HAMPTON ROADS PLANNING DISTRICT COMMISSION
LET'S GET READY TOGETHER!

SHELTER EXERCISE FOR PEOPLE WITH DISABILITIES & ACCESS/FUNCTIONAL NEEDS

Hosted by:

City of Norfolk
April 6-7, 2018

City of Hampton
August 10, 2018

Executive Summary Report

September 2018

OVERVIEW

Exercise Name	**HAMPTON ROADS - LET'S GET READY TOGETHER! - SHELTER EXERCISE FOR PEOPLE WITH DISABILITIES & ACCESS/FUNCTIONAL NEEDS**
Exercise Date and Time	**City of Norfolk – April 6 & 7, 2018** **City of Hampton – August 10, 2018**
Scope	**The scope of this exercise was limited to the host city agencies and partners involved in sheltering activities.** **The exercise included the following components within a shelter drill: Notification, Activation, and Demobilization**
Mission Area(s)	**Response and Recovery**
Core Capabilities	**Mass Care Services; and Health and Social Services**
Objective	**Within the city's emergency operations plan, sheltering plan, and other available guidance:** **1. Demonstrate the jurisdictions ability to establish an inclusive shelter to include: deployment of the Functional Needs Shelter assets in (host jurisdiction) to establish and operate an inclusive shelter, to include identifying staffing needed beyond a general population shelter.** **2. Demonstrate through training sessions and discussions understanding of the considerations and concerns of those who have disabilities and access/functional needs to shelter in a public shelter during emergencies.**
Threat or Hazard	**Weather Event**
Scenario	**Storm threat requiring activation and operation of inclusive shelters**
Sponsor	**Hampton Roads Planning District Commission**
Participating Organizations	**Host Cities: Norfolk and Hampton** **Additional participants are listed in Appendix B**
Points of Contact	**Jenny E Redick** **Regional Inclusive Emergency Planner** **jredick@hrpdcva.gov** **Main: 757-420-8300** **http://readyhamptonroads.org/**

EXECUTIVE SUMMARY

The Hampton Roads Planning District Commission (HRPDC) utilized funding from the Eastern Virginia Healthcare Coalition and Homeland Security Grants sources. They coordinated the budget/grants and lead the planning effort for these two exercises in the form of shelter drills. The drills were developed to exercise the regional capability of sheltering people with disabilities and access functional needs. In particular the exercises were two pronged; one to engage the disabilities community in shelter planning issues, and second to demonstrate the establishment and operation of a medical area of a shelter using the previously purchased Shelter Support Unit (SSU).

All jurisdictions were provided the opportunity to host one of these two drills. Drills were held on the Southside with the City of Norfolk as the host and on the peninsula with the City of Hampton as the host. These two cities are to be commended. By hosting the drills they took on the additional work to plan and conduct the drills and to open their plans for observation and evaluation. These two cities are owed a debt of thanks for allowing the spotlight to be placed on areas of improvements, many of which are not unique to their jurisdictions but need to be addressed in each community and the region as a whole. Both host jurisdictions have written after action reports for their internal use.

These drills, designed as an overnight exercise also provided an opportunity for EOC staff to see first-hand the challenges shelter teams face in sheltering people with disabilities during emergencies. The City of Norfolk in particular seized this opportunity with representation from the City Manager's Office as well as several department heads attending. The City of Hampton exercise planning reduced the overnight exercise to terminate operations approximately 6 hours after participants registered, still they had a few department heads present. No other jurisdictions took advantage of this opportunity.

Observation, evaluation and participant feedback from the drills provided information for the Analysis of Core Capabilities to identify the strengths and areas of improvement. The strengths included: the sheltering teams from both cities, in particular the Social Services/Human Services staff were well prepared to meet the needs of the shelterees. Planning and Shelter teams made reasonable accommodations based on pre-exercise walk-throughs. HRMMRS Strike Team members were activated to staff the Norfolk exercise. Additional equipment or supplies were identified that would make it easier to serve the disability community during sheltering. The eight Improvement Recommendations are consolidated in Annex A.

