



ESF # 20 –FUNCTIONAL NEEDS
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ESF – Functional Needs

Primary Agencies:	American Red Cross (ARC) Miami County Emergency Management Agency (MCEMA)
Support Agencies:	Miami County Nursing Homes/ Assisted Living Facilities Home Health Agencies Serving Miami County Residents Miami County Public/ Private Schools Miami County Childcare Facilities Upper Valley Medical Center Miami County Transit Miami County Public Health Piqua City Health Department Salvation Army- Piqua Riverside of Miami County Miami County Law Enforcement Departments Miami County Fire Departments Miami County Emergency Medical Services (EMS) Departments Private Ambulatory Services Miami County Communication Center Miami Valley Recovery Council Tri- County Crisis Response Team Department of Job and Family Services Department of Children’s Services Catholic Social Services Miami County Animal Shelter Miami County Humane Society Edison State Community College Greater Dayton Area Hospital Association Ohio Emergency Management Agency Federal Emergency Management Agency
Related Federal ESFs:	ESF#15- Public Information and Warning, ESF#17- Evacuation, ESF#6- Shelter and Mass Care, ESF#8- Health and Medical, ESF#7- Resource Management

I. INTRODUCTION

A. PURPOSE

The purpose of this plan is to provide direction for the provision of assistance that any Miami County citizen with functional needs may require to ensure that they may fully benefit from emergency services that are available in a significant event or disaster that may affect Miami County.

II. PLANNING ASSUMPTIONS AND CONSIDERATIONS

A. SITUATION

1. Disabilities affect approximately 54 million U.S. citizens, or about 1 out of every 5 people in this country.
2. Historically, emergency management plans and responses to disasters that have occurred in the U.S. have failed to include details concerning how to help people with disabilities and other functional needs so that they can fully benefit from disaster response services.
3. Legislation, such as the Stafford Act and the Post-Katrina Reform Act of 2006, has been enacted to help ensure that disaster preparedness activities and responses are inclusive of all U.S residents, regardless of individual backgrounds or extent of personal needs.
4. Functional needs are defined as “services that enable children and adults to maintain their usual level of independence in general population shelters”. This includes changing policies and procedures to promote this independence, the procurement of durable and consumable medical supplies as needed, the provision of personal assistance, and other supplies and services as the needs occur.
5. The Ohio Emergency Management Agency estimates that as many as 70% of the general population may have at least one condition that may hinder their ability to evacuate and take shelter in the event of a disaster as follows. Some examples include:
 - People who have some form of disability
 - People who are mentally ill
 - People who have a native language that is other than English
 - Children
 - Senior citizens
 - People who do not have access to transportation
 - People who need to consume special diets
 - Women who are pregnant
 - People who have pet concerns
 - Homeless populations
 - People who are extremely obese
 - People who are dependent on medical equipment that is powered by electricity or batteries
 - Residents of nursing homes, assisted living facilities, and other care facilities

B. ASSUMPTIONS

1. When emergencies occur that affect people with disabilities, the areas of greatest need

include the following:

- Means of notification
 - Help with evacuation from homes
 - Transportation
 - Accessible shelters
 - Ability to be mobile via mobility devices and/or service animals
 - Access to medications, back up sources of power, and refrigeration
2. In Miami County, 2% of all residents ages 18-64 experience challenges with performing self-care, while 4.3% experience challenges with living independently. For Miami County citizens ages 65 and older, these percentages increase to 5.8% and 13.1% respectively.
 3. It is estimated that 93% of Medicare recipients ages 65 years and older live in private homes and that of these individuals, about 33% of them live alone.
 4. An estimated 48.3% of U.S. citizens take prescribed medications at any given time, 34% of which is taken for chronic medical problems.
 5. Approximately 80% of evacuees will seek shelter with family or friends rather than a shelter.
 6. There will be a large demand for ambulances to be used for transportation during a wide-scale community disaster.
 7. In the event of a wide-scale community disaster, Upper Valley Medical Center (UVMC) may have a large influx of people seeking medical care, including the “worried well”.
 8. Nursing homes and assisted living facilities must have at least one alternate location capable of providing similar levels of care to be used as a temporary shelter/care site for displaced residents.
 9. Nursing homes and assisted living facilities must have in place adequate transportation resources.
 10. A healthcare provider that cannot provide their standard services to their patients during a disaster or significant event shall make the information available to the Miami County Communication Center (MCCC).
 11. All shelters operated by the Red Cross are fully compliant with Americans with Disabilities Standards (ADA). One licensed medical professional should constantly be

present for every 100 shelter residents.

12. Care facilities must follow local, state, and federal regulations.
13. While Red Cross shelters are required to accept service animals, other animals will not be permitted in these locations. Many people who own animals will be reluctant to evacuate unless the safety and proper care of their animals is ensured.

