

# Medical Sheltering



**Best Practices, Leveraging Resources and  
Effective Utilization of Partnerships**

# Agenda

- **About BCFS**
- **BCFS Emergency Services Division: Background & Experience**
- **Medical Sheltering, Defined**
- **Medical Sheltering: Guest Types**
- **Medical Sheltering Operations: Best Practices**
- **Case Study**
- **Q&A**

# About BCFS

- **BCFS is a non-profit health & human services agency founded in San Antonio in 1944**
- **BCFS has a domestic and international footprint with offices and programs in the US as well as Eastern Europe, Africa and Asia**
- **BCFS offers Health & Human services to families, children, youth-at-risk, developmentally challenged adults and the medically fragile during disasters or displacements (Emergency Services Division)**

# Key BCFS Programs

- **K.A.P.S. Kids Averted From Placement Services**
- **S.T.A.R. Services to At Risk Youth**
- **C.A.R.E. Children's Aftercare Reentry Experience**  
**Mentoring, Restorative Justice and**  
**Employment Education**
- **P.A.L. Preparation for Adult Living**
- **C.E.R.I. Children's Emergency Relief International**
- **D.U.C.S. Division of Unaccompanied Children**  
**Services (O.R.R.)**

# BCFS Emergency Services Division

- The BCFS Emergency Services Division is the primary medical sheltering and consulting contractor organization for:
- State of Texas Division of Emergency Management (TDEM)
- State of Texas Department of State Health Services (DSHS)
- Federal Emergency Management Agency (FEMA)

# BCFS ESD Experience

- Branch Davidian incident
- Tsunami in Sri Lanka
- Hurricanes Katrina/Rita/Dean
- FLDS incident, El Dorado Texas
- Hurricanes Dolly, Gustav, Ike
- Texas Rapid Response Task Forces (1 + 3)
- H1N1 Incident Management (ACF)
- Haiti medical strike teams, IMT oversight
- Hurricane Alex: Lower Rio Grande Valley response

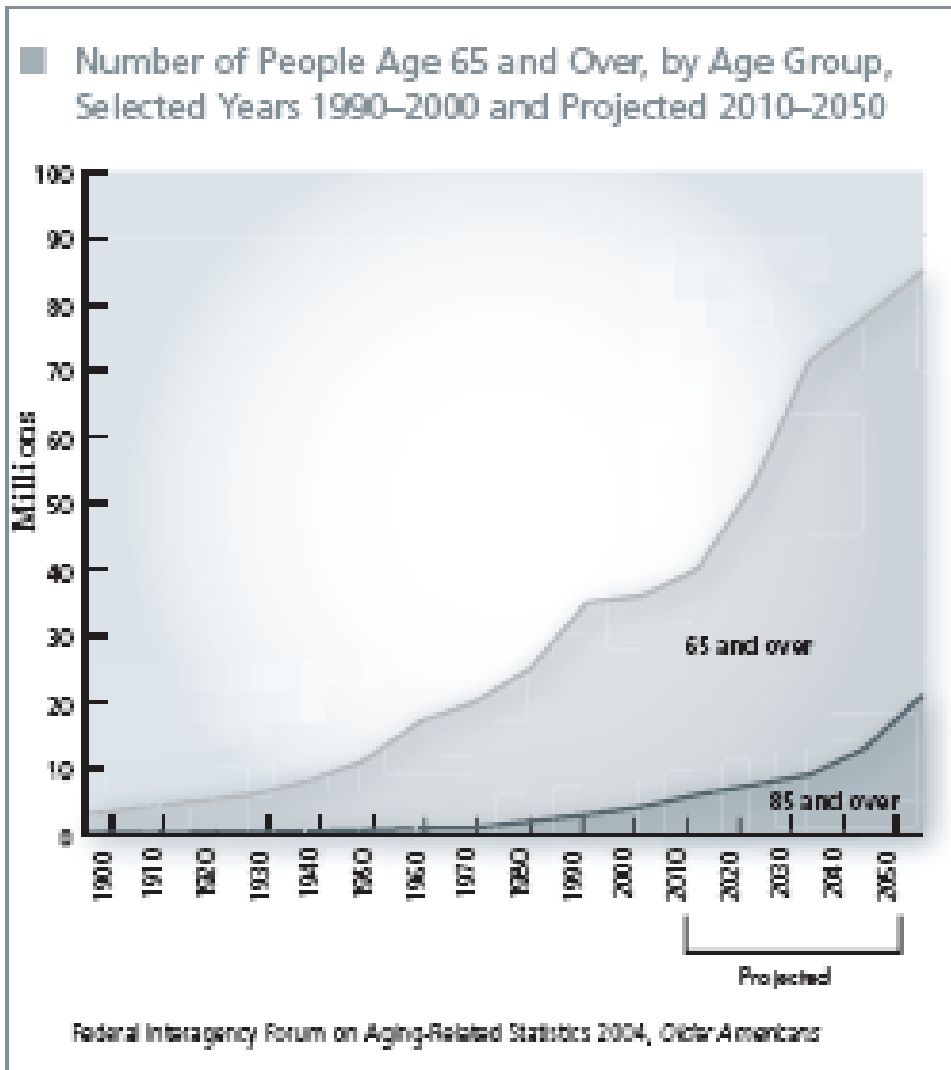
# What are Medical shelters?

