



PUBLIC HEALTH AND MEDICAL SHELTER BOOKLET FOR FUNCTIONAL AND ACCESS NEEDS (FAN) POPULATIONS



Kentucky Public Health

Prevent. Promote. Protect.

Prepared By:

Public Health Preparedness Branch
Kentucky Department for Public Health

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FORWARD

This booklet was developed as a resource for use by emergency shelter staff. The main purpose of this booklet is to provide critical information concerning available resources in Kentucky to support various Functional and Access Needs (FAN) populations within shelter settings. The information contained in this booklet will allow shelter staff to have consumer information regarding disaster resources across the state. Additional information and resources are listed in Attachment 1 - Acronyms, Attachment 2 – Important Phone Numbers and Attachment 3 – Food Allergies.

This booklet was created by the Kentucky Functional Needs Collaborative (KFNC). It is comprised of subject matter experts and advocates from state agencies and non-profit organizations across Kentucky. KFNC ensures an effective public health emergency response for FAN populations.

The information and resources provided within this booklet were provided by state partners and other community organizations. If you are aware of additional resources that are available and that should be included, we invite you to contact us regarding future editions of this booklet.

The KFNC is grateful to those individuals and agencies that have contributed their experience and insight to bring this booklet to reality.

Thank you,

The Kentucky Functional Needs Collaborative

For additional information and inquiries please contact:

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RECORD OF CHANGES

The Public Health Preparedness Branch’s Functional and Access Needs (FAN) Coordinator will ensure any changes made to the Shelter Guidebook for FAN Populations are documented and distributed using the Record of Change whenever an update is required.

Date	Page(s)	Revision Description(s) (Include Section/Paragraph)	Who Posted



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INTRODUCTION

FAN and CMIST Framework

Before, during and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: Communication, Maintaining Health, Independence, Services and Support and Transportation (CMIST). CMIST provides a flexible, cross-cutting approach to defining at-risk individuals to address a broad set of common access and functional needs irrespective of specific diagnoses, status, or labels (e.g., pregnant women, children, elderly). Ultimately, individuals with access and functional needs must be addressed in all federal, territorial, tribal, state and local emergency and disaster plans.

Functional Needs Support Services

Services that enable individuals to maintain their independence in a general population shelter, include the following:

- Reasonable modification to policies, practices and procedures;
- Durable medical equipment;
- Consumable medical supplies;
- Personal assistance services;
- Other goods and services as needed.

Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) became law in 1990. The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life including jobs, schools, transportation and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age and religion. It guarantees equal opportunity for individuals with disabilities in five areas (titles) including: public accommodations, employment, transportation, state and local government services and telecommunications.

In 2008, the ADA Amendments Act (ADAAA) was signed into law and became effective on January 1, 2009. The ADAAA made a number of significant changes to the definition of “disability”. The changes in the definition of disability in the ADAAA apply to all titles of the ADA, including Title I (employment practices of private employers with 15 or more employees, state and local governments, employment agencies, labor unions, agents of the employer and joint management labor committees); Title II (programs and activities of state and local government entities); and Title III (private entities that are considered places of public accommodation). **IMPORTANT:** Emergency shelters are required to comply with ADA guidelines. More information is available at <https://adata.org>



GENERAL SHELTER CONSIDERATIONS

CULTURAL SENSITIVITY

Overview

An emergency or disaster of any type can be an emotional and stressful time, so it is extremely important that we understand and are sensitive to the cultural nuances and attributes of the populations that are served. The following information is not an all-inclusive list, but is intended to act as a guide when working with vulnerable populations during times of disaster. Differences may exist with respect to education, religion, economics, political beliefs etc. Individuals have unique personalities and needs, relying on stereotypes to define ethnic groups can be misleading and harmful. Awareness of the different cultures in our communities enable us to anticipate or avoid potential conflicts in emergencies or disasters. Cultural understanding also enhances communication and cooperation in emergency preparedness endeavors.

Language

Language is the most powerful form of communication and has been considered the most compelling and enduring expression of cultural identity. Emergency preparedness and response information may require translation to be fully understood by non-English speaking individuals.

Translations should convey the message clearly and be delivered in a manner respectful of cultural differences.

Non-verbal methods of expression may be equally important in cross-cultural communication. Movements and gestures, the way we approach or touch others, the way we look and smile and the pitch, intensity or emphasis of our voices are all non-verbal methods of communication. Nonverbal expression can be different for each culture and influences the way a message is interpreted by the receiver.

Religion

Spiritual care is part of the broader crisis intervention process. Spirituality is an essential part of humanity and, in the event of an emergency or disaster, may be disrupted. This connection is very important to certain populations and communities and many find this critical to healing for themselves and their families in the event of a disaster. Shelters should strive to provide reasonable accommodations to meet the varying cultural and faith-based requirements of the residents.

Sexual Orientation

The shelter should take the necessary steps to ensure that all persons, regardless of sexual orientation or sexual identity, are treated with respect and dignity. The shelter should respect transgender, lesbian, gay and bisexual residents. These inclusion efforts should be reiterated to staff and no acts of violence, threats or disrespect will be tolerated.

Diet

Meal concerns are another area of importance to different cultures, ethnicities and individuals with allergies. When placed in the context of a disaster, it becomes much more difficult to maintain the diet to which one is accustomed. Reasonable accommodations to meet dietary needs should be considered by shelter personnel. See Attachment 3 for additional information on food allergies.



Personal Hygiene

Personal hygiene can vary among different cultures but is critical to help prevent the spread of illness and disease. Reasonable accommodations to meet personal hygiene needs should be considered by shelter personnel. If a shelter resident has a personal care attendant to help with personal hygiene, then the attendant should be allowed to stay with the resident. If the resident does not have functional access needs and only requires assistance with basic personal hygiene, then they should be evaluated for integration into the general shelter population.

Bathing or showering after a water-related emergency should only be done with clean, safe water. Sometimes water that is not safe to drink can be used for bathing, but be careful not to swallow any water or get it in your eyes. Brushing your teeth after a water-related emergency should only be done with clean, safe water. Listen to local authorities to find out if tap water is safe to use. If extensive flooding has occurred or you suspect that the water may be contaminated, contact your local, state, or tribal health department for specific advice on well testing and disinfection.

Social Stereotypes

Shelter staff should not make the assumption, that everyone shares the same beliefs and practices because of increasing populations of culturally diverse people from all over the world who speak many different languages and have many different beliefs and practices. It is important not to let personal biases or assumptions affect the overall well-being of shelter residents.



SERVICE/THERAPY ANIMALS

Overview

Service animals are not registered and there is no proof that the animal is a service animal. If the person tells you it is a service animal, treat it as such. Service dogs will be allowed to stay in emergency shelters with owners. Check with your local emergency management officials for more information.

Tips for Working with Service Animals

- Remember, a service animal is not a pet.
- Service animals must be in a harness or on a leash, but do not need to be muzzled.
- The animal does not need to be specially trained as a service animal. People with psychiatric and emotional disabilities may have a companion animal. These are just as important to them as a service animal is to a person with a physical disability - please be understanding and treat the animal as a service animal.
- Be prepared to provide extra food and water to people with service guide animals.
- Ensure the service animal's owner knows where the animal can be walked and offer disposable garbage bags for clean up if the owner does not have these available.
- Provide a disposable litter tray (aluminum roasting pans can be used) for animals that require litter boxes.
- If allowed, there shall be a designated animal area located away from people and separately housed.
- Animal housing unit shall be secure, clean and provide animals with clean, fresh water and food.

Supporting Agencies and Resources

Additional resources can be found at the ADA National Network concerning service animals and emotional support animals at <https://adata.org/publication/service-animals-booklet>



COMMUNICATION

LIMITED ENGLISH PROFICIENCY

Overview

People with limited English proficiency (LEP) qualify for the same anti-discrimination protection designated for race, color or national origin under Title VI of the Civil Rights Act. Programs or activities that receive money from the Federal government may not provide services more limited in scope or lower in quality and may not limit participation in a program for individuals facing language barriers.

