NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

ANNEX G:

HEALTHCARE SERVICES IN SHELTERS

AUGUST 2023

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Introduction

North Carolina has experienced multiple natural disasters that resulted in the need for local and state government to provide shelter for residents and guests who evacuated or were displaced from their homes. Many of these individuals have requirements that necessitate unscheduled or continuous healthcare services to assist them in maintaining their usual level of health and avoid hospitalization.

Disaster incidents stress the existing healthcare delivery system due to several factors: an increasing number of patients receiving advanced medical care at home; an expanding number of individuals with chronic medical conditions; and minimal hospital surge capacity during normal conditions. Based on these identified risks, this plan outlines the methods for providing displaced individuals access to healthcare services in state-operated shelters to ensure the safety of all sheltered individuals while attempting to minimize the surge on the healthcare system.

Purpose

The purpose of the North Carolina Office of Emergency Medical Services (NCOEMS) Healthcare Services in Shelters plan is to provide the framework for healthcare services in state-run shelters. This framework outlines the NCOEMS method to ensure individuals seeking shelter at state-run sites have access to the proper healthcare services and are supported in the appropriate setting for their individual healthcare needs to maintain their usual level of health.

Scope

NCOEMS will coordinate healthcare services for state-run shelters. Requests for county level support with healthcare services are considered on a case-by-case basis and are a secondary mission to state-operated shelters.

Situation

During emergencies and disasters, circumstances can occur where state support is required to shelter the public. Primarily this happens when large areas of a community containing homes and healthcare facilities are temporarily deemed unsafe and local populations are asked to evacuate and/or healthcare facilities become overwhelmed and are unable to provide their usual level of service. In these situations, it is anticipated that state assistance to establish and manage shelter operations will be requested.

Planning Assumptions

The following planning assumptions were made during the development of this annex:

- Sheltering is first and foremost a local responsibility.
- All coordination for state-operated sheltering will be accomplished through the State Emergency Response Team (SERT).
- State-Operated sheltering refers to state efforts to provide emergency shelters, feeding, water, disaster human services, medical services, and preliminary case management for shelter residents.
- North Carolina Office of Emergency Medical Services (NCOEMS) is the lead agency for Disaster Medical Services and is responsible for the maintenance, planning, coordination, and execution of the NCOEMS Shelter Medical Services Annex
- NCOEMS is responsible for providing medical services in state-operated shelters through the coordination of medical staffing and medical supplies.
- This annex will be used in conjunction with the NCOEMS Emergency Operations Plan
- The framework outlined in this plan can be used for all types of state-operated sheltering scenarios regardless of the examples provided in this plan.

- Healthcare services in state-operated shelters require ample notice and early warning to provide time to activate and coordinate staff and supplies.
- An individual's health may not improve within sheltering operations. Sheltering operations may expose individuals to additional risks associated with exposure to new environments, living near unfamiliar people, the exacerbation of existing medical conditions, or other stresses after the originating event/incident.

Concept of Operations

Activation

- The ESF8 Lead has the authority to activate this annex in consultation with North Carolina Emergency Management. This decision is informed by local and regional partners when there is an immediate or anticipated need to shelter individuals beyond what the local resources can manage.
- Activation is usually initiated by an official request for sheltering support to the SERT. However, this annex may be activated prior to or during any event where there is an anticipated need for state-operated support for sheltering.

Notification

- Upon activation of this annex, the ESF8 lead, or designee is responsible to ensure notification to all State Medical Response System partners and North Carolina Department of Health & Human Services (NC DHHS) leadership and other organizations essential to the ability to provide healthcare services during sheltering operations. In these situations, it is likely that the NCOEMS EOP has already been activated and much of the internal notification and coordination with State Medical Response System (SMRS) organizations has occurred.
- If the healthcare services within sheltering operations are expected to impact other states and/or are anticipated to be overwhelmed, the HHS Region IV Unified Planning Coalition (UPC) and Administration of Strategic Preparedness and Response Regional Emergency Coordinators (RECs) should be notified as well in anticipation of Emergency Management Assistance Compact and/or Federal resource requests.

NCOEMS Sheltering Support Concepts

State Sheltering Support: State sheltering should be considered a last resort when all other options, such as sheltering at homes, hotels, local shelters, or other facilities is no longer an option. Jurisdictions in need of sheltering support should encourage residents to bring whatever medical supplies (e.g., pharmaceuticals, durable medical equipment, oxygen, etc.) and support (e.g., caregivers) they usually rely on with them. Healthcare facilities in need of sheltering support should be prepared to send staff, equipment and supplies with the patients.

Healthcare Services in Shelters: A key component to sheltering operations is providing healthcare services to ensure that sheltered individuals can maintain their usual level of health and avoid hospitalization. Two different levels of service are provided in state-operated shelters to provide the most appropriate attention to sheltered individuals to meet this objective.

- Coordination of Healthcare Services: All state-operated shelters provide the coordination of healthcare services by delivering medical triage, physical health assessments, basic life support, assistance with administering a patient's medications, managing durable medical equipment, and managing consumable medical supplies. The utilization of telemedicine services, pharmaceutical coordination and dialysis coordination will be key components of these services. Any individual requesting to stay in a shelter providing this level of service, regardless of their medical situation, should be accommodated within

that site or provided support to receive the necessary care at an appropriate location. For more details refer to **Appendix G1 - Healthcare Coordination in State-Operated Shelters**

- Provision of Healthcare Services: In North Carolina a limited number of State Medical Support Shelters can be set up to provide shelter for individuals requiring specialized healthcare attention due to a disruption in their community healthcare support system. These locations can be expected to provide physician led medical care for non-acute/non-infectious patients from home requiring 24/7 skilled nursing care, (e.g., ventilator patients, tracheotomy requiring suctioning, extensive wound management, stable dysrhythmia monitoring/management, bedridden and total care etc.). All individuals being sheltered in a State Medical Support Shelter must be triaged and accepted into the location by NCOEMS. Individuals that are accepted into a State Medical Support Shelter must agree with the placement into that site. For more details refer to **Appendix G2 - State Medical Support Shelter Plan.docx**

Medical Screening for Sheltering: To determine the best level of care, an individual medical screening during the placement and/or intake process of individuals seeking shelter must be utilized to ensure the most appropriate care is provided. This screening should include an assessment for unmet medical needs, symptoms of an infectious disease, or acute medical need. Individuals that require a higher level of healthcare services than can be provided at that shelter location should be referred for placement into the most appropriate location for their healthcare need. For additional information refer to Tab G2F: SMSS Placement Guidance.

