



Shelter Information

**For Shelter Openings watch
St. Tammany Parish
Cable Television Emergency Information
Channel 10- Access St. Tammany**

General Information

1. Shelters are opened on an as needed basis.
2. Additional shelters are opened only when a primary shelter has reached its full capacity.
3. General Shelters have limited supplies; occupant has the responsibility of supplying their necessities for basic survivability.
4. General Shelters may not have electricity.
5. Special Needs Shelters are for special needs patients who have met the special needs criteria and registered with the parish prior to the activation of the shelter.

To register for Special Needs assistance please fill out a Special Needs Survey Form and mail to: 510 East Boston Street, Covington, LA 70433. Forms may be emailed to socialservices@stpgov.org.

ST. TAMMANY PARISH SPECIAL NEEDS SHELTER 2010 ADMITTANCE CRITERIA

Revised May 2009

On an ongoing basis, every person with a chronic medical problem shall have a viable plan to evacuate the region. This plan shall be discussed with their primary care physician so that when a disaster occurs, the person will have an evacuation plan established that they can put into effect and evacuate to a place outside of the area at risk.

For those who are unable to evacuate due to a health condition, the following mandatory criteria have been developed by the Local Emergency Preparedness Committee (LEPC) to ensure that special needs individuals are identified and timely admitted into the St. Tammany Special Needs Shelter (SNS). These criteria shall also be used to evaluate those individuals who do not meet criteria and who may be referred to the appropriate shelter.

The determination of appropriateness of such persons seeking admittance to the SNS shall be at the unilateral and exclusive opinion and option of the Special Needs Shelter Management.

- (1) No medical doctor will be provided or be at the SNS,
- (2) No medical advice/services will be given in any way whatsoever.
- (3) There exists no duty to provide medical advice/services by the SNS or its staff.
- (4) Any patients of a social service agency must have an employee of that agency at the shelter.

Each person who meets the following criteria shall provide their own caregiver. Persons arriving **without** a caregiver but who otherwise meet criteria **shall be deemed as inappropriate for the SNS**. Each person is allowed only one caregiver. Persons who meet the criteria may bring their house pets so long as the pets are brought kenneled. No veterinary or pet maintained services will be provided by the SNS. The caregiver will assume care and maintenance of the pet while in the shelter. SNS will not supply food or water for any pet. The patient is responsible for bringing all animal medications as may be required adequate for such animal to stay seven days in the shelter.

Persons admitted shall be responsible for bringing all personal medications and medical equipment they require that is adequate to stay seven days in the shelter. Such persons are also required to bring food, water, clothing, and other personal supplies adequate for five days in the shelter. The special-needs individuals shall have one or more of the following needs, however all individuals will be triaged by SNS medical staff to assess their needs and a decision will be made as to accept each person into the shelter upon their arrival:

- 1) Such persons who are home ventilator dependent and have been approved by their personal treating physician to be sheltered at a Special-Needs Shelter on a flat Red Cross cot and who cannot evacuate. They shall be required to have with them a written note on a prescription pad from their treating physician requesting admittance to the SNS specifically stating that it is safe for the patient to be sheltered on a flat cot. A copy of this note should be sent to EOC with the shelter survey in advance. In lieu of this, the patient may bring their own hospital bed.
- 2) Persons having need of complex daily wound-care requiring assistance that the individual and/or caregiver are unable to perform alone, and cannot evacuate.
- 3) Persons who are daily insulin-dependent diabetic and are unable to self inject, and has a caregiver who is unable to inject, and cannot evacuate.
- 4) Persons who are immobile and require constant oxygen therapy or in the end-stage disease process and cannot survive without oxygen therapy, and cannot evacuate.
- 5) Persons who are identified as a hospice patient, brought in and cared for by their hospice provider, and cannot evacuate.
- 6) Persons who are in need of IV therapy, has no caregiver who can administer the IV therapy, and cannot evacuate.
- 7) Persons requiring daily urinary catheterization that cannot be done by the patient or their caregiver and who cannot evacuate to a place where assistance is available.
- 8) Persons who are a bed bound patient, patient with artificial airway or airway compromise, patient that shall require intermittent suction to maintain airway clearance, and cannot evacuate.
- 9) Persons who are an elderly resident of an assisted/independent living center who cannot evacuate. The Center **MUST** have attempted to have the person evacuated by family, friends, and any other means at their disposal.
- 10) Persons who are electrically dependent for medical equipment that must be used daily and cannot evacuate.
- 11) Persons who are able to provide basic care but have a chronic, debilitating medical condition requiring intermittent or occasional assistance and cannot evacuate.
- 12) **NO DIALYSIS** is available at the shelter; however, dialysis patients who cannot evacuate and their dialysis nurses / technicians and families may evacuate to the SNS.