Shelter-Specific Considerations

Be aware that LEP individuals may have other functional needs aside from language barriers including trust issues and emotional issues. Although distrust is not universal among LEP populations, for some it can influence their response to public health messages. Low trust may result from communication barriers, fears about immigration status or previous experience with government officials in their country of origin. As a result, preparedness teams should coordinate efforts with relevant organizations and include representatives of minority populations in planning sessions to build trust and to open a dialog for exchanging critical information. Refugees from other countries, who have relocated to Kentucky, may have been forced to flee their homes because of persecution and may have spent many years in refugee camp settings. As a result, emergency situations and shelter conditions may be particularly stressful for these populations and many may choose to shelter in place instead of coming to a shelter. Mental health providers should be on hand to support those who decide to come to a shelter.

Tips for Working with LEP Individuals

- Do not presume to know a person's language based on their physical appearance or country of origin.
- If the person speaks some English, speak slowly and clearly, do not speak loudly or shout. Use simple words, short sentences and offer to provide interpretation services if available.
- If a person speaks no English and you are unable to discern the language, telephonic interpretation vendors can help to identify the language needed.
- There are materials available that allow individuals to identify their language if an interpreter is needed.
- Professional interpretation should be used if possible. Family members should not be used as interpreters because of cultural and confidentiality factors. It is important that children never be used as interpreters.
- LEP individuals may have limited literacy in their own language. Information available in translation should follow plain language guidelines. Use audio/visual aids and multiple media to help convey important information.

Supporting Agencies and Available Resources

The Kentucky Office for Refugees (KOR) is an administrative office and is not an active emergency response agency. However, KOR can provide consultation services, including training shelter staff on cultural competency and understanding the demographics and unique needs of refugee populations. KOR can provide information on accessing interpretation and translation services and how to use them effectively, but is not able to pay for these services. Shelter workers may contact KOR at (502) 873-2560 for consultation.



LOW LITERACY

Overview

Low literacy populations have difficulty reading, writing, speaking and solving problems at levels necessary to function on the job and in society. The inability to communicate in English is the primary barrier to accessing health information and services. Health information for people with low literacy needs to be communicated plainly using words and examples that make the information understandable.

Shelter-Specific Considerations

Have adequate staff available to assist with filling out forms for shelter residents that may not be able to properly read and understand them. Forms should be written using simple wording and definitions for any medical terms. The most important information should be written first on the form. If possible, pictograms or visual aids should be used to assist with communicating messages.

Tips for Working with Low Literacy Individuals

- Use pictograms or visual aids to assist with communicating messages.
- Use simple language and define medical terms.
- Organize information so that the most important points come first.
- Limit the number of messages, use plain language and focus on action.
- Speak clearly and listen carefully.
- Check for understanding of your message by asking the person receiving your message to restate it in their own words.

Supporting Agencies and Available Resources

The Kentucky Office for Refugees (KOR) is an administrative office and is not active in emergency response phases. However, KOR can provide consultation services, including training shelter staff on cultural competency and understanding the demographics and unique needs of refugee populations. KOR can provide information on accessing interpretation and translation services and how to use them effectively, but is not able to pay for these services. Shelter workers may contact KOR at (502) 873-2560 for consultation.



DEAF AND HARD OF HEARING

Overview

People who are deaf or hard of hearing are protected under The Americans with Disabilities Act (ADA). One of the major areas of equal access is “effective communication” (auxiliary aids and services) for persons who are hard of hearing, late deafened or deaf. This refers to the assurance of equal access to any aurally delivered communication that is part of a service, activity or event of a covered organization. The most common auxiliary aids and services are assistive listening devices, Communication Access Real-Time Translation (CART) and qualified interpreters including American Sign Language (ASL), oral, cued speech and tactile (for the Deaf/Blind).

Shelter-Specific Considerations

Appropriate steps, as available, should be taken by shelter staff to ensure that communication with the hard of hearing and deaf shelter residents should be as effective as communication with others. Disaster situations do not relieve shelters of the responsibility to provide effective communication. Staff should work with shelter leaders to obtain interpreter services live either in person or through video remote devices. Reading lips is not adequate for information exchange. Remember to always post written material for anything that is presented to the shelter group verbally.

Tips for Working with the Deaf and Hard of Hearing

- **Speaking and Speechreading**
 - Face the deaf person.
 - Maintain eye contact with the deaf person.
 - Be sure that there is a light source in front of you.
 - Speak slowly, clearly, and not necessarily louder.
 - Try to limit background noise.
 - Do not exaggerate your movements.
 - Keep objects/hands away from your mouth.
 - Isolate or emphasize key words when appropriate.
 - Use “yes” and “no” questions as much as possible.
 - Give the deaf person as many visual cues as possible.
 - Consider your choice of words; some are easier to speech-read than others are.

- **Communicating Through Writing/Drawing**
 - Keep your writing to the point, short and concise.
 - Look for meaning in the deaf person’s message; ignore any grammatical errors.
 - When appropriate, use a drawing in addition to your written message.

- **Communicating Through an Interpreter**
 - Stand or sit next to the interpreter.
 - Place graphics or models near you and the interpreter.
 - Talk at a normal pace.
 - Maintain eye contact with the deaf person.
 - Address your communication to the deaf person.



- Allow time for the deaf person to ask and respond to questions.
- Remember that it is the interpreter’s job to interpret everything you say; say only what you want interpreted.

Supporting Agencies and Available Resources

The Kentucky Commission on the Deaf and Hard of Hearing (KCDHH) is a non-profit state agency, and is not an emergency response team. KCDHH acts as an advocate for the policies and programs that affect people with hearing loss and wants to ensure the deaf and hard of hearing population have access to communication during an emergency or a disaster. As a suggestion, shelters should have an Emergency Preparedness Kit consisting of essential resources for deaf or hard of hearing individuals. For assistance with obtaining the information, materials and telecommunications devices, contact KCDHH at (502) 573-2604.

Interpreter Referral Services in Kentucky		
Agency	Area of Service	Phone Number
KCDHH Access Center	Serving only KY State Agencies	(502) 573-2604
ASL Interpreting Services	Louisville	(502) 594-5109
Barren River Resource Center of the D/HH	South Central Kentucky	(270) 320-0974
Center of Accessible Living	Louisville	(502) 589-6620
Central Kentucky Interpreter Referral	Central Kentucky	(859) 236-9888
Community Services for the D/HH	Northern Kentucky	(513) 487-7711
D/HH Interpreter, Referral & Advocacy	Western Kentucky	(859) 583-0800
Northern Kentucky Service for the Deaf, Inc.	Northern Kentucky	(859) 372-5255
Rauch Interpreting Services	Louisville and Southern Indiana	(502) 550-5384
Sign Language Network of Kentucky	Lexington	(859) 629-8084
Tri-State Interpreter Referral Service	Eastern Kentucky, W. Virginia, Ohio	(304) 881-2846



BLIND OR VISUALLY IMPAIRED

Overview

People who are blind or visually impaired are protected under The Americans with Disabilities Act (ADA). There may be several areas of concern when in a shelter situation including unknown environment, social challenges and technology challenges. It is the shelter staff's responsibility to ensure that the blind or visually impaired individual remains safe and is able to navigate in the environment and is provided the appropriate information given to others in the shelter in a form they can interpret, which could include braille for the blind or large text format for the visually impaired.

Shelter-Specific Considerations

Individuals who are blind or visually impaired may walk along any route or through any shelter activity area so all accessible areas including hallways, corridors, eating areas and sleeping areas must be free of objects that cannot be detected easily. Objects that are wall mounted, project into the walkway or are overhead should be located so they can either be detected easily or the person can pass safely around or underneath them. The blind or visually impaired individuals should be given a thorough orientation of the layout of the shelter and be given information in braille if available. Always encourage the individual to participate in shelter activities and provide assistance with navigation to the activity, if needed.

