

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

| <b>CONDITION</b>   | <b>IMPACT</b>   | <b>PLANNING and RESOURCES</b>  | <b>ACTION</b>  |
|--|---|--|--|
| <p>ENVIRONMENTAL (such as potable water, septic systems, temperature control, as related to health.)</p> | <ul style="list-style-type: none"> <li>▪ The medically fragile, including but not limited to seniors, small children or those with compromised respiratory or immune systems may become ill if facility is unheated during cold weather.</li> <li>▪ The medically fragile, including but not limited to seniors, small children or those with respiratory problems may suffer heat stroke, asthma or other related responses if facility cannot be cooled in the summer months.</li> <li>▪ If power is lost, water delivery system, septic system may be inoperable.</li> <li>▪ Floods, mudslides could result in contamination of the potable water supply.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Identify existing heating and air conditioning systems in each shelter.</li> <li>▪ If site does not have a backup generator, pre-arrange (contract or other agreement) for emergency acquisition.</li> <li>▪ Arrange for training of responders in identifying and responding to symptoms of heat stroke, hypothermia, asthma and similar conditions.</li> <li>▪ Resources might include Area Boards on Aging.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Monitor comfort level, appearance. If problem suspected or reported, consult the Resources Directory and take the following actions: <ul style="list-style-type: none"> <li>▪ Action #1:</li> <li>▪ Action #2:</li> <li>▪ Action #3:</li> </ul> </li> </ul> |

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|   |   |   |   |
|---|---|---|---|
| <p>COMMUNICATION BARRIERS (including non-English speaking, hearing impairment, physiological speech impairment, learning disability, or visual impairment.)</p> | <ul style="list-style-type: none"> <li>▪ May impede identification of specific needs, including health needs.</li> <li>▪ Client may need one-on-one assistance, resulting in need to increase shelter operations staff.</li> <li>▪ Service animals must be accommodated for the convenience of the owner.</li> <li>▪ Failure to properly service these populations may result in poor public relations, have political consequences.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Use demographics, including census, to identify languages commonly used in county (including ASL), by geographic area.</li> <li>▪ Recruit and train bilingual county employee volunteers as shelter operators.</li> <li>▪ Include communications in sensitivity training.</li> <li>▪ Identify and plan for translation services to assist with care and shelter.</li> <li>▪ Plan methods for providing general assistance with commonly sought services (restrooms, food services, telephones) to reduce need for one-on-one response: <ul style="list-style-type: none"> <li>▪ Develop Braille signage for distribution to the visually impaired.</li> <li>▪ Develop multi-language sheet to enable registrar to identify language spoken.</li> <li>▪ Provide sensitivity training for all response personnel.</li> <li>▪ Plan for service animals to remain with owners.</li> <li>▪ Plan for assisting unaccompanied folks with communication barriers.</li> <li>▪ Resources may include: Deaf Access Assistance Program Region; Services to the Blind; CDSS' Language Services.</li> <li>▪ Plan for the care of service animals.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>▪ Monitor registration for those who may need limited assistance, take action as warranted.</li> <li>▪ Hearing impaired person registers: <ul style="list-style-type: none"> <li>▪ Walk through facility to point out existing signage.</li> <li>▪ Introduce individual to any staff trained in ASL.</li> <li>▪ If assistance needed beyond shelter personnel, use Resource Directory.</li> </ul> </li> <li>▪ Sight impaired person registers: <ul style="list-style-type: none"> <li>▪ Offer Information Sheet in Braille.</li> <li>▪ If accompanied by service animal, arrange for the comfort of the animal and convenience of the owner.</li> <li>▪ Determine level of assistance needed (is person accompanied or unaccompanied).</li> <li>▪ If shelter personnel unable to provide assistance needed, take the following action: <ul style="list-style-type: none"> <li>▪ Use Resource Directory to identify appropriate resource.</li> <li>▪ Action #2</li> <li>▪ Action #3</li> </ul> </li> </ul> </li> <li>▪ Non-English speaking person registers. <ul style="list-style-type: none"> <li>▪ Offer multi-language sheet to enable clients to identify language spoken if you cannot identify by sound.</li> <li>▪ Determine if translator accompanying client, or otherwise on site.</li> <li>▪ If not, use Resource Directory to identify appropriate resource for language needed.</li> </ul> </li> </ul> |
|---|---|---|---|