III. CONCEPT OF OPERATIONS

A. CITIZEN NOTIFICATION OF AN EMERGENCY

1. After receiving notification that a localized or county-wide emergency has been declared, the MCCC may use a reverse 9-1-1 type system to send out a notification call to all Miami County residents who reside in the area of the emergency.
2. The Emergency Alert System (EAS) may be activated to aid in notification of the public concerning the emergency. It is composed of a network of television and radio stations that will interrupt regular broadcasts for any emergency announcements that are requested to be made to the public.
3. Provisions must be made to ensure that these notification systems utilize technologies that are able to provide proper notification to people who may be hearing or visually impaired. This may include the use of closed captioning on emergency notifications that are broadcast on television and the use of telephone technologies that are effective for communications with people who have hearing impairments.
4. Emergency notification messages should be designed to be read or written on a fourth grade reading level so that they are able to be clearly comprehended by the general public.
5. If the emergency is related to the threat of severe weather, outdoor sirens and weather radios will be also be utilized to aid in citizen notification.
6. Depending on the type of emergency that exists or is imminent, other methods of citizen notification that may be utilized include the use of vehicle PA systems/bullhorns, Fire/EMS or LE vehicles that travel throughout neighborhoods, and door to door notification.
7. If time allows, citizens will be encouraged to check in with next door neighbors to ensure that they too received the notification of the emergency, especially if it is known that the person being checked on may need some form of assistance to help ensure their safety.

B. TRANSPORTATION

1. If large scale evacuation is necessary, transportation to areas of shelter should occur as follows:
 - a. The best resolution is for citizens to use personal transportation to evacuate or to evacuate with the aid of friends or family through designated routes.
 - b. For citizens who do not have a means of evacuation who are physically capable of withstanding a vehicle ride, they will be instructed via emergency notification systems to gather at designated pick up locations in their neighborhood where a vehicle will pick them up and take them to a shelter. Vehicles should also be utilized to transport nursing home and assisted care facility residents who are physically capable of riding in a vehicle when practical.
 - c. People who have physical disabilities should be transported to areas of shelter via vehicles that are equipped for such access. Sources of vehicles that can be utilized for this purpose include Miami County Transit and Riverside of Miami County.
 - d. Transportation via emergency response ambulances and private ambulance companies should be reserved only for use for transportation of citizens with medical needs that require urgent attention and utilized only as a last resort, as a county disaster will quickly test the response capabilities of the emergency medical services (EMS) system.
 - e. Transportation personnel should establish communications with shelters prior to transporting evacuees if possible.
 - f. Transportation for needs of daily shelter evacuees (ie: dialysis, pet shelters, etc) must be provided.

C. TRIAGE OF NEEDS

1. The “*Greater Miami Valley EMS Council Just in Time Standing Order: Medical Triage Protocol for Functional Needs Groups in Emergency Shelters*” will be utilized for decision making regarding placement of evacuees in shelters or medical facilities (See Annex # 1). Transportation management will utilize this protocol to help determine where to take individuals who are seeking shelter, using consultation with first responders and medical personnel as needed, rather than relying solely on shelter personnel to make the final decisions regarding placement of evacuees.
2. Transportation personnel who do not have a medical background should seek advice from medical personnel before transporting passengers who have any kind of medical

need regarding the final destination of the passengers. Medical personnel may include nursing home and assisted living facility employees with direct patient care responsibilities, emergency services personnel, physicians, physician assistants, and nurses.

3. People with acute medical care needs should be transported as quickly as possible to the closest available hospital or alternative medical care facility that is capable of meeting the patient’s medical needs.
4. Patients and support care givers from evacuated locations should preferably be transported to a location that has been designated as a backup facility. Transportation of these residents to a shelter(s) should only be done if an alternative facility is not available.
5. All other evacuees in triage categories A and B should be transported to a shelter. (See Annex I)
6. Upon arrival at the shelter, evacuees will go through a registration and intake process with shelter personnel where needs will be assessed. Assistance with all steps of the process will be offered as needed.

D. PETS AND OTHER ANIMALS

1. The only types of animals that will be permitted in American Red Cross Shelters are service animals that have been trained to a particular function(s) for a person with a disability. Red Cross standards will be followed for animal admittance and the care practices. These animals are permitted to accompany their owners at all times while in the shelter as long as they do not display any aggressive behavior to any other shelter staff or resident.
2. The Miami County Animal Shelter and the Miami County Humane Society will work in collaboration to provide and staff alternative shelters for displaced pets and other animals. Locations of shelter for these animals include the Miami County Animal Shelter facility and the adjacent Miami County Fairgrounds.
3. For pets, animal owners will be asked to bring a crate that can be used to house their animals while in temporary custody of the shelter staff.
4. If any animal being sheltered is currently taking any medications, the medication and written instructions for dispensing the medication must be provided to shelter staff.
5. Owners who are having pets or other animals sheltered should be requested to bring in supplies of animal food to help provide for the animals being sheltered. There is no

guarantee that their animal will receive its own food being provided unless there is a specific medical requirement for the animal to receive a specific type of food.