Of these eight areas of improvement two stand out as areas that need executive attention and support. They are both under Target 2:

> **Improvement Recommendation 1:** All jurisdictions should examine medical staffing commitments.
> **Improvement Recommendation 2**: Consider establishing a regional contract for medical staffing of shelters.

Both of these improvement recommendations are tied to the lack of inter-jurisdictional ownership of the medical staffing for shelters, in particular sheltering which utilizes the medical equipment contained in the Shelter Support Units. These units were purchased and outfitted using Homeland Security Grant funding over 5 years ago. 11 of these units are dispersed across the region. Each jurisdiction that received a unit also received training on setting it up, staffing recommendations including job aids, among other training and support since delivery of the trailers.

As indicated in the analysis section of the report departmental reasons for not accepting the tasking vary. A solution provided to date is to develop a contract for medical services in shelters. This has been accomplished in one jurisdiction. It may be time to examine the practicality of developing a regional contract vehicle that could be used by all jurisdictions to meet this need. To accomplish this, a regional working group should be assembled to ensure a comprehensive service contract could be let that would serve all jurisdictions on a ala carte, as needed basis.

ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the drills Organizational Capability Targets, aligned Critical Tasks, and performance ratings for each core capability as observed during the drill and determined by the evaluation team.

Organizational Capability Target	Critical Task	Rating: See Definition Below
Organizational Capability Target 1: Demonstrate notification of shelter staff including coordination of deployment of Shelter Support Unity (SSU).	Critical Task 1: Identify sufficient shelter staffing for exercise, place on standby	P
	Critical Task 2: Coordinate with city agencies for staging or pre-staging of SSU at shelter site	S
Organizational Capability Target 2: Identify collaborative issues such as: intra/inter agency support, staffing gaps, roles and responsibilities.	Critical Task 1: Identify issues involving city staffing to establish and operate inclusive sheltering	P
	Critical Task 2: Identify collaborative Issues concerning medical trained staffing for medical shelter area.	M
Organizational Capability Target 3: Identify collaborative issues concerning sheltering people with disabilities and access/functional needs.	Critical Task 1: Demonstrate through training presentations and discussions – pre-event planning, personal preparedness, expectations for evacuation and sheltering, and resources available during emergencies	P
	Critical Task 2: Operate and inclusive shelter to identify specific areas of concern that may arise when sheltering people with disabilities and access/functional needs.	M
Organizational Capability Target 4: Demonstrate demobilization of shelter, including repacking of SSU trailer.	Critical Task 1: Demonstrate checkout procedures for sheltered population	S
	Critical Task 2: Demonstrate cleaning/sanitizing, tearing down, inventory control, repacking beds/cots, and repacking all equipment in SSU trailer.	P
	Critical Task 3: Demonstrate procedures to return facility to primary use following shelter operations.	P

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws

Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Table 1. Summary of Core Capability Performance

.

The following sections provide an overview of the performance related to each objective and associated core capability, highlighting strengths and areas for improvement.

Organizational Capability Target 1: Demonstrate notification of shelter staff including coordination of deployment of Shelter Support Unity (SSU).

Critical Task 1: Identify sufficient shelter staffing for exercise, place on standby

Both cities demonstrated the use of their sheltering plans to staff the shelter for the exercise. The Southside exercise included overnight sheltering and demonstrated shift change for the shelter team. No issues were identified in the notification of shelter staff other than identified in Target 2. Both exercises included feeding from Volunteer Organizations Active in Disasters (VOAD) members and Red Cross canteen services. No issues were identified in the coordination of food service staff.

Critical Task 2: Coordinate with city agencies for staging or pre-staging of SSU at shelter site

In both localities the city fire department is responsible for the maintenance and logistics of the Shelter Support Unit (SSU) trailer. The exercises demonstrated coordination with the fire department to pre-stage the trailer at the shelter location and to provide fire resources to assist with the unloading and set-up of the medical support area within the shelter.

