

# CHATHAM COUNTY EMERGENCY OPERATIONS PLAN

ESF-08 ANNEX  
APPENDIX 8-1

## FUNCTIONAL AND MEDICAL NEEDS POPULATION EVACUATION

OCTOBER 2014





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## **RECORD OF CHANGES**

- New Document May 2013



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## **ACRONYMS**

ARC	American Red Cross
CAT	Chatham Area Transit
CCPH	Chatham County Public Health
CEMA	Chatham Emergency Management Agency
CPG	Command Policy Group
DCH	Department of Community Health
DFCS	Department of Family and Children Services
EAA	Evacuation Assembly Area
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESF	Emergency Support Function(s)
EOP	Emergency Operations Plan
FMN	Functional and Medical Needs
GEMA	Georgia Emergency Management Agency
GHA	Georgia Hospital Association
PH-FMNC	Public Health Functional and Medical Needs Coordinator
SAGIS	Savannah Area Geographic Information Services
ST3C	Secondary Triage, Treatment, Transportation Center



## **DEFINITIONS**

**Congregate Shelter** - Group general-population shelter

**ESF-01 (Transportation)** - Support and assist municipal, county, private sector, and voluntary organizations requiring transportation for an actual or potential Incident of Critical Significance.

**ESF-06 (Mass Care, Housing, and Human Services)** - Supports County-wide, municipal, and non-governmental organization efforts to address non-medical mass care, housing, and human services needs of individuals and/or families impacted by Incidents of Critical Significance.

**ESF-08 (Public Health and Medical Services)** - Provide the mechanism for coordinated County assistance to supplement municipal resources in response to public health and medical care needs (to include veterinary and/or animal health issues when appropriate) for potential or actual Incidents of Critical Significance and/or during a developing potential health and medical situation.

**ESF-14 (Long Term Recovery and Mitigation)** - Provides a framework for County Government support to municipal governments, nongovernmental organizations, and the private sector designed to enable community recovery from the long-term consequences of an Incident of Critical Significance.

**Functional Need Individuals/Groups** - Includes the population requiring specialized assistance in meeting daily needs and may require special assistance during emergency situations. Individuals may need specially trained health care providers, special facilities equipped to meet their needs, and may require specialized vehicles and equipment for transport.

**National Disaster Medical System (NDMS)** - Part of the Department of Health and Human Services, Office of Preparedness and Response, to support Federal agencies in the management and coordination of the Federal medical response to major emergencies and federally declared disasters.

**Secondary Triage, Treatment and Transportation Center Plan (ST3C)** - Temporary staging area activated to assess (triage), assign, and transport persons after a disaster. If medical support is provided, it will be temporary and at the basic life support level. This is the Staging Area plan for individuals with Functional Needs.

**Service Animals** - A guide dog, signal dog or any other animal individually trained to provide assistance to an individual with a disability.



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## **I. INTRODUCTION**

- A. Ensuring citizens have the opportunity to evacuate or be safely evacuated from the threat of a hurricane is a primary goal within coastal communities. Individuals having Functional and Medical Needs (FMN), often need support to ensure they are in a safe area during a hurricane threat.
- B. Hurricane Evacuation procedures define measures to evacuate members of the FMN population requiring specialized assistance in their daily needs and during emergency situations.

## **II. PURPOSE**

- A. The purpose of this Appendix is to provide an overview of Chatham Emergency Management Agency's (CEMA) role in assisting with the evacuation of FMN populations and documentation of the process to be used in requesting this assistance.
- B. The Chatham County Public Health (CCPH) Department has been assigned the task of developing plans in conjunction with CEMA. This Appendix does not replace the Public Health District Plan but serves to clarify the process of additional assistance requests to CEMA and higher headquarters.

## **III. SCOPE**

- A. This document provides guidelines for Emergency Support Functions (ESFs) 06 (Mass Care, Housing, and Human Services) and 08 (Public Health and Medical Services) and offers assistance for CEMA on how the evacuation and return of FMN populations will be conducted in response to an emergency or disaster.
- B. The content contained herein are broad in scope and are not intended to encompass all of the challenges faced by the evacuation and return of the FMN population.
- C. This plan, it is important to note, does not include residents of Nursing Homes, Personal Care Facilities, and Community Living Arrangement Facilities. It provides baseline guidance on Chatham County's plan to evacuate without addressing individual specific needs.