6. An animal visitation schedule will be established by animal shelter staff, with hours strictly enforced.
7. Shelter personnel may ask individuals who drop off animals to be photographed as part of the registration process to aid in the animal claims process when the animals no longer need to be temporarily housed.

E. SHELTER OPERATIONS AND CONSIDERATIONS

1. Designated American Red Cross Shelters with alternate generator power for Miami County are the Church of the Nazarene in Troy, the Salvation Army in Piqua, and “The Avenue” at Ginghamburg Church in Tipp City. Other shelter locations may be operated by the American Red Cross if deemed necessary.
2. There should be an allowance for 40 square feet of sleeping space per person. For people in wheelchairs, who require lift equipment, have personal assistants, or who are accompanied by service animals, up to 100 square feet should be allowed for these individuals.
3. Other shelters managed by non-American Red Cross personnel may also be opened by other organizations as well, such as faith communities. These shelters may be eligible for assistance from American Red Cross personnel as resources permit, provided that the shelter location chosen also meets Americans with Disabilities Act standards and that the method of shelter management is not in direct contrast to any part of the American Red Cross shelter management methodology.
4. Staff who possess medical training will be required at the shelter at all times to assist in tending to the needs of shelter residents and to help shelter management make decisions to seek higher levels of medical care. This may include EMS personnel, the Medical Reserve Corps, nursing students from Edison Community College, and retired or off duty medical personnel.
5. Mental health personnel (Tri-County Response Team) will be available on call 24/7 for consultation for any shelter resident having behavioral health needs. Periodic shelter on-site visitations should also be made to ensure that shelter resident mental health needs are met.
6. People who are in wheelchairs should be assigned a sleeping area that is located along a wall in order to facilitate his/ her transfer in and out of bed.

7. For any evacuee with specialized dietary or food preparation requirements, food will need to be provided to shelter personnel to ensure the continuity of the individual's dietary consumption.
8. An area may need to be established in the shelter for people who have the need to be in a quiet area that is free from an over-stimulating environment.
9. It may also be necessary to provide a separate area where shelter residents who have contagious conditions, such as active Methicillin-resistant *Staphylococcus aureus* (MRSA) infections, can be temporarily housed until determined to be cleared by a shelter physician or physician assistant.
10. An area may need to be established for use as a recreational area for shelter residents to engage in games and other recreational activities as much as space permits.
11. All shelter communications with residents will need to be done repetitively using a variety of methods to ensure as much inclusiveness as possible of all of the residents, regardless of disability or ethnicity. Methods utilized may include:
 - a. Verbal announcements
 - b. Use of captioning
 - c. Pictures
 - d. E-mail
 - e. Text
 - f. Postings on bulletin boards
 - g. Use of sign language interpreters
12. There will be a need for shelter management to secure durable and consumable medical equipment for shelter personnel to help meet the needs of residents. Equipment that shelter management personnel should expect to secure for shelter residents includes:
 - a. Walkers
 - b. Bariatric cots
 - c. Canes (regular and white ones)
 - d. Wheelchairs

- e. Shower and toilet chairs
 - f. High toilet seats
 - g. Oxygen
 - h. Diapers- pediatric and adult
13. All efforts should be made for evacuees to bring a supply of any current medications that they are on with them to the shelter. Shelter personnel should immediately start planning for medication replacement/supplementation for shelter residents via information collected as part of the shelter intake process.
- a. For planning purposes, shelter management personnel should know that an estimated 48.3% of U.S. citizens take prescribed medications at any given time, 34% of which is taken for chronic medical problems.
 - b. The Emergency Rx History was created in 2007 by U.S. pharmacies to make medication more accessible for people who have been victims of disasters. This program will help licensed prescribers and pharmacists access the medication history of patients who live in areas affected by disaster. Information can be found at <http://www.surescripts.com> (See Annex II)
 - c. Another program that can be utilized by shelter personnel via a mission request issued by the MCEMA to the Ohio Emergency Management Agency (OEMA) is Rx Response. This program was created by organizations involved in the manufacturing, distribution, and dispensing of medications that can be used to help facilitate the continuity of medication delivery during a public health emergency. (See Annex II)
14. There will need to be a coordination of continuity of services for people with chronic needs for dialysis. Contact should be made with the shelter resident's dialysis facility to see if the facility is available to provide dialysis for the individual and if so, shelter management should arrange for transportation to and from the dialysis facility as needed for the shelter resident. If the resident's regular facility cannot provide dialysis services, shelter managers may check the websites www.dialysisunits.com or www.kcercoalition.com for other alternative dialysis facilities that are available to provide dialysis services and arrange for transportation of shelter residents accordingly.