Tips for Working with the Blind or Visually Impaired

- Always identify yourself to an individual that is blind or visually impaired.
- Let the individual know when you are leaving the room or conversation.
- Ask if assistance is needed. Do not assume that it is.
- Do not be afraid to use words that refer to sight.
- Be specific when giving directions to locations.
- Always speak directly to the individual.
- Speak in a normal tone voice and not louder.
- If you leave them alone in an unfamiliar area, orient them to their surroundings including the location of the nearest exit, location of the bathroom and location of chairs or cots.
- Avoid pulling or steering the person. Avoid grabbing their arm, touching their guide dog or their cane. Offer your arm for guidance if needed.
- Always ask permission to guide them. They tend to hold their dogs harness with their left hand so stand on their right to guide them.
- Be considerate. For example, if they have a stain on their clothes, pull them aside to tell them.
- In a feeding area, give clear directions to available seats. Offer to tell them what is on the menu and ask if they need assistance. Orient them to the table condiments and their surroundings.
- Never ask how long a person has been blind. Keep conversation focused on commonly discussed topics.

Written Communication

- Have documents available in a variety of formats including regular print, large print and Braille.
- Be prepared to have someone available who can read documents to individuals and assist with form completion.
- 18-point font is considered large print. Try to use Arial, Tahoma, or Verdana typefaces. Avoid the use of italics, as it can be hard to read.



- For black fonts, use light backgrounds such as yellow or white. For light colored fonts, use dark backgrounds such as black. Avoid the use of grayscale.
- Avoid glossy paper.
- Keep 1” margins.
- Keep the use of graphics and backgrounds to a minimum, as they create visual clutter.
- Try to have Braille copies of information on hand – see Braille resources listed below.

Sighted Guide

- A technique that allows you to safely guide an individual that is blind or visually impaired in unfamiliar surroundings see the Sighted Guide resources listed below.
-

Guide Dogs

- Keep dogs with their owners at all times.
- Avoid petting or otherwise distracting the guide dogs when they are working.
- Avoid giving food, water, or treats unless directed to do so by the owner.
- A guide dog could become confused or disoriented in a disaster. People who are blind or partially sighted may have to depend on others to lead them, as well as their dog, to safety during a disaster.

Supporting Agencies and Resources

The Office for the Blind (OFB) is an eligibility-based program and is not active in emergency response phases. OFB can, however, provide consultation services ranging from training shelter staff on how to interact with someone who is visually impaired to providing contact information for other resources. OFB can provide information on where to purchase durable medical equipment but it is unlikely that OFB would be able to purchase any of it. Shelter workers may contact OFB at (502) 564-4754 or 1-800-321-6668 Monday-Friday 8:00 am – 4:30 P.M. to receive consultation services or have questions answered. More information can be found:

- American Foundation for the Blind: <http://www.afb.org/section.aspx?SectionID=65&TopicID=400&DocumentID=3242>
- Kentucky Council of the Blind: <http://www.kentucky-acb.org/>

Braille Resources

- American Printing House for the Blind at info@aph.org or 1-800-223-1839
- Rick Roderick at rickrod@twc.com or (502) 423-8195

Sighted Guide Resources

- <http://www.rnib.org.uk/sites/default/files/How-to-guide-sight-problems.pdf>



MAINTAINING HEALTH

ASTHMA

Overview

Asthma is a chronic condition with acute symptoms that usually are brought on by triggers such as allergens, airborne irritants and pollutants, weather changes, respiratory tract infections, stress and exercise. Asthma is marked by spasms in the bronchi of the lungs, which cause difficulty in breathing, wheezing and chest tightness. It can start at any age but can be controlled by medications such as inhalers and oral medications.

Shelter-Specific Considerations

Asthma is different for different people with different symptoms and triggers. A few questions that should be asked upon admission to a shelter include:

- How often do you have symptoms?
- How often are you using your rescue inhaler?
- Do you know what your triggers are?
- How well are you breathing currently?

Based on the responses, the workers can make a plan for the asthmatic shelter resident to include sleeping accommodation location, location temperature stability and roommate choices. Ensure that that an asthmatic has their rescue inhaler available. Most asthma medications are inhaled and fall into two categories: rescue inhaler and controller medications. It is also important that an asthmatic shelter resident recognize worsening symptoms and report those immediately to the shelter staff for early treatment if needed or transport to a higher level of care.

Tips for Working with Shelter Residents with Asthma

- Try to keep the temperature stable at the shelter. Extreme temperature changes can worsen asthma symptoms.
- Review triggers with the asthmatic resident and encourage the resident to avoid them.
- Ask the resident if they require an electrical outlet for a nebulizer.
- Evaluate the resident for any cognitive deficits that would limit communication between the resident and shelter staff.
- Ensure that there is a place for the resident to clean his/her spacer and/or nebulizer after each use and orient the resident to that location.
- Encourage the resident to report any worsening of symptoms to the staff to include wheezing, chest pain and/or tightness and a persistent cough.

Supporting Agencies and Available Resources

CDC's National Center for Environmental Health (NCEH) program is a program that helps to maintain and improve people's health by promoting a healthy environment and by preventing premature death and available illness and disability caused by disease. Below are links to the CDC and other resources.

- <https://www.cdc.gov/asthma/links.htm>
- <http://www.mayoclinic.org/diseases-conditions/asthma-attack/basics/symptoms/con-20034148>
- www.chfs.ky.gov/Asthma



CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Overview

Chronic obstructive pulmonary disease (COPD) is an umbrella term for chronic bronchitis, emphysema and a range of other lung disorders. Symptoms of COPD often don't appear until significant lung damage has occurred, and they usually worsen over time. Common signs and symptoms of COPD can include: lingering productive cough, shortness of air that increases with exertion, wheezing, chest tightness, fatigue and cyanosis of the lips and/or fingernail beds. Treatment for each person is different and is based on whether symptoms are mild, moderate or severe.

Chronic bronchitis and emphysema are additional disease processes that fall under the COPD umbrella. Chronic bronchitis is an inflammation of the main airways in the lungs that continues for a long period of time or keeps coming back. Symptoms include a productive cough, which may be blood streaked, shortness of breath aggravated by exertion or mild activity, frequent respiratory infections that worsen symptoms, wheezing, fatigue, ankle, bilateral foot and leg swelling and headaches.

Emphysema is a lung disease that involves damage to the air sacs (alveoli) in the lungs. The air sacs are unable to completely deflate, and are therefore unable to fill with fresh air to ensure adequate oxygen supply to the body. Symptoms of emphysema include shortness of breath, chronic cough with or without sputum production, wheezing and decreased ability to exercise. Additional symptoms that may be associated with this disease include: anxiety, unintentional weight loss, ankle, feet, and leg swelling and fatigue.

Shelter-Specific Considerations

COPD residents can be medically fragile patients who require extra monitoring for worsening of symptoms based on individual disease progression. Severe COPD person may require a higher level of care that cannot be provided by shelter staff. Many COPD patients require low amounts of external oxygen and have some level of exercise intolerance. If the resident has an oxygen tank or a powered oxygen concentrator, then they should be placed by an electrical outlet in order to charge the batteries and close to the bathroom and dining area to decrease their expenditure of energy and oxygen. Surgical masks should also be provided to the resident if there is any potential of poor quality air or if they or other residents have a productive cough to protect them and others from any potential respiratory illness. Ensure that the resident understands to contact shelter staff if their symptoms become more acute than usual so they can be transported to a higher level of care.

Tips for Working with Shelter Residents with COPD

- Ensure the COPD resident has an updated medication lists with them and stays on schedule taking their medications.
- Ensure the resident has extra batteries and a charger if they have a powered oxygen concentrator.
- Ensure that the resident has enough oxygen in their tank for their needs and understands that extra oxygen may not be available unless arrangements with their oxygen company were made.
- COPD residents' symptoms may worsen if they become more anxious and have increased stress.
- Extreme temperature changes may worsen respiratory symptoms. Most COPD residents will prefer a cooler, drier climate.
- The resident may not be able to lay flat to sleep due to increased shortness of air and may need additional pillows to elevate their head or may require a chair to sleep in.



- Consider transporting the resident to a higher level of care if any of the following condition occur: severe shortness of air (SOA) or wheezing, the inability to speak more than short phrases due to worsening SOA, having to strain their chest muscles to breath (retractions), worsening cyanosis around lips and hands and increase anxiety due to air hunger.

