

IAP AIRPORT SCREENING PROTOCOLS
Rev.9-9-05 10:45 AM
Screening Operations Summary/PDX

Objectives

- Rapid processing of displaced citizens
- Identification of persons requiring emergent and urgent medical, dental, and mental health care as well as chronic conditions requiring near-term follow-up or long term care
- Identification and prevention of communicable diseases
- Promotion of family/social network integrity and dignity of displaced citizens

Flow

- Screening of displaced citizens by EMTs/RNs into six (overlapping) populations
- Secondary assessment of individuals according to screening information at Assessment and Treatment (A&T) Area
- Disposition: ER, Stabilization Clinic, Shelter
- Medical record (Intake Medical Screening for Displaced citizens) accompanies patient.
- Log tracks assessments at A&T
- Volunteer escorts to transport evacuee from station to station

Leadership Structure

- Operations Supervisor: administrative supervision of:
 1. Medical Record Lead
 2. Volunteer Coordinator
 3. RN Supervisors of Screening and CD Areas
 4. A &T MD Supervisor
- 5. Administrative Aid
- 6. Medical Director
- Medical Director: clinical supervisor of:
 1. RN Supervisors
 2. A&T MD Supervisor

Liaison

- American Red Cross (Shelter/PDX Operations)
- Portland Fire and Rescue (Screeners, A&T staffers, EMS referral)
- Project Respond (Secure Mental Health Transport)

Health Information

- *Intake Medical Screening for Displaced citizens* is principal document.
- Manila Folder
- Log entry indicating assessment site and disposition for tracking, billing, data analysis
- Privacy and Confidentiality training during orientation

Services Available at Shelter through Red Cross

- Dental care, Northwest Medical Teams
- Assessment for long term care placement
- Referral to VAH
- 24/7 on site nursing care
- 24/7 mental health access

