat or bring in food. If a staff member chooses to bring in food, they should be aware of the refrigeration available. Food will not be allowed in the medication refrigerator. In some locations, no food refrigeration may be available limiting the types of food that can be brought in. Depending on the availability of wrap around services, meals for night shift will have to be managed by shelter staff. This might include carry-out or MREs when other options are not available.

Reporting for Duty and Badging

In order to be used by the shelter, all staff must to be enrolled in the ESAR-VHP volunteer database. No volunteers can be used without that step which ensures credentialing and background check[11]. (NDDoH staff will not need to be enrolled in the volunteer database, but local public health staff working in an SMS should be enrolled to ensure they are fully covered by state tort and workers compensation.) If a volunteer contacted the Department Operation Center before responding, then the DOC will have made sure that the person was enrolled before reporting for duty. If the status of a reporting volunteer is unknown (their name is not on the list of expected volunteers), their status can be confirmed by calling the DOC. Spontaneous volunteers can be credentialed in a few minutes, either by accessing a computer or by calling the DOC.

Staff assigned to work at the shelter will report directly to the shelter unless otherwise directed. Because parking may be limited in some locations (such as universities), busing from a staging area may be required. Staff should arrive on time so that the person they are replacing can leave. Upon arrival at the facility, staff (professional and volunteer) should report to the Admissions Coordinator at the sign-in desk where they will log in and obtain identification badges. Identification will include a badge holder issued to each staff member which can hold two cards, a uniquely numbered NDDoH disaster responder card issued to each staff member (with number recorded on the log in sheet) and a personal government-issued picture ID (e.g., driver's license). Identification should be worn at all times. Staff assignments may change so a master list of assignments prepared by the Staffing Coordinator days in advance should be available at check in.

Upon leaving the facility, the staff member will remove the cards from the holder, surrender the ID holder and disaster responder card to the staff coordinator or designee at the sign-in desk, and log out of the facility. In addition, the departing staff member should ensure that the staff coordinator or designee has contact information for each departing person if they expect to return to the facility either during that shift or during a subsequent shift.

Although it is not required that all staff where vests, staff should wear clothing that designates them as staff (e.g., scrubs or Tyvek gown), or wear a vest. Management staff should wear a vest in the facility with their position name clearly labeling the front and back of the vest (e.g., large printed label covered

[11] Although background checks on residents are not planned, staff under a background check as part of the credentialing process

with clear packing tape. If staff wish to wear personal identification such as a name tag from them work (e.g., Sally Smith, RN), that is acceptable, but that should be in addition to some more identifiable clothing item or vest.

Assignments
Arriving staff, whether volunteers or NDDoH employees, should make sure they know the position to which they are assigned and their assigned supervisor. Assignment sheets should have been prepared for all staff ahead of time, and assignment sheets should posted at the beginning of every shift in addition to being available at the sign-in table. If the staff person has not previously worked in the facility they will need to complete a couple of forms including the confidentiality agreement and a contact information form to allow contact to them when they are off duty as well as how to contact family in an emergency. After checking in, each person should report to their supervisor. New staff or staff placed in positions they have not previously filled will be oriented by their supervisor and receive descriptive documents including a job action sheet. In addition to a particular role assignment as described by the ICS chart, each resident care provider will be assigned to a team and a particular group of resident beds. The exact number of beds assigned to a team may vary, but should be approximately 20. At least two and preferably three health care professionals will be in each team which should include at least one nurse who will act as Team Leader and be the only person from that team reporting to the Charge Nurse. Teams may have non-medical volunteers assigned to the team in addition to licensed staff. If students are being used, the Staffing Coordinator should work with supervisors to arrange appropriate team staffing.

Although residents are not expected to be acutely ill or in need of hospitalization, some specific areas of the medical shelter may be more heavily staffed than others (e.g., disoriented memory care residents, hospice residents). If staff members feel that an area has too few licensed or unlicensed workers that should be communicated to the charge nurse who will work with the Staffing Coordinator to obtain additional assistance as needed.

Nursing students assigned to a team must be under the supervision of a faculty nurse from the nursing school. Nursing students should not be team leads. Supervision of a student nurse entirely by a licensed health care professional who is not part of the nursing faculty is not an acceptable alternative; however, a student nurse may work with or under the direction of a non-faculty nurse if that is acceptable to the faculty supervisor and the faculty nurse is providing some level of supervision. When staffing is primarily dependent on a nursing school, considerable flexibility may be needed to allow faculty nurses to provide adequate supervision in a way that is consistent with nursing school policy.

If scrubs are available, they are acceptable wear, although they should be covered to prevent soiling if a change of scrubs is not available. Scrubs may not be part of the cache supply; however, staff may bring their own. Staff without a change of clothing should wear a Tyvek gown. All clothing worn for resident care duty must be freshly laundered before each shift.

Shift Length – Shifts will be expected to be 12 hours. The Site Commander may elect to use persons who cannot work for 12 hours in shorter shifts[12]. Staff members will be expected to be present in the building during their shift unless they have confirmed their need to be absent for a designated period of time with their supervisor and checked out of the building.

[12] Student nurses would not expect to be allowed to work 12 hour shifts. It is recommended that this be discussed with nursing faculty. Two 6 hour shifts are suggested per regular shift.

Resident Access to Care – Residents needs may arise at any time and their means of communication other than with a staff member may be extremely limited (e.g., no telephone like at home or nurse call button like in a hospital). Consequently, one staff member should be in the general area of their assigned residents (a Resident Care Area) at all times. However, if a lone staff member becomes bogged down with care for a single resident, or problems begin to arise, additional staff should be requested to assist immediately.

Communication with Supervisor and Replacement Staff– Supervisors need to be kept informed of problems or significant changes in the status of residents or facility operation problems, even if no specific action is required from them at that time. Problems might include substantial changes in health status of a resident, resident management problems, inter-personal conflict, procedural concerns, administrative concerns, supplies running low or issues with wrap around services. That is, anything that may potentially disrupt the smooth operation of the facility or impact the health of the residents should be brought to supervisor awareness. If these events potentially affect the work of a staff member's replacement, that should be communicated at change of shift.

Infection Control - Staff members need to consider both the health of residents and their own health when providing care. Because of the size of the care area, getting to a sink to wash one's hands will likely not always be feasible between care episodes with different residents. Bottles of hand sanitizer will be available at the nurse's station, may be left at the bedside of a resident needing frequent care or carried in a work pocket by the staff member. If gloves are worn, they must be changed between every resident and alcohol hand sanitizer must still be used between every resident. If hands become soiled, hand sanitizer is inadequate; hands must be washed. Outer clothing (e.g., Tyvek gown) must be changed if visibly soiled or if used in the prevision of care for a resident on contact precautions.

If a resident is on contact precautions, they must be in an area with other persons on contact precautions. This is to make care for these individuals more efficient However, just because residents on contact precautions are placed in a contact precaution area, does not mean that organisms cannot be transmitted between persons in that area. Not every resident in the area will have the same organism, and even if they do, the two strains may not have the same risk profile (e.g., antibiotic sensitivities). Residents should be warned that others around them may carry organisms that could pose a threat to their health and vice versa. Gowns and gloves must be worn by staff and changed when moving from the care of one resident to another; however, a gown may be re-used for care of the same resident (left at bedside). Because of the importance of hand washing, if these types of residents are being cared for, a portable wash station can be requested to be brought into the area from the NDDoH warehouse[13].

The most common type of isolation needed is likely to be contact precaution. However, the facility may need to admit persons who are on droplet precaution isolation alone or in combination with other isolation. This could include persons with vaccine preventable diseases, norovirus infection or any number of potentially contagious illnesses. When a resident of this type presents to the facility, the DOC should be contacted and the risk of transmission in the facility discussed. If in consultation with Disease Control, the DOC feels that admission to the medical shelter poses too great risk to other residents in the shelter, alternative housing will be sought for the remainder of the person's isolation period. A resident who has an infection which requires staff to use an N95 respirator to prevent

[13] Consideration needs to be given to the risk of water (or urine) to a hardwood floor. If water stands on a hardwood floor it may cause swelling and buckling which will require replacement of that section of flooring after the shelter closes.

transmission (airborne precautions) should not be in the facility. Some infectious agents, such as norovirus, are easily spread and pose a risk for mass epidemic. Serious consideration should be given to providing much distance between these residents and others in the shelter.

Outbreak Surveillance – Because of the extensive presence of licensed health care professionals, it should not be necessary for Disease Control staff to come on-site for routine surveillance, but must be notified if a pattern of illness may be emerging which is consistent with spread of a communicable or toxic illness in the facility. Within the facility, the Liaison will aggregate information from each Team Leader regarding the following syndromes:

- Nausea, vomiting or diarrhea
- Respiratory infections
- Febrile illness
- Neurological illness
- Wound infections
- Rash illness
- Specific syndromes of organism know to be present in the facility.

Team leads should notify the Liaison if the number of people affected is changing over time.

Resident Care

Respect

While residents must be treated respectfully at all times, this does not mean that a resident cannot be treated with firmness if they break rules or treat others disrespectfully

Change in Health Status of a Resident – When a resident's health status changes for the worse, one or more of the following actions will be indicated depending on the severity of the symptom change and the person providing the care:

- Notify supervisor;
- Send the resident to the emergency room if condition is urgent or emergent;
- Determine if the resident has instructions for dealing with the worsening symptoms (e.g., the resident may know that the doctor wants him or her to start prednisone when their breathing gets tight);
- Place a call to the consulting physician at the hospital for directions. Note: the person calling will need to not only know the acute problem, but some problem history and current medications/allergies. This later information should be available on the intake form.
- Place the resident's name on a roster of residents who need to attend the shelter clinic next time it occurs;
- Increase frequency of vital sign monitoring;
- Move the resident to a different area for more frequent observation:
- More detailed charting including decision making and thresholds for action;
- Notify a family member of the change in the resident's status;
- Carefully communicate about the resident's change in status to replacement staff.