SPECIAL NOTE:

Persons who are acutely ill or persons who will likely require the care of a medical doctor during the event at hand (all as determined at the unilateral and exclusive opinion of the Special Needs Shelter Medical Manager) are **NOT APPROPRIATE**. All requests from hospitals to accept their patients being discharged will be left to the discretion of the medical staff present. The participating medical staff will determine if they are adequately staffed to care for the patient and that the discharge is appropriate. Persons who require constant care are not appropriate to be admitted to the SNS. Persons who become acutely ill while in the SNS shall be evaluated and referred to local hospitals for definitive care.

PERSONAL RESPONSIBILITIES

Each person admitted into the SNS and their caregivers will be responsible for supplying:

- 1) All of their medications and the equipment necessary to care for themselves, such as inhalation machines, oxygen, syringes, hospital beds, etc.
- 2) All personal care materials (toothbrush, soap, towels, drinking water, blankets, pillows, air mattress, folding chair, diapers, etc.) and pet kennels and pet food/water/supplies.
- 3) Personal belongings - each person should have at least five changes of dress.
- 4) Non-perishable foodstuffs and specific diet requirements should have a minimum of five days worth of meals. The American Red Cross will attempt to supply two meals per day. However, these meals cannot be catered to special diet requirements (such as low sodium, diabetic diet, etc). **Each person is responsible for providing their own food and drink that meets their specific diet requirements.** No refrigeration will be provided. Alcohol and illegal drugs are strictly prohibited.

5) One caregiver will be allowed and required to accompany an individual admitted into the SNS. **Entire families will not be allowed.** It is acceptable for the caregiver to be replaced by another individual.

6) Everyone entering and leaving the Special Needs Shelter will be require to check in/out and wear a shelter armband at all times. This includes patients, caregivers, family members, staff, and anyone else entering the shelter at any time.

SPECIAL NEEDS SURVEY

DATE: _____

LAST NAME: _____ **FIRST NAME:** _____

SSN: _____ **DOB:** _____ **SEX:** Male [] Female []

Address: _____

Apt./ Lot No.: _____ **City:** _____ **State:** _____ **Zip:** _____

Cross Street(s): _____

Apartment or Complex Name: _____

CHECK ONE: Home: [] Apartment: [] Mobile Home: [] Other: []

TELEPHONE NO.: Home: _____ Other: _____

LANGUAGE: English: _____ Spanish: _____ Other: _____

NEXT OF KIN: _____	CAN YOU CARE FOR YOURSELF? Yes/No []
Relationship: _____	If not who does? _____
Address: _____	Relationship: _____
Home Phone: _____	Address: _____
Work Phone: _____	Home Phone: _____
Other: _____	Work Phone: _____

Physician: _____

Phone: _____

Hospital: _____

HOME HEALTH: Yes/No []	HOME HEALTH CENTER NAME: _____			
DAILY CARE REQUIREMENTS: (Check requirements that apply)				
Oxygen []	Dialysis []	Dressings []	Airway Suction []	Catheters []
Special Feeding Equipment []	Electrical Support Equipment []	IV []		
Other: _____				
MOBILITY: Walks []		Walks with Assistance []		Wheelchair []
If bedridden, can be moved in wheelchair: Yes /No []		Own Wheelchair Yes /No []		Bedridden []
OTHER DISABILITIES: Deep Wounds []		Contagious Disease []		Chronic Infections []
Other: _____				
SPECIAL REQUIREMENTS NOT LISTED ABOVE: _____				

*Please note that submission of this form DOES NOT guarantee Special Needs Shelter admission or transportation.				
This form is for planning purposes only.				

Transportation needed to evacuate: Ambulance [] Medical Van [] Car []

Patient will need electrical power assistance for medical equipment: Yes /No []

How many persons will need evacuation with patient: _____

Evacuation Destination: _____

Alternate Evacuation Destination: _____