Shelter Management: The management of state-operated shelters will follow Incident Command System (ICS) guidelines for Incident Management Teams (IMTs). The ESF8 lead will assign an NCOEMS staff member to be part of the IMT. NCOEMS has the authority and direct oversight for all healthcare services provided in state-operated shelters and is responsible for providing the ESF8 lead situation reports specific to healthcare services.

Personnel: Detailed roles and responsibility information about each of the NCOEMS coordinated staff positions in state-operated shelters including job action sheets, are provided in the operational plans for each shelter type. The role of NCOEMS within the IMT will depend on the level of healthcare services provided.

- Coordination of Healthcare Services: For shelters providing coordination of healthcare services, NCOEMS will have the responsibility of Healthcare Services Operations and all staff assigned to that branch. These positions may be filled through the SMRS.
- Provision of Healthcare Services: For State Medical Support Shelters, NCOEMS has the responsibility for identifying all staff working in this type of shelter. At least one position on the IMT will be filled by NCOEMS staff, additional positions may be filled through the SMRS.

Establishment of Shelter Operations: State-operated shelters require extensive coordination and support from NCOEMS, NCEM, and other organizations. To safely establish shelters, requests should be made as early as possible prior to the impact of any anticipated incident (e.g., hurricane) and alternatively, may not be able to be acted upon until safe conditions have returned following unanticipated events (e.g., tornado). The time necessary to establish these shelters will vary depending on multiple factors but for planning purposes a time factor of 24 to 72 hours should be considered with 24 hours representing perfect situations where all necessary facilities, services, assets, personnel, and weather are available and 72 hours representing less than perfect situations where the readiness of one or more of these elements hinders progress.

Transportation: The responsibility for the transportation of individuals to state-operated shelters is primarily the responsibility of the individual seeking shelter or the sending entity (e.g., county, healthcare facility etc.). Medical transportation assets needed to move individuals to a State Medical Support Shelter can be requested as part of the SMSS placement process. Once individuals are sheltered, EMS resources should be available for healthcare needs requiring additional treatment at a healthcare facility or if they have health issues that require routine maintenance (e.g., dialysis treatment). Non-medical transportation resources should be sought and

utilized to transport individuals whose health condition allows it. For details regarding patient transportation, refer to NCOEMS Annex D Patient Movement and its appendices.

Repatriation and Demobilization of Shelter Operations: When state-operated shelters are ready to demobilize, repatriation is the responsibility of the original sending entity. Factors that are considered in the decision to demobilize include the precipitating danger has passed, local capacity is restored, or shelter operations need to cease. Sheltered individuals are usually released back to their homes (if deemed safe by local authorities). If sheltered individuals cannot return home, they should be repatriated to a locally run shelter, to temporary housing, or to a healthcare facility depending on each unique situation. Support with medical transportation assets to repatriate individuals is outlined in NCOEMS Annex D Patient Movement and its appendices.

APPENDIX G1: Healthcare Coordination in Shelters
August 2023

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Purpose

To outline the operations for Healthcare Coordination in state-operated shelters, (SOS) established by the State Emergency Response Team, for the purpose of ensuring the continuity of healthcare for sheltered individuals.

Scope

Provides the activation, notification, and responsibilities for healthcare coordination in shelters by the North Carolina Office of Emergency Medical Services, (NCOEMS). It should be used in conjunction with the NCEM State-Operated Sheltering Guide and the NCOEMS Emergency Operations Plan.

Situation

Activation of this plan is most likely to occur when the State Emergency Response Team (SERT) has determined the need for state-operated shelters to be opened. NCOEMS has the responsibility to provide healthcare coordination in these shelters.

Planning Assumptions

- The provision of healthcare services to sheltered populations is essential to maintain their usual level of health during circumstances which are stressful and conducive to the spread of illness. These services provide a continuity of care and maximize the possibility of good health outcomes for sheltered individuals

- The healthcare needs of sheltered populations will include individuals, with or without accompanying caretakers, that need some assistance to maintain their usual level of health including those that are:
    - Oxygen dependent
    - Self-ambulating, with or without Durable Medical Equipment (DME), including wheelchair
    - Deaf/Hard of hearing and blind/low vision, with or without assistive devices
    - Diabetes, insulin and diet-controlled
    - Hypertension-controlled with medication
    - Respiratory illness (such as COPD)
    - Morbidly obese
    - Pregnancy requiring bedrest
    - Dialysis patients

- The bulk of healthcare services required to maintain the usual level of health for sheltered populations will involve on-site basic life support and first aid. The coordination of other healthcare services such as pharmaceutical, telemedicine, dialysis services, and transportation to healthcare services outside the shelter will also be necessary to avoid a change in their usual level of health.

Concept of Operations

Activation

- The ESF8 Lead has the authority to activate this appendix in consultation with North Carolina Emergency Management. The decision is based on the activation of a general population state-operated shelter.

Notification

- Will follow the same responsibilities and processes outlined in the NCOEMS Healthcare Services in Shelter Annex.

Responsibilities:

- Provide an NCOEMS liaison to participate as a member of each SOS Incident Management Team (IMT) as a Healthcare Services Supervisors.

