ESF-6/ESF-8 Emergency Sheltering: Best Practices for Emergency Managers

BCFS Health and Human Services

Emergency Management Division

Workshop Objectives

Attendees will be able to:

- Demonstrate an understanding of both shelter types, as well as the differing medical shelter types

- Differentiate between Access/Functional Needs and Medical Needs

- Recognize basic requirements regarding provision of Functional Needs Support Services (FNSS)

- Understand the benefits of using a Whole Community approach to EM planning

BCFS

- Founded in 1944, BCFS is a system of non-profit health and human service corporations

- Programs and services are offered domestically and internationally, serving more than 4,700,000 persons annually

- BCFS administers over 60 separate programs

- Funding is derived from fees for service, contracts, grants, philanthropic and endowment revenue

Arizona • California • Colorado • Florida • Illinois • New York• Ohio • Oregon • Tennessee • Texas • Washington, D.C.
Africa • Eastern Europe • Latin America • Southeast Asia

BCFS Health and Human Services

- Medical and Mental Health Services
- Residential Campuses for Children and Adults
- Foster Care and Adoption Placement
- Social Services
- International Humanitarian Aid
- Emergency management response, consultation & training (EMD)

Emergency Management Division (EMD)

- Lead agency: State of Texas medical sheltering

- Federal contractor: Emergency mass care services to USHHS Office of Refugee Resettlement (ORR)

- Federal contractor: Immediate Disaster Case Management (IDCM) program to USHHS Office of Human Services Emergency Preparedness & Response (OHSEPR)

5

Emergency Management Division (EMD)

- Largest capacity Alternate Care Facility (ACF) provider in United States, other than DOD

- All-Hazard Incident Management Team of 268 personnel, Medical Staff team of 300+

- State-level planning for People w/ Disabilities and Others with Access and Functional Needs

- Jurisdictional Consultation, Training and EOP/SOP Development

Type 1, 2 & 3 Incident Response History

- Branch Davidian Incident

- Southeast Asia Tsunami

- Hurricane Emily

- Hurricane Katrina

- Hurricane Rita

- Eagle Pass Tornado

- Hurricane Dean

- FLDS San Angelo Incident

- Hurricane Dolly

- Hurricane Gustav

- Hurricane Ike

- H1N1 Flu

- Haiti Earthquake

- Hurricane Alex

- Texas Wildfires 2011

- Ebola Public Health Emergency

- Medical Support – Santa Barbara Oil Spill 2015

- USHHS ORR Influx 2012, 2014, 2015-16, 2016-17

Mass Care Incident Operations

- Medical Sheltering During Katrina, Rita, Dolly, Ike, Gustav (5000+)

- FLDS/Yearning for Zion Incident, Care of children and women (250+)

- Surge-Influx Shelter Operations Unaccompanied Children at U.S. border:

 **2012** (2420)   116 days

  2014 (7927)   156 days

  2015-2016 (1285)   45 days

  2016-2017 (7257)   179 days

8

Current/Historical Project Work

- City of Los Angeles (ESF-6 EOP/SOP)

- City of San Diego (ESF-6 EOP/SOP)

- City of Phoenix (ESF-6 EOP/SOP)

- City of Philadelphia (ESF-6 Training + Exercises)

- City of San Francisco (ESF-8 EOP/SOP)

- Iowa Dept Homeland Security (ESF-6 Training)

- Broward County, FL (ESF-6 EOP/SOP)

- FEMA Functional Needs Support Services guidance

- FEMA AWR-330 Whole Community Planning course (content development/delivery)
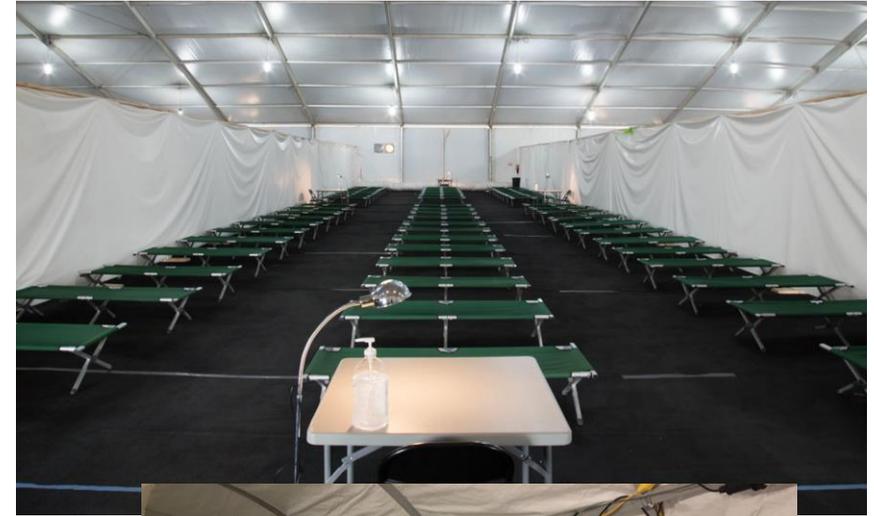
GUIDANCE FOR LOCAL JURISDICTIONS

FNSS Guidance (Federal)

- FEMA Guidance issued 2010

- Guidance; not new requirements

- Children and adults requiring functional or access support may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function **independently** and without assistance at home or in sheltering environments

Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters
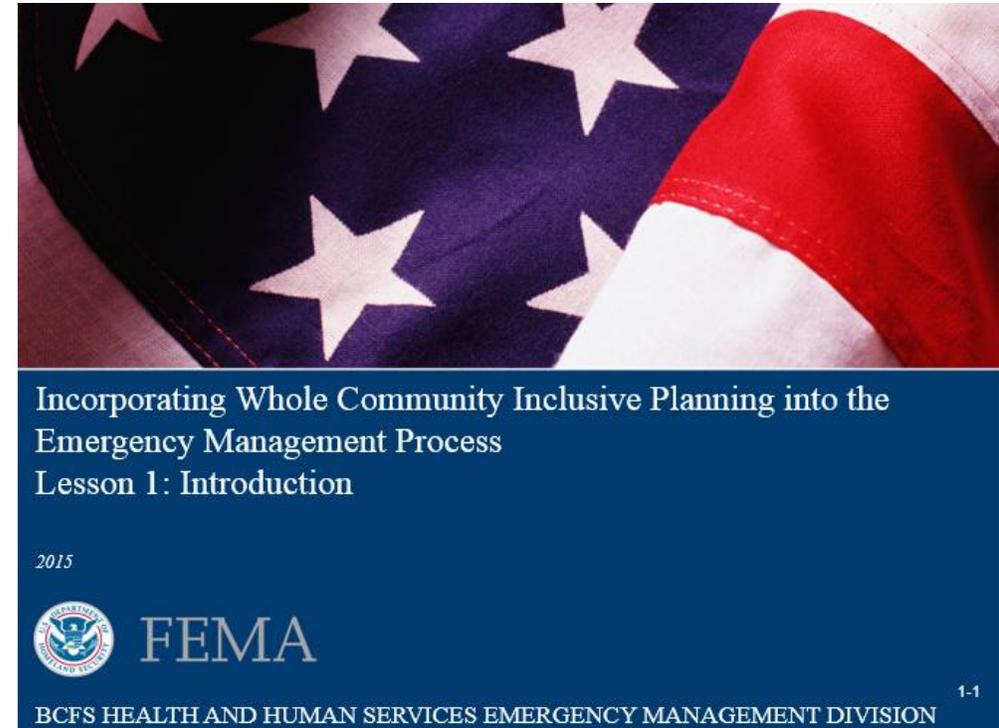
November 2010