Activity and Decision Matrix by Site

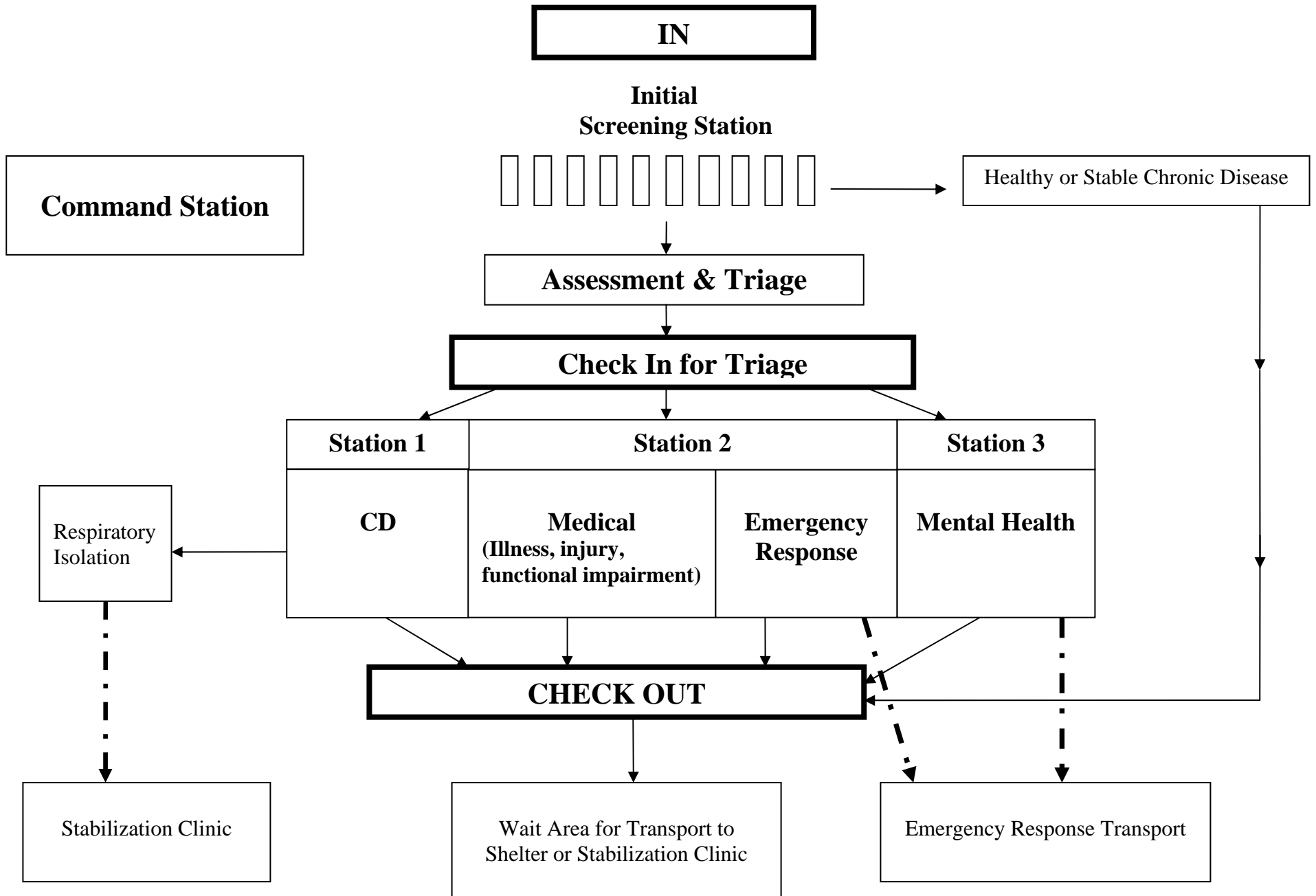
Site	Personnel	Function	Outcome →	Disposition
Screening	EMT/RN Screening RN Supervisor	Complete Page 1 of Intake Medical Screening for Displaced Citizens	Emergent medical needs	Assessment & Treatment Area (A&T)
			Communicable disease symptoms	Communicable Disease Area (CD) A&T
			Reports illness or injury	A&T
			At risk for alcohol or drug withdrawal	A&T
			Suicidal or homicidal ideation	A&T/QMHP
			Unable to care for self	A&T
			Non-urgent health needs	Shelter
			No health needs identified	Shelter

Site	Personnel	Function	Outcome →	Disposition
Communicable Disease (CD)	CD Nurses CD RN supervisor	Complete CD screening form Assess for Communicable Disease Prevent CD spread	Positive Screen Acutely Unstable	A&T
			Stable	Stabilization Clinic
			Cough: Place Mask Open Wound: Apply dressing	
			Negative Screen and other Physical or Mental Health Concerns	A&T or Stabilization clinic at CD RN discretion
			Self- Identified Veterans with urgent needs	VAH ER

Site	Personnel	Function	Outcome →	Disposition
Assessment and Triage Area	-MD supervisor -RNs -EMTs -Qualified Mental Health Professionals -Check-in Clerks	-Complete A&T section of Intake Medical Screening for Displaced Citizens	Persons requiring acute evaluation of chest pain, shortness of breath, decreased level of consciousness, etc	Refer to Portland Fire and Rescue for stabilization and ER transport
		Assess objectively or subjectively ill or impaired persons	Persons requiring urgent evaluation for outpatient clinical syndromes	Stabilization Clinic
			Persons stable for shelter who need clinical follow-up in next 12-72 hours	Shelter
			Persons unable to care for self who cannot be managed temporarily in shelter	ER
			Persons found to have no current health needs	Shelter
			Self-identified veterans with urgent needs	VAH ER

Site	Personnel	Function	Outcome →	Disposition
A&T-Psych	QMHP QMHP Supervisor	-Assess decompensated psychiatric disorder	Person needs secure and/or inpatient psychiatric care	Coordinate with Project Respond
		-Assess/Isolate/Transport of disruptive patient	Compensated person needs/consents to outpatient treatment	Refer to Stabilization Clinic