- Provide Healthcare Service Coordination within the SOS Healthcare Services Branch including, but not limited to:
    - On-Site Basic Life Support and First Aid
    - Telemedicine Coordination
    - Pharmaceutical Coordination
    - Dialysis Coordination
    - Medical Transportation
    - Medical Logistics

- Providing staffing for these services by whatever means practical to include agency personnel, county personnel who volunteer to deploy via NCOEMS and out-of-state personnel via EMAC to serve under the Healthcare Services Supervisor in the roles of Healthcare Services Coordinators and Healthcare Services Workers

- Ensuring that personnel identified to meet staffing requirements complete required training, licensing, or credentialing as prescribed by NCOEMS

- Tracking and reporting status of all resources assigned to healthcare support services as requested by the SERT

State-operated Shelter capacities:

The configuration of a SOS is flexible and tailored to accommodate up to 2000 individuals based on the available space and scope of incident. Staffing levels are based on three different tiers:

- Up to 500 sheltered individuals
- Between 501 - 1000 sheltered individuals
- Between 1001 - 2000 sheltered individuals

Staffing

NCOEMS has the responsibility to ensure appropriate levels of healthcare staff are at established state-operated shelters to properly coordinate healthcare services.

For the SOS Healthcare Branch, staffing will include the following positions as outlined in the North Carolina State-Operated Shelter Guide:

- Healthcare Services Supervisor
- Healthcare Services Coordinators
- Healthcare Service Workers

The number of individuals needed to fill these positions will be dictated by the operational situation and the size of shelter being established, however, the initial number of recommended healthcare services staff are based on the NCEM North Carolina Sheltering Guide, Appendix A.

For up to 500 sheltered individuals:

Position	**# Personnel Day**	**# Personnel Night**
Healthcare Services Supervisor	1	1
Healthcare Services Coordinator	3	1
Healthcare Services Worker	2	2

Between 501 – 1000 sheltered individuals:

Position	**# Personnel Day**	**# Personnel Night**
Healthcare Services Supervisor	1	1
Healthcare Services Coordinator	3	1
Healthcare Services Worker	8	6

Between 1001 – 2000 sheltered individuals:

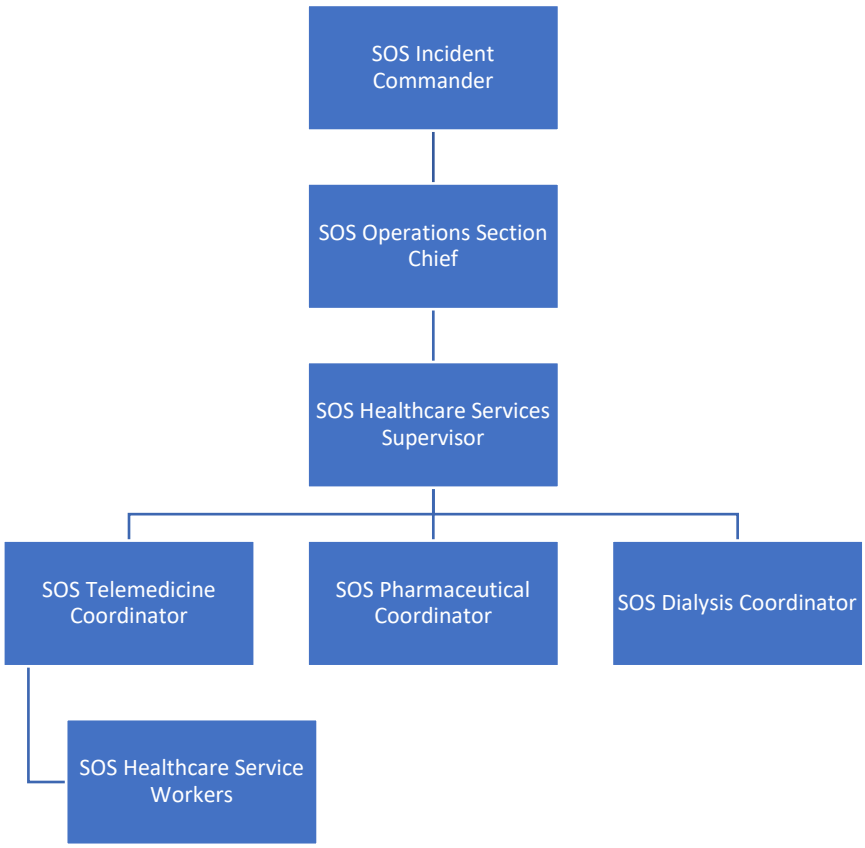
Position	**# Personnel Day**	**# Personnel Night**
Healthcare Services Supervisor	1	1
Healthcare Services Coordinator	3	1
Healthcare Service Workers	12	9

These requirements are detailed further under **SOS Medical Branch Job Qualification and Action Sheets**.

Personnel designated to fill these positions may serve in a variety of functional roles necessary to fulfill the responsibilities of the Healthcare Services Branch and will be primarily sourced from personnel affiliated with State Medical Response System (SMRS).

- Healthcare Services Supervisor
- Healthcare Services Coordinators
    - Telemedicine Coordination
        - Healthcare Service Workers
    - Pharmaceutical Coordination
    - Dialysis Coordination

Healthcare Services Branch Organizational Chart



Healthcare Services Coordination

Healthcare Services Supervisor – Responsible for overseeing all healthcare services coordination including assignments of staff and communication with Shelter Manager and larger Incident Management Team about supply needs and healthcare needs.

Telemedicine Coordinator – Coordinates the delivery of telemedicine services to sheltered individuals within the SOS. This may include assisting them with scheduling and use of the services available.

Healthcare Service Workers – Provide medical triage, physical health assessments, basic life support, assistance administering a patient's medications, assistance managing durable medical equipment, and assistance managing consumable medical supplies.

