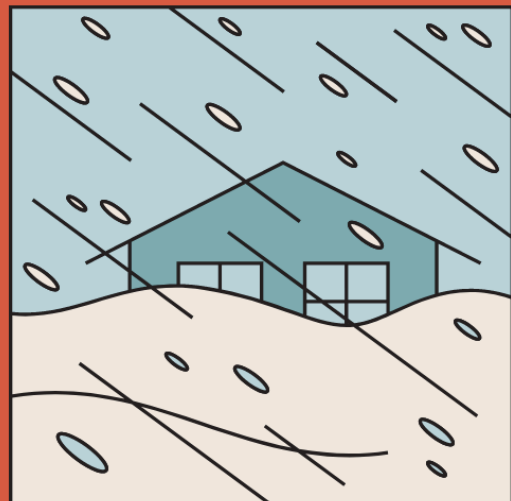
DISASTER CRASH CART

CAFP
California Academy of Family Physicians

CALIFORNIA ACADEMY OF
FAMILY PHYSICIANS
NORTH BAY CHAPTER



ACKNOWLEDGEMENTS

Thank you to the California Academy of Family Physicians North Bay Chapter for assembling and distributing this resource for several years. To ease the burden of maintaining this resource as a website, the CAFP will host this resource on familydocs.org and update as needed. If you have updates or need more information, please reach out to CAFP at cafp@familydocs.org.

From the North Bay Chapter: The outpouring of support and love from our community during recent fires was amazing. As we rose from the ashes, so many, many people contributed to the development of these ideas that it would be impossible to name them all! Here we acknowledge the people who specifically contributed to this resource.

- **Panna Lossy, MD**, UCSF clinical faculty at the Sutter Santa Rosa Family Medicine Residency, worked in multiple shelters through both fires and spearheaded this resource.
- **Travers Ebling, RN**, designed the SignUp Genius template during the Tubbs fire and dramatically improved volunteer coordination! He also staffed many shifts at the shelter and generally provided out of the box thinking for how to make systems work better.
- **Tara Scott, MD,** Director, Santa Rosa Family Medicine Residency shared her experiences leading through disaster and provided invaluable on the ground organizational support.
- **Michelle Patino, RN**, long time Emergency Room nurse, set up model medical systems at the Petaluma Fairgrounds during both the Tubbs and Kincaid Fires. She is a founder of Disaster Emergency Medical Assistance.
- **Ellie Wiener MD**, contributed to the sections on managing volunteers.

In addition there are literally hundreds of healthcare providers who volunteered in the shelters and helped come up with these systems in real time during the emergencies. The Red Cross, Sonoma County Public Health Department, HPEACE, North Bay AFP and local hospital staff all were a critical part of the response. We all learned from each other. This is truly a community effort! Finally, the California Health Care Foundation Leadership Fellowship was the wind on the embers that ignited this resource.

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Introduction

This resource is intended to provide quick, easily accessible solutions to common problems for people who find themselves providing basic health care in a disaster shelter. Of course every disaster is different. In some situations there might be no need for health care in the shelter because the surrounding hospitals and clinics can provide it. Or there may be a very serious disaster where the hospitals and health centers are destroyed and there may be a need for a field hospital. This resource does NOT cover those situations.

Disaster CrashCart provides ideas on how to set up systems to provide basic medical care, triage, and manage common issues that arise in evacuation centers. This is meant as a supplement to any plans that government and nongovernmental organizations may already have in place. Use your judgment and take what works in your situation!

If you are the kind of person who will volunteer when disaster strikes your town, you should sign up NOW with the **Disaster Healthcare Volunteers** and **Medical Reserve Corps**.

We view this as a living document that can be improved as we learn more about how to manage medical care in shelter situations. If you have experiences/links you would like to share, please email us at **cafp@familydocs.org**.

- Charting – Most shelters do not have any computers or established way to chart on people. We recommend using paper "charts", organized alphabetically in a portable file.
- Organizing the shelter – Set up the medical area in a central area where you can see the whole shelter but think about how you can have some private space for exams.
- Managing volunteers – Managing volunteers is often overwhelming. Using an online sign up system like Sign Up Genius can be a HUGE help. It allows you to send people.

