Disaster Shelter Fundamentals Training for Local Health Districts

Learning Objectives:

By the end of this course, learners will be able to:

- Describe the roles and responsibilities of VDH staff deployed to work in shelters during an emergency or disaster.
- Describe the personal preparedness steps necessary to take before being deployed to work in a shelter.
- Explain the purpose of a shelter.
- Explain the different types of shelter deployments.

Virginia's Public Health System
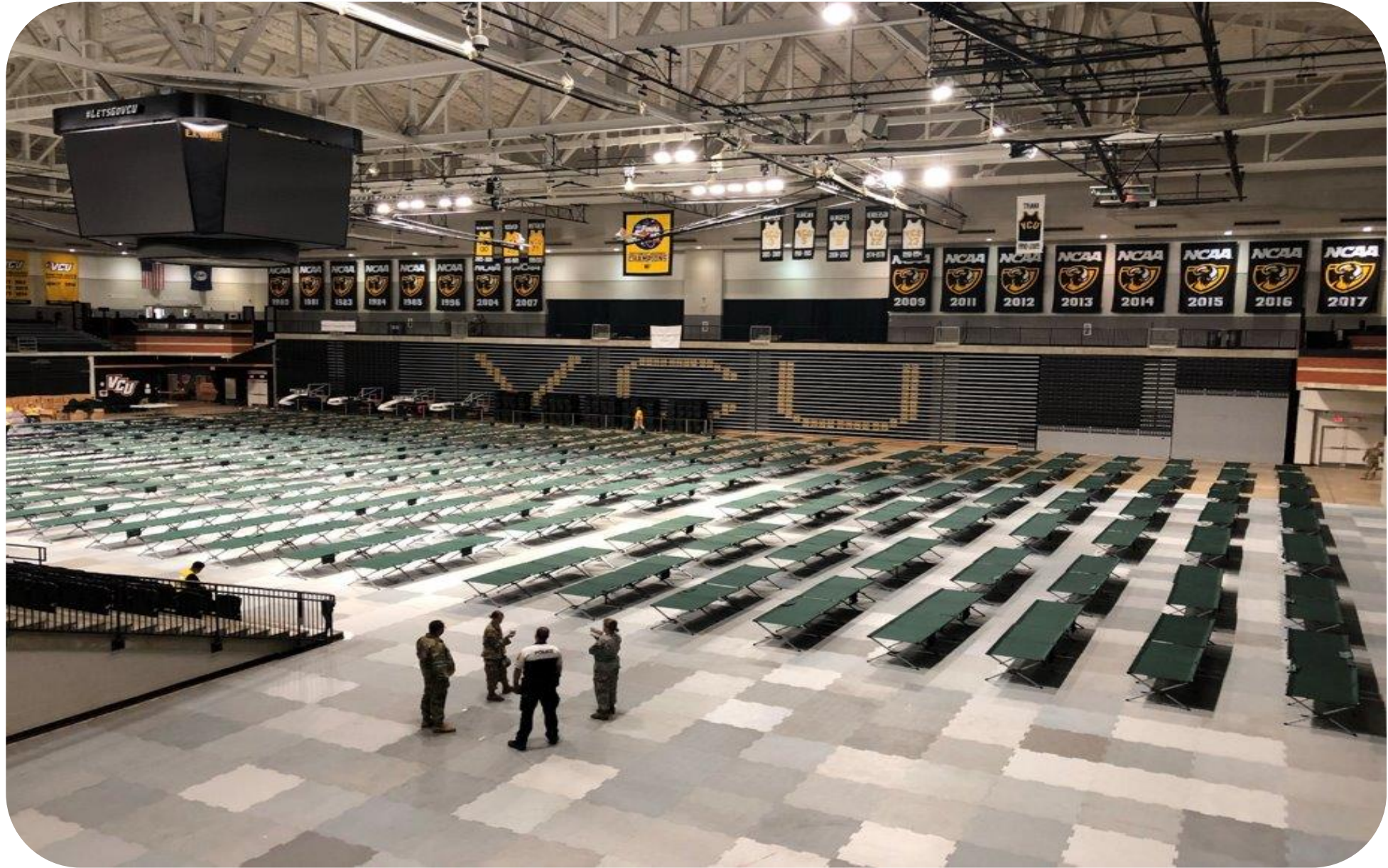
Virginia Department of Social Services

What is a Shelter?