Charting – This is not a hospital or long term care facility and the residents are not patients; however, the residents will have medical problems which pose potential care issues or they would have gone to a general population shelter. Charting on the resident record can be very brief (e.g., "Last 12 hours uneventful", "Resident bored and demanding of attention") and should occur once a shift for each resident. Major services should be recorded (e.g., "Dressing changed at noon." or "Resident given 6 units regular insulin before lunch.") or events that may guide subsequent appropriate care ("Resident is

anxious and took a p.r.n. dose of Ativan at 1600. Only one left in bottle which has no refills left.") When caring for a resident for the first time that shift, a staff member should review any notes since they last time they cared for the resident.

Vital Signs and Glucose Monitoring– Vital signs should be taken once per day unless there is a clear indication for more frequent vital signs (e.g., last blood pressure was 180/100). It is expected that most residents who need glucose monitoring can do their own. If they need supplies and do not have them, these can be obtained. Some will need assistance; when a staff member takes a glucose reading, the result should be recorded in the resident record; otherwise, residents who take their own glucose reading should track their own glucose readings like they would at home.

Resident Hygiene
Residents should determine the frequency of their bathing unless failure to bathe becomes unhygienic or the odor becomes a problem. Some residents who continue to take care of their own toileting needs will tend to get feces on their hands and under their nails. Nails are often long, sometimes because the resident can no longer trim them, and difficult to clean under. Usually this is associated with dark fecal staining under the nails. This becomes a potential disease transmission risk for both the resident (autoinoculation) and for other residents[14]. Residents may be given a soapy toothbrush to brush under their nails after toileting if this appears to be a problem.

Resident Meals – Meals management may vary substantially from one institution to another; however, it should not be assumed that individually plated meals with separate heat covers will arrive on carts like they do in hospitals and long term care facilities. The process should be worked out as early as possible, preferably before the shelter opens. In order for residents to get food as warm as possible, care staff should attempt to be as available as possible during times when food is expected. Food likely to need to be brought to residents and some may need assistance eating.

Death Procedures – Deaths in facility should be uncommon and limited to those residents with documented DO NOT RESUSCITATE orders or persons who are found in a condition in which resuscitation is clearly futile. Any other resident arrest should trigger immediate CPR and a call to EMS. The resident will be transported to the hospital and if the person dies, it will be managed by the hospital.

Since the shelter would be considered an extension of the home rather than a licensed medical facility, the staff should immediately call the county coroner (an out of facility death) for an in-shelter death. The coroner can pronounce death (even if the coroner is law enforcement rather than a physician) and will direct the management of all documentation and disposition of remains. The coroner should also guide the calling of family and allowing the family to visit. Depending on the circumstances the coroner may give alternate directions or direct staff to perform some of these duties.

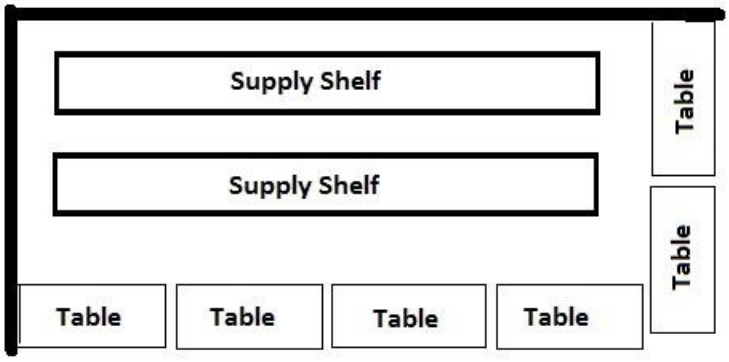
Supplies
Medical supplies are the property of the State of North Dakota and are there for the benefit of the residents and convenience and safety of the staff. Supplies should not be removed from the facility. A staff member will be assigned to the supply area to control the dispensing of supplies to staff; however, most things that care staff will need to use will be in the nurse's station and part of the responsibility of the supply clerk is to ensure the nurse's stations remain stocked. Cases of material will be kept in the

[14] Self-cleaning after toileting among nursing home residents has been epidemiologically linked to disease transmission to other residents.

supply area and the number items needed for resident care or re-stocking the nurse's station will be distributed. If staff have need for an item which is not available in the facility, it is likely available in the NDDoH warehouse. If it is not available in the warehouse and no reasonable substitute is in the warehouse, it can likely be purchased by NDDoH and delivered in a couple of days. If an item which is not available in stock is needed more urgently, the DOC still should be consulted. It will seek alternatives which may be faster, such as borrowing or purchasing the item from the local hospital.

A spreadsheet of all the items in the medical cache can be supplied from the DOC. This should be used for supply management. Additional columns can be added for local use. It will be the responsibility of the Supply Clerk to track the usage rate of each item and estimate the number of days that remaining stocks of that item will last. By the time the supply has dropped to a two day supply, the Supply Clerk should have re-ordered additional supplies. The Supply Clerk should maintain a record of when supplies were ordered and what was ordered. The Supply Clerk should communicate inventory status and any orders made during the last shift to his or her replacement at the time of shift change and keep his or her supervisor updated.

Optimally, the supplies should be stored in room which can be locked when the supply clerk of designee is not there. That may not be feasible in all buildings. An alternative can be created using tables to control access to the area as in the diagram below. The area should be posted as no entry.



Confidentiality and Privacy

Each person working in the shelter will be asked to sign a confidentiality agreement. This will need to be done only once, the first time the person works in the shelter. Because the shelter will be operating under disaster conditions, it may not be always possible to follow the same level of confidentiality protection found in health care institutions; however, that will only be true when disaster-imposed conditions make usual confidentiality protections unfeasible for a time. Most instances in which a medical shelter would be set up by the state would be declared disasters and HIPAA rules would not apply. But the application of good confidentiality practices will not change and staff will be expected to follow them to the degree that disaster conditions make that possible. If no disaster has been declared, then HIPAA rules do apply and legal consequences can occur if those rules are breached.

Privacy screens – Privacy screens will have to be moved around to provide as much protection as possible for residents who are unable to go to the restroom to use the commode, bathe, change clothes or do other things that may compromise their visual privacy. If the number of privacy screens available is inadequate, additional ones should be requested through the chain of command. Privacy screens are

not fully obscuring in all circumstances so staff will need to take whatever precautions are necessary to ensure privacy.

Cell phones – Some staff may be issued cell phones for internal communication. Cell phones belonging to staff should only be used when staff members are on break from resident duties or need to make an emergency call. Pictures of residents are not permitted. Cell phones belonging to residents pose potential problems for privacy; consequently, cell phone policy will be set by the Site Commander who may prohibit all cell phone use by all residents or specific residents who do not act responsibly. (It is the policy of the DOC at the time of this writing to allow cell phones. However, even if prohibited, it may not be possible to prevent residents from using their personal cell phones and attempting to do so may place staff in a position of being unable to enforce rules. If cell phone use is allowed by residents, any who abuse that privilege (see below) may be asked to leave or turn in their cell phone while in the facility. Policies should be consistent and enforced.

Cameras on cell phones and computers are of particular concern. Residents should be notified that any use of a camera within the facility is sufficient reason for dismissal from the facility. As long as emergency communications are not clogged by private cell phone use, resident use of cell phones during normal waking hours for voice communication is not unreasonable assuming the resident's use does not become a problem for their neighbor. That residents may report things in a phone conversation that violates the confidentiality of others is a risk; however, that risk of confidentiality breach may not be greatly reduced by restricting cell phones. The facility is not under any obligation to ensure that residents can recharge their cell phone (or other electronic equipment); however, given that electronic equipment can be an important source of diversion, the facility may choose to set aside some wall outlets for use by residents when those outlets are not otherwise needed for resident care or facility maintenance.

Medical charts and Shelter Documents – Some clinical information (medication schedules, allergies, nursing notes) will be kept on the end of the bed to enable staff to complete nursing care responsibilities. The chart must be facing the bed at all times it is not in use. Resident should be requested not to look at the records, either their record or anyone else's; this will make it easier to ensure no resident looks at the medical record of another resident. (If at a later date they wish to see their own record, they can file a request for the information with the state). A resident accessing the information on someone else's chart is grounds for disciplinary action against the person including dismissal from the shelter. If the Site Commander determines that medical records cannot be safely kept at the bedside, they may be kept at the nurse's station.

No shelter documents are to leave the shelter until the shelter is demobilized. Records may be copied to the DOC; confidential records must be sent securely.

Medical communications – Communications about any person's medical condition or personal information should be based on "need to know." Crowded conditions will make it more difficult for staff to converse about a person condition without being overheard. Whenever possible, staff should go to an area of the shelter where they can discuss resident specific health information privately.

Rules (residents, staff and visitors)
Items not to be brought to the shelter- Some items will be inappropriate for a resident to bring or keep at the shelter. These include:

- Controlled substances without a prescription, or any illegal drugs;
- Offensive material (e.g., racist, pornographic) ;

- Firearms, sharp knives or any other object with substantial weapon use risk;
- Radios or music players that have no headphones;
- Large bulk items – large numbers of books, televisions, desktop computers or anything else that poses a barrier to resident care or flow of persons through the facility. This is primarily a space issue;
- Pets – No pets of any kind are allowed. Service animals are acceptable but should be located in an area where it will not bother those with pet allergies.
- Other items that the Site Commander may choose to exclude from the facility.

Permissible but discouraged items

- Food with requires refrigeration - Food brought in from outside (e.g., by a family member) is acceptable, but if perishable, should be eaten or discarded soon. Staff do not need to make provision for keeping a residents food cold;
- Tobacco may be brought to the facility but may not be used in the facility in any form. A resident who uses tobacco must exit the building to use it. To exit the building, the person must sign out.
- Valuable items are discouraged, but inevitably, some residents will want to bring electronics such as smart phones, e-readers, tablets or laptops.
- Children requiring parenting care – Residents should not be responsible for child care if at all possible. In some cases it may be unavoidable. For example, a mother who is caring for an infant may have no other alternative. If healthy children have another family member who can provide care, they should go to the general population shelter. Children staying in the facility who are not required to be there due to medical issues will need to be considered on a case by case basis and accommodation made when necessary (e.g., requesting a crib).

Medication - A resident may not use another person's medication or share their medication with another person.