Medical Area Setup

When you first arrive at the evacuation center, the most important thing to figure out is what organizational structure is already in place. If it is early in a disaster this may not be clear, but here are some important questions to ask:

- **Who is running the shelter?** (County? Red Cross?) This will help you know who to ask for supplies and volunteers. The Red Cross may provide a nurse but they usually provide only basic first aid. You can supplement that care by setting up a clinic type structure to do triage and treat minor/chronic issues.
- **Who and where is the Shelter Manager?** This person is responsible for the whole shelter – cots, food, volunteers etc., and will know if there are plans for a medical area already.
- **Who is in charge of the facilities?** This person may be able to help find the best place to locate medical areas.
- **Is there anyone in charge of Access and Functional Needs (AFN)?** This team can help with getting equipment for disabled people, translation for non-English speakers etc.

Set a time for a daily meeting with the Shelter Manager, Facilities Director, Volunteer Coordinator, AFN Lead, Medical Lead, and any other organizations (like Red Cross) to make sure you are all working together and not duplicating effort.

If there doesn't appear to be anyone in charge, you can start setting up a medical area recognizing that things are bound to evolve as more resources arrive to help.

Here is a list of basic supplies you will need to get started. **PDF** **Excel**

Setting Up the Physical Space

Depending on the space available for the shelter, the set up may vary substantially. Often, working with facilities people you can find additional spaces that can be used to provide good care. There are sketches of possible setups linked below. Remember to locate medical areas near electrical outlets so people can charge phones, access wifi, etc.!

Sample layouts for setting up shelters:
Diagram for a One-Room Shelter
D.E.M.A. Inc. - Petaluma Fairgrounds
D.E.M.A. Inc. - Mobile Medical Tent

Utilizing Separate Buildings

If you are in a place with multiple buildings or rooms, such as a school or fairground, it is ideal to utilize separate buildings. In evacuation centers with more than about 200 people it is ideal to have a "clinic", a direct observation ward, and an isolation area with direct access to a bathroom and hand washing.

Clinic - The "clinic" should be centrally located so people can find it easily, have an intake table, where people are signed in and get simple OTC meds as well as a separate area with some privacy (screens work well) where providers can do exams and wound care. There should also be a table away from the public where medications and the chart file box are kept.

Direct Observation Ward - The direct observation ward is essentially a separate shelter area for medically frail people (and their families) with 24-hour nurses. There should be room for 20-30 cots as well as a table for a nursing station and access to a handicap accessible bathroom. In this controlled setting, cots can be numbered and a separate box with charts can be at the nurse's station. With permission, you can also use a whiteboard with a bed map and names.

Isolation Area - It is important to set up the isolation area early, especially if the evacuation shelter will be open for more than a few days. You will need a separate room with cots, a nurse's station and a dedicated bathroom. Use this area to house people who develop vomiting or diarrhea to prevent an outbreak of norovirus in the general shelter.

Medical Area in the Shelter Dormitory

If it is not possible to set up the medical area separate from the general shelter, we recommend being centrally located but against a wall with a big sign. Use 3 tables to create a U and put chairs on the outside and inside the U.

Use the table against the wall for medicines. Create a screened area to do exams and dressing changes.

Describing Where People's Cots Are

It can be very difficult to find people in the shelter since the space is often a large area such as a gym. To combat that problem, be sure the cots are lined up in rows and create a grid based on the physical features of the room – aisles between cots, overhead supports etc. Number the rows and use letters for the divisions in the room so that you can describe someone's cot location as A3 or C1 etc. Try to create the divisions into areas with about 10 cots. Use painter's tape on the wall to label the numbered aisles and the lettered divisions.

Here is an idea of what this could look like: Bring a whiteboard and some painter's tape. On the whiteboard make a map of the shelter with the aisles, overhead supports, doors, etc., labeled and the grid shown. Put that whiteboard up by the medical area.

Communication

Consider getting a dedicated phone for each shelter medical station (prepaid cell phones work well). This is VERY helpful for managing volunteers, supplies, and coordinating with other agencies. Be sure to LABEL IT with the phone number! Look around the shelter to see if there are phone companies represented and ask them if they have any free phones. Consider using social media to ask for these kinds of donations. People want to help in a disaster!

If there is no wifi available but there is cell coverage, consider getting a Mifi device to provide wifi to up to 5 people at a time.

