Medical Sheltering of Displaced Populations Plan

Scope of Plan

This plan covers state medical shelters which are operated by NDDoH, and discusses their relationship to shelters operated by local public health and other state agencies. This plan covers some activity related to shelters operated by other agencies for which NDDoH may act in support roles in areas related to health and environment. This plan also covers triage functions which may or may not be located at the same location as the medical shelter. This document deals with shelter activation and global policies and procedures related to use of medical shelters in the state. Separate plans cover details related to the daily operation of the shelter and triage sites.

Indications for Sheltering

Any emergency event which results in a population's displacement from residences may result in the need to set up shelters. It is not possible to accurately assess the percentage of any particular population that will require sheltering but may be on the order of the numbers estimated nationally as follows:

- General population sheltering: 10 to 20%
- Special needs sheltering: 0.5 to 1%
- Medical sheltering: 0.25 to 0.5%

Prior experience with major disasters in North Dakota has found a much lower rate of sheltering than that based on the above national estimates. It is not uncommon for small population displacement to be managed without need to open shelters. Most North Dakotans appear to have alternative living arrangements available with family. In those parts of the state where in-migration has been greater (e.g., Western oil fields), a higher percentage of the population would likely require sheltering if displaced.

Types of Shelters

Should evacuation be necessary, management of that part of the population which is medically frail and does not have alternative housing will be a public health responsibility. It is not expected that other parts of the population being sheltered will be the direct responsibility of NDDoH, but NDDoH may have a support role in all types of shelters, particularly related to medical supplies, access to health care, environmental assessment and disease surveillance. Specific shelter types for caring for evacuees are as follows:

Medical Shelter – These shelters are operated by public health and accommodate individuals with medical conditions that require intermittent medical observation, assessment, or treatment but who do not require hospitalization. Persons with medical problems who need medical sheltering may have a variety of other complicating issues including mental health, behavioral problems, addiction, or memory impairment. Consequently, this type of shelter needs to be prepared to handle all types of patients.

Individuals needing medical shelters who are displaced within the local jurisdiction (e.g., within county) would usually be cared for in medical shelters managed by local public health. The material needed to setup the shelter may be available locally or can come from the state warehouse (shelter kits) and additional material needs would be provided from the warehouse on request[1]. Medical shelters need not be in a separate building from general or other types of shelters. Collocating shelters in the same building may simplify many aspects of patient movement and wrap-around service provision.

If state medical shelters are needed, NDDoH will likely set up medical shelters in either or both of two pre-planned locations [redacted]. Although sites in other cities may be used if these sites are not available or do not offer the best option for a particular

[1] At the time of this writing, some of the material needed by a shelter is commercially available from local retailers (e.g., toilet tissue, sanitary napkins) and would need to be purchased from there at the time the shelter is set up.

population, the most planning has occurred for shelter management at these sites, so they would be used preferentially. All patients needing medical sheltering services provided by NDDoH would be housed preferentially in a single shelter site. That site is likely to be Grand Forks if the displacement event is in the Eastern third of the state (e.g., east of Jamestown) and in Bismarck if the displaced population is from the Western or Central part of the state.

General population shelter – These shelters will usually be run by the Red Cross and accommodate most of the evacuee population needing sheltering. However, general shelters are limited in the types of persons they can accept. Individuals must be capable of attending to their own physical needs without assistance or they must be accompanied by a care provider who stays with the individual at all times to provide the needed care. For example, people who take medication would be fine in a general shelter as long as they did not need assistance from staff to take the medication. It is common for other types of shelters to occupy the same building as general shelters, sharing wrap around service but providing care in a separate area using separate staff.

Closed shelters – These shelters would be run by a long term care facility displaced into a new facility. A closed shelter would accommodate residents of that institution only (hence, closed to all other evacuees). Operation of this facility would require approval and waivers from the NDDoH and federal agency Centers for Medicare and Medicaid Services (CMS). NDDoH would provide at least the same level of support to these shelters that it would provide to any long term care facility; additional support might be needed such as medical supplies.

Staff shelters for disaster workers and community infrastructure – These shelters provide housing accommodations for individuals staffing critical community infrastructure in the disaster recovery area or staff for shelters coming in from other areas of the state to assist with disaster recovery. If housing accommodations are needed by staff/volunteers working in a shelter, a small area of the shelter may be designated a staff shelter or a separate sheltering site may be used as the sleep area. Alternately, staff/volunteers may be housed in hotel space in the community or a nearby community.