Noise – In a large room full of people, noise will be a problem; however, it is reasonable to ask that residents and staff control the amount of noise they are responsible for. Visitors who are excessively loud will be asked to reduce the noise and those that will not comply may be asked to leave.

Exiting the building - Any person exiting the building, even for a short time, will be required to sign out, and then sign back in when they return. This includes people who are only going out to smoke.

Areas of the facility open to a resident – Certain areas of the facility are intended for staff only and residents not living in a certain area may be asked to stay out of an area (e.g., isolation). Staff may control the presence of persons in a care area that are not assigned to that area.

Possessions - Residents found searching through the possessions of another resident may be asked to leave. Residents having the possessions of another person without permission may be asked to leave.

Privacy - If the resident intentionally violate another person's privacy such as taking a picture anywhere in the facility, looking behind a privacy screen, looking at a medical record without staff assistance or communicating private information that he or she does not have permission to communicate, the resident may be asked to leave the facility.

Identification – Residents must keep their identification bracelets on at all times until permanently discharged.

Items Which a Resident Should Bring to the Shelter

- Clothing and sleep wear;
- Toiletries and personal care items (glasses, dentures, hearing aids with batteries);
- Books, games or other entertainment;
- Medication;
- Durable medical equipment;
- Service animals, if required;
- Special care instructions - dietary requirements, medical information pertinent to daily care;
- Important documents – contact information for family, doctor's name, pharmacy name.

Resident Possessions and Personal Medications

The shelter is not responsible for personal possessions, but staff can challenge persons who are where they do not belong. Staff should be aware of controlled substances which a resident may have, and if necessary, those persons can be put in a separate area or the medication can be held at the nurse's station.

Non-medical items - Each beside should have a container into which the resident can place his or her personal belongs; generally under the bed will be safest but many of these residents may not be able to access their possessions there. Although residents will be discouraged from keeping valuable items in the shelter (e.g., laptop computer, valuable jewelry), if they do, they must be responsible for protecting their own possessions. Personal items should be labeled with the resident name in an indelible manner if at all possible.

Medical items and medication – It is likely that most residents will have some sort of medication with them and some may have accessory medical equipment. Medications will need to be stored in their personal container. In most cases it is expected that residents will know when they need to take their medication and do so, just as they would at home. A small amount of space will be maintained in a refrigerator for storing insulin or other refrigerated medication; this will need to be retrieved by staff. Any item in the refrigerator must have the resident's name on it. Some residents, such as those with memory impairment, will need assistance taking all their medication. A record of medication needed and dosing schedule should be on each resident chart. If staff needs to assist a resident with medication, they should confirm the resident's identity from their wrist band and make sure it matches the bottle. They should also document that the dose was given in the resident bedside record.

Controlled substances – A substantial number of residents may have controlled substances and these controlled substances may be in several risk categories. At a minimum, those residents on narcotics should be in a separate area where the team will know that the residents have high risk medication and know if someone other than the resident is attempting to access them. Residents with lower risk medication such as anti-anxiety or sleep medications will likely be too numerous to cohort, but staff will need to remain aware of the possibility of persons accessing items which do not belong to them. To the extent possible, staff should not handle resident medications, especially controlled substances. If a resident is to be assisted with medication, that must be done by a nurse or other health care provider with dispensing privileges.

Visitors

Visitors are permitted in the building during hours specified by the Site Commander. Visitation is a privilege and not a right. A resident can have a maximum of one visitor at one time at the bedside or

two visitors in the common area. Rules and prohibited items should be clearly posted at the entrance and apply to visitors. Visitors, who are disruptive, bring prohibited items into the facility, break facility rules or treat residents or staff disrespectfully may be asked to leave. If a visitor is asked to leave and will not leave, the police should be called to remove the person. Visitors may bring in children as long as they are not disruptive to the facility or to other residents. Visitors will be asked to sign in and sign out on a document separate from resident rosters and staff rosters. No visitors will be allowed in isolation areas. Visitors to area of facility in which persons with high risk controlled substances are staying may be tightly restricted.

Care Attendant

If a resident has care attendant to stay with them at all times, they can be in a general shelter. However, some residents in the medical shelter may have a care attendant some or all the time; this is permissible and the care attendant should be supplied with a bed station next to the person for whom they are providing care. The care attendant should receive a meal just as a resident, but care other than that the care attendant would have received in a general population shelter will not be provided.

Care of Children

Child residents will be managed much as adults, but a family member should be with young children as much of the time as possible and with older children at least part of the time. For a child without a caregiver, the External Care Coordinator will contact the Regional Human Services Center to ensure the child receives adequate advocacy and social assistance.

Memory Care Residents

It is assumed that memory care residents are not capable of independent living and that some adult is responsible for them. It is likely that these residents were living with a family member when displaced by the disaster (since those living in long term care facility will have been admitted to an alternate facility if displaced). However, the disaster may have limited the ability of the family care provider to resume care after the disaster (e.g., loss of housing due to flood). The Care Coordinator will need to make contact with family members of memory care residents to determine likely disposition for the future. If a resident is going to need to be admitted to a long term care facility, that process should be initiated immediately. The DOC should be contacted to obtain assistance with placement. Some memory care residents will be too difficult for the facility to handle and should be placed in long term care facility if at all possible.

Staff need to know the location of every memory care resident at all times. No memory care resident should be allowed to leave the designated care are without a staff in attendance. At least two staff should be on duty at all times and staffing in the area may to be heavy.

Health Care Provision

The DOC will have a contract with the hospital in the area to provide some level of medical care coverage to the facility. The exact nature of the coverage may vary from site to site, but will likely include the following:

- A single provider from the hospital assigned to act as a medical director to coordinate any care provided to the shelter by the hospital;
- Shelter Clinic– A physician (e.g., the medical director) and a pharmacy assistant will come to the shelter and setup in a designated area to see residents who needed medical assistance. This might occur from two to seven days a week depending on the level of need. The level of care will be focused on immediate need rather than longitudinal care; however, that could include referral to care such as specialty care. Note: The cost of medical care for a resident of the facility does not

automatically become the responsibility of the facility. Medical care not delivered in the shelter will be sought and paid for in the usual ways.

- Pharmacy - Residents could be given a prescription during the shelter clinic which will be passed to the pharmacist or pharmacy assistant for processing, or the resident could request to see the pharmacist or pharmacy assistant to request refills (e.g., with a prescription bottle) without seeing the provider. In some cases the pharmacist or pharmacy assistant will be asked by the provider to attempt follow-up calls with the original pharmacy or original provider to determine a specific drug or dose that needs to be refilled. Pharmacy coverage will be provided by NDDoH in accordance with the disaster pharmacy plan. (The resident's regular medication coverage will be billed with only the deductible, up to a certain total amount for the drug and prescribing fee. The pharmacist or pharmacy assistant will take all prescriptions back to the hospital to be filled, and then return them to the shelter to be dispensed by a licensed health care provider.
- Emergency care will be provided by transporting a resident to the hospital emergency room.
- Mental health – Much of the mental health care need may be stress related. That which cannot be handled by staff on hand may, perhaps, be handled by a Pastor, Priest or Chaplain (e.g., from local church, ministerial association or hospital). The resident will need to be evaluated by the Shelter Clinic provider for anything beyond the care of a pastoral care provider. The shelter clinic may be able to deal with the need. Otherwise, mental health professional referral care, the External Care Coordinator will work with the Regional Human Services Center to identify mental health resources, and if necessary, make contact to the DOC for assistance.
- Private care – The External Care Coordinator can assist residents to obtain routine care that they may need and assist residents to get transportation to appointments that they have in that community.
- Dialysis or other complex care – This will be coordinated by the External Care Coordinator. For residents who cannot get access to dialysis in or near the city where they are sheltering, the External Care Coordinator will need to contact the DOC to explore options.

Transportation

If family can transport the resident or if the resident can drive himself or herself to an appointment, that is the preferred option. However, the facility may need to arrange transportation for some facility residents to dialysis or medical appointments. State medical shelters would be expected to be placed in cities with city transportation services which should be called on for routine transport (e.g., city wheelchair coaches). If a volunteer is willing to transport the resident and the resident is willing to be taken by the volunteer, that is permissible. If good local options for transport are not available, the shelter should contact the DOC to identify other transport mechanisms. Any costs incurred for transportation of residents should be documented.

Parking

Many residents may wish to bring their own vehicles; however, many campuses are very short of parking. The DOC may need to make arrangements for resident transportation from a staging area to the shelter and back. Specific times for transports to occur may be posted as part of the schedule.

Equipment Cleaning

In most cases it will be adequate to wipe down the bed, chair and personal belonging container with a disinfectant spray or disinfectant wipes. Extra care should be taken in cleaning all materials used by residents on contact precautions. Reusable medical equipment must be washed thoroughly with soap and water then disinfected. Plastic bed pans and urinals can be rinsed for re-use by the same resident then when the resident leaves the facility, be disposed of in regular trash.

Environment Health Assessments
As part of planning to use a particular facility, a pre-use environmental assessment should have been done. In an emergency, a shelter may have to be established in a facility not previously considered for sheltering; therefore, if a pre-use environmental assessment should be done ASAP. Follow-up assessment will be subject to the discretion of NDDoH Food and Lodging or direction of DOC. In a disaster, in may not be possible to resolve all problems with the site, but those that can be corrected, should be. An Environmental Assessment Form can be found the document library as part of the sheltering plan as this location
ND DEPARTMENT OF HEALTH > HEALTH ALERT NETWORK > EPR > NDDOH > PLANS > STATE EOP SUPPORT ANNEXES > SHELTERING AND TRIAGE

Caring for Service Animals
Staff should allow the resident to care for the service animal. It may be necessary to buy some animal care material if the resident has not provided these (e.g. dog dish). The resident should have control of the animal and it should be trained in toileting. Dispose of animal waste as if it were human waste.

Hazardous Waste and Body Fluid Spills
Hazardous waste must be put into a red bag for proper disposal. Note that items (gauze) with a little dried blood on them are not considered hazardous waste and can go into the garbage. The DOC should be consulted on hazardous waste disposal when the facility is demobilized.