It can also be helpful to have people join a web based chat group such as **Slack** (if you have cell or wifi coverage) so you can communicate with volunteers about needs and changing conditions.

Understanding the Organizational Structure of Disasters

It helps to understand incident command structure (ICS) and terminology (aka acronyms) used in a disaster. Here is a link to the most common acronyms used in disasters. **PDF**

Charting

Charting for Emergency Shelters

Most shelters do not have any computers or established way to chart on people. We recommend using paper "charts", organized alphabetically in a portable file box. This way when someone needs consultation, you can quickly look in the box for their chart to find out what has been done already. Sample charting forms, sign out logs, and OTC dispensing lists are linked below.

We also recommend getting a list of open pharmacies (try RxOpen) and calling local pharmacies to establish a relationship and find out if any of them will deliver to the shelter.

In California, according to the California Business and Professions Code Section 4064 (a), pharmacies can refill medications without a doctor's order during disasters.

Medical Record Intake Form - This form is the basis for your paper chart. Thank you to Contra Costa MRC for this template. Download Form

Sign Out Sheet - Here is a downloadable form to help track things and people that need to be followed up on from one shift to the next. Download Form

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Over the Counter Meds PRN - We recommend using a blank sheet of paper where you write down the name of patient and the medicine dispensed. You may not need to make a chart for every one you give a Tylenol to but it is good to put their name, and the time it was dispensed down.

If You Do Not Have Wifi But Do Have a Computer

You can use Excel to keep records on the most acute "patients" in the shelter. This is a very basic method of charting and communicating from shift to shift about the residents with medical needs. **Download Excel Form**

Various tabs within the spreadsheet can be helpful to organize residents into areas within the shelter, those with more acute medical needs or for keeping a record of residents who have been discharged. Since this document persists over time, it is important to note dates when entering information rather than "today" or "tomorrow". This is to be backed up on a flash drive and be password protected. Save a new file each night with a date listed in the file name for good record keeping over time. These lists can be printed prior to signout at the end of each shift and given to each nurse/provider coming on shift. If printed copies exist, make sure they are shredded and do not leave the building.

If You Have Computers and Wifi

DHV and MRC registered volunteers should have access to **PULSE** (Patient Unified Lookup System for Emergencies) to be able to get information about evacuees' medical problems. Here is a link to a **guide for how to use the PULSE system**.

You may also be able to get information from people's hospital or clinic EMR if you have volunteers with login access. It can be very helpful to learn about patients' past medical history and medications. However, you may need to print or transcribe the information to get it into the paper chart.

Managing Volunteers

Managing volunteers is often overwhelming. Using an online sign up system like **Sign Up Genius** can be a HUGE help. It allows you to send people to a website to volunteer and everyone can see which shifts are open. You can

collect information (like medical license numbers) to do credentialing and send lists to Public Health as needed. You can also message groups of people easily with updates as conditions change (like a shelter is closed).

It is ideal to have someone in a location with wifi, computers and a printer communicating with volunteers via email, making sure that shifts are filled, and verifying medical licenses are active. Then each day, they print out the schedule of who is volunteering and bring it to the shelter. When volunteers arrive, the lead clinician checks photo ID to ensure that volunteers are licensed.

Here is a **link to a SignUp Genius template** for medical staffing in an evacuation center. We would be happy to share this premade template with you, but you will need to have a **Sign Up Genius** account first. If you want your site to be ad free and capable of creating spreadsheets you will need to sign up for a paid subscription. After you create an account, contact us and we will send you the template.

It can also be helpful to have people join a web based chat groups such as **Slack** (if you have cell or wifi coverage) so you can communicate with volunteers about needs and changing conditions.

Having volunteers sign up with the **Disaster Healthcare Volunteers (DHV)** or **Medical Reserve Corp (MRC)** provides limited liability and worker's compensation to volunteers and may offer access to electronic records through the **PULSE** system.

When schools close due to disaster, many healthcare workers have no one to take care of their families. This app helps facilitate shared childcare arrangements and can dramatically increase your volunteer pool. **Download App**

Don't Forget about Mental Health

During disasters everyone is stressed. Don't forget to check in with other volunteers about their experience of the disaster - you just may find that they have been evacuated too. We all need Trauma Informed Care during these times so remember to Emphasize Safety, Rebuild Sense of Control, Accentuate Strengths and Resilience.