FEMA
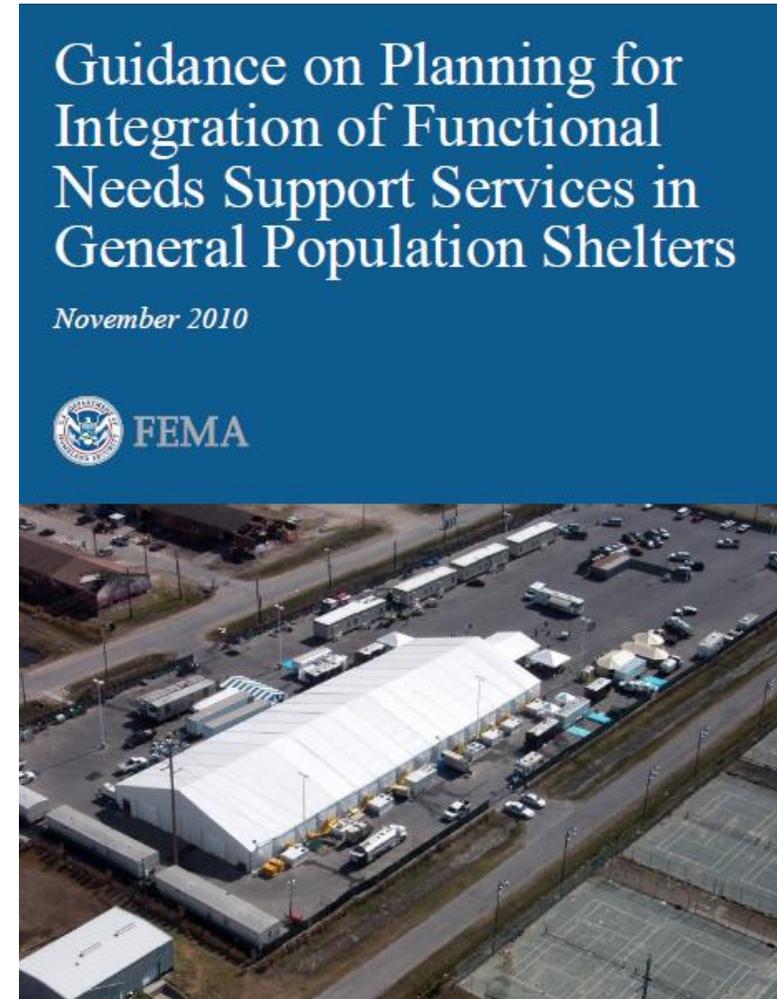
Additional Guidance (Texas)

- Texas DSHS Medical Shelter Toolkit

- Texas DEM FNSS Toolkit

- Guidance regarding disability and medical support integration at the local level

- Provides baseline for jurisdictions when planning for incidents requiring ESF-6 and ESF-8 modalities
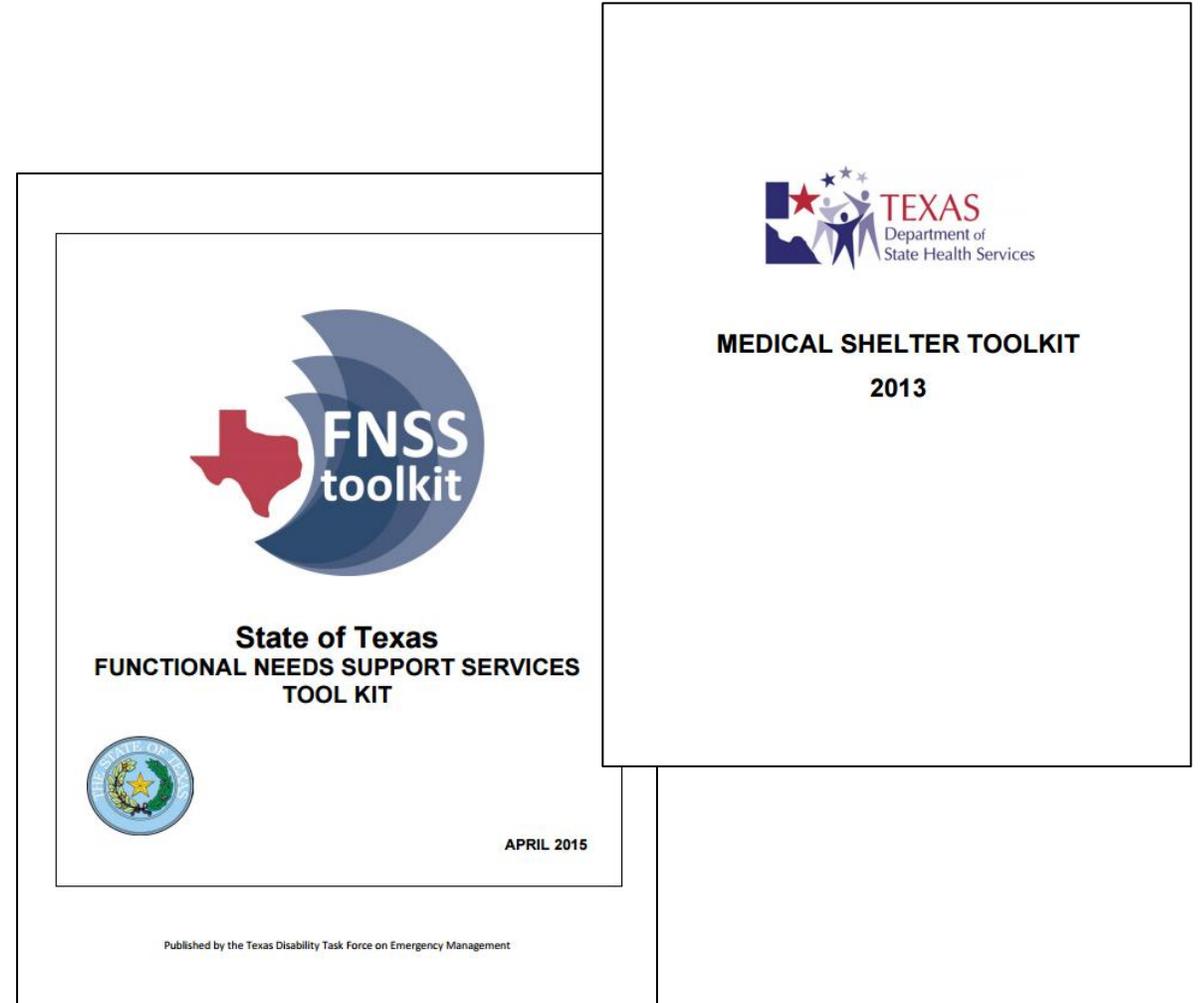
Whole Community Planning Guidance

- Defines processes through which community leaders, EM personnel, community organizations, businesses, and residents can identify and assess the needs and assets of their communities before disasters occur

- Supplemental to Texas-specific guidance

- Represents latest in integrated, inclusionary EM planning guidance

Incorporating Whole Community Inclusive Planning into the Emergency Management Process
Lesson 1: Introduction

2015

FEMA

BCFS HEALTH AND HUMAN SERVICES EMERGENCY MANAGEMENT DIVISION 1-1

ESF-6 vs ESF-8
Emergency Sheltering

Shelter Types

1. **<u>Mass Care shelters</u>:** Temporary housing for displaced adults and children. Some guests have disabilities; other guests require support for access and functional needs. Virtually identical from site-to-site, in terms of services provided.

2. **<u>Medical shelters</u>:** Temporary housing and medical care for people with medical conditions requiring *monitoring and management by a credentialed medical professional.* Medical shelter sites vary based on type of care being provided.

Medical Shelter types

- An **observational care site**. Sufficiency-of-care model for those who require monitoring and management by a credentialed medical professional. Most common form of medical sheltering.

- A **low-acuity patient care site** to permit "hospital decompression". Result of transferring stabilized patients from hospitals to community-based medical shelters to alleviate hospital overcrowding.