If a community is substantially damaged by a disaster, during the recovery phase, an acute shortage of housing may exist making it difficult for critical workers to return to the community, including health care workers needed to re-establish health care services in the community. Consequently, a staff shelter may be opened late, after other types of shelters have largely shutdown. Generally this type of staff shelter would be operated by the local community.

Animal shelters – These shelters would be run by the Department of Agriculture or its designee and would accommodate animals/ household pets of displaced individuals and/or responders. Public health would not be expected to have any responsibility for support of these shelters.

<u>Reception Centers (Triage Sites)</u>

A separate plan details the operation of these sites. Most people evacuating from an area at risk for flooding will be able to arrange their own alternative living conditions. Public communications before evacuation would alert people to be prepared and have private destinations arranged. Those people not having privately arranged destinations will need to be sheltered – some of them in medical shelters.

Reception centers for persons who need sheltering will assess the needs of evacuees and determine the most appropriate sheltering venue. Each evacuee presenting at a reception center will be screened by a licensed health professional (e.g., EMT or higher) and a social service care provider using a standard form designed to make a disposition to a specific type of shelter (or health care institution) as quickly as possible. (The triage process is not intended to replace the intake process which occurs at each shelter when the person arrives at their assigned shelter.)

A reception center may be located in an unaffected area of the community from which evacuation is occurring or in a nearby destination city, or both. A reception center may be located with a shelter (especially a general population shelter), but would still need available transportation resources to move people to other types of shelters not located in the same building. Public information broadcasts would be used to notify those evacuating where to find a reception center which would ensure their placement in a shelter if they needed one, and all types of response sites would be able to direct persons seeking sheltering to a reception center. An evacuating individual who did not need sheltering services would not need to report to a reception center.

Transportation from the reception center to the shelter(s) will be provided. Transportation of patients to a medical shelter will generally be a disability equipped bus. In the event that such a bus is not adequate to transport a specific patient, an ambulance may be used. Dislocation of a substantial number of persons who are bed bound but not in an institution is unlikely, but should that occur, an ambubus or converted stretcher bus which has been pre-staged in the area may be used.

Patients Triaged to Medical Shelters from Reception Centers

A specific form has been created to quickly identify the appropriate shelter for each person. Identification of any type of problem which would indicate need for a medical shelter is identified first; consequently, medical shelters may have residents with any sort of other problem including criminal records, mental illness or intellectual disability. Persons that will be automatically triaged to a medical shelter include[2]:

- Persons receiving home health services;
- Persons with any infectious illness other than a cold;
- Persons who are immunosuppressed;
- Women with a high risk pregnancy;
- Persons needing staff assistance with glucose checks or needing diabetes supplies;
- Persons in hospice;
- Persons with an open wound;
- Persons with poorly controlled seizures;
- Persons on tube feedings;
- Persons who are bed bound;
- Persons with a tracheostomy or central line (e.g., Hickman or Groshong Catheter);
- Persons requiring bladder catheterization;
- Persons on oxygen or receiving IV medication; and,
- Any other serious medical illness requiring special care.

Hemodialysis patients are more complicated to place. Some can provide their own care and some cannot. It is more important to match a dialysis patient to a city in which they can receive dialysis services than it is to match them to a particular type of shelter.

Triggers for Establishment of Medical Shelters

Any event which triggers a population evacuation may require establishing one or more medical shelters. Examples of such events include:

- Airborne toxin or radiation release (e.g., train derailment);
- Flooding;
- Ice storm with utility infrastructure damage;
- Destruction of homes by tornado or other severe weather event;

[2] Determination that any of these criteria are met is based on self-report of the person presenting to the reception center.

If the population displacement is expected to last longer than one or two days and persons in the community lack alternative accommodation suitable for their medical condition, then a medical shelter is indicated.

In most instances where medical sheltering is necessary and of modest scope, medical sheltering would be a function of local public health. State medical sheltering would occur when:

- Local public health capacity is insufficient to care for evacuees needing medical sheltering;
- Local public health does not have the capacity or administrative mechanisms for meeting all the financial obligations of running a shelter[3]; or,
- Populations are displaced out of jurisdiction such that the local public health agency normally responsible for the population is not available to care for them (e.g., Fargo residents displaced out of Cass County who require sheltering in another county).

State and LPHU Medical Shelters in Same City

It may happen in a city in which the state establishes a state medical shelter that the LPHU in that jurisdiction is also operating a medical shelter. Generally this will occur when local residents displaced within a county are being cared for at a local medical shelter and the state is caring for persons displaced from their home LPHU jurisdiction. State and LPHU medical shelters have been intentionally planned for completely different sites so their simultaneous operation is not problematic. However, simultaneous operation may be unnecessary. When this occurs, state and local public for that jurisdiction will discuss the advisability of combining all shelter residents into the state shelter.