Spills of human body fluids should be cleaned up with a spill kit or the equivalent types of material not in a kit. General instructions for using a typical spill kit are:
1. Take your body fluid spill kit to the spillage area.
2. Put on PPE (Personal Protection Equipment).
3. Spray spill and surrounding area with disinfectant.
4. Sprinkle absorbent granules over the spill, working from the outer edge to the center of the spill.
5. Once gel is formed, use scoop and scraper to remove the congealed spill.
6. Place scoop, contents and scraper into bio hazard bag.
7. Re-spray area with disinfectant.
8. Use absorbent wipes to further clean spill area and place used wipes into bio hazard bag.
9. Remove protective clothing and place into bio hazard bag.
10. Seal the bag and dispose of in a safe, appropriate manner.
11. Clean hands and dispose of packaging into a suitable waste bin.
12. Record the incident.

Garbage and Soiled Linen
Unless garbage is so full that it must be emptied, it should remain in the trash can until janitorial services empties it. Should it be necessary to empty trash, the bag should be taken to a designated area such as the janitorial room. Janitors may have a place they would like the garbage put so they can pick it up.

Soiled linen should be rolled or folded up with the worst soil facing inward, and placed in linen bags. A paper or other non-cloth items should be removed before the linen is rolled up. Linen should be placed in designated areas away from resident care areas where linen service can pick it up. Laundry may be available through wrap around services. If not, the DOC can arrange transport of laundry to contract site.

Media Visits

Media wishing to view an SMS should contact the State JIC. The JIC will establish rules and designate persons for the media to interview. To protect privacy, pictures must not be taken of any resident care area. If the media asks to interview one of more residents, residents must give their consent to be interviewed and the interview must take place away from the resident care area.

Foreign Language Communication

Procedures for obtaining assistance with a foreign language are outlined in the public information plans for the agency. Generally if a person (resident staff) in the shelter is prepared to translate and acceptable to the resident being interview, that is fine. If will be helpful if limited language residents are located near other residents who speak that language. If no acceptable translator is present, the DOC can provide a number to call which can be used to provide over the phone translation in a three way call.

Forms

A variety of forms will need to be used in the facility, including the following

- Incident report form – This form can be used for incident tracking in the facility and incident investigation; it is not the same as the WSI on-line report form.
- Census form on spreadsheet
- Staffing Roster
- Volunteer Roster
- Intake form
- Vital signs and care notes

An inventory spreadsheet will be supplied from the DOC which can be used to electronically manage the material in the shelter. See section on supply management.

Demobilization

When the shelter is demobilized, all equipment needs to be identified and returned for transport back to the warehouse or storage in the area until all potential need for sheltering is ended. Full and partial boxes of medical materials will be recovered. Items which needed special washing should be tagged for that purpose. Demobilization will likely be done by non-medical volunteers, NDDoH administrative staff, and one or more warehouse staff to guide re-assembly and loading for shipment.

When all material is recovered, the site needs to clear of all debris so that janitorial service can clean it. If any area needs special attention cleaning, that should be communicated to the janitorial supervisor. Before leaving, site should be inspected for damage and documented (e.g., pictures, notes)

Additional Materials Needed

1. Ostomy supplies (have a 25mm colostomy bag only)
2. Multiple D size oxygen cylinders with wheel frame (for leaving concentrator area) or battery powered portable oxygen concentrators
3. Portable computers for staff training
4. Resident possession containers (translucent plastic with sealable covers)
5. Patient protective devices for restraint.
6. Files folders for storing medical records
7. Filing cabinet
8. Date stamp
9. Thumb drives
10. Plastic service animal items: water dish, food dish

11. Entertainment material for adults and children – books, movies, games, puzzles, DVD player, television
12. Spill kits
13. Cost tracking forms??
14. Shelves for supply area
15. Erasable schedule boards (e.g., white boards) and easels (2 for resident area and 1 for staff area?)
16. Hand washing stations
17. Microwave
18. Medication refrigerator
19. MREs
20. Vests
21. Cell phones for administrative staff
22. Copies of shelter field manual (this plan)
23. Copies of nursing procedures
24. Thumb drive with supply spreadsheet

Additional Signs Needed (with some additional stands required)

Staff Only (8)
Staff Exit Only (5)
Emergency Exit Only (5)
Exam Room (1)
Clinic Waiting Area (1)
Rules (6) (Updated)
No Taking Pictures (6)
No Cell Phone Use Area (6)
Phone Use Area (2)
Prohibited items (3) (Updated)
Isolation area – gown and glove required (2)
Isolation area – surgical mask required (2)
Supply Staff Only (2)
Care area signs (to help people find their bed again) – 1 each

- Blue Nurse's Station – Sky Blue, Ocean Blue, Steel Blue, Navy Blue
- Yellow Nurses Station – Daisy Yellow, Sun Yellow, Gold Yellow, Daffodil Yellow
- Red Nurse's Station – Fire Red, Rust Red, Barn Red, Beet Red
- Green (Special Care Area)
- Purple (Special Care Area)
- Orange (Special Care Area)
- Brown (Special Care Area)
- White (Special Care Area)

If this is confusing with vest or scrub colors then alternate schema:

- Southwestern Nurse's Station – SW Arizona, SW New Mexico, SW Colorado, SW Utah
- Northwestern Nurse's Station - NW Washington, NW Oregon, NW Montana, NW Idaho
- Southeastern Nurse's Station – SE Alabama, SE Virginia, SE Tennessee, SE Mississippi
- Minnesota (Special Care Area)
- Wisconsin (Special Care Area)
- Iowa (Special Care Area)
- Nebraska (Special Care Area)

- Missouri (Special Care Area)

SHELTER FORMS

Intake Form – See separate document in document library
ND Department Of Health > Health Alert Network > EPR > NDDoH > Plans > State EOP Support Annexes > Sheltering and Triage

Required Electronic Forms
Confidentiality Statement
ICS Staff Schedule
Daily Volunteer Scheduler
Questions for Initial Placement
Staff Emergency Information
Incident/Injury Report
Staff Sign-In and Sign-out
Resident Sign-In and Sign-out
Visitor Sign-in and Sign-out
Resident Care Notes
Resident Medication Administration Form
SMS Site Review Quality Improvement Assessment
Resident Information Sheet
Family Information Sheet

Required Electronic Forms	Minimum Content
Master Resident Record	Date of Admit, Care Area and Bed Assignment, Name, Notes
Inventory Control *Note: Numbers from base spreadsheet are for 20 bed setup. Shelter number need to reflect total number of each item received.*	1. Base spreadsheet: (Type (1), Type (2), Item Number, Description, # Needed Per Facility, Number Needed per 20 Evacuees, Total Available, Stocking Unit, Category 2. Additional minimum content: Use rate, To be ordered date

North Dakota Medical Shelter Confidentiality Statement

I understand that as a volunteer in a State Medical Shelter, that I will have access to personal and health information which must not be disclosed to any person not authorized to receive the information in accordance with the laws of North Dakota and the United States.

I understand that any information that I learn about any resident in the facility, past or present, regardless of the nature of that information, is to be treated as confidential, and my obligation to maintain the confidentiality of that information will continue as long as I live.

I will not discuss or reveal any information about any resident, past or present, when outside the facility, except as authorized as part of my duties in this facility. I understand that I may share information about a resident with other care providers of the resident as they have "need to know."

I will not view any records of any resident, past or present, except as it relates to my assigned job duties in the facility.

I will not remove any records from the facility.

I understand that if I disclose confidential information, I may be subject to civil or criminal penalties in accordance with the laws of North Dakota and the United States.

I understand that it is access to confidential information, and not the existence of this document, that legally binds me to protect resident confidentiality.

By signing this, I acknowledge that I have read, understand and will comply with this statement.

_____
Volunteer's name (print or type)

_____ _____
Volunteer's signature Date

_____ _____
Witness Date

ICS STAFF SCHEDULE

Position	Shift	___/___/_____	___/___/_____	___/___/_____
Site Commander	1			
Site Commander	2			
Medical Director	1			
Medical Director	2			
Safety and Security Coordinator	1			
Safety and Security Coordinator	2			
Charge Nurse	1			
Charge Nurse	2			
Liaison	1			
Liaison	2			
Logistics	1			
Logistics	2			
Staffing Coordinator	1			
Staffing Coordinator	2			
Supply Clerk	1			
Supply Clerk	2			
External Care Coordinator	1			
External Care Coordinator	2			
Activity Coordinator	1			
Activity Coordinator	2			
Admissions Coordinator	1			
Admissions Coordinator	2			

DAILY VOLUNTEER SCHEDULER

Date:

Shift 1		Shift 2	
Position	**Name**	**Position**	**Name**

Questions for Initial Placement in Shelter

1. Are you ill at this moment? Do you need to see a doctor immediately?
2. What medical problems do you have that made you need to come to a medical shelter?
3. How far can you walk without assistance?
4. Did you bring any medical equipment that needs to be constantly plugged in?
5. Do you have a service animal with you[15]?
    a. If yes, are you disabled?
    b. Has your animal been trained as a service animal?
    c. What does your animal do for you?
6. Are you allergic to animals, foods or other environmental allergens?
7. Are you seriously immunocompromised?
8. Are narcotic pain killers among the meds you have with you in the facility?
9. Do you have a potentially contagious illness other than a cold?
10. Is the evacuee a child or does the evacuee have a child that will be staying with him or her?
11. Does the person have behavioral issues that may make them a problem for others?
12. Does the person appear disoriented or confused or does the family report that the evacuee has an inability to make their own decisions.

[15] The Americans with Disabilities Act defines service animals as "dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA." North Dakota Century Code is consistent with this, providing further examples of service animals as providing "protection services to an individual with a disability,…lending balance support, retrieving dropped objects, and providing assistance in a medical crisis." If a person brings a dog into the facility which does not meet these definitions, the animal will need to go to an animal shelter. Reasons for refusing admission of an animal claimed to be a service animal should be carefully documented.