Sheltering in Virginia

All sheltering begins locally

- Local shelters
- Host shelter option
    - Only upon request and with consent of the jurisdiction
    - Timeframe for hosting will be detailed in the agreement
        - Potentially use State Mutual Aid (SMA) to delineate requirements/ responsibilities and ensure reimbursement

The state supports, not supplants, local sheltering efforts

- State Coordinated Regional (SCR) Shelters
    - Large-scale or catastrophic event
    - Local shelters are or are anticipated to exceed capacity
    - Opened outside of the impact area (response)
    - Mandated/Activated by the Governor

State Agencies Work Together to Operate SCR Shelters

General Shelter Staff:	Operational Coordination and AFN Staff:	Security and Safety:
VIRGINIA DEPARTMENT OF SOCIAL SERVICES	Virginia Department of Emergency Management	Virginia State Police

Medical Support:	Technology Equipment and Support:
VDH Virginia Department of Health	Virginia Information Technologies Agency — VITA

Pet Sheltering:	Behavioral Health Support:
Virginia Department of Agriculture and Consumer Services	Virginia Department of Behavioral Health & Developmental Services

Successful Sheltering Depends on You

Personal Accountability

- To self
  - Know your role in an emergency and train accordingly

- **To family**
  - Have a plan in place to ensure your family is cared for when you must deploy/respond

- **To shelter**
  - Respond on time and prepared to fulfill your role
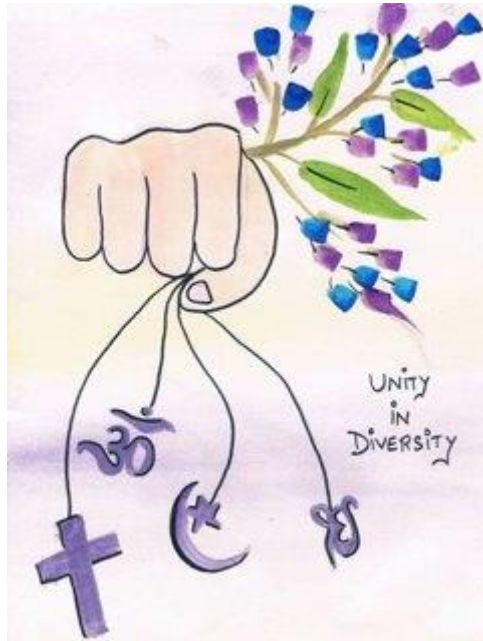 - Check-in and out as required by the agency and the shelter

Shelter Guidance

The following items are policy and/or protocol for SCR Shelters; unless expressly listed as legislation, localities should seek the advice of their local counsel for their own development of policy and/or protocol.

Anti-Discrimination Policies

Virginia Code

§ 2.2-3901. Definitions of terms when used in reference to discrimination in the Code and acts of the General Assembly

§ 2.2-3904. Nondiscrimination in places of public accommodation; definitions

Executive Order #1 (2018)

This policy specifically prohibits discrimination on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity or expression, age, political affiliation, or against otherwise qualified persons with disabilities

Liability Protection

- Virginia Code §44-146.23

  Neither the Commonwealth, nor any political subdivision thereof, nor federal agencies, nor other public or private agencies, nor, except in cases of willful misconduct, public or private employees, nor representatives of any of them, engaged in any emergency services activities, while complying with or attempting to comply with this chapter or any rule, regulation, or executive order promulgated pursuant to the provisions of this chapter, shall be liable for the death of, or any injury to, persons or damage to property as a result of such activities.

Safety

Safety is a top priority within a shelter. Shelter Management will take all reasonable actions to ensure the safety of individuals residing and working in a shelter.

Weapons are prohibited in Shelters
- Virginia Code § 44-146.15(3)
- Virginia Code §18.2-308(A)

Reminder: Shelters are public spaces.
- Shelter residents are responsible for safeguarding their own belongings.
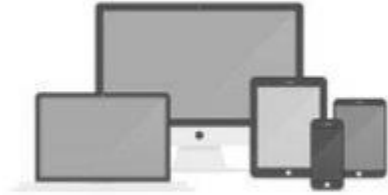- Registered sex offenders will not be segregated from the population.

Drugs, Alcohol, and Tobacco

No alcoholic beverages or illegal drugs (as defined in Virginia Code §18.2-247) are allowed.

Smoking and vaping will not be allowed within the shelter, and only allowed in designated exterior smoking areas.

