

Health and Medical Response to Anticipated Flooding in the Devils Lake Region

North Dakota Department of Health

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Scope of Document

This document addresses contingency planning for health and medical response to flooding in and around Devils Lake, including population displacement and health care but not including environmental hazard response.

Assumptions

- Affected areas may not be suitable for re-occupation for the foreseeable future;
- Size of the displaced population will depend on level of water rise and whether a levee breach occurs.
- Prolonged elevation of flood waters may require NDDoH pre-placed materials for pre-hospital stabilization to remain in the area indefinitely for response in the event of a levee break.
- Likely scenarios which do not include a levee breach
 - Scenario 1: Increase in localized flooding with limited population displacement
 - A slow rise in the water level will permit a planned evacuation of residents from flooded or flood prone areas;
 - Will not involve the evacuation of any health care facilities;
 - Could result in the evacuation of some hundreds of persons;
 - Could result in flooding of environmentally sensitive sites including sewage lagoons for one or more small communities with consequent impairment of community services requiring evacuation of non-flooded areas (In the absence of a levee break, sewage lagoons serving the City of Devils Lake would not be flooded)
 - Scenario 2: Flood waters could cut the road between Devils Lake and the Spirit Lake Reservation
 - Would result in loss of ready access to health care including inpatient care for IHS patients, outpatient referral, dialysis services and diagnostic services;
 - Would prevent ready access to worksite by health care workers commuting between Devils Lake and Fort Totten;
 - Could displace to other cities a portion of health care for reservation residents now provided in Devils Lake.
- Breach of levee protecting Devils Lake (Scenario 3)
 - Would result in catastrophic flooding possibly without sufficient warning to allow complete resident evacuation; consequently necessitating rescue operations;
 - Time to entry of flood waters into a given area would depend on the elevation of the area and width of the breach;
 - Delayed recognition of breach (e.g., night) and delay reaching residents with evacuation order would result in reduced time for evacuation;
 - Even low level flood waters in winter could impair evacuation without assistance.
 - Could result in substantial loss of life if breach is very large and lead time is short;

- Vulnerable population with reduced awareness of threat or reduced ability to evacuate would be at highest risk for adverse outcome and may be at risk for loss of life.
 - Would result in loss of city utilities for the City of Devils Lake resulting in its entire evacuation (although the entire city would not be under water) with more than 8,000 persons displaced from the flooded area;
 - Would prevent re-occupation of any part of Devils Lake for a prolonged period;
 - Would lead to the evacuation of residential health care facilities, some of which may experience life threatening flooding depending on lake height at the time the levee broke and ambient temperature. (Not all of the institution types listed below may fall under the direct jurisdiction of NDDoH to assist (see table 4 with facility elevations) but any could require acute medical assistance);
- [REDACTED]
- Would lead to closure of [REDACTED] in Devils Lake due to loss of utilities (not submersion) and loss of all health care services (outpatient and inpatient) being provided in the City of Devils Lake to residents of Ramsey County and surrounding counties (see Tables 2 and 3 for estimate of inpatient usage by population and Table 5 for list of facility vulnerabilities);
 - Will displace health care workers in the area
 - Potential large shortfall in health care facility staff at all health care facilities at time of evacuation as staff try to save their own families and property;
 - Likely permanent relocation of a large percentage of health care workers regardless of the status of re-occupation of Devils Lake;
 - Will displace public health workers from the area due to loss of homes and closure of Devils Lake office. Devils Lake will require immediate public health disaster services for flood response and other portions of LRDHU will require routine public health services.
- Portions of any population which cannot directly access health care services in Devils Lake will seek care in small surrounding communities and in Grand Forks.
 - Residents displaced from their homes will relocate to areas not impacted by flooding where some will need sheltering. Since short term re-occupation of homes is not possible, moving out of shelter will require long term alternate housing.

Categorization of Potential Public Health Response

Seven categories of public health response are considered as follows:

1. Ensure access to medical care (reservation, community, and other counties) – This implies access which is timely and practical to outpatient care, diagnostic studies, dialysis, pharmacy services, EMS and hospitalization care.
2. Surge management –In the event of levee breach, rapid flooding could result in acute surge to area hospitals of persons ill or injured by flooding or who develop acute medical problems at a time when they are cut off from medical care. .

