Disaster Health Services Support to Clients Job Tool

Disaster Cycle Services Job Tools

DCS JT Respond

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Disaster Services workers use this job tool to successfully complete service to clients requiring assistance with disaster-related unmet health needs. This job tool will assist Disaster Health Services workers to provide support to disaster action teams and disaster operations. This job tool should be used in conjunction with the *Disaster Health Services Standards and Procedures*.

Disaster Action Team Support

Disaster Health Services workers provide assistance to clients for unmet disaster-related health needs that are not immediately life-threatening or do not need evaluation and treatment by emergency medical services. Disaster Health Services can be onsite or in an “on-call” status. If disaster action team members identify health-related needs, then a referral is made to the Disaster Health Services worker supporting disaster action team. This referral is made in person if the Disaster Health Services worker is on site, by phone if the Disaster Health Services worker is not present, or through CAS 2.0. Below are examples of when a disaster action team referral to Disaster Health Services is required:

* Fatality;
* Injured clients transported to a hospital or treated on site;
* Clients state they have lost medications, durable medical equipment, consumable medical supplies, hearing aids, glasses/contacts, dentures, or any other health concern.

Disaster Health Services workers provide the following services through the actions outlined below. These procedures can also be used for larger disaster operations.

* Provide assistance or care for disaster-related unmet health needs thorough Disaster Health Services casework. o Direct client assistance (financial assistance) for disaster health needs is up to $500 for all needs. If client needs exceed $500, provide details of the need to the regional disaster officer or for a disaster operation, to the assistant director of Operations, for consideration for an exception.
* Obtain information about the client’s needs for medication, medical equipment, or assistance with health needs.
* Ask about current health status and whether the disaster has exacerbated preexisting health conditions.
* Determine loss or damage of medication, consumable medical supplies, or durable medical equipment.
* Ask clients how they currently obtain their medications or supplies, and if they have insurance or other means (Medicare/Medicaid) to obtain their medications or supplies.
* Check that the client has given permission to share information and that it is noted in CAS 2.0. If a third party (e.g., pharmacy or healthcare provider) does not accept verbal consent, then use the [Client Consent to Share Information Form](https://intranet.redcross.org/content/redcross/categories/our_services/disaster-cycle-services/core-and-pillar-processes/recover/casework-toolkit.html) (Disaster Health Services and Disaster Mental Health) located in the Casework and Recovery Planning Toolkit on The Exchange.
* Contact client’s health care professional or pharmacist for information on current medications, durable medical equipment, or health needs after release of information is confirmed.
* Verify that prescriptions are current and refillable. If prescriptions are not refillable, assist clients in contacting their health care provider to explain the situation and obtain prescription renewal.

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* Provide direct client assistance to replace medications, durable medical equipment, or consumable medical supplies. Document in CAS 2.0. For more information, see th[e Disaster Health Services Documentation and Data Collection Job Tool l](https://intranet.redcross.org/content/redcross/categories/our_services/disaster-cycle-services/dcs-capabilities/individual_clientservices/health-services-toolkit.html)ocated in the Health Services Toolkit on The Exchange.
* Provide direct client assistance for replacing narcotic or scheduled medications with Disaster Health Services caseworker identifying the need (e.g., recent surgery, chronic pain, cancer care). Narcotic (scheduled) medications require a new prescription.
* Provide direct client assistance for replacement of medical marijuana if medical marijuana is legal in the state.
* Replace over-the-counter medication using direct client assistance if these medications are an essential part of the client’s health maintenance.

# *Replacement of Durable Medical Equipment*

Durable medical equipment replacement for clients affected by a disaster is an appropriate consideration when providing direct client assistance. To replace durable medical equipment, complete the following tasks:

* Check with the client as to the original resource for the durable medical equipment.
* Explore using local resources/vendors to assist the client in finding replacement or repair opportunities for all other durable medical supplies, such as nebulizers or orthotics.

*Options for Replacing Blood Glucose Monitors:*

* Work with community resources to replace glucose monitors and strips through an in-kind donation. If that is not possible, use direct client assistance to replace the supplies.
* Check with the In-Kind Donations function in Logistics during disaster operations to determine if glucose monitors have been donated. o Contact the manufacturer, if none of the blood glucose monitor identified by the client are available, and advise them that a disaster client has lost their device and supplies.

o Make arrangements for a replacement to be sent directly to the client. o Apply direct client assistance to the client’s Client Assistance Card to replace blood glucose monitors, and document in CAS 2.0.