15. People that are under medical care for cancer that are in shelters for an extended length of time will also need to seek continuation of care for his/ her condition. For patients that are covered under original Medicare, the National Cancer Care Institute can be reached at 1-800-4CANCER (1-800-422-6237) between 9:00 AM and 4:30 PM Monday through Friday to assist in finding a provider who can provide continuation of cancer care treatment. TTY users can call 1-800-332-8615. People who have coverage through insurance plans other than traditional Medicare will need to contact their insurance provider for direction regarding where they can go to seek cancer care treatment.
16. Any shelter resident who develops a medical need while in the shelter should seek out evaluation by the shelter’s medical team. If the decision is made to send the resident to a hospital for non-emergency treatment, shelter personnel should call the emergency department charge nurse to notify the facility of the patient’s impending arrival and status. Hospitals that discharge patients back to shelters are to provide the shelter’s medical team with a report regarding the patient’s status and discharge plan, including a list of current medications for the patient.
17. All shelter residents will be expected to adhere at all times to shelter rules and regulations established by the American Red Cross and other organizations that choose to undertake the responsibility of shelter management. Any shelter resident who refuses to follow the shelter’s rules and regulations will be subject to immediate removal from the shelter by any member of the shelter management team or law enforcement personnel.
18. All custodial issues regarding minors will be overseen by Children Services

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. ORGANIZATION

1. Per an incident commander request, the MCEMA will initiate an evacuation. The ARC and the appropriate transportation resources will be notified to activate.
2. Mass care or support facilities will remain in communications, via telephone, internet or radio, with the EOC to maintain an up-to-date and current count of evacuees at the facilities, the general condition and needs of the evacuees, and the operating status of the facilities.

B. ROLES AND RESPONSIBILITIES

Primary Agencies

1. American Red Cross
 - a. Responsible for the designation and management of shelters and for the provision of care and resources as needed and as available to displaced people during times of disaster. Responsibilities include selection of shelter locations that are in compliance with both ADA and Red Cross shelter guidelines, shelter staffing, procurement of shelter supplies, such as cots, blankets, medicine, hygiene materials, water, and food, and the procurement of durable and consumable medical equipment as needed in accordance with the needs of shelter residents. ARC may also reach out to other regional resources and additional National ARC chapter agencies to procure additional resources as needed.
2. Miami County Emergency Management Agency
 - a. Responsible for the activation and oversight of the Miami County Emergency Operations Center when disasters or significant events occur or are imminent. Assists in securing support and resources as needed for the Incident Command, and other agencies involved in the disaster response. This may be done through requests to regional sources, OEMA, FEMA, or other potential sources as needed.
3. Miami County Transit Agency
 - a. Responsible for the coordination of public transportation resources that can be utilized to help meet the needs of evacuees who require transportation to appropriate locations..

Support Agencies

4. Miami County Public Health and City of Piqua Health Department
 - a. Ensure that all shelters meet environmental health specifications for mass care and feeding.
 - b. Responsible for activation of the Medical Reserve Corp for the purpose of helping to provide medical staffing for the shelter.
 - c. Provide education for shelter residents regarding proper infection control and other safety information to help the residents avoid illness while staying in a shelter.

- d. Provides prophylaxis to evacuees who have been exposed to a communicable infectious disease and meet CDC criteria for prophylaxis necessity based on the circumstances of the exposure.
5. Salvation Army
 - a. Works with the ARC Director or designee to staff and operate shelters if requested.
 - b. Coordinate feeding operations.
 - c. Assist with the provision of other resources upon request by the ARC or by the MCEMA.
 - d. Work with the faith based community to develop a program that promotes the concept of church congregation members “checking in” on other congregation members that may be in need for the purpose of offering assistance.
 6. Law Enforcement
 - a. Provide for the security and protection of shelters within their jurisdiction and in accordance with any existing mutual aid agreements, as well as related duties.
 - b. Provide traffic control during evacuee movement to shelters.
 - c. Maintain order in shelters, if necessary.
 7. Nursing Homes/Assisted Living Facilities
 - a. If the decision is made to shelter in place, the facility’s administrative team must ensure that there is an adequate supply of electricity, food, and water to meet essential resident and staff needs during the crisis.
 - b. If the decision is made to evacuate the facility, the facility administrator or designee is responsible for the safe evacuation of residents and staff and for making transportation arrangements if it is necessary to temporarily house the residents and staff in another location. This will be coordinated through the IC. Transportation should occur as follows:
 - Residents who cannot seek shelter with family or friends should be transported by the usage of the facility’s own vehicles if available.
 - If the need to evacuate the facility exceeds the facility’s capacity to transport the residents and staff in a safe manner, the Miami County Transit Agency may be called to assist in the transportation process.
 - Transportation personnel will need to check with the facility administrator or designee regarding whether the final destination of the individual(s) being transported should be another care facility, a shelter, or a hospital.