Duration of Stay in a Medical Shelter

The duration of stay in a shelter may be hours to weeks. A medical shelter opened to temporarily receive patients from a LTC facility until they could be placed would close as soon as placement was complete. Community patients who are eligible for long term care placement may be placed to prevent a prolonged shelter stay. In an event in which the infrastructure of the origin city is not damaged (e.g., pre-emptive flood evacuation without subsequent levee breach, chemical release), shelter residents should be able to quickly return home. If infrastructure damage occurs, sheltering may be prolonged. NDDoH would attempt to transition state shelter residents back to a local shelter as sheltering populations decreased and the community has an opportunity to recover from the disaster.

NDDoH Materials for Shelter Setup

The NDDoH state cache has pre-prepared materials for use in medical shelters organized in units of 20 beds. These materials are intended for state or local public health administered medical shelters. Semi-trailers containing medical sheltering equipment for 100 beds is located in each of the eight largest regional cities. Additional units of sheltering material will remain in the warehouse but available for use establishing new local or state shelters or for expanding the size of existing shelters. Additional specific supply items can be requested through HAN_Assets to supplement shelter inventories. Items most likely to be needed to supplement shelter kits are Hoyer lifts, stretchers, wheelchairs, oxygen concentrators or privacy screens. If medical supplies are needed by other types of shelters run by other entities (e.g., wound dressings, diabetes supplies) NDDoH can supply them, but NDDoH would not provide materials for full shelter setup for non-public health entities. Following the closure of a shelter which received material from NDDoH, durable equipment and unused consumable material that is in good condition is recoverable.

The natural gas line explosion in Canada in January, 2014 resulted in markedly reduced supplies of natural gas used to heat most health care facilities in the Red River Valley. The number of health care

[3] Because FEMA will not reimburse more than one entity for a single service, it may be necessary for these patients to go to a state medical shelter where the financial obligation can be met.

facility residents that could eventually loss heat was greater than 1,500. The medical cache had only 1,500 beds and those beds were scattered across the state. Weather conditions included blizzard and winds high enough to make movement of semi-trucks hazardous. Evacuation to other health care facilities would also be hazardous. The likelihood of this volume of sheltering was not anticipated. While the pipeline was repaired before natural gas line pressure dropped seriously in the impacted facilities, the event demonstrated the inadequacy of the cache to support medical sheltering on a scale that may be necessary. As a consequence, the supplies needed for sheltering medical populations are to be increased to 3,000 beds.

Hospital Contract for Medical Sheltering Operations

NDDoH has a contractual relationship with most hospitals in the state. These contracts provide for medical care (including durable medical equipment, pharmaceuticals, outpatient, LTC and inpatient care), for patients displaced a disaster who need medical care but have no means to pay for it. Persons needing durable medical equipment would need to register with the facility as a patient in order to receive the equipment. A different plan covers provision of pharmacy services.

An extended contract exists with some hospitals to provide medical care services to medical shelters. These services may include provision of a provider and pharmacy to the shelter for some hours per week or provision for patients to be seen in clinics operated by the facility.

Support Roles for All Types of Shelters

Disease Surveillance – The Division of Disease Control will establish communication with each shelter (state or local) in the state. A single designated individual will be asked to provide screening forms for all persons who report for sick call or otherwise need medical attention. These forms will be faxed to NDDoH daily for processing and review.

Environmental Surveillance – The Division of Food and Lodging will ensure that state shelter sites are inspected and meet all requirements for environmental adequacy, sanitation and food service provision. A standard shelter surveillance form will be used to assess all aspects of environmental conditions at the shelter. Frequency of follow-up visits will be determined by the Division of Food and Lodging. Local shelters would receive local environmental health services from local public health agencies.

Medical Supply – Some shelters may take residents who have a condition which the resident or a caregiver can adequately manage in a non-medical shelter environment (e.g., dressing changes, blood sugar checks). However, during a prolonged stay, if residents run out of medical supplies, they can either be obtained through private purchase at a local pharmacy or a request can be sent through HAN_Assets for the medical material to be sent to the requesting shelter. Materials which are not used or damaged after the event will be recoverable.

Federal Support for State Medical Shelters

Obtaining federal support for a state medical shelter is not anticipated unless the volume of sheltering required becomes overwhelming such that materials or personnel are insufficient to manage all those needing medical sheltering. Should this occur, the DOC will communicate with federal support personnel to mobilize a Federal Medical Station.