## **IV. AUTHORITIES**

- A. Georgia Department of Community Health (DCH) is required by DCH Rule, Chapter 290-5-45: Nursing Homes, Personal Care Facilities, and Community Living Arrangement Facilities which are defined, regulated and



otherwise not exempted to provide their clients, "...arrangements for transportation and hospitalization...[and] alternative living arrangements..."

- B. This Appendix is developed under the authority of the Chairman of the Board of the County Commission, Chatham County, Georgia; and the Director of the CEMA Chatham County, Georgia. This Appendix supersedes similar and previous versions to date
- C. CEMA has the responsibility for compliance with the provisions of the Chatham County Emergency Operations Plan (EOP); therefore will have primary responsibility for ensuring execution of activities outlined in the supporting documents
- D. Municipalities and ESF partners responsible for providing support to this Appendix will coordinate internal resources and personnel to carry out the tasks defined in this document.

## **V. ASSUMPTIONS**

- A. The Secondary Triage, Treatment, and Transport (ST3C) Plan has been or will be activated to be the Staging Area and support the evacuation of FMN registrants.
- B. People will call to get registered or get support after the order for evacuation. Planning has considered an estimated 100% increase in last minute FMN registrants.
- C. Registrants will be reluctant to evacuate due to the current weather conditions instead of the anticipated conditions.
- D. Supplemental transportation resources will be coordinated and made available by the Georgia Emergency Management Agency (GEMA). It will take a minimum of 12 hours for State procured transportation to be in place.
- E. Local transportation resources have been deemed inadequate to accomplish a FMN evacuation outside of the county.
- F. Local hospitals will remain at least partially operational in conditions up to a Category 4 hurricane for patients too critical to evacuate. Remaining patients will be evacuated via the Georgia Hospital Association (GHA) 911 Regional Coordination designate.
- G. Due to the hurricane threat, American Red Cross (ARC) emergency shelters will be activated outside of Chatham County and will be able to accommodate Functional Needs clients.



## **VI. IMPLEMENTATION**

- A. This plan will be implemented upon the recommendation of the Director CEMA with the approval of the Chairman, Chatham County Board of Commissioners and concurrence of the Mayors of the Municipalities as appropriate. The Coastal Health District Director's and/or designee recommendations concerning FMN evacuation shall be considered as an integral part of the evacuation process.
- B. Implementation of this Appendix in a major event will be coordinated through the EOC based on a decision by the Command Policy Group (CPG) and Emergency Operations Center (EOC) manager.
- C. Once the decision is made to implement this Appendix, the designated ESF-08 representative will initiate the call system to alert the necessary staff for the activation of this Appendix.

## **VII. CONCEPT OF OPERATIONS**

- A. FMN Registry Overview: Persons with Functional and/or Medical Needs are encouraged to have plans for their evacuation. CCPH maintains a FMN registry, which is used to support individuals with functional and/or medical needs in an emergency. In a hurricane evacuation, this registry will be used for information and coordination purposes. It is important registrants understand relying on it for evacuation is a last resort and should only be used when there are no other alternatives available.
  - 1. Registrant calls Public Health - FMN Coordinator (PH-FMNC), Chatham County Department Health Department, (912) 691-7443, who will record the information and ensure an application packet is mailed to the applicant. As an alternative, the application and consent form can be downloaded from the Coastal Health District website and mailed to PH-FMNC at the health department.
  - 2. Once the PH-FMNC receives the completed application packet, CCPH Community Care screens for registry inclusion.
  - 3. If the registrant meets the criteria of FMN definitions, the application will be signed as approved for inclusion on the FMN registry. The approved form will be returned to the PH-FMNC for registry inclusion.
  - 4. If applicant does not meet the criteria of FMN definitions, the registrant will be immediately notified by the Health Department so they can make other arrangements for evacuation and sheltering.