Technology

USE OF ELECTRONICS

Set all electronics to vibrate or silent mode.
Take calls outside of the dormitory areas.
Keep volumes low or use headphones.
Be mindful of the content on your device.
Do not take pictures of people without their permission.
Use wi-fi at your own risk.

Pharmaceutical Supplies and Devices

Shelter residents who bring their own prescribed medications, supplies, and/or devices will maintain ownership and custody of these items in the shelter.

Medication Assisted Treatment

Shelter residents being treated through a local Opioid Treatment Program (OTP) may present at a shelter with a multi-day supply of their medication if the State Opioid Treatment Authority authorizes dispensing.

The shelter must handle the medication appropriately such that it is secure and available for resident use at their daily prescribed dosage time.

De-escalation of Crises

Disasters bring on stress and can cause individuals to respond/react in ways unintended or unexpected.

Prior to removal of a disruptive resident (unless causing or threatening harm to oneself or others), it is important to bring in behavioral health to assist in crisis stabilization.

Accessibility

The characteristic that products, programs, services, and facilities can be independently used by people with a variety of disabilities. This includes but is not limited to communications, facilities, services, programs, and information technology.

Access and Functional Needs

Children

People Who Live in Institutional Settings

Older Adults

Pregnant Women

People with Disabilities

People with Chronic Conditions

People with Pharmacological Dependency

People with Limited Access to Transportation

Limited English Proficiency/ Non-English Speakers

People with social and economic limitations

Individuals Experiencing Homelessness

Accessibility and Integration

Individuals will not be separated from service animals, medical equipment and supplies, care providers, interpreters, or family including unrelated household members.

- Service animals are not household pets and will be permitted to accompany their owners anywhere the public is allowed within the shelter.

Accessibility and Integration

Individuals with access and functional needs will be fully able to participate in and receive the benefits of emergency programs, services, and activities including planning, preparedness, training, and exercises related to the sheltering plan and programs.

Communications within and regarding shelters and mass care programs will be equally effective for all individuals including those with access and functional needs.

Accessibility and Integration

Each shelter will be staffed with at least one Access and Functional Needs (AFN) Coordinator to assist with accommodations.

A process will be in place for requesting, providing, and ensuring reasonable accommodations for all activities involving or for the benefit of the public, employees, and volunteers.

No recipient of reasonable accommodations will be charged for any supports or services necessary to make programs and facilities accessible.

Knowledge Check

Question 1 – Shelter residents who bring their own prescribed medications, supplies, and/or devices will maintain ownership and custody of these items in the shelter unless:

- A. The shelter resident asks medical staff to keep custody of their device and supplies.
- B. The shelter resident with medication requires the support of a Personal Care Assistant (PCA) but their PCA is not at the shelter.
- C. The medication is part of a Medication Assisted Treatment (MAT) and needs to be secured.
- D. All of the above

Emergency Preparedness

Emergency Support Function 8 – Public Health and Medical Services

- Responsible for coordinating public health, medical and mental/behavioral health services

- In local, regional, and state-coordinated shelters, this includes:

  - Triage, first aid
  - Health assessment
  - Limited medication administration
  - Case management

  - Environmental health services
  - Communicable disease prevention and control services
  - WIC/nutrition services

VDH Emergency Response Plan

Annex H: Mass Care

- **Attachments**
  - VDH Nursing Directive: Shelter Services and Scope of Nursing Practice in Mass Care Settings
  - Medication Record and Health/Medical Intake Form (REDCap Versions in Progress)
  - Environmental Health Shelter Assessment Form
  - Shelter Bag Checklist
  - Authorization for Disclosure of Protected Health Information

Annex and Attachments can be found under the "Base Plan and Annexes" Section of OEP Planning Page

Local Health District Plans

- Should be congruent with VDH Mass Care Plan (Annex H)
- Include roles and responsibilities for staff and MRC volunteers involved in a shelter activation
- Ensure local plans are current, regularly updated, and coordinated with partner agencies
- Ensure appropriate agreements are in place and that expectations are clearly communicated and understood
- Work with local emergency management and social services on
  - Coordinating and planning for medical support services
  - Staffing
  - Identifying supplies and equipment
  - Public information
- Collaborate with CSBs, EMS and other partners

