



# Shelter: Scope of Practice in Shelter Management/Records Retention/Ethical and Legal Considerations

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Blue Ridge Health District

March 25, 2026

# In this shelter session:



- Discuss our VDH Scope of Practice
- Handling different shelter-causing situations
- Shelter scenarios
- Ethical and legal considerations
- Records retention



## **Triage**

Using the outlined protocols in VDH Annex H, we are charged with triaging residents to determine their disposition.

## **First Aid**

May provide first aid for residents and should be prepared if a transfer is needed. Must have current pediatric and adult CPR/AED. First aid may include: naloxone administration, wound care, diabetes management, chest pain.

## **Health Assessments**

Assessing for: access and functional needs, sensory/processing issues, behavioral health, syndromic disease surveillance, collaboration with partners for sustained needs, health education and resource, assessing acute needs due to disaster, noting what may be beyond the scope of practice.



### **Limited Medication Administration**

Assisting residents to obtain needed medications/refills, reading the directions on the prescription bottles, opening medicine packages/containers. May also assist residents with self-administration of medications.

### **Case Management**

Community collaboration with: procuring durable medical equipment/supplies, replacement of oxygen tanks, coordinate dialysis treatments, awareness of where residents can perform personal medical procedures, connecting with other staff and health care providers to meet their social, spiritual, physical, and mental health needs.

### **Area of note**

"The district must include the provision of personal assistance in the event that a resident requires this type of help and there is no family member or care aid available."



# Additional Considerations

- Training for your established staff
- MRC personnel that are also trained
- Having established plans/protocols with partner agencies to assist during a shelter
- What can you maintain for your continuity of operations?
- Do staff have their own safety plan in case?
- Staffing/self-care/"realistic" expectations



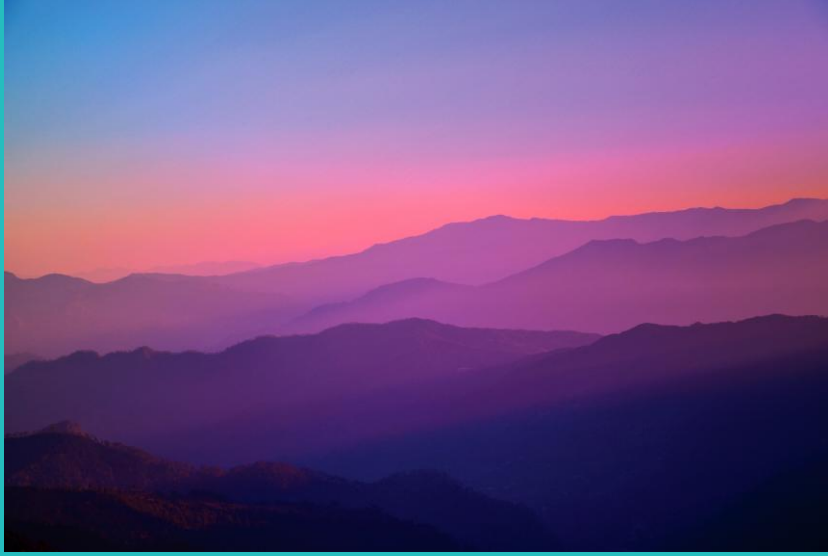
# Why may a shelter open?

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Or toxic spill, refuge from an affected area...





# Similarities in all shelter operations

- Residents are displaced, and don't want to be
- Residents need things they didn't bring from home, or what they call home
- Some residents need more than others, and needs and expectations can be great
- You are working out of your normal comfort zone
- **THINGS WILL COME UP THAT YOU WOULD NEVER EXPECT TO ARISE!!!**





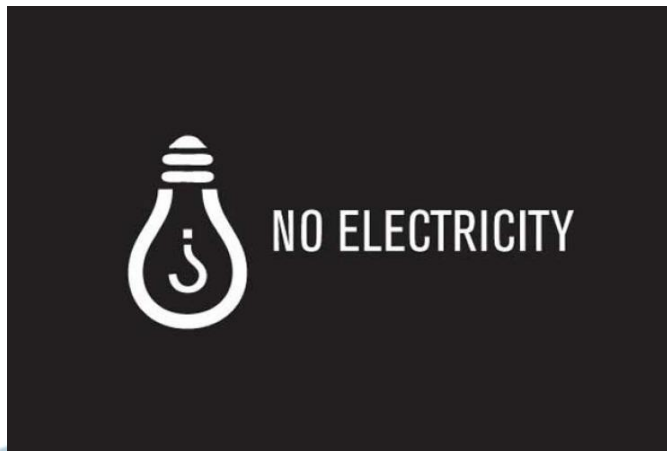
# And then there are the dissimilarities:

- Residents may be here for a long time...
- The anxieties arising can be very different and more complex
- Are the people coming in poor shape even before they arrive?
- The residents may not be familiar with the area of the state they are in now
- The LHD may be displaced out of its normal sheltering place
- **THINGS WILL COME UP THAT YOU WOULD NEVER EXPECT TO ARISE!!!**

# What would you do? (1)

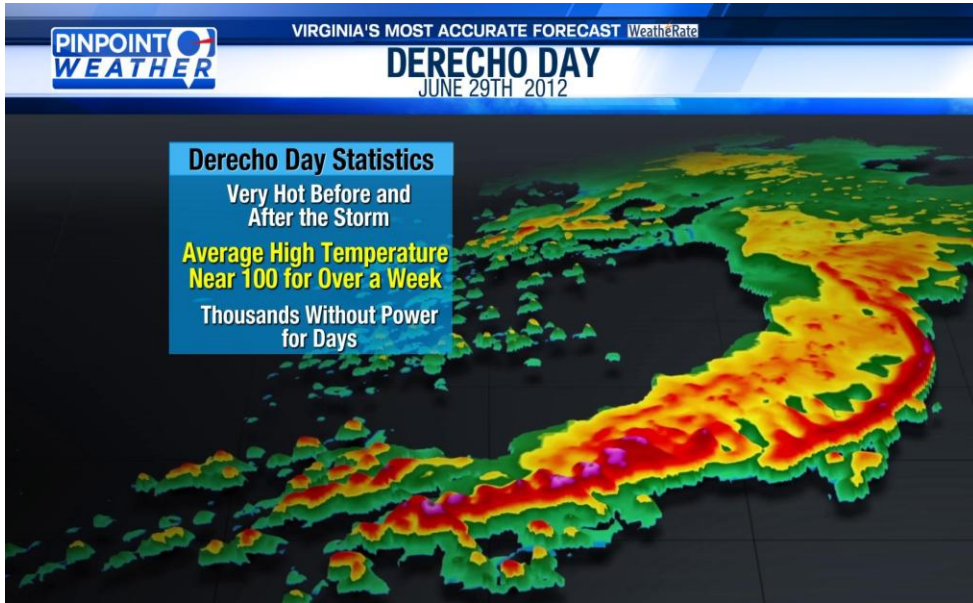


Mr. Tate comes to your shelter,  
all he has is what you see, what  
happens now?



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# What would you do? (2)



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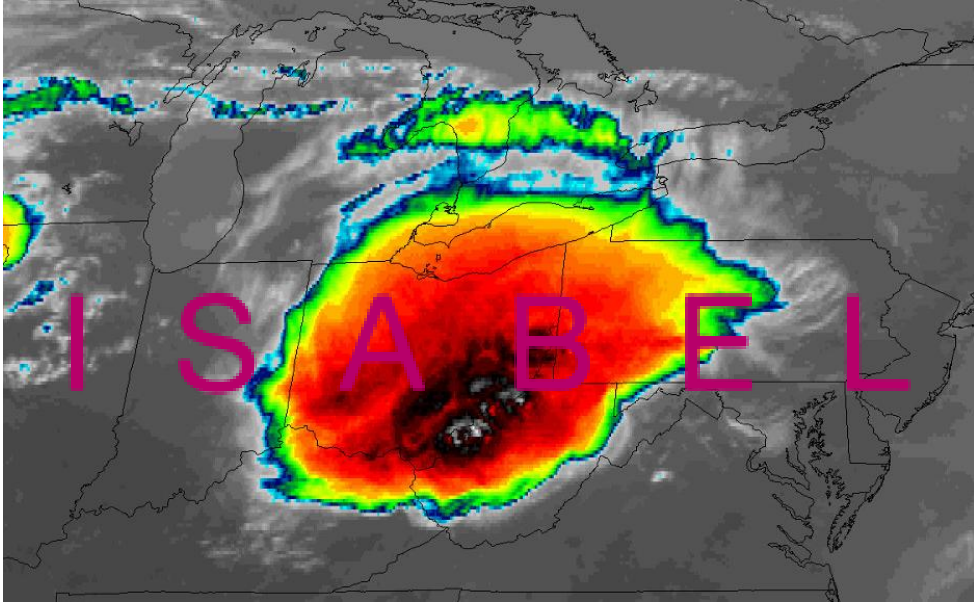
Frank is dropped off by family, and then they go, what do you do now?