At the Southside site, the logistics of the trailer parking and access to the designated medical area created challenges that required more manual labor to overcome. Regarding the trailer parking, the medical area of the shelter has exterior building access, however, that access is within the gated track and field area of the school. In order not to damage the athletic field the SSU trailer was pre-staged outside the gate. This added a substantial distance from the trailer to the exterior doors of the medical area. Additionally, much of the equipment and supplies, particularly the beds and cots are on wheeled shelving units. These shelving units did not fit through the exterior doors. Therefore, once the units were moved from the trailer to the exterior doors, they had to be unloaded outside. Firefighters were utilized to unload the trailer and unload the units. Defining a better parking area that the trailer and tow vehicle could access closer to the medical area would have saved a significant amount of time and labor. Exterior doors either wide enough to accommodate the shelving units on the trailer, or ones with a removable center post would allow the units to be wheeled inside the building and unloaded as needed without regard to weather.

Strength 1: Effective notification and information sharing

Strength 2: Excellent coordination with Fire & Rescue to pre-stage the SSU trailer

Strength 3: Fire personnel were available to assist with unloading trailer and setting up medical area.

Improvement Recommendation 1: Examine ingress and egress of SSU trailer and tow-vehicles to allow parking area close to medical area.

Improvement Recommendation 2: Examine exterior doorways for access to the SSU trailer that allows rolling shelving units to enter the building before unloading.

Organizational Capability Target 2: Identify collaborative issues such as: intra/inter agency support, staffing gaps, roles and responsibilities.

Critical Task 1: Identify issues involving city staffing to establish and operate inclusive sheltering.

The host cities for these drills demonstrated the coordination of emergency management to bring together intra/inter agency support to staff the shelter. One of the exercise artificialities was that there were no other sheltering needs that required staffing while the drill was conducted. This allowed agencies to commit minimal resources to establish and operate the shelter without the stress of other shelter demands. The Southside drill included a shift change of the shelter team around 10 pm. The agencies that did shift change did so in a very transparent manner to the shelterees. The staff of both cities Social Services Departments are to be commended for their cohesiveness and brining other departments into one team to provide the best sheltering experience for their residents. Their experience in establishing and operating the shelters was evident even when other departments were less enthusiastic or reluctant to participate in overall shelter operations. One area of concern identified is the registration process. The electronic E W Phoenix registration process is dependent on an internet connection that is strong and consistent. Based on where registration is held, the reliability of the internet connection, even with department's portable hot spots, is not consistent. Each shelter team has experience with this and has developed work-a-rounds for their localities. These include switching to paper registration forms and then entering data when the system is available. City police provided the security for the shelter drill as they would during an actual event. Patrol officers were either on site or made patrol visits throughout the drill to ensure there were no issues. Shelter staff felt comfortable with the level of security support provided. They knew they could call 911 to have officers on site as needed. The Southside exercise also demonstrated mental health service capability through the onsite presence of the local Community Service Board (CSB). CSB also conducted a shift change providing staffing for the entire duration of the drill. Both drills were conducted while school was not in session. Limited school staff was present and worked effectively with the shelter team to meet any facility needs. The peninsula exercise was reduced from an overnight drill to an approximate 12 hour drill including set-up and demobilization. Not all shelter partners were utilized for that drill based on the shelter drill agenda identifying limited need for diversion activities normally provided by the city Parks and Recreation Department.

Critical Task 2: Identify collaborative Issues concerning staffing for medical shelter area.

This was the only area during the exercise that was completed with major challenges. The issue of medically qualified personnel within a shelter is neither unique to the two host cities or the Hampton Roads area. The SSU trailers were purchased and outfitted over 5 years ago. Each locality that received one attended a workshop on the trailers contents and proposed staffing needed to operate a functional needs medical area either within a shelter or as a standalone shelter. Staffing of the functional needs medical area is clearly an area of expertise beyond general sheltering staff. The identification of the disability and implications of close proximity to others, medical questioning regarding medicines, privacy of medical information, storing prescriptions, and access to those prescriptions on a schedule or for self-administration are just a few of the issues that have been raised again in these drills.