5. Non-qualified registrants will be briefed about the county's general evacuation process and how they can get support at the Evacuation Assembly Area.
6. If accepted onto the FMN Program, the registrant will be so informed by the PH- FMNC.
  - a. In the event of a hurricane evacuation, registrants will be notified by telephone through an automated dialer and subsequently by EOC volunteers to coordinate a pick up time. The registrant will be advised to be prepared to evacuate immediately upon receipt of the telephonic notification.
  - b. Medical Needs Registrants must bring, if applicable:
    - 1) Only one competent caregiver, no children and no pets.
    - 2) Medications in their original prescription bottle.
    - 3) Picture ID and insurance cards.
    - 4) Necessary medical supplies and instructions to include splints, dressings and wheelchairs.
    - 5) Necessary personal care/hygiene items such as toiletries and adult diapers.
    - 6) Physician names and emergency contract information.
    - 7) Copy of living will/durable Power of Attorney for healthcare.
7. During an evacuation or when there is insufficient time to follow non-emergency registry protocols, the normal registration process may be expedited.
8. If an unexpected emergency occurs, the PH- FMNC, will record the necessary information needed to enroll the registrant and immediately refer the registrant to nursing for telephonic screening. An application will be mailed once the emergency mode has ended. The FMN email address is [ChCHD.FMN@dph.ga.gov](mailto:ChCHD.FMN@dph.ga.gov).



9. Registrants entered onto the FMN Registration Database will be contacted annually by the PH- FMNC to verify their medical condition and update their Enrollment Form.
10. Pets will be managed on a case by case basis. Chatham County has limited capacity to transport and manage animals during an evacuation. Registrants must make evacuation plans for their animals. Service Animals with current documentation are not considered pets.
11. When reentry is authorized, the evacuation process will be reversed and registrants returned to their respective homes or to approved shelters.

**B. Hurricane Season**

1. Prior to hurricane season, locations of FMN registrant's homes will be identified and mapped by the County Geographic Information System (GIS). Registrants requiring ambulance transportation will also be mapped by Emergency Medical Service (EMS) providers.
2. When a storm is three to five days (96-72 hours) from Chatham County and a FMN needs evacuation may be required, the following departments and agencies will be notified by CEMA:
  - a. Chatham County Health Department
  - b. EMS for wheelchair and horizontal transport service
  - c. Chatham Area Transit (CAT)-Teleride for wheelchair service
  - d. Area hospitals
  - e. GEMA for transportation
  - f. Staging Area Manager
  - g. Staging Area Facility Owner
  - h. Savannah Area Geographic Information Services (SAGIS)
3. When a storm is approximately three days (72 hours) from Chatham County, FMN registrants will be advised by automated dialing system of the possible evacuation, the need to prepare their essential items kits including medications and important documents, and be prepared to evacuate within one hour of the next call.



4. When a storm is two days (48 hours) from Chatham County and a FMN evacuation is necessary, the following departments and agencies will be notified by CEMA:
  - a. Chatham County Health Department
  - b. EMS for wheelchair and horizontal transport service
  - c. CAT-Teleride for wheelchair service
  - d. Area hospitals
  - e. GEMA
  - f. Staging Area Facility Manager
  - g. Staging Area Facility Owner
  - h. SAGIS
  - i. EOC Volunteers
5. Functional Need Registrants will be picked-up and transported to a Staging Area for triage and transportation to an inland shelter.
6. Medical Need Registrants will be transported to a local hospital.
  - a. Registrants will be given a break-away lanyard and document pouch to wear around their neck during transportation from the FMN Staging Area to their ultimate destination.
  - b. A registration form with the registrant's medical history, allergies and medication list will be placed in the lanyard pouch with their name showing.
  - c. Their name will also be placed on a FMN tracking form and they will be given an identification number. This number, along with their name and destination, will be placed on an arm bracelet which should be worn to the destination.
  - d. These actions will allow the patient to be tracked throughout their evacuation.