Supporting Agencies and Available Resources

- **American Lung Association**
www.lung.org
1-800-LUNG-USA (1-800-586-4872)
- **National Heart Lung and Blood Institute**
www.nhlbi.nih.gov/health



DIABETES

Overview

Diabetes is a metabolic disorder that affects how the pancreas produces insulin. Type 1 diabetics produce no insulin and type 2 diabetics only produce small amounts of insulin or the cells do not respond appropriately to the insulin that is produced. Insulin must be present for the glucose to be used by the cells for energy or glucose builds up in the blood. Diabetics must maintain a strict control of their blood glucose to prevent hypoglycemia and hyperglycemia.

Shelter-Specific Considerations

Diabetics must maintain a very consistent dietary regimen and medication schedule. Increased stress can alter a diabetics normal glucose levels causing them either to be higher or lower, so it is important that their sugar is checked more often in a shelter situation. The person may need to be monitored more closely if they start exhibiting any signs of hypoglycemia such as confusion, lethargy or agitation or signs of hyperglycemia such as increased thirst, flushing, agitation or irritability.

Tips for Working with Shelter Residents with Diabetes

- If the resident is on insulin, ensure that there is a refrigerator or ice packs and a cooler available to keep the insulin cold.
- Ensure there is a glucometer available to monitor blood sugar and to ask for assistance from the nursing staff when needed.
- Ensure there is a supply of snacks with a high sugar content for any hypoglycemic episodes such as orange juice or peanut butter and crackers.
- Encourage resident to always wear shoes when ambulating in the shelter to protect their feet.
- Have consistent times for meals and encourage the diabetic resident to eat on a regular schedule.
- Monitor diabetic resident for any change in behavior and if noticed, check the residents blood sugar and treat according to the patient's diabetic plan.
- If the residents' blood sugar remains higher than normal or lower than normal and the resident is symptomatic, they may need to be transported to a higher level of care.

Supporting Agencies and Available Resources

- **American Diabetes Association**
www.diabetes.org
1-800-DIABETES (1-800-342-2383)
- **Kentucky Cabinet for Health and Family Services**
www.chfs.ky.gov/diabetes
(502) 564-7996



HEART AND VASCULAR DISEASE

Overview

Heart disease and vascular disease can be defined as any of a number of diseases related to the heart and blood vessels such as heart failure, high blood pressure or hypertension, peripheral artery disease and coronary artery disease. All of these can lead to a myocardial infarction (heart attack) or a stroke if they are not managed correctly. Following a strict medication regimen and diet are essential, especially during periods of increased stress.

Shelter-Specific Considerations

Residents with diagnosed heart disease or vascular disease are usually on several medications that will need to be taken daily. It will be important to have a set meal schedule with low sodium food choices because many medications are taken around meal times. Residents should be encouraged to stay on the same schedule as home as much as possible. High blood pressure usually has no symptoms and is often referred to as the “silent killer”. Encourage the resident to report headaches and/or elevated blood pressure that has not come down after medications. Possible complications to untreated high blood pressure can lead to a heart attack or stroke.

- Heart Attack Symptoms: Heart attack symptoms include chest pain or pressure, jaw pain, pain in left arm (can be in right arm), abdominal pain (more common in woman), nausea and sweating.
- Stroke Symptoms: Stroke symptoms can be subtle or obvious and they usually start suddenly. Symptoms include: numbness or weakness in face, arms or legs (usually one side of the body only), confusion, trouble speaking, trouble seeing, sudden severe headache and loss of balance or coordination.
- **Shelter staff should call 911 if a resident present with any of the above symptoms.**

Tips for Working with Shelter Residents with Heart or Vascular Disease

- Encourage resident to always follow their doctor’s recommendations for activity level, diet, daily weights and medication regiment.
- Encourage resident to report any sign or symptoms of a heart attack or stroke immediately.
- Heart disease residents may need additional pillows for sleeping or may need a chair to sleep in.

Supporting Agencies and Available Resources

- **American Heart Association**
www.heart.org
1-800-AHA-USA-1 (1-800-242-8721)
- **American Stroke Association**
www.strokeassociation.org
1-888-4-STROKE (1-888-478-7653)
- **National Stroke Association**
www.stroke.org
1-800-STROKES (1-800-787-6537)
- **Health and Human Services - Women’s Health**
www.womenshealth.gov
1-800-994-9662
- **Kentucky Cabinet for Health and Family Services**
www.chfs.ky.gov/HDSP
1-502-564-7996



END STAGE RENAL DISEASE (ESRD) PATIENTS ON DIALYSIS

Overview

Chronic kidney disease (CKD), also called kidney failure or renal failure, is a condition in which the kidneys lose some of their ability to remove waste products and excess fluid from the bloodstream. As waste products and fluids build up in the body, other body systems are affected, which can be harmful to your health. The most common causes of CKD are diabetes and high blood pressure. In the early stages of CKD, there are no symptoms. The disease can progress to complete kidney failure, also called end-stage renal/kidney disease. This occurs when kidney function has worsened to the point that dialysis or kidney transplantation is required to maintain good health and even life. Kentucky has numerous dialysis facilities that provide dialysis to over 5,000 patients. Patients typically receive hemodialysis three times per week for approximately four hours each treatment.

Shelter-Specific Considerations

Dialysis patients have dietary restrictions for fluid, sodium and potassium. Dialysis may not be available or patients may have to miss or delay dialysis. Survival may depend on the ability to follow a limited diet. This food list is more limited than the usual renal diet. It is designed to help prevent the buildup of excess fluid and waste products, until dialysis is available. NOTE: In the event that transportation to a dialysis unit is not possible, have the patient consult their physician and refer to the emergency diet plan listed below. The emergency diet plan does not supplant the advice from the patient's physician.

- **Potassium**
 - Avoid high potassium foods; limit fruits and vegetables; select bread, rice, and pasta instead of potatoes.
 - Avoid chocolate, dried beans, and dried fruit.

- **Fluid**
 - Restrict fluid to approximately one-half current intake. If patients usually gain too much weight between dialysis treatments, they will need to cut back even more.
 - Avoid foods that are liquid at room temperature, such as: gelatin, ice cream, sherbet, and ices.

- **Salt**
 - Use salt-free or low sodium foods whenever possible. Do not use table salt or salt substitute (Salt substitute can be very dangerous; typically they are made from potassium chloride).

- **Protein**
 - Limit protein to one-half current intake. For example, if someone eats two eggs at breakfast, decrease intake to one. If four ounces of meat at each meal is typical, reduce intake to two ounces of meat per meal.

Tips for Working with Shelter Residents with ESRD

- Ask the resident what dialysis treatment they are on and how long since they last dialyzed.
- Ask if they have their emergency supply kit with them.
- Locate a facility that can serve the resident if their own facility is not able to dialyze them.



- Encourage the resident to report any sign or symptoms that may indicate they need to be transferred to a higher level of care.

Supporting Agencies and Available Resources

During emergencies, The Renal Network will assist in finding needed resources. Closed facilities are reported to the Center for Medicare and Medicaid Services (CMS).

- **The Renal Network**
www.therenalnetwork.org
(800) 456-6919
- **The Forum of End Stage Renal Disease Networks**
<http://esrdnetworks.org/>
(715) 354-3735
- **Nephron Information Center**
www.nephron.com or www.dialysisunits.com
- **Kidney Community Emergency Response**
www.kcercoalition.com
(800) 901-3773
- **Federal Emergency Management Agency (FEMA)**
www.fema.gov
(800) 621-3362 or 800-462-7585 (TTY)



INDEPENDENCE

INFANTS AND BREASTFEEDING

Overview

Disasters do not discriminate between children and adults. Children are among the most vulnerable victims and preparation is vital to adequately integrate the needs of all shelter occupants.

Children differ from adults in many ways that are important to consider before, during, and after a disaster or other crisis. There are anatomic, physiologic, immunologic, developmental and emotional differences between children and adults. Children are at increased risk of illness or injury during a disaster and may present to a shelter with a preexisting illness or develop an illness or injury during the disaster event or during the shelter stay.

Infants are very dependent on adults and are more likely to get sick or injured. They have thin skin and are unable to shiver so they can develop heat or cold stress easily. They can become dehydrated very quickly due to having a smaller fluid to body ratio. They explore their world by putting everything in their mouths so they are more at risk for choking or swallowing harmful substances. It is extremely important that the infant is never left alone so additional staff may be needed to help the parent or guardian monitor the infant at times.