*Replacement of Eyeglasses:*

* Check with the client to identify how the client obtained eyeglasses before the disaster.
* Identify that the client does not have insurance coverage to replace eyeglasses.
* Follow the procedure below if the client does not have insurance coverage:
* Distribute the Vision Service Plan (VSP) voucher to the client for replacement of eyeglasses.

This voucher provides eye exams and basic eyeglasses free of charge.

* Follow the Casework and Recovery Planning job tool (in development) to document Vision Service Plan distribution in CAS 2.0.
* Replace eyeglasses using the current procedure for replacing medical equipment up to the $500 limit if the client prefers to use his own provider. Consider community resources, such as the Lion’s Club.

▪ Replacement of eyeglasses, either through direct client assistance to the $500 limit or through the VSP program, should be documented in CAS 2.0 following the *Quick Reference for Documenting Health Services and Disaster Mental Health* on the Disaster Health Services Toolkit on The Exchange.

# *Support to Integrated Care Condolence Teams for Missing, Injured, or Deceased*

• Use the *Integrated Care Condolence Team Standards and Procedures* and job tools located in the [Integrated Care Condolence Team Toolkit](https://intranet.redcross.org/content/redcross/categories/our_services/disaster-cycle-services/dcs-capabilities/individual_clientservices/integrated-care-condolence-team-toolkit.html) on The Exchange, if fatalities, injured, or missing individuals are identified during a disaster action team response or a disaster operation.

Disaster Health Services During Disaster Relief Operations

# Disaster Health Services Leadership During a Disaster Relief Operation

Disaster Health Services leadership qualifications are outlined in the *Disaster Health Services Standards and Procedures*. This level of leadership provides staffing assignments to Disaster Health Services workers, support to the Disaster Health Services workers for lodging, transportation and supplies, and technical support for any Disaster Health Services or Staff Wellness concerns. See the *Disaster Health Services Leadership Checklist* located in the [Health Services Toolkit](https://intranet.redcross.org/content/redcross/categories/our_services/disaster-cycle-services/dcs-capabilities/individual_clientservices/health-services-toolkit.html) on The Exchange.

## Providing for Client’s Immediate Needs

Disaster Health Services workers provide for immediate client needs, including medication replacement, durable medical equipment replacement, and acquisition of consumable medical supplies by:

* Following procedures as with supporting a disaster action team response.
* Determining if a Client Assistance Card is availalble for the client. During the first few days of a larger disaster, it may not be possible to issue a Client Assistance Card to the household.
* Working with a shelter manager or disaster relief leadership, if a Client Assistance Card is not available, to utilize a Purchase Card (P-Card) to purchase needed medication or durable medical equipment to meet the immediate needs of the clients. o Save all receipts for reconciliation by the cardholder.

o Document purchase of medications by P-Card in CAS 2.0 using 'Provide Other Assistance' per the *Casework and Recovery Planning Standards and Procedures*.

## Working With the Public Health System During a Disaster Relief Operation

The public health system, by state code, may be required to provide primary health response, including shelter staffing for health care, in several states. State and local public health agencies are expected to monitor communicable illnesses in all shelters.

Disaster Health Services workers must:

* Identify any diarrheal and/or respiratory illness trend in the shelter and report that trend to the local public health department and Disaster Health Services leadership.
* Participate in syndromic surveillance as requested by the local or state public health while sheltering in the community.
* Share information regarding trends with Disaster Health Services leadership and local or state public health departments.
* Participate in the local public health department’s environmental inspection of the shelter along with the shelter staff.
* Comply with suggestions or modifications of processes as outlined by local or state public health departments.

# Staffing Considerations for Disaster Health Services During a Disaster Operation

## Shelter Staffing

Disaster Health Services leadership follows the shelter staffing outlined in the *Disaster Health Services Standards and Procedures*.