Medical Shelter types (continued)

- An **ambulatory care clinic.** Medical care for "walking wounded" or sub-acute conditions. Example: Point-of-dispensing (POD) for medications or vaccine.

- A **primary triage point.** Established near an impact zone or in close proximity to a hospital. Patients quickly evaluated to determine prioritization for transport to hospitals or other designated locations.

Medical Shelter types (ACS)

- **Alternate Care Site (ACS)**:   Non-hospital, community-based location that may provide additional treatment area(s) with a minimum specific level of care for patients. An ACS may be established in a unused hospital wing, facility of opportunity or a soft-sided structure.

Stand Alone vs. Shelter Systems

- **Stand alone/Pop-up**: Shelters operating independently or in isolation; most without jurisdictional support. General Population shelters.

- **System of Shelters**: System of shelters operated in unison; logistical support managed by the jurisdiction. May include General Population shelters, Medical Shelters and Alternate Care Sites - depending upon needs specific to the incident
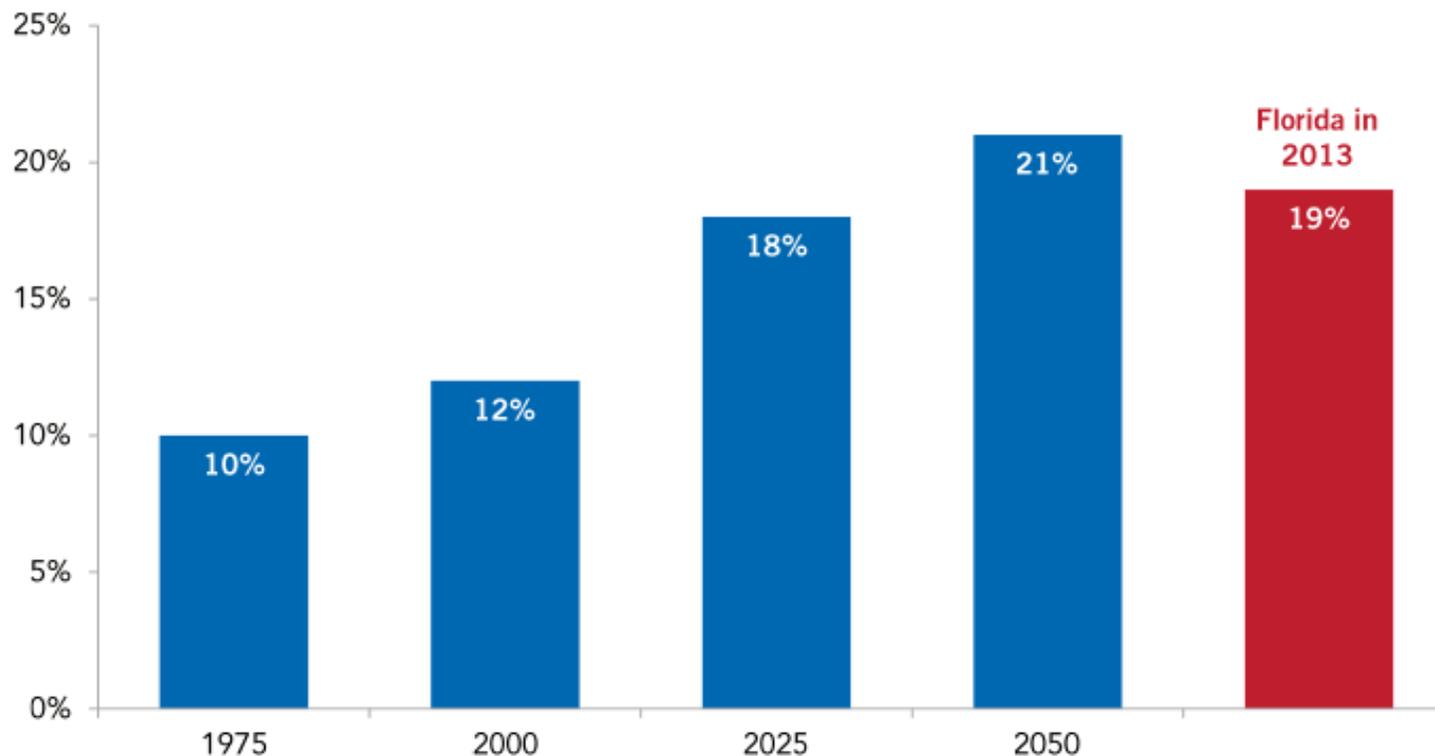
SHELTER POPULATIONS

"Nation of Floridas"

PETER G. **PETERSON** FOUNDATION

The population of the United States is aging rapidly. Soon we will be a nation of Floridas.

PEOPLE AGE 65 AND OLDER (% OF TOTAL POPULATION)

Year	%
1975	10%
2000	12%
2025	18%
2050	21%
Florida in 2013	19%

SOURCE: Social Security Administration, *The 2015 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds*, July 2015; and the U.S. Census Bureau. Compiled by PGPF.

Use of meds by older Americans

- People age 65 and older account for 1/3 of all prescriptions

- Elderly use more prescription/OTC meds than any other age group

- Polypharmacy (multiple meds concurrently to manage coexisting health problems) on the increase

Polypharmacy and Aging

- 66% of elderly ≥65 years in US take prescription and OTC drugs
- People >65 years = 33% of all prescriptions
- Annual drug use by average elderly person:
  - 4-5 prescription drugs
  - 2 OTC drugs

Finnish Study: Use of >5 Drugs in Elderly

P=0.006

1990-1991 (n=1,131): 19%
1998-1999 (n=1,197): 25%

The Merck Manual 17th ed. 2004:chap 304.
Patel RB. J Infus Nurs. 2003;26:166-169.
Linjakumpu T et al. J Clin Epidemiol. 2002;55:809-817.

NCCH

Aging Trends + Medical Conditions

- Approximately 50% of persons age 65+ have 2 or more chronic health conditions

-
  18% of the U.S. population has a disability

- 7.6 million Americans are utilizing home healthcare

- In Texas, 19% of Texans age 65+ spent 7 or more days in the ICU during the last 6 months

Guest Characteristics by Shelter Type

General Population: Guests are adults and children with and without disabilities, some with access and functional needs (Functional Needs Support Services).

- Able to meet daily needs by themselves or with a caregiver; may require assistance with activities of daily living

Medical: Individuals with medical conditions requiring *active monitoring and management by a medical professional.*

Examples: Medical shelter guests

Individuals requiring *monitoring or management by a credentialed medical professional* to manage their condition.

Some examples include:

- Hospice requiring IV interventions

- Tracheotomy which requires suctioning

- Extensive wound management requiring suctioning

- Bariatric with extenuating medical conditions

- Receives skilled nursing care at home

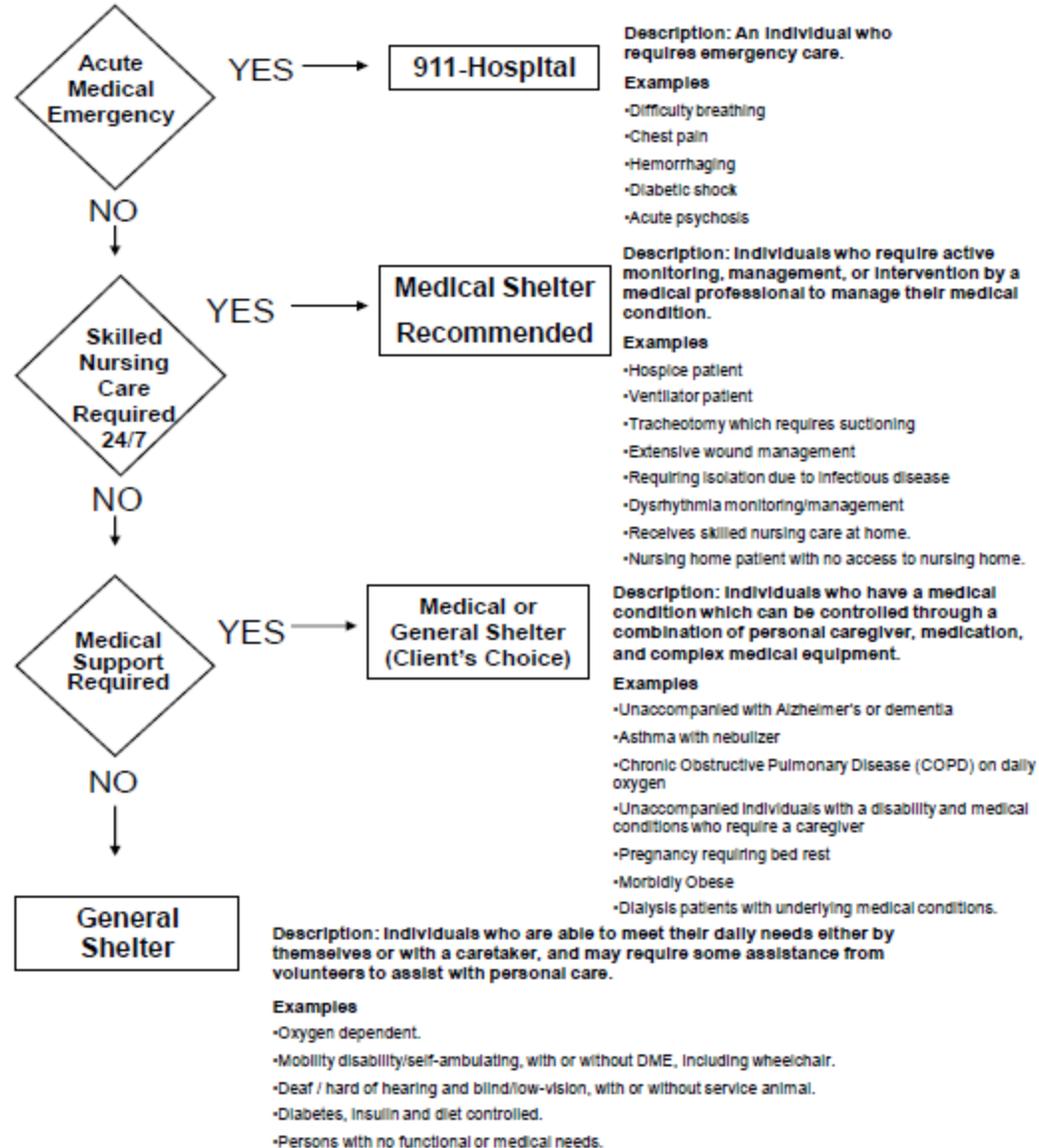- Displaced from a skilled nursing facility

Levels of Care
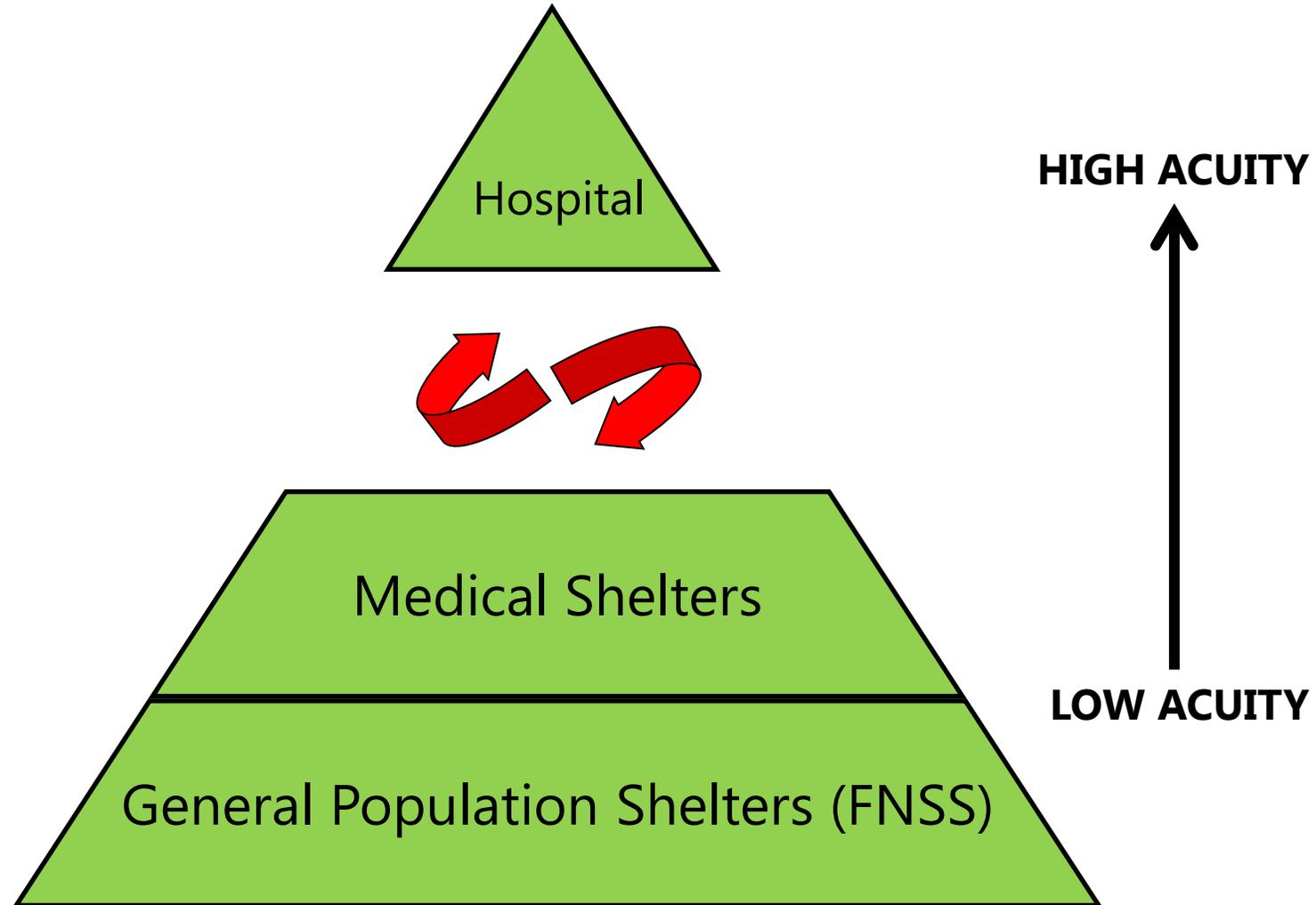
Shelter Selection/Self-Determination Process

- Evacuation triage personnel provide rapid assessment and information about the type of shelters and services available

- Individuals will self-determine regarding shelter placement

- Medical shelters recommended to individuals requiring monitoring and management by credentialed medical professional

- Some with lower acuity medical needs may choose general population shelters with alternative choice of a medical shelter

Tab I - Shelter Placement Guidance and Evacuee Release Form

Shelter Placement Guidance

Acute Medical Emergency → **YES** → 911-Hospital

Description: An individual who requires emergency care.

Examples
- Difficulty breathing
- Chest pain
- Hemorrhaging
- Diabetic shock
- Acute psychosis

Acute Medical Emergency → **NO** ↓

Skilled Nursing Care Required 24/7 → **YES** → Medical Shelter Recommended

Description: Individuals who require active monitoring, management, or intervention by a medical professional to manage their medical condition.

Examples
- Hospice patient
- Ventilator patient
- Tracheotomy which requires suctioning
- Extensive wound management
- Requiring isolation due to infectious disease
- Dysrhythmia monitoring/management
- Receives skilled nursing care at home.
- Nursing home patient with no access to nursing home.