The traditional shelter staff of Social Services staff and other city administrative staff make best efforts to provide a safe and secure shelter for everyone. However they are ill equipped to provide the level of care needed that could be required within the medical area of the shelter.

The identified issue is one of ownership of the medical area within the shelter. Although Fire and Rescue maintain and sustain the trailers as part of their participation in the Hampton Roads Metropolitan Medical Response System (HRMMRS), there is a reluctance to commit resources to operate the medical area within the shelter. This reluctance involves the fact their focus is on acute care and not chronic care. In part it also appears to stem from the experience of previous emergencies within the Hampton Roads area where Fire and Rescue staffing becomes limited. Public Health, the other logical medical resource within the localities or the region identifies the staffing issue as well as the level of care as concerns for not committing their resources. Although within the medical profession, Public Health nurses do not generally provide the level of care anticipated within the medical area of the shelter. Both of these agencies have concerns over professional licensing and liability as well. In the instance of the Southside exercise, after months of planning for the drill, staffing of the medical area was not committed to as the shelter was being established. HRMMRS was called upon to assist, providing EMS personnel as MMRS members from neighboring jurisdictions to staff the shelter. This was a creative solution to keep the exercise on track, however, in a real emergency it is recognized HRMMRS would likely not be a mutual aid resource locally because their resources would already be committed to the localities.

It appears as there are presently 4 models within the Hampton Roads area for staffing the medical area of the shelters. 1) EMS provide the support; 2) medical support is contracted out and activated when an emergency is declared; 3) Traditional shelter staff are left to do best they can, coordinate through the EOC for additional support or call 911 as needed; or 4) ignore the issue because medical sheltering has not been needed within the locality. The issue of committing staffing to the medical area of the shelter pre-event will allow for appropriate training of the SSU equipment available, development of local protocols and a sustainable plan that other shelter staff can rely on during an emergency. This can only be resolved at the highest levels of the localities leadership. If model 2 above were to be seriously considered, then perhaps a regional contract for services on demand could be negotiated similar to the regional debris management plan. It would provide a contracting source and oversight, perhaps HRPDC or HRMMRS, and availability of each locality to secure services under the contact as needed at its expense. Such a regional contract vehicle would provide standardized medical services within shelters and would help to establish consistency in the event regional sheltering were ever utilized.

Strength 1: City Shelter teams, primarily Social Service staff worked well together and fostered a collaborate team with all agencies on duty at the shelter.

Strength 2: MMRS Strike Team provided the needed medical support to the shelter.

Improvement Recommendation 1: All jurisdictions should examine medical staffing commitments.

Improvement Recommendation 2: Consider establishing a regional contract for medical staffing of shelters.

Organizational Capability Target 3: Identify collaborative issues concerning sheltering people with disabilities and access/functional needs.

Critical Task 1: Demonstrate through training presentations and discussions – pre-event planning, personal preparedness, expectations for evacuation and sheltering, and resources available during emergencies.

Disability advocates worked with the planning team throughout the process to identify areas of concern within the shelter sites. They also worked to ensure presentations were accessible to persons with hearing and visual disabilities.

HRPDC staff did an excellent job to include representatives from the disability community to actively participate in the planning and conduct of the drills. Materials were developed and vetted at planning meetings to ensure they were appropriate in tone and content before being posted to the website. Training materials for the personal preparedness presentations were both on target for the audience and they were made personal by the main presenter.

Training presentations included personal preparedness, expectations of various city departments during emergencies, evacuations, and sheltering. They also included an open dialog with the audience to gather their perspective and challenges they identified within a public shelter. Discussions were held to glean the participants expectations of sheltering and to identify equipment, supplies, or other items that would make the shelter experience more accommodating to disabled residents. These training sessions with discussions not only provided emergency managers and shelter staff with insight, they also assisted participants in better understanding the limitations public shelters have in meeting the needs of people with disabilities and/or access functional needs.