3. Medical sheltering
4. Pre-hospital stabilization
5. Evacuation of medical facilities - This may include evacuation of acute care and long term care facilities.
6. Mass fatality – In the event of substantial loss of life due to rapid entry of flood waters into Devils Lake
7. Continuance of operations for local public health critical services

Contingency Planning for State Public Health Response

Scenario 1: Flooding displaces some additional residents (e.g., up to 500) without direct impact on the Community of Devils Lake and without severing the connection to the reservation. All flooding is gradual without sudden large-scale flooding of any residential area.

Access to medical care

Populations displaced from their homes due to flood or severing of transportation routes for from isolated areas may require new care sites depending on the location to which they are displaced. However, no specific NDDoH action is required. This level of health displacement will be easily absorbed by the health care system.

In situations where road damage is impairing access to medical care, DES has worked with local ambulance providers to identify alternate transportation options (i.e., a 4x4 ambulance transport). No additional action is anticipated.

Medical sheltering

Medical sheltering for a small number of displaced persons may be required for an unknown duration. Displaced persons meeting criteria for medical sheltering are encouraged to seek a living arrangement with family outside of the flood area. If displaced person has no place to go, LRDHU becomes the first option for providing medical sheltering. NDDoH would provide sheltering kit if requested.

NDDoH Shelter for Small Number

If medical sheltering task is referred to NDDoH for small number of displaced persons, NDDoH will attempt to find alternate venue for patients for temporary shelter including nursing home bed or assisted living bed or temporary community housing with re-establishment of support services required to keep patient free living in community (e.g., home health care, access to appropriate health care provider); the state would cover financial cost not eligible for Medicare or Medicaid reimbursement until definitive housing is identified for which the displaced person can resume financial self- responsibility. NDDoH would obtain NDDHS assistance as needed to assist with long term housing arrangement for displaced persons in a location where required support services are available (e.g., in situation in which displaced person has no alternatives for housing and limited resources);

NDDoH Sheltering for a Large Number of People

If number of displaced persons needing medical sheltering makes use of alternative living arrangements unfeasible, NDDoH would open a medical shelter. Anticipated site for an NDDoH managed medical shelter would be a sheltering site in Grand Forks [REDACTED]. Transport of persons evacuated from health care facilities (e.g., assisted living) would be transported to medical shelter or alternate locations by transportation arranged by NDDoH. Community residents who are not institutionalized would be transported as part of the general

population and triaged to medical shelters in Grand Forks if appropriate. A single sheltering kit likely sufficient for most medical sheltering purposes is located in both Grand Forks and Devils Lake. If needed, additional sheltering kits will be mobilized from Bismarck warehouse to sheltering site when the need for the shelter material is identified. Sheltering kits could be available on-site in Grand Forks within 12 hours or less. NDDoH would immediately request DHS assistance with social service for identification of long term housing since original home is not expected to be usable for foreseeable future.

Scenario 2: Same as scenario 1 except direct access between the reservation and the Community of Devils Lake is severed. Planning assumes that no cross-water transport exists to move patients from the reservation to Devils Lake at medical need; however, tribal preparedness has addressed this capacity to some extent.

Access to medical care

Patients on the reservation will continue to have access to the IHS clinic in Fort Totten; IHS reports that impact on IHS clinic personnel from cutoff to Devils Lake likely to be minimal. However, many reservation patients do not use this as their usual source of care. If care in Devils Lake is cut off, additional patients may use IHS care at least in the short term or may need assistance finding alternative care locations in surrounding communities if they choose not to travel the increased distance to Devils Lake. NDDoH would provide informational assistance if requested to coordinate that by the tribe.

Patients dialyzed at the Altru dialysis unit located at the Devils Lake Hospital will have long travel time to Devils Lake. It is likely that transportation assistance would be provided to ensure these patients can reach dialysis in Devils Lake. As long as dialysis remains available in Devils Lake, transportation would be a better option for most patients than moving their services to a different city. Depending on size of dialysis population, all patients may or may not be able to be accommodated immediately at the Jamestown facility which appears to be first IHS alternate choice.

Patients from the IHS clinic in Fort Totten who need routine hospitalization will have a long travel distance or will have to go to an alternate city (See mileage chart between cities). Communications from IHS suggest that inpatient services will be displaced to Carrington, and for higher level care, to Jamestown. Transportation assistance may be required by some patients. NDDoH would assist if requested.