Skilled Nursing Care Required 24/7 → **NO** ↓

Medical Support Required → **YES** → Medical or General Shelter (Client's Choice)

Description: Individuals who have a medical condition which can be controlled through a combination of personal caregiver, medication, and complex medical equipment.

Examples
- Unaccompanied with Alzheimer's or dementia
- Asthma with nebulizer
- Chronic Obstructive Pulmonary Disease (COPD) on daily oxygen
- Unaccompanied individuals with a disability and medical conditions who require a caregiver
- Pregnancy requiring bed rest
- Morbidly Obese
- Dialysis patients with underlying medical conditions.

Medical Support Required → **NO** ↓

General Shelter

Description: Individuals who are able to meet their daily needs either by themselves or with a caretaker, and may require some assistance from volunteers to assist with personal care.

Examples
- Oxygen dependent.
- Mobility disability/self-ambulating, with or without DME, including wheelchair.
- Deaf / hard of hearing and blind/low-vision, with or without service animal.
- Diabetes, insulin and diet controlled.
- Persons with no functional or medical needs.

28

Shelter Placement Evacuee Release Form

This form summarizes key decision points on the Shelter Placement Guidance flowchart. The intent of this form is to record the client's responses to certain direct screening questions asked by the Emergency Responder. If the client does not wish to comply with the shelter placement recommendations of the Emergency Responder, then the appropriate release statement should be signed by the client.

TO BE FILLED OUT BY EMERGENCY RESPONDER

Name: _____ Age/DOB: _____ Tracking #: _____

Do you need immediate medical attention?	Yes / No
Do you have a medical condition that requires help by a nurse?	
or doctor on a daily basis in your home or at a medical office?	Yes / No
If yes, recommend Medical Shelter	
Do you have a serious medical condition about which you are concerned?	Yes / No
If yes, refer to Shelter Placement Guidance	
Does the individual appear to be appropriately alert and cognizant of the current situation?	
If no, refer to Shelter Placement Guidance	Yes / No

Notes: _____
_____

Recommended Shelter Type (circled):   GENERAL   MEDICAL

- -

CLIENT RELEASE STATEMENT: After being assessed by an emergency responder and/or medical professional I acknowledge that **I have been recommended for placement in a Medical Shelter**. I understand that the purpose of a Medical Shelter is to provide medical care and resources to individuals whose medical needs exceed the level of care typically available in a General Shelter. Against the advice of a trained professional, **I choose placement in a General Shelter** where the medical services and care available *may not meet* my immediate or long-term medical needs.

Print Name: _____   Sign Name: _____

    Date: _____   Phone: _____ Alt Phone:_____

- -

CLIENT RELEASE STATEMENT: After being assessed by an emergency responder and/or medical professional I acknowledge that **I have been recommended for placement in a General Shelter**. I understand that the level of care available in the General Shelter will likely provide adequate access to the resources and/or services to meet my functional or medical needs; however, **I choose placement in a Medical Shelter**.

Print Name: _____   Sign Name: _____

    Date: _____   Phone: _____ Alt Phone:_____

- -

Emergency Responder Name: _____ (Print)   Date: _____
_____ (Signature)

Evacuation Triage Questions

- Do you need immediate medical attention?
    If confirmed: refer to local 9-1-1 system
- Do you have a medical condition that requires daily assistance of a nurse or doctor?
    * If yes: recommend a Medical Shelter
- Do you have a serious medical condition about which you are concerned?
    * If yes: refer to Shelter Placement Algorithm
- Does the individual appear to be appropriately alert and cognizant of the current situation?
    *If no: refer to Shelter Placement Algorithm

CAPACITY BUILDING

Jurisdictional Planning

- Jurisdictional research will identify existing hazards and potential sheltering types required

- Consider your jurisdictions' HVA and any hazards native to adjacent and surrounding communities

- Create demographic profiles of your community

- Consider capacity of local healthcare system and mutual aid capability

- Identify potential public-private partnerships for shelter facilities **and** wrap-around support

Stakeholder interaction

Recommended categorization of stakeholders:

- Primary stakeholders: Senior elected officials, local Emergency Management, Public Health officials, EMS leadership, State EM or PH officials

- Secondary stakeholders: Local and regional healthcare representatives, K-12 school district officials, local university officials

- Support stakeholders: VOAD's, Faith-based community, disability advocacy groups, social service and civic organizations, private sector vendors and suppliers

Emergency Shelter Site Options

- <u>Public sector facilities</u>: Community centers, civic centers, exposition halls, middle school gyms, high school gyms

- <u>Private sector facilities</u>: Church gyms and fellowship halls, university basketball arenas, professional sports arenas, climate-controlled commercial warehouse space, vacant retail sites

Facilities of Opportunity

Warehouse

Church

School

Civic Building

ClearSpan or soft-sided structures

Facility Considerations

- Building size

- Accessibility/ADA

- Vehicle ingress / egress

- Proximity to healthcare system

- Proximity to hazards

U.S. Department of Justice
Civil Rights Division
Disability Rights Section

Americans with Disabilities Act

ADA Checklist for Emergency Shelters
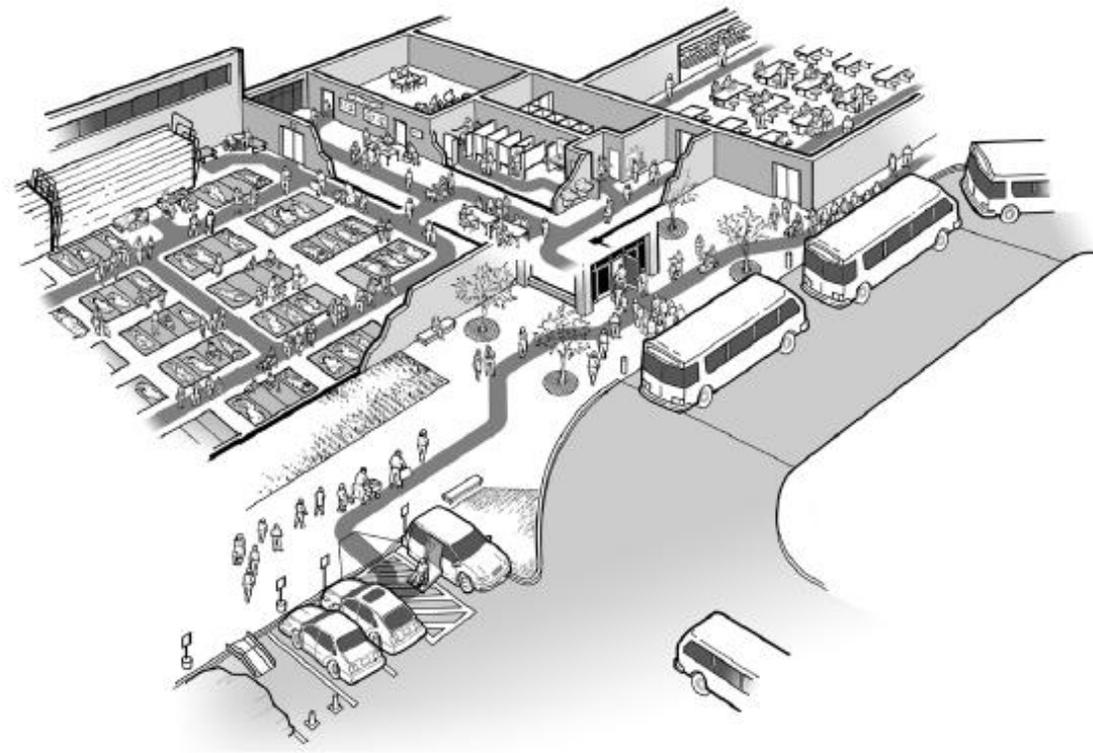
July 26, 2007

Part I: The Quick Check Survey

12 total questions:

- Accessible Entrance

- Accessible Routes To All Service Areas

- Accessibility Within Toilet Rooms

*"If most of answers are **YES**, facility should be surveyed using the ADA Checklist for Emergency Shelters. If most answers are **NO**, these issues should be evaluated before conducting a more detailed survey, or perhaps you should consider another location to serve as an emergency shelter."*

Part 2: The ADA Checklist

156 total questions:

- Passenger Drop-Off Area

- Parking Areas

- Sidewalks and Walkways

- Entrance

- Hallways and Corridors

- Check-In Areas

- Sleeping Areas

- Restrooms and Showers
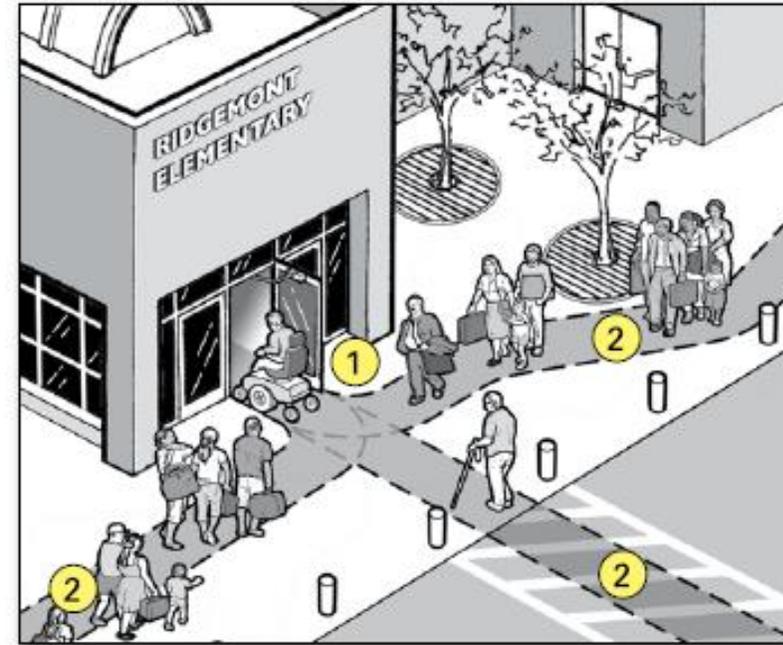
① Accessible entrance to the shelter.

② Accessible route connecting accessible parking and drop-off area (if provided) to the accessible entrance.

Part 2: The ADA Checklist

- Public Telephones
- Drinking Fountains
- Eating Areas
- Availability of Power
- Family Toilet Areas
- Medical Care Areas
- Accessible Portable Toilets

1. Wall-mounted drinking fountains are a hazard when the front projects more than 4 inches beyond the wall and the bottom is more than 27 inches above the floor.

2. Wall-mounted objects cannot project more than 4 inches beyond the wall if the bottom is not in the cane-detectable area below 27 inches off the floor.

3. Overhead objects must be at least 80 inches off the floor.

ADA Shelter Assessment Tools

- **20' tape measure**: For measurements specific to ADA architectural barrier guidelines

- **Measuring wheel**: For measuring square footage of shelter spaces

- **Digital bubble level, SmartTool or Clinometer app**: For measuring slope angles of ramps (8.33% or 1:12)
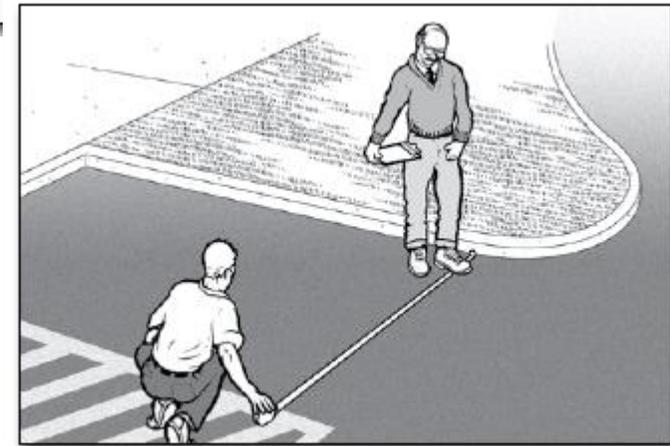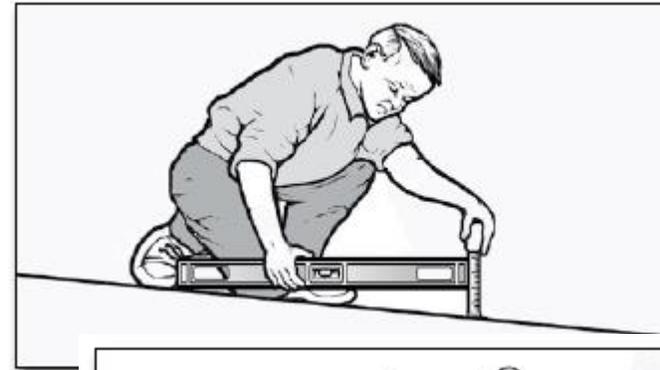
ADA Assessment Tools

- **Door pressure gauge**: For measuring force required to open doors

- **Digital camera (point and shoot) with flash**: For documentation of site characteristics

- Site Assessment Form and ADA Checklist fo Emergency Shelters

- Clipboard

- Extra set of hands

44

ADA Checklist Basics
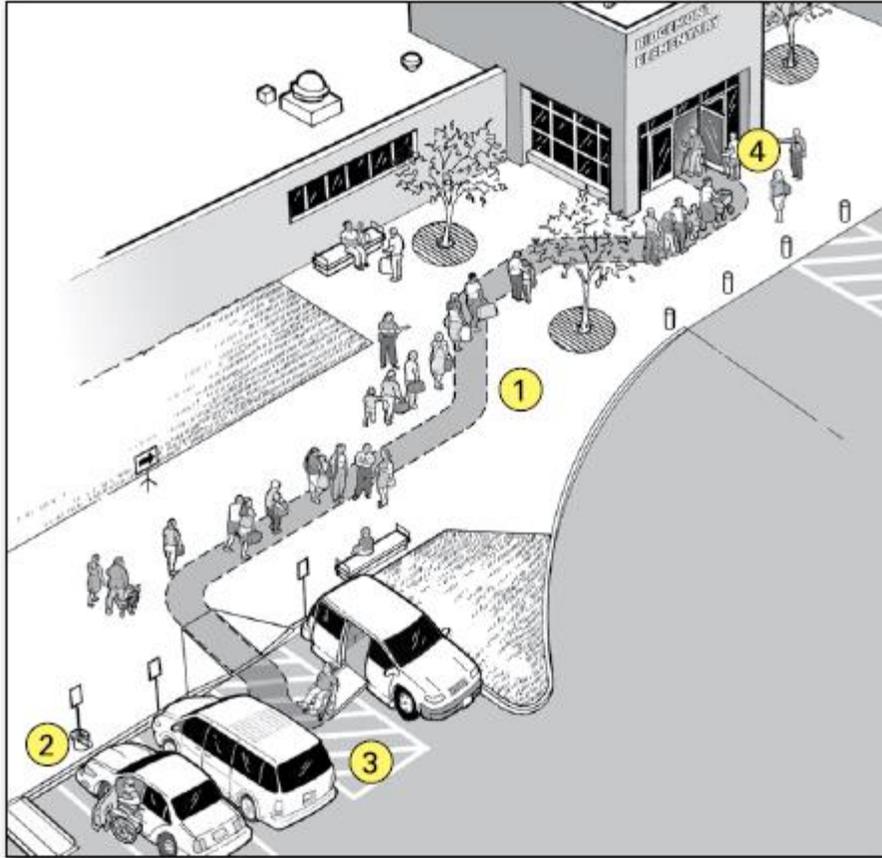
An accessible entrance to a shelter with accessible parking
and an accessible drop-off area