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|  |   |  |   |
|--|---|--|---|
| <p>CULTURAL BARRIERS (including non-medical dietary needs, religious needs, modesty, hygiene and personal space issues related to various cultural norms.)</p> | <ul style="list-style-type: none"> <li>▪ Non-medical dietary needs (may become a medical issue if not addressed)</li> <li>▪ Religious needs, modesty, hygiene, personal space, culturally appropriate interaction with response personnel and others in shelter should be addressed in order to avoid perceptions of insensitivity, discrimination or intolerance.</li> <li>▪ Failure to address such concerns may result in public relations problems, have political impact.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Use demographics, including Census Report, to identify various cultures residing in county, by type and geography. "Type" may include immigrants; those who live communally for religious, political or social purposes; language; or other reasons.</li> <li>▪ Develop and implement sensitivity and diversity training for response personnel.</li> <li>▪ Develop a Resource Directory for each identified group.</li> <li>▪ Work with leaders in each of the communities identified to find out any cross-cultural concerns community members might have in a mass shelter setting. Such concerns might include food, hygiene, modesty, personal space and other issues.</li> <li>▪ Consider special dietary needs, including ethnic specialties, vegetarians and vegans, and work with restaurants in the local community to plan for appropriate food in shelter.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Monitor registration to identify individuals or families who may need assistance for cultural reasons.</li> <li>▪ Determine language spoken, and availability of translators.</li> <li>▪ Determine if staff needs to be advised of special concerns voiced by community leaders; i.e., "Do not physically touch any of the males in the family over the age of five."</li> <li>▪ Check Resource Directory to determine if an arrangement has already been made for culturally appropriate food services.</li> <li>▪ Action #1</li> <li>▪ Action #2</li> <li>▪ Action #3</li> </ul> |
|--|---|--|---|

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|   |   |  |  |
|---|---|--|--|
| <p>GEOGRAPHIC BARRIERS (including rivers, mountains, difficult roads, communal property, private, gated communities.)</p> | <ul style="list-style-type: none"> <li>▪ Isolated communities or individuals may not be aware of available resources.</li> <li>▪ Persons isolated by choice may be fearful of, or resistant to, outside contact.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Identify isolated communities, individuals and geographic barriers.</li> <li>▪ Plan for shelter management teams composed of staff residing in or near isolated communities.</li> <li>▪ Develop outreach service plans; go to isolated individuals' homes to assess needs.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Action #1:</li> <li>▪ Action #2:</li> <li>▪ Action #3:</li> </ul> |
|---|---|--|--|

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|  |   |   |  |
|--|---|---|--|
| <p>UNACCOMPANIED MINORS (includes children out of school during a school day, or otherwise unsupervised at the time of the disaster or emergency.)</p> | <ul style="list-style-type: none"> <li>▪ Legal requirements for supervision must be met</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Use demographic information to develop estimates for number of children in county during the workday who might require lengthy supervision (more than 24 hours) in the event a catastrophic disaster prevents parent or guardian from reuniting with the child.</li> <li>▪ Plan with County Child Protective Services for emergency response to assume supervision of unaccompanied minors arriving at shelter sites.</li> <li>▪ Plan for legal supervision and care of children in school when emergencies or disasters occur.</li> <li>▪ Plan for orderly shelter reception and registration to provide for quick identification of unaccompanied children.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Monitor registration for unaccompanied children.</li> <li>▪ When an unaccompanied child is identified, take the following action(s): <ul style="list-style-type: none"> <li>▪ Action #1:</li> <li>▪ Action #2:</li> <li>▪ Action #3:</li> </ul> </li> </ul> |
| <p>ACCOMPANIED MINORS</p>  | <ul style="list-style-type: none"> <li>▪ In-shelter childcare may be desirable in order for parent or guardian to complete the registration process or other activities. Must be provided in accordance with legal requirements for supervision of minors. The ARC does not provide childcare.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Plan with county day care licensing authority for setting-up and staffing an in-shelter day care.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Monitor in-shelter need and take the following action(s): <ul style="list-style-type: none"> <li>▪ Action #1:</li> <li>▪ Action #2:</li> <li>▪ Action #3:</li> </ul> </li> </ul>  |