Pharmaceutical Coordinator - Assists sheltered individuals with coordination of pharmaceutical support outside the SOS. This may include assistance with the replacement and delivery of prescription medications.

Dialysis Coordinator - Assists sheltered individuals with coordination of dialysis services outside the SOS. This may include coordination with the ESRD Network 6 (https://www.esrdncc.org/en/network-6/) to support scheduling of appointments and transportation (medical or non-medical) to these services.

Medical Transportation **–** Provides transportation to local emergency departments and other healthcare facilities to sheltered individuals when medically necessary. Consists of, at minimum, one Basic Life Support ambulance.

Medical Logistics **–** Provides a limited inventory of medical supplies including durable medical equipment (DME) to Healthcare Services Branch staff for the purpose of meeting the needs of sheltered individuals. If the appropriate medical supplies are not available on-site, works with the Medical Lead and the SOS Logistics Section Chief to facilitate the ordering and delivery of needed medical supplies following established procedures.

Personal Medical Supplies (pharmaceuticals, devices, etc.) **–** Sheltered individuals for whom medications, devices, and supplies have been prescribed, may bring those items necessary for health maintenance with them to the shelter. These items will remain under the ownership and cognizance of the individual(s) to whom they belong.

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

APPENDIX G2:

STATE MEDICAL SUPPORT SHELTER

AUGUST 2023

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Purpose

To provide direction for the establishment and operation of State Medical Support Shelters (SMSS) so the continuity of healthcare is maintained for individuals with medical conditions requiring active monitoring and management by a credentialed medical professional during emergencies and disasters.

Scope

This plan covers the selection, staffing, activation, operation, and management of SMSS by the North Carolina Office of Emergency Medical Services (NCOEMS) as well as the expected roles and responsibilities of other state, regional and local emergency response organizations. It should be used in conjunction with the NCOEMS Emergency Operations Plan and the NCOEMS Annex G Healthcare Services in Shelters.

Situation

Activation of this plan is most likely to occur when the State Emergency Response Team (SERT) has determined the need for a state medical support shelter to be opened due to an emergency or disaster impacting or expected to impact the daily health care delivery system. NCOEMS has the responsibility for the oversight and management of these shelters.

Planning Assumptions

- Each day the health care delivery system (e.g., home healthcare, clinics, hospice, medical offices, skilled nursing facilities, and hospitals) provides a comprehensive range of healthcare care to the residents and guests of North Carolina. However, during a disaster there can be a temporary loss of capacity or capability to provide needed healthcare services.
- Temporary loss of community healthcare supports (e.g., home healthcare, clinics, hospice, and medical offices) result in a medical surge on the already stressed healthcare delivery system (e.g., EMS, long-term care facilities and hospitals).
- In many cases individuals can maintain their usual level of health in a temporary residence (e.g., hotel, shelter, and relatives' home) with minimal healthcare support required. However, some individuals will require a specialized level of medical care to maintain their usual level of health and avoid hospitalization.
- Depending on the size and scope of disaster, the initial SMSS Incident Management Team (SMSS IMT) and SMSS personnel may not receive additional support (e.g., equipment, supplies, and personnel) for up to 72 hours.
- SMSS operations require local, regional, and state coordination for medical equipment, medical supplies, personnel, adequate facilities and may need up to 72 hours of preparation time prior to opening.
- SMSS staffing is dependent on volunteerism from the State Medical Response System (SMRS) or other state and federal healthcare providers.

Concept of Operations

Activation

The ESF8 Lead has the authority to activate this appendix in consultation with North Carolina Emergency Management. The decision is based on the identified need to provide care to individuals who:

- Have non-acute/non-infectious health conditions requiring a higher level of medical skill or resource than can be provided in a general population shelter;
- Have a reasonable expectation of requiring a higher level of medical care to maintain their usual level of health after evaluation by a medical professional (e.g., telehealth or EMS); or
- Have been discharged from an in-patient healthcare facility after receiving stabilizing medical care and a medical provider is requiring a higher level of medical skill or resource than can be provided in a general population shelter.

Processes for the activation and deployment of SMSS assets differ depending on whether the incident is an anticipated incident (e.g., hurricane) or an unanticipated incident (e.g., radiological release).

- For anticipated incidents, to meet the mission safely and effectively, the initial planning and placement of SMSS should be determined in anticipation of potentially affected areas and coordinated through the NCEM and NCOEMS in coordination with regional and local partners.
- For unanticipated incidents the process begins with a request from the State Emergency Response Team (SERT).

Notification

Will follow the same responsibilities and processes outlined in the NCOEMS Healthcare Services in Shelter Annex.

SMSS Capacities

The configuration of an SMSS is flexible and tailored to accommodate different numbers of patients depending on the size of the facility. Ideally an SMSS would be set up for a minimum of 50 patients and could go up to 200+ based on the space availability, staffing levels, equipment and supplies available. If there is an expectation that there will be less than 25 patients needed to shelter in an SMSS then alternative options should be considered (e.g., placement in long-term care facilities).

Placement Considerations

Placement considerations for the initial planning and placement of SMSS:

- The emergency (e.g., likely storm track and affected areas);
- Factors that support the key mission goals (e.g., safe proximity from affected area, infrastructure to support, and operational within the requested time); and
- Location of adequate available facilities (**Tab G2F: Facility Checklist**).

NCOEMS, with input from NCEM, will determine locations for SMSS placement. Coordination with NCEM-Operations should include confirmation through Human Services (ESF6) that separate general population sheltering operations are established to serve the placement location.

Staffing and Organization

NCOEMS has the responsibility to ensure appropriate levels of staff are at established State Medical Support Shelters to properly provide healthcare services. At a minimum, one NCOEMS staff member

will be part of the Incident Management Team. All other positions can be filled through the SERT or SMRS.