Mothers with infants, who may choose to breastfeed, could be residents in established shelters. Breastfeeding is the cleanest safest form of infant nutrition during an emergency. Kentucky's breastfeeding law, KRS 211.755, states: "A mother may breastfeed her baby or express breast milk in any location public or private, where the mother is otherwise authorized to be."

Shelter-Specific Considerations for Infants

- Provide a crib, bassinet or play yard for babies to sleep in, if available.
- All medicines and cleaning products should be stored in a locked container or up high and out of reach. Keep children away from storage areas to avoid objects that might fall on them or contain dangerous materials.
- Do not leave plastic bags where infants or children can reach them.
- A diaper changing area, with hand washing and other sanitation facilities nearby should be established. No utensils or toys washed, rinsed or stored in diaper changing area.
- Diapering surface should be smooth, easily cleanable, nonabsorbent and in good repair
- Soiled diapers should be stored in a solid, nonabsorbent container with tight fitting lid. Soiled diaper container should be emptied, washed, rinsed and sanitized daily.

Shelter-Specific Considerations for Breastfeeding

- Encourage mothers to continue to breastfeed and establish a safe environment with protection from harassment.
- Mothers may prefer a private location, shielded from the view of others. If she is expressing milk, she will need access to an electrical outlet.



Tips for Working with an Infant

- An infant should never be left unattended.
- It is important to wash hands with water and soap (preferably antibacterial) before picking up or holding an infant. If soap/water is not readily available, then hand sanitizer should be utilized.
- Do NOT provide baby or talcum powders for infants. If inhaled, powders can cause breathing problems and lung damage in infants.
- NEVER SHAKE A BABY. This can be harmful to the infant's brain and even fatal. If it is suspected that an infant has been shaken, the infant should be taken to a pediatrician or emergency room immediately. Infant signs and symptoms may include irritability, extreme lethargy, generalized shakiness, vomiting, seizures and difficulty breathing.
- Infants need regular feedings to keep from getting dehydrated. Infants < 2 months old should have feedings every 2-4 hours. Older infants should have feedings every 3-6 hours.
- An infant should never be placed on a table, chair or other surface above floor level while in an infant seat/infant carrier.
- An infant's milk should never be heated in a microwave.
- Any formula prepared in advance should be labeled, dated and stored in a refrigerator until use.
- Formula should be ready to feed or mixed with bottled water. If the infant is on WIC, contact the local health department and they can arrange for formula to be supplied.
- To prevent choking, infants should have age appropriate food items available.¹
- Infants should always be placed to sleep on their back.
- Infants should be placed in a separate sleep area such as a crib, bassinet or play yard. The infant's sleep area should not be in the same cot/mattress/bed as a parent, adult or other children.
- The infant's sleep area, whether it is a crib, bassinet or play yard, should have NO soft bedding/objects, such as stuffed animals, toys, loose bedding, bumper pads and pillows.
- If a blanket must be used to keep a baby warm for sleeping, it should cover the infant's feet and lower body but not come higher than the baby's chest. It should be tucked in around the mattress at the sides and bottom of the crib so that it cannot slide up to cover the infant's face.

Tips for Working with Mothers who are Breastfeeding

- Shelter volunteers should provide support to the breastfeeding mother;
- Ensure the mother is receiving adequate food to ensure appropriate nutrition
- Ensure that the mother is receiving adequate access to water to prevent dehydration.
- Keep families together, if possible.
- Encourage mothers to continue to breastfeed.
- Provide a safe place for mothers to breastfeed or express milk.

Supporting Agencies and Available Resources

- Formula for Infants: The Women, Infant and Children (WIC) program can provide formula for infants who are normally on the program. The shelter manager can contact the nearest local health department for assistance or questions.



- **Breast Feeding:** The Kentucky Department for Public Health’s Nutrition Services Branch can provide consultative services to support women who are breastfeeding and assist shelter workers support breastfeeding mothers. Breastfeeding women or shelter workers may contact the Nutrition Services Branch at (502) 564-3827 Monday-Friday 8:00 A.M. - 4:30 P.M. Eastern Standard Time to receive consultation services or answers to questions.

Additional Information

- Shelov, S.P., & Hannemann, R.E. (1993). Caring for Your Baby and Young Child: Birth to Age 5. New York, New York: Bantam Books.
- Moon RY; Task Force on Sudden Infant. Death Syndrome. SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. *Pediatrics*. 2011; 128(5):1030–1039.
- Missouri Department of Health and Senior Services. (2008). A Public Health Guide for Emergency Shelters in Missouri. [Brochure]



INTELLECTUAL OR DEVELOPMENTAL DISABILITIES

Overview

A person having an intellectual or developmental disability, including autism, has some level of impairment in their general cognitive functioning and ability to perform activities of daily living. The degree of severity and impairment varies from person to person and it is important to take the time to understand at what level the individual is functioning. Some people have varying levels of physical disabilities along with their intellectual or developmental disability. People with cognitive/mental health issues may have sensitivities or varied abilities or inabilities to cope with common emergency scene conditions (sirens, flashing lights, lots of noise, confusion, numbers of people rushing around, etc.). People who have cognitive/mental health issues are not always easy to identify and in many cases do not identify themselves as such. You may not be able to tell if a person has cognitive/mental health issues until you are interacting and communicating with them.

Autism spectrum disorder (ASD) is a developmental disability that can cause significant social, communication and behavioral challenges. There is often nothing about how people with ASD look that sets them apart from other people. People with ASD may communicate, interact, behave, and learn in ways that are different from most other people. The learning, thinking, and problem-solving abilities of people with ASD can range from gifted to severely challenged. Some people with ASD need a lot of help in their daily lives; others need less.

Shelter-Specific Considerations

- People with disabilities often need more time than others to make necessary preparations or to transition in an emergency. Be patient and keep instructions simple.
- People with disabilities may be unable to understand the emergency and could become disoriented or confused about the proper way to react.
- People with a developmental or intellectual disability, epilepsy, Parkinson's disease, and other conditions often have very individualized medication regimes that cannot be interrupted without serious consequences. Ask the individual or companion about medication.
- Remove a person with cognitive/mental health conditions from confusion and reduce distractions, e.g., lower radio volume.
- People with impaired mobility are often concerned about being dropped when being lifted or carried. Find out the proper way to transfer or move someone in a wheelchair and what exit routes from buildings are best.
- Residents with ASD may not understand the law, know right from wrong or understand consequences of their actions so they may need to be redirected and monitored closely.

Tips for Working with Persons having Intellectual or Developmental Disabilities

- People with cognitive/mental health issues may show signs of stress and/or confusion in their non-verbal body language, e.g., anxiety, overly friendly, indifference, etc.
- Always ask the person how you can help before attempting any assistance. Every person and every disability is unique. Do not make assumptions about the person's abilities.
- Allow the person to complete his or her sentence or reply. Do NOT assume the person is not smart or intelligent.
- Be empathetic toward the person. Show that you have heard them and care about what they have told you.
- Provide redirection, when needed, if the resident become disruptive towards others or themselves.



Supporting Agencies and Available Resources

- **Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID):** BHDID provides leadership, in partnership with others, to prevent disability, build resilience in individuals and their communities and facilitate recovery for people whose lives have been affected by mental illness, substance abuse or intellectual disability or other developmental disability. BHDID can be contacted at: (502) 564-4456. More information is available at <http://chfs.ky.gov/dbhdid/>.
- **Kentucky Community Crisis Response Board (KCCRB):** (KCCRB), created under KRS Chapter 36, is the lead disaster behavioral health-coordinating agency and has the primary responsibility to assess and insure the provision of disaster behavioral health services for the Commonwealth. KCCRB can be contacted at telephone (502) 607-5781, email: KCCRB1@gmail.com or **24-Hour Response Request at (888) 522-7228**. More information is available at <http://kccrb.ky.gov>
- **Substance Abuse Mental Health Service Administration (SAMHSA):** SAMHSA's Disaster Distress Helpline provides crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters. This toll-free, multilingual and confidential crisis support service is available to all residents in the United States and its territories. Stress, anxiety and other depression-like symptoms are common reactions after a disaster. Call **1-800-985-5990** or text **TalkWithUs to 66746** to connect with a trained crisis counselor. More information can be found at <https://www.samhsa.gov/find-help/disaster-distress-helpline>
- **Office of Autism:** The Office of Autism is an administrative office and is not a direct service provider active in emergency response phases. The office can provide consultation services including training shelter staff on autism spectrum disorders and understanding the diverse needs of the ASD community, as well as provide resources such as those created by the Safe Sound Initiative. More information can be found at <http://www.autism-society.org>



DEMENTIA AND MEMORY LOSS

Overview

Dementia is a condition of declining mental ability, especially memory. The individual will often have problems finding the right words and may become more confused during stressful situations. Dementia may also cause change in personality, making one become aggressive, paranoid or depressed. Dementia causes mental changes that keep people from doing the things they used to do. Some common signs of dementia are listed below, but not everyone who has dementia will have all of these signs:

- Memory loss.
- Difficulty in performing familiar tasks.
- Problems communicating with others.
- Changes in mood and quick mood swings.
- Misplace items and cannot find them later.
- Become disoriented with regards to time and place.