- Buses will be used to transport staff and residents who are physically able to ride in this type of vehicle. Buses that are equipped with wheelchair lifts and other equipment will be used for the transportation of residents with physical disabilities that cannot be accommodated on a traditional bus.
 - Emergency response and private ambulances should be reserved only for residents who have acute medical needs who require transportation to a hospital or other medical facility for treatment.
- c. The preferred option is to temporarily house at other facilities offering similar levels of care. Each nursing home and assisted living facility must have an established agreement with at least one other facility that will serve as a backup facility for this purpose.
- d. If no other facility is available that can assume care for the residents, the residents should then be taken to an established ARC shelter.
- e. When residents are taken to another care facility or to a shelter, the following will also need to be provided for their care:
- Staff who can help provide continuous care for the residents
 - Medical records
 - Medication supply
 - Medical equipment, both durable and consumable
 - Food for special dietary needs
- f. Nursing home and assisted living facility residents should never be evacuated from the facility directly to a hospital unless they truly have an acute medical need that necessitates urgent attention.
8. Upper Valley Medical Center
- a. Serves as provider of medical care for acute medical needs.
 - b. Will consider the establishment of a controlled hospital entrance and triage area if the situation warrants.
 - c. Will communicate directly with care facilities and shelters prior to and during the discharge of patients from the hospital regarding discharge instructions and continuing patient needs.
 - d. Will work with the American Red Cross, when requested, to help provide for the mental health needs of persons affected by the disaster.
9. Tri-County Crisis Response Team

- a. This is a team consisting of volunteers from the field of law enforcement and mental health, along with members from the community at large who have been trained using the National Organization of Victim Assistance Model. This team provides crisis de-briefing sessions to businesses, schools, first responders, and other community groups within Miami County and some other surrounding counties.

10. Schools/Childcare Facilities

- a. All transportation needs will be coordinated through the IC.
- b. Maintain two lists of all children enrolled in the facility and emergency contacts for each child, one of which should be kept in an off-site location
- c. Establish written emergency procedures for the facility with routine drills to test the procedures' effectiveness. The procedures should include protocols for "sheltering in place" to plan for situations when children would need to be kept at the facility for an extended period of time before being picked up by a parent or caregiver and for when transportation of children to an alternative facility or shelter would be necessary.
- d. Each school and childcare facility should establish relationships with like facilities that could potentially serve as a backup facility for shelter in the event of an emergency.
- e. As an alternative, school and childcare facility administrators may also choose to transport children in their care to a shelter. School or childcare facility personnel must stay with the children who are in their care until a parent or authorized caregiver arrives on the scene.

11. Home Health Agencies

- a. Maintain prioritized list of clients based on medical needs
- b. Establish contact with all possible affected clients within 24 hours of onset of disaster
- c. Continue to provide care for clients who have medical needs whether the client is still in the home or is in a local shelter.

12. Department of Job and Family Services

- a. Assist the ARC and Mass'Care Liaison in providing emergency feeding, clothing and lodging.
- b. Assist in the staffing of feeding centers.

- c. Call list of current clients to check to see if assistance in evacuation or shelter is needed and coordinate evacuation assistance with incident command.
 - d. Administer the food stamp program for qualified applicants.
 - e. Administer Aid for Dependent Children (ADC) Program for qualified applicants.
 - f. Administer Medicaid Program for qualified applicants.
13. Department of Children’s Services
- a. Assist shelter management in providing assistance and resources for children.
 - b. Assume emergency custody of unaccompanied children as needed.
 - c. Call clients to see if assistance with evacuation or shelter is needed and coordinate evacuation assistance with incident command.
14. Miami County Communication Center (MCCC)
- a. Responsible for monitoring all available emergency notification systems and issuing immediate emergency notifications to affected Miami County citizens as needed. Methods of emergency alert notification will include reverse 9-1-1 call technology, which has the capability of reaching any hearing impaired person who has Relay service, closed captioned television alerts, and radio broadcasts.
 - b. The MCCC is the emergency communications and dispatching center for all police, fire, and emergency medical agencies and departments operating within Miami County, with the exception of the Ohio State Patrol, Piqua Post. It is also the primary 911 Public Safety Answering Point (PSAP) for the entire Miami County geographical area.
 - c. The dispatch center also contains amateur radio stations capable of local, regional, and national communication, staffed by FCC-licensed Radio Amateur Civil Emergency Services (RACES) members and can be deployed as necessary.
15. Miami County Animal Shelter/Miami County Humane Society
- a. Coordinate the temporary intake and sheltering of animals for people who evacuate to shelters, medical care facilities, or are housed in other facilities that are not able to temporarily house animals.
16. GIVE (Covington)
- a. This organization is a potential source of durable medical equipment for those in need as its mission is to accept donated medical equipment and refurbish it for other people who may need it. The only stipulation is that the equipment is expected to be returned to the organization when it is no longer needed by the individual.

17. Catholic Social Services

- a. This is a Passport agency that serves people that are 60 years old and over by performing assessments of individuals to determine eligibility for resources. In the event of a disaster, this agency would continue to provide services to current clients and would also be available to come out to shelters to provide education to people who are not current clients that may meet program eligibility requirements regarding potential available resources.
- b. Contact all clients by phone and check to see if assistance is needed regarding evacuation or shelter. Coordinate evacuation assistance through MCCC.