Local Health District Training

- Ensure staff are familiar with their role in the mass care plan and how they will be deployed
- Develop, maintain, and deliver local training opportunities for public health staff and MRC volunteers
- Participate in local sheltering exercises conducted by social services or emergency management partners
- Participate in State-Coordinated Regional Shelter (SCRS) training and exercise opportunities, as appropriate
- Adult and pediatric CPR and AED training
- REVIVE!/naloxone administration training
- Include in Workforce Development Plan and Integrated Preparedness Plan (IPP)

Public Health and Medical Staffing
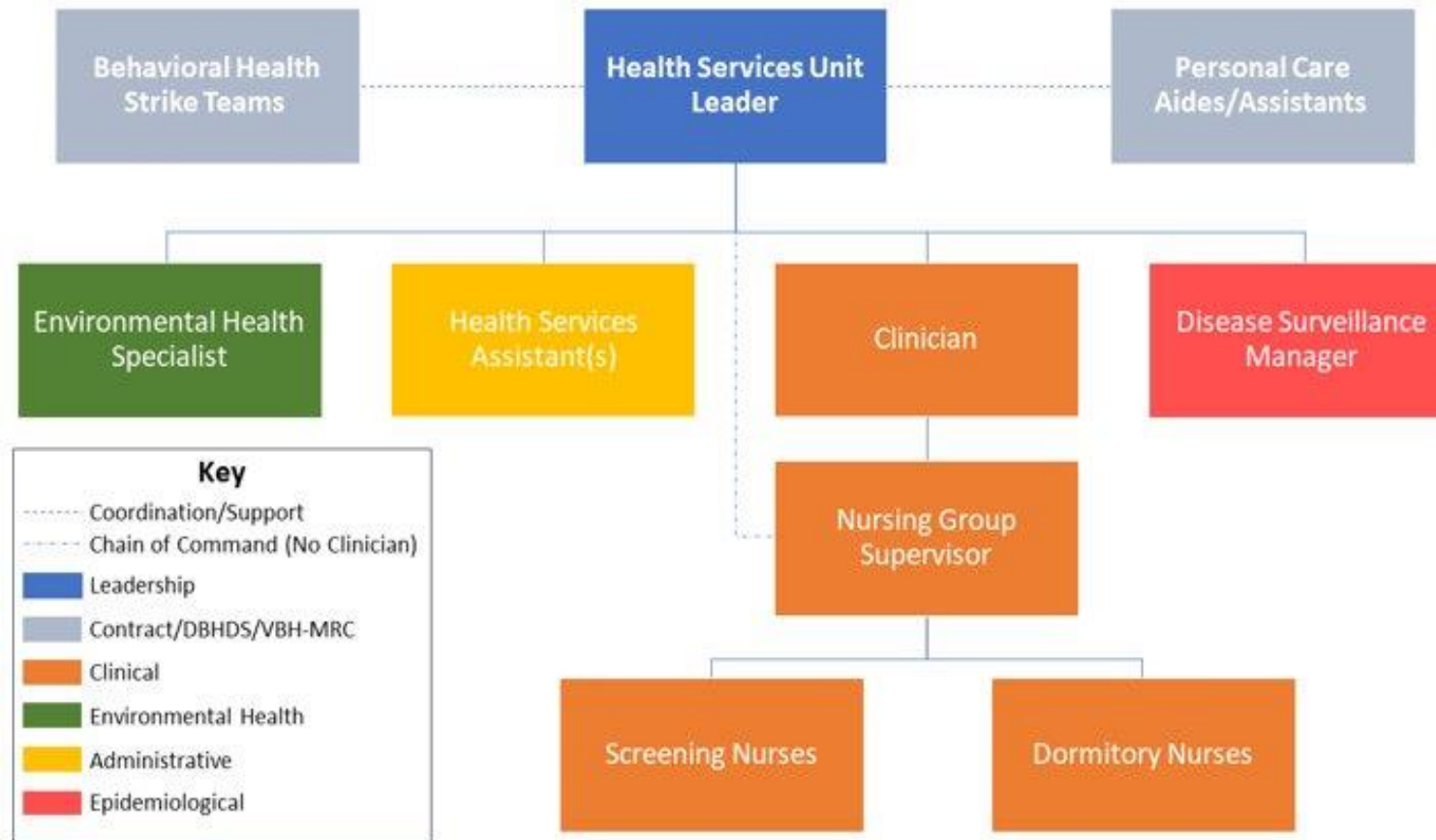
Roles: Environmental Health

Mission: Ensure the safety of the food and water supplies and the appropriate disposal of waste at the mass care facility.