Medical shelters are low-capacity, short term facilities designed to provide temporary housing and sufficiency-of-care services to the medically fragile during disasters or other catastrophic events

Medical shelters are not General Population shelters. Individuals characterized as those with Functional Needs will be cared for in General Population shelter settings

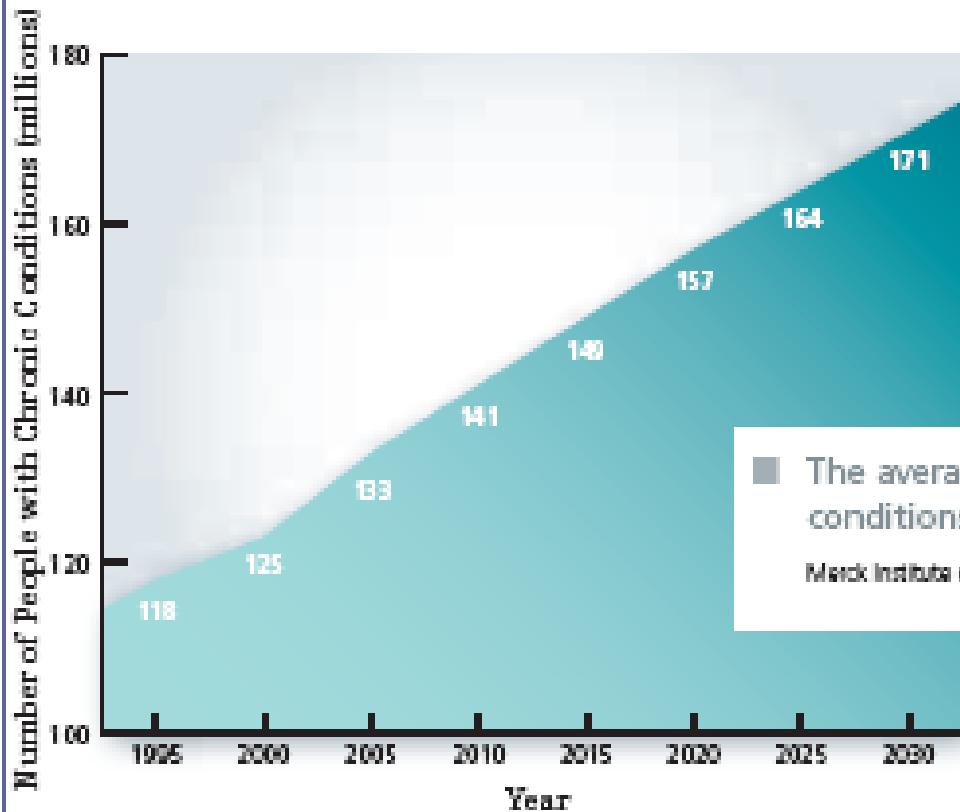
# Why is Medical Sheltering important?

“Beginning January 2011, each day 10,000+ Americans will celebrate their 65<sup>th</sup> birthday...”



# Aging Population – Chronic Conditions

■ The Number of People with Chronic Conditions Is Rapidly Increasing

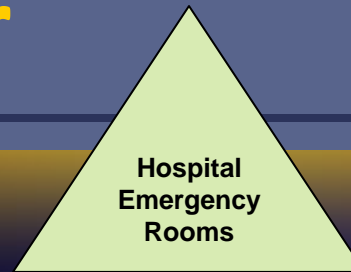


■ The average 75-year-old suffers from three chronic conditions and takes five prescription medications.