18. Edison Community College/College of Nursing

- a. May be contacted as needed by the American Red Cross to be utilized as a potential resource of volunteer medical personnel to help staff shelters
- b. Nursing students must work under the direction of an accompanying Edison nursing instructor or a licensed medical professional working at the shelter who agree to take responsibility for the supervision of the students while working in the shelter.

19. Greater Dayton Area Hospital Association

- a. Maintains a supply of durable and consumable medical equipment that may be available as a potential resource upon request from the Miami County Emergency Management Agency or by Upper Valley Medical Center.

V. ADMINISTRATION AND LOGISTICS

A. ADMINISTRATION

1. All governmental purchasing and requisitions must be fully documented with written approval given by the County Commission.
2. The ARC is responsible for records and reports associated with tracking the status of mass care operations.
3. All shelter facilities should be inspected at least annually by the ARC to ensure continued ability to function properly and meet the needs of evacuees and emergency managers.
4. Any changes in sites or facilities should be reflected in the appropriate inventory of the ARC Shelter Agreements.

B. LOGISTICS

1. The ARC maintains internal procedures for operating mass care facilities.
2. The MCEMA will assist if requested to provide for the transportation of cots and blankets and other supplies to shelter facilities.
3. Requests for resources necessary to run mass care support facilities can be made to the county EOC. If state assistance is needed, the county EOC will request resources in accordance with the NIMS resource types and definitions. These definitions can be found online at http://www.fema.gov/nims/mutual_aid.shtm. Also, see ESF #7: Resource Management.
4. The primary communications link between shelters and the EOC will be telephone. Amateur Radio operators may be assigned to the shelters to provide additional communication capabilities.

VI. CONTINUITY OF GOVERNMENT

A. SUCCESSION OF COMMAND

1. In the event that the named ARC Disaster Director is unable to perform his/her duties of function in the capacity indicated, the ARC will name a replacement individual.
2. In the event that the Mass Care Liaison is unable to perform the assigned duties, the MCEMA Director, under direction of the County Commission, shall appoint an EOC Staff member as a replacement.

VII. ESF DEVELOPMENT, MAINTENANCE AND TRAINING

1. The ARC Disaster Director, in consultation with the MCEMA Director and Mass Care Liaison, are responsible for revising and updating this Emergency Support Function (ESF) to ensure that a proper plan is in place to meet the needs of displaced populations. This ESF will be reviewed and updated on an as-needed basis; however, it is subject to revision at times when the rest of the EOP is undergoing revision.
2. A periodic review will be conducted of this ESF for revalidation and necessary changes. The revision process will include incorporation of changes based upon periodic tests, drills, and exercises as appropriate.

3. All organizations that support this ESF are responsible for developing their respective Operational Guidelines (OGs) for conducting mass care and emergency shelter operations.

VIII. LIST OF APPENDICES

Appendix 1 – Greater Miami Valley EMS Council Just in Time Standing Order: Medical Triage Protocol for Functional Needs Groups in Emergency Shelters

Appendix 2 – Contact Resources

IX. AUTHENTICATION

10-21-15
Date

Maie C. O'Connell
ARC Disaster Director (Northern Miami Valley Chapter)

10-21-15
Date

Kenneth A. ...
EMA Director

MIAMI COUNTY EMERGENCY OPERATIONS PLAN

APPENDIX 1 TO ESF #20

GREATER MIAMI VALLEY EMS COUNCIL JUST IN TIME STANDING
ORDER:
MEDICAL TRIAGE PROTOCOL FOR FUNCTIONAL NEEDS GROUPS IN
EMERGENCY SHELTERS

Scope: This protocol is for use by paramedics, nurses, and other healthcare personnel. It is intended to help healthcare personnel determine appropriate placement for people with Functional Needs who present to American Red Cross (ARC) Shelters during an emergency. The triage protocol should be applied at the earliest feasible time, whether that is on presentation to the shelter, or prior to transportation to a shelter.

Functional Needs: Refers to individuals who, under usual circumstances, are able to function on their own or with support systems. However during an emergency or in the absence of some mechanisms (e.g., electrical power), their level of independence is challenged.

ARC shelters are established in community locations that offer adequate space for large numbers of individuals. Shelters should be handicapped accessible, have adequate space for individual cots, have adequate restroom and shower facilities, and a location for feeding. Service Animals are permitted in the shelter. The cots are similar to camp cots - low to the ground. Modified cots are available to meet some functional needs. Family groups as well as the young and old may all access the shelter.

This protocol is a guide for triage of individuals seeking shelter. There are four triage categories:

- A. No functional needs: those who can stay in a shelter and require no further assistance or medical care. **Will not be referred for medical triage.**
- B. Functional needs: individuals whose needs can be met in our shelter.
- C. Medically fragile: individuals needing care not available in a general population shelter but who do not need hospitalization or emergency department treatment. These individuals will be transported or redirected to an alternative medical facility such as a long term care provider.
- D. Acutely ill: persons that must be transported evacuated to the hospital or other facility for immediate medical needs.