Staffing for an SMSS will include the following functional areas:

- SMSS Incident Management Team (IMT)
- SMSS Personnel (i.e., non-clinical and clinical staff); and
- SMSS Logistics (e.g., logistics staff, equipment, and supplies).

The number of individuals needed to fill these positions will be dictated by the operational situation and the size of shelter being established, however, the initial number of recommended staff are outlined below with additional details provided in **Tab G2A: SMSS Staffing Levels, Roles, and Responsibilities**

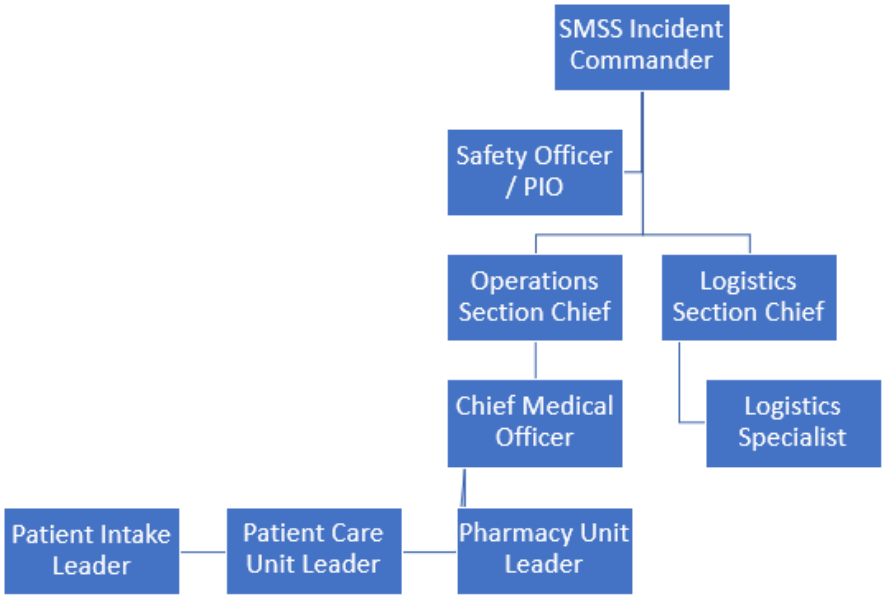
For 50 Sheltered Patients:

Position	# Personnel Day	# Personnel Night
Incident Commander	1	1
Operations Section Chief	1	0
Safety / Public Information Officer	1	1
Logistics Chief	1	1
Logistics Specialist	1	0
Case Worker	2	0
Total Administrative	**7**	**3**

Position	# Personnel	# Personnel
Chief Medical Officer	1	0
Advanced Practice Provider	1	1
Respiratory Therapist	1	1
Pharmacist	1	1
Registered Nurse	6	6
Paramedic	6	6
Medical Worker*	10	5
Total	**26**	**20**

* Medical Worker is defined as any level of healthcare provider to include Certified Nurse Aid, Certified Medical Assistant, Emergency Medical Technician or any higher level of certification or licensure.

Figure 1.1: SMSS Organization Chart for up to 50 patients:



External Partner Support: To determine what support is needed per SMSS location and mobilize those resources NCOEMS staff will:

- Contact identified SMSS host facility owners to activate existing Memorandum of Agreements (MOAs) and verify space and services available.
- Coordinate with local and state Emergency Management:
    - To identify the locations of "general population" sheltering operations established to serve the affected area(s). General shelters outside an affected county (state-supported) may satisfy this need; and
    - Secure law enforcement, fire safety, and other "wrap-around" logistical support that is not provided by the facility and cannot be provided otherwise.
- Coordinate with Division of Public Health (NCDPH) to verify and/or establish available support for environmental health and mortuary services.
- Coordinate with appropriate patient transport resources to verify and/or establish medical and non-medical patient transportation capability.
- Coordinate with local healthcare organizations (e.g., ESRD and Behavioral Health) to verify and/or establish access to patient care services.

Refer to **Tab G2B: SMSS Site Requirements and Support Services** and **Tab G2F: SMSS Services Checklist** for specific support service requirements.

Placement of Patients in SMSS: To ensure that healthcare capabilities are adequate to care for individuals directed to SMSS, potential patients' medical support needs must be evaluated prior to transport. The SMSS Patient Movement Guideline (**Appendix D2, Annex D: Patient Movement, NCOEMS EOP**) details the process of patient movement to SMSS locations. The process is summarized here:

- Organizations considering the placement of patients who have or will be disrupted are expected to evaluate individuals seeking SMSS placement based on Medical Support Shelter Placement Guidance, see **Tab G2F: SMSS Placement Guidance .**
- Organizations submit completed SMSS Individual Patient Placement Request Forms into ReadyOp for all patients that meet the guidance for SMSS placement.
- The assigned NCOEMS Patient Placement Coordinator monitors ReadyOp for patient placement request forms.
- Patient Placement Coordinator ensures the review of the forms to verify that SMSS placement is appropriate and updates the status of each request as one of the following:
    - Pending (review in progress)
    - Additional Information Requested (request incomplete)
    - Accepted, Notification Pending (request verified and SMSS facility is available)
    - Declined (request not verified)
- If additional information is requested or the patient has been declined it is the responsibility of the Patient Placement Coordinator or designee to reach out to the sending entity for disposition.
- For each patient accepted, the Patient Placement Coordinator creates an SMSS Patient Intake form in ReadyOp (completes at a minimum the first/last name and county of residence info) for the SMSS to which the patient is assigned (forms are shelter-specific).
- Request forms marked **Accepted; Notification Pending** are processed by the assigned Patient Transportation Coordinator. This involves notification to the sending entity that the patient has been accepted and determines mode of transportation to the SMSS.