Strongly encourage volunteers to download and review the Psychological First Aid App which walks them thru trauma informed care. **Download App**

Roles and Responsibilities

Medical Team Point Person - It is important to have a medical team point person stationed at the desk for each shift (could be a provider or nurse), ideally who has been at the shelter for at least 1 prior shift and is comfortable with the systems there. This person's role is to field questions, delegate tasks, facilitate huddles, communicate with shelter leadership, EOC, the behavioral health team, the staffing team running SignUp Genius, and orient each shift. This person should carry the designated phone for that station.

It works best if this position is held by 2-3 core people and at least one of them is present from 7am–9pm. We recommend that the medical point person attend a daily shelter site leadership meetings to increase communication and awareness of larger shelter operations and needs. You may need to initiate this meeting by talking to the shelter manager, facilities person, and any other organizations such as the county or Red Cross that have a stable presence in the shelter.

Nurses and Provider Roles and Stations - This staffing description is for a large shelter with a medical area in the same room. If you have a separate "clinic" and direct observation area, then the triage and intensive nursing will happen there:

- **Medications/Central Station** - Have one nurse stationed at the desk in charge of dispensing medications and talking to patients who come up to the desk with questions. This nurse should become familiar with the available supplies and medications and keep record of what supplies are needed.

- **Triage** - Have one nurse and one provider ready to help with triages as they come to the desk and to help with calling any needed prescriptions into pharmacies.
- **Shelter Area Teams** - Divide the shelter into smaller more manageable areas (quadrants if one large room, or distinct rooms if they exist). Designate a nurse and a provider to each of these areas. Over the shift, each nurse/provider should be responsible for assessing and checking in with every person in their area. This doesn't necessarily mean checking everyone's vitals as this is not a hospital setting, but the team should get a sense of who is in their area and if anyone has medical or mental health needs arising. If there are known medical needs (ie dispensing medication, helping with blood sugar checks, etc), these should be done.

Orientation/Huddles

We found that it was critically important to have a thorough sign out at every change of shift, particularly because there are new volunteers every shift that need to learn the systems and this is a different environment than most are used to.

Sign Out Structure - The medical point person from the shift coming OFF should lead the orientation. Use the SignUp Genius list to check IDs of the team that is coming on as they arrive.

Gather - Get the team of providers/ nurses/ MAs and students together. Have everyone introduce themselves, any connection they have to the area and the disaster, and how many shifts they have done at the shelter.

Orient - Familiarize the team to the basics of the shelter (how many people are there, different areas they are located in) and overall process and structure as outlined above. Discuss expectations for each of the roles. Direct the whole team to where to find resources, materials, important contacts, emergency equipment (AED, narcan,) etc.

Rounding - Encourage people to actively talk to everyone in the shelter at least once a shift. Often the people lying on the cots with the blanket over their head are the most likely to need help.

Communication - Make sure everyone has the phone numbers for the medical team point person. (These should be on the wall for people to take photos of.)

Assignments - Designate specific areas of assignment (as outlined above) for each of the providers/ nurses and send them to the appropriate area to get sign out from the shift leaving. Use the **sign out** form to discuss any to-dos or people you are concerned about. Visibly point out each of the evacuees you are concerned about (because sometimes people can be difficult to locate and identify within the shelter).

Mid Shift Huddle - During the busier day shift, we suggest having a mid-shift huddle with the entire team to touch base, see if any new systems need to be developed or tasks delegated.

Infection Control

In evacuation shelters that are open for more than a few days, it is common to get an outbreak of Norovirus. The key to containment is preparation. Set up the isolation area early... before you need it! Make sure medical volunteers wash hands with soap and water after each patient. Station (non medical) volunteers at entry and exit points to the shelter with hand sanitizer and instruct them to give it to everyone who comes in or out.

Make sure you have a product registered with the EPA to clean up any vomiting or diarrhea. Regular Clorox bleach can be used when diluted ½ cup bleach in 1 gallon water. **Here is a list of all EPA registered sanitizers for Norovirus.** Efforts should be made to prevent solutions used for cleaning and disinfection from becoming cross contaminated. Disinfectant/cleaning solution in buckets or one-time use containers should be discarded after each use. Thoroughly rinse and clean housekeeping equipment after use and allow the equipment to dry properly.