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|   |  |   |   |
|---|--|---|---|
| <p>PRE-DISASTER HOMELESS (including those who regularly use homeless shelter services, live in cars or tents, or have no shelter on a daily basis.)</p> | <ul style="list-style-type: none"> <li>▪ May need referral services prior to shelter closure.</li> <li>▪ Lack of planning to address need may result in need to keep shelters open longer.</li> <li>▪ Public policy arena.</li> <li>▪ High-profile political and public relations issues may arise.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Use demographics to identify potential population.</li> <li>▪ Develop short- and long-range plans to address emergency housing issues aggravated by disaster.</li> <li>▪ Consider need for new or amended county policies.</li> <li>▪ Provide response staff with sensitivity training; involve public information office, law enforcement and legal staff in planning process.</li> <li>▪ Consider multi-disciplinary approach to shelter management</li> <li>▪ Consider training county social services staff in ARC Family Services.</li> <li>▪ Plan for a registration process which identifies those with pre-disaster housing needs.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Monitor registration process and number of persons who may require long-term assistance.</li> <li>▪ Take the following action(s): <ul style="list-style-type: none"> <li>▪ Action #1:</li> <li>▪ Action #2:</li> <li>▪ Action #3:</li> </ul> </li> </ul> |
| <p>DISASTER-RELATED HOMELESS (including home owners and renters.)</p>   | <ul style="list-style-type: none"> <li>▪ Need for referral services.</li> <li>▪ Long-term temporary housing may be required for homeowners.</li> <li>▪ Long-term temporary housing may be required for renters when limited rental properties (comparable in quality and cost to disaster damaged rental units) available in community.</li> <li>▪ Public policy issues may be involved.</li> <li>▪ Political and public relations may arise.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Use demographics and community resources to maintain up-to-date information, geographically, of rental vacancy rates in community.</li> <li>▪ Develop referral resources, including insurance companies, financial planners, legal advocates, local CBOs and assistance agencies, the faith community, and local, state and federal agencies.</li> <li>▪ Train response staff in ARC Family Services, general application processes for state and federal loans and grants for housing assistance.</li> <li>▪ Package kits with handouts or other resource materials regarding programs to assist with short- and long-term temporary housing.</li> <li>▪ Provide sensitivity training to response staff.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Use shelter registration and identification system to identify those with red-tagged or destroyed dwellings.</li> <li>▪ Offer handouts describing available resources.</li> <li>▪ Action #1:</li> <li>▪ Action #2:</li> <li>▪ Action #3:</li> </ul>      |

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|   |  |   |  |
|---|--|---|--|
| <p>POVERTY (both pre- and post disaster.)</p> | <ul style="list-style-type: none"> <li>▪ May require referral services in order to vacate shelter.</li> <li>▪ Public policy issues may arise.</li> <li>▪ Public relations and political issues may arise.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Provide sensitivity training to response personnel.</li> <li>▪ Package kits with referral resources to assist with housing, transportation, and job search.</li> <li>▪ Planning for timely shelter closure might include multi-agency input to consider needs of the poor, including social, medical, mental health, or intervention services.</li> <li>▪ Involvement of public information office advised to plan for addressing various related issues.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Resource referral.</li> <li>▪ Action #1:</li> <li>▪ Action #2:</li> <li>▪ Action #3:</li> </ul> |
|---|--|---|--|

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|  |  |  |   |
|--|--|--|---|
| <p>MOBILITY BARRIERS<br/>(non-electric mobility aids)</p>  | <ul style="list-style-type: none"> <li>▪ Accessibility (ramps, sleeping areas, bathroom assistance devices).</li> <li>▪ Unaccompanied individuals may need minor assistance.</li> <li>▪ ADA issues fall into public policy arena.</li> <li>▪ Political and public relations issues may arise.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Identify shelters that meet ADA standards for accessibility; work with County OES and law enforcement to direct identified folks to proper shelters.</li> <li>▪ Registration process should include area for indicating need for and identification of any assistance needed.</li> <li>▪ Response staff provided sensitivity and other training.</li> <li>▪ Resources for training and/or response might be identified and assist in planning, such as Rehabilitation, Aging, Area Boards on Aging, Easter Seals, etc.</li> <li>▪ Identified and trained response staff on-call to provide minor assistance.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Call identified assistance staff.</li> <li>▪ Contact resource Agency.</li> <li>▪ Action #3:</li> </ul>   |
| <p>MOBILITY BARRIERS<br/>(electric wheelchair or cart)</p> | <ul style="list-style-type: none"> <li>▪ Power source may be required.</li> <li>▪ Accessibility necessary.</li> <li>▪ Possible need for moderate level of personal assistance.</li> <li>▪ ADA/public policy issues.</li> <li>▪ Political and public relations issues.</li> </ul>                         | <ul style="list-style-type: none"> <li>▪ Identify shelters that have backup generators.</li> <li>▪ Develop MOU or other agreement for emergency backup generators.</li> <li>▪ Identify shelters that meet ADA Standards for accessibility.</li> <li>▪ Work with County OES, and law enforcement to ensure Emergency Plan includes evacuation routes and identification of appropriate shelters.</li> <li>▪ Identify and train response staff for sensitivity, assistance techniques, and other skills for assisting those with mobility barriers.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Monitor registration and identify those needing moderate assistance.</li> <li>▪ Call pre-identified assistance staff.</li> <li>▪ Contact resource agencies.</li> <li>▪ Action #3:</li> </ul> |