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# What would you do? (3)



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Nellie and Lilah, with their cats, come to the shelter, and Nellie is not feeling well from get go one!



# What would you do? (4)



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Louis gets to your shelter, with limited mobility, and he needs assistance with just about everything.



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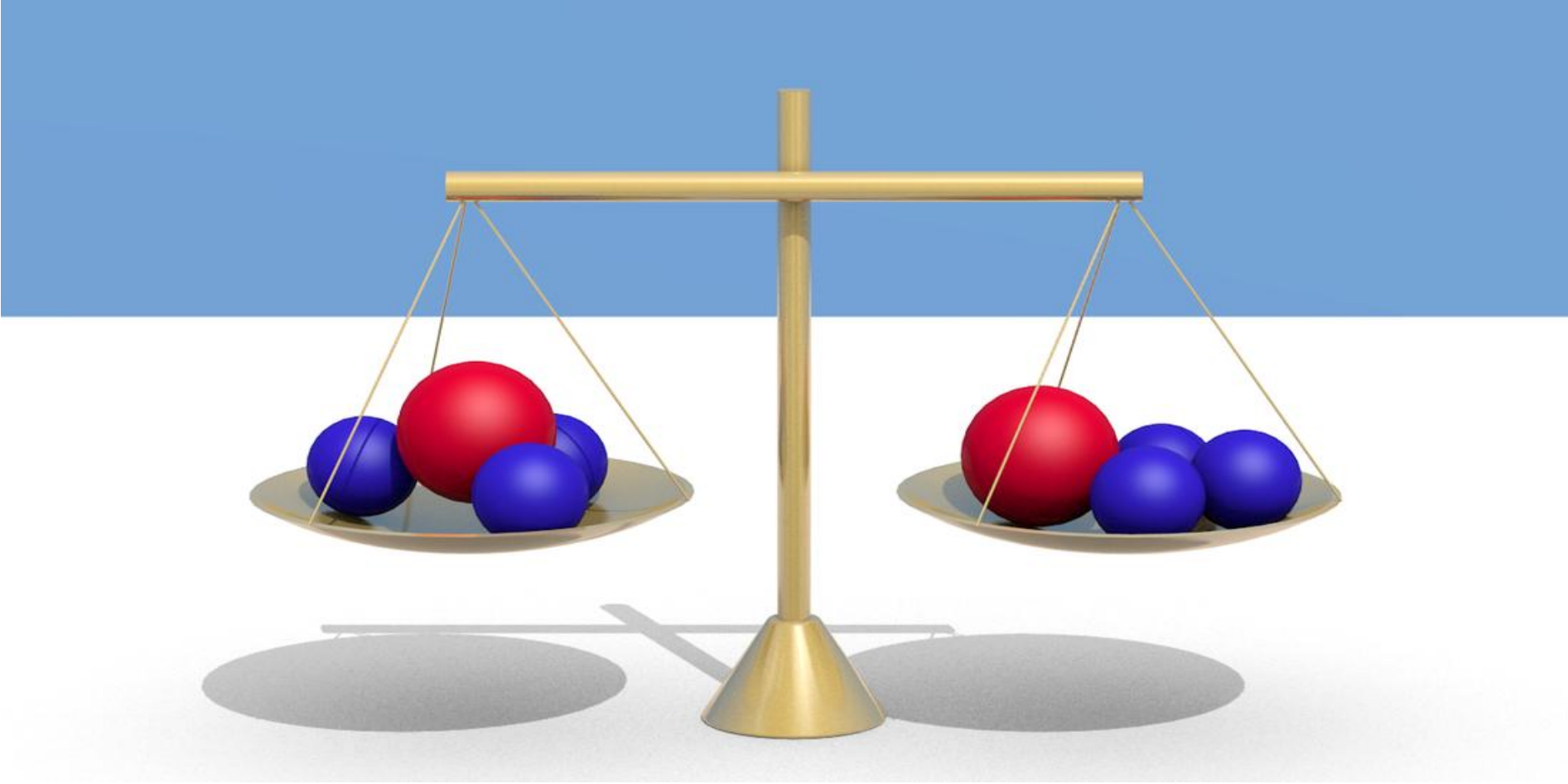


# So many stories...

- Figuring out:
  - Resident with feeding tube
  - Psychological instability
  - Special needs shelter
  - Pets
  - So many belongings
  - No belongings
  - Random acts of kindness



# Ethical and Legal Considerations



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# Ethical issues:

- Equitable access and care
- Maintaining standards of care
- Resource allocation
- Cultural competence
- Job duty/personal care/safety/family