Staff Emergency Information

Date:

Personal Information	
NAME:	
Sex	□ Male □ Female
Home address	
Home phone	
Cellular phone	
Home e-mail address	
Birthday (MM/DD/YYYY)	
Professional certification or license (List license type or none)	
Medical Information	
Phone number	
Medical conditions	
Allergies	
Current medications	
Doctor's name	
Clinic	
Address	
Emergency Contact Information	
Emergency contact's name	
Relationship	
Address	
Phone Numbers	□ Home □ Cell □ Other

Incident/Injury Report

☐	An incident is an event that caused injury to a person or damage to equipment, facilities, or materials.
☐	A near miss is an event that potentially could have caused injury to a person or damage to equipment, facilities, or materials.

Form completed by:	Person involved in incident:
Witness(es):	

Date of incident:	Time of incident:	☐ A.M.	☐ P.M.	Date reported:
Department and location where incident occurred:				
Nature of injury (such as strain, cut, or bruise):				
Body parts affected (such as left hand or right ankle):				

Medical treatment required:	☐ Yes	☐ No	Did employee leave work because of the injury?	☐ Yes	☐ No
Investigation of event:					
Recommendations for prevention					

Employee signature:	Date:
Supervisor signature:	Date:

NOTE:
This form is for tracking purposes, and does not constitute a complete report for purposes of worker's compensation. A complete report should be made within 24 hours using an appropriate form.

Staff Sign-In and Sign-Out

Date:					
	Name	ID Card #	Signature	Time In	Time Out
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

Resident Sign-In and Sign Out

Date:					
	Name	Bed Location	Signature	Time In	Time Out
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

Visitor Sign-In and Sign Out

Date:					
	Name	Bed Destination	Signature	Time In	Time Out
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

RESIDENT CARE NOTES

Date	BP	Pulse	Temp	Notes

Resident Personal Medication Administration Record

Resident Name

Medication Name	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2
	3	4	3	4	3	4	3	4	3	4	3	4	3	4
Medication Name	**Sunday**		**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2
	3	4	3	4	3	4	3	4	3	4	3	4	3	4
Medication Name	**Sunday**		**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2
	3	4	3	4	3	4	3	4	3	4	3	4	3	4
Medication Name	**Sunday**		**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2
	3	4	3	4	3	4	3	4	3	4	3	4	3	4
Medication Name	**Sunday**		**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2
	3	4	3	4	3	4	3	4	3	4	3	4	3	4
Medication Name	**Sunday**		**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2
	3	4	3	4	3	4	3	4	3	4	3	4	3	4
Medication Name	**Sunday**		**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2
	3	4	3	4	3	4	3	4	3	4	3	4	3	4
Medication Name	**Sunday**		**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2
	3	4	3	4	3	4	3	4	3	4	3	4	3	4

Cross out the number for each dose that day each time that the medication is taken.

M

SMS SITE REVIEW
QUALITY IMPROVEMENT ASSESSMENT

Assessment Date: _____

Yes	No	Unk	TRIAGE
☐	☐	☐	Residents are evaluated for admission and placement according to written procedures.
☐	☐	☐	Reasons for admission or refusal of admission are documented for each resident seen in the triage/admission area.
☐	☐	☐	Residents are given literature about care provided in the SMS and rules of the SMS.
☐	☐	☐	Master Resident Record is kept up-to-date with a fresh printed copy available at the beginning of each shift for each care team lead.
☐	☐	☐	Residents are routinely admitted and begin care within two hours of presentation.

			CONTRACT HEALTH CARE
☐	☐	☐	Contract physicians are available and responsive to the needs of the shelter and its residents.
☐	☐	☐	Pharmacy assistance is effective and well-coordinated with the medical providers.
☐	☐	☐	Residents are well treated and pleased with the quality of the care.

			STAFF
☐	☐	☐	All staff sign-in daily.
☐	☐	☐	All volunteers are registered in the PHEVR/MRC system
☐	☐	☐	Schedules are always complete well in advance and volunteers know when they are next expected to work.
☐	☐	☐	All staff meticulously follow resident confidentiality requirements and all volunteers sign a confidentiality agreement before they begin working in the facility.
☐	☐	☐	Volunteers report that they receive adequate instruction and mentoring in order to execute their assigned duties.
☐	☐	☐	Needs of staff are met including rest, hydration, nutrition, personal and emotional.
☐	☐	☐	Over stressed, exhausted or ill staff are removed from duty
☐	☐	☐	Staff are satisfied with the operation of the facility.
☐	☐	☐	Staff work efficient and work well as a team.

			RESIDENT CARE
☐	☐	☐	Staffing is adequate to ensure that residents' needs are met in a timely manner.
☐	☐	☐	At least one staff member is always present in each resident care area at all times during the day, and in each resident care group at night.
☐	☐	☐	Residents are treated respectfully at all times.

☐ ☐ ☐ Privacy is preserved and confidentiality rules are strictly followed.

☐ ☐ ☐ Transportation of residents occurs in a timely manner.

☐ ☐ ☐ Personal effects are moved when residents and care is taken to make sure residents leave with all personal effects and personal equipment.

☐ ☐ ☐ Residents are treated ethically and equally.

SAFETY AND INFECTION CONTROL

☐ ☐ ☐ Staff following procedures for staying well.

☐ ☐ ☐ Safety officer periodically checks with workers that appropriate PPE is worn correctly and is changed as needed.

☐ ☐ ☐ Volunteers who have on-the-job incidents complete an incident report form and file with WSI as indicated.

☐ ☐ ☐ Building perimeters are periodically monitored.

☐ ☐ ☐ Techniques used for resident movement do not put the resident or the care giver at risk.

☐ ☐ ☐ Residents are assisted with ambulation or transfers (e.g., to commodes or chairs) to prevent falls, when that is indicated.

☐ ☐ ☐ Falls rarely or ever occur.

☐ ☐ ☐ Containers of resident medications are stored when not in use.

☐ ☐ ☐ Staff wash hands regularly and use hand rubs between each resident.

☐ ☐ ☐ Sharps containers are used for all sharps.

☐ ☐ ☐ Body fluids are cleaned up appropriately and safely.

SUPPLIES

☐ ☐ ☐ Supplies are maintained to prevent shortages.

☐ ☐ ☐ Supplies are managed to maintain adequate access by staff and prevent waste.

☐ ☐ ☐ Laundry is returned clean and is available is sufficient quantities.

RECORDS

☐ ☐ ☐ Administrative documentation is maintained and filed.

☐ ☐ ☐ Resident records are maintained and retained.

☐ ☐ ☐ Expenditures are tracked and documentation is maintained.

☐ ☐ ☐ Access to filed medical records is controlled.

☐ ☐ ☐ No unauthorized persons look at any records kept a bedside.

FACILITY

☐	☐	☐	Resident care areas are kept clean.
☐	☐	☐	Staff areas are clean.
☐	☐	☐	Toilet areas are clean and well supplied.
☐	☐	☐	Food is available, nutritious and palatable.
☐	☐	☐	Hazardous waste is kept separate, in biohazard bags, from non-hazardous waste. Items not requiring hazardous waste disposal are thrown into regular trash.
☐	☐	☐	Waste receptacles are emptied regularly and waste is disposed of properly.
☐	☐	☐	Sharps containers are available.
☐	☐	☐	Physical plant functioning is maintained including HVAC, and temperature is in comfortable zone.
☐	☐	☐	IT equipment is functional.

STATE MEDICAL SHELTER
RESIDENT INFORMATION SHEET

Welcome to the North Dakota State Medical Shelter. Please read this entire information sheet.

WHY ARE YOU IN THIS SHELTER?

The most likely reason you are here is because you have been displaced from your home for some reason and you have medical condition which would make your staying in a general population shelter difficult or unsafe for you.

HOW IS THIS SHELTER DIFFERENT THAN A GENERAL POPULATION SHELTER?

- The beds are different – Many persons with medical problems cannot sleep on a cot. The beds in this facility are more comfortable, more stable and have the ability to elevate the head and feet.
- The skills of the staff are different – The shelter is staffed with many people with medical skills who can assist you to manage your medical problems while you are here.
- The equipment is different – This facility has a variety of medical equipment on-site to assist you if needed.
- The rules and management are different – Although similar in many ways to a general population shelter, this shelter is operated by a different agency than that which operates general population shelters. Some different rules are needed because of the special needs of people staying here.

WHAT ARE THE RULES?

Kindness – Please be kind and courteous to all, including the staff. A shelter can be crowded and stressful and your kindness can help others make it through this difficult time. Your staff are volunteers and who have taken their personal time to help you, so make the experience pleasant for them.

Privacy – If you intentionally violate another person's privacy such as taking a picture anywhere in the facility, looking behind a privacy screen, looking at a medical record without staff assistance or communicating private information that you do not have permission to communicate, you may be asked to leave the facility permanently.

Identification - You will have an identification bracelet. Leave it on.

Medical charts – You may have a medical chart on the end of your bed. If you do, do not look at it. This helps the shelter ensure that everybody's information remains private. If you wish to see what is on your record, ask a staff member to show you. If after your release you wish access to those records, you may file a request for information with the North Dakota Department of Health.

Noise – A large room with many people will be noisy, but you and any visitors you have are required to keep the noise you make down to low level. No electronic sound equipment (e.g., radio, game) may be used without headphones.

Exiting the building – If you leave the building, even for a short time, you must exit through the main entrance and sign out. This includes exiting the building to smoke. If you leave and are expecting to return, you need to return at a reasonable hour (before 10 pm) in order not to disturb other residents who are trying to sleep.

Possessions - You must leave the possessions of other people alone. If you are found searching among someone else's possessions or you are found to have someone else's possession without permission, you may be asked to leave the facility permanently. You must keep your own possessions in your personal box, including your medication.

Medication – You may not use another person's medication or share your medication with another person. If you need medication that you do not have, talk to your care givers.

Tobacco - While tobacco may be brought into the facility, it may not be used in the facility in any form. If you wish to use tobacco, you will need to leave the building.

Valuables - Valuable items may be at risk in the shelter. I you choose to bring a valuable item to the shelter (e.g., a computer) you will be responsible for it.

Children - Although the facility will be prepared to care for children with medical problems which require them to be in the facility, residents should not be responsible for child care if at all possible. That is, some other arrangement should be made for children who need care but do not need to be in the shelter.