It is not clear if outpatient services would tend to follow the inpatients, but this is usual practice. The amount or capacity these Jamestown physicians would have is unknown. Specialties reported by Devils Lake physicians include family practice, internal medicine, emergency medicine, radiology, ophthalmology, general surgery, psychiatry, and gastroenterology. These could be replaced in Jamestown if clinics have sufficient appointment space.

It is anticipated that approximately 10 patients from the reservation would need dialysis and the Jamestown facility is often full; that is, Jamestown likely could not accommodate additional patients without adding additional staff. Grand Forks Altru could accommodate 10 and private dialysis centers in Grand Forks could accommodate 24 patients.

Monitor impact on health care in Devils Lake

HCWs living on reservation and working in Devils Lake will not have ready access to work sites (hospitals, nursing homes, clinics) with potential reduction of staff at those sites. No specific action on the part of NDDoH is anticipated unless serious impairment of facility function is

identified. That may require transfer of patients to other facilities if workforce shortage is likely to be sustained or if shortage immediately impairs clinical care.

Payments for care of IHS patients and reservation patients with private insurance likely make up a substantial part of the Devils Lake health community revenues; loss of this revenue may be financially problematic if reservation access to care is impaired. No specific NDDoH action is identified. Devils Lake may wish to consider assisting with transportation between reservation and Devils Lake both to maintain worker population and flow of dollars from reservation patients.

Medical Sheltering: Same as for Scenario 1.

Scenario3: Levee break means the entire City of Devils Lake must be evacuated due to loss of utilities and partial flooding of the city. Perhaps half the population would be flooded out of their homes; some of the homes would be flooded deeply. Need for rescue operations would depend on advance warning, water depth and temperature. Population in areas not flooded would be able to self evacuate over several days.

Access to medical care

Displaced population would likely seek to obtain care in the cities to which they are relocated or in large referral communities, while residents of outlying communities that used Devils Lake for their primary source of care would have to get care where they live or go to an alternate referral center such as Grand Forks. Small communities may have an inadequate number of providers to make up for lost health care in the Devils Lake area. Patients unable to get health care services locally will search for care at a greater distance. Some assistance may be helpful to populations losing health care in order for them to re-establish a source of care.

If needed, assistance will be provided by information coordination across the regional health care area. This could be coordinated by NDDoH or [REDACTED] or other health care institution. This would include collecting data, regularly updated, from providers in surrounding communities and referral communities with posting to the web. Information would include: community, provider/clinic name; type of patients seen, whether the practice is accepting new patients, waiting time for an appointment, type of insurance required if restricted, appointment contact information. Media would likely be used to distribute information about the website.

Surge Management

Levee breach in Devils Lake may result in a marked increase in emergency care in outlying communities [REDACTED] is no longer functional. Surge above baseline may be markedly elevated for a few days until Devils Lake empties, followed by a long term but lower level increase above baseline. Most emergency departments are expected to be able to deal with the increased patient flow since baseline flow volume through most will be low. However, if one or more small EDs is being overwhelmed there will be insufficient time to bring in federal resource to supplement. Therefore, coordination with Altru to assist and activation of the PHEVR/MRC are the proposed responses.

Medical Sheltering

Population displacement would likely lead to medical sheltering for 80 to 100 persons. Duration of sheltering can not be determined, but could be lengthy for some persons. In this scenario, NDDoH will be responsible for medical sheltering. NDDoH will activate its sheltering plan with placement of a medical shelter in [REDACTED]. In addition, NDDoH will set up a triage site in Grand Forks in cooperation with Red Cross and DHS to screen patients for appropriate sheltering

site. NDDoH would request immediate assistance from DHS with social service to ensure all medical shelter patients have long term disposition as soon as possible.

Pre-Hospital Stabilization

NDDoH would activate a pre-hospital stabilization site at the hospital. Materials pre-staged in the area would be immediately available. Co-managed within the pre-hospital stabilization site would be 1) ambulance staging (with a call for ambulances issued to report to Mercy Hospital via route to be specified) and 2) medical support of evacuation which would ensure that evacuation missions requiring EMS support personnel could accompany (see plan for medical support of evacuation).

Evacuation of Medical Facilities

PLANNING TASK: Pre-place evacuation kit

First priority will be rescue of patients from flooded or soon to be flooded health care facilities plus any inpatients in [REDACTED] whose condition is threatened by utility loss. Second priority would be evacuation of remaining health care facilities which did not flood. The DOC would coordinate long term placement of displaced residents through the DOC with transfer from temporary holding area as placement is found and transport is available.