*MetLife Institute of Aging and Health 2004, The State of Aging and Health in America*

*Partnership for Solutions 2004, Chronic Conditions: Making the case for ongoing care*

# Levels of Shelter

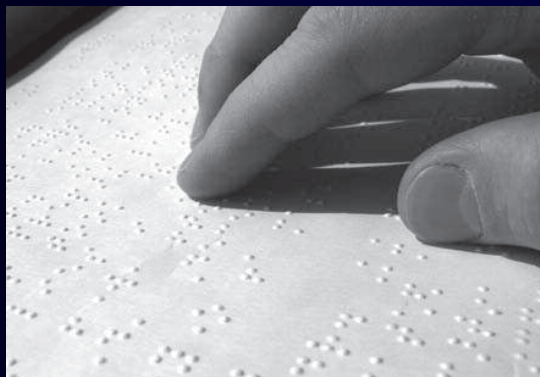


**Medical  
Shelters**

**General  
Population/Functional  
Needs Shelters**

# Functional Needs Support Services

**Children and adults requiring functional support may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function independently and without assistance at home or in disaster sheltering environments**



# Functional Needs Support Services

Assistance with activities of daily living that should be provided to persons with disabilities in general population mass care shelters include but are not limited to:

- Eating, taking medication
- Dressing/undressing
- Transferring to/from mobility aid
- Walking
- Stabilization
- Bathing, toileting
- Communicating



