

**CAMBELL COUNTY  
PLAN FOR THE SPECIAL NEEDS POPULATION  
October 2012**

**I. DEFINITION OF SPECIAL NEEDS**

Campbell County manages *general public shelters* during emergency situations. These *general public shelters* will accommodate individuals who meet the following criteria:

- ❑ Individuals who are self-sufficient and need no outside assistance in performing Activities of Daily Living (ADLs).
- ❑ Individuals with impairments who are self-sufficient and capable of performing ADLs without assistance, including self-administering required personal needs such as medication and long-term use of oxygen.
- ❑ Individuals with pre-existing health problems that may require some limited surveillance or special assistance by shelter medical staff within the guidelines of the NKY Health Department Disaster Physical and Mental Health protocols.

***Therefore, Special Needs individuals are those who do not meet these criteria and therefore cannot be accommodated in general public shelters. These individuals will need to be referred to the Individual Care Coordination Center (IC-3) for assessment and refuge.***

**II. ISSUES**

**A. Increase in the Special Needs Population**

Campbell County must be prepared for evacuations. In addition to general emergency preparedness, the Cape Fear region has historically been a landfall for hurricanes and associated hazards such as storm surge, high winds and flooding. The growth and diversification of Campbell County's population has increased the size of the special needs population placed at risk during an emergency evacuation. Examples of the county population changes impacting upon the size and characteristics of the special needs population include:

- ❑ The US Census estimated the population to be 90,940 in 2011.
- ❑ Twelve percent of the population of the county is age 65 years and older in 2011.

**B. Other factors impacting the County's Approach to Special Needs Sheltering**

A number of other factors contribute to the complexity of emergency special needs sheltering in Campbell County, including the following:

- ❑ Campbell County is home to many retirees. While many are fully independent, others may be living independently with informal assistance (neighbors, church volunteers, relatives) that may not be available during a disaster. Some of this population may qualify for special needs placement, especially if the need for shelter is prolonged.
- ❑ Medical services traditionally offered in an institutional setting are increasingly being provided at the client's home by mobile caregivers. Individuals receiving home care may have limited self-care ability and limited resources.
- ❑ In the event of an emergency, they may be candidates for special needs sheltering where they can continue to receive medical services.
- ❑ The stress of a disaster event may necessitate a more extensive personal health care for the County's aging population.
- ❑ The medical, therapeutic and educational facilities available in Campbell County for individuals with special needs have improved and expanded, thereby attracting and retaining the special needs population. Thus, the number of individuals who may require special needs emergency shelter has grown.
- ❑ To mass shelter individuals with special needs requires adequate shelter staffing by medically trained personnel in a facility capable of maintaining power sources for life support equipment. Such a facility is not available from the current inventory of county buildings being used as shelters. As a result, Campbell County has chosen another approach for addressing the needs of this segment of the population.

### III. CAMPBELL COUNTY APPROACH

Area medical and human services agencies that routinely deal with problems encountered by special needs individuals on a daily basis have contributed expertise and resources to the development and implementation of this plan, which will be initiated in a disaster event under the direction of the County Emergency Management Director.

#### GOALS AND OBJECTIVES:

**1. Organize a network of human services agencies to maintain, review and amend (as necessary) a Disaster Sheltering Plan for the Special Needs population of Campbell County.**

The organized group, called the Special Needs Task Force (SNTF) meets approximately every six months. The purpose of the meetings is to discuss issues, concerns and solutions. The SNTF reviews the plan and amends as necessary. *The Special Needs Task Force includes, but is not limited to, representatives of the following human service agencies:*

- ❑ Various County Agencies
- ❑ Area Health and Human Service Agencies, private and non-profit

- ❑ St Elizabeth Medical Center
- ❑ Campbell County Human Services
- ❑ TANK Transit
- ❑ American Red Cross
- ❑ Private health care providers, such as oxygen providers, home health agencies, assisted living facilities, nursing homes.

**2. Identify Special Needs Individuals (SNIs) in the community.**

- ❑ Long term care facilities maintain records of their residents, which can be made available to NKIHD and EM if needed.
- ❑ Pre, during, and post event, referrals are made to the IC-3 through the Emergency Public Information Center (EPIC), County Emergency Operations Center (EOC), participating agencies, physicians, public shelter nurses, and medical facilities.
- ❑ Public Service Announcements and Media Releases are used to communicate with non-registered or previously unidentified special needs individuals.

**3. Identify resources for special needs individuals.**

- ❑ Encourage evacuation to locations “outside the area of threat.”
- ❑ Identify and network with long term care facilities and medical facilities with available space to provide emergency shelter and services, with the continued support of the primary care agency, for temporary relocation or evacuation of SNIs. All participating agencies will provide a facility assessment/evaluation and notify the IC-3 of their status pre- and post-disaster.

**4. Support programs of disaster education and awareness for special needs individuals, senior adults, primary care givers, and program coordinators. Advocate pre-disaster preparedness using agencies providing professional services to special needs individuals.**

- ❑ All professional services agencies are encouraged to assist their clients with the development of a Disaster Action Plan upon admission to service. It is recommended that the plans be reviewed annually (June 1- November 30).
- ❑ At the threat of a disaster event, each agency providing professional services will be responsible for contacting all clients to assess activation of *individual disaster plans* or the need to refer the client to the IC-3. It is understood that *individual disaster plan* activation is limited by the SNI's compliance.
- ❑ Encourage training of shelter nurses by oxygen providers in the operation of various oxygen delivery systems staged in the shelters.
- ❑ Encourage the participation of medical suppliers, medical staffers, pharmaceuticals, transportation and volunteers in the Disaster Sheltering Plan.

**5. Provide liability protection to public and private agencies participating in the IC-3 Plan, when efforts are made in “good faith” to shelter SNIs during a county emergency or disaster declaration.**

**6. Activate the Individual Care Coordination Center (IC-3), a Command Center specializing in health and human services issues at the threat of a disaster event to coordinate a non-competitive interagency commitment to provide services to SNIs by networking together and agreeing to share or exchange available resources. The IC-3 operates as an extension of the County EOC.**

- The IC-3 is physically located within the Campbell Regional Medical Center (NHRMC) to insure uninterrupted access to the following services, including, but not limited to:
  - Medical Consultants
  - On-call physicians
  - Emergency department physicians
  - Specialized Medical Services (such as Respiratory Therapy, Oncology)
  - Medical Transport
- Operation will commence at the direction of the Campbell County Office of Emergency Management with a call down notification of assignees and volunteers. Level of activation will correspond to that of the Campbell County Emergency Operations Center (EOC). Due to the fragility of its clientele, elective relocation of individuals will cease upon the direction of the Director of Emergency Management, as weather conditions warrant. Operations will continue post incident until all clients are returned to pre-disaster service or until the number of displaced clients is deemed manageable through the EOC.
- The NKIHD will begin the initial call down of the Special Needs Registry upon notification from the Campbell County Department of Emergency Management.

#### **IV. IC-3 OPERATIONS**

##### **A. HOURS OF IC-3 OPERATION:**

72 Hours-24 Hours Prior to Disaster: Normal Business Hours 9AM-5PM

24 Hours Prior to Disaster-72 Hours Post Disaster: 24 Hour Operations

##### **Note:**

1. Hours of operation will be coordinated with the EOC and the Director of Emergency Management.
2. Pre-disaster, during and post-disaster time frames are dependent on disaster-related conditions and must be coordinated with the EOC for the most current information.
3. Depending on the impact of disaster, post-disaster operation may be terminated earlier when deemed appropriate by the Emergency Management Director or his designee.

**B. NOTIFICATION OF IC-3 STAFF:**

- (a) EOC Director or his/her designee will notify the IC-3 Coordinator
  - Second Shift IC-3 Coordinator will be notified in absence of Team Coordinator
- (b) Notifications will be made as follows:
  - IC-3 Coordinator will notify those Task Force Members (See Appendix B, IC-3 Staffing) who are assigned to staff to the IC-3. This includes Home Health Agency representatives, NHRMC Case Management, Cape Fear AAA, NKIHD Senior Resource Center, NKIHD Health Department, NKIHD Department of Social Services, Southeastern Center and TANK Transit.

**C. IC-3 STAFFING RECOMMENDATIONS:**

- (a) The organizational structure of the IC-3 is based upon the most frequently occurring disaster to impact Campbell County – hurricanes. Modification of this structure may be indicated depending upon the nature of the disaster event.
- (b) The IC-3 staff is divided into three teams to cover the needs of three different periods of the disaster: Team A: Pre-disaster, Team B: During the Event and Team C: Post-event. The specific duties of each team are specified in the next section.
- (c) All agencies providing staff to the IC-3 are encouraged to have these members participate in IC-3 training sessions, and to establish “safety first” shift change practices (shift change during daylight hours for better visibility of debris, flooding and other safety threats).
- (d) This table describes the proposed staffing for each of the IC-3 teams:

<u>Staffing Position</u>	<u>Team A</u> <u>Pre-Disaster</u>	<u>Team B</u> <u>During Event</u>	<u>Team C</u> <u>Post Event</u>
IC-3 Coordinator	1	1	1
Assistant Coordinator	1	1	1
Hospital Case Manager	1	1	1
Hospital Social Worker	1	1	1
Home Health Nurses	2	2	2
Administrative Support	2	2	2
Social Services Representative	1	1	1
Mental Health Representative	2	2	2
TANK Transit Representative	1	1	1
Senior Resource Center Representative	1	1	1
Area Agency on Aging Representative	1	1	1
Interpreter (Use Language Line or on-site staff at	1	1	1

hospital)

Because of the duties of each of the teams, individuals assigned are best chosen by the following profiles:

Team A members are needed prior to the event. They should be individuals with minimal personal pre-event preparation demands such as preparing for evacuation or boarding up a house.