Paramedics or nurses will triage functional needs clients. Categories B, C, and D are described below. Triage determination may be significantly impacted by whether or not the client is accompanied by a care aide or family member capable of providing care.

Goals of Functional Needs Shelter Triage:

1. Meet appropriate needs of persons seeking shelter during disasters and other major events.

2. During disasters, hospitals can rapidly become severely overcrowded. To the greatest degree feasible, clients who do not need hospital care should be sheltered to reduce unnecessary overcrowding at hospitals.

At the option of local department chiefs and medical directors, the same protocol can be used during a disaster to determine patients who would be more appropriate for transport to Red Cross Shelters than to hospitals. That concept was endorsed by RPAB, and was used on the East Coast during Hurricane Sandy. In those cases, EMS should, if possible, contact the shelter before transporting. If locations or contact information for shelters is not known, contact the County EMA or the Red Cross. When transporting these non-emergency patients to shelters, it is critical that the patients bring their medications and medical equipment with them.

CATEGORY B: FUNCTIONAL NEEDS THAT CAN BE MET IN A SHELTER

This group includes but is not limited to individuals who are or have:

- Blind or vision impairments
- Deafness or trouble hearing
- Oxygen dependent
- Previously treated breaks, fractures, or sprains (including those on crutches or in a cast)
- Non-English speaking
- Clients with wheelchairs or other mobility devices
- Service animal
- Dementia
- Immune system disorders
- Diabetes
- MRSA, TB, and other infectious diseases (depending on treatment status)
- Dependence on medication
- Dependent children, including those who enter the shelter without their parent or guardian

Certain individuals who have medical needs such as those on a ventilator, nebulizer, colostomy/ileostomy, and the like can be evaluated for care within a shelter, especially if the client is accompanied by a family member or care aide.

CATEGORY C: MEDICALLY FRAGILE NEEDING CARE NOT AVAILABLE IN A GENERAL POPULATION SHELTER BUT NOT NEEDING HOSPITALIZATION OR EMERGENCY DEPARTMENT CARE

This group includes but is not limited to individuals who have some of the following needs.

- Ventilator needs (Note: pediatric patients on ventilators may need to be transferred to the Children’s Medical Center)
- Morbidly obese beyond the capabilities of the shelter
- Highly infectious disease (in certain cases these will need to be transferred to a hospital or other facility)
- Advanced Alzheimer’s or dementia (if not accompanied by a family member), or other psychiatric issues that would impact safety in the shelter
- Not able to be moved around within the shelter (medical needs exceed bed capacity or available medical care: e.g., bariatric cot too small, unable to be transferred from bed to other locations, bedridden individuals, unable to move at all without assistance)

Individuals with advanced medical requirements may come to the shelter with a care aide or family members, When the caregiver is able to provide the daily medical needs of these clients, they can generally remain in the shelter. However, if individuals need more care than can be provided by a care aide, family members, or available personnel, the individual should be transported with their family or care giver to a more appropriate care setting.

From past disaster experience, it is often possible to provide other arrangements for these individuals that will help provide the care they need. Working with EMA and ARC, temporary placement in a nursing home or long term acute care facility may be feasible.

CATEGORY D: ACUTELY ILL WHO MUST BE EVACUATED TO A HOSPITAL

These individuals require medical treatment that cannot be administered within the shelter or within an alternative health care facility.

- New injuries requiring medical care. Client will often be able to return to the shelter following treatment.
- New onset medical emergencies or acute decompensation (e.g., MI, COPD, CHF, stroke, mental health issues, etc.).
- For minor medical urgencies (e.g., nausea and vomiting, mild asthma attacks, etc.), consider consulting ARC or the Emergency Operations Center (EOC) to determine availability of non-hospital-based assessment and treatment such as Urgent Care or physician offices.

Efforts shall also be made to keep these individuals with their family members or care givers if possible.

The Triage Officer should consult with other Shelter personnel to determine capabilities for managing individuals. A physician or physician extender (Nurse Practitioner, etc.) will be available for consultation.

Appendix 2- CONTACT RESOURCES

Animal Shelters

Miami County Animal Shelter- (937) 332-6919
Miami County Humane Society- (937) 335-9955

Assisted Living Facilities

Caldwell House (937)- 339-5199
Garbry Ridge (937)- 778-9385
Sterling House of Piqua (937)- 773-0500
Sterling House of Troy (937)- 335-5900

Communication Material Resources

www.accessibleemergencyinfo.com This website consists of free emergency preparedness materials that are tailored for people with visual and hearing disabilities and available for use on any website as needed.