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|  |   |  |  |
|--|---|--|--|
| <p>LIFE SUPPORT (including respirators, oxygen tanks, energy-dependent systems, as well as care level requirements.)</p> | <ul style="list-style-type: none"> <li>▪ High profile health issues.</li> <li>▪ Respirators, oxygen tanks, or other energy dependent systems affected in power failure.</li> <li>▪ Moderate to intensive care may be required, affecting the staffing level and specific skill level necessary in operations staff.</li> <li>▪ High profile political and public relations issues may ensue.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Identify shelters with backup generators; establish MOU or other agreement for emergency backup generators.</li> <li>▪ Identify and train response staff to assist those on life-support.</li> <li>▪ Work with local EMS/Health Officers, Area Board on Aging, IHSS, and other community groups to develop resources and alternative shelter sites.</li> <li>▪ Compile telephone list of available MDs, RNs, respiratory therapists, etc., to assist in shelters and provide medical treatment as needed.</li> <li>▪ Work with licensing officials, placement agencies and facility owner/operators to develop effective emergency response plans to assure proper identification of clients' medical needs, safe transportation and proper supervision.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Monitor registration for immediate identification of those on life support.</li> <li>▪ Call identified assistance staff, resource agencies or community resources to assist.</li> <li>▪ Action #3:</li> </ul> |
|--|---|--|--|

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|  |  |  |  |
|--|--|--|--|
| <p>DEVELOPMENTAL OR COGNITIVE DISABILITY (Accompanied)</p>   | <ul style="list-style-type: none"> <li>▪ Caregiver may not have charts, medications.</li> <li>▪ There may be little or no supervision by caregiver.</li> <li>▪ Client may not be able to clearly identify needs.</li> <li>▪ Public relations and political issues may arise.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Work with licensing authority, IHSS, Area Board on Aging, local OES, to develop education, training material on emergency response for caregivers.</li> <li>▪ Identify response personnel for on-call assistance in shelters.</li> <li>▪ Provide sensitivity training and other necessary specialized training (ARC CPR, first aid, etc.) to on-call responders.</li> <li>▪ Make sure response plans include method for obtaining and dispensing necessary medications.</li> <li>▪ Identify alternative shelter sites; work with county OES and law enforcement to establish evacuation plans for licensed facilities.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Monitor registration to ensure proper identification of population and need for additional staff.</li> <li>▪ Call identified assistance staff or resource agencies.</li> <li>▪ Action #3:</li> </ul>  |
| <p>DEVELOPMENTAL OR COGNITIVE DISABILITY (Unaccompanied)</p> | <ul style="list-style-type: none"> <li>▪ Health and safety issues.</li> <li>▪ One-on-one attention may be needed, requiring additional shelter operations staff.</li> <li>▪ May be difficult to determine status and needs.</li> <li>▪ Public relations and political issues.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Provide sensitivity training to response personnel.</li> <li>▪ Provide interview skills training to response personnel designed to help assist those with cognitive disorders.</li> <li>▪ Identify on-call response personnel who can assist in the shelters.</li> <li>▪ Identify alternate shelters when adequate supervision cannot be provided.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Monitor registration to ensure proper identification of population, and need for additional staff.</li> <li>▪ Call identified assistance staff or resource agencies.</li> <li>▪ Action #3:</li> </ul> |