SMSS Site Operations

Facility Pre-Operation Survey/Inspection**:** Upon arrival at the activated SMSS, the SMSS Incident Commander and the Host Facility Liaison will conduct a joint inspection of the areas of the facility that will be utilized for the SMSS operations. The purpose of the survey is to:

- Document the initial condition of the facility and facility equipment designated for SMSS use, and ensure they are ready or identify necessary corrections prior to use.
- Ensure that the facility can be properly secured against weather and unauthorized entry, and that areas that are not to be used for SMSS operations are secured and clearly identified as off limits.
- Identify and verify the locations in the facility where the various medical and logistical units and areas will be set up to ensure they are conducive to efficient patient flow.

Area/Unit Staffing, Check-In, and Set-Up**:** As staff assigned to the SMSS arrive on site, they are expected to check-in and report to the SMSS IMT to receive their work assignments. Initial check-in will involve completion of an SMRS Staff Registration Form, to record essential information, and an SMRS Check-In/Check-Out Log, to maintain accountability of all personnel on site. Both forms will be site specific

and will be maintained in ReadyOp by staff assigned to the Registration Desk. Following check-in, the SMSS IMT will identify staff to fill available medical and logistical areas and unit leader positions, work with area and unit leaders to fill available staff positions, and brief available staff on the chain of command and current situation.

The initial set-up of the SMSS is very labor-intensive and assistance from local fire and EMS agencies may not be available. For that reason, Healthcare Coalitions (HCC) tasked with providing the Logistics Team must ensure that adequate numbers of staff are activated and deployed for this purpose. Once set-up is completed, these team members may be demobilized unless they have also been tasked to work in the SMSS. Details covering staffing for set-up can be found in **Tab G2A: SMSS Staffing Levels, Roles, and Responsibilities.**

Once staffing is complete, all SMSS area and unit leaders and staff should begin setting up their various functional areas and medical units as planned to include proper exterior and interior signage. Standard SMSS functional areas and medical units are listed under SMSS Medical Operations below. To guide set up, SMSS unit and area leaders and staff should refer to:

- **Tab G2F: SMSS Patient Flow** for initial patient flow into the SMSS;
- **Tab G2C: SMSS Site Set-Up Considerations** for area-specific operation guidelines;
- **Tab G2F: SMSS External Forms & Reference Documents** for forms utilized throughout the SMSS; and
- **Tab G2G: SMSS Job Action Sheets** for the specific job duties of each position in the SMSS.

Arrival of Patients**:** Security personnel should direct all incoming potential patients to the Waiting Area. Assigned Patient Intake staff will look up each patient's SMSS Patient Intake Form in ReadyOp, use the form to complete patient registration, evaluate the patient's condition, and determine appropriate placement within the SMSS patient care area.

Buses should be directed to a designated SMSS Drop-off Area near the SMSS main entrance if possible. Individuals in private cars who need assistance should be allowed to unload at the Drop-off Area. Non-medical volunteers should be utilized, when possible, to assist with parking cars in designated areas.

SMSS Medical Operations

General**:** Medical operations in the SMSS encompass the following functional units and areas:

- Patient Intake (e.g., waiting, initial, triage and registration);
- Patient Care (e.g., patient care, emergent care, and isolation areas); and
- Pharmacy

Functional descriptions of these areas are provided in **Tab G2C: SMSS Site Set-Up Considerations** and specific staffing requirements are provided in **Tab G2A: SMSS Staffing Levels, Roles, and Responsibilities**.

Medical Direction**:** Once the SMSS becomes operational, it shall be the duty of the Chief Medical Officer (CMO) to provide medical direction for the shelter, maintain a shelter census, evaluate the

conditions of patients, and to recommend healthcare staffing level adjustments as appropriate. The CMO directs healthcare operations providing treatment orders and approving medical procedures.

Patient Intake Leader: The SMSS will have a patient intake leader who is responsible for the initial triage and assignment of patients into individual patient care units. Qualified medical personnel will serve this role but Paramedics with supervisory experience are recommended for the position.

Patient Care Unit Leader**:** Each SMSS unit will have a patient care unit leader who is responsible for the overall operation of their unit including suggesting staffing adjustments. Qualified medical personnel will serve this role but Registered Nurses (RN) with emergency department/intensive care unit and supervisory experience are recommended for the position.

Caregivers**:** Caregivers include RNs and Paramedics not in supervisory positions as well as CNAs, certified home health aides, home health aides, EMTs, personal care attendants, nursing aides. These individuals will be assigned an area to work in and may work under the supervision of an RN/Paramedic as appropriate.

Pharmacist/Pharmacy**:** The assigned Pharmacy Unit Leader and pharmacy technicians will be responsible for the proper storage, security, and distribution of pharmaceuticals in the SMSS. The SMSS pharmaceutical cache may be deployed through supporting hospitals and/or pharmacies (e.g., CVS, Wal-Mart, etc.) in the vicinity of the SMSS. At a minimum, a lockable room with a safe and a small refrigerator should be provided for the storage of narcotics and pharmaceuticals requiring controlled temperatures as necessary. Patients and/or their care givers should disclose all prescribed medications during the intake process. New medications may be ordered while at the SMSS.

Social Service/Discharge Planning**:** When an SMSS is activated, it is necessary to have a social worker or case manager on staff. This is to allow efficient referrals and placement of the patients. These individuals must understand the SMSS operations and disaster medicine.

On Call Specialists**:** There may be a need for onsite or on call specialist such as Hospice workers, Dietitian, Mental Health specialist, and others.

Patient Transportation: At a minimum, at least one fully staffed ambulance will be at the SMSS location and available 24/7 to support at the SMSS operations.

Levels of Care: The level of care provided at an SMSS should not exceed the level of staff skills and resources available. Medical providers that are assigned to an SMSS are operating under an emergency situation and should exercise reasonable care and judgment to assure patient safety. Any person who presents or develops the need for a level of care beyond that which can be provided at a medical shelter should be transported to an appropriate medical facility or the care/resource required should be requested from NCOEMS so that care can continue at the SMSS.