Shelter-Specific Considerations

- Be alert to potential reactions that may result from changes in routine, traveling or new environments.
- When appropriate, families need to inform others (shelter staff, volunteers) that the person has dementia and may not understand what is happening.
- Ensure all shelter staff are aware of residents with dementia and to monitor these persons closely.
- Do not leave the person alone. It only takes a few minutes to wander away and get lost.

Tips for Working with Persons with Dementia

- Changes in routine and new environments can cause agitation, aggression, wandering and an increase in behavioral symptoms, e.g., hallucinations, delusions and sleep disturbances.
- A person with dementia will feed off of others behaviors and feelings so encourage the shelter staff to always remain calm.
- Try to spend extra time with the person to help them adjust to the new environment.
- Try to maintain daily routines as much as possible, e.g., schedule regular meals and maintain a regular sleep schedule.
- Reassure the person often. Hold hands or put your arm on his or her shoulder and assure them everything will be fine. Remind the person that he or she is in the right place.
- Make sure the person takes medications as scheduled.
- Provide comfort items such as a pillow or familiar stuffed animal, lotion or other items that can help soothe the individual.

Tips If a Person with Dementia Becomes Agitated

- Always approach the person from the front and use his or her name.
- Use calm, positive statements and maintain a gentle, low-pitched reassuring voice.
- Respond to the emotions being expressed rather than the content of the words.
- Don't argue with the person or try to correct them. Instead, affirm their experience, reassure and try to divert their attention.



Supporting Agencies and Available Resources

- **Alzheimer’s Association:** The Alzheimer’s Association maintains the Safe Return® program to assist in the safe return of individuals with Alzheimer’s disease or a related dementia that wander and become lost. Safe Return® is a nationwide identification and support program working at the community level. Assistance is available 24 hours a day whenever a person is lost or found. More information can be found at www.alz.org
 - 24/7 Helpline: (800) 272-3900
[http://www.alz.org/we can help 24/7 helpline.asp](http://www.alz.org/we_can_help_24/7_helpline.asp)
TDD Access: (312) 335-8882
 - Alzheimer’s Association Safe Return
www.alz.org/safereturn
Tel: (888) 572-8566

Reporting Missing Older Persons (Golden Alerts)

Contact local law enforcement to activate Kentucky’s Golden Alert system as defined by KRS 39F.180. The Golden Alert system targets missing “impaired adults” who are persons age 18 years or older that have a verified mental or cognitive impairment. Local law enforcement agencies determine if a missing person qualifies for an alert and are responsible for activating the alerts and contacting the media.



SERVICES AND SUPPORT

FUNCTIONAL ASSESSMENT SERVICE TEAM (FAST)

Overview

FAST is a resource available for general population shelters during emergencies and disasters. It provides trained personnel that will assess and identify residents in disaster area shelters who may have functional and access needs. After conducting the assessment, the FAST member evaluates the needs and determines whether or not the resident(s) can be supported within the shelter. If they can be supported, the FAST member will facilitate the process of obtaining the essential resources. FAST members have experience and knowledge in the following areas:

- Hearing/Vision Loss
- Chronic Health Conditions
- Physical Disabilities
- Cognitive and developmental disabilities
- Mental Disabilities
- Aging
- Prescreen for substance abuse

Key Concept of FAST

People with functional and access needs can be accommodated in general population shelters if given the proper support!

Process for Requesting FAST

During a Public Health Emergency when the need for FAST assistance has been identified, designated shelter personnel will contact incident management personnel from the local health department (LHD). The LHD Director request for the FAST by calling the Kentucky Department for Public Health's Preparedness Branch, who will then notify a representative from the Department of Aging and Independent Living (DAIL). DAIL will then notify team members and arrange for deployment to the requested shelter.

For additional FAST information contact

Functional & Access Needs (FAN) Coordinator
Public Health Preparedness Branch
Kentucky Department for Public Health
275 E. Main Street, Mailstop HS1EJ
Frankfort, KY 40621
Phone: (502) 564-7243



MEDICAL RESERVE CORPS (MRC)

Overview

Medical Reserve Corps is part of a nationwide initiative to pre-register, manage, and mobilize volunteers to help their communities respond to all types of disasters. MRC volunteers also help to foster disaster preparedness on a local level and serve as Ambassadors to the Office of the United States Surgeon General in the implementation of the Surgeon General's Health Initiatives. MRC units serve to unite local health professionals and other individuals with relevant health-related skills in their community. The structure of each MRC unit varies, depending on its own unique requirements and on the needs of the people and community that it serves. It will aid the local existing community emergency medical response systems. For more information regarding a MRC program, or to locate a MRC unit in your area, go to <https://mrc.hhs.gov/>

Benefits of MRC

Public health emergencies and natural disasters are unpredictable and can strike at any time. In the event of a large-scale public health emergency, health and medical systems may be overwhelmed with people needing help. The need to meet this demand would be crucial, which is why it is important to be prepared to deal with events like these by having medical and non-medical volunteers to provide an important surge capacity.

For More Information and to Request MRC Volunteers

Contact the Medical Reserve Corps Coordinator in the Kentucky Department for Public Health at (502) 546-7243.



KENTUCKY COMMUNITY CRISIS RESPONSE BOARD (KCCRB)

Overview

The Kentucky Community Crisis Response Board (KCCRB) is a statewide program with twofold services and responses.

- KCCRB provides Rapid Assessment & Response Teams, deployed on request, to mitigate stress reactions to critical incidents and traumatic events. Teams are activated following disasters to provide psychological first aid.
- KCCRB's Crisis Response Team (KCCRT) is activated by a Governor's Disaster Declaration in the case of natural or manmade disasters.

KCCRT Members are from a variety of disciplines; volunteer their time to provide these services. These include: Behavioral Health, Coroners, Education, Emergency Management, Faith-Based, 911 Dispatchers, Fire & EMS Service, Hospice, Law Enforcement, Massage Therapists, Medical, Military, Public Health and Search & Rescue. The KCCRT Team currently has specialized strike teams as well which include a K9 Compassion Dog strike team and a Coroners Strike Team to work with families who must provide information to identify their loved one.

Benefits of KCCRB/KCCRT

KCCRB/KCCRT provides consultation, assessment, psychological first aid, multi-component crisis intervention, education and training to the following:

- Emergency Services Personnel: Line-of-Duty Deaths, Line-of-Duty Injuries, Multi-Casualty Incident Deaths, suicide of co-worker, terrorism, events involving children, prolonged incidents, use of deadly force, knowing the victim and natural disasters.
- Schools: Death or serious injury to students and staff, school bus accidents, fires, explosions, natural disasters, suicides, active shooter and violence;
- Business/Industry: Sudden death of co-worker, suicide or homicide, serious injury to self or staff, violent or hostage situations.
- Shelters: KCCRT only responds to shelters when invited and/or requested by either the American Red Cross or some other requesting agency and will provide psychological first aid.

Process for Requesting KCCRB

To request KCCRB services, a person who is authorized to make that request may call the office number at (502) 607-5781 or KCCRB's 24-hour Response line at (888) 522-7228.

