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LESSON LEARNED

Mass Care Services: Ensuring the Availability of Medical Resources at Shelters

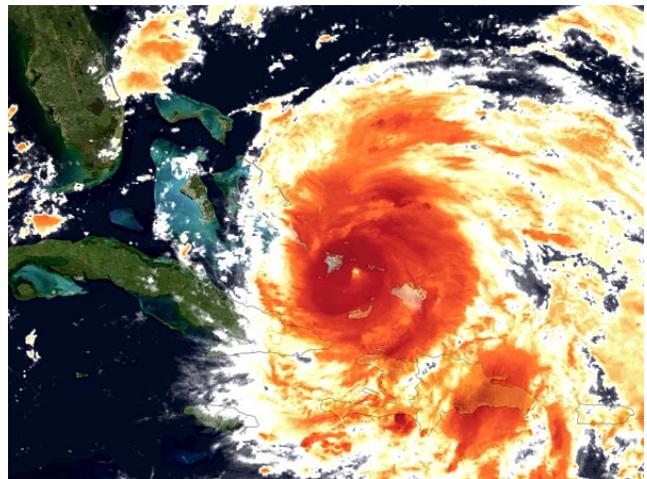
SUMMARY

Local emergency management agencies, health departments, and faith-based and voluntary organizations should collaborate to develop plans that ensure the availability of health and medical resources at shelters. These plans should address timelines, staffing, logistics, and decision matrices.

DESCRIPTION

On August 27, 2011, Hurricane Irene made first landfall near Cape Lookout, North Carolina, as a category 1 hurricane. Irene then tracked north to the Hampton Roads, Virginia region, before moving back over the Atlantic Ocean. The hurricane made a second landfall near Little Egg Inlet, New Jersey, on August 28, 2011. Weather forecasters downgraded Irene to a tropical storm before it made its third landfall in the Coney Island area of Brooklyn, New York, and continued to track through the Northeast. The storm moved through western New England before being absorbed by a weather front over northeastern Canada on August 30, 2011.

State and local agencies in the Commonwealth of Virginia began preparing for Hurricane Irene on August 22, 2011, when forecasts first indicated that the hurricane could impact the Virginia coastal area. Many of these agencies implemented the actions outlined in the pre-landfall sections of their respective response plans. Tropical storm winds began striking Virginia on the early morning of August 27, 2011, as the hurricane was making landfall in North Carolina. The effects of the hurricane continued through the next day until the storm moved toward the Northeast.



Hurricane Irene
(Source: National Geographic)



Hurricane Irene Damage in Virginia
(Source: U.S. Fish & Wildlife Service)

Local governments and voluntary agencies throughout eastern Virginia began opening shelters before Hurricane Irene made landfall in North Carolina on August 27, 2011. However, many agencies decided to open shelters shortly before or even after Hurricane Irene's tropical storm force winds began impacting the commonwealth. These late decisions to open shelters had a deleterious effect on shelter operations. Some shelters lacked the personnel required for key leadership positions or to establish the incident command system at the shelter. Further, the late decision, combined with a loss of power and telephone communications, prevented shelter managers from submitting requests to their local health district for medical personnel to support the shelter. The delayed shelter decisions also forced medical and other shelter personnel to travel in hazardous conditions to arrive at the shelter. Finally, the decision also precluded the appropriate medical expertise, supplies, and other resources required to care for evacuees with special medical needs.

The Virginia Department of Health's Hurricane Irene after action report (AAR) recommends that local health districts and their local government partners should continue to collaborate on shelter planning. These planning efforts should address timelines, staffing plans, logistics plans, and a "Go/No Go decision-making point." The AAR emphasizes that planning needs to ensure that medical resources are in place at shelters before the arrival of tropical storm force winds.

Local emergency management agencies, health departments, and faith-based and other voluntary organizations should collaborate to develop plans that ensure the availability of health and medical resources at shelters. These plans should address timelines, staffing, logistics, and decision matrices.

CITATIONS

Virginia Department of Health. *Virginia Department of Health 2011 Hurricane Irene After Action Report (AAR) and Improvement Plan (IP)*. 1 Sept 2011.

<https://www.llis.dhs.gov/docdetails/details.do?contentID=54743>

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