Several facilities are above the flood level anticipated even if the lake were to rise to the level of its natural outlet (See elevation chart). These facilities may require short term sheltering in place support while other facilities are assisted with evacuation. For immediate evacuation, staging of LTC patient would like be best at [REDACTED]. Most patients are ambulatory and should be able to use public transportation resources and private vehicles of volunteers

Resourcing Evacuation

In 2010, only one facility was below the current lake level and would flood if the levee broke; however, lake levels will vary year to year depending on weather. If the lake level continues to rise, three additional facilities would be below water before the lake found natural outlet at 1459 feet.

[REDACTED]

Assuming all facilities needed to be evacuated simultaneously, only [REDACTED] would likely need additional transport equipment – suggest 20 wheelchairs and three stretchers would be sufficient to quickly evacuate all buildings. The number of patients on O2 would vary over time, but patients would be expected to evacuate with their oxygen concentrators for use in the new facility. Sufficient material to assist with evacuation should be available on the trailer parked in Devils Lake. Transport vehicles should plan to move eighty patients which are wheelchair or stretcher bound. A converted school bus is located in Devils Lake which can be used immediately. An additional converted school bus could arrive in a few hours from Bismarck. Estimate of time available for evacuation would determine whether and how many ambulances may be mobilized to the city.

Both Heartland facilities have the potential for having few staff. Most Odd Fellows staff would be potentially available. But all facilities should be planned for receiving sufficient volunteers to manager evacuation and short term care with few staff.

Suggest the following numbers of volunteers



Based on the volunteer registry, 25 active volunteers outside of Devils Lake live within ~30 minutes of the city, an additional 65 within 1.5 hours and an additional 78 within two hours.

Other facilities would require evacuation but resources should be released by these facilities before that become necessary.

Mass fatality

Local mass fatality response authority has been assigned to Lake Region District Health Unit.

Target capability for this event is set at 50 bodies; it is unlikely that the number would exceed this for this event. Since few bodies would likely require autopsy, 50 bodies could likely be handled by the state forensic examiner with in state resources. Tasks which might need to be coordinated include

- Recovery
- Transportation
- Temporary storage until interment
- Identification including collection of DNA samples from relatives of missing persons.

See mass fatality plan.

Sources of Remains

- Catastrophic flooding of up to 15 feet deep could result in deaths due to drowning or exposure. Recovery, storage and identification of human remains for final disposition and family assistance are the anticipated tasks should mass fatality become an issue. Actual recovery of remains may require search and rescue if bodies are in the water. DNA samples would have to be obtained for confirming identity.
- Remains might need to be recovered from the mortuary which will be flood in the event of a levee breach.
- Displacement of remains currently interred in cemeteries is possible if the cemeteries flood. The main cemetery in Devils Lake should be above high water, but several small cemeteries in rural areas could be flooded (some already have been).

Storage – Storage requirements are expected to be brief (few days). If the number of bodies is in the range of 10-12, they can be transported to the State Medical Examiners Office; more can be accommodated during the winter. The next resource would be one or more reefer trucks from NDDoH. A forestry site refrigerator is within 35 miles of Devils Lake, but it is not anticipated to be needed if mass fatality demands remain at 50 or less. Substantial additional storage is available in [REDACTED]. It is likely that the incident morgue would be setup in Grand Forks but this would be a decision made by the State Forensic Examiner at the time of the event.

Transportation – No specialized requirements other than the vehicle needs to be enclosed (from public view) and cleanable. Any vehicle which can hold one or more body bags with remains can be used. DOT site in Devils Lake likely to be primary source for vehicles.

Pathology assistance – Sufficient pathologists are located in the state to manage target number of remains. State Medical Examiner's office will mobilize assistance from Grand Forks [REDACTED] [REDACTED] are the first option. Additional retired staff may be available in the state. A forensic dentist is available from Jamestown for disaster response. Activation of DMORT is not anticipated if number of remains is at or below the target capability for this event.

Body Handling Assistance

No training required, but ability to deal with human remains emotionally and physically is necessary. Primary options:

- EMS or other emergency responders may assist if other duties allow.
- Request for assistance to mortuary community for volunteers or hired as contract service provider. Mortuary business would be displaced in the community.