Critical Task 2: Operate an inclusive shelter to identify specific areas of concern that may arise when sheltering people with disabilities and access/functional needs.

The planning teams completed walk-throughs of both sites with disability advocates to identify issues of access and accommodation prior to the drills. Detailed information was provided to the locality emergency management staff. Reasonable accommodations were made where possible. Some of the concerns raised dealt with table and sink heights in relation to wheel chairs; protruding objects such as fire extinguisher or AED boxes mounted to the walls.

Tables of the appropriate height were located and made available for wheel chair patients. The issue with wall protrusions was that those with sight impairments using a cane would not be able to identify a hazard a waist or head height if their cane did not detect an obstruction at the floor level. An accommodation was made using cardboard boxes placed on the floor underneath any wall protrusion. This provided the sight impaired with an opportunity to detect an obstruction on the floor to steer clear of it, thus moving them away from the wall protrusion while leaving that emergency equipment in place for use if needed. Cardboard boxes were also used around signage that was on tripods to assist with identifying the location of an obstruction in the pathway.

The operation of the shelter also highlighted some durable medical equipment that should be considered being added to sheltering resources, i.e. Hoyer lifts to assist with lifting and transferring patients, and oxygen concentrators to reduce the need for oxygen bottles. Additional equipment needs may be identified within the host jurisdiction's after action reports.

Medical triage portion of registration includes verifying and securing prescriptions and medicines individuals may bring into the shelter. Protocols should be established to define how those medicines will be accounted for, stowed, administered, or are accessible for self-administration. The availability of lockers in most school gym areas provides an option to secure the medicines. However the protocols and procedures for accounting and stowing and administering them is either lacking or not consistent.

The E W Phoenix system is used for shelter registration. The information collected appears to vary from jurisdiction to jurisdiction. Localities with more experience in the system have modified the registration and intake information for their needs. However, the system has proven to have access reliability issues. It is an internet based system with peak performance reliant on a strong consistent internet connection. That connection is frequently not available within the school buildings, or is limited based on the location of portable Wi-Fi or hot- spot devices used by shelter teams. Frequently teams are required to gather registration on paper for entry into the system when it is available. The information, including personal identifying information such as social security numbers, may require paper records to meet compliance with HIPPA and privacy laws including record keeping and disposal of records. Shelter kits should include alphabetical file boxes to temporarily stow paper records. Shredders may be considered as an additional piece of equipment in the registration and/or medical area to allow for proper disposal of papers with personal identifying information. At the least designated shredder boxes with limited access should be available. Additional regional training on the E W Phoenix system should be considered to train and standardize shelter registration across the region.

Medical area was not established in peninsula drill. No medical triage was established or conducted. The change from an overnight exercise to a 8-12 hour drill contributed to this. Without the overnight component the actual triage may have been viewed as less important or optional. However, the major contributing factor to the lack of medical triage is attributable to the lack of committed resources to medical staffing as discussed in Target 2 above.

Medical triage and shelteree assignment/placement in medical area was demonstrated by experienced MMRS Strike Team members for the Southside exercise. The bed assignments were not based on sequential assignment to the next available bed. Based on experience in real shelter events across the nation, MMRS Strike Team members made bed assignments as part of the medical triage process. This allowed for separation of individuals within the medical area based on their disability as well as potential disruption of others around them. For example sight impaired individuals would be placed closer to the end of rows to provide easier access to walkways or isles that were less likely to become obstructed as shelterees became more comfortable in the shelter. Another example demonstrated was the placement of an individual with auditory /sensory issues being assigned bed space that allowed them to pull an existing curtain around the bed for some separation and privacy. This significantly reduced the stress on the individual and his caregiver.