Cleaning Body Fluid Spills

All body fluid spills should be cleaned up immediately. If a spill contains large amounts of blood or body fluids, the following procedure should be followed:

- Put on gloves
- Cover the spill with an absorbent material
- Apply an EPA-registered disinfectant (allow it to sit for the time required by the manufacturer's recommendations)
- Cover the spill with additional absorbent material
- Dispose of all materials in appropriate waste container
- Clean the area with cloth or paper towels moderately wetted with an EPA-registered disinfectant
- Allow surfaces to air dry

You will also need to be ready to isolate those individuals that may be contagious with Norovirus or other communicable diseases.

Additional Resources

Butte County has great infection control protocols, checklists and forms.
Website

Alternative Care Sites

In the era of Covid-19, the need to rapidly surge hospital capacity has led many places to consider Alternate Care Sites (ACS). Nobody has all the answers, and it sometimes seems that we are building the plane while we are flying it. To bring some order to the chaos, it might be helpful for this packet to serve as a central location to share resources and ideas.

There are several different ways that Alternate Care Sites can be used. Covid Positive Wards, Covid Negative Skilled Nursing Facilities, or Individual Rooms for People Awaiting Test results who can't safely isolate at home. I discuss each of these below. The attached document describes this more fully and the grid makes it easy to see on one page. **Download ACS Proposal**
Download ACS Grid

Covid Positive Wards

ACS can be used to house COVID-19-positive patients with mild/moderate disease who can NOT safely isolate at home. These would be similar to the "fever wards" in Wuhan and in Korea. These people would either have mild disease as identified in outpatient care or would be recovering for Covid after hospitalization. While some people that fit this description could shelter at their homes, others who live in congregate living situations (nursing homes, shelters, multigenerational family homes, etc) will not be able to self isolate effectively. This can also support a public health strategy of quickly removing Covid Positive patients from the community to prevent further spread of the disease.

Covid Negative Skilled Nursing Care

Another type of Alternate Care Site is a skilled nursing care level facility for Covid negative patients. This could be used to take medically frail people out of congregate living situations as well as offer a place for hospitals to discharge stable Covid negative patients before they are ready to go home.

However, given that these patients are medically frail, they would need to be in individual rooms with air-flow systems designed to prevent disease spread between rooms.

Isolation for People Under Investigation

The third type of Alternate Care site is an isolation site for People Under Investigation (PUI). This class of people have no or mild symptoms and they may have been tested only because of close contact with a covid positive patient. This ACS would be for patients who are awaiting test results and are not able to truly isolate at home. They will need to be isolated in single-occupancy rooms in a facility that has airflow that will not spread the virus to other rooms. These patients mostly will have minimal nursing needs but do need to be fed. One model is to give each patient a thermometer and pulse oximeter and phone and have them report by phone to an onsite nurse/provider twice a day.

Some good resources (with some opinionated comments)

Good overview of things to keep in mind for ACS:

CDC Alternate Care Sites Infection Prevention and Control Considerations for Alternate Care Sites **Website**

Site that consolidates other resources related to ACS: **Website**

Lists of supplies and check list for evaluating spaces to use for ACS: **Website**

Very useful list of potential staffing options: (pages 100-103) Somewhat optimistic tools for setting up ACS without a lot of practical support. There is a list of staffing needs (also optimistic - pages 62-66); Supplies and equipment list (pages 78-91). **Website**

Helpful ideas on crisis standards of care: **Website**

Lots of lists for establishing an ACS:(Supplies page 31-34) **Website**

For Residency Programs

Medical residency programs face an array of problems when disaster impacts their training. Faculty and residents can be deployed to help with care in the evacuation centers however it is important to give traumatized residents options to do self care or alternative educational experiences.

One option is to assign online modules in disaster medicine. There are several suggestions for online curriculum at the end of this section. If faculty are volunteering in evacuation centers, residents can join them as an alternative to online curriculum.