The following is a list of reasonable expectations for the levels of care being provided for at an SMSS. Individuals should agree with placement in an SMSS and should never be sent against their will even if their condition is outlined below.

1. Individuals who require active monitoring, management, or intervention by a medical professional to maintain their normal level of health.
    a. Patients from home requiring 24/7 skilled nursing care
    b. Hospice Patients from home
    c. Ventilator Patient
    d. Tracheotomy which requires suctioning
    e. Extensive Wound Management
    f. Stable Dysrhythmia monitoring/management
    g. Bedridden and total care required.
    h. Individuals who have been evaluated by a medical professional and deemed necessary for care at a medical support shelter to maintain their normal level of health.

Organization and Assignment of Responsibilities

The successful establishment, maintenance, and operation of SMSS requires close coordination and planning between NCOEMS, HPCs, NCEM, SMSS facility owners, local emergency management, local healthcare, and many other organizations. To facilitate these efforts, planned roles and responsibilities for these organizations have been identified and listed below and identified by phase in the emergency management process as applicable: Preparedness, Response, Recovery, and Mitigation.

Internal Support Organizations:

NCOEMS:

- Preparedness
    - Support the identification of facilities suitable for SMSS operations.
    - Establish Memorandum of Agreements (MOA) with facilities (SMSS Facilities) identified as suitable for SMSS operations.
    - Develop and maintain plans for SMSS operations.
    - Establish and maintain personnel to provide SMSS IMT support.
    - Coordinate with NCEM for the provision of logistical support necessary to establish and maintain SMSS operations.
    - Coordinate with the IPRO ESRD Network 6 for the provision of dialysis services for SMSS patients.
    - Coordinate with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) for the provision of behavioral health support for SMSS personnel and patients.
    - Support SMSS/SMSS IMT training for NCOEMS/HCC personnel through the Healthcare Coalitions.
- Response
    - Provide strategic and tactical oversight and support of SMSS operations through the:
        - Planned activation of SMSS appropriate to the situation;
        - Deployment of personnel to establish SMSS IMTs; and

        - Deployment of EMS resources for medical transportation.
    - Coordinate with local Emergency Management agencies through the SMSS IMT or SEOC ESF8 Desk concerning:
        - Location(s) of general population shelters;
        - Vetting of evacuees prior to transport to SMSS facilities to ensure available SMSS services are appropriate; and
        - Availability and provision of public transportation resources to assist with SMSS patient access to non-emergency health services.
    - Coordinate with partner agencies through the SMSS IMT or SEOC ESF8 Desk to provide necessary support services to the SMSS (e.g., fire/safety inspection, sanitary inspection (e.g., food, environmental, laundry), food service, waste management, and janitorial services).
    - Support and coordinate, as necessary, the resupply of medical and non-medical supplies to active SMSS operations
    - Coordinate with response partners to meet the immediate operational needs of activated SMSSs (e.g., NCEM for logistical support, IPRO ESRD Network 6 for dialysis services, DMHDDSAS for behavioral health services).
- Recovery
    - Conduct Hot Wash/After Action Reviews of SMSS operations with SMSS IMT to gather information on strengths, opportunities for improvement, and recommendations for future SMSS operations.
- Mitigation
    - Conduct or support activities addressing identified opportunities for improvement of SMSS operations (e.g., installation of transfer switches to ensure uninterrupted power supply, etc.)

External Support Organizations:

Healthcare Coalitions (HCC):

- Preparedness
    - Coordinate with local emergency management agencies within region to identify facilities suitable for SMSS operations, facilitate communication with local services (EMS, Fire, Police), and identify services that may be available to support the SMSS when opened.
    - Coordinate with local health and medical agencies (Public Health, hospitals) within region on the location(s) of facilities suitable for SMSS operations and identify services that may be available to support the SMSS when opened.
    - Establish and maintain personnel to support initial SMSS set-up, staff SMSS medical or logistics support teams, and support the SMSS IMT.
    - Participate in the development of the SMSS Operations Plan and ensure that personnel are familiar with it.
    - Establish and maintain SMSS Logistics Package, including pharmaceutical cache.
    - Establish plans for and provide resupply of medical and non-medical supplies to active SMSS operations through Lead Hospitals, Healthcare Coalitions, and NCOEMS
    - Provide SMSS and SMSS IMT training for NCOEMS and HCC personnel.
- Response

- Provide medical or logistics teams to support SMSS operations.
- Provide personnel to support initial SMSS set-up and SMSS IMT staffing.
- Provide initial SMSS Logistics Package, including pharmaceutical cache.
- Support and execute resupply of medical and non-medical supplies to active SMSS operations through Lead Hospitals, Healthcare Coalitions, and NCOEMS

- Recovery
  - Participate in Hot Wash/After Action Reviews of SMSS operations with SMSS IMT to gather information on strengths, opportunities for improvement, and recommendations for future SMSS operations.
- Mitigation
  - Conduct or support activities addressing identified opportunities for improvement of SMSS operations (e.g., improvement of patient tracking systems, upgrade of patient care equipment and supplies, etc.)

SMSS Facilities**:**

- Preparedness
  - Maintain close coordination with NCOEMS/HCC on the on-going maintenance, changes in structure or function, and operational readiness of facilities identified for SMSS operations.
  - Maintain designated shelter areas and services so they remain adequate in the area and function as planned:
    - Patient and medical treatment areas;
    - Utilities (e.g., electric, water, and sewer);
    - Common areas (e.g., restrooms, storage areas, and meeting rooms);
    - Other areas, if provided (e.g., sleeping areas, loading and dock areas, shower facilities, laundry facilities, and kitchen and dining areas);
- Response
  - Upon notification of activation, make notifications to facility support staff and initiate actions to prepare the facility for use as an SMSS as per the SMSS Site Operations Plan and MOA (e.g., inspect, remove, and/or relocate facility equipment and/or supplies).