HEALTH SCREENING / AIRPORT



**Evacuee Screening PDX
STAFF SUMMARY**

Position	# Req	Station	Role	Exp/Training
Group Supervisor	1	Command Station	Oversee all site operations	Op Sup
Medical Director	1	Command Station	Oversee medical aspect of all site operations	MD Director
Volunteer Coordinator	1	Command Station	Oversee all volunteer operations	
Lead Medical Record Clerk (MRC)	1	Command Station	Oversee all aspects of forms/ medical records	MRC
Administrative Aid	1	Command Station	Support Group Supervisor and Medical Director, overflow clerical duties (eg., copying, faxing) as assigned by MRC	OA
Red Cross Liaisons	2	Command Station	Maintain communication between MCHD and Red Cross operations	
Screening RN Supervisor	1	Screening area	Oversee screening area personnel	RN
Screeners	20	Screening area	Initial brief screening for emergent conditions and appropriate triage, including immediate transfer for emergency care	EMT basic
Check-in for Secondary Screening	2	Screening area	Log in name, ID, and station destination for all evacuees sent to Assessment and Triage	
CD RN Supervisor	1	Assessment and Triage, CD: Station 1	Oversee RNs in A & T area	Lead CD RN
RNs	5	(A&T): Station 1	Screen and limited interventions for identified CD conditions; assign disposition	RNs
Isolation Area Monitor	1	(A&T): resp isolation	Supervision and care of individuals requiring placement in the isolation area	LPN, CMA, HA
MD Supervisor A&T/CD	1	Assessment and Triage, Medical Station 2	Clinical Supervisor of A & T area personnel and duties	FP/ER-MD
Paramedics (EMTs) (1 truck)	4	(A & T) Station 2	Emergency standby to stabilize and transport for emergency care	EMTs
RNs	4	(A & T) Station 2	Detox Assessment—assess and triage for A&D detox needs General medical—assess medical conditions; limited interventions; assign disposition (including to CD area PRN).	RN
QMHP/Supervisor	1	Assessment and Triage, MH: Station 3	Supervise QMHPs in A & T area	QMHP
QMHP	2	(A & T): Station 3	Assess and provide limited interventions for mental health conditions; assign disposition	QMHP
Clerical	2	Transport	Collect screening forms; enter disposition into log; direct evacuees to appropriate waiting area	OA
Volunteer Monitors	20	Entire Screening Area	Escort patients, provide support and comfort	Lay Volunteers

Evacuee Health Screening PDX Staff Roles

Including Roles/Responsibilities/Chain of Command

Role/Responsibilities

Group Supervisor

- Oversee all site operations
- In charge of communication, computers
- Liaison with Volunteer Coordinator
- Liaison with security personnel
- Administrative supervision all staff
- Insure of availability of all needed medical supplies
- Liaison with Red Cross

Medical Director:

- Oversee medical aspects of all onsite operations
- Report to Group Supervisor
- Determine need for additional resources, or release of resources
- Evaluate and authorize changes in clinical protocols
- Clinical supervision for supervising RNs and MDs
- Manage surge capacity
- Brief Health Dept. Leadership
- Liaison with Red Cross

Volunteer Coordinator

- Supervise/oversee all volunteer operations (there will be 20 lay volunteers/shift)

Lead Medical Record Clerk (MRC)

- Oversee all aspects of medical records operations
- Assure records are completed correctly and forwarded on for care, as needed
- Assure that all measures of patient confidentiality are maintained
- Supervision of clerical staff at all stations

Red Cross Liaisons

- Communicate and coordinate with Red Cross re: issues of transportation and other areas

Clerical

- Complete Check-In and check-Out Logs for A&T
- Coordinate transfer of records between stations and other facilities, as needed
- Copy, fax records as needed
- Maintain non-medical supplies in assigned area

Screeners

- Advise displaced citizens that medical information will be shared with Red Cross
- Complete Intake Medical Screening for evacuees
- Follow instructions on Intake Medical Screening for appropriate routing