- Accessible parking
- Accessible pull-up areas
- Accessible entrance
- Accessible route(s)
- Accessible restrooms
- Accessible areas for shelter operations

1. Accessible route
2. Accessible drop-off area
3. Accessible parking with van-accessible parking space
4. Accessible entrance to shelter

45

FUNCTIONAL NEEDS SUPPORT SERVICES

Functional Needs Support Services (FNSS)

Children and adults requiring functional or access support may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function independently and without assistance at home or in sheltering environments

SOURCE: "Guidance on Planning for Integration of
Functional Needs Support Services in General Population Shelters" FEMA 2010
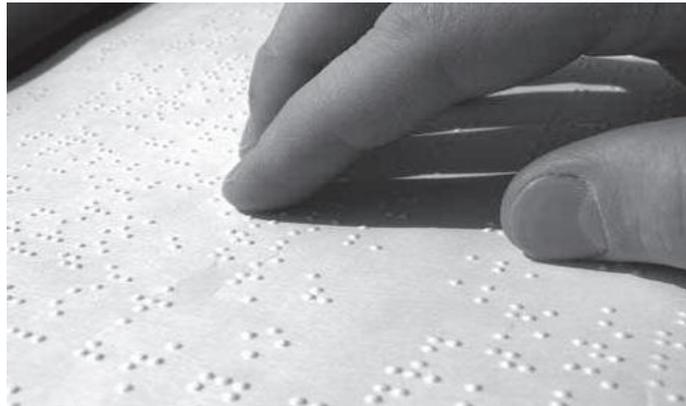
Functional Needs Support Services (FNSS)

Assistance with activities of daily living (ADL's) that should be provided, as needed, to persons with disabilities in emergency shelters include but are not limited to:

- Eating, taking medication
- Dressing/undressing
- Transferring to/from wheelchair
- Walking
- Stabilization
- Bathing, toileting
- Communicating

48

Definition of FNSS

Services that enable children and adults to maintain their usual level of independence in general population shelters. These services include:

- Reasonable modifications to policies, practices and procedures
- Durable Medical Equipment (DME)
- Consumable Medical Supplies (CMS)
- Personal Assistance Services (PAS)
- Other goods and services as needed

Legal Foundation for FNSS

The law mandates integration and equal opportunity for people with disabilities

- Robert T. Stafford Act

- Post-Katrina Emergency Management Reform Act (PKEMRA)

- Americans with Disabilities Act of 1990

- Rehabilitation Act of 1973

- Fair Housing Act

The bottom line

- Historically speaking, people with disabilities and others with access and functional needs have been routed to Medical Shelters – without a choice

- People with disabilities and others with access and functional needs have the right of self-determination (the right to choose the most appropriate type of sheltering)

- ALL shelters must be prepared to care for people with disabilities and others with access and functional needs

What does FNSS look like?

- Appropriate planning; inclusion of appropriate stakeholders in planning efforts

- No-cost contingency agreements to secure equipment and services to support FNSS

- An ability to rapidly assess needs presented by people within the shelter who have disabilities, access and functional needs

- An ability to quickly facilitate access to equipment and services that allow people with disabilities, access and functional needs to maintain their **usual level of independence**

Basic Considerations

- Accessible routes and pathways, elimination of barriers and dangers

- Interpretive services and other forms of effective communication such as CART, TTY, Closed Captioning, other assistive technology

- Printed informational signs in accessible formats indicating where accessible shelter features can be located (pictograms/diagrams are best)

- Services offered to one also offered to all

- Reasonable accommodations

53

Service Animals

- Service animals remain with their handlers
- Shelters provide relief area and provide periodic cleaning of the area
- Shelters provide food/water for service animals

Service Animals

- **Service animals are defined as *dogs* that are individually trained to perform tasks for people with disabilities.**

- Reasonable accommodations for miniature horses, if the horse has been individually trained to perform tasks

- The work or task performed by a service animal must be *directly related to the person's disability*.

- Must be harnessed, leashed or tethered

- Two questions you may ask

- Difference between service animals and ESA's or therapy animals

55

ESA's

- Emotional Support Animals (ESA's) are NOT trained service animals; not protected under ADA

- Federal laws have no provisions for ESA's or therapy animals under Title III (places of public accommodation)

- Accommodate either way, then observe

Comfort Creatures
Support animals help patients, but that lizard may be against the law
By Josh Sanburn

SOURCE: TIME MAGAZINE, April 22,2013 edition + ADA Network

Terminology is important

- The term "Special Needs" no longer appropriate

- Use people-first language

Labels vs. People First Description

Label

- Disabled

- Wheelchair bound

- Has health problems / has epilepsy/has...

- Slow/simple/retarded

- Normal/Healthy

People First Description

- Person with a disability/who needs an accommodation or assistance

- Person with a mobility disability/who uses a wheelchair

- Person who uses medication

- Person with an intellectual disability

- Person without a disability

Additional information

SOURCE: http://disabilitytips.tamu.edu/

Texas FNSS Resources

SOURCE: https://www.preparingtexas.org/Resources/documents/FNSS/FNSS%20Tool%20Kit%20V6.pdf