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|  |   |  |   |
|--|---|--|---|
| <p>MENTAL DISABILITIES<br/>(Accompanied)</p>   | <ul style="list-style-type: none"> <li>▪ Caregiver may not have charts, medications.</li> <li>▪ There may be insufficient supervision, requiring additional shelter operations staff.</li> <li>▪ Public relations, political issues may arise.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Provide sensitivity and interviewing technique training to response personnel.</li> <li>▪ Identify on-call response personnel who can assist in the shelters.</li> <li>▪ Identify alternate shelters when adequate supervision cannot be provided.</li> <li>▪ Identify intervention and assistance resources for contact if needed.</li> <li>▪ Work with licensing authority, IHSS, local OES to develop education, training materials on emergency response for caregivers.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Advise shelter management upon arrival of skilled nursing residents.</li> <li>▪ Call identified assistance staff or resource agencies as needed.</li> <li>▪ Action #3:</li> </ul>                            |
| <p>MENTAL DISABILITIES<br/>(Unaccompanied)</p> | <ul style="list-style-type: none"> <li>▪ May be difficult to determine status or need.</li> <li>▪ Any necessary Medical supervision, including medication management, may be or become an issue, along with security issues.</li> <li>▪ There may be insufficient supervision, requiring additional shelter operations staff.</li> <li>▪ Public relations, political issues may arise.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Select and train response personnel in identification and determination of needs.</li> <li>▪ Work with licensing authority, IHSS, caregiver associations, and local OES to develop education, training materials on emergency response for caregivers.</li> <li>▪ Identify intervention and assistance resources for contact if needed.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Monitor registration to be certain population and any needs are identified; advise management.</li> <li>▪ Call identified assistance staff or resources agencies as needed.</li> <li>▪ Action #3:</li> </ul> |

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|  |   |   |  |
|--|---|---|--|
| <p>ALCOHOL OR DRUG DISABILITY</p>  | <ul style="list-style-type: none"> <li>▪ Status may be unclear.</li> <li>▪ Staff from any recovery center or home serving as residence may not accompany and supervise.</li> <li>▪ Medical supervision, including medication management may be an issue.</li> <li>▪ Non-disaster related issues may arise, such as drug sales or use at shelter site.</li> <li>▪ Public relations, political issues may arise.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Identify intervention and assistance resources for contact if needed.</li> <li>▪ Work with licensing authority, community treatment program providers, local OES and law enforcement to develop adequate plans for supervision and any necessary intervention.</li> <li>▪ Select and train response personnel to identify and determine needs.</li> </ul>                      | <ul style="list-style-type: none"> <li>▪ Monitor registration and advise shelter management of identified needs.</li> <li>▪ Call identified assistance staff or resource agencies as needed.</li> <li>▪ Call 911.</li> </ul> |
| <p>INAPPROPRIATE BEHAVIOR (may include acting out due to stress, lack of medication, interruption of normal routine; physical threats to self, others in shelter; use of inappropriate language; illegal activity; other inappropriate activity, such public sexual displays.)</p> | <ul style="list-style-type: none"> <li>▪ Health and safety issues may ensue.</li> <li>▪ Law enforcement offices may be required for the protection of the shelter population, including staff.</li> <li>▪ High profile public relations and political issues may occur.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Work with county mental health department, local mental health associations, law enforcement to develop plans to assist clients and/or address threats.</li> <li>▪ Plan for rapid intervention and action in order to maintain functioning shelter.</li> <li>▪ Select and train response personnel in sensitivity, techniques for assisting distressed individuals.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Monitor situation and advise management of any need for intervention.</li> <li>▪ Call identified assistance staff or resource agencies as needed.</li> <li>▪ Call 911.</li> </ul>   |

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|                                 |  |   |  |
|---------------------------------|--|---|--|
| <p>SKILLED NURSING FACILITY</p> | <ul style="list-style-type: none"> <li>▪ Sufficient supervisory staff may not accompany the residents.</li> <li>▪ Medical supervision, including charts or medications may not be sufficient.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Work with licensing authority, other providers, local OES and law enforcement to develop education and training programs.</li> <li>▪ Work with licensing authority and caregivers to develop alternate temporary housing plans.</li> <li>▪ Encourage owner/operators to develop agreements with like facilities to provide shelter in emergencies.</li> <li>▪ Select and train response personnel to work with caregivers to identify needs and provide resource referrals.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Advise shelter management upon arrival of skilled nursing residents.</li> <li>▪ Call identified assistance staff or resource agencies as needed.</li> <li>▪ Action #3:</li> </ul> |
|---------------------------------|--|---|--|