Screening RN Supervisor

- Coordinate screening process to insure timely referral and smooth flow of evacuees through medical screening
- Work with Volunteer Coordinator to
 - insure appropriate streaming of evacuees to the med. screening area
 - for transport to further assessment or return to waiting area after completion of the Intake Form
- Supervise the screening staff
- Coordinate with Medical records Clerk to insure transfer of completed records
- Assists in other areas of the operation, as needed
- Insures for provision of adequate supplies

RN CD Assessment

- Interview evacuees referred for CD screening
- Complete CD portion of the Intake Medical Screening and route evacuees as directed
- Reports to RN CD Supervisor

Isolation Area Monitor

- Supervise isolation area to maintain appropriate CD measures
- Care of evacuees requiring CD isolation

CD RN Supervisor

- Supervise RNs doing CD screening
- Coordinate the transfer of individuals referred for isolation or urgent Tx.
- Communicates with County CD representatives
- Reports to MD Supervisor of A&T

RN A&T

- Assess evacuees referred from screening or other assessment areas
- Complete the Medical Intake Screening Form
- Route displaced citizens as directed
- Reports to MD Supervisor in the A&T Area

MD Supervisor A&T/CD

- Supervise RNs doing medical assessment in both CD and A&T areas
- Direct evacuees' assessment, as needed
- Coordination with EMT and CD personnel
- Reports to Medical Director for clinical issues

QMHP

- Assess and provide limited mental health interventions as needed (for acute conditions)
- Route evacuees as needed
- Reports to QMHP Supervisor

QMHP Supervisor

- Supervises QMHPs
- Reports to MD A&T Supervisor

EMTs

- Provide emergency medical care
- Assess displaced citizens referred from screening or other assessment areas
- Complete the Medical Intake Screening Form
- Route displaced citizens as directed
- Report to EMT Supervisor

Volunteer Monitors

- Route displaced citizens to appropriate site
- Assist families, individuals in waiting areas
 - Orient to screening process, care available, shelter care
 - Avoid giving estimates of travel time, details of care, etc

Intake Medical Screening for Displaced Citizens Protocol

Goals

- Rapid processing of evacuees
- Identification of persons requiring emergent and urgent medical and mental health care as well as chronic conditions requiring near-term follow-up
- Identification and prevention of communicable diseases
- Promotion of family/social network integrity and dignity of displaced citizens

Personnel

- Screeners – Paramedics/EMT or RN
- Screening RN Supervisor

Function:

- Rapidly **complete** *Intake Medical Screening for Displaced Citizens* and assign disposition
- If patient appears **critically ill** (too sick or confused to participate in interview, acutely dyspneic, diaphoretic, etc) stop interview and alert EMTs (*Note: Do not refer to EMT chronically cognitively impaired persons with friend/family member able to give history*)
- Identify patients with **extreme and/or disruptive behavior** and refer immediately to Qualified Mental Health Professional
- Work with volunteer **escorts** to move patients to appropriate disposition
- Refer **questions** to Screener Supervisor.
- Do not perform physical exam

Asking Screening Questions

Advise Displaced Persons that medical information will be shared with Red Cross

Obtain identifying and demographic information:

1. Client name
2. DOB
3. Sex
4. Primary Language
5. Who evacuee is traveling with
6. Emergency Contact and phone number

Determine if immediate medical care required:

1. *Are you or your child having any of these:*
 - *Severe pain?*
 - *Trouble breathing?*
 - *Chest pain?*
 - *Change in behavior (confused, inconsolable crying, hard to wake up or keep awake)?*

Determine if communicable disease assessment is required

2. *Are you or your child having any of these:*
 - *Diarrhea or vomiting*
 - *Cough*
 - *Draining wounds or unusual rash*
 - *Sore throat with fever*
 - *Possible head lice*

Determine if evacuee needs medical assessment for illness, injury, or substance withdrawal