- NDDoH can reach back into department personnel to see if any employees were willing and able to assist (e.g., EMS, nurse or other health care personnel).

Interment

Even though the primary cemetery in Devils Lake is expected to be above water, given that a level break would cause evacuation of the entire city, perhaps for a year or more, it is unclear if the cemetery could be conveniently used. Remains would be released to family as soon as identification was made. Unclaimed remains would become the responsibility of NDDoH.

Equipment needs

Digital x-ray machine (not yet available)

Hand held x-ray machine (not yet available)

Stretchers – Large number in warehouse

Body bags – Large number in warehouse

Loss of LRDHU/ COG/COOP

In the event of the evacuation of Devils Lake, LRDHU will be evacuated and will need to activate its continuance of operations plan for re-establishing public health services to areas outside Devils Lake and continued flood response operations. NDDoH would provide assistance to LRDHU. If monitoring of provision of public health services resulted in substantial gaps in public health coverage, NDDoH would coordinate additional replacement resources until area public health services stabilized. This might involve short term personnel resources to assist LRDHU to sustain critical tasks for population remaining in Ramsey County and other counties in the LRDHU jurisdiction (e.g., coordination of cross coverage from adjacent public health units).

Table 1						
City	Miles*	Min*	Miles*	Min*	Hospital	Lic. Beds
	DL	DL	Ft Tot	Ft Tot		
Devils Lake	0	0	13**	17**	Mercy Hospital of Devils Lake	25
Cando	35	35	47	48	Towner County Medical Center	20
Rugby	59	58	67	66	Heart of America Medical Center	25
Carrington	56	61	43	44	Carrington Medical Center	25
McVile	53	63	63	73	Nelson County Health System	19
Belcourt	82	81	94	94	Quentin Burdick Memorial	46
Northwood	80	84	90	94	Northwood Deaconess Health Ctr	12
Grand Forks	91	93	101	104	Altru Medical Center	277
Harvey	84	94	71	76	St. Aloisius Medical Center	25
Cooperstown	80	98	90	101	Cooperstown Medical Center	18
Park River	82	99	110	123	First Care Health Center	14
Jamestown	99	103	86	106	Jamestown Hospital	25
Grafton	99	117	115	129	Christian Unity Hospital	17

*Assumes all roads are open
 ** Estimated mileage from Ft Totten to Devils Lake via Pekin and Lakota =104 miles / 118 minutes

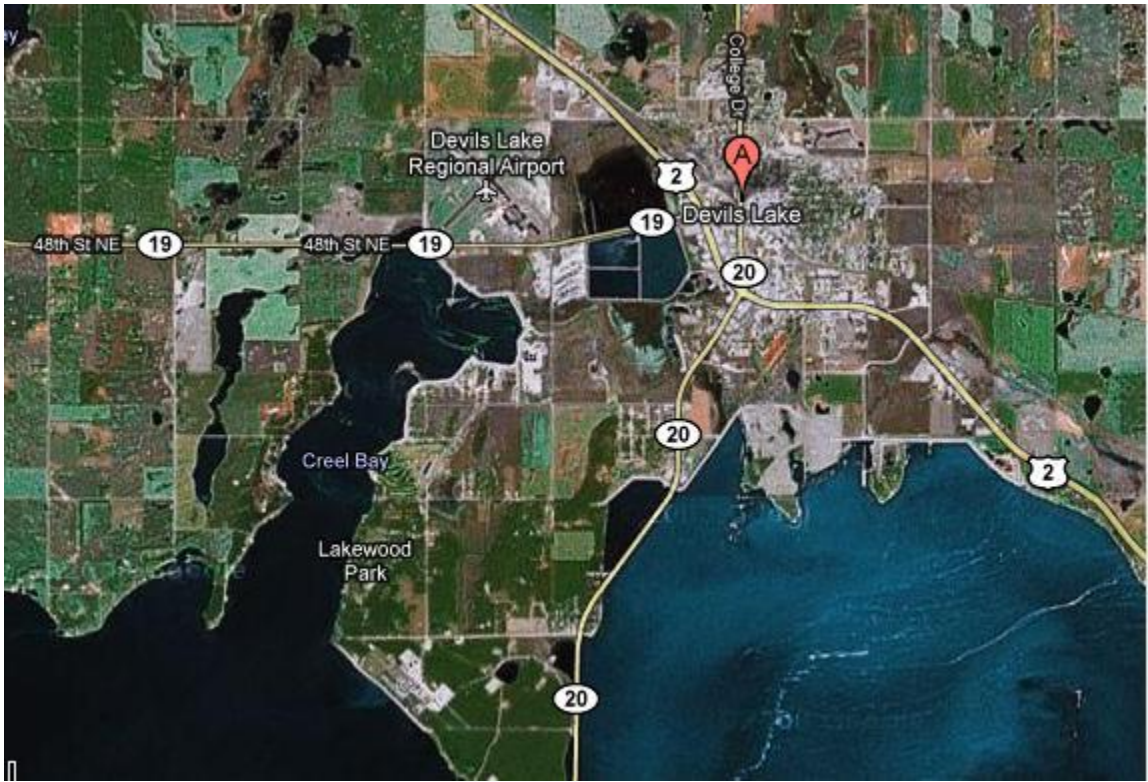
Table 2	
County of Residency	% of County Hospitalizations in Ramsey Co. Year 2000
Ramsey	61
Benson	55
Cavalier	12
Eddy	9
Griggs	9
Nelson	9
Sheridan	11