If no other option exists for care of the children of an adult who needs to be in the shelter, the shelter will try to accommodate them. Children must follow the same rules as adults.

Prohibited items - Certain items are not permitted in the shelter. These items include:

- Controlled substances without a prescription, or any illegal drugs;
- Offensive material (e.g., racist, pornographic) ;
- Firearms, sharp knives or any other object with substantial weapon use risk;
- Radios or music players that have no headphones;
- Food with requires refrigeration - Food brought in from outside (e.g., by a family member) is acceptable, but if perishable, should be eaten or discarded soon. Staff will not make provision for keeping a resident's food cold;
- Large bulk items – large numbers of books, televisions, desktop computers or anything else that poses a barrier to resident care or flow of persons through the facility. This is primarily a space issue;
- Pets – No pets of any kind are allowed. Service animals are acceptable but we may need to put you into a separate area that gives you more room for yourself and your service animals and makes sure you aren't near any person with a pet allergy.

  The Site Commander for the shelter may choose to exclude other items from the shelter at his or her discretion.

WHAT SHOULD YOU BRING TO THE SHELTER?

- Clothing;
- Toiletries and personal care items (glasses, dentures, hearing aids with batteries);
- Books, games or other entertainment;
- Medication and any important medical instructions you will need during your stay;
- Medical equipment you use at home;
- Service animals, if required.

WHAT ABOUT MEDICATIONS?

You should bring your own medications to the shelter. If you don't have any, bring the bottles; the care staff can you help obtain refills. The only medications you should have are ones for which you have a valid prescription. You will need

to take your own medications, just like you do at home. If you need assistance, need medication supplies (e.g., insulin syringes) or need a medication to stay in the refrigerator, talk to your care staff. All your medications except those needing to be refrigerated need to stay in your personal possessions container when you are not taking them. If you have narcotics or other controlled substances that are a theft risk, discuss this with your care team. They will not keep them for you, but they may be able to help you keep them safe.

CAN YOU BRING FOOD INTO THE SHELTER?
Yes, as long as you eat it immediately or it doesn't need to be refrigerated. The staff will not refrigerate food for you.

HOW CAN YOU GET ASSISTANCE WHILE YOU ARE IN THE SHELTER?
You will be assigned a particular bed location and a care team will be assigned to assist you. At least one member of the care team will be in the area at all times. If you need emergency assistance, yell for help or get another resident to get the attention of care giver immediately. If you are not sure you can walk to the restroom by yourself, ask for assistance. A staff member will be glad to assist you. If you need to use a bedside commode, urinal or bedpan, ask for assistance. A staff member will assist you to be very private.

CAN YOU HAVE A CAREGIVER WITH YOU?
Yes. A caregiver who helps you with care can stay in the shelter with you. They will be provided a bed next to you and their meals. Caregivers will otherwise be expected to take care of their other needs much as if they were in a general population shelter.

CAN YOU BE IN AN AREA BY YOURSELF? – The shelter environment is crowded so the only persons who may be in a separate area are those who must be. Certain situations may require that staff move you to a separate area such as development of an illness which may be contagious to others. You will continue to receive attentive care regardless of where you are in the building.

WHAT ABOUT VISITORS?
You may have one or two visitors at a time during the daytime hours as long as you visitor does not have a contagious illness and is willing to following the rules.

WHAT ABOUT RECREATION?

You are encouraged to bring things with you to help you pass the time such as books or movie players with headphones. One of the staff members will organize activities which you may attend if you are able, and this person will try to help you obtain something to occupy your time. There should also be a common recreation area that you can use.

CAN YOU LEAVE THE SHELTER WHENEVER YOU WANT?

If you are mentally capable of carrying for yourself outside the shelter, yes. If you leave (e.g., for short day trips such as going to a store to buy something you need), you may need to provide your own transportation. Or you may sign out of the facility permanently. If you plan to sign out of the facility permanently, please make sure you have some place to live and a means to get there.

WILL YOU BE ABLE TO SEE YOUR DOCTOR OR GET MEDICATION REFILLS WHILE YOU ARE IN THE SHELTER?

If you need to keep a medical appointment in the same community, the shelter staff will try to help you find transportation if you don't have it; however, you will still be responsible for your own medical bills. The shelter will provide a free clinic staffed by a local hospital physician to meet your needs for short term medical consultation and medication refills. Ask your care staff about access to the clinic.

STATE MEDICAL SHELTER
FAMILY INFORMATION SHEET

WHY IS YOUR FAMILY MEMBER IN A STATE MEDICAL SHELTER

Your family member has been admitted to a state medical shelter because they need a level of assistance that is beyond the staffing level of a general population shelter. You may stay in a medical shelter with your family member if you are prepared to provide for most of their care needs, or you may be able to take them to a general population shelter with you if you are willing to provide for their care needs there. If you stay in the medical shelter with you family member, you will be provided meals and a bed next to your family member, but otherwise will be expected to care for your own needs like you would in a general population shelter. If your family member is a child, you will be expected to stay with your child. If your family member is a teenager, you will be expected to be here a substantial amount of the time.

WHAT CARE WILL MY FAMILY MEMBER GET?

The shelter will try to keep the resident safe, healthy and comfortable. A care team will make sure that the physical needs of the residents are met and watch over their health. If an acute medical problem develops, the staff will send the resident to the Emergency Room. Some local clinic care will be provided as well as medication refills. Staff will also assist the person to obtain outside medical assistance in the same community or ensure that the person can reach a dialysis site as often as that is indicated.

WHAT SHOULD YOUR FAMILY MEMBER BRING TO THE FACILITY?

- Clothing;
- Toiletries and personal care items (glasses, dentures, hearing aids with batteries);
- Books, games or other entertainment;
- Medication, including any empty pill bottles that need to be refilled, and any important medical instructions the resident will need during their stay;
- Medical equipment that they use at home ;
- Service animals, if required.

WHAT SHOULD YOUR FAMILY MEMBER NOT BRING TO THE SHELTER?

- Controlled substances without a prescription, or any illegal drugs;
- Offensive material (e.g., racist, pornographic) ;
- Firearms, sharp knives or any other object with substantial weapon use risk;
- Radios or music players that have no headphones;
- Food with requires refrigeration - Food brought in from outside (e.g., by a family member) is acceptable, but if perishable, should be eaten or discarded soon. Staff do not need to make provision for keeping a residents food cold;
- Large bulk items – large numbers of books, televisions, desktop computers or anything else that poses a barrier to resident care or flow of persons through the facility. This is primarily a space issue;
- Pets – No pets of any kind are allowed. Service animals are acceptable but we may need to put you into a separate area that gives you more room for yourself and your service animals and makes sure you aren't near any person with a pet allergy.

The Site Commander for the shelter may choose to exclude other items from the shelter at his or her discretion.

CAN YOU VISIT YOUR FAMILY MEMBER IN THE SHELTER?
Yes, during day hours you may visit, but because the shelter is crowded we ask that no visitors have an infectious illness and that only one or two visitors at a time per resident come to the facility. All visitors must follow shelter rules, including rules about things that cannot be brought into the shelter, and obey the directions of staff.

CAN YOUR FAMILY MEMBER LEAVE THE FACILTY AND COME BACK?
As long as a resident is competent to make their own decisions, they can leave and return.

CAN THE SHELTER KEEP YOUR FAMILY MEMBER FROM LEAVING?
If you are the legal guardian and you ask the facility to retain the person in the shelter, the shelter will attempt to keep the person in the shelter. If the shelter cannot keep the person from trying to leave the shelter, a more secure care venue may be necessary. The staff will work with you to find that if you cannot care for the person yourself.

If the person is mentally incapable of caring for himself or herself and shelter staff cannot convince the person to stay, it may be necessary to the shelter to seek short term legal authority to hold the person against their will. If the shelter has no reason to think that an adult is incapable of making their own decisions, it will not try to retain the person.

WILL YOUR FAMILY MEMBER'S POSSESSIONS BE SAFE?
The shelter asks that residents not bring valuables to the shelter because we cannot guarantee their security. If a resident has any medications they take, we will help the resident keep them secure, but we will not hold them securely for the resident.

CAN YOUR FAMILY MEMBER BE IN AN AREA BY HIMSELF OR HERSELF?
The shelter cannot accommodate a separate living area unless there is a medical indication for doing so such as the resident has an infectious disease.

JOB ACTION SHEETS

SMS Job Action Sheet
Site Commander
Day and Night Shift

Section assignment: Command Staff	
Report to: NDDoH DOC – Operations Section	
Supervise: Safety and Security Officer, Liaison Officer, Charge Nurse, Logistics Chief, Medical Director	
Mission	• Direct all operation at SMS • Maintain communications with DOC • Ensure SMS is prepared to receive and care for residents
Equipment	• Cellular telephone • Walkie-talkie • Full access to command office and equipment

Initial Duties

- Be familiar with all responsibilities described on this sheet;
- Familiarize self with job duties of all staff in the facility;
- Appoint command staff directly supervised by this position and orient staff to their responsibilities;
- Establish command center on-site and develop incident action plan with assistance of staff;
- Establish communication protocols;
- Oversee facility setup;
- Re-enforce role and authority of Safety and Security Officer;
- Review state SMS documents – plan, field guide, policy and procedure;
- Delegate responsibilities to command staff and assume responsibility for all tasks not assigned.