In the setting of disaster, the ACGME reminds us of its institutional policy: Institutional Requirements IV.M., IV.M.1. States: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that address administrative support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or interruption in patient care. (Core) This policy should include information about assistance for continuation of salary, benefits, and resident/fellow assignments. (Core)

They also note that while there is a specific policy for extraordinary circumstances, 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances, this is rarely used in natural disasters. More commonly there is an "informal check in:"

Here is a sample "check in" letter to the ACGME. **Download Sample Letter**

Since Santa Rosa has been through 2 disasters in the 3 years, our program has several learnings from the experience:

- You may not have access to electronic communication. Make sure you have all resident and staff contact info and addresses printed out and held by multiple people.

- People respond differently to disasters. Some want to jump in and volunteer, others want to get to a safe place with family and loved ones. Be sure to allow for a variety of responses by residents.
- Coming together physically and bonding is key. Residents may have just moved to the area. It is essential to maintain the residency community by bringing people together to eat and talk early and often.
- Email is the most unreliable communication method during a disaster. Consider using a web based tool such as Slack or GroupMe for residency wide communication. This needs to be established prior to the disaster.

Some resources for online curriculum

Sonoma County Public Health Preparedness Training: **Website**

Virginia Department of Health Medical Reserve Corps Train Online - Free classes and good orientation to Incident Command Systems (ICS) and much more: **Website**

Disaster Medicine: Recommended Curriculum Guidelines for Family Medicine Residents - American Academy of Family Physicians (AAFP) curriculum and bibliography: **View PDF**

Public Health and Psychosocial Issues of Natural Disasters - Good training by the Australian College of Rural and Remote Medicine, however it is not free: **Website**

Annals of Family Medicine - *On Coming Home After the Fires*: **Download PDF**

Helpful Resources

Psychological Support

Psychological First Aide (PFA) App - App for your phone. Strongly encouraged for all volunteers: **Download App for Phone**

Manuals and websites developed by other organizations

Contra Costa Medical Reserve Corps has a lot of great resources: Website

Butte County Public Health Emergency Preparedness Partners Many resources including great infection control info: Website

Supplies

Direct Relief - Get medical supplies delivered in 24 hours: Website

Medications List - Here is a list of medications that can be useful to have on hand at a shelter (courtesy of the Contra Costa MRC). You can use this list to request supplies from the County DOC, Local Hospital, or Direct Relief: Download PDF Download Excel

Supplies List - Here is a list (Courtesy of DEMA) of some supplies that are very important to have at a shelter as you set up medical care. Some of these things are expensive (AED) but many others (Tape, pens, paper, extension cords) may be things you have around the house. All can be purchased without a prescription. This is a great list of things to try to source through social media: Download Excel

Most Basic List of needed Supplies to Set Up: Download Excel

Charting

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Organizing Volunteers

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subscription. After you create an account, contact us and we will send you the template.
Disaster Healthcare Volunteers (DHV) - An online registration system for medical and healthcare volunteers. Provides limited liability and workers comp to volunteers: **Website**

Medical Reserve Corp (MRC) - A national network of local groups of volunteers engaging local communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response and recovery capabilities. Provides limited liability and workers comp to volunteers: **Website**

Childcare - When schools close due to disaster, many healthcare workers have no one to take care of their families. This app helps facilitate shared childcare arrangements and can dramatically increase your volunteer pool: **Download App**

Infection Control

List of all EPA registered sanitizers for Norovirus.

Curriculum Suggestions for Residency Programs

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About the California Academy of Family Physicians (CAFP) North Bay Chapter

During the Tubbs fire in Sonoma County in 2017, hundreds of doctors, nurses and other medical professionals volunteered to provide medical care in evacuation centers. We learned so much from this experience. Then, in 2019, the Kincaid Fire led to the evacuation of almost 200,000 people which really brought home the need to document best practices for future evacuation centers. It was time to write down what we had learned so that others didn't have to reinvent the wheel.

About the California Academy of Family Physicians

California Academy of Family Physicians (CAFP) is the only organization solely dedicated to advancing the specialty of family medicine in the state. Since 1948, CAFP has championed the cause of family physicians and their patients. CAFP is critically important to primary care, with a strong collective voice of more than 10,000 family physicians, family medicine residents and medical student members. CAFP is the largest primary care medical society in California and the largest chapter of the American Academy of Family Physicians.

The CAFP is comprised of more than 30 county chapters within 10 districts. Local chapters help the Academy identify member needs, educate the public and advance the specialty of family medicine. For more information on the CAFP or its local chapters, visit www.familydocs.org.

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