Team B members work during the event. They might be individuals living in a mandatory evacuation area or those with minimal personal demands during an event.

Team C members are needed after the event has passed. They might live in an evacuated area where return is not an immediate option or have minimal post event demands.

#### **D. IC-3 TEAM DUTIES:**

##### **1. PRE-DISASTER: TEAM A DUTIES**

**Establish and maintain communication with all agencies and facilities to assure accurate coordination of Special Needs sheltering information and to advise agencies and facilities of current EOC disaster information.**

- Establish fax, email or telephone communications with all participating agencies and facilities for confirmation of the following SNI information. Forms are in Appendix C of this document.
  - Contact individuals on the Special Needs Registry who requested follow up.
  - Conduct triage and make referrals for placement.
  - Completion of IC-3 Facility Resource Information Form (Form #SN-5) for all facilities. A complete list of Campbell County facilities is kept at the Emergency Management office.
  - Maintain fax communication with facilities and agencies.
  - Fax or email information as released by the EOC to facilities and agencies.
  - The Area Agency on Aging representative assisted by other agency representatives contacts all nursing homes & assisted living facilities to discuss any concerns or special considerations.
- IC-3 staff consults with the public health nurses staffing public shelters to determine whether certain evacuees qualify as Special Needs Individuals (SNIs) and need relocation, or regarding the shelter staff's ability to manage an individual with marginal medical or physical abilities.

##### **2. DURING EVENT: TEAM B DUTIES**

**Maintain contact with facilities and Special Needs Individuals who elect to shelter in place.**

- Maintain contact with the EOC and answer emergency calls.
- Attempt to maintain contact with those SNI's who elect to shelter in place and request follow-up.
- Prepare and coordinate post-event Disaster Recovery Action Plan with the EOC as appropriate to the event. This includes working with caregivers of SNI's that have been placed to assess their homes before relocation.

### **3. POST EVENT: TEAM C DUTIES**

#### **Assure accurate follow-up of all Special Needs Individuals triaged through the IC-3.**

- Coordinate follow-up care of displaced and relocated individuals with appropriate service agency.
- Coordinate and/or confirm return of SNIs to pre-disaster service agencies or situation-specific care agency.
- Coordinate relocation of placed SNI's with caregiver.

\*\* Position Descriptions for each agency are located in the IC-3 Resource Guides\*\*

#### **E. TELEPHONE TRIAGE PROCEDURES & FORMS:**

1. Telephone calls are handled by representatives from participating agencies. Representatives direct calls to the appropriate agency or direct them to the team coordinator for evaluation.
2. All lines roll over to the next available line, except DSS, which is dedicated for shelter staffing access. The DSS representative in the IC-3 has a dedicated line for communication with area shelters and staff at all times.
3. For Interpreter Services, see the Language Line Instructions in the IC-3 Resource Guide. (As a back-up, you can call the Campbell County 911 Center. Ask for Language Line/ Interpreter support. The telecommunicator will conference the IC-3 call with the Language Line interpreter. If you think the call needs to be recorded, ask the telecommunicator to stay on the line until the call is completed. In the case 911 needs to dispatch someone to a location they will have all the information already. There are 140 languages that can be interpreted.)
4. All telephone calls are documented on one of the following forms which are located in Appendix C of this document and in the IC-3 Resource Guide:
  - a) All calls are entered on the IC-3 Telephone Log (SN-2), even if the call is only informational. Calls with people on the Special Needs Registry should be documented on their profile form. Copies of profiles will be made for FEMA documentation.

- b) Clients who are being relocated are entered on an IC-3 Intake Form (SN-3).
- c) Clients electing to shelter-in-place with follow-up from the IC-3 should be entered onto an IC-3 Intake Form (SN-3), unless they are on the SN Registry, in which case, documentation should be made on their profile form.
- d) Clients are entered on Transportation Request Form (SN-T) (on reverse side of SN-3) if they need transportation to their place of relocation. The Transportation Request Form should be routed to the TANK Transit Representative so they can arrange for transportation.
- e) Any client who is being relocated should be triaged through a Case Manager who will fill out a Medical History Intake Form (SN-4) for that client.
- f) All documentation must be filed in the IC-3 for FEMA audit.