3. *Are you or your child sick or injured?*

4. Will you get sick if you do not have alcohol or drugs?

Determine if evacuee needs mental health assessment for symptoms or safety

5. Are you having thoughts of hurting yourself or others?

Determine need for outpatient medical follow up

6. Do you take prescription medications?

7. Are you or might you be pregnant?

Determine need for long term care assessment

8. Did you have someone taking care of you or were you in a nursing home?

Document veteran status

9. Are you a veteran?

Assign Disposition based on answers to questions

If YES to	Area
Question 1	EMT immediately Station 2
Question 2	CD Station 1
Question 3 or 4	A & T Station 2
Question 5	Mental Health Professional Station 3
Question 6 or 7	Evacuee preference: 1. Transport to shelter; alert shelter to need for referral to Stabilization Clinic 2. Transport to Stabilization
Question 8	A&T Station 2
If NO to questions 1-8	Transport to shelter

Screening Documentation

- Legibly complete form
- Sign form with date/time

Privacy

- Place screening form in manila folder
Use common sense to limit violations of patient confidentiality

CD Assessment Nurses Protocol

Goals

- Patients at initial screening who have symptoms of specific communicable disease will be directed to CD for additional screening
- Spread of communicable disease will be minimized in shelter population
- CD screeners will further assess symptomatic pts to identify those who may have the following communicable diseases:
 - Gastrointestinal: salmonella, shigella, E. coli, campylobacter, Norovirus, entero viruses, toxoplasmosis, cryptosporidiosis, giardiasis
 - Respiratory: tuberculosis, pertussis, strep throat
 - Skin diseases: head lice, scabies, staphylococcus, vibrio vulnificus, chicken pox, measles (latter 2 unlikely)

Protocols

CD screeners will use the CD screening questions to triage symptomatic pts to the appropriate area for follow up:

- Those identified with symptoms of TB or pertussis respiratory illness will be masked and then sent to respiratory isolation for transport to stabilization clinic; those with sore throat and fever will be sent directly to the Stabilization Clinic.
- Those with symptoms of communicable GI condition will be sent to Stabilization Clinic
- Those with draining skin sores will have occlusive dressing placed and then will be sent to Stabilization Clinic.
- Others with symptoms of potentially communicable skin conditions will be sent to the Stabilization Clinic.
- Others will be released to the shelter or sent to Stabilization Clinic if specific symptoms not thought to be communicable but needing medical attention
- Patients needing emergent medical attention will be sent to emergency response in Assessment and Triage
- Veterans with urgent needs will be sent to VAH ER.

Assessment and Triage Area/PDX Station 2

Protocols

Objectives

- Identify ill or injured persons requiring transport to hospital
- Identify ill or injured persons, including those with urgent dental needs, who require immediate stabilization clinic visit
- Identify persons for whom follow-up clinic visit can be deferred until after transport to shelter
- Identify persons needing immediate long term care placement
- Create documentary record of assessment, treatment, and disposition for individual care, tracking, and population data analysis
- Identify and develop short-term safety and care plan for evacuees with significant psych issues
- Apart from immediate assessment and stabilization, the objective of the Assessment and Triage function is **not** definitive diagnosis and treatment.

Personnel

- MD supervisor
- RNs
- Portland Fire and Rescue EMTs
- Qualified Mental Health Professionals
- QMHP Supervisor
- Check-in Clerks

Flow

- Escorted by Volunteers to A&T waiting area from Screeners
- Check-in by Clerks
- Assessment and Disposition by RNs and EMTs (MD consultation as needed)
- To transport waiting area.

Assessment

- Review of Intake Screen Form
- Targeted History
- Targeted Vital Signs
- Pulse oximetry, capillary blood glucose, PT-INR as indicated

Disposition

- Referral to Fire and Rescue EMS: persons requiring acute evaluation of chest pain, shortness of breath, decreased level of consciousness, hypoxemia, malignant hypertension, acute alcohol withdrawal, symptomatic hypotension, etc
- Referral to Stabilization Clinic: persons identified as requiring immediate evaluation for outpatient clinical syndromes: eg. URI, UTI, mild cellulitis, sprains/strains, significant chronic pain, poorly-controlled hypertension, unmedicated seizure disorder, diabetes requiring resumption of medications, etc
- Identification of clients stable for shelter transport who may need clinical follow-up in next 12-72 hours: patients with limited medication supplies, mild sprains/strains, non-acute psychiatric conditions requiring medication resumption, etc.