Table 3	
Destination Hospital for Ramsey County Residents	Percent of Hospitalizations Year 2000
Ramsey	61
Grand Forks	17
Cass	10

Table 4	
FACILITY	ELEVATION
Heartland Courts	1449.9
Current lake level	1451.4
Heartland Care Center	1454.0
Odd Fellows Basic Care	1456.0
Lake Country Manor	1458.0
Maximum level of lake	1459
Mercy Hospital	1469.0
Lake Region District Health Unit	1473.8
Good Samaritan	1476.8

Estimate for Inundation Time Assuming 90 Foot Breach

Elevation (ft.)	Time (hrs.)
1440	7
1445	11
1450	19
1455	30



Health Facility Information

Facility Name Good Samaritan Society Devils Lake	Date 8-13-10
Address 302 7 th Ave NE and 1320 10 th St NE	Elevation
Devils Lake ND 58301	SNF is at 1,478 ft and Lake Country Manor (AL) is at 1,458
Census Basic	Skilled
10 residents	46
	Assisted
	19

Approximate proportion of residents that are bed-bound?	2
Approximate proportion of residents that are wheelchair bound?	33
Approximate proportion of residents that are ambulatory?	20 who can get into a car not counting the AL and Basic who can all get into a car
If sewer service was lost, how long could you shelter in place?	3 days
If water service was lost, how long could you shelter in place?	3 days
If electricity was lost, how long could you shelter in place? (Assume adequate generator fuel, but consider capacity of generator and what the generator is wired to run)	5 days more if needed but we are not fully on the generator
Can you run heating, ventilation, air conditioning (HVAC) from your generator?	Heating and ventilation
How many days of generator fuel do you have on hand?	5 days for the diesel (main generator) we use natural gas for the little generator
If access to pharmaceuticals or medical supplies was lost, how long could you shelter in place?	We use a 7 day cycle fill so it depends on the day of the cut off but no longer than 7 days
If oxygen deliveries were cut off, how long could you shelter in place?	We get oxygen delivered every two weeks
If food deliveries were lost, how long could you shelter in place?	7 days then we would need supplies
What vehicles do you own for moving patients?	2 minivans and 1 wheelchair van that holds 2 wheelchairs
What percentage of your staff live in an area that would flood if the levee broke?	About 40 % (?) some have relatives they could stay with
Do you have an alternate facility that could take all of your patients?	No we would have to split the residents up
If the road to the reservation was cut and persons living on reservation could not get to work, would you have sufficient staff to continue normal operations?	Yes we actually have had the road shut down last winter for a day and we had enough staff
If it was necessary to evacuate the building, what percentage of your residents would likely go home with family members?	Maybe ½ of the AL and Basic Care census but few if any of the SNF residents
<p>Note: Our buildings are about 5 miles from the dike. If the dike broke it is very unlikely we would have any water damage due to our location in town. We would most certainly lose sewer due to the treatment plant being next to the dike. I would expect that within 3 days a temporary fix to the sewer problem could be in place (a holding tank of some type). Our city water source is miles north of town and would most likely not be affected by the dike breach. Staffing would be a problem if we operated more than a few days.</p>	