**C. Registrant Tracking and Monitoring**

1. Department of Family And Children Services (DFCS) is the lead agency for the provision of administrative tracking support. If the Staging Area Manager sees additional staff is required, the DFCS representative will contact the EOC. Volunteers from the community can also be used to support these requirements and will be placed under the supervision of the DFCS supervisor.
2. The FMN Registry will be the standard document used in tracking FMN Populations.
3. The number of FMN registrants will be communicated through the EOC to the receiving District and State Operations Centers.
4. Registrants processed at the Staging Area must be tracked and their medical status/evaluation documented. Registrants will report to the facility and undergo triage. At a minimum, Administration must capture the name and triage tag number/identifier, at the beginning of the process. Registrants processed through the facility will have their triage tag removed by the staff and the tag will become part of the patient's treatment record. Registrant's bags and belongings will be tagged as well.
5. Registrant Charts: If the registrant is not pre-registered, health care providers at the Staging Area will document the patient's medical status and collect demographic data. Registrants can start to fill out the demographic portion of their chart should they need to wait for an available provider. The chart will be completed at the out-processing station.

**D. Transportation**

1. For Hurricane planning purposes, planners have used a number amounting to double the registrants to help plan for transportation assets.
2. At the beginning of Hurricane Season, EMS providers will be provided the list of registrants needing ambulance or non-emergency horizontal transportation.
3. EMS providers will map registrants needing EMS transport, to help ensure efficient transportation in the event of an evacuation.
4. SAGIS will map other registrant's locations and provide CEMA and CCPH with copies of maps.





5. Teleride busses will be used to pick up Functional Need registrants able to ride in a bus.
6. CEMA will coordinate to have a radio operator on the bus to help with routing and coordination with ESF-01 (Transportation) and the Staging Area Transportation Officer.
7. Drivers will be provided a Driver's briefing, at a central location, prior to the beginning of an evacuation. This Drivers Briefing will provide an overview of the goals and objectives, who to contact in an emergency, and other specific information.
8. In the event of an unexpected emergency, CEMA will use the most recent map provided by SAGIS to determine the affected FMN registrants in the emergency area. Transportation assets will be coordinated based on this information. EMS and Teleride resources will be requested as necessary.
9. Functional Need registrants will be transported to the FMN Staging Area for triage and transportation to an inland shelter. If the triage process results in no FMN needs, the registrant will be transported home where they may subsequently evacuate with the general population.
10. If the triage process results in a registrant being classified as Medical Needs, the registrant will be transported to a local hospital.

**E. Staging Area Setup and Security**

1. The Staging Area Manager, Operations Officer and representatives from the supporting agencies will determine registrant flow. Certain challenges, such as narrow corridors, or doorways, and stairs which restrict transport of stretchers or wheelchairs must be considered in the patient registration flow planning.
2. The following section delineates and describes the critical aspects of the Staging Area. Each area must be considered when establishing the facility.
  - a. **Perimeter Security:** Perimeter security is needed to provide for the safety of the public. Local law enforcement will provide security for the facility and surrounding areas. Local enforcement officers will need to ensure only authorized and properly credentialed staff enter the grounds.
  - b. Perimeter security will also be called upon to check personal belongings of registrants as needed. If dangerous items are





suspected/seen in a registrant's belongings (i.e. weapons), local enforcement officers will immediately confiscate the article(s) and notify the local law enforcement authorities.

- c. Once registrants are discharged from the Staging Area they will not be allowed to re-enter. Registrants will be directed away from the facility.
- d. The number of security officers needed at the facility will depend on the size and requirements of the Staging Area.

**F. Hospital Medical Actions**

- 1. Local Hospitals will secure facilities at the first notification of a FMN evacuation.
- 2. The perimeter will be secured and visitors and guests will be triaged before entering the campus to determine the nature of their visit. Persons seeking emergency care will be directed to the Emergency Department.
- 3. Individuals picking up a discharged patient will be required to provide the name of the patient before entrance will be allowed. Persons identifying themselves as FMN persons will be placed in a holding area.
- 4. Hospitals will notify the EOC of necessary pick up requirements for further registration, triage and delineation of destination. Medical Need patients who have already been identified via Staging Area triage or FMN registration will be required to have the appropriate lanyard designating their status. These patients will be admitted through the emergency departments. Hospitals perform triage for FMN for patients arriving during evacuation operations.
- 5. People seeking shelter, without FMN needs, will be informed to proceed by any CAT bus to the general Evacuation Assembly Area (EAA) for evacuation by public transportation to a congregate shelter.