## • Mitigation strategies

- Preparation and training
- Clear protocols
- Support systems in place
- Role definition
- Addressing gaps pre-event



# Legal Considerations

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## Liability and Duty of Care

- Appropriate triage of residents
- Overall logistics of the shelter
- IMT structure

## Documentation and Liability

- Appropriate allocation of resources
- Obtaining informed consent
- Absence of having a plan in place

## Mitigation Strategies

- Transparency
- Planning
- Staff training
- Coordination

## Notes

- Get everyone on the same page
- Collaboration, get all the players involved
  - Importance of documentation
- Community knowledge and preparation

# Records Retention



Combing over Annex H

Our recording methods differ across the state

Consensus that it should be kept as a medical record

What happens when we get the electronic health record...

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# Closest information to align



## **Patient Medical/Dental Records: Adults**

This series documents the treatment history of adult patients receiving medical services. This series may include, but is not limited to: assessment, consultation and treatment records, immunization records, diagnostic testing and imaging records and reports, lab/pathology results and reports, psychiatric notes, and medication administration records.

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## **Patient Medical/Dental Records: Minors**

This series documents the treatment history of minor patients receiving medical services when the last treatment was before the age of 18. This series may include, but is not limited to: assessment, consultation and treatment records, immunization records, diagnostic testing and imaging records and reports, lab/pathology results and reports, psychiatric notes, and medication administration records.



# That was a lot, any questions?

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# Special Thanks and Resources



**Amy Wagner, MSN, RN, CIC, Hampton and Peninsula Health Districts**  
**Kyndra Jackson, DNP, MPH, RN-BC, Director of Nursing, Virginia Dept of Health**  
**Michelle McPheron, RN, Nurse Manager Sr., Cumberland and Lenowisco Health Districts**

**Tricia VanHoy, BSN, RN, Nurse Manager Sr., Mount Rogers Health District**

**My colleagues at BRHD**

**My fellow Northwest Nurse Managers**

**VDH Shelter Guidelines**

**VDH Annex H**

**American Red Cross**

**National Resilience Guidance**

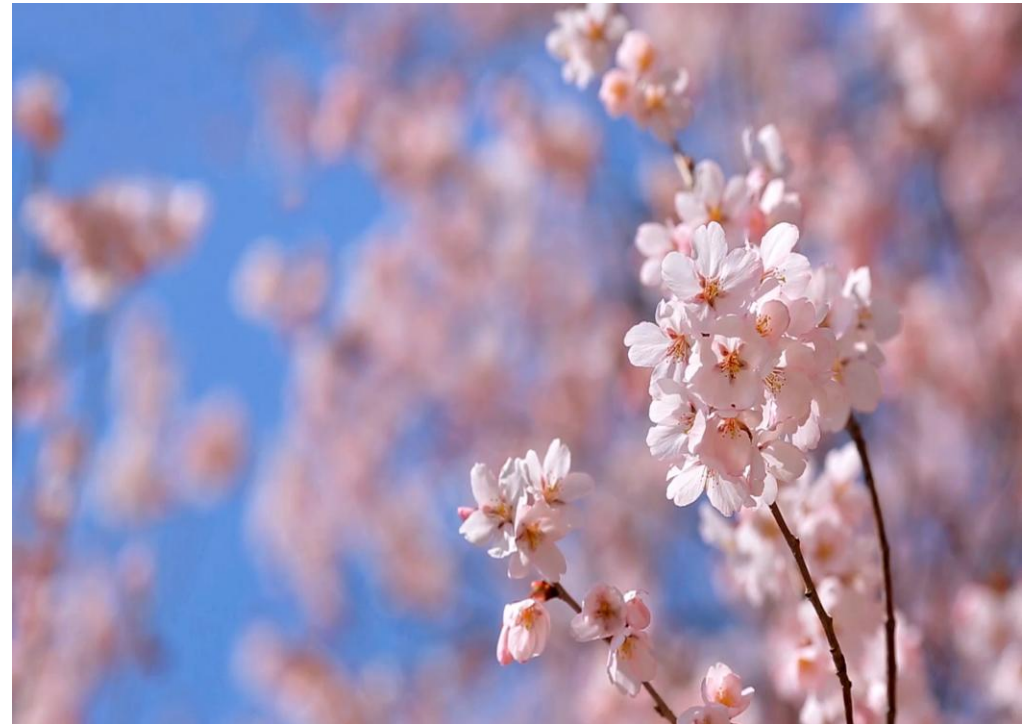
**Library of Virginia**



# The End



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