- Referral of all self-identified veterans to Veteran's Administration Hospital for emergent or urgent care
- Referral to ER of persons with functional impairments who require immediate long term care placement
- Cleared for Shelter Assessment and reassurance of the patient found to have no current health needs who had positive Intake Screen questions or reported concerns.
- Follow up dental care will be available at shelter site through Northwest Medical Teams

Documentation

- Complete page 2 of *Intake Screen* form
- Sign and date form
- Copy of form will be provided to Red Cross courier for Shelter and Stabilization Clinic visits
- Check-in Clerks log in evacuees with name/DOB on *Check-in Log*. After assessment/disposition determined by A&T staff, log entry completed from *Intake Screen* form.

RED CROSS Alert:

Needs Stabilization Clinic F/U

See Triage Plan

Intake Medical Screening for Displaced Citizens

Client Name _____ **DOB** ___/___/___ **Sex** Male Female

Primary language _____ FIRST MIDDLE LAST Traveling with? _____

Emergency Contact/Phone _____

Veteran Y N

If patient appears critically ill (too sick or confused to participate in interview, acutely dyspneic, diaphoretic, etc) stop interview and alert EMTs

1. Are you or your child having any of these: severe pain trouble breathing chest pain change in behavior (confused, inconsolable crying, hard to wake up or keep awake)
2. Are you or your child having any of these:
 diarrhea or vomiting in past 5 days OR cough OR sore throat with fever OR
 draining wound(s) OR rash possible head lice
3. Are you or your child sick or injured? **Y N**
4. Will you get sick if you do not have alcohol or drugs? **Y N**
5. Are you having thoughts of hurting yourself or others? **Y N**
6. Do you take prescription medications? **Y N**
7. Are you or might you be pregnant? **Y N**
8. Did you have someone taking care of you or were you in a nursing home? **Y N**

Disposition: Prioritize assignment based on following order (Assign based on first "Yes")

IF YES ON Question 1	To EMT - Station 2	<input type="checkbox"/>
IF YES on Question 2	To A&T - Station 1	<input type="checkbox"/>
IF YES on Question 3 or 4	To A&T -Station 2	<input type="checkbox"/>
If YES on Question 5	To A&T -Station 3	<input type="checkbox"/>
If YES on 6 or 7 and needs assessment today	To A&T - Station 2	<input type="checkbox"/>
If YES on 6 or 7, but prefers to defer assessment	Cleared for shelter; Note need for Stabilization Clinic Follow up Above	<input type="checkbox"/>
If YES on 8	To A&T-Station 2	<input type="checkbox"/>
If NO on 1-8	Cleared for shelter	<input type="checkbox"/>

Signature of Screener _____ Date/time _____

ASSESSMENT AND TRIAGE

Functional Assessment (Complete if applicable)

1. Is person demented or confused? **Y N**
 2. Does person require walker or wheelchair? **Y N**
 3. Does person require assistance with activities of daily living? **Y N**
 4. Is person incontinent of urine? **Y N**
 5. Does person have other functional limitations? **Y N**
- If **Yes** to any of above:
 Is person accompanied by a caregiver who can provide for all needs temporarily in shelter? **Yes:** refer to shelter. **No:** refer to ER
Complete Assessment, Plan, and Disposition over

Communicable Disease Assessment (Complete if applicable)

GASTROINTESTINAL

Vomit in past 24 hours?

- No: ok for shelter
- Yes: send to stabilization unit

Diarrhea in past 5 days?

- No: ok for shelter
- Yes:
 - Personal history of chronic diarrhea?
 - No: send to stabilization unit
 - Yes:

When does pt wish to have medical eval?

- Now: send to stabilization
- Within 5 days: ok for shelter

Note need for Stabilization Clinic visit at top of first page

SKIN

Generalized rash or rash with vesicles present? (inspect)

- No: ok for shelter
- Yes: to stabilization area for evaluation

Head lice or scalp itch?