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
**SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES**  
**September 2002**

|  |  |   |  |
|--|--|---|--|
| <p>PRE-EXISTING MEDICAL CONDITIONS (COMMUNICABLE)<br/>(Examples: Colds, influenza, mumps, chickenpox, ringworm; diarrhea.)</p>   | <ul style="list-style-type: none"> <li>▪ Critical public health issues.</li> <li>▪ Spread of infection to others in the shelter.</li> <li>▪ May arrive without having seen a doctor.</li> <li>▪ May arrive without proper medications, either prescription or OTC.</li> <li>▪ Shelter may not have adequate hygiene products, such as tissue or toilet paper.</li> <li>▪ If on-site infirmary is established may increase the number of nursing staff necessary.</li> <li>▪ Control of public information may be critical to prevent public panic.</li> <li>▪ Communications may be important to assure those in control of evacuation routes are kept apprised of situation.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Work with local Health Officer and ARC chapter to ensure registration process includes collection of medical needs information; triage system.</li> <li>▪ Ask local EMS, Health Officer, ARC, etc., to provide basic training to shelter operations staff on recognizing signs of communicable diseases, include those commonly seen (colds, influenza, chickenpox) and those less commonly seen or identifiable (ringworm, cradle cap, whooping cough, TB).</li> <li>▪ Identify existing shelter sites with space for an infirmary for those with pre-existing, potentially communicable illnesses, as well as on-site kits with basic medical equipment such as blood pressure cuffs, stethoscopes, etc.</li> <li>▪ Identify physicians and nurses available to respond to shelters and provide medical treatment.</li> <li>▪ Develop method for tracking number of persons arriving in shelters who have symptoms of communicable diseases in order to more quickly identify and isolate any public health threat.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Registration advises shelter management upon arrival of individual with obvious symptoms of colds or flue, rashes, etc.</li> <li>▪ Use triage system to further screen those with symptoms.</li> <li>▪ Arrange for transportation to appropriate medical facility if necessary.</li> <li>▪ Keep Health Officer, County EOC informed of numbers of citizens arriving at shelters with illnesses.</li> </ul>                                |
| <p>PRE-EXISTING MEDICAL CONDITIONS (NON-COMMUNICABLE)<br/>(Examples: Asthma, COPD, Heart Disease, Post CVA, Alzheimer's, Cancer, Diabetes, HTN, post-surgery patients)</p> | <ul style="list-style-type: none"> <li>▪ Critical health and safety issues.</li> <li>▪ Receiving shelters may lack expert staff to identify existing conditions and determine care needs.</li> <li>▪ Transportation capabilities may be limited.</li> <li>▪ Clients may not readily volunteer existing medical needs, or lack of medications, medical equipment, etc.</li> <li>▪ Power failure may result in transport of persons requiring an electrical source for medical equipment.</li> <li>▪ Public relations and political issues may arise.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Work with local Health Officer and ARC chapter to ensure registration process includes collection of medical needs information; triage system.</li> <li>▪ Arrange for basic training to shelter operations staff on recognizing signs of possible existing medical conditions, and asking for additional information from clients.</li> <li>▪ Identify existing shelters and alternative medical facilities with the resources to meet the presented medical needs.</li> <li>▪ Identify physicians and nurses available on-call to provide medical treatment in shelters.</li> <li>▪ Work with local health officer/EMS to prepare medical equipment kits for shelters, to include such items as blood pressure cuffs, stethoscopes.</li> <li>▪ For those sites designated as "medical shelters," medical equipment may also include oxygen, IVs, monitors/defibrillators and medications.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Triage system is used at registration point to identify medical needs of clients and group according to care level required.</li> <li>▪ If care level is higher than that available on site, arrange for transportation to appropriate care facility.</li> <li>▪ Use resource list to request assistance from needed medical personnel.</li> <li>▪ Keep shelter manager advised of arriving clients needing medical resources.</li> </ul> |

**STATEWIDE MCS COMMITTEE**  
**SPECIAL NEEDS AND CONSIDERATIONS IN MASS CARE AND SHELTER OPERATIONS**  
***SAMPLE MATRIX FOR IDENTIFYING, PLANNING & PREPARING SHELTER MANAGEMENT GUIDELINES***  
***September 2002***



|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|