Facility Name Heartland Courts Assisted Living		Date July 30, 2010	
Address 640 14 th Avenue NE 1521 5 th Street NE 1621 5 th Street NE		Elevation 1453 - 1455	
Census	Basic	Skilled	Assisted 49 apartment (58 residents)
Approximate proportion of residents that are bed-bound?		0	
Approximate proportion of residents that are wheelchair bound?		3%	
Approximate proportion of residents that are ambulatory?		97%	
If sewer service was lost, how long could you shelter in place?		Approx. ½ day	
If water service was lost, how long could you shelter in place?		0	
If electricity was lost, how long could you shelter in place? (Assume adequate generator fuel, but consider capacity of generator and what the generator is wired to run)		Approx. ½ day	
Can you run heating, ventilation, air conditioning (HVAC) from your generator?		NA	
How many days of generator fuel do you have on hand?		NA	
If access to pharmaceuticals or medical supplies was lost, how long could you shelter in place?		NA	
If oxygen deliveries were cut off, how long could you shelter in place?		NA	
If food deliveries were lost, how long could you shelter in place?		5-7 days	
What vehicles do you own for moving patients?		Share 2 with NH	
What percentage of your staff live in an area that would flood if the levee broke?		100%	
Do you have an alternate facility that could take all of your patients?		Not in DL	
If the road to the reservation was cut and persons living on reservation could not get to work, would you have sufficient staff to continue normal operations?		Yes	
If it was necessary to evacuate the building, what percentage of your residents would likely go home with family members?		90% have local family if family could get here to get them.	

Facility Name Heartland Care Center		Date July 29, 2010	
Address 620 14 th Avenue NE		Elevation 1453-1455	
Census	Basic	Skilled 74	Assisted
Approximate proportion of residents that are bed-bound?		0	
Approximate proportion of residents that are wheelchair bound?		71	
Approximate proportion of residents that are ambulatory?		3	
If sewer service was lost, how long could you shelter in place?		½ to full day	
If water service was lost, how long could you shelter in place?		0	
If electricity was lost, how long could you shelter in place? (Assume adequate generator fuel, but consider capacity of generator and what the generator is wired to run)		24 hours	
Can you run heating, ventilation, air conditioning (HVAC) from your generator?		Heat – generator Vent – outside air A/C – not on generator	
How many days of generator fuel do you have on hand?		Approx. 30	
If access to pharmaceuticals or medical supplies was lost, how long could you shelter in place?		5 days	
If oxygen deliveries were cut off, how long could you shelter in place?		3-7 days	
If food deliveries were lost, how long could you shelter in place?		5-7 days	
What vehicles do you own for moving patients?		2 handicapped accessible vans	
What percentage of your staff live in an area that would flood if the levee broke?		80-85% but road may not be accessible for others to get here	
Do you have an alternate facility that could take all of your patients?		Not in DL	
If the road to the reservation was cut and persons living on reservation could not get to work, would you have sufficient staff to continue normal operations?		Yes	
If it was necessary to evacuate the building, what percentage of your residents would likely go home with family members?		Less than 5%	

Facility Name Odd Fellow Home		Date 7-29-2010	
Address 1107 Walnut St E		Elevation 1468.0	
Census 43	Basic 43	Skilled 0	Assisted 0
Approximate proportion of residents that are bed-bound?			0
Approximate proportion of residents that are wheelchair bound?			3
Approximate proportion of residents that are ambulatory?			40
If sewer service was lost, how long could you shelter in place?			One Day
If water service was lost, how long could you shelter in place?			One Day
If electricity was lost, how long could you shelter in place? (Assume adequate generator fuel, but consider capacity of generator and what the generator is wired to run)			Weeks
Can you run heating, ventilation, air conditioning (HVAC) from your generator?			Yes
How many days of generator fuel do you have on hand?			3-days
If access to pharmaceuticals or medical supplies was lost, how long could you shelter in place?			Depending on the day of the week, the most would be 7 days
If oxygen deliveries were cut off, how long could you shelter in place?			3-days
If food deliveries were lost, how long could you shelter in place?			One Week
What vehicles do you own for moving patients?			Car only
What percentage of your staff live in an area that would flood if the levee broke?			30%
Do you have an alternate facility that could take all of your patients?			No
If the road to the reservation was cut and persons living on reservation could not get to work, would you have sufficient staff to continue normal operations?			Yes
If it was necessary to evacuate the building, what percentage of your residents would likely go home with family members?			50%