NCEM:

- Preparedness
  - Participate in the development of the SMSS Operations Plan
  - Assist with the establishment and support of SMSS facilities through coordination with NCOEMS and local Emergency Management agencies.
- Response
  - Support the establishment and operation of identified SMSS facilities through the provision of logistical support that may include but not limited to:
    - Food services (e.g., K&W) and staff lodging and billeting;
    - Shower/bathroom facilities/trailers
    - Power generation/back-up (e.g., generators);
    - Medical and non-medical equipment and supplies (e.g., Hill-Rom);
    - Security services (e.g., ALE, DOI, and State Parks);
    - Environmental (e.g., janitorial) services;

- Laundry and linen services;
- Waste management services (e.g., trash and medical waste pickup)

Direction, Control, and Coordination

General**:** Activation of this plan will be the responsibility of NCOEMS. Once SMSS resources have been deployed the designated SMSS Incident Management Team (SMSS IMT) will provide the primary direction, control, and coordination function for established SMSS operations. NCOEMS staff, acting from the State EOC or NCOEMS Support Cell as part of the State Emergency Response Team (SERT), will provide strategic planning and support to those operations.

Chain of Command: A clearly defined chain of command is necessary to ensure continuity of operations. The chain of command should be based on the knowledge, skills, and abilities of individuals and the established disaster response structure. The planned chain of command for SMSS operations will follow the established ICS structure with an Incident Commander, Operations Chief, Planning Chief etc.

SMSS IMT**:** All members of the established SMSS IMT report through the chain of command up to the SMSS Incident Commander. In coordination with the SMSS Incident Commander (SMSS IC) SMSS IMT members will manage their assigned functional areas and, as necessary, will assist the SMSS IC with opening and closing of the SMSS, external reporting, personnel staffing decisions, the receipt, storage, and disbursement of equipment and supplies, and the establishment of site security.

Operational Schedule & Situation Reporting: All SMSS IMTs will follow the operational schedule provided below for operational activity and situation reporting. This schedule details personnel work shifts and times when briefings and conference calls will occur and when Situation Reports will be produced. The SMSS Planning Section Chief will manage the operational schedule.

SMSS Operational Activity/Reporting Schedule **Shift 1: 0700 – 1900 - Shift 2: 1900 – 0700**	
0700	SMSS Situation Report due in ReadyOp. Start Shift 1, end Shift 2.
1100	NCOEMS Conference Call with SERT ESF8 Desk Representative, NCOEMS regional staff, Healthcare Preparedness Coordinators, SMRS Incident Management Teams, and other essential ESF8 partners as the incident situation requires (optional).
1900	SMSS Situation Report due in ReadyOp. Start Shift 2, end Shift 1.

The SMSS IMT should participate in NCOEMS coordinating calls and submit situation reports to the SERT ESF8 Desk according to the established schedule. ReadyOp will be utilized for situation reporting when available and appropriate.

Patient Medical Records: All medical records of patients are considered confidential information and shall be safeguarded by the SMSS staff. SMSS staff will utilize shelter specific SMSS Patient Intake Forms (provided in ReadyOp) and other forms, as appropriate, to create and update patients' medical records as needed. Upon demobilization all patient records will be collected by the SMSS IMT and

provided to NCOEMS leadership for maintenance and storage. Refer to **Tab G2F: SMSS External Forms & Reference Documents**.

Security, Safety, and Management of Non-SMSS Personnel: It is the responsibility of the SMSS IMT through the Safety Officer and Security Unit Leader to ensure that the areas and units in and around SMSS operations are safe and secure. To meet these goals, **Tab G2D: SMSS Security Guidelines** **&** **Tab G2E: SMSS Safety Guidelines** have been developed to assist these individuals and the SMSS IMT with the development of SMSS site-specific security plans.

General Security Notifications

- Situations involving the potential for violence or other actions taken by staff, patients, or visitors which may be harmful to them, others, or disrupt SMSS operations should be reported to SMSS IMT and security personnel immediately. In turn, the SMSS IMT should make notification to the SERT ESF8 Desk as soon as possible. These actions will not be tolerated and may result in removal from the SMSS by security personnel. Under no circumstances should SMSS staff attempt to diffuse potential violent situations
- Other emergency situations (e.g., fire, flood, loss of power, loss of HVAC, etc.) or situations which escalate to an emergency (e.g., partial loss of power/HVAC) should be reported by the SMSS IMT to the SERT ESF8 Desk as soon as they are recognized.

Electronic Devices and Privacy: The use of cell phones, tablets, laptops, and personal gaming systems are permitted in an SMSS. However, when using devices, SMSS staff, patients, and visitors are expected to alert others before taking pictures and/or video in the event they do not want to be in the photo and/or video and not to post any pictures and/or videos that include other individuals without those individuals' written consent.

Weapons*:* Weapons are not allowed in SMSSs. Individuals with weapons will be asked by SMSS Security Officers to secure them in the individual's vehicle. If that is not an option, Security Officers may secure the weapons in their law enforcement vehicle.

Visitors: Access to the SMSS by visitors and the media is allowed but may be restricted or cancelled by the SMSS IMT or Chief Medical Officer if deemed to be detrimental to SMSS operations or the health outcomes of patients. Upon arrival all visitors must sign in at the SMSS Registration Desk to provide identification, explain the reason for their visit, and await an appropriate escort if necessary. Once visitors are approved for entry, Registration Desk staff will inform the SMSS IMT. Visitors will be given a visitor pass which allows them access to specific designated areas only. If visitors require escort, the SMSS IMT will assign staff for escort duty. During their visit, all visitors will be treated in a kind and courteous manner. However, