Alameda County Disaster Shelter Plan For Medically Fragile Persons

Alameda County Operational Area Emergency Management Organization

October 2004
Acknowledgements

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October 2004

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I. Introduction

A. Background on the Need

Tens of thousands of persons in Alameda County receive some form of home healthcare from a variety of providers delivering home health services. In addition, there are thousands of other persons in Alameda County with long-term healthcare needs living in community-licensed residences like skilled nursing facilities or other residential care facilities. For the purposes of this plan, we are defining those persons who receive ongoing nursing care – at home through home healthcare agencies or as residents in licensed care facilities – as “medically fragile persons.” Given their reliance on some level of ongoing medical support or supervision, any disruption to this care in a disaster will put them at risk.

Therefore, this plan deals with the impact that a large-scale disaster would have on our population of medically fragile persons, specifically given a scenario where hundreds of medically fragile persons are forced to evacuate their homes or care facilities and seek emergency shelter elsewhere. Medically fragile persons will require some form of ongoing medical supervision, care and treatment at shelter sites. Hence, the question is how prepared are we to provide this level of care and staffing. Generally, shelters are equipped only to provide very basic first aid.

One of the biggest lessons to come from the Winter Storms of 1997, which resulted in severe flooding throughout California and the evacuation of over 150,000 people from their communities, is that we must have a plan to manage the care and shelter needs of medically fragile persons in disasters. Nearly one thousand of the persons evacuated in that disaster consisted of medically fragile individuals from nursing homes, board and care facilities and home health care settings. As shelter populations grew, available medical resources became overwhelmed, placing the medically fragile at risk. The following shelter plan will maximize the potential for ensuring a continuity of care to medically fragile persons in a disaster.

B. Purpose

The goal of this plan is to meet the medical and emergency shelter needs of medically fragile persons in a disaster. The plan provides guidance to all those entities with a role to play in the care and shelter of medically fragile persons before, during and following a disaster.

Specific objectives include the following:

1. To define the roles and responsibilities of the primary agencies involved with the care and shelter of medically fragile persons, during each of the above disaster phases.
2. To identify the facilities to be activated as disaster shelters for medically fragile persons.
3. To identify the resources for operating emergency shelters for medically fragile persons.
4. To establish guidelines for the disaster response to medically fragile persons and for the operations and staffing of emergency shelters for medically fragile persons.
C. Legal Requirements

The following entities each have legal mandates, which make them stakeholders in safeguarding the health and welfare of medically fragile persons in disasters.

1. **County Government** – Both in disaster and non-disaster times, county government is responsible for the public health of all its residents, including those special needs populations who fall beyond the scope of the American Red Cross in disaster sheltering. Moreover, according to California law (Health and Safety Code Section 34070 –34072) government has the responsibility for emergency care and shelter. Given California’s adoption of SEMS (the **Standard Emergency Management System**), there is a specific hierarchy for government to use when requesting resources to meet disaster needs. Therefore in compliance with SEMS, and in a situation where the need to support the sheltering of medically fragile persons overwhelms the assets within a local jurisdiction, county assets available through the Operational Area (i.e., that entity which represents all the resources of government and governing bodies within the county) will then be requested to meet that sheltering need.

2. **The American Red Cross** – By congressional mandate and in accordance with its corporate policy, the Red Cross has a long-standing disaster relief mission. The Red Cross is a partner with government in helping to fulfill government’s legal responsibility of providing care and shelter for its citizens in a disaster.

3. **Health Care Services Agency** – During a disaster, Public Health Department staff will work within established governmental guidelines to safeguard and protect the public health (California Health and Safety Code Sections 101025, 101030, 101040 and 101080). Alameda County’s Emergency Operations Plan designates the Health Care Services Agency as the lead agency for disaster medical operations in Alameda County.

4. **Social Services Agency** – Likewise, Alameda County’s Emergency Operations Plan designates the Social Services Agency as the lead agency for disaster Care and Shelter Operations. As such, the Social Services Agency is responsible for ensuring that care and shelter plans and capability are maintained, enabling the county to provide shelter for residents displaced by disaster in the unincorporated areas of Alameda County and other areas as necessary.

5. **CA Dept. of Health Services (Licensing and Certification Division)** – Statute (Health and Safety Code, § 1336.3) and the California Code of Regulations, Title 22, require each facility licensed by the Department of Health Services, Licensing and Certification Program (such as skilled nursing facilities), to adopt a written emergency preparedness plan. The plan encourages that facilities form evacuation agreements with like facilities, and plan for the continuity of nursing care to their patients following a disaster.
6. **CA Dept. of Social Services (Community Care Licensing Division)** – Title 22

Regulations also requires Community Care facilities (such as Residential Care Facilities for the Elderly and other Adult Residential Facilities) licensed by the California Department of Social Services (DSS) to have a written disaster and mass casualty plan and training for staff. The disaster plan must address issues such as notification of personnel, patient transfer, relocation and discharge procedures, medical record and identification procedures for patients and casualties, and requirements for drills.

### D. Definitions

1. **Medically Fragile Persons** – The term medically fragile is used to define persons who require some sort of ongoing/daily medical care or supervision and who are dependent upon medical professionals, family members, or other caregivers for that support. **Generally, if the person requires ongoing nursing care, they are medically fragile.**

   At least 75% or more of the medically fragile persons in Alameda County are persons who live at home and receive some type of home healthcare for conditions which include: cancer, AIDS, diabetes, heart and lung diseases, fractures, and strokes, chronic illness, and other health disabilities. A smaller percentage of medically fragile persons live in licensed care facilities (e.g., skilled nursing facilities, board and care homes, and group homes). When evacuating from their home or care facility in a disaster, medically fragile persons are generally not sick enough to be hospitalized, but they do require a level of care, beyond what is typically provided at mass care, or general public shelter facilities.

2. **Shelter Sites for Medically Fragile Persons** – The intent of these emergency shelters is to sustain the current level of health for medically fragile persons immediately following a disaster. These sites will therefore have a higher level of medical oversight compared to general public shelters, which only offer basic first aid. Moreover, these sites are operational, ideally only for a few days, until the relocation of medically fragile shelter residents to more stable care environments is safely completed.

3. **Caregivers** – Experienced caregivers include certified nursing assistants, personal care attendants, nursing aides, home health aides and/or companions. In addition, caregivers may be family members. The expectation is that caregivers will accompany medically fragile persons to shelter sites and maintain the continuity of care at the shelter facility.

4. **Licensed Care Facilities** – These are facilities licensed through either the California Department of Health Services or the California Department of Social Services. The focus here is with the facilities that provide some level of nursing care (such as Skilled Nursing Facilities, Intermediate Care Facilities, and to a lesser extent, Residential Care Facilities for the Elderly or other Board and Care/Group Homes). These are the facilities, whose residents may require evacuation to a medically fragile shelter site in a disaster.
E. Executive Summary

In a disaster that requires the evacuation of a large number of medically fragile persons, the Alameda County Operational Area\(^1\) may activate a series of emergency shelter sites specifically for medically fragile persons. In addition, the Operational Area may support evacuees with transportation to these sites and with medical care and supervision at these sites. In fact, the Alameda County plan calls for the strategic placement of six medically fragile shelter sites (i.e., Albany, Oakland, San Leandro, Hayward, Fremont, and Livermore) to serve the different geographic regions of the county. The sites to be used in 5 of the 6 cities (Oakland being the exception) are the Veteran’s Memorial Buildings. The City of Oakland has designated one of its Parks and Recreation facilities as a shelter for medically fragile persons.

The Operational Area will have jurisdiction over these sites and shelter operations will be managed through a collaborative effort between the County Health Care Services Agency, the County Social Services Agency, with support from the American Red Cross and local jurisdictions. Most all of the hands-on care for medically fragile persons at the shelter sites will be provided by caregivers and staff from licensed care facilities who are expected to arrive with their clients at the sites and to maintain the continuity of care to their clients at the sites. This means that evacuating care facilities are responsible for bringing client medications and any necessary personal or medical supplies and equipment. However, the County Health Care Services Agency will medically control these sites and will oversee medical care and provide support with medical needs and logistics.

The Operational Area will activate emergency shelters for medically fragile persons only as a last resort when resources at the local level are exhausted, or no other immediate sheltering options exist. If there is one message to reiterate in the planning phase it is that licensed care facilities, if they must evacuate in a disaster, are strongly encouraged to take residents to a like-facility. However, once activated, shelters for medically fragile persons are for very short-term use only. They will simply serve as a safe place for medically fragile persons to stay in the immediate aftermath of disaster until the shelter operations team can safely transfer persons to other local care facilities or to facilities outside the immediate area. A one-page flow chart (Appendix A) diagrams the various sheltering options for medically fragile persons. Please see Appendix–A: Overview of Sheltering Options for Medically Fragile Persons (page 20).

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\(^1\) The Operational Area refers to the County Emergency Operations Center (EOC) in Dublin. The Operational Area or EOC makes decisions about disaster operations within the county and about the allocation of resources within the county. When fully activated in a disaster, County Departments (e.g., Public Works, Public Health, Social Services, etc.) all have a representative stationed at the County Emergency Operations Center (Operational Area).

Please see the last page of the Appendices (Appendix-J) for the contact information to reach the Medical/Health Branch at the County’s Emergency Operations Center or Operational Area.
II. Prior to Disaster / Preparedness Phase

A. Agencies That Must Plan to Respond to Medically Fragile Persons

The following entities each have a role to play in the preparedness phase relative to the care and shelter of medically fragile persons. They must plan as follows (see Appendix-B for greater detail).

1. Home Healthcare Agencies – Plan for a triage system to identify those home healthcare clients at greatest disaster risk. Moreover, plan to ensure that all patients (especially high-risk clients) needing continuing home healthcare post-disaster will receive it.

2. Licensed Care Facilities – Plan for the continuity of care to residents following a disaster. This means that in an evacuation, facility staff remains responsible for the welfare of their residents at the relocation or shelter site and must prepare accordingly.

3. Health Care Services Agency / EMS & Public Health – Plan to support the mandate of the Health Care Services Agency in a disaster, which is to safeguard and protect the public health. This means planning to oversee healthcare operations at shelters for medically fragile persons.

4. Social Services Agency – Plan to support the disaster mandate of the Social Services Agency, which is to be the County's lead agency for Care and Shelter Operations. This means planning to help with the activation, set-up and support of shelters for medically fragile persons.

5. Behavioral Health Care Services – Plan to provide the community with mental health support following a disaster, including the provision of mental health care at shelters for medically fragile persons.

6. County Office of Emergency Services – Plan to serve as the coordinating body for all county divisions in emergency preparedness, response and recovery operations.

7. Local Jurisdictions (i.e., cities within Alameda County) – Plan to meet the legal responsibility of government in a disaster, which is to provide emergency care and shelter to disaster victims or displaced residents.

8. American Red Cross – Plan to provide technical assistance and logistical support with shelter operations for medically fragile persons. Otherwise, the American Red Cross will support local government in a disaster with mass care and shelter operations.

* Please see Appendix-B: Roles in Disaster Preparedness, Response and Recovery (pages 21 - 24), for the specific roles in preparedness for each entity above.
B. Emergency Preparedness Tips for Medically Fragile Persons

Medically fragile persons, especially those persons living independently and receiving home healthcare, also have an important responsibility for their own preparedness. It is vital they plan for the continuity of their care, if there is a disruption to regular services, or if sheltering-in-place or an evacuation becomes necessary. For example, medically fragile individuals living independently need a support network in place to assist with their evacuation. They should pre-identify an alternative place to go if relocation becomes necessary.

The appendices contain a set of materials specifically tailored to the preparedness needs of medically fragile persons. Those agencies responsible for the care of medically fragile persons may copy and distribute these materials to their clients or residents.

1. Appendix–C: Emergency Preparedness Checklist for Medically Fragile Persons (pages 25 – 26). This checklist identifies the most important tasks for medically fragile persons to accomplish to increase their potential to be self-sustaining for the first 72 hours following a disaster.

2. Appendix–D: Emergency Supplies Checklist for Medically Fragile Persons (see page 27). This checklist identifies the most important emergency supplies that medically fragile persons should have at home in order to cope with emergencies and shelter safely in place.

3. Appendix–E: Emergency Health Information Card for Medically Fragile Persons (see page 28). Medically fragile persons may identify their personal and medical information on this card and then post it on their refrigerator door to help rescuers in an emergency; otherwise, they can take this card with them in an evacuation.

Likewise, licensed care facilities, whose residents are medically fragile, must also plan for the continuity of care to those residents if emergency evacuation is required. Ideally, licensed care facilities that need to evacuate their residents in a disaster will arrange their own transport and will seek shelter among unaffected like facilities. To be fully prepared, both individuals and facilities need pre-identified evacuation locations and plans for maintaining care at those sites. The more prepared, the less the evacuation trauma on medically fragile persons. The appendices also contain an emergency care and shelter plan template (see below) that licensed care facilities can use to assist in their emergency planning and response to medically fragile residents.

It is also important that all staff from licensed care facilities have a personal or family emergency plan. If staff is secure that their family is safe following a disaster, they are more likely to remain at work and less likely to leave to attend to their families needs.

4. Appendix–F: Care and Shelter Plan for Residential Care Facilities (pages 29 – 32). This template will help licensed care facilities to plan and prepare to meet the needs of their staff and residents in emergencies.
III. Disaster Occurs / Response Phase

A. Response Options

The following three scenarios illustrate the matrix of decision-making that faces a local jurisdiction when considering disaster care and shelter options for residents (especially for medically fragile persons).

1. Elderly Person Living at Home Needs to Evacuate

a. Let us assume the individual activates their personal disaster response plan.

- The individual has an emergency kit with personal and medical information, their necessary medications and other important personal supplies.
- The individual has a personal support network (i.e., family members, care providers, or neighbors) to assist with evacuation and relocation if necessary.
- The person can stay with family or friends, or go to a general public shelter.
  Note: Even if the person needs some help with activities of daily living (e.g., eating, dressing, bathing, transferring, etc.), but has no need for nursing care, the person would still go to a regular public shelter with their caregiver.

b. Let us assume a scenario with a need for more assistance.

- If the person needs transport to reach an emergency shelter and the person is ambulatory (including if the person uses a wheelchair) and there is no medical issue involved, the local jurisdiction can assist with support.
- If the person is not ambulatory (i.e., the person is confined to bed), or medically fragile, then the local jurisdiction (if no other resources are available) may refer the need to the Operational Area for assistance.
  Note: When contacted through the Operational Area, County EMS (Emergency Medical Services) will help coordinate ambulance service and assist with other medical coordination needs.

c. Let us assume the person is medically fragile and needs emergency shelter.

- The local jurisdiction could still set aside space within existing shelter facilities and make arrangements, through the Operational Area, if necessary, for additional medical support at the shelter.
- If the need for sheltering medically fragile persons exceeds the capacity of the local jurisdiction to provide support, and no alternative local healthcare options are available, then the local jurisdiction should contact the Operational Area.
  Note: The Operational Area may find temporary shelter placement for the person in another healthcare facility, or given large-scale evacuations, the Operational Area may activate this emergency shelter plan for medically fragile persons.
2. Small Board & Care Facility Needs to Evacuate Residents

a. Let us assume the board and care facility initiates its disaster (evacuation) plan.
   - The facility transfers some residents back to the care of their family.
   - The facility moves other residents to a pre-identified like-facility outside the affected area. The receiving facility in effect becomes a temporary shelter.
   - Facility staff persons prepare clients for evacuation with emergency supplies for each resident including personal and medical information, their necessary medications and any needed equipment and personal supplies.
   - The facility evacuates residents in an orderly manner in cars or vans from the facility.
   
   Note: Given the ability to be self-sufficient in an emergency, care facilities will utilize their own resources and activate agreements with outside vendors or like facilities, to transport residents in an evacuation to a pre-arranged site.

b. Let us assume a scenario with a problem executing the above facility plan.
   - The local jurisdiction may help the facility with its evacuation and arrange transport to a pre-determined like-facility (or alternative relocation site).
   
   Note: Transportation assets include AC Transit, school buses and commercial shuttle vans along with paratransit services and private taxi services.
   - If there is a need for more assistance with transport, then the local jurisdiction notifies the Operational Area and asks for support.

c. Let us assume there are no like-facilities available with which to “buddy-up.”
   - The local jurisdiction provides support with emergency shelter.
     - Based on the client population size, the local jurisdiction can search its shelter list to find alternative space (such as space at a local congregation) where the facility can relocate and staff can maintain the continuity of client care.
     - The client population from a small facility can be absorbed into an existing general public shelter (perhaps by setting aside an area within the shelter).
   
   Note: In each case above, staff and caregivers from the facility will evacuate along with their residents and with appropriate supplies and medications to the designated shelter site. Facility staff will continue to provide care to their residents at the shelter.

d. Let us assume the residents are medically fragile.
   - The above actions are still appropriate if the evacuated institution will maintain continuous care and supervision of its residents at the designated shelter.
   - If there are difficulties in executing any of these options, the local jurisdiction may contact the Operational Area for support.
3. Skilled Nursing Facility Needs to Evacuate Medically Fragile Residents

a. Let us assume the skilled nursing facility initiates its disaster (evacuation) plan.
   - The skilled nursing facility will discharge some patients to family members.
   - The skilled nursing facility transfers other patients to a like-facility outside the affected area.
     - The transfer plan includes resources (staff, transportation, paperwork, medical supplies, and any special dietary items), sent with the evacuees.
     - Staff has had emergency training so they know their role in preparing patients for an evacuation and for continuing the care of their patients at the receiving facility.

b. Let us assume a problem executing the above skilled nursing facility disaster plan.
   - If the facility does not have the transportation assets to move their residents, the local jurisdiction may help with the evacuation and transport of residents to a pre-determined like-facility.
   - Medical transport may be available from EMS through the Operational Area.
   - If the facility does not have an alternative site in which to relocate, the local jurisdiction may select an alternative site from its list of shelter facilities and support the relocation of nursing facility patients to that site.
   - Otherwise, create a temporary infirmary for patients within an existing general public shelter; the staff of the evacuated institution operates the infirmary. The local jurisdiction may provide food and some support staff (volunteers) to help with non-medical care and to augment the work of facility staff.
   - If no local alternative or resources exist, call goes up to Operational Area for support. The Operational Area may ultimately activate one of its pre-determined emergency shelter sites for medically fragile persons.

4. Triage at Local Disaster Shelters

a. In the immediate aftermath of a disaster, it will become apparent that some persons evacuated to a general public shelter, need a higher level of care.
   - Local jurisdiction can partition an area within the existing facility for this small population of medically fragile persons and request nursing care through the Operational Area, if that asset is not available at the local level.

b. If the Operational Area activates one of its pre-designated emergency shelters for medically fragile persons, the local jurisdiction may then transfer individuals who need a higher level of medical monitoring or care to that emergency shelter site.
   - Medical transport may be available from EMS through the Operational Area.
B. **Activation of Shelter Sites for Medically Fragile Persons**

1. **Process for Activation**

   Once the Operational Area determines that the demand for providing emergency shelter to medically fragile persons has exceeded the capacity of local jurisdictions to meet that need, the process of activating county-run sites for medically fragile persons begins.

   a. **Before activation:**
      - Check to see if the appropriate local jurisdiction has a site from its list of available shelter facilities to set aside as an emergency shelter for the medically fragile persons in that area.
      - Check existing shelter facilities currently operating to determine the feasibility for allocating temporary infirmary space within those facilities for medically fragile persons.

   b. For best results, the decision to activate should be a collaborative act between County Health Care Services and County Social Services, in consultation with the local jurisdiction(s), the American Red Cross and the shelter site owner, as needed.

   c. The number of sites to make operational will depend on the number of anticipated medically fragile persons needing shelter (six sites have been pre-identified).

   d. Ensure that staff, equipment and supplies are available and that the shelter is open and the site condition verified, before medically fragile persons begin to arrive.

   e. In a worst-case scenario, the Health Officer may procure all necessary public buildings as needed to shelter medically fragile persons.

**Other Notes:**

- Staff from evacuating licensed care facilities must mobilize to the evacuation site and maintain the continuity of care for their medically fragile evacuees regardless of the facility or space identified.

- Family members and other caregivers likewise will accompany medically fragile persons to the shelter site to continue with care responsibilities.

- Some level of triage is necessary at medically fragile shelter sites; transfer anyone with serious injuries, or anyone with acute care needs to a local hospital.

- Conversely, in extreme conditions where hospitals are overwhelmed, bring a hospital level of care to more seriously ill persons at shelter sites.

See Appendix–G: How to Setup and Layout the Shelter Space (pages 33 – 34).

2. Location of Shelter Sites

Facilities in the following six regions of the county have been pre-identified as shelter sites to serve medically fragile persons.

a. **Albany Veterans Memorial Building**
   1325 Portland Ave, Albany, CA 94706, Phone: (510) 525-9316
   Shelter site contact: Alameda County GSA (see end of this sub-section)

b. **Oakland – Lakeside Park Garden Center**
   666 Bellevue Avenue in Lakeside Park (off Grand Avenue), Oakland, CA 94610
   c/o City of Oakland Parks and Recreation, Phone (510) 238-3187
   Shelter site contact: City of Oakland Office of Emergency Services
   Telephone: 510-238-3938

c. **San Leandro Veterans Memorial Building**
   1105 Bancroft Ave, San Leandro CA. 94577-3862, Phone: (510) 538-8075
   Shelter site contact: Alameda County GSA (see end of this sub-section)

d. **Hayward Veterans Memorial Building**
   22737 Main St, Hayward, CA 94541, Phone: (510) 582-9757
   Shelter site contact: Alameda County GSA (see end of this sub-section)

e. **Fremont Veterans Memorial Building**
   37154 2nd St, Fremont, CA 94536, Phone: (510) 790-2853
   Shelter site contact: Alameda County GSA (see end of this sub-section)

f. **Livermore Veterans Memorial Building**
   522 South L Street, Livermore, CA 94550, Phone: (925) 373-5700
   Shelter site contact: Brian Tibbetts, Senior Recreation Supervisor,
   Livermore Area Recreation and Park District (LARPD)
   Telephone: 925-373-5711, Email: btibbetts@larpd.dst.ca.us

The shelter site contact for the Veterans Memorial Buildings in Albany, San Leandro, Hayward and Fremont is:

John Kitching, Deputy Director of Building Services, Alameda County GSA,
1401 Lakeside Drive, Oakland, CA, 94612
Telephone: 510-208-9533    Email: john.kitching@acgov.org

As an alternate contact, Debbie Bender, Facilities Manager, Alameda County GSA, 5325 Broder Blvd, Dublin, CA 94568
Telephone: 925-551-6578    Email: debbie.bender@acgov.org


C. **Staffing of Shelters for Medically Fragile Persons**

1. **Health Care Services Agency**

As the lead agency for health and medical functions within Alameda County, the Health Care Services Agency has the primary role in coordinating medical staffing and securing medical supplies and equipment for medically fragile shelter sites. The Health Care Services Agency will control the sites and will have jurisdiction over all medical matters. In fact, Public Health will have two Public Health Nurses available per 12-hour shift at each medically fragile shelter site to oversee patient care. Public Health may request doctors through the Operational Area for anything beyond basic life support.

2. **Staff from Transferring Agencies**

Staff from evacuating licensed care facilities (including caregivers and certified nursing staff) must remain with their clients and continue their care at the shelter facility. A continuity of care requires that licensed care facilities bring the following with each client in an evacuation (to accommodate a 72 hour period):

- Medical equipment such as oxygen, insulin or infusion pumps
- Individual records or medical charts and identification for each client
- Special supplies such as adult diapers, egg crate mattresses or dietary items
- Required prescription medication for clients
- Extra clothing

**Note:** For non-affected licensed care facilities in a disaster, they can make a tremendous difference by making space available to take in more clients from evacuating facilities.

3. **Caregivers for Medically Fragile Persons Living Independently**

Instruct medically fragile persons living independently in the community to have their caregiver, which often will be a family member, to remain with them at the shelter to continue their care. Caregivers will assume responsibility for administering routine medications and will support the persons with other personal care needs.

4. **Social Services Agency**

The Social Services Agency will oversee those mass care operations at the shelter that are non-medical, per its role as the lead agency for care and shelter at the Operational Area. Social Services will provide personnel as needed to assist with running the shelter infrastructure and to fill non-medical staffing needs – registration, arranging for mass feeding & snacks, disaster welfare inquiries, and securing general shelter supplies.

5. **Behavioral Health Care Services**

Behavioral Health Care Services staff will assess mental health needs and arrange for disaster mental health services. They will also ensure the continuation of care and treatment for those clients within the mental health system who may be in the shelter.
6 Other Staffing Resources

a. The American Red Cross will provide technical assistance and guidance with the management of the shelter site and will assist with supply needs as Red Cross resources allow (cots, blankets, hygiene kits, meals, etc.). The Red Cross may also provide trained volunteers, if they are available, to help with on-site shelter operations.

b. Alameda County Public Health has an existing contract with a Critical Care Transport Team to assist with medical care needs at the shelter sites.

c. The 2nd Medical Brigade at Camp Parks could also assist with medical care needs. Moreover, Federal DMAT teams should be available within 24 – 48 hours.

d. Staff from unaffected licensed facilities -- licensed and certified nursing staff, home health aides, and experienced caregivers from home healthcare agencies or private nursing registries -- might be able to supplement shelter staff shortages.

e. Community volunteers can provide support as follows.
   - Set up cots, help with meals and general clean up.
   - Volunteers may also assist with some personal care services to persons in the shelter; however, they must be closely supervised.

* Please see Appendix–B: Roles in Disaster Preparedness, Response and Recovery (pages 21 – 24), for the specific roles in response for each entity above.

D. Supplies and Equipment

1. Communication

The Health Care Services Agency will support a communication system with redundant capabilities at each of the medically fragile shelter sites. Communication resources will include the following.

a. Telephone – Regular landline telephones along with cellular telephones from different providers and extra phone batteries.

b. Nextel – Nextel telephone communication allows for direct connect (walkie-talkie) services and inter-communication among departments.

c. VHF/UHF – Two-way radio communication will be available using 800-megahertz radios.

d. Ham Radio – Access to Ham Radio communication is available through the RACES group (Radio Amateur Civil Emergency Service). Contact RACES through the Operational Area.
2. Pharmaceuticals & Medical Equipment

The State Emergency Medical Services Authority has identified the medical and pharmaceutical supplies that most generally meet the needs of the medically fragile.

See Appendix–I: Suggested Supplies for Medical Treatment Units (pages 40 – 43).

a. Licensed care facilities that mobilize to the site must bring enough medical and pharmaceutical supplies to accommodate a 72-hour period.
   - This includes everything from oxygen, insulin, and infusion pumps to Foley catheter bags, bedpans and IV stands.

b. Utilize less affected hospitals as a backup for additional medical and pharmaceutical supplies.
   - Obtain additional supplies from less affected care facilities.
   - The 2nd Medical Brigade at Camp Parks is also an additional backup for medical and pharmaceutical supplies.

3. Food / Water / Dietary Needs

The Veterans Memorial Buildings have kitchen and cooking facilities. However, it makes more sense to plan for an external delivery of food, as the emergency shelter sites will only be operational for a few days.

a. Food options are as follows:
   - Contact local commercial suppliers – restaurants, catering firms, hotels, etc. – to provide meals to medically fragile persons in shelters.
   - Designate one large, operable “kitchen” site within the jurisdiction (such as a community college site) and have that institution prepare meals for the shelter population; then transport meals from the designated kitchen to the shelter.
   - Arrange with other licensed care facilities, which have extra capacity, to prepare and deliver meals to shelter sites.
   - The American Red Cross and Salvation Army may be able to support feeding operations with prepared meals and other food items such as snacks, crackers, and ready-to-eat foods.

b. Accommodate individuals who require special diets through meals catered from local hospitals.

c. Consider using paper plates and plastic cups and utensils.

d. Shelter sites (Veterans Memorial Buildings) have resources for food storage on-site.
4. General Supplies

Operating shelter sites for medically fragile persons requires the following general supplies and equipment. Work with the Logistics Section of the Operational Area to obtain these items. Some supplies may be accessed through the American Red Cross, local jurisdictions, or use the suggestions given below.

a. Bedding Provisions (e.g., cots, blankets, towels, sheets).
   - There are other alternatives to cots: rollaway beds, folding chaise lounge chairs with cushions, even mats and air mattresses.
   - The American Red Cross may supply cots and bedding if resources permit.
   - Hotels and motels are a good source for rollaway beds, cots, blankets and towels.
   - Purchase bulk supplies at the time of need from large retailers such as Target or Costco, or from Army/Navy and camping/outdoor stores.
   - Encourage caregivers and facilities to bring their own sleeping bags or blankets, and any special sleeping items if necessary for their clients (e.g., egg crate mattresses).
   - Given a shortage of cots, the first priority is to medically fragile persons; ask staff and caregivers to use mats or sleep bags.

b. Comfort or Hygiene Items/Kits (e.g., soap, shampoo, comb, wash cloth).
   - Again, hotels/motels are a good source for hygiene items.

c. Sanitation and Cleaning Supplies (e.g., antiseptic pre-moistened towelettes, incontinent supplies or disposable briefs, disinfectants, biohazard bags).
   - Large discount pharmacy chains like Rite Aid, Walgreens, Longs Drug, and CVS, or other licensed care facilities and hospitals might be a good source.

d. Office Supplies (e.g., shelter registration forms, shelter worker name badges, masking tape, pens and paper tablets).

5. Power

Arrange backup electricity to support people with medical equipment that requires power and to provide refrigeration for some medications.

a. Access small portable generators through the Operational Area along with extra extension cords, adaptors and junction boxes.

b. Cluster persons requiring electric power for life support around a common generator within the shelter.

c. Obtain portable lighting – light stands or light towers – and connect to generators.
IV. Post-Disaster / Recovery Phase

A. Movement of Medically Fragile Persons Out of Emergency Shelter

Emergency shelters for medically fragile persons are to be operational for only as long as it takes to transfer shelter residents into more fully functional care environments. Following a major disaster, it will presumably take a few days to identify more stable placement options.

Placement Options:

a. Priority #1 – Transfer persons back their original care facility or back to home.

b. Priority #2 – Transfer individuals living independently in the community (home healthcare patients) to the home of a family member or another willing caregiver.

c. Priority #3 – Transfer persons to a like-facility with extra capacity and willing to absorb more residents (i.e., another skilled nursing or licensed care facility).

d. Priority #4 – Local jurisdictions may have unused shelter facilities or alternate sites that are functionally better suited for the remaining shelter population. Transfer persons to these other local shelter options – either to larger facilities or to smaller, quieter facilities. For example, if space is available, transfer persons to a wing of Fairmont Hospital.

e. Priority #5 – Transfer persons out of the area (out-of-county if necessary), following priority options 3 and 4 above.

Note: In an extreme disaster, the state may set-up full-scale care & evacuation and facilities for medically fragile persons. The National Disaster Medical Services (NDMS) may also setup sites for medically fragile persons.

B. Roles in Recovery

The following entities have a role to play in the response phase for medically fragile persons.

1. Home Healthcare Agencies
2. Licensed Care Facilities
3. Alameda County Health Care Services Agency / EMS & Public Health
4. Alameda County Social Services Agency
5. Alameda County Behavioral Health Care Services
6. Alameda County Office of Emergency Services
7. Local Jurisdictions (i.e., Cities within Alameda County)
8. American Red Cross

* Please see Appendix–B: Roles in Disaster Preparedness, Response and Recovery (pages 21 – 24), for the specific roles in recovery for each entity above.
IV. Appendices

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Overview of Sheltering Options for Medically Fragile Persons

**Priority #1**
Transfer persons back to their original care facility or to the care of family members

**Priority #2**
Transfer persons to a like-facility with extra capacity and willing to absorb more residents

**Priority #3**
Determine other local shelter options and transfer accordingly (e.g., vacant hospital wings)

**Priority #4**
Transfer persons out of the area, out-of-county if necessary, using priority steps 2 and 3

**Option 1**
Residents are transferred to a like facility
Facility staff will continue to provide care to their clients at the host facility and will bring personal and medical supplies as necessary to maintain resident care.

**Option 2**
Alternate facility provided for evacuated residents
Local jurisdiction finds an alternative site for facility (such as shelter at a local congregation) where staff will relocate residents and continue with care services.

**Option 3**
Temporary infirmary established at local mass care shelter
Care facility staff operates the infirmary. The local jurisdiction may provide meals and support with non-medical care. Medical support is available through the Operational Area.

**Option 4**
Emergency Shelter for Medically Fragile Persons Established
The Operational Area activates one of the six sites when no local option exists. Care facility staff continues to provide client care at the site; County Health Care Services and Social Services provide oversight for shelter operations.

Emergency shelters for medically fragile persons are to be operational for only as long as it takes to transfer shelter residents into more fully functional care environments above.

**Licensed Care Facility Needs to Evacuate Residents**

**Notes:**
- Care facility manages transport to receiving facility, although local jurisdiction may help with evacuation and transport
- Medical transport may be available from EMS through the Operational Area
## Roles in Disaster Preparedness, Response and Recovery
### For Agencies Involved with Care and Shelter of Medically Fragile Persons

### I. Roles in Disaster Preparedness:

<table>
<thead>
<tr>
<th><strong>Home Healthcare Agencies</strong></th>
<th><strong>Licensed Care Facilities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Preparedness Role)</td>
<td>(Preparedness Role)</td>
</tr>
<tr>
<td>1. Plan to ensure that all patients needing continuing home healthcare post-disaster will receive it.</td>
<td>1. Plan for the continuity of care to facility residents following a disaster.</td>
</tr>
<tr>
<td>2. Maintain an up-to-date list of those clients who would be at greatest risk in a disaster and ensure a post-disaster process to check on their status.</td>
<td>2. Develop agreements with like-facilities in other areas for the relocation of clients in an emergency evacuation.</td>
</tr>
<tr>
<td>3. Educate clients about important personal emergency preparedness tips (see Appendices C, D &amp; E).</td>
<td>3. Plan to increase capacity, if unaffected in a disaster, and provide emergency shelter for clients from impacted facilities.</td>
</tr>
<tr>
<td>4. Designate and then prepare staff who will continue service to clients at medically fragile shelter sites.</td>
<td>4. Develop agreements with nearby facilities to assist in transporting clients, given a need to evacuate and relocate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Health Care Services / EMS &amp; Public Health</strong></th>
<th><strong>Social Services Agency</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Preparedness Role)</td>
<td>(Preparedness Role)</td>
</tr>
<tr>
<td>1. Plan to support the mandate of the Health Care Services Agency in a disaster, which is to safeguard and protect the public health.</td>
<td>1. Plan to support the disaster mandate of the Social Services Agency, which is to be the County's lead agency for Care and Shelter Operations.</td>
</tr>
<tr>
<td>2. Plan to dispatch personnel to oversee all healthcare operations at shelter sites for medically fragile persons.</td>
<td>2. Plan to help with the activation and setup of emergency shelters for medically fragile persons.</td>
</tr>
<tr>
<td>3. Plan to coordinate the provision of ambulance service as needed to transport persons to shelter sites.</td>
<td>3. Train staff to fill roles in areas of shelter management, shelter registration, disaster welfare inquiry, and mass care feeding operations.</td>
</tr>
<tr>
<td>4. Plan to coordinate with hospitals and other facilities for the acquisition of personnel, medical supplies, and pharmaceuticals to operate shelters.</td>
<td>4. Plan for the provision of general social services to support shelter residents.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Behavioral Health Care Services</strong></th>
<th><strong>County Office of Emergency Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Preparedness Role)</td>
<td>(Preparedness Role)</td>
</tr>
<tr>
<td>1. Plan to provide the community with mental health support following a disaster.</td>
<td>1. Plan to serve as the coordinating body for all county divisions in emergency preparedness, response and recovery operations.</td>
</tr>
<tr>
<td>2. Train and prepare agency staff who will work at disaster shelters to provide disaster mental health counseling.</td>
<td>2. Provide overall operations and policy guidance to all agencies.</td>
</tr>
<tr>
<td>3. Work with the County Office of Emergency Services and the American Red Cross to maintain disaster readiness.</td>
<td>3. Provide assistance to departments of government with emergency preparedness and response training.</td>
</tr>
<tr>
<td>4. Provide education about the emotional impact of disasters to agencies with disaster response roles.</td>
<td>4. Maintain the County Emergency Operations Center (EOC) in a state of operational readiness.</td>
</tr>
</tbody>
</table>
## I. Roles in Disaster Preparedness (continued):

<table>
<thead>
<tr>
<th><strong>Local Jurisdictions</strong></th>
<th><strong>American Red Cross</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Preparedness Role)</em></td>
<td><em>(Preparedness Role)</em></td>
</tr>
</tbody>
</table>

1. Plan to meet the legal responsibility of government in a disaster, which is to provide emergency care and shelter to displaced residents.

2. Identify local facilities that may be used to shelter persons in a disaster (including potential relocation sites for evacuating care facilities).

3. Provide CERT training (if CERT program is available) to locally based licensed care facilities.

4. Upon request, assist licensed care facilities with the preparation of facility disaster plans and/or provide information or make referral to resources.

1. Plan to provide technical assistance and logistical support with shelter operations for medically fragile persons.

2. Provide shelter operations training (upon request) for those parties listed on this chart with a role in care and shelter response.

3. Make community preparedness materials and services available to home health agencies and licensed care facilities.

4. Participate in other disaster preparedness activities and work to facilitate a coordinated community care and shelter response.

## II. Roles in Disaster Response:

<table>
<thead>
<tr>
<th><strong>Home Healthcare Agencies</strong></th>
<th><strong>Licensed Care Facilities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Response Role)</em></td>
<td><em>(Response Role)</em></td>
</tr>
</tbody>
</table>

1. Check on those clients identified as being at greatest risk, immediately following a disaster.

2. Support clients with evacuation (if possible), otherwise alert emergency response personnel.

3. Continue to support clients at shelter sites (if possible).

4. Help in arranging alternate care or shelter placement for impacted clients.

1. Staff from care facilities will assume full responsibility for their clients during all phases of an evacuation and relocation process.

2. Staff will remain with their clients and will maintain their continuity of care at the relocation site (or shelter facility).

3. In an evacuation, staff will bring the medications, equipment and personal items necessary to maintain client care.

4. Non-affected facilities will open-up and expand capacity to absorb clients evacuating from other facilities.

<table>
<thead>
<tr>
<th><strong>Health Care Services / EMS &amp; Public Health</strong></th>
<th><strong>Social Services Agency</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Response Role)</em></td>
<td><em>(Response Role)</em></td>
</tr>
</tbody>
</table>

1. The Health Care Services Agency will control shelters for medically fragile persons and have jurisdiction over all medical matters; it will also provide coordination with all medical needs.

2. Provide 2 Public Health Nurses per 12-hour shift at each shelter site to oversee patient care and provide medical status reports.

3. Monitor health conditions to determine resource needs (e.g., additional medical personnel, pharmaceuticals and supplies).

1. The Social Services Agency will oversee non-medical shelter operations.

2. Provide personnel to assist with running the shelter and to fill non-medical staffing needs (registration, meals, disaster welfare inquiries and support with supplies acquisition).

3. Make social workers available to assess the non-medical individual needs of sheltered persons.
II. Roles in Disaster Response (continued):

<table>
<thead>
<tr>
<th><strong>Health Care Services / EMS &amp; Public Health</strong> (Response Role continued)</th>
<th><strong>Social Services Agency</strong> (Response Role continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Place an EMS crew (consisting of one Paramedic and one EMT) on location at each shelter site, and possibly a Critical Care Team (consisting of an RN and a Paramedic).</td>
<td>4. Submit periodic reports back to the County Emergency Operations Center regarding the status of shelter operations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Behavioral Health Care Services</strong> (Response Role)</th>
<th><strong>County Office of Emergency Services</strong> (Response Role)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Make one mental health counselor available at the shelter.</td>
<td>1. Expedite the acquisition of logistical requests, such as supplies and equipment, to support shelter operations.</td>
</tr>
<tr>
<td>2. Assess mental health needs and arrange for disaster mental health services as necessary.</td>
<td>2. Help to arrange the transport of medically fragile persons to appropriate facilities.</td>
</tr>
<tr>
<td>3. Ensure the continuation of care for those clients within the mental health system who may be in the shelter.</td>
<td>3. Coordinate shelter and mass care efforts with other local governments, as needed.</td>
</tr>
<tr>
<td>4. Support for the emotional needs of family and staff at the facility.</td>
<td>4. Request shelter and mass care support from other local governments or the State, if local resources are insufficient.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Local Jurisdictions</strong> (Response Role)</th>
<th><strong>American Red Cross</strong> (Response Role)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Serve as the coordination point, via the local EOC, for medically fragile residents who require emergency evacuation assistance.</td>
<td>1. Based on available resources, the Red Cross will provide cots, blankets, comfort kits, and food to support emergency shelter operations.</td>
</tr>
<tr>
<td>2. Assist care facilities to shelter-in-place or to find alternate shelter sites (so as to avoid bringing clients into public disaster shelters).</td>
<td>2. Provide technical assistance as needed with the operation of shelter sites not directly under Red Cross control.</td>
</tr>
<tr>
<td>3. Assist licensed care facilities with transportation of residents to shelter sites (as resources permit).</td>
<td>3. Provide trained volunteers, if they are available, to help with on-site shelter operations.</td>
</tr>
<tr>
<td>4. As resources permit, assist in the logistical support of emergency shelters for medically fragile persons.</td>
<td>4. Make alternative shelter sites available, if needed (based on Red Cross list of shelter facilities).</td>
</tr>
</tbody>
</table>
### III. Roles in Disaster Recovery:

<table>
<thead>
<tr>
<th><strong>Home Healthcare Agencies</strong></th>
<th><strong>Licensed Care Facilities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Recovery Role)</td>
<td>(Recovery Role)</td>
</tr>
<tr>
<td>1. Support the transition of home healthcare patients from emergency shelter back to home.</td>
<td>1. Work to return clients to their previous level of care or to the next necessary level of care following the incident.</td>
</tr>
<tr>
<td>2. Assess the impact of the disaster on client health and arrange for appropriate (perhaps higher) level of home health support.</td>
<td>2. Report information about impacted clients and patients to public authorities as needed to secure assistance for physical, emotional and financial needs.</td>
</tr>
</tbody>
</table>

<table>
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<th><strong>Health Care Services / EMS &amp; Public Health</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<td>(Recovery Role)</td>
<td>(Recovery Role)</td>
</tr>
<tr>
<td>1. Assist in the planning for any extended medical care needs of shelter residents.</td>
<td>1. Make program services available to help medically fragile persons with recovery and relocation needs.</td>
</tr>
<tr>
<td>2. Assist with critical care transport and with other medical coordination needs in moving residents out of the shelter.</td>
<td>2. Provide the coordination needed at the Operational Area for closing the shelter and relocating shelter residents.</td>
</tr>
<tr>
<td>3. Coordinate with National Disaster Medical Services Teams as needed in providing recovery support and closure with shelter operations.</td>
<td>3. Assist with the on-site shelter staffing necessary to relocate shelter residents and to closeout operations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th><strong>Behavioral Health Care Services</strong></th>
<th><strong>County Office of Emergency Services</strong></th>
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</thead>
<tbody>
<tr>
<td>(Recovery Role)</td>
<td>(Recovery Role)</td>
</tr>
<tr>
<td>1. Provide debriefing of shelter staff.</td>
<td>1. Assist with transportation arrangements to relocate residents and assist with securing relocation sites.</td>
</tr>
<tr>
<td>2. Provide mental health services as necessary during the recovery process for shelter residents.</td>
<td>2. Facilitate funding activities with FEMA to reimburse costs associated with care and shelter operations for medically fragile persons.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Local Jurisdictions</strong></th>
<th><strong>American Red Cross</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Recovery Role)</td>
<td>(Recovery Role)</td>
</tr>
<tr>
<td>1. Assist with transportation of medically fragile persons from emergency shelter back to home.</td>
<td>1. Provide assistance with shelter closure, as resources permit.</td>
</tr>
<tr>
<td>2. Coordinate with County OES and County Health and Social Services on other shelter closure and recovery efforts.</td>
<td>2. Make family disaster assistance available to eligible medically fragile disaster victims.</td>
</tr>
</tbody>
</table>
Appendix C

EMERGENCY PREPAREDNESS CHECKLIST
For Medically Fragile Persons

- **Prepare to be Self-Sustaining for the first 72 hours after a disaster** – Find out how your healthcare provider will respond – are there alternate caregivers you can contact?

- **Assemble a Disaster Supplies Kit** – Gather the supplies (several flashlights, battery operated radio, first aid kit, etc.) needed to cope with emergencies. This includes a 3-day supply of food & water and extra medical supplies [See Appendix-D: Emergency Supplies Checklist].

- **Setup a Personal Support Network** – If you require assistance to live independently, designate someone to check on you in an emergency and to help with evacuation or sheltering-in-place if required. Give people in this network a spare key and a copy of the Emergency Health Information Card below.

- **Designate an "Out-of-Area" Contact** – Ask an out-of-state family member or friend to be the message contact for you and other persons who may need to reach you. It is easier to get an out of state telephone line, versus a local telephone line, immediately after a disaster. In addition, it may be helpful to have a standard telephone handy as a backup, since telephones that require electricity (e.g., cordless telephones) will not operate in a power failure.

- **Complete the Emergency Health Information Card** – Post this card with your personal and medical information on your refrigerator [See Appendix-E: Emergency Health Information Card].

- **Know how & where to shut off the gas, water and electric utilities** – If you are unable to perform these tasks, make sure someone in your network knows their location.

- **Create an Evacuation Plan** – In the event it is not safe to remain at home, identify a place (with family, friends, or neighbors) where you can go and develop a plan for how you will safely get there. Determine what assistance you might need to get out of your home or building, especially if the primary exit route is blocked.

- **Check with your local fire department** – In some jurisdictions the local fire station may list persons who are medically fragile and who require extra evacuation assistance.

- **Install Smoke Detectors** and have an ABC type **Fire Extinguisher** in the home.

- **Eliminate home hazards** – securely anchor medical equipment, water heater, appliances, bookcases, hanging plants, etc., and place heavy objects on low shelves. Large heavy items can fall in an earthquake and block access, so arrange accordingly.

- **Buy simple security lights for each room** – These devices plug into any outlet and automatically light up for four to six hours if there is a loss of electricity.
SPECIFIC DISABILITY TIPS:

For Persons Using a Wheelchair:

- Discuss lifting or carrying techniques necessary to get down stairs. There may be instances where wheelchair users will need to leave their chairs behind in order to evacuate safely.

For Persons who are Blind or Visually Impaired:

- Put an extra collapsible cane by the bed. Attach a whistle to the cane to use to attract attention. After an earthquake, items may fall and block paths that are normally unobstructed.

- Guide dogs or working dogs may also be disoriented after a big disaster.

For Persons who are Deaf or Hearing Impaired:

- Consider storing hearing aids in a container attached to your night stand or bed post, so you can quickly locate them after a disaster.

- Keep an extra hearing aid and batteries with emergency supplies.

For Persons who use Life-Support Systems:

- Secure all vital equipment.

- Maintain a current list of alternate providers or vendors.

- Consider an alternate power source, such as a generator.

- Know how to use oxygen safely in an emergency.

- Regularly test backup power supply.

- Register with utility company for priority power restoration.

Produced by the Bay Area Emergency Preparedness Coalition for Seniors and People with Disabilities, March 2003
Emergency Supplies Checklist

In case of a serious disaster, relief workers will be on the scene, but they cannot reach everyone immediately. You could get help in hours or it may take days. To be prepared, everyone should be able to cope with the emergency until help arrives. One way to prepare is to assemble a Disaster Supplies Kit. Once a disaster hits, you will not have time to shop or search for supplies. Remember, following a serious disaster there may be no electricity, gas, water, or telephone service. **Plan for enough supplies to last at least 3 days.**

**The most important things to have:**

- Several flashlights – By the bed and around the house, electricity may be out
- Battery operated radio – To listen for information about the disaster
- Extra batteries – For flashlight, radio, hearing aide or other medical devices
- Bottled water for 3 days – 3 gallons per person; include a small bottle of unscented bleach
- Non-perishable, ready to eat food for 3 days – Dried fruit, canned tuna, stew, beans, canned fruit juices, nuts, crackers, etc.). Manual can opener – To open canned food
- First Aid Kit – Include a First Aid Handbook, gauze, bandages, scissors, tape, disinfectants, antiseptics, aspirin and other nonprescription medications
- Adjustable Wrench – For gas & water shut-off; use only if you or someone else smells gas
- Whistle or loud bell – To attract attention if trapped
- Extra prescription medication to last for 5 days – Also, copy of prescription
- Plastic garbage bags and duct tape – For personal waste and quick repairs
- Emergency Health Information Card – Include a copy in the disaster supplies kit

**Other important things you may need:**

- Extra eyeglasses or hearing aid – Original equipment may become lost or misplaced
- Extra walking aids – Equipment may be damaged or become unusable without power
- Extra set of keys – In case you cannot get access to the original set
- Pet food and extra water for pets
- Shoes under the bed – To protect feet from broken glass from picture frames, lamps, etc.
- Money – Banks may be closed, plus quarters for the pay phones
- Copies of key documents – Will, insurance policies, credit card and bank accounts, etc.
- Blankets – To keep warm if heat is unavailable for an extended period
- Alternate cooking sources – If you must have hot food consider a camp stove and fuel

**Emergency Go Kit:**

- Prepare an emergency “Go Kit” that you could grab and take with you if there is a need to evacuate. Along with a change of clothes, include necessary medications, personal hygiene supplies, any special sanitary aids, and important contact information or telephone numbers. Store these items in an easy-to-carry container such as a backpack or duffel bag.
Appendix E

EMERGENCY HEALTH INFORMATION CARD

Post copies of this card in locations around the home for easy access and give to members in your "network". Put one copy on the refrigerator door to help rescuers if they find you in an emergency.

Name: ________________________________________________________________

Address: __________________________________________________________________

City: ________________________ State: _____________ Zip: ____________

Telephone Home: __________________________ Work: _______________________

Cellular Telephone: __________________________________________________________________

Social Security Number: __________________________ Birth Date: _________________

Local Emergency Contact Person Name: _______________________________________

Emergency Contact Person’s Telephone: _______________________________________

Out-of-Area Contact Person Name: ____________________________________________

Out-of-Area Contact Person Telephone: ________________________________________

Primary Physician: __________________________ Telephone: _________________

Address: __________________________ City: __________________________

Health Insurance Carrier: _________________________________________________

Health Insurance Policy or Group Number: ___________________________________

Blood Type: ________________ Allergies: ____________________________

Medications and dosages taken: ____________________________________________

______________________________________________________________________

Other special needs or comments: ____________________________

______________________________________________________________________
Appendix F

CARE AND SHELTER PLAN FOR RESIDENTIAL CARE FACILITIES

NAME OF FACILITY: _______________________________

ADDRESS: ________________________________________

CITY / ZIP: _______________________________________

TELEPHONE (S): __________________________________

PERSON RESPONSIBLE FOR EMERGENCY PLANNING

NAME: __________________________________________

ADDRESS: _______________________________________

CITY / ZIP: _______________________________________

TELEPHONE (S): _________________________________

PAGER: __________________________________________

In a major emergency, such as a catastrophic earthquake, response systems (e.g., police, fire, hospitals, utility companies, etc.) will be overwhelmed. You will be virtually on your own the first 72-hours. The following outline will help you plan and prepare to meet the needs of your residents and staff in such an event.
A. FACILITY PREPARATION

1) Secure all furniture, appliances and other freestanding objects.  

2) Move heavy items to lower shelves in closets and cabinets  

3) Check cabinet doors for secure latches  

4) Remove or isolate flammable materials  

5) Remove or isolate toxic or hazardous materials  

6) Clearly mark gas and water shut-off valves and post instructions on how to shut off each one  

7) Maintain a crescent wrench to facilitate prompt gas shut-off  

8) Maintain a fire extinguisher (s)  

9) Post exit and assembly information (facility evacuation plan)  

Post the location where the following items, in working condition, will be found:

- Portable radio and extra batteries
- Emergency first aid supplies
- Flashlight and extra batteries
- Fire extinguisher(s)

B. INVENTORY NEIGHBORHOOD RESOURCES

1. Where can you rent or borrow a generator if necessary?  

2. Where is the nearest pay telephone?  

3. Where is the nearest medical treatment?  

4. Where is the nearest fire station?  

5. Where is the nearest police station?
6. Where can you go for additional water? __________________________________________
___________________________________________________________________________

7. Where can you go for additional food supplies? __________________________________
___________________________________________________________________________

8. Where can you get additional medical supplies, medicines and special equipment? ________
___________________________________________________________________________

9. What neighboring agencies or facilities can you join with to share resources in emergencies?
   a. _______________________________________________________________________
   b. _______________________________________________________________________

C. MEETING THE NEEDS OF YOUR RESIDENTS

   DATE DONE

1. Arrange with vendors for continuation of services/supplies __________________________
2. Store extra food, water, medicine, medical supplies, etc. __________________________
3. Train staff about their emergency responsibilities ________________________________
4. Update resident rosters ______________________________________________________
5. Create a “personal pack” for each resident containing:
   a. A current photograph
   b. A list of current medications
   c. List of next-of-kin and other contacts
   d. Basic toiletries
   e. Change of underwear
   f. Warm sweater
   g. Personal comfort item
6. Share your plan with residents and their families __________________________________

D. PREPARING YOUR STAFF FOR EMERGENCIES

   DATE DONE

In an emergency, everyone’s first concern will be the welfare of his or her home and family.
Staff should be encouraged to develop a personal preparedness plan.

1. Review your facility plan with all staff _________________________________________
2. Train staff as to how and when to shut off gas and water _________________________
3. Train staff in using fire extinguishers __________________________________________
4. Develop a list of emergency contact numbers ____________________________________
5. Pre-assign immediate response tasks __________________________________________
6. Make a realistic plan for coverage in emergencies ________________________________
E. IMMEDIATE RESPONSE IN EMERGENCIES

1. **Site Security**: Check for damage and safety hazards. Turn off gas only if you can smell it leaking. Turn off water only if pipes are broken or leaking. Move residents to safe and secure areas of the facility.

   Person assigned: ____________________________ Date: __________

2. **Fire Suppression**: Check for and suppress small fires. If fire is not controllable, notify fire department immediately and prepare to evacuate.

   Person assigned: ____________________________ Date: __________

3. **Search and Rescue**: Quickly search the facility for injured and/or trapped individuals. Help if possible. Note names and locations. Use resident rosters to account for everyone.

   Person assigned: ____________________________ Date: __________

4. **First Aid**: Administer first aid to injured individuals. This may require providing first aid training to selected staff.

   Person responsible: __________________________ Date: __________

5. **Evacuation**: Fire or structural damage may require you to evacuate residents to safety. Plan for exists, assembly points, physical assists. If necessary to move residents to a shelter, make sure each has the following:
   a. “Personal packs”
   b. Medications
   c. Assistive devices
   d. Medical supplies
   e. Staff assigned to provide care

   Person responsible: __________________________ Date: __________

If evacuation and relocation becomes necessary, where can you take your residents? Consider other residential facilities, family members, or churches as temporary shelters.

   Temporary shelter name: __________________________
   Address: _________________________________________
   Contact person name: ___________________________ Phone: ___________________

   PLAN TO SHELTER IN PLACE IF AT ALL POSSIBLE

   Person completing this plan: __________________________ Date: __________

   Dates of update: ________________________________________________
1. **Walk Through and Survey Facility**: Document the condition of the facility and any facility equipment that will be utilized.

2. **Secure the Facility**: Interior spaces of the building that are not to be utilized should be identified with “Do No Enter” signs.

3. **Setup of Shelter Stations and Signs**:
   
   a) **Registration/Information Area**: The registration area should be setup near the main entryway to screen and register all persons coming to the shelter.
   
   b) **Triage Area**: The triage area should be located at the nurse's station (see below).
   
   c) **Nurses Station/Office Area**: The nurse's station/office area should include a first aid station and a medical supply area. A Public health Nurse will staff the first aid station and oversee its operation. This person will also oversee the medical supply area.
   
   d) **Temporary Morgue Area**: Identify a temporary morgue area in case of a death in the shelter. The morgue area should be an isolated room, away from the general congregation areas.
   
   e) **Primary Dormitory Areas**: Medically fragile persons, family members, outside caregivers, and staff from licensed care facilities all need designated sleeping areas.
   
   f) **Staff Sleeping Area**: This area should be located in a quiet area of the shelter, preferably away from the main traffic. The ideal area would be an area where there is limited or no natural light to allow people to sleep during the day.
   
   g) **Staff Workspace / Office Area**
   
   h) **Isolation Area**
   
   i) **Arrangements/space for medications, medical equipment and oxygen storage**
   
   j) **Common area for oxygen dependent clients** with "No Smoking" signs
   
   k) **Play area for children** (who come with family caregivers)

4. **Arrival of Staff**: Staff reporting to the shelter will first report to the Registration / Information Area to sign in and then report to the shelter manager, or designee, for direction. All staff should be issued and wear shelter identification vests. Agencies providing staff should consider two 12-hour shifts for personnel to relieve one another.
5. **Arrival of Volunteers:** All volunteers must sign in at the Registration Area. Assign volunteers to an area of the shelter where they will feel comfortable.

6. **Arrival of Supplies:** See the previous section on “Supplies and Equipment (pages 15 – 17) for a listing of all supplies. Inventory and maintain all supplies that arrive at the shelter in a secure area. Cots and bedding supplies will be limited in number and should be assigned to those who have the greatest needs.

7. **Medical Supplies:** Keep medical supplies in a secure area designated by the Nurse Manager. See Appendix–I: Suggested Supplies for Medical Treatment Units (pages 40 – 43).
Appendix H-3

Hayward Veterans Memorial Building
22737 Main Street, Hayward, CA 94541
Telephone: 510-582-9757
(First Floor Plan)
Appendix H-5

Livermore Veterans Memorial Building
522 South L Street, Livermore, CA 94550
Telephone: 925-373-5700
(First Floor Plan)
Appendix I