**G. Re-Entry and Recovery Operations**

1. When re-entry is authorized into Chatham County, the FMN plan will implement a return of registrants in a reverse system from the evacuation. Functional Needs residents will be returned thru the Staging Area and moved back into their homes.
2. If their homes are deemed unsafe or uninhabitable, arrangements will be made through ESFs 06, 08 & 14 (Long Term Community Recovery) to find appropriate intermediate or long term sheltering/housing for the affected individuals.
3. Medical Needs patients who required sheltering in hospitals will be returned through the Hospital system and then transported back into their homes. If their homes are unsafe or uninhabitable they will be temporarily housed in the hospital until appropriate housing or sheltering can be arranged through ESF-06.

**H. Training and Exercise**

1. An annual seminar of this plan will be conducted by ESFs 06 & 08 with appropriate support ESF representatives invited. This seminar can include a walk thru of the pre-identified Staging Area facility for familiarization of the site and the operational layout.
2. A Table Top Exercise will be conducted every two years to test the effectiveness of the plan and to make any necessary changes to the plan.
3. A Full Scale Exercise will be conducted every three years.
4. Other drills, exercises and trainings may be conducted as needed

**VIII. RESPONSIBILITIES**

- A. CEMA is the overall coordinator for Chatham County in disasters and emergency management; CEMA is responsible for the following activities when a FMN evacuation is to be initiated:
1. Facilitate planning between emergency support functions and GEMA to rapidly provide transportation which can accommodate FMN registrants.
  2. Ensure transportation assets are in place and commencing transport within 12 hours of notification.



3. Assist CCPH with staffing and supplies for the Staging Area, and other requirements as requested.
  4. Maintain communications with GEMA regarding planning, the decision to evacuate, and the status of the evacuation.
- B. Chatham County Public Health Department:
1. Provide PH-FMNC to coordinate pre-event registry, intake, and triage of registrants
  2. Maintain database of registrants with medical and contact information
  3. Operate and coordinate staffing levels as appropriate at the Staging Area for medical intake and triage of registrant
- C. ESF-08 partners:
1. Coordinate with other participating agencies to discuss implementation of the plan and activities of the group through the EOC.
  2. Coordinate planning, identification, triage, evacuation and the return of the County's FMN population.
  3. Coordinate planning and training to address the FMN population's requirements during evacuation.
  4. Operate and coordinate the improvement of shortfalls in staffing, location, supplies, etc. for the ST3C or Staging Area.
- D. ESF-06:
1. Coordinate with participating agencies to provide clerical and administrative functions at Staging Area.
  2. Tracking of registrants to include provisions for a Transportation/Manifest Officer
- E. EMS providers and Teleride will begin to coordinate transportation from registrants' homes to the Staging Area immediately upon activation of this plan. As required, ESF-01 will coordinate transportation of registrants from the Staging Area back to their homes or local hospitals post storm.
- F. GEMA will coordinate with State and private agencies to provide transportation which accommodates FMN registrants.



- G. Staging Area Team (in accordance with ST3C Plan)
1. Staging Area Manager: The Manager will be responsible for overall command and control of the facility, report staffing and resource needs to the EOC and assign officers to serve other command functions in the organizational chart
  2. Physician Lead: This function is staffed by a Chatham County Health Department Physician. This person will have the functional/operational responsibility of determining a registrant's FMN designation.
  3. Nursing Lead: This position is staffed by the Chatham County Nurse Manager or her/his designee. The functional responsibility of this position is to manage the triage of registrants. Standard State of Georgia Nursing Protocols will be used as a template for decision making. Registrants will be triaged for assignment to an available sheltering facility.
  4. Clerical Lead: This position is staffed by an ESF-06 representative. Functional responsibilities of this position include providing and maintaining the FMN Registry at the Triage Center. Staff will provide the Registry, FMN Registry Application Forms and disseminate the information to responding or supporting agencies as needed. DFCS will be responsible for managing the intake station and tracking the FMN registrants through transport and to their assigned sheltering facility.
  5. Logistics Lead: This position is staffed by the CCPH Logistics/Procurement Officer. The functional responsibility of this position is to provide equipment and supplies as needed by the Nursing Function of the Triage shelter.
  6. Transportation/Manifest Officer: ESF-06 will provide for the manifesting and tracking of FMN Residents who are evacuated through the Staging Area.