Dialysis Services

Kidney Community Emergency Response Coalition (KCER)
<http://www.kcercoalition.com/about.php>

Funding Assistance

<http://www.fema.gov/government/grant/pa/index.shtm> This sites provides information about how states, local governments, and certain non-profit organizations can apply for assistance through Section 319 of the Public Health Service Act

http://bussafetyfta.dot.gov/show_resource.php?id=3315 Developed for the public transportation industry, this document examines disaster response, reimbursement, insurance concerns, and the FTA's perspective regarding reimbursable disaster response activities.

Hearing Impaired Resources

Ohio Relay Services 1-800-750-0750 Need to have phone number to be called ready in advance

HIPAA Disclosure Guidance

This site provides guidance regarding how personal health information can be shared with emergency preparedness personnel for planning purposes.
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/decisiontoolintro.html>

Home Health Agencies

Fidelity Health Care (937) 208-6400 or 1-800-946-6344

American Nursing (937) 339-8200

Hospice

Hospice of Miami County- (937) 335-5191

Long Term Acute Care Facilities

Kindred Hospital- (937) 512-8307 or www.khdayton.com
1 Elizabeth Place
Dayton, Ohio 45417

Lifecare Hospitals of Dayton - (937) 384-8300
4000 Miamisburg-Centerville Road
Miamisburg, Ohio 45342

Triumph Hospital- 1-888-449-1122 Or www.triumph-healthcare.com
730 W Market Street
Lima, Ohio 45801

Medical Equipment

Legacy (937)- 335-9199

GIVE (Donated medical equipment) (937)- 473- 5195

Fidelity Health Care (937)-208-6400

PRO2 Respiratory Services (937) 339-7702

Lincare (937) 778-2190 or 1-877-778-2197

Advanced Medical (937) 534-1080 or 1-800-543-1249

American Home Patient (937) 1-800-521-4609

APRIA Healthcare 1-800-589-8905

Bunny's (937)-492-4550

Healthcare Solutions (937) 335-6777 or 1-800-336-9800

Hooks Medical Equipment (937) 544-2329 or (937) 836-2141

Medicine & More (937) 547- 1642

Med Mart O2 Service (937) 256-0000 or 1-888-563-4421

Medicine Shop- Piqua (No Oxygen) (937)-773- 1778

Medicine Shop- Sidney (937)-498-4846

Medicine Shop Greenville (937) 547-1642

Med-Ox Home Medical (937) 398-0016 or 1-888-676-4730

Opro Orthopedic (937) 773-2441

Tipp Topp (Clarks- Tipp City) (937) 669-5791

Tipp Topp (Clarks- Huber Heights) (937) 723-2880

Veterans Administration DME (937) 267-3988

VA Medical Center (937) 268-6511

<http://www.medicare.gov/navigation/resource-locator/resource-locator-overview.aspx>, select medical equipment supplies from the sidebar listings

www.passitoncenter.org - This is a website listing of device reutilization programs around the country where people can go to find medical equipment .

Medication Assistance

Surescripts- This is a website that allows licensed prescribers and pharmacists anywhere in the the U.S. to securely access information containing the prescription histories of patients from disaster stricken areas. It can be accessed at <http://www.surescripts.com>

Rx Response- This is a program that consists of healthcare organizations involved in the manufacturing, distribution, and dispensing of pharmaceutical products that have joined together to help ensure the continuity of medication distribution to people affected by a disaster. The website is accessible at www.rxresponse.org and the telephone number is 1-866-247-2694. A status report that is accessible to state emergency management and public health agencies can be found at www.infocenter-rxrresponse.org

Nursing Homes

Covington Community Care Center- (937) 473-2075 or (937) 216-2058

Troy Care & Rehabilitation Canter- (937) 335-7161

Heartland of Piqua- (937) 773-9346

Koester Pavilion- (937) 440-7663

Piqua Manor- (937) 773-0040

Springmeade -(937) 667-7500

Randall Residence- (937) 667-8200

Support Agencies

Catholic Social Services- (937) 575-7105 or 1-800-521-6419

Miami County Department of Job and Family Services -(937) 440- 3471

Miami County Children’s Services- (937) 335-4103

Miami County Health Dept -(937) 335-5675

Miami County Job and Family Services- (937) 440-3471

Miami County Recovery Council-(937) 335-4343 or www.mercinc.org

Salvation Army Piqua -(937) 773-7563

Transportation

Miami County Public Transit- (937)335-7433 (RIDE)

Riverside of Miami County- (937) 440-3000

American Ambulette and Ambulance - (937) 237-1105

E.M.T, Inc. - (937) 456-5811 or 1-800-566-6125

Integrity Ambulance Services – (937) 316-6100 Or 1-800-704-7846

Can also be reached at www.integrity-ambulance.com

Med Corp Transport- 1-800-854-2137

Ohio Medical Transport (For Hospice of Miami County)-(937) 877-1235

Can also be reached at www.ohiomedicaltransport.com

Rural Metro (Out of Cincinnati) (513) 863-5000 or 1-800-537-5959

Spirit Transport-(937) 548-2800 or 24 hr dispatch number (866) 548-2818

24 Hr Taxi Service (937) 339-2367 or 888-831-2311

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