# Providing Disaster Health Services in the Shelter Environment

Disaster Health Services workers complete the following tasks to provide health services in the shelter environment:

* Procure the Disaster Health Services kit that has been established by the chapter or region and bring to the shelter location.
* Obtain over-the-counter medications through pre-event chapter or regional procedures from local resources.
* Introduce yourself to the shelter manager.
* Coordinate with the shelter manager to accomplish the following: o Identify and set up a Disaster Health Services area for confidential client interviews, and request items needed for secure storage of records and supplies (e.g., drawer, file cabinet, cooler, room with a lock).
* Confirm that the shelter registration staff is completing the *Shelter Registration Intake Job Tool* for each family unit at the time of registration.
  + Although the *Shelter Registration Intake Job Tool* is designed for the entire family, there could be a need to use more than one form if the family has several individuals with needs.
  + In addition, the *Shelter Registration Intake Job Tool* may be laminated and placed at the Shelter registration table with a log generated with the family or individual.
* Establish a Disaster Health Services designated area to be staffed by one Disaster Health Services worker for confidential communication.
* Move actively about the shelter throughout the waking shelter hours, leaving one Disaster Health Services worker in the designated Disaster Health Services area.
* Assist clients in identifying their disaster-related health needs by moving about the shelter and interacting with them using the Cot-to Cot method.
* Complete a C-MIST worksheet for each family unit. See the *Disaster Health Services Documentation and Data Collection Job Tool*.
* Prioritize the health needs of incoming shelter residents and residents who may already be present in the shelter using professional knowledge, skills, and orientation.
* Address critical health needs by activating the 911 emergency medical system.
* Address urgent health needs as quickly as possible.
* Prioritize how to provide personal care of clients, including hands-on care for assistance with activities of daily living, such as incontinence care or wound care.
* Understand that clients with access and functional needs, including those with disabilities may not readily identify their needs.
* Stop and listen to the clients, and follow the client’s lead on meeting their needs. o Move about the shelter to assist clients with their needs every two to four hours or more frequently, as needed.
* Provide care to clients as needed, including but not limited to hands-on assistance with activities of daily living, wound care, assistance with monitoring of glucose levels, blood pressure checks, assistance with minor illnesses, or injuries and health education.
* Provide technical guidance to care assistants.
* Assist other Red Cross disaster workers in maintaining their health while working on the disaster operation.
* Perform Disaster Health Services casework by making contacts for the clients for medical needs and/or provide financial assistance to replace medically related items.
  + Connect clients to existing and intact caregivers, primary care providers, durable medical equipment (DME) providers, consumable medical supply (CMS) providers, personal assistance service providers.
  + Identify if caregivers used before the disaster are currently available to meet the client’s health needs. (Did the disaster also affect providers?)
  + Contact alternate caregivers who have been mutually agreed on by the client and/or guardian.
  + Network with local resources for goods and services that can be donated, loaned, or rented instead of purchased.
  + Provide financial assistance per household member to replace medications, durable medical equipment, and/or consumable medical supplies, as well as meet other disasterrelated health needs up to the limit of $500 and document in CAS 2.0.
  + Determine if there is a valid prescription and/or if a new prescription is needed. A three- to seven-day supply may be appropriate, but a 30-day supply is acceptable.
  + Ask the client if durable medical equipment or consumable medical supplies are needed. (e.g., canes, walkers, wheelchairs, O2 concentrators, colostomy supplies).
  + Identify options for obtaining these needs.
  + Enlist the assistance of the disaster relief operations disability coordinator in obtaining the above resources.
  + Ask vendors whether discounts are available.

• Document all actions on the Client Health Record to maintain client confidentiality.

# Maintenance of Medication in a Shelter

Disaster Health Services workers complete the following tasks to provide medication maintenance in a shelter:

* Understand that client medication is the property of the client. It is the responsibility of the client to maintain the medication in a safe place.
* Assist clients with keeping the medication safe in a congregate living setting; suggest placing the medication in a zippered purse or in locked luggage.
* Ensure that clients have access to their medications at all times.
* Find a safe means of storing the medication, including scheduled medication such as narcotics, if the client cannot find a safe place to store their medications.
* This can be done by having Disaster Health Services workers place medication in a container or bag with the client’s name and stored in a secure area.
* Disaster Health Services workers can count the medication amount for each prescription and document the amount at the time the client requests that Disaster Health Services workers take custody of the medication. Repeat this procedure each time the client accesses his or her medication.
* This secure area must be accessible at all hours, and the access to this secure area must be maintained by a shelter manager if Disaster Health Services workers are not on site.
* Assist clients in following their medication regimen if needed, but it remains the client’s choice to follow or not to follow the regimen.
* Supply over-the-counter medication in the shelter environment for client use. Suggested overthe-counter medications for use in a shelter are as follows: Acetaminophen, Ibopruphen, antacids, anti-diarrheals, aspirin, cold medications for adults (children’s cold medication is no longer recommended by the American Academy of Pediatrics), saline nasal spray, anti-allergy medications, saline solution for contacts, and liquid fever medication for children. See the suggested supply list in the *Disaster Health Services Supply Kits* job tool.

* Assist the client with education with regard to frequency of use, allergy considerations, and length of use. It is the client’s choice to take the medication.
* Determine with disaster operation leadership if the state in which the disaster operation is occurring has a plan to assist clients who are taking methadone. If there is a plan, work with the local public health department to identify a private area for the clients to receive this medication.
* Report the need for medical marijuana to Disaster Health Services disaster operation leadership and case-by-case guidance will be issued in conjunction with Disaster Health Services leadership at national headquarters.

# Assisting With Infection Prevention and Control in the Shelter Environment

Disaster Health Services workers complete the following tasks to assist with infection prevention and control in the shelter environment:

* Partner with local public health, and report any concerns about illness patterns in the shelter.
* Assess the shelter population frequently to identify potentially infectious or acutely ill individuals to prevent the spread of communicable diseases within the shelter.
* Reference the Association for Professionals in Infection Control and Epidemiology (APIC) document: *Infection Prevention and Control for Shelters During Disasters*.
* Use standard precautions at all times. o Standard precautions include a group of infection prevention practices that apply to all clients, regardless of suspected or confirmed infection status, in any setting in which health care is delivered. These include hand hygiene and the use of gloves, gowns, masks, eye protection, or face shields, depending on the anticipated exposure.
* Use transmission-based precautions as warranted to supplement standard precautions.
* Establish an isolated care area within a congregate shelter that is affected by a communicable or contagious disease outbreak. o Pre-identify, with the shelter manager, an area in the shelter for an isolation care area.
* Control access to the isolation care area to limit the number of disaster responders and/or family caregivers potentially exposed to communicable diseases.
* Establish the flow of traffic to minimize exposure of symptomatic clients to disaster responders and shelter clients.
* Identify the area with clear signage, and indicate that individuals should not enter the area without consulting the Disaster Health Services workers.
* Specify requirements for personal protective equipment (PPE) at the point of entry to the isolation care area.
* Configure the sleeping area within the isolation care area to allow for a minimum of six feet between individual cots with head to toe placement.
* Provide temporary privacy barriers around the area using sheets, curtains, movable screens or other barrier material to clearly delineate the boundaries of the isolation care area, and to provide privacy barriers between cots when a separate room is not available.
* Designate toilet and showering facilities to be used by isolation care area clients only.
* Designate a dining area separate from the general shelter dining area, or have food delivered to individuals in the isolation care area.
* Deliver meals and snacks to clients in the isolation care dining area on disposable dinnerware, and dispose of the dinnerware in the isolation care area’s general trash.
* Assist clients with identifying personal items that could not be easily disinfected or sanitized and explain that these articles might need to be left in a secure area while the client is in the isolation care area.
* Designate children’s toys as single-child use and discourage sharing of toys.
* Make accommodations for a family caregivers in the isolation care area, as necessary.
  + Persons who are not ill should avoid close contact with sick person(s) (e.g., kissing, hugging, hand shaking, other direct touching), except as necessary for care and support.
  + The need for clients to remain in the isolation care area is determined by the type of illness and the guidance of public health agencies. Education to the family caregiver regarding self-surveillance for symptoms with self-report should be delivered to the caregiver.
* Report to your supervisor if a client chooses to leave the isolation care area before the public health guidance has been followed.
* Notify the Disaster Health Services supervisor and shelter manager before isolation care area clients and caregivers re-enter the general sheltering environment.
* Consult with the Disaster Health Services supervisor or designee at the shelter for their determination of the need to transport to an advanced level of care.
* Practice good hand hygiene at all times. Frequent hand washing using soap and water or the use of alcohol-based hand sanitizers should be performed by clients and caregivers and monitored by shelter and Disaster Health Services responders.
* Locate and provide multiple hand hygiene stations in the isolation care area when a large room is used for this area.
  + Hand hygiene stations should be availalbe in the following locations: in and just outside the isolation care area, near the restrooms, near the food preparation and/or snack area, near the eating area, and as needed throughout the shelter.
* Use personal protective equipment per standard or transmission-based precautions to further reduce the risks to Disaster Health Services workers and others interacting with ill individuals in the isolation care area. o Use a buddy system to assist Disaster Health Services workers to use the appropriate personal protective equipment.
* Partner with the local public health department to ensure that personal protective equipment selection matches the needs for the isolation care area.
* Review Center for Disease Control and public health guidance for additional recommendations. o Locate a storage station for personal protective equipment just outside the entrance to the isolation care area. o Provide receptacles for proper disposal of used personal protective equipment at the exit to the isolation care area.
* Refer to environmental health guidance for specific guidance about cleaning environmental surfaces as described in the *Sheltering Standards and Procedures*.
* Make trash receptacles available and empty them regularly. o Make Sharps containers available for clients (e.g., diabetics) to dispose of syringes and lancets. This is considered regulated medical waste.
  + Do not consider most barrier equipment (gowns, gloves, respirators/masks) and dressings as regulated medical waste unless dripping or caked with blood.
* Place regulated medical waste in red bags or containers if available, or the bag/container should be labeled as “regulated medical waste,” according to state regulations.
* Establish a plan for disposal of regulated medical waste with the shelter manager before the need for removal.
* Coordinate with the local hospital for disposal. Consider the cost involved with disposal of regulated medical waste, which should be discussed prior to a disaster event.