- No: ok for shelter
- Yes:
 - Screener check scalp: are lice or nits present?
 - No: ok for shelter
 - Yes: send to Stabilization clinic for head lice treatment

Purulent drainage from skin present? (inspect)

- No: ok for shelter
- Yes: dress/cover wound; send to stabilization clinic for eval

Itchy rash present on wrists (inspect), around waist, genitals?

- No: ok for shelter
- Yes: send to stabilization area for eval possible scabies

RESPIRATORY

Cough present?

- No: ok for shelter
- Yes:
 - Personal history of asthma or COPD or smokers cough

When does pt wish to have medical eval?

- Yes:
 - Now: send to stabilization
 - Within 5 days: ok for shelter

Note need for Stabilization Clinic visit at top of first page

Current treatment for TB disease?

- No: go to next question
- Yes: give mask & advise how to use, send to respiratory isolation for transport to Stabilization Clinic
- No: go to next question

Cough duration 2 week or less?

- Yes: give mask, send to respiratory isolation
- No: go to next question

Vomiting with cough or spasms of cough?

- Yes: give mask, send to resp isolation, needs eval for pertussis
- No:

When does pt wish to have medical eval?

- Now: send to stabilization
- Within 5 days: ok for shelter

Note need for Stabilization Clinic visit at top of first page

Sore throat with fever present

- No: ok for shelter
- Yes: send to stabilization

If patient needs immediate medical attention, refer to Station 2

Complete Assessment, Plan, and Disposition below

A&D Assessment(Complete if applicable)

Alcohol use: How much? _____/day. Last drink _____ hours/_____ days ago. Withdrawal symptoms (seizures, DTs) _____

Drug use: What kind? _____ How much _____ Last use? _____ W/D Symptoms? _____

Complete Assessment, Plan, and Disposition below

Medical Assessment (complete if sick or injured)

Subjective: _____

VS: BP _____ P _____ Temp _____ RR _____ Pain _____ Pulse Ox _____ CBG _____ INR _____

Objective: _____

Assessment: _____

Problems: Chron Med Chron MH Acute illness Acute injury MH Emerg Med Emerg A&D CD Functional limits

Check all that apply

Plan: _____

Disposition

Shelter Stabilization Clinic Emergency Dept Other _____

Provider Signature _____ Date/Time _____

**Evacuee Screening PDX
Equipment/Supply List**

<u>CLINICAL SUPPLIES (PER 200)</u>	<u>NON-CLINICAL SUPPLIES</u>
Emesis Basins (50)	Clipboards #30
Hand wipes (200)	Pens #60
Glucometer	Paper ()
w/ supplies (2)	Staplers #15
Pulse Ox (2)	Manila folders #1000
B/P cuffs	Projector (Power Point set up) #1
Adult (2)	Screen for projector #1
XL (2)	Copiers #2
Peds (2)	Laptop w/ internet access #3
Stethoscopes (4)	Laptop w/o internet access #4
Oto/Ophthalmoscopes (1)	Walkie Talkies #8
w/speculums (100-child)	Cell phones—Med. Director, Op Sup and volunteer coordinator (1 each)
(100 adult)	PA Systems—1- General and 1- for volunteer orientation space
Gloves	Power strips #14
NonLatex	Extension cords
Small (10)	Staff chairs #40
Medium(10)	Tables as per layout plan
Large (10)	Feminine Hygiene/ Kotex Boxes #10
Doptone (1)	Videos/TVs for kids
INR (1)	Diapers
Privacy screens (11)	Color coded vests
Sharps containers (4)	Flags
Masks/splash guard (1 box each)	
Gowns (1 box)	
Sanitizer (30)	
Portable exam tables (2)	
Dressings for wounds	
Tape-2" paper (2 boxes)	
1" paper (2 boxes)	
4 X 4's (10 boxes-non sterile)	
Kerlex (2" –10 boxes)	
Non Adhesive pads (50)	
Scissors (Bandage) (10)	
Sterile saline (5 bottles)	
Sterile Water (5 bottles)	
Flashlight/pen lights (6)	
Tongue Blades (3 boxes)	
Wheelchairs (10—including 2- X wide)	

Orientation Overview

Target Groups to be oriented by MCHC

Screening Personnel
Nurses/Physicians
Mental Health Professionals
Communicable Disease Experts
Escorts/Volunteers
Portland Fire/Rescue Personnel
American Red Cross
Project Respond

Time of Orientation- 1-2 hours prior to plane arrival (may need to be repeated) to subsequent staffers

Materials: distribute packet with forms referenced in training.