Roles: Environmental Health

General Building

General Sanitation

Childcare

Food Safety

Drinking Water & Solid Waste

Sleeping Area

Environmental Health Shelter Assessment Form and Instruction Sheet

Roles: Environmental Health

Food Emergency Regulator Pocket Guide

Course # 1093906

Roles: Environmental Health

Resources:

- You can find links to forms and resources for Environmental Health at: https://www.vdh.virginia.gov/emergency-preparedness/emergency-preparedness/shelter-training-resources/

- You can find the AFDO Food Emergency Regulator Pocket Guide at: https://www.afdo.org/product/food-emergency-regulator-pocket-guide/

Knowledge Check

Which of the following areas is not an Environmental Health responsibility when conducting an Environmental Health Assessment of a Shelter?

a. Food
b. Solid Waste
c. Traffic/Parking
d. Water

Roles: Disease Surveillance Manager

Disease Surveillance

- Develop standardized data collection tools for surveillance and investigation of diseases/conditions
- Monitor health status of populations within shelter and identify occurrence of communicable diseases

Infection Prevention and Control

- Make and coordinate recommendations on prevention and control strategies with shelter personnel

Roles: Regional Infection Preventionists

- Coordinate with Regional Epidemiologists and shelter nursing staff

- Consult on infection prevention and control in shelter settings

- Provide infection prevention and control expertise

General Infection Prevention Guidelines

Access to safe shelters during disasters is critical even during periods of infectious disease or illness within the community. Individuals should not be denied access to the shelter based on the presence of an infectious disease or illness.

Screening	Physical Distancing	Monitoring and Communication	Isolation Areas	Testing
• Screen all persons for signs and symptoms prior to entering the shelter • This includes volunteers, residents, and shelter staff	• Implement distancing among residents during periods of infectious disease outbreaks	• Monitor residents for symptoms, including mental health concerns • Provide a daily status update to the local health district and other relevant agencies	• Establish separate isolation areas with dedicated restrooms and appropriate PPE supplies to isolate residents with symptoms or a confirmed diagnosis	• Test residents in accordance with existing VDH guidelines, if feasible

Roles: Health Services Unit Leader

- The Health Services Unit Leader (or equivalent position title from LHD plan):
  - Serves as primary point of contact for all health and medical services at the shelter
  - Coordinates health and medical staffing
  - Coordinates with shelter management as needed
- This position should be onsite to represent the LHD/VDH
- Not required to be an MD, DO, or NP **unless** also serving as Clinician

Role: Nurses

- Key nursing functions are triage, assessment, disease prevention, case management, first aid.
- Nurses must remain within their scope of practice.
- Nurse practitioners must function within their scope of practice and within their VDH practice agreement (for VDH employees). Nurse practitioners may function in the role of a RN for planning purposes.
- Carefully review the sheltering nursing directive to inform respective district shelter plans.
  - *(Annex H)* mentions that local health districts work collaboratively with local emergency management, health and human services agencies, and other partners to determine roles and responsibilities in providing medical care and public health services in a mass care setting.

The 2023 Shelter Training for Nurses is archived in TRAIN, please visit TRAIN course ID # 1114839 for an in-depth overview of nursing roles and responsibilities

Roles: Clinician

- **The Clinician (or equivalent position title from LHD plan):**
  - oversees all health and medical services at the shelter
  - supervises health and medical staff
  - coordinates with shelter leadership to provide health services to shelterees
- **This position is not required to be on site at all times; however, they must be available for consultation by phone/telehealth at all times.**
  - Required to be on-site if also serving as the Health Services Unit Leader.
- **Must have current license as a medical doctor (MD) or doctor of osteopathy (DO), or nurse practitioner (NP).**

Considerations When Ending Shelter Operations

- Provide medical casework to those identified as needing supplemental nutrition programs and others identified as requiring specialized health services that are under the purview of the VDH.
- Assist with screening for Long Term Services and Supports (LTSS) funded by Medicaid.
- Coordinate with VDSS to connect residents with medical home providers for continuation of resources.
- Identify new placement for residents residing in shelter isolation or quarantine areas.