# Co-location of Extended Care Facilities (Nursing Homes)

Disaster Health Services workers complete the following tasks for co-location of extended care facilities:

* Discuss with regional and chapter disaster leadership if plans exist in the community for extended care facility evacuation when the facility emergency plan is unable to be utilized.
* Provide shelter space with as much privacy as possible for the clients.
* Ensure that the extended care facility understands that it is responsible for the staff and material resources for provision of care of their clients.
* Serve as a liaison to the extended care facility if the facility has evacuated to a Red Cross shelter facility.
* Inform the shelter manager, co-located extended care facility manager, and Disaster Health Services leadership of needs and trends in all portions of the shelter.
* Consult with Mass Care regarding the dietary needs for the co-located clients.
* Act as a liaison with Client Casework to meet the immediate emergency needs of the co-located clients and their families.
* Coordinate with facility staff for completion of Center for Disease Control surveillance reporting on the *Disaster Health Services Documentation and Data Collection Job Tool*.

## Outreach, Emergency Aid Station, Support to Distribution of Emergency Supplies and Support to MultiAgency Resource Centers Staffing

Disaster Health Services workers are assigned in pairs to each service delivery site, if resources allow. If Disaster Health Services resources are limited, then itinerating between sites should be considered. Matching available resources of Disaster Health Services workers to service delivery sites is the responsibility of the Disaster Health Services district lead or Disaster Health Services disaster relief operation headquarters lead.

Disaster Health Services provides support to Outreach, Emergency Aid Stations, Distribution of Emergency Supplies and Multi-Agency Resource Centers activities by: • Assisting clients in identifying their disaster-related health needs.

* Distributing educational materials to the client to assist with maintaining their health while recovering from the disaster.
* Providing first aid, as needed.
* Assisting all clients during these activities, including individuals with access and functional needs, including those with disabilities.
* Being attentive to health trends, for example, individuals with rashes, multiple insect bites, complaints of diarrheal illness, and concerns for children’s health or mental health.
* Reporting these trends to Disaster Health Services leads who then bring the trends to the disaster operation’s leadership who communicates these trends to the local or state public health organizations.
* Assisting other Red Cross disaster workers at the disaster operation in maintaining their health.