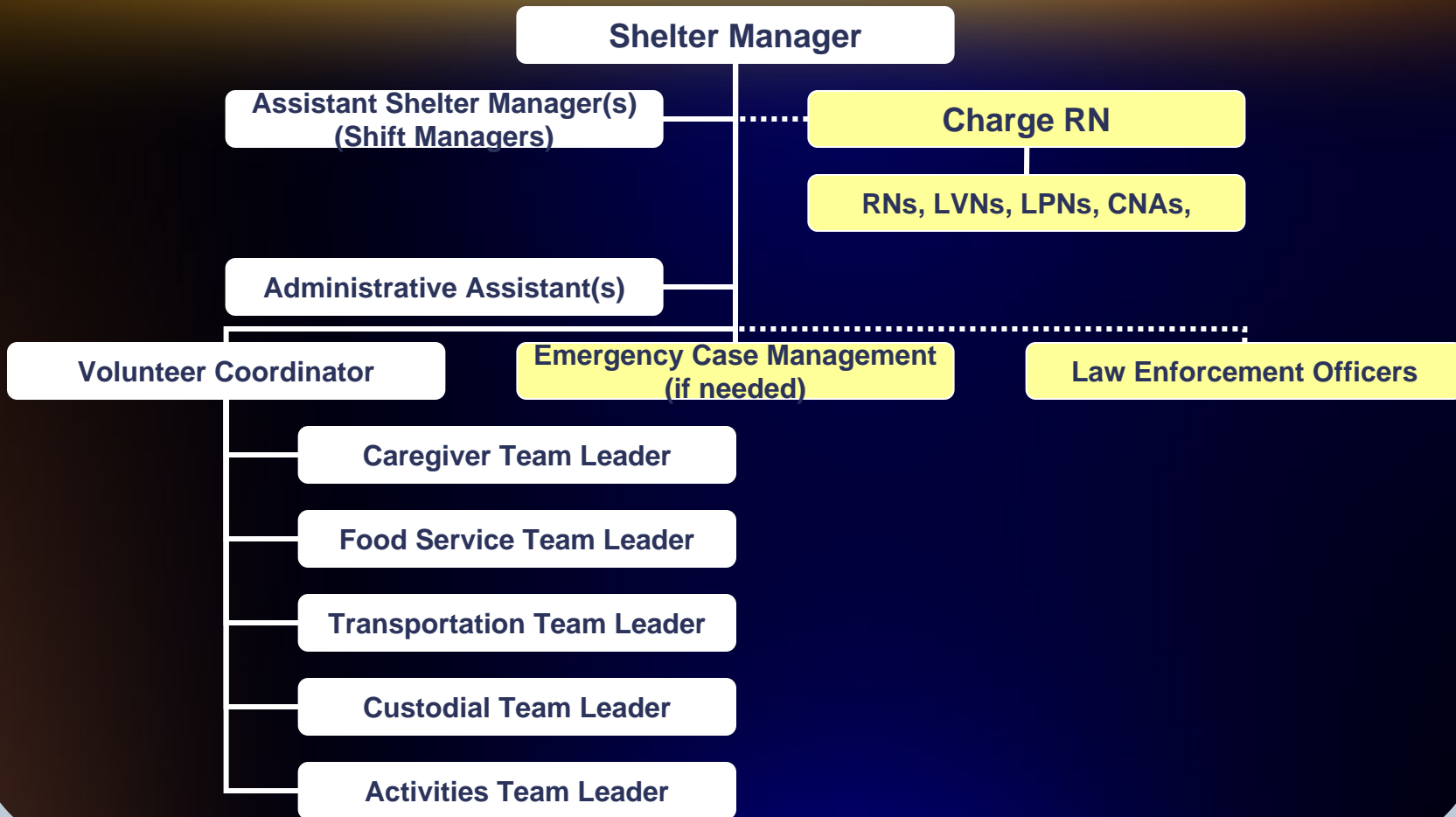
# What we know from past experience

- Many medically fragile individuals won't evacuate, arrive in higher acuity condition
- There is a large - yet unknown - number of those with specialized needs (bariatric, for example) that will seek shelter
- 40%+ of those in a medical shelter population are Oxygen dependent
- Most of the medically fragile are older, but children are also part of the mix

# Medical Sheltering: Best Practices

- Prepared for those who evacuate last, e.g. in position to care for those who are nearing hospital admission criteria
- Develop resources, in advance of an incident, to support guests with specialized needs
- Pre-stage oxygen delivery equipment and secure redundant oxygen re-supply vendors
- Utilize trained BCFS program staff to respond to children affected by disaster or displacement

# Shelter Staffing



# Medical Staff Ratios per Shelter

- 1 Charge RN per shelter per shift
- 1 RN per 20 guests
- 1 Respiratory Therapist per 100 guests, per shift
- 1 Paramedic/1 EMT per shift (low-mid acuity)
- Staff Psychologists, MHMR, BH professionals on-call 24/7



# Medical Sheltering is also about children

**“While catastrophes have a profound effect on everyone, they are particularly traumatic for children.”**

Mark Shriver, Chairman

National Commission on Children and Disasters



# CASE STUDY



**Fundamentalist Latter Day Saints/Yearning for Zion Ranch incident  
April 2008**

# FLDS/YFZ INCIDENT: Overview

- Texas Child Protective Services (CPS) responds to formal complaints of sexual abuse at YFZ Ranch, El Dorado Texas



- BCFS tasked with official San Angelo Unified Command responsibility for overall incident management

## FLDS/YFZ INCIDENT: Overview

- BCFS Emergency Services Division responsible for turnkey sheltering of displaced residents and children, overall coordination of state response
- 327 Children, 68 mothers (17 of whom were minors)
- More than 1000 responders from 12 state agencies
- Sheltering provided across 14 different locations within the state of Texas

# FLDS/YFZ INCIDENT: Leveraging Partnerships

## Primary BCFS partnerships:

- Texas Department of State Health Services
- Texas Department of Family Protective Services
- Texas Department of Public Safety
- Texas Division of Emergency Management
- Tom Green County
- City of San Angelo
- South Texas Regional Advisory Council for Trauma
- VOAD groups: Salvation Army, others

# FLDS/YFZ INCIDENT: Unique challenges

- FLDS/YFZ culture
- Shelter guest identities & tracking of children
- Specialized requirements regarding shelter housing (age groups, sibling groups, families)
- Development of specific guidance for interaction with those in temporary state custody



# FLDS/YFZ INCIDENT: Unique challenges

- **Disabilities: Autism, hearing/speech impediments**
- **Medical conditions: Diabetes, cardiac problems**
- **Congenital conditions: Guillian-Barre, Pierre Robin and Downs Syndrome**
- **Food allergies: Wheat, eggs, dairy milk, honey, bananas, nuts, tuna**



# FLDS/YFZ INCIDENT: Unique solutions

- Effective partnerships with state health agencies and private sector healthcare providers
- Close coordination with public and private sector behavioral and mental health professionals



# FLDS/YFZ INCIDENT: Unique solutions



- Development of trust through awareness of FLDS culture
- Specialized dietary food service
- Specialized case management
- Use of Incident Command System (ICS) to manage incident



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