Federal FNSS Guidance

SOURCE: www.fema.gov/pdf/about/odic/fnss_guidance.pdf
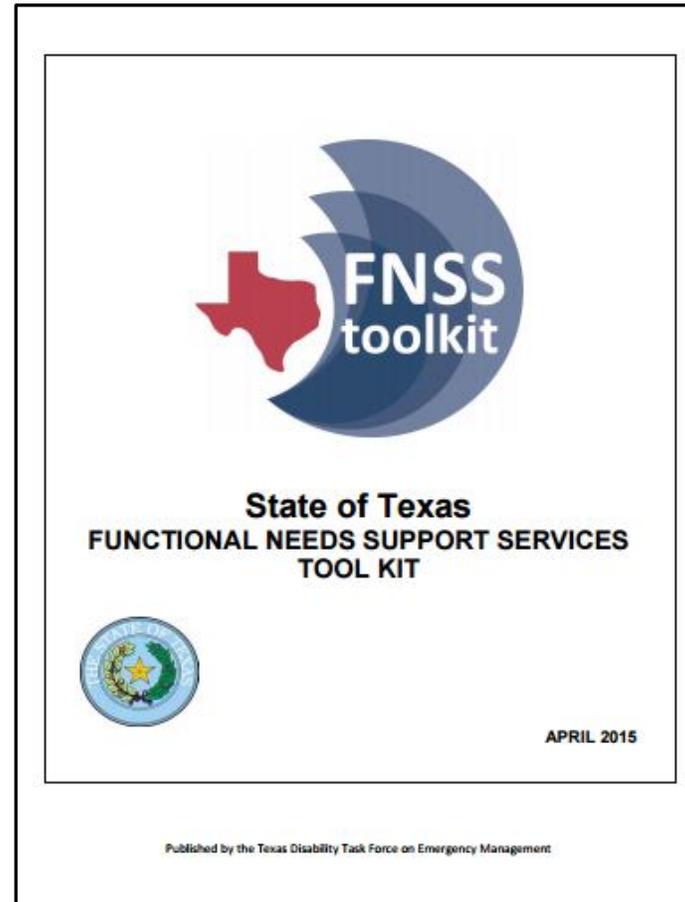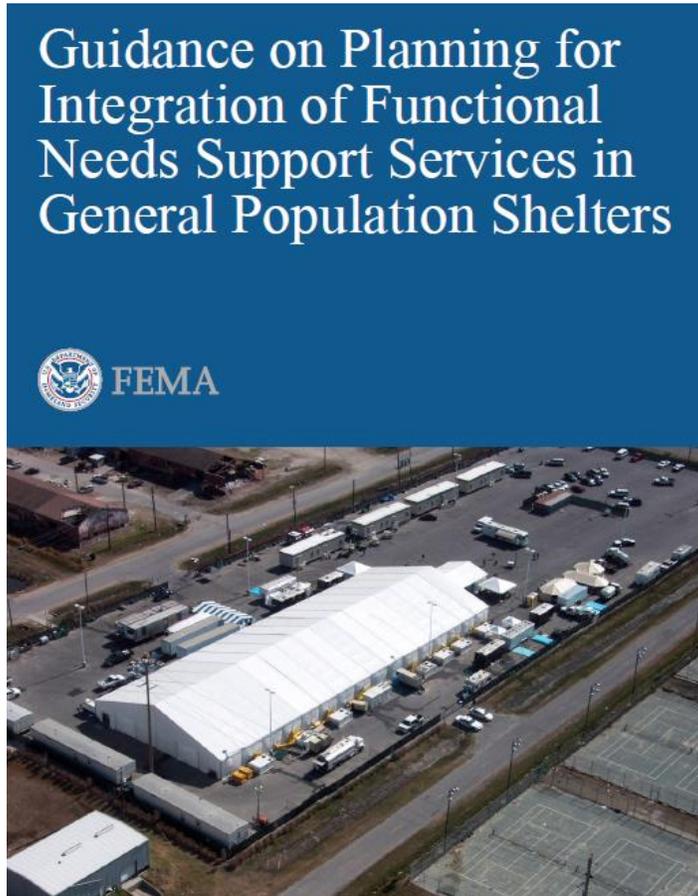
FROM FNSS TO WHOLE COMMUNITY
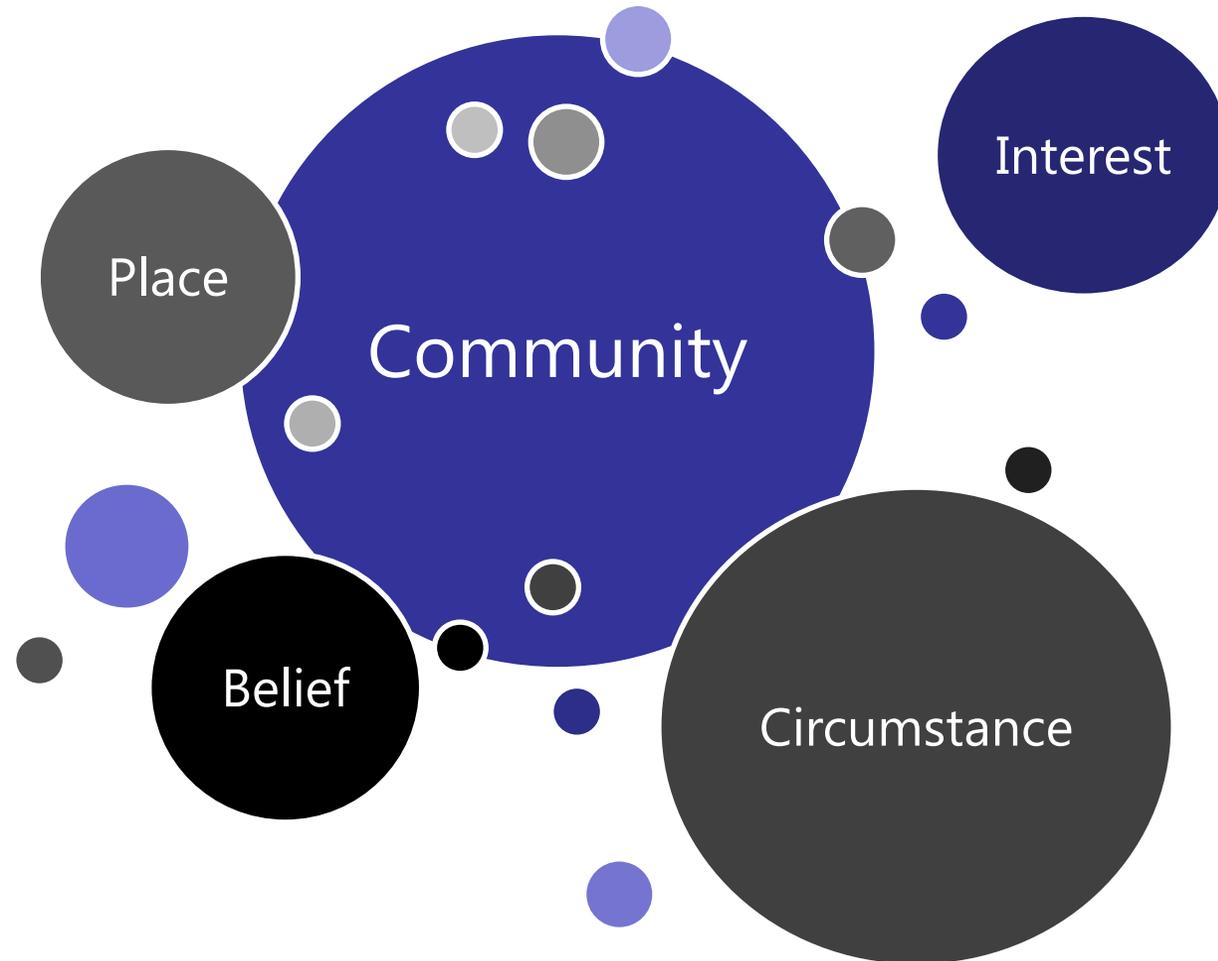
Community Culture

A group sharing common characteristics or interests and perceiving itself as distinct from the larger society within which it exists

Communities are established and determined by their culture:

- Priorities
- Values
- Beliefs
- Traditions
- Practices
- Language

Identifying A Community

45

Whole Community Inclusive Planning is Based on the Community's Needs and Capabilities

- Who is in a community?

- Whole community inclusive planning defined: A **process** through which community leaders, emergency management personnel, community organizations, businesses, and all residents can identify and assess the needs and assets of their respective communities **before** disasters occur

Whole Community Inclusive Planning Addresses the Needs of All

- Community stakeholders includes individuals with disabilities and others with access and functional needs

- Individuals having access and functional needs may include, but are not limited to:

  - People with disabilities and older adults

  - Populations having:

    - Limited English proficiency

    - Limited access to transportation

    - Limited access to financial resources

SOURCE: "Incorporating Whole Community Inclusive Planning into the Emergency Management Process" FEMA 2015

(prior) Definition of FNSS

Services that enable children and adults to maintain their usual level of independence in general population shelters. These services include:

- Reasonable modifications to policies, practices and procedures
- Durable Medical Equipment (DME)
- Consumable Medical Supplies (CMS)
- Personal Assistance Services (PAS)
- Other goods and services as needed

Access and Functional Needs Accommodations are <u>Universal</u>

- Access and functional needs (AFN) are **circumstances** that are met for providing physical, programmatic, and effective communication access to the whole community by accommodating individual requirements through ***universal accessibility*** and/or specific actions or modifications.

- This includes any assistance, accommodation or modification for mobility, communication, transportation, safety, health maintenance, accommodation or modification due to any situation, that limits an individual's ability to take action in an emergency.

Whole Community Inclusive Planning Provides Benefits to All

It's important because:

- Government-centric approaches are inadequate; allows access to resources that can't be provided by government alone

- Addresses all groups in the community, including those that have been historically overlooked or underserved

- Implements inclusionary warning and information systems

- Strengthens individual and community resiliency

- Produces viable EOPs (and SOPs) featuring clear resource capabilities

Planning for the Whole Community Is Comprehensive Planning

Planning Principles:

- Plans must be community-based and consider all members, including people with disabilities, older adults, children, people with access and functional needs
- Plans must be universally accessible

Whole Community Principle:

- Understand and meet the actual needs of the whole community
  - Identify and involve community stakeholders
  - Identify and incorporate community resources

Jon Bodie
Senior Program Director-Operations, Response and Recovery
Emergency Management Division