- Normal Working Hours: If the request call is made during normal working hours, one of KCCRB's staff will obtain the needed information from the caller to provide services.
- After Normal Working Hours: If the request call is made after hours or on weekends, the Duty Officer at the State EOC will answer the call. It is important for the caller to state to the Duty Officer that they are calling to request a KCCRB Response. The caller may request to be connected to the KCCRB staff member on-call or may leave their name and a call back number. The on-call KCCRB Staff will then return the call once notified by the Duty Officer.



PUBLIC HEALTH SERVICES

Environmental Overview

Environmental health is one of the most important issues in a shelter situation. Shelter managers should be aware of the health impacts that may occur during a situation that would cause shelters to open. Shelter managers should understand all appropriate environmental health plans and actions, which will clearly articulate the objectives, policies and procedures to deal with shelter residents. There are several minimum requirements or standards for shelter operations. Having an effective surveillance and monitoring system for shelter operations is essential.

Shelter-Specific Considerations

- The shelter should be kept clean, free of rodents and insects, and be in good repair to ensure a safe and healthy environment.
- All systems and utilities should be functional and operating properly, e.g., HVAC system, plumbing systems, and electrical systems.
- Maintain 40 square feet for each person in sleeping areas and adequate cots/beds/mats for each resident (2' bed to bed and 6' head to head).
- If space allows, maintain a separate area for families.

Tips for Maintaining Health and Sanitation in a Shelter

- Provide at least one hand washing station with soap and paper towels for every 20 persons.
- Provide at least one operational toilet for every 20 persons ensuring adequate supply of toilet paper.
- Provide covered waste containers for each bathroom and diapering station.
- Provide one operational shower/bathing facility for every 20 persons, if possible.
- Do not accept food or water from unapproved or unknown sources. Verify that water is potable. Use bottled water as a backup.
- Wash hands with soap and water for at least 20 seconds before handling/serving food and any time your hands become contaminated.
- When refrigeration is not available, have perishable foods delivered daily and use as quickly as possible. Use coolers and ice to keep foods cold.
- Keep hot foods hot and cold foods cold. Maintain perishable food at safe temperatures (below 41°F and above 135°F).
- Use single-use (paper or plastic) drinking and eating utensils.
- Ensure food preparation areas are kept clean and sanitized prior to use.
- Store all foods off the ground in rodent and insect-proof containers.
- Obtain potable water from a safe and approved source maintaining an adequate supply of at least 1-2 gallons of drinking water/per person/per day and 3-5 gallons of general use water/per person/day. Distilled water is needed for preparing baby formula.
- Obtain ice from an approved source.
- Ensure solid waste is disposed of in approved containers and disposed of in a timely manner. There should be one (30-gallon) container/10 persons.
- Maintain an adequate clean and secure play area for children
 - Hand washing stations provided for adults and children.
 - Toys should be cleaned three times per day (3x/day) with an approved nontoxic disinfectant.



Supporting Agencies and Available Resources

The local health department and state environmental health specialists are tasked with the inspection of shelters for general sanitation and health and safety concerns. These inspections are to ensure the health and safety of displaced persons during a natural or manmade emergency. **The contact information for Kentucky local health departments can be found at <http://chfs.ky.gov/dph/Local+Health+Department.htm>**



COORDINATING & ASSISTING WITH THE RE-USE OF ASSISTIVE TECHNOLOGY (CARAT)

Overview

Coordinating & Assisting with the Re-use of Assistive Technology (CARAT) provides services to Kentucky residents who have a disability that affects a major life activity and caregivers of individuals with disabilities.

Benefits of KCCRB/KCCRT

This is a statewide program whose services and responses are twofold:

- Assistive technology (AT) and durable medical equipment (DME) refurbishment and redistribution. CARAT also offers cleaning of AT/DME damaged as a result of conditions during a disaster.
- CARAT is available at all times, not only in response to disasters.

CARAT sites are located the following geographic areas and locations:

- Eastern Kentucky: Carl D. Perkins Training Center, Thelma KY
- Southeastern Kentucky: Center for Excellence in Rural Health, Hazard, KY
- Central Kentucky: Spalding University/Entech, Louisville, KY
- Western Kentucky, Lourdes Hospital, Paducah, KY

The statewide coordinating center is located in Louisville at 8412 Westport Road in the Charles McDowell A current inventory of available AT/DME can be located at www.katsnet.at4all.com

Process of Requesting CARAT

To request items from CARAT, call (800) 327-5287. This number is answered Monday through Friday from 8:00 a.m. to 4:30 p.m. Eastern Standard Time.



TRANSPORTATION

Overview

During the period in which the shelter is in operation, some persons will require transportation to and from the shelter, as well as door-to-door transportation from the shelter to medical and other appointments. In addition, people with mobility disabilities will need paratransit assistance. There are many considerations when arranging transportation such as weather conditions, entrance and egress routes to the shelter location, availability of appropriate transportation and the timing of the transportation needed such as emergency versus non-emergency. There must be coordination at both the state and local Emergency Operations Centers (EOC) among Emergency Support Function (ESF) #1 – transportation, ESF #6 – mass care, ESF #7 – logistics management and resource support and ESF #8 – health and medical services to ensure adequate, timely and efficient transportation to and from the shelter. To ensure appropriate and efficient transport the following need to be considered:

- Need to coordinate the identification of individuals with medical needs prior to the transport event to ensure the type of transportation required to meet their needs.
- Need to coordinate the roles, responsibilities and dispatching functions for paratransit services according to what durable medical equipment may be required.
- Need to coordinate resumption of critical health care functions between the shelter resident and the facility providing the services and then coordinate transport prior to the appointments.

Shelter-Specific Considerations

- Coordination with Logistics Section Chief
 - Shelter personnel must plan to work closely with the Logistics Section of the EOC to provide transportation resources for shelter residents.
 - Transportation Resources -- Aside from local government and county resources such as emergency medical vehicles, other transportation resources for moving people may include school buses, commercial shuttle vans, and local medical facility transport vans.
 - Paratransit Resources -- Local paratransit resources for the transport of persons using wheelchairs and other durable medical equipment. These vehicles are staffed by non-medically trained drivers and do not provide medical personnel, therefore personal caregivers or medical staff from the shelter must accompany the resident during the transport. In addition, identify local taxi service to support the transportation needs of frail elderly persons.
 - Local Public transportation -- Local public transportation may include taxi services, Uber and Lift. This type of transportation would be appropriate for residents who are independent prior to the disaster with limited if any impairment in mobility. Some of these residents may have pre-existing health problems that do not impede activities of daily living and do not require the constant attendance of a caregiver.
- Transporting Supplies & Resources -- The movement of shelter supplies and resources will also require transportation resources.
- Examples of residents who will require an ambulance for transport:
 - Ventilator dependent residents
 - Residents requiring continuous IV therapy
 - Oxygen dependent residents who are requiring more oxygen than their tank can provide.
 - Residents who must have access to a constant power supply for their durable medical equipment.



- Pregnant women who are experiencing contractions or women who are in the eighth month of gestation or beyond.
- Residents who report chest pain or have experienced chest pain in the last 24 hours.
- Residents with shortness of air
- Residents with signs/symptoms of a highly infectious pathogen
- Resident with uncontrollable or violent behavior
- Comatose resident
- Residents who may fall out of a seat due to the lack of trunk control
- Residents who do not have the ability to sit for long periods of time
- Residents requiring a higher level of care than normal care
- Examples of residents who may require paratransit vehicles:
 - Residents with severely reduces mobility requiring a wheelchair, cane, crutches or walker.
 - Medically impaired residents who are able to maintain activities of daily living with special assistance from their caregiver.
 - Residents who are unable to perform one or more of these functional activities: lifting/carrying, using stairs, walking or grasping small objects.
 - Residents with one or more specified conditions: mental retardation, Alzheimer's, some levels of autism, cerebral palsy, severe dementia or another developmental disability.
 - Residents with another mental condition that seriously interferes with everyday activities who are non-violent.
 - Residents with chronic respiratory conditions that may require low-flow supplemental oxygen that is self-administered.
- Examples of residents who can be transported by public transportation:
 - Residents with controlled epilepsy
 - Mild muscular dystrophy
 - Diabetics who are stable and do not require insulin injections
 - Residents with hemophilia
 - Residents with a prosthesis
 - Vision or hearing impaired resident
 - Residents with asthma who have their own medication and can administer it independently
 - Residents with language and/or cultural barriers

Supporting Agencies and Available Resources

Human Service Transportation Delivery Program (HSTD): The Human Service Transportation Delivery (HSTD) Program provides non-emergency, non-ambulance medical transportation services to eligible Medicaid, Vocational Rehabilitation, and Department of the Blind recipients. It also combines the resources of public and private transportation providers in an efficient, cost effective and easily accessible transportation program throughout the Commonwealth of Kentucky. Recipients needing transportation services can contact their regional broker to inquire about their hours of operation and policies for scheduling transportation services. Normal transportation services must be scheduled with the regional broker 72 hours in advance.