Roles: DBHDS

Behavioral Health Support in Shelters

Local Shelters: Community Services Boards

State Shelters: Community Services Boards

Supplemental Resource: Virginia Behavioral Health MRC Unit

Medical Reserve Corps

- **MRC Volunteers can be deployed to support local, regional or state shelters**

- **Potential Volunteer Roles:**
  - Clinician
  - Registered Nurse
  - Licensed Practical Nurse
  - Triage/Medical Screening
  - Medical Support
  - Admin Support

*Volunteers Protecting
Virginia's Health*

Medical Reserve Corps Deployment Considerations

- Volunteer Travel Expenses & Accommodations
  - Volunteers do not usually get paid for travel from home to their volunteer location.
  - Should consider travel reimbursement for long-distance and overnight travel requirements.
  - Communicate up front if travel will or will not be reimbursed
  - Who's paying for the travel? What fund code?
  - Can lodging be procured directly or will Volunteer need to file for reimbursement?
  - Use NTERV to reimburse Volunteers' travel costs as appropriate

- Post-Deployment Care/Debriefing

- Accident/Injury Reporting

- No Workers Compensation Coverage

Deployments

Deployment Types

Local:
- deployment of staff to a district/local shelter

Intra-state:
- deployment anywhere within the Commonwealth to staff/support/assist in sheltering operations.*

Inter-state:
- deployment outside of the Commonwealth to assist another state with shelter operations via EMAC.

*Could be local or state coordinated regional (SCR) shelter.

Requesting or Sending Staff

The VDH OEP facilitates and coordinates this process (via Local Health Emergency Coordinators)

Specify in Request for Staff Support to Your District

- Type of Staff or Skills Needed (Nurse, EH Food Inspector, Clerical, etc.)
- How Many Staff Needed
- When they are Needed (dates and times and duration)
- Expected Role or Duty to perform
- Where to Report (site name, address)
- Supplies to Bring (laptop, PPE, etc.)

Staff Deployed Will Be Advised:

- Where and When to Report
- Dates/Duration of Assignment
- Expected Role/Duties (may change!)
- Items to Bring
- Working Conditions and Safety Concerns
- Local Contact Persons
- Overnight Accommodations (*if arranged*)

What to expect in deployment

- Austere conditions
- May be deployed into an active disaster/emergency scene
- 12+ hour shifts (*shift-rotation*)
- Lodging, dependent upon situation
- Communication gaps
- Limited internet services
- Documentation is critical
- Working within the assignment scope
- Self Care is Key

Should you go?

- Understand nature of the request- ask questions!
- Evaluate fit with your training and expertise.
- Assess physical requirements & health status.
- Know there may be emotional challenges.
- Impact on family/household.

If Deployed

- Remember you are part of a team
  - Support one another!
  - Team leader concept
- Use your resources
  - Ask questions
  - Express needs and concerns timely, politely (& document just in case)
  - Communicate successes
- Make notes of lessons learned
- Pace yourself/practice self-care
  - Make time to unwind

Pre-Deployment Planning

- Arrange care for loved ones and pets
- Ensure bills and other financial matters are handled
- Clear personal calendar of appointments and other obligations
- Consult with your supervisor regarding coverage in your absence
- Update emergency contact information and instructions

Deployment Items Needed

- Identification badge
- VDH shirt/vest
- Professional license
- Drivers license
- Insurance cards
- Information regarding reimbursement, leave, pay, safety, workers comp, health insurance, forms, etc.
- Paper map

Professional Items Needed

- Personal Protective Equipment
- Hand Sanitizer
- Gloves
- Appropriate footwear (closed toe)
- Work clothing
- Other items (Medical devices Personal & Professional)
- VDH Contact Information
- Supervisor/Local Health Emergency Coordinator
- Business Manager

Personal Items to Consider

- Boredom busters (headphones, music, cards, books, etc.)
- Comfortable shoes, change of clothing, jacket/sweater
- Sleeping Items
- Personal Hygiene Items (soap!)
- Cell phone/charger
- Flashlight/extra batteries
- Rain boots/raincoat
- Snacks
- Medication
- Kids activities