The individual assignment/placement worked with for this exercise due in part to the small number of participants. However, it also highlighted the need to re-examine the space requirements for the medical area. Both drills used the “small gym” within the school as the medical area. Neither was able to set up 50 beds spaces and caregiver cots within that area. While the size of the medical area may be appropriate based on the host jurisdictions’ past sheltering experiences, larger spaces should be identified now to accommodate all of the SSU resources. Both host cities indicated if more space was needed they would expand to either the larger gym or to another facility. Given the uncertainty of medical staffing identified in these drills, splitting staff to operate multiple medical areas simultaneously will only exacerbate the medical staffing issue. Therefore all jurisdictions with SSU resources should

identify a single space sufficient in size to set-up and operate a medical area with all the SSU equipment and supplies. SSU resources are well organized and color coded to allow for modular deployment as needed. Planning for the logistics of the entire SSU package to be set-up and operated in a single location will identify additional adjustments to existing shelter plans.

Additional consideration should be given to how the beds and care giver cots are arranged. Generally, they are set up in the center of the gym with electrical dependent spaces at the walls closest to existing outlets. Modifying the layout to start at the wall and work toward the center could provide a center aisle, increase the number of bed spaces and reduce the risk of electrical cords becoming obstacles for wheel chairs or wheeled equipment.

Strength 1: HRPDC staff did an excellent job with outreach to the disability community to participate in this exercise.

Strength 2: Planning teams and shelter teams made reasonable accommodations based on pre-event walk-through.

Strength 3: MMRS Strike Team worked with Public Health staff to do medical triage and bed assignments based on disabilities presented by shelterees.

Improvement Recommendation 1: Protocols should be established to define how prescriptions and medicines will be accounted for, stowed, administered, or are accessible for self-administration.

Improvement Recommendation 2: Regional training on E W Phoenix registration should be conducted with focus on standardized information, manual registration process, and record storage and disposal.

Improvement Recommendation 3: Each locality with SSU resources should examine the space required to establish a single site to utilize all the SSU resources allowing for consolidation of scarce medical staffing.

Improvement Recommendation 4: Re-examine the layout of beds and cots in the medical area to start at the wall and work toward the center to provide a center aisle, increase the number of bed spaces and reduce the risk of electrical cords becoming obstacles for wheel chairs or wheeled equipment.

Organizational Capability Target 4: Demonstrate demobilization of shelter, including repacking of SSU trailer

Critical Task 1: Demonstrate checkout procedures for sheltered population

Both exercises used the electronic E W Phoenix system to register shelterees. Information was entered into the system either in real time as people registered, or paper registrations were entered as the system was available. Check-out procedures were not followed for all registrants upon departure. In many cases shelter staff completed the check-out by removing the wrist band when people departed the shelter. The check-out procedures provide accountability and records of the shelter operations. It should include an assessment that individuals departing the shelter are going to a sustainable location, collect any medications, collect all belongings, and provide some contact information in case there is a need to reach out to them after they leave the shelter. It may have been exercise artificiality in that the

shelter staff did not understand they needed to complete a thorough check-out for the exercise, or it may be a training issue that needs to be addressed.

Critical Task 2: Demonstrate cleaning/sanitizing, tearing down, inventory control, repacking beds/cots, and repacking all equipment in SSU trailer.

All equipment within the medical area was cleaned and sanitized as part of the demobilization process. Accounting of consumables such as pillow, blankets and bed pads was completed as necessary to ensure items were identified that were removed from inventory so they could be replaced as part of the re-stocking of the SSU trailer. Items that were opened but unused were saved to be used as training materials in future events.

Due to inclement weather and the logistics of the SSU trailer the Southside drill did not include repacking of the trailer. Fire personnel disassembled the cots and beds after they were sanitized and stored them in the medical area until the day following the exercise. The peninsula exercise engaged all of the shelter staff to clean/sanitize, disassemble and move the equipment to the trailer where fire personnel stowed it according to the plan.

In both locations, items that were in need of repair or replacement were identified to ensure the SSU remained fully operational.

Critical Task 3: Demonstrate procedures to return facility to primary use following shelter operations

As shelter staff or fire personnel worked to demobilize the medical area other staff concentrated on rearranging furniture that was moved, stowing equipment and supplies, cleaning the general shelter areas prior to returning the facility back to school personnel. Coordination with school staff was completed to ensure all spaces were returned to their pre-drill state.