TOPICS

All Volunteers

Systems/Flow Overview

- Displaced Persons – what we know
- Goal of Evaluation – Triage Medical/Psychiatric Problems; Welcome Process (Dignity/Families together); time frame
- Review key steps/sites of process (see SCREENING FLOW PDX HANGAR AND Screening Operations Summary)
- Review key personnel functions
- Paperwork/Identification

Arrival of Displaced Persons

- Demographic/Geographic/Recent experiences
- Security/Identification Cards/Clothing/Food/Water/Welcome
- Separate Screening/Assessment area

Shelter Basics: Washington High School,

- Co-coordinated by Red Cross
- Showers, Toilets, Beds, Food
- 24/7 on site RN coverage
- 12/7 mental health coverage with overnight on call
- Infirmary, isolation units

Volunteer Logistics

- Check-in, Check-out
- Facilities
- etc

Licensed Medical Volunteers

Screening, Communicable Disease Screening, Assessment and Triage Functions

- Objectives
- Protocols
- Personnel
- Individual roles

Volunteer Monitors

- Route people to appropriate site
 1. According to screener direction
 2. To Bus or waiting area if/when Green sticker applied to ID tag
 - Paperwork with Escort to medical records clerk
 3. Family assistance in the waiting areas
 - do not give estimates regarding : time, travel, details of care
 - describe system on-site , any known information about the shelter

OPERATION WELCOME OREGON: BEHAVIORAL HEALTH Addendum.

The behavioral health plan has three elements: Airport Screening, Shelter Therapy/Crisis Services, and the Stabilization Clinic.

A. Airport Screening

1. Initial call that plane(s) are in the air to County 24 hour crisis line (503) 988-4888.
2. Crisis Line calls Project Respond.
3. Project Respond provides 2 QMHP and supervisor and capacity to transport involuntarily to hospitals. People will be screened with question of thoughts of harm to self or others, if affirmative, walked to Project Respond area. Project Respond available to intervene with persons in acute emotional distress in hangar.

B. Shelter Therapy/Crisis Services

1. Red Cross coordinates all services, including therapy response in Shelter. Community, including mental health professionals wanting to provide counseling/therapy services to contact Red Cross Oregon Trail Chapter volunteer manager Judy Olivier at (503) _____ or olivierj@redcross-pdx.org website: http://www.redcross-pdx.org/volunteer/becoming_a_volunteer.shtml.
2. Red Cross and volunteers can refer persons to the Stabilization Clinic for psychiatric medication and evaluation.
3. Prescriptions will be filled at Stabilization Clinic (North Portland Health Center)
4. Red Cross will provide transportation for persons to the Stabilization Clinic

C. Stabilization Clinic

1. Opens the day first plane arrives and runs from 7 AM to 7 PM for 10 days. Operates at North Portland Clinic- 2nd floor, 9000 North Lombard Ave. Phone # 503 988-5304.
2. Clinic provides for both medical and psychiatric treatment all hours clinic is open.
3. Will also have one social worker there to provide limited crisis support for waiting persons.
4. Need volunteer psychiatrists and psychiatric nurse practitioners to staff this clinic. **Contact _____ to register.** Multnomah County Health Department will be registering all licensed professional as Emergency Corps volunteers and liability will be covered. All volunteers will get a picture ID at the Stabilization Clinic prior to their first shift.
5. Child psychiatrists will be available through OHSU for backup consultation since we do not know the ages of persons arriving and needing care and/or refills.

CONTACTS