Contact the following for assistance: **Office of Transportation Delivery:** 200 Mero Street Frankfort, KY 40622
Phone: 888-941-7433 Fax: 502-564-2058 Website: <http://chfs.ky.gov/dms/trans.htm>



APPENDIX 1 – ACRONYMS

Acronym	Title
ADA	Americans with Disabilities Act
ADAAA	ADA Amendments Act of 2008
ASD	Autism Spectrum Disorder
ASL	American Sign Language
AT	Assistive Technology
CARAT	Coordinating and Assisting with the Re-Use of Assistive Technology
CART	Communication Access Real-Time Translation
CDC	Center for Disease Control and Prevention
CHFS	Cabinet for Health and Family Services
CKD	Chronic Kidney Disease
CMIST	Communication, Maintaining Health, Independence, service and support and Transportation
COPD	Chronic Obstructive Pulmonary Disease
DAIL	Department of Aging and Independent Living
DBHDID	Department for Behavioral Health, Developmental & Intellectual Disabilities
DME	Durable Medical Equipment
EOC	Emergency Operations Center
ESF	Emergency Support Function
ESRD	End Stage Renal Disease
FAN	Functional and Access Needs
FAST	Functional Access Service Teams
FEMA	Federal Emergency Management Agency
HSTD	Human Service Transportation Delivery Program
KCCRB	Kentucky Community Crisis Response Board
KCCRT	KCCRB Crisis Response Team
KCDHH	Kentucky Commission on the Deaf and Hard of Hearing
KCER	Kidney Community Emergency Response



Acronym	Title
KDPH	Kentucky Department for Public Health
KFNC	Kentucky Functional Needs Collaborative
KHELPS	Kentucky Health Emergency Listing of Professionals for Surge
KOR	Kentucky Office for Refugees
LEP	Limited English Proficiency
LHD	Local Health Department
MRC	Medical Reserve Corps
NCEH	National Center for Environmental Health
OFB	Office for the Blind
SAMHSA	Substance Abuse mental Health Service Administration
SIDS	Sudden Infant Death Syndrome
WIC	Women, Infants and Children



APPENDIX 2 – IMPORTANT PHONE NUMBERS

The following table should be completed and updated to ensure contact numbers are correct and available. Additional rows and numbers may be added.

Local Agencies/Organizations	Point of Contact	Office #	Cell #
County Emergency Manager			
Local Health Department			
Regional Emergency Manager			
American Red Cross			
Emergency Medical Services			
Hospital/Emergency Room			
State Agencies/Organizations	Hours of Operations	Office #	Cell #
KY Division of Emergency Management	24 Hour Warning Point	(502) 607-1638 (800) 255-2587	N/A
KY Community Crisis Response Board	24-hour Response Line	(888) 522-7228	N/A
KY Department for Public Health	On-Call Epidemiologist 24/7	(888) 973-7678	N/A
KY Commission on the Deaf and Hard of Hearing (KCDHH)	Monday thru Friday 8:00 A.M. – 4:30 P.M.	(502) 573-2604	N/A
Office for the Blind (OFB)	Monday thru Friday 8:00 A.M. – 4:30 P.M.	(502) 564-4754 (800) 321-6668	N/A
Coordinating & Assisting with the Re-use of Assistive Technology (CARAT)	Monday thru Friday 8:00 A.M. – 4:30 P.M.	(800) 327-5287	N/A
Office of Transportation Delivery	Monday thru Friday 8:00 A.M. – 4:30 P.M.	(888) 941-7433	N/A



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APPENDIX 3 - FOODS TO AVOID FOR FOOD ALLERGIES

Table 1- Foods to Avoid for a Peanut-Free Diet

Avoid foods that contain peanuts or any of these ingredients:

- Almonds
- Artificial Nuts
- Beer Nuts
- Brazil Nuts
- Beechnut
- Cold Pressed, Expeller
- Pressed, or Extruded
- Peanut Oil
- Ginkgo Nuts
- Goobers
- Ground Nuts
- Mixed Nuts
- Monkey Nuts
- Nougat
- Nut Pieces
- Nut Meat

Peanuts are sometimes found in the following:

- Peanut Butter
- Peanut Flour
- Peanut Protein
- Pecan
- Pesto
- Pine Nuts (*also referred to as Indian, pignoli, pigñolia, pignon, piñon, and pinyon nut*)
- Pistachio
- Praline
- Shea Nuts
- Walnuts

Table 2- Foods to Avoid for a Soy-Free Diet

Avoid foods that contain soy or any of these ingredients:

- Edamame
- Miso
- Natto
- Soy (*soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt*)
- Soya
- Soybean (*curd, granules*)
- Soy Protein (*concentrate, hydrolyzed, isolate*)
- Shoyu
- Soy Sauce
- Tamari
- Tempeh
- Textured Vegetable Protein (*TVP*)
- Tofu

Soy is sometimes found in the following:

- Asian Cuisine
- Vegetable Broth
- Vegetable Gum
- Vegetable Starch



Table 3- Food to Avoid for a Milk-Free Diet

Avoid foods that contain milk or any of these ingredients:

- Butter, Butter Fat, Butter Oil, Butter Acid
- Butter Ester(s)
- Buttermilk
- Casein
- Casein Hydrolysate
- Caseinates (*in all forms*)
- Cheese
- Cottage Cheese
- Cream
- Curds
- Custard
- Diacetyl
- Ghee
- Half-and-half
- Lactalbumin, Lactalbumin Phosphate
- Lactoferrin
- Lactose
- Lactulose
- Milk (*in all forms, including condensed, derivative, dry, evaporated, goat's milk and milk from other animals, low-fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole*)
- Milk Protein Hydrolysate
- Pudding
- Recaldent(R)
- Rennet Casein
- Sour Cream, Sour Cream Solids
- Sour Milk Solids
- Tagatose
- Whey (*in all forms*)
- Whey Protein Hydrolysate
- Yogurt

Milk is sometimes found in the following:

- Artificial Butter Flavor
- Baked Goods
- Caramel Candies
- Chocolate
- Lactic Acid Starter Culture and Other Bacterial Cultures
- Luncheon Meat, Hot Dogs, Sausages
- Margarine
- Nisin
- Nondairy Products
- Nougat



Table 4- Food to Avoid for an Egg-Free Diet

Avoid foods that contain eggs or any of these ingredients:

- Albumin (*also spelled albumen*)
- Egg (*dried, powdered, solids, white, yolk*)
- Eggnog
- Globulin
- Lysozyme
- Mayonnaise
- Meringue (*meringue powder*)
- Surimi
- Vitellin
- Words starting with “ovo” or “ova” (*such as ovalbumin*)

Egg is sometimes found in the following:

- Baked Goods
- Breaded Items
- Drink Foam (*alcoholic, specialty coffee*)
- Egg Substitutes
- Ice Cream
- Lecithin
- Macaroni
- Marzipan
- Marshmallows
- Meatloaf or Meatballs
- Nougat
- Pasta

Keep the following in mind: Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg. While the whites of an egg contain the allergenic proteins, patients with an egg allergy must avoid all eggs completely.

Individuals with fish allergies are not as common; however, there may be several seasonings that are made from a fish derivative. Wheat or Gluten Free Diets are typically used for individuals that are Gluten Sensitive or have Celiac’s Disease can have an exhaustive list of foods to avoid.

Available Resources

For lists of foods to avoid and additional information go to www.foodallergy.org



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