

| MEDICAL CONDITIONS   | LEVEL BY SHELTER TYPE                      |   |  |
|--|--|---|--|
|  | GENERAL POPULATION SHELTER                 | SPECIAL NEEDS SHELTER (SpNS)  | MEDICAL MANAGEMENT FACILITY (HOSPITAL OR NURSING FACILITY)                       |
| <b>Acute contagious diseases</b>   | YES, such as colds/flu                     | YES, such as active tuberculosis under treatment, acute Hepatitis A                               | Confer with your physician   |
| <b>Alzheimer's Disease</b>   | Early Stage with Caregiver                 | Moderate with caregiver; need staff specifically assigned to person 24/7                          | Advanced:<br>- Bedridden<br>- Nonverbal<br>-Refusal to eat<br>-Totally dependent |
| <b>Ambulating Difficulty (walker, cane, crutches)</b>  | YES  | If other qualifying medical conditions exist that indicate a need                                 | NO   |
| <b>Ameliorating Lateral Sclerosis (ALS)</b>  | Early Stage                                | Middle Stage, with other qualifying conditions  | Late Stage   |
| <b>Aphasia (non-communicative)</b>   | YES  | NO  | NO   |
| <b>Assistance w/Activities of Daily Living, such as personal care, mobility, feeding, taking medications</b> | YES  | If other qualifying medical conditions exist that indicate a need                                 | NO   |
| <b>Asthma</b>  | Mild; stable                               | If needs electricity for nebulizer  | If unstable with medication  |
| <b>Autism</b>  | YES. If controllable with caregiver        | Moderately symptomatic autism with caregiver  | NO   |
| <b>Cardiac</b>   | Stable                                     | Unstable, but controlled with medication  | Unstable   |
| <b>Cerebrovascular Accident (CVA, Stroke)</b>  | Ambulatory/wheelchair bound with caregiver | If capable of transferring out of wheelchair with caregiver, and with other qualifying conditions | Bedridden  |
| <b>Chronic Obstructive Pulmonary Disease (COPD) Chronic Bronchitis, Emphysema</b>                            | Not oxygen dependent                       | Intermittent/continuous oxygen use  | Unstable   |
| <b>Colostomy/Ileostomy</b>   | If independent or with caregiver           | With caregiver and if other qualifying medical conditions exist that indicate a need              | NO   |
| <b>Comatose</b>  | NO   | NO  | YES  |
| <b>Cystic Fibrosis</b>   | Stable                                     | Nebulizer needed  | Acute respiratory infection  |
| <b>Dementia</b>  | Ambulatory with caregiver                  | Ambulatory with caregiver if other qualifying conditions indicate a need                          | End-stage, non-ambulatory, or aggressive   |
| <b>Diabetes/Hyperglycemia</b>  | YES  | If other qualifying medical conditions exist that indicate a need                                 | If unstable  |
| <b>Dialysis</b>  | Stable with access to dialysis             | If other qualifying medical conditions exist that indicate a need                                 | If in acute kidney failure   |
| <b>Eating and swallowing disorders</b>   | YES  | NO  | NO   |
| <b>Edema</b>   | YES  | NO  | NO   |
| <b>Fractured bones</b>   | YES  | NO  | NO   |

|   |                                  |   |   |
|---|----------------------------------|---|---|
| <b>High blood pressure/hypertension</b> | YES, if stable                   | If other qualifying medical conditions exist that indicate a need                           | If unstable   |
| <b>Hip/knee replacement</b>             | Ambulatory                       | Ambulatory with other medical conditions that indicate need                                 | Non-ambulatory/Bedridden  |
| <b>Medical equipment attachments</b>    | YES                              | Gastrostomy tube if other qualifying conditions indicate need                               | Intravenous lines/nasogastric tubes, central venous catheters or tracheostomy tube (newly placed) |
| <b>Multiple Sclerosis</b>               | Early, ambulatory with caregiver | Moderate with other qualifying medical conditions and caregiver                             | Advanced; bedridden   |
| <b>Muscular Dystrophy</b>               | Early, ambulatory with caregiver | Moderate with other qualifying medical conditions and caregiver                             | Advanced; bedridden   |
| <b>Neuromuscular disorders</b>          | Early, ambulatory with caregiver | Moderate with other qualifying medical conditions and caregiver                             | Advanced; bedridden   |
| <b>Obesity</b>                          | YES, if ambulatory               | Depends on other qualifying health issues   | Non-ambulatory; bedridden   |
| <b>Osteoarthritis/osteoporosis</b>      | Early, ambulatory with caregiver | If other qualifying medical conditions exist that indicate a need                           | Advanced; bedridden   |
| <b>Parkinson's Disease</b>              | Early, ambulatory with caregiver | Moderate with other qualifying medical conditions and caregiver                             | Advanced  |
| <b>Psychosis</b>                        | Controlled                       | Depends on other health issues  | Uncontrolled  |
| <b>Respirator/ventilator dependent</b>  | NO                               | NO  | YES   |
| <b>Seizures</b>                         | Controlled                       | NO, unless other qualifying medical conditions exist that indicate a need                   | YES, uncontrolled   |
| <b>Sleep apnea</b>                      | Non-electric dependent           | YES, if electrically dependent. NO, if there is General Population Shelter with electricity | NO  |
| <b>Wound/skin lesions</b>               | Minor sores/non-fluid            | Moderate open sores; draining   | NO  |
| <b>Do Not Resuscitate (DNR)</b>         | YES                              | YES, if other qualifying medical conditions exist that indicate a need                      | NO  |
| <b>Hospice patients</b>                 | Stable; ambulatory               | Conscious; depends on other health conditions. Must have caregiver.                         | Unconscious   |
| <b>Pediatric patients</b>               | Stable                           | CMS shelters; most likely SpNS clients with CMS staff                                       | Ventilators, etc.   |

\* Wounds infected with MRSA are not appropriate for General or Special Needs Shelters