Cot-to-Cot©: Meeting access and Functional needs in congregate care shelters

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Tornado or other disaster leads to a population collecting in a congregate care shelter. Entire population displaced, may include frail seniors, persons with disabilities, English as second language, children and other unknown vulnerabilities.

Shelter opening first 1-6 hours Or during high influx of clients

Real time population assessment for urgent needs on arrival to shelter.

2 questions + 2 observations by licensed or non-licensed registration staff

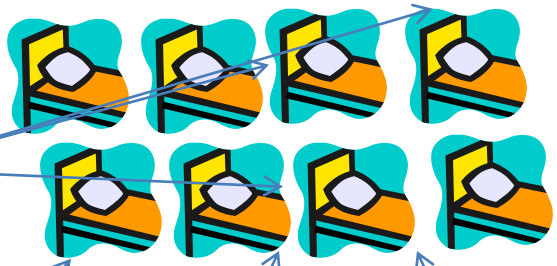
Urgent medical needs referred to EMS or Health services personnel on site

Urgent needs for health supplies or care attendant referred to Health Services. *Urgent non- health to shelter manager*. Non-urgent needs (if identified) logged for later RN review. (6-8 hr goal)

Model of Vulnerable Populations, Flaskrud and Winslow, 1998. Relationship–based , Nurse client therapeutic environment. Registered Nurse Association of Ontario,2006.Cornerstones of Nursing, Keller, Stroschein &,Schaffer, 2011.

Cot-to-Cot assessment of entire population in 1st 24 hours

Relationship-based nursing as best practice guide.



Shelter operations underway. Cot to cot assessment repeated in 72 - 96 hr or as needed

Activities of Daily living support for bathing, eating, moving about the shelter. May include additional durable medical supplies, or personal care attendant.

Psychological first aid, referrals for mental health support as needed

Health care needs for individuals, acute care, medication refills, referrals, support for chronic care. Population public health to include surveillance, education, counseling, collaboration with external resources, and advocacy. RN led model of care.