Ongoing Duties

- Obtain full briefing from off-shift Site Commander when coming on shift;
- Wear appropriate identification and safety equipment at all times;
- Brief and de-brief supervised command staff as needed;
- Support decision making of command staff in their respective areas, and make decisions as necessary;
- Maintain communication with NDDoH DOC;
- Work through the DOC to respond to media;
- Anticipate and complete all tasks not assigned to others to complete;
- Perform site review for quality improvement on regular schedule (see form);
- Track costs;
- Remain in the facility throughout assigned shift and remain reachable;
- Supervise demobilization of facility when no longer needed;
- Prepare off-shift report and fully brief replacement at change of shift;
- Document any decisions, incidents, actions taken or change of procedures;
- Ensure documentation is preserved;
- Remain accessible by phone when off shift;

SMS Job Action Sheet
Medical Director
Available Day and Night Shift

Section assignment: Command Staff Consultant	
Report to: Site Commander and Own Institution	
Supervise: None	
Mission	• Operating in facility clinic for residents • Ensuring residents have access to required medications • Consult with resident care staff as needed re: problem health management
Equipment	• Full access to command office and equipment

Initial Duties

- Be familiar with all responsibilities described on this sheet
- Familiarize self with expectations of the SMS for on-site and telephone consultation

Ongoing Duties

- Respond to requests of SMS representatives for resident care consultation and on-site clinical services.
- Work with hospital pharmacy staff to ensure shelter residents have adequate medication;
- Document on-site resident care notes to be property of the SMS, and document billable services ;
- Communicate with Logistics Chief or designee about setup needs for on-site clinic
- Arrange for on-site hospital pharmacy assistance to support clinic (pharmacist or pharmacy tech);
- Work with Site Commander or designee to determine schedule for clinics;
- Communicate with SMS Liaison re: how to contact the Medical Director on duty 24/7;
- Brief Site Commander regarding global issues related to resident care needs;
- Wear appropriate identification and safety equipment at all times;
- Ensure documentation of resident care remains in the shelter.

SMS Job Action Sheet
Liaison Officer
Day and Night Shift

Section assignment: Command Staff	
Report to: Site Commander	
Supervise: Any assigned volunteers	
Mission	• Establish communications with all outside entities and maintain contact lists • Manage all media responses relayed by the local EOC or DOC • Manage shelter data • Collect information from teams related to potential infectious disease syndromes •
Equipment	• Cellular telephone • Walkie-talkie • Full access to command office and equipment

Initial Duties
- Be familiar with all responsibilities described on this sheet;
- Familiarize self with job duties of all supervisory positions;
- Review SMS planning documents;
- Secure contact information for local EOC, NDDoH DOC, local hospital, EMS, media, facility contacts and other key partners;

Ongoing Duties
- Obtain briefing from Liaison Officer going off shift;
- Wear appropriate identification and safety equipment at all times;
- Act in assistant role to Site Commander as requested;
- Establish contact with outside supporting entities and maintain contact data and call log
- Take incoming calls and direct necessary calls or information to appropriate staff;
- Post daily schedules;
- Maintain ongoing awareness of situations, activity and policies in the institution, documenting as necessary;
- Review with Site Commander information to be released to the public;
- Daily collect information from each Team Leader re: clinical syndromes that might suggest an outbreak (See Section Disease Surveillance) and report to Disease Control at NDDoH.
- Make requests for assistance which are approved by the incident commander;
- Remain in the facility throughout assigned shift and reachable;
- Prepare off-shift report and fully brief replacement at change of shift;
- Document actions and decisions;
- Remain accessible when off shift;

SMS Job Action Sheet
Safety and Security Officer
Day and Night Shift

Section assignment: Command Staff	
Report to: Site Commander	
Supervise: none	
Mission	• Establish and enforce safety procedures • Establish and enforce security procedures • Immediately terminate any activity which poses a risk for staff or residents • Respond to emergencies
Equipment	• Cellular telephone • Walkie-talkie • Full access to command office and equipment

Initial Duties

- Wear appropriate identification and safety equipment at all times;
- Become familiar with all responsibilities described on this sheet;
- Become familiar with any rules of the SMS such as prohibited behaviors or prohibited items;
- Become familiar with the physical space and any high risk areas;
- Establish safety procedures related to staff and resident safety and security including access restriction to certain areas with signage, safe worker practices and protective equipment;
- Establish security procedures for worker entry and exit from the building, worker identification, access to building and security of valuable equipment;
- Review procedures with Site Commander and obtain approval or modification;

Ongoing Duties

- Obtain briefing from Safety/Security Officer going off shift;
- Update Site Commander regularly;
- Conduct a safety briefing with supervisory staff as often as indicated;
- Brief all new staff on safety and security procedures, including confidentiality and privacy;
- Ensure all staff and residents log in and out of facility;
- Observe staff and residents to ensure safety and security procedures are followed;
- Interrupt any behavior which poses a risk to safety, security, confidentiality or privacy, or which is abusive or discourteous;
- Remove personnel from the premises when a decision is made that a resident can no longer stay due to problem behavior;
- Immediately terminate any activity which may pose a threat to staff or residents;
- Monitor physical facility for hazards, physical or infectious;
- Ensure complete incident reports are filled sufficient to fully reconstruct incident later;
- Review all incidents with the Site Commander;
- Ensure workers compensation claims are filed;
- Be aware of new safety/security issues such as admission of residents with narcotic prescriptions or memory patients at risk for wondering;

- Call for emergency assistance (fire, police) if needed;
- Monitor staff for illness, stress or fatigue and remove staff from duty as needed;
- Ensure that all staff off duty leave the facility within two hours of end of shift;
- Remain reachable in the facility throughout assigned shift;
- Brief replacement at change of shift;
- Remain accessible when off shift;

SMS Job Action Sheet

Logistics Chief

Day and Night Shift

Section assignment: Command Staff	
Report to: Site Commander	
Supervise: Staff Coordinator, Care Coordinators, Supply Clerk, Activities Coordinator, Records Management	
Mission	• Supervise Logistics Section • Ensure all needs related to materiel, physical facility, staffing, and document management are met. • Work with charge nurse to coordinate initial facility setup • Request additional resources as needed • Coordinate facility management/wrap around services with building owners • Ensure complete demobilization of facility and return to original condition
Equipment	• Walkie-talkie • Cellular telephone • Full access to command office and equipment

Initial Duties

- Be familiar with all responsibilities described on this sheet;
- Familiarize self with job duties of all positions within section ;
- Appoint persons to unfilled supervised positions within section;
- Coordinate with Charge Nurse to coordinate initial facility setup
- Assume all logistical tasks not assigned to other persons.

Ongoing Duties

- Update Site Commander regularly;
- Obtain briefing from Logistics Officer going off shift;
- Wear appropriate identification and safety equipment at all times;
- Provide briefing to Logistics Section Staff at the beginning of each shift;
- Meet with staff to assess needs and ensure key tasks assigned to supervised tasks are completed;
- Prepare requests for resources for approval by the Site Commander;
- Work with Safety/Security Officer to establish safe procedures for receiving and storing resources;
- Work with building management/wrap around services to ensure facility needs are met;
- Work with Charge Nurse to expand and contract facility capacity as demand changes.
- Ensure that resources are managed, allocated, tracked and recovered when no longer needed;
- Track expenditures;
- Activate any contracted services for shelter support;
- Remain in the facility throughout assigned shift and reachable;
- Prepare off-shift report and fully brief replacement at change of shift;

- Document actions and decisions;
- Remain accessible when off shift;

SMS Job Action Sheet

Supply Clerk

Day and Night Shift

Section assignment: Logistics	
Report to: Any assigned volunteers	
Supervise: Volunteers as assigned	
Mission	• Manage disposable and durable equipment and supplies • Maintain adequacy of supplies • Ensure nurses' station is kept supplied
Equipment	

Initial Duties

- Be familiar with all responsibilities described on this sheet;
- Complete orientation;
- Setup storage area in a way and place where material flow can be controlled;
- Inventory supplies and reconcile to inventory spreadsheet;
- Setup system for tracking supply usage and remaining inventory using inventory file received from DOC;
- Setup system for tracking location of durable equipment;

Ongoing Duties

- Obtain briefing from Supply Clerk going off shift;
- Wear appropriate identification and safety equipment at all times;
- Receive and store materials required for resident care and site logistics;
- Clean and disinfect re-usable medical supplies;
- Ensure nurses' station materials are kept supplied with care materials including resident care forms;
- Duplicate forms as needed;
- Maintain control over issuing materials to staff;
- Ensure someone else (e.g., Logistics Chief, volunteer) assumes control when out of the supply storage area;
- Track material usage and request additional supplies as needed through Logistics Chief, ensuring adequate time for re-supply before shortage occurs;
- Recover durable and unused supplies and equipment at the time of facility closure, making material disposition according to instructions received at that time and information in this document;
- Document any change of procedures;
- Remain in the facility and reachable

SMS Job Action Sheet

Staffing Coordinator

Day Shift Only or Day and Night Shift

Section assignment: Logistics	
Report to: Logistics Chief	
Supervise: None	
Mission	• Secure and assign staff to meet staffing needs • Work with supervisors to re-assign staff to meet shortages • Schedule staff for duty • Provide for needs of staff while on duty
Equipment	

Initial Duties

- Be familiar with all responsibilities described on this sheet;
- Complete orientation;
- Ensure all positions that need to be staffed are staffed and daily staffing rosters maintained;
- Ensure staffing schedule is up-to-date for next shift and for several days in advance;

Ongoing Duties

- Obtain briefing from Staff Coordinator going off shift;
- Wear appropriate identification and safety equipment at all times;
- Keep Logistics Chief up-to-date on staffing situation;
- Work through DOC to obtain additional volunteer staff;
- Meet needs of staff who are on duty;
- Schedule staff for duty in advance and provide schedule to all staff;
- Fill gaps in staffing, including working with supervisors to re-assign staff to highest need areas during periods of short staffing;
- Communicate to DOC needs for additional staff;
- Document any change of procedures.

SMS Job Action Sheet

Records Manager

Day Shift Only

Section assignment: Logistics	
Report to: Logistics Chief	
Supervise: None	
Mission	• Manage all documents generated by the facility including administrative documents, financial records, staff records and medical records, as well as any electronic media submitted for storage. • Kept the records secure.
Equipment	

Initial Duties

- Be familiar with all responsibilities described on this sheet;
- Complete orientation;
- Ensure records storage area is established either in the main office or in a separate area, with appropriate storage equipment.
- Assist the supply clerk to create packets of medical record forms that can be used to set up charts;

Ongoing Duties

- Obtain briefing from Staff Coordinator going off shift;
- Wear appropriate identification and safety equipment at all times;
- Keep Logistics Chief up-to-date on any problems that arise;
- Ensure that for each person discharged from the facility, a medical record is forward for storage;
- Periodically check with staff to identify documents that can be stored before they get lost;
- Retrieve filed records on request;
- Maintain log of records filed and general location;
- Date stamp records submitted for filing and check out and track possession of those that are released until they are returned;
- Request daily backup of important electronic files to thumb drive and store back up with other records;
- Maintain security of data records and ensure Liaison knows how records are filed and checked out so that he or she can find records in the absence of the File Manager;
- Communicate to DOC needs for additional staff;
- Document any change of procedures.