Best Laid Plans

- Constant change
- "Hurry up and wait"
- What you do might be different than what you were assigned
- Be flexible
- Be a problem solver
- Step up and do what's needed
- Rewarding work but challenging
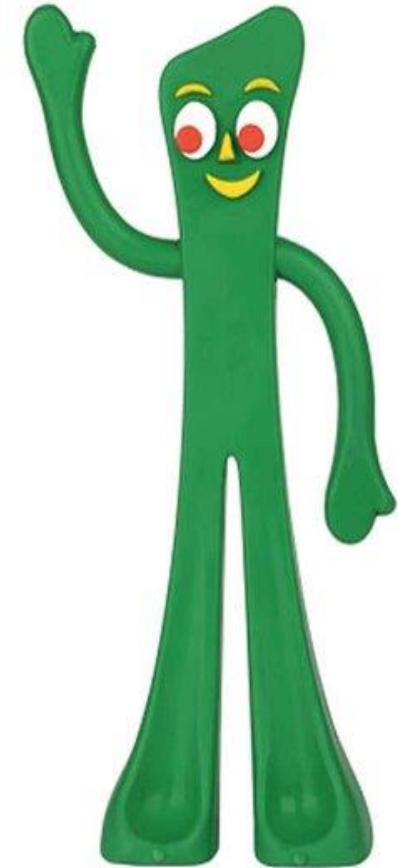
Caring for Older Populations: Tips

Many shelterees will be older with common issues
Some of those are:

- Poor Vision
- Poor Hearing
- Difficulties with mobility
- Cots are notoriously hard to get into and out of
- Some may choose to not get up to the toilet, creating wet conditions that can quickly lead to bedsores
- Difficulty opening food packages/Difficulty chewing
- Challenges staying hydrated
- Challenges with hygiene

Responder Health and Safety –

PREPLANNING IS NECESSARY!!

- **Prior to response:**
  - Ensure you are medically cleared and have been fit tested to wear a respirator (make sure you know which respirator you have been approved to wear).
  - Make sure your vaccinations are up to date to protect you from disease in the myriad of potential response locations.

- **During response practice situational awareness of shelter hazards:**
  - Residential Behavioral and Mental Health issues
  - Food/Water contamination
  - Bloodborne pathogens and sharp objects
  - Slips, trips, and fall hazards
  - Fire/electrical hazards
  - Carbon monoxide caused by generators
  - Animal/insect bites/sting potential
  - Traumatic stress or pre-existing health condition aggravation

- **Post-Deployment:**
  - Allow for additional rest and relaxation to facilitate recovery

(VOSH 16VAC25-90)(OSHA 29CFR1910)(CDC-NIOSH)

Administrative Policies and Procedures During Shelter Response for Shelter Responders

Office of Human Resources

Office of Financial Management

OHR

Overtime Eligibility & Compensation

- Employee's who <u>physically</u> work over 40 hours in the work week (Fri-Th) may be eligible for overtime compensation dependent on their overtime eligibility status:
  - **Non-Exempt (OT-Y):** Eligible for time and a half pay or overtime leave for any hours worked over 40 hours.
  - **Exempt (OT-C):** Eligible for hour for hour compensatory leave earned or straight time pay (dependent on funding availability) for any hours worked over 40 hours with documented prior approval.
  - **Exempt (OT-N):** Not eligible for additional compensation unless authorized under exceptional circumstances.
- Supervisors and Managers should document all overtime hours worked using the HDP-43 Disaster Response Labor Record.
- When feasible supervisors should attempt to adjust employee's work schedules to avoid the accumulation of overtime hours.

Resources: VDH Hours Of Work Policy, DHRM Hours of Work Policy, Overtime & On-Call Compensation Chart

On-Call Status & Compensation

On-Call
- Employees may be asked to remain in an "on-call" or "stand-by" status either before or during shelter deployment.
- On-Call Status:
  - **On-Duty On-call (Restricted):** An employee who is required to remain on-call on the employer's premises, assigned work facility, or so close there to that they cannot use the time effectively for his own purposes is working while 'on call.'
  - **Non-duty On-call (Unrestricted):** An employee who is not physically restricted and may pursue their own personal activities but must remain available to report for duty in a specified amount time and may face disciplinary action if unable to report in a timely manner.
- Assignment of employees to On-Call status should be made in writing in advance.

Compensating On-Call Status:
- **On-Duty On-Call (Restricted):**
  - **Non-Exempt:** Non-exempt employees in on-call status are considered to be on-duty and they earn straight time or comp leave for each hour spent in on-call status below 40 hours. These hours count towards the 40 hours for overtime pay. Any time spent in on-call status above 40 hours earns either time and half pay or overtime leave.
  - **Exempt OT-C:** Exempt OT-C employees in on-call status are considered to be on-duty and must receive compensatory leave or straight pay for each hour spent in on-call status.
  - Exempt OT-N: Not eligible to receive additional compensation unless authorized under exceptional circumstances.
- **Non-duty On-Call (Unrestricted): Non-Exempt and Exempt:** The agency may grant one hour of compensatory leave per accumulated 8 hours spent in non-duty, on-call status.
  - These hours do not count towards the 40 hours required for overtime.