Strength 1: Fire personnel worked with shelter staff to demobilize and repack the SSU trailer.

Strength 2: Logistical planning of the SSU trailers made them easy to unload and establish fully functional medical areas based on either BLS or ALS needs.

Strength 3: Willingness of shelter staff to work as one unit to set up and demobilize the medical area, particularly on the peninsula drill.

Improvement Recommendation 1: Each locality should examine the logistics of towing, parking, and unloading the SSU trailers at their shelter locations.

Improvement Recommendation 2: Shelter teams should review check-out process/procedures and conduct training as needed.

APPENDIX A: IMPROVEMENT RECOMMENDATIONS

Organizational Capability Target 1: Demonstrate notification of shelter staff including coordination of deployment of Shelter Support Unity (SSU).

Improvement Recommendation 1: Examine ingress and egress of SSU trailer and tow-vehicles to allow parking area close to medical area.

Improvement Recommendation 2: Examine exterior doorways for access to the SSU trailer that allows rolling shelving units to enter the building before unloading.

Organizational Capability Target 2: Identify collaborative issues such as: intra/inter agency support, staffing gaps, roles and responsibilities.

Improvement Recommendation 1: All jurisdictions should examine medical staffing commitments.

Improvement Recommendation 2: Consider establishing a regional contract for medical staffing of shelters.

Organizational Capability Target 3: Identify collaborative issues concerning sheltering people with disabilities and access/functional needs.

Improvement Recommendation 1: Protocols should be established to define how prescriptions and medicines will be accounted for, stowed, administered, or are accessible for self-administration.

Improvement Recommendation 2: Regional training on E W Phoenix registration should be conducted with focus on standardized information, manual registration process, and record storage and disposal.

Improvement Recommendation 3: Each locality with SSU resources should examine the space required to establish a single site to utilize all the SSU resources allowing for consolidation of scarce medical staffing.

Improvement Recommendation 4: Re-examine the layout of beds and cots in the medical area to start at the wall and work toward the center to provide a center aisle, increase the number of bed spaces and reduce the risk of electrical cords becoming obstacles for wheel chairs or wheeled equipment.

Organizational Capability Target 4: Demonstrate demobilization of shelter, including repacking of SSU trailer

Improvement Recommendation 1: Each locality should examine the logistics of towing, parking, and unloading the SSU trailers at their shelter locations.

Improvement Recommendation 2: Shelter teams should review check-out process/procedures and conduct training as needed.

APPENDIX B: EXERCISE DRILL PARTICIPANTS

Participating Organizations	
Southside April 6 & 7	**Peninsula August 10**
Local	
City of Norfolk	**City of Hampton**
Office of Emergency Preparedness and Response	Office of Emergency Management
City Manager's Office	Fire & Rescue
Community Services Board	Department of Social Services
Department of Human Services	Hampton Health Department
Department of Public Health	Police Department
Fire & Rescue	Public Schools
Police Department	
Public Schools	
Regional	
American Red Cross of Southeast Virginia	American Red Cross of Southeast Virginia
City of Chesapeake	City of Chesapeake
City of Hampton	City of Norfolk
City of Virginia Beach	Insight Enterprises, Inc., Peninsula Center for Independent Living (IEPCIL)
Eastern Virginia Health Care Coalition	Gloucester County - CERT
Endependence Center Inc.	Hampton Roads Planning District Commission
Hampton Roads Planning District Commission	James City County
Hampton Roads Metropolitan Medical Strike Team	Newport News Social Services
Salvation Army	Southern Baptist Disaster Relief Team
Southern Baptist Disaster Relief Team	Peninsula VOAD
	Versability Inc.
	York County
State	
Virginia Department of Emergency Management	Virginia Department of Emergency Management
Virginia Health Department	Virginia Health Department – Peninsula Health District
Virginia 211	Virginia 211
Other Partners / Organizations	
Waldroup Sommer & Associates, LLC	Medical Reserve Corps
	Waldroup Sommer & Associates, LLC