SUGGESTED SUPPLIES FOR MEDICAL TREATMENT UNITS/SHELTERS:
GENERAL AND MEDICAL

Following is a list of the medical and pharmaceutical supplies to provide care and treatment to 100 people for 3 days. The State Emergency Medical Services Authority developed the list.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen (non-aspirin)</td>
<td>adult</td>
<td>1 bottle (100 tablets)</td>
</tr>
<tr>
<td>Acetaminophen (non-aspirin)</td>
<td>pediatric</td>
<td>2 bottles (liquid)</td>
</tr>
<tr>
<td>Adhesive strips, plastic</td>
<td>assorted sizes</td>
<td>3 dozen</td>
</tr>
<tr>
<td>Adhesive tape</td>
<td>3&quot; x 4&quot; widths</td>
<td>2 rolls</td>
</tr>
<tr>
<td>Adhesive, non-allergic</td>
<td>assorted sizes</td>
<td>1 dozen</td>
</tr>
<tr>
<td>Airways</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Alcohol, isopropyl</td>
<td>1 pint</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol preps</td>
<td></td>
<td>2 dozen</td>
</tr>
<tr>
<td>Anaphylactic kit</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Antacid, low sodium</td>
<td>tablets in box</td>
<td>2 boxes</td>
</tr>
<tr>
<td>Antibiotic ointment</td>
<td>tube</td>
<td>1</td>
</tr>
<tr>
<td>Antihistamines (tablets)</td>
<td>box</td>
<td>1</td>
</tr>
<tr>
<td>Antihistamines (liquid)</td>
<td>bottle</td>
<td>1</td>
</tr>
<tr>
<td>Antipruritic ointment</td>
<td>tube</td>
<td>1</td>
</tr>
<tr>
<td>Antiseptic</td>
<td>bottle</td>
<td>1</td>
</tr>
<tr>
<td>Applicator, cotton-tipped</td>
<td>6&quot; long</td>
<td>2 dozen</td>
</tr>
<tr>
<td>Aromatic spirits of ammonia</td>
<td>breakable capsules</td>
<td>6</td>
</tr>
<tr>
<td>Aspirin, 5 grain</td>
<td>package of 2</td>
<td>100</td>
</tr>
<tr>
<td>Baby feeding bottles</td>
<td></td>
<td>1 dozen</td>
</tr>
<tr>
<td>Bandage gauze roller</td>
<td></td>
<td>1 dozen</td>
</tr>
<tr>
<td>Bedside commode</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Betadine scrub solution</td>
<td>bottle</td>
<td>1</td>
</tr>
<tr>
<td>Bio-hazard waste bags</td>
<td>large</td>
<td>1 dozen</td>
</tr>
<tr>
<td>Blankets</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Blood glucose strips</td>
<td>box</td>
<td>1</td>
</tr>
<tr>
<td>ITEM</td>
<td>DESCRIPTION</td>
<td>QUANTITY</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Body lotion, moisturizing</td>
<td>bottle</td>
<td>3</td>
</tr>
<tr>
<td>Box or chest with lock to store</td>
<td>medications</td>
<td>1</td>
</tr>
<tr>
<td>Bucket</td>
<td>2 gallon</td>
<td>2</td>
</tr>
<tr>
<td>Bug repellent, lotion</td>
<td>bottle</td>
<td>3</td>
</tr>
<tr>
<td>Calamine lotion</td>
<td>bottle</td>
<td>1</td>
</tr>
<tr>
<td>Can opener</td>
<td>manual</td>
<td>1</td>
</tr>
<tr>
<td>Chlorine bleach, liquid</td>
<td>1 quart</td>
<td>1</td>
</tr>
<tr>
<td>Collapsible water containers</td>
<td>1 gallon</td>
<td>10</td>
</tr>
<tr>
<td>Colostomy bags</td>
<td>box</td>
<td>1</td>
</tr>
<tr>
<td>Cotton balls</td>
<td>prepackaged</td>
<td>200</td>
</tr>
<tr>
<td>Diabetic diet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis diet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapers, baby, disposable</td>
<td>infant, med. &amp; large</td>
<td>3 doz</td>
</tr>
<tr>
<td>Diapers, adult</td>
<td>prepackaged</td>
<td></td>
</tr>
<tr>
<td>Dressing basin</td>
<td>small flat container</td>
<td></td>
</tr>
<tr>
<td>Dressing adherent</td>
<td>assorted sizes</td>
<td></td>
</tr>
<tr>
<td>Dust masks (facial)</td>
<td>disposable</td>
<td>20</td>
</tr>
<tr>
<td>Elastic bandage</td>
<td>3&quot;</td>
<td>2</td>
</tr>
<tr>
<td>Emesis basin(s)</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Eye pads</td>
<td>box</td>
<td>1</td>
</tr>
<tr>
<td>Face masks</td>
<td>disposable, for mouth to mouth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>resuscitation</td>
<td></td>
</tr>
<tr>
<td>Facial tissues</td>
<td></td>
<td>2 boxes</td>
</tr>
<tr>
<td>Flashlight and batteries</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Forceps or large tweezers</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Formula, infant</td>
<td>powdered, liquid</td>
<td>2 cases</td>
</tr>
<tr>
<td>Gauze compresses, individually</td>
<td>3&quot; x 3&quot; or 4&quot; x 4&quot;</td>
<td>2 dozen</td>
</tr>
<tr>
<td>wrapped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves, plastic, non-sterile</td>
<td>disposable</td>
<td>6 dozen</td>
</tr>
<tr>
<td>ITEM</td>
<td>DESCRIPTION</td>
<td>QUANTITY</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Gloves, plastic, sterile</td>
<td>disposable</td>
<td>6 dozen</td>
</tr>
<tr>
<td>Handi-wipes</td>
<td>disposable</td>
<td>1 case</td>
</tr>
<tr>
<td>Hydrogen peroxide</td>
<td>bottle</td>
<td>1</td>
</tr>
<tr>
<td>Hydrocortisone, .5% ointment</td>
<td>tube</td>
<td>1</td>
</tr>
<tr>
<td>Ipecac</td>
<td>bottle</td>
<td>1</td>
</tr>
<tr>
<td>Ice bag</td>
<td>disposable</td>
<td>1</td>
</tr>
<tr>
<td>Identification bracelets</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Insulin syringes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instant ice</td>
<td>ice pack</td>
<td>2 dozen</td>
</tr>
<tr>
<td>Irrigation kit</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Kaopectate</td>
<td>bottle</td>
<td>3</td>
</tr>
<tr>
<td>Lancing device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magic markers</td>
<td>permanent marker</td>
<td>1 dozen</td>
</tr>
<tr>
<td>Newspaper</td>
<td>(clean up messes)</td>
<td></td>
</tr>
<tr>
<td>Obstetrical kit</td>
<td>disposable</td>
<td>1</td>
</tr>
<tr>
<td>Oxygen and tubing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paper cups</td>
<td>6 oz or 8 oz size</td>
<td>1 case</td>
</tr>
<tr>
<td>Paper towels</td>
<td></td>
<td>2 rolls</td>
</tr>
<tr>
<td>Petroleum</td>
<td>small tube</td>
<td>1</td>
</tr>
<tr>
<td>Pillows</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Plastic bags</td>
<td>large</td>
<td>1 box</td>
</tr>
<tr>
<td>Safety pins</td>
<td>assorted sizes</td>
<td>2 dozen</td>
</tr>
<tr>
<td>Sanitary napkins</td>
<td>regular</td>
<td>2 dozen</td>
</tr>
<tr>
<td>Scissors</td>
<td>blunt</td>
<td>4 pair</td>
</tr>
<tr>
<td>Scouring powder</td>
<td></td>
<td>1 can</td>
</tr>
<tr>
<td>Sharps container</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Soap</td>
<td>cake and liquid (antimicrobial)</td>
<td></td>
</tr>
<tr>
<td>Soap substitute</td>
<td>bottle</td>
<td>2</td>
</tr>
<tr>
<td>ITEM</td>
<td>DESCRIPTION</td>
<td>QUANTITY</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Soybean formula</td>
<td>can</td>
<td>1 case</td>
</tr>
<tr>
<td>Sphygmomanometer adult cuff</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Sphygmomanometer pediatric</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Spill kit</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Splint or splinting device arm, leg</td>
<td></td>
<td>1 package</td>
</tr>
<tr>
<td>Sterile water</td>
<td>gallon</td>
<td>1</td>
</tr>
<tr>
<td>Stethoscope</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Sugar</td>
<td>cubes, package</td>
<td></td>
</tr>
<tr>
<td>Sunscreen SPF #15, bottle</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Table salt</td>
<td>box</td>
<td>1</td>
</tr>
<tr>
<td>Throat lozenges</td>
<td>bag of 20</td>
<td>3</td>
</tr>
<tr>
<td>Tongue depressors</td>
<td></td>
<td>1 package</td>
</tr>
<tr>
<td>Tourniquet</td>
<td></td>
<td>1 package</td>
</tr>
<tr>
<td>Thermometer</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Underpads (“blue” pads)</td>
<td></td>
<td>150</td>
</tr>
<tr>
<td>Urinary drainage and bag</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Vinegar</td>
<td>bottle</td>
<td>1</td>
</tr>
<tr>
<td>Walker</td>
<td>walking assistance</td>
<td>2</td>
</tr>
</tbody>
</table>
Appendix J
How to Contact the Operational Area Medical/Health Branch

Alameda County – Office of Emergency Services
Emergency Operations Section - EOC
Medical/Health Branch - Emergency Medical Services

Contact Phone Numbers
(925) 803-7930
(925) 803-7931
(925) 803-7932
(925) 803-7933

Contact Fax Numbers
Primary (925) 803-2720
Alternate (925) 803-7872

Contact Email
Med1@acgov.org
Med2@acgov.org

These numbers are only manned during EOC activation