## **IX. APPENDIX MANAGEMENT AND MAINTENANCE**

- A. CEMA is the executive agent for Appendix management and maintenance. The Appendices and supporting documents will be updated periodically as required to incorporate new directives and changes based on lessons learned from exercises and actual events. This section establishes procedures for interim changes and full updates of the Appendices.



- B. Types and Changes: Changes include additions of new or supplementary material and deletions. No proposed change should contradict or override authorities or other plans contained in statute, order, or regulation.
- C. Coordination and Approval: Any department or agency with assigned responsibilities within the Appendices may propose a change to the plan. CEMA is responsible for coordinating proposed modifications to the Appendices with primary agencies, support agencies and other stakeholders. CEMA will coordinate review and approval for proposed modifications as required.
- D. Notice of Change: After coordination has been accomplished, including receipt of the necessary signed approval supporting the final change language, CEMA will issue an official Notice of Change. The notice will specify the date, number, subject, purpose, background, and action required, and provide the change language on one or more numbered and dated insert pages replacing the modified pages in the EOP, Annex, or supporting documents. Once published, the modifications will be considered part of the EOP for operational purposes pending a formal revision and re-issuance of the entire document. Interim changes can be further modified or updated using the above process.
- E. Distribution: CEMA will distribute the Notice of Change to participating agencies. Notice of Change to other organizations will be provided upon request. Re-issuance of the individual annexes or the entire EOP will take place as required. Working toward continuous improvement, CEMA is responsible for an annual review and update of the EOP to include related annexes, and a complete revision every four years (or more frequently if the County Commission or Georgia Emergency Management Agency deem necessary). The review and update will consider lessons learned and best practices identified during exercises and responses to actual events, and incorporate new information technologies. CEMA will distribute revised EOC Annex documents for the purpose of interagency review and concurrence.



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**TAB A**  
**FUNCTIONAL AND MEDICAL NEEDS REGISTRATION FORM**



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## TAB A FUNCTIONAL AND MEDICAL NEEDS REGISTRATION FORM

Department of Public Health – Coastal Health District Functional and Medical Needs Registration

### 2014 Coastal Health District Functional and Medical Needs Evacuation Registration Form

**Note: Please PRINT the entire form and mail it to the return address at the end of the form. Registration must be updated and submitted annually.**

#### Section 1 Required Personal Enrollment Data (One Person Per Form)

Date of Application: \_\_\_\_\_ New Application or Updated Version of Existing Application (circle one)

Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Sex: ☐ Male ☐ Female

Street address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Apt. \_\_\_\_\_

Mailing address (if different from above):

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ TDD \_\_\_\_\_

Primary language: \_\_\_\_\_ Level of English proficiency if English is not primary: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Residence type: ☐ Single family home/duplex ☐ Mobile home park/trailer ☐ Apt./Condo ☐ Other (specify) \_\_\_\_\_

Name of subdivision, mobile home park, or apartment complex \_\_\_\_\_

**\* Residents living in nursing homes, assisted living facilities, and personal care homes MUST follow the emergency plan established by the facility's administration.**

Living situation: ☐ Living alone ☐ Living with parents ☐ Living with children/family ☐ Living with friend  
☐ Living with spouse ☐ Other (specify) \_\_\_\_\_

#### Section 2 Emergency Contacts

(Local) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

(Non-Local) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

1



### Section 3

### Functional Needs

Check all that apply:

- ☐ Medical dependence on electricity (☐ O2 concentrator ☐ Nebulizer ☐ Other)  
☐ Oxygen Company ☐ Intellectual disabilities ☐ Allergies to foods ☐ Bedridden  
☐ Cognitive impairment ☐ Dietary restrictions ☐ Weight ☐ Morbid obesity  
☐ Speech Impairment ☐ Service animal ☐ Incontinence ☐ Alzheimers/Dementia  
☐ Anxiety/depression ☐ Hearing loss/impaired ☐ Vision loss/impaired ☐ Mental Health Problem  
☐ Walker/Cane/Wheelchair (circle one) ☐ Communication aids/services  
☐ List any devices \_\_\_\_\_

Activities of daily living require:

- ☐ Durable medical equipment (DME) ☐ Assistance with medications (☐ Refrigeration required)  
☐ Consumable medical supplies (CMS) ☐ Personal Assistance Services (PAS)  
☐ Sleeping accommodations (☐ Accessible cots ☐ Crib ☐ Other \_\_\_\_\_)

Access to transportation:

- ☐ Wheelchair accessible vehicle ☐ Individualized assistance ☐ Transportation assistance required

Assistance with activities of daily living:

- ☐ Eating ☐ Taking medication ☐ Dressing/undressing ☐ Walking ☐ Stabilization  
☐ Transferring to/from wheelchair or other mobility aid ☐ Bathing ☐ Toileting ☐ Communicating

Underlying health conditions

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### Section 4

### Medical Needs

Check all that apply:

- ☐ IV medication ☐ Feeding pump ☐ Suction ☐ Dependent on power operating equipment to sustain life  
☐ Requires medical observation ☐ Open wounds/decubitus ☐ Unstable ☐ Terminal  
☐ Respirator dependent ☐ Contagious condition ☐ Ongoing treatment

☐ Medical Diagnosis: \_\_\_\_\_

☐ Requires licensed care provider to perform the following: \_\_\_\_\_

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Section 5

Medications

Please list your current medication(s):

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Section 6

Provider and Insurance Information

Primary doctor name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Home health agency name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Other health service provider: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Other health service provider: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Pharmacy name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Medicaid: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Medicaid ID: \_\_\_\_\_

Waiver: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Medicare: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Medicare ID: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Insurance policy # \_\_\_\_\_

Insurance group # \_\_\_\_\_

Case manager (name and organization): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail \_\_\_\_\_

Allergies:

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## Section 7

## Additional Required Information

A caregiver MUST travel with registrant. Do you have a caregiver? ☐ Yes ☐ No  
Caregiver name: \_\_\_\_\_ Caregiver phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
Will your caregiver travel with you on the bus? ☐ Yes ☐ No  
Do you have a pet or service animal that needs to travel with you? ☐ Yes ☐ No  
What type of service animal? \_\_\_\_\_  
What type of pet? \_\_\_\_\_  
Do you have proof of vaccination for your pet? ☐ Yes ☐ No  
Do you have a carrier for your pet? ☐ Yes ☐ No  
Do you need transportation to the staging area (area from which evacuation will take place) in the event of a disaster? ☐ Yes ☐ No  
If yes, indicate type of transportation: ☐ Bus ☐ Wheelchair van ☐ Ambulance

## Important Notes

In an actual emergency, coordinating agencies will try to provide the necessary evacuation assistance, but this cannot always be assured.

- To best guarantee personal safety, individuals should make plans and follow government emergency evacuation guidelines.
- Your personal caregiver MUST accompany you to the emergency shelter.
- Depending on your health status you may be transported to an American Red Cross emergency shelter or admitted to an inland healthcare facility.
- **Residents living in a nursing home, assisted living facility and personal care home MUST follow the emergency plan established by the facility's administration.**



**TAB B**  
**FUNCTIONAL AND MEDICAL NEEDS CONSENT FORM**



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## TAB B FUNCTIONAL AND MEDICAL NEEDS CONSENT FORM

### Consent to Participate in the Functional/Medical Needs Registry

Please read and initial each of following. Refusal to sign does not mean you will not be placed on the Registry. It may, however, affect our ability to process this application **and** our ability to assist you.