Resources: Overtime & On-Call Compensation Chart

Workers Compensation

- Immediately seek emergency medical attention if the injury warrants
- Notify your HR Professional <u>AND</u> the Office of Human Resources (OHR) Benefits Manager of any serious injury requiring hospitalization.
- **Report the injury to your local HR Professional the day the incident occurs.** The agency collectively only has 10 days to report the injury from the date the injury occurs.
- As soon as practical, provide the employee with the Accident Investigation Form and Panel of Physicians
- Be sure to track the employee's leave
- For additional information and instructions for returning the employee to work see the WC Supervisors Guide

The red colored fields are critical to the MCI Benefits Coordinator when reporting a work-related injury, and is used for time lag reporting purposes

Time and Place of Accident

Postal ZIP code where injury occurred *

Date of injury *

Hour of injury *

Time began work

Date of incapacity

Was employee paid on day of injury *

Date injury or illness reported *

Employee Assistance Program (EAP)

What is EAP?

- EAP is a team of professionals dedicated to supporting you and your employees with resources, tools and trainings that promote productivity and work-life balance

Who is Eligible?

- EAP is available to employees covered by Anthem COVA Care and COVA HDHP, their covered dependents, and members of their household -- at no added cost.

Resources: EAP Manager's Manual & EAP Workshop Catalog

Employee Assistance Program

- Offered by all health plan providers to employees and their dependents

- Must be authorized in advance-you or your eligible dependent can contact who will assess the problem and coordinate assistance

- Four sessions-face-to-face, telephonic, or virtual) at no charge for such services like

- Benefits are dependent on employee's plan election

- ☑ Alcohol
- ☑ Drugs
- ☑ Family
- ☑ Gambling
- ☑ Health
- ☑ Legal
- ☑ Financial
- ☑ Housing

- ☑ Mental health
- ☑ Child care
- ☑ Elder care
- ☑ Grief
- ☑ Spousal/child/parent abuse
- ☑ Workplace
- ☑ Career planning
- ☑ Retirement

All services are confidential
Helps to sort personal reactions
No commitment to course of action
Assists with different level of referrals
Employee contacting EAP is critical to provide service

Seminars and workshops can be provided onsite

Duration will be up to 60 minutes

Need to contact 15-20 days in advance and can be cancelled if notified within -72 hrs.

Minimum 5 employees must be there to provide this onsite services

OFM

Travel Expenses

- All standard agency and DOA travel policies and procedures apply during a disaster.
- Unique travel circumstances (exceptions) during a disaster that are not addressed in the state travel policy must be submitted to the Office of Financial Management to obtain preapproval from the Department of Accounts

Resources:

- VDH Travel Hub – VDH Policies (virginia.gov)
- Travel@vdh.virginia.gov
- DOA Travel Policy

Emergency Resources for Staff

- Compensation/Fair Labor Standards Act
  - Timekeeping/Disaster Response Labor Record (DRLR)
- Travel/Travel Authorization Requests (TARs)
- Injuries/Workers' Compensation
  - You must immediately report the incident or occurrence to your supervisor and provide them with the information needed to complete the required forms. However, if it's an emergency, go directly to the emergency room.
- Employee Assistance Program (EAP)

Knowledge Check (OFM Travel Add Q.)

Where can you go to find travel information, forms and the VDH policy for VDH?

a. DOA website
b. There is no location
c. VDH Intranet – Travel Hub
d. Ask your supervisor

Questions?

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Slides & Workbook are on the VDH OEP Website

Regional Shelter Tabletop Exercise

- Registration: TRAIN Course ID#1117790 (*Bring your local shelter plan)

  - 8/8/2024- Randolph Macon College
  - 9/19/2024-Southwest Virginia Healthcare Coalition Office(Abingdon)
  - 9/20/2024-Roanoke City and Alleghany Health Districts
  - 10/3/2024-Arlington-Sequoia Center
  - 10/4/2024- Rappahannock EMS Council
  - 10/11/2024-Harrisonburg Rescue Squad
  - 10/18/2024-Dinwiddie Community Enhancement Center
  - 10/24/2024-Peninsula Health Dept.
  - 10/25/2024-Chesapeake Health District