SMS Job Action Sheet

Charge Nurse (Operations Chief)

Day and Night Shift

Section assignment: Operations	
Report to: Site Commander	
Supervise: Team Leads, Admissions Coordinator, External Care Coordinator, Activities Coordinator, Volunteers as assigned	
Mission	• Ensure all care teams are adequately staffed and Team Leads know assignments • Ensure safe, courteous and ethical treatment of residents • Anticipate and communicate resource needs for operations section • Provide consultative clinical assistance to care providers as needed through local hospital
Equipment	• Cellular telephone • Walkie-talkie • Full access to command office and equipment

Initial Duties

- Be familiar with all responsibilities described on this sheet;
- Complete orientation;
- Keep Site Commander updated on status of operations;
- Assign all supervised positions which are unassigned;
- Work with Logistics Chief to coordinate initial facility setup;
- Assume all duties within section not assigned to supervised personnel.

Ongoing Duties

- Obtain briefing from Charge Nurse going off shift;
- Wear appropriate identification and safety equipment at all times;
- Brief Site Commander regularly;
- Provide briefing to supervised staff at the beginning of each shift;
- Ensure the safe, courteous and ethical treatment of all residents;
- Ensure all resident care areas have at least one staff member present at all times when residents are awake, and each resident care group has at least one staff member present at all times when residents are asleep;
- Immediately bring additional staff to a resident location to assist with a problem;
- Work with Logistics Chief to make projections on facility usage, including expansion and contraction of bed space;
- Work with Logistics Chief to obtain needed resources to maintain resident care;
- Assist Team Leads with problem solving and situational assessment;
- Ensure documentation is complete;
- Document any change of procedures;

SMS Job Action Sheet

Admissions Coordinator

Day and Night Shift

Section assignment: Operations	
Report to: Charge Nurse	
Supervise: Volunteers as assigned	
Mission	• Assess each resident that presents for need for medical shelter assignment • Perform initial evaluation and bed assignment • Manage master resident census records • Ensure all staff and residents check in and out of facility
Equipment	• Walkie-talkie

Initial Duties

- Be familiar with all responsibilities described on this sheet;
- Complete orientation;

Ongoing Duties

- Obtain briefing from Admissions Coordinator going off shift;
- Wear appropriate identification and safety equipment at all times;
- Briefly assess each new resident for admission to determine reason for medical shelter assignment and suitable bed location;
- Assign new residents across all areas accepting new admissions and ensure resident reaches their assigned location;
- Record resident identity and bed assignment in master census log;
- Provide updated master census log to each Team Lead at least once per shift;
- Attempt to exclude any prohibited items from the facility, request security assistance as needed;
- Contact security or any other available staff for support in dealing with aggressive or threatening situations;
- Educate families and new residents regarding facility policies and limitations;
- Document all staff arriving for duty on assignment roster and ensure they have appropriate identification;
- Ensure all residents and staff sign in and out of facility, and ensure staff surrender identification material when checking out;
- Document any change of procedures;

SMS Job Action Sheet

Team Leader

Day and Night Shift

Section assignment: Operations	
Report to: Charge Nurse	
Supervise: Care Providers and team volunteers as assigned	
Mission	• Manage resident care area within a single care area • Consult with admissions as requested • Ensure resident care documentation is maintained • Ensure resident care area has staff member available at all times to meet resident needs • Ensure the safe, courteous and ethical treatment of residents
Equipment	

Initial Duties

- Be familiar with all responsibilities described on this sheet;
- Complete orientation;
- Assign all supervised positions which are unassigned;
- Assume all duties within unit not assigned to supervised personnel.

Ongoing Duties

- Obtain briefing from Team Leader going off shift;
- Wear appropriate identification and safety equipment at all times;
- Provide direct resident care with supervised staff;
- Ensure residents receive safe, courteous and ethical care;
- Ensure protection of confidentiality and privacy;
- Assess staffing adequacy and keep Charge Nurse up-to-date;
- Ensure that all new residents have a complete intake;
- Determine frequency of routine care for each resident (e.g., vital signs, medications);
- Ensure that all new residents have adequate medication to take until the next clinic, and work with the External Care Coordinator to obtain emergency medication if not;
- Determine when residents need to be seen by clinic physician, need more intensive observation or need to be seen for acute care management;
- Ensure adequate care staff are assigned to any task to prevent injury to staff or resident;
- Ensure staff less experience in specific tasks work someone more experience;
- Provide instruction/training to team staff with deficit of any needed skill;
- Determine level of resident care interaction allowed for non-licensed volunteers;
- Observe staff for correct use of personal protective equipment and application of self-protective behaviors include safe lifting and avoiding contamination of self;
- Ensure care staff external coverings remain clean and are changed or covered with clean material as often as necessary;
- Ensure procedures are followed which maintain infection control;
- Maintain situational awareness of all residents in the care area including any needs and change in status;

- Maintain and ongoing awareness of where residents are who are not fully competent;
- Refer residents for assistance to External Care Coordinator as indicated
- Ensure resident and staff safety in any emergency;
- Ensure documentation is complete;

SMS Job Action Sheet

Licensed Health Care Provider

Day and Night Shift

Section assignment: Operations	
Report to: Team Leader	
Supervise: None	
Mission	• Provide care to assigned residents • Ensure all residents receive safe, courteous and ethical treatment • Only perform tasks which are covered by your provider license unless provided instruction that licensed activities have been expanded during the disaster
Equipment	

Initial Duties

- Be familiar with all responsibilities described on this sheet;
- Complete orientation;

Ongoing Duties

- Wear appropriate identification and safety equipment at all times
- Follow procedures for self-protection;
- Notify supervisor regarding any concerns about a resident;
- If in doubt about any situation, condition, or procedure ask supervisor;
- Follow infection control procedures;
- Ensure that for any task in which you assist a resident that you have sufficient staff to prevent injury to yourself or the resident;
- Maintain privacy of resident when exposing them;
- Maintain confidentiality of residents in facility;
- Assist resident with medication only to the extent they cannot assist themselves;
- Discuss any staffing concerns with supervisor;

SMS Job Action Sheet

Activity Coordinator

Day Shift Only

Section assignment: Operations	
Report to: Charge Nurse	
Supervise: Volunteers as assigned	
Mission	• Develop and implement plan for the entertainment and activity of the residents • Identify needs of the residents which would help them to remain occupied and content
Equipment	

Initial Duties

- Be familiar with all responsibilities described on this sheet;
- Complete orientation;

Ongoing Duties

- Wear appropriate identification and safety equipment at all times;
- Develop activities plan for daily activity of the residents and execute plan;
- Identify and obtain materials needed to keep residents occupied and content;
- Setup one or more recreation area with television, DVD player, movies, magazines, books, puzzles or other recreational opportunities;
- Bring recreational materials to residents with limited mobility and assist residents to attend recreational opportunities;
- Assist residents to connect and communicate with each other.

SMS Job Action Sheet

External Care Coordinator

Day Shift Only

Section assignment: Operations	
Report to: Charge Nurse	
Supervise: Volunteers as assigned	
Mission	• Identify residents needing external care assistance • Assist residents with external medical care needs • Assist residents with external social needs or religious needs • Assist residents with external communications (e.g., to families) • Provide logistical support for the shelter clinic/pharmacy • Arranging transportation for residents needing to go to medical appointments within same community • Assisting residents to connect with disaster response agencies (e.g., FEMA) • Provide means for residents to obtain needed items by purchase
Equipment	

Initial Duties

- Be familiar with all responsibilities described on this sheet;
- Complete orientation;

Ongoing Duties

- Wear appropriate identification and safety equipment at all times;
- Keep Charge Nurse up-to-date on meeting external care needs of residents;
- Obtain additional information about residents when needed (e.g., medication list from family, pharmacy or physician);
- Ensure position has adequate volunteer staff to support work load;
- Arrange medical appointments and transportation as needed;
- Provide logistical support for medical clinic including resident scheduling, supplies and materials required;
- Ensure teams know when resident medication refills arrive from pharmacy for distribution to residents;
- Assist residents to make contact with disaster aid agencies;
- Ensure dialysis patients are on dialysis schedule and have transportation to dialysis – coordinate through DOC;
- Assist residents with external communications to family, or pastor or to check on pets or other personal needs;
- Assist residents to obtain needed personal items for purchase or conduct critical business;
- Identify chaplaincy support services and obtain chaplaincy assistance for residents who want this service;
- Document any change of procedures.

SMS Job Action Sheet
Unlicensed Volunteer
Day and Night Shift

Section assignment: Section as assigned	
Report to: Supervisor Assigned	
Supervise: None	
Mission	• Communicated to Staffing Coordinator special skills or preferences for assignment • Assist supervisor or team as assigned
Equipment	

Initial Duties
- Be familiar with all responsibilities described on this sheet;
- Complete orientation;
- Communicate to Staffing Coordinator any special skills or preferences for assignment;

Ongoing Duties
- Wear appropriate identification and safety equipment at all times;
- Keep supervisor up-to-date on activity and location;
- Work within the scope of assigned duties only;

Scope of Assignment
- Assigned to Resident Care Team: Support resident care team by performing tasks specified by Team Leader including passing out and retrieving meal trays, transporting or assisting residents to toilet or clinic, retrieving supplies or equipment, visiting with residents ;
- Assigned to External Care Coordinator: Assume any duties of the External Care Coordinator as assigned;
- Assigned to Safety and Security: Assume any duties of the Safety and Security Coordinator as assigned;
- Assigned to Charge Nurse: Assist the Charge Nurse with non-resident care duties including documentation, administration, communications or materials management;
- Assigned to Supply Clerk: Assume any duties of the Supply Clerk as assigned;
- Other assignment: Duties as assigned by supervisor.