\_\_\_\_\_ I recognize that neither the County Department of Public Health, County Emergency Management Agency, nor any of their partners are responsible for providing medical care for evacuees and that the intent of the Functional/Medical Needs Registry is to provide, to the extent possible under emergency conditions, an environment in which the current level of health of the evacuees with functional or medical needs can be sustained within the capabilities of available resources.

\_\_\_\_\_ I recognize that completion of this application does not guarantee my placement in the Functional/Medical Needs Registry, and that even if I am placed on the Registry, I remain responsible for myself in the event of a disaster.

\_\_\_\_\_ I assume responsibility for updating the County Functional/Medical Needs Coordinator regarding any changes in my medical status or contact information (phone number, address, etc.). Even if no changes in my status occur, I agree to contact the Coordinator at least annually.

\_\_\_\_\_ I am completing and submitting this application of my own free will.

\_\_\_\_\_ I give local law enforcement and emergency services personnel permission to enter my home in the event of an emergency.

\_\_\_\_\_ I authorize the contact of the person(s) I have listed herein as my emergency contact in the event of an emergency.

\_\_\_\_\_ I have read and signed the "Authorization for Release of Protected Health Information" form used to assist public health and their partners in facilitating my evacuation and sheltering needs during an emergency.

\_\_\_\_\_ I had the opportunity to ask questions regarding the use of my health information and obtain a Notice of Privacy Policy form upon request.

By signing this form, I agree that the information contained is accurate and truthful to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Person completing this form: ☐ Self ☐ Other (name and phone number): \_\_\_\_\_

Address/Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

This section to be completed by Coastal Health District.

Date \_\_\_\_\_ Date Updated \_\_\_\_\_ County \_\_\_\_\_ Evac Zone \_\_\_\_\_ Triage \_\_\_\_\_

5



GEORGIA DEPARTMENT OF PUBLIC HEALTH

AUTHORIZATION FOR RELEASE OF  
PROTECTED HEALTH INFORMATION

NAME OF INDIVIDUAL/PATIENT	
DATE OF BIRTH	
ADDRESS	CITY/STATE/ ZIP

1. I hereby voluntarily authorize \_\_\_\_\_ Health Department to disclose the medical information indicated below to healthcare providers, emergency responders, and American Red Cross health services personnel.

2. The purpose for this disclosure is to assist in emergency response activities.

3. The information to be disclosed is:

- ☐ Entire Medical Record  
☐ Only medical information from the period \_\_\_\_\_ to \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

If you would like any of the following sensitive information disclosed, please indicate with a check mark below:

- ☐ Alcohol/ Drug Abuse Treatment  
☐ HIV/ AIDS- related Treatment  
☐ Mental Health (other than psychotherapy notes\*)

4. I understand that this authorization shall become effective immediately and shall remain in effect until \_\_\_\_\_ (date) or for one year from the date of signature if no date is entered.

I understand that this authorization may be revoked in writing by the undersigned at any time prior to the release of information from DPH. Written revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

I understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization.

I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act.

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Print Authorized Representative's Name (if applicable)

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

\**Psychotherapy notes* means notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. 45 C.F.R. 164.501.





**TAB C**  
**FUNCTIONAL AND MEDICAL NEEDS EVACUATION DRIVER BRIEFING**



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**TAB C**  
**FUNCTIONAL AND MEDICAL NEEDS EVACUATION DRIVER BRIEFING**

**DRIVER BRIEFING**

Goal: Evacuation of persons in Chatham County with Functional and Medical Needs

Routing: You will be provided routing maps and instructions

Equipment: A Cell phone and/or radio is needed

Patient Drop off: West Chatham YMCA or one of the Hospitals. Know where you are going! Each trip may be different!

Pets: Accommodate pets as much as possible or in accordance with departmental policies. Pets should be crated and or muzzled. Service dogs should be allowed to transport. Contact EOC if unable to accommodate. Safety is priority.

Pick up/Delivery: If using radio, please check in when picking up and upon delivery of patient(s).

Support contact: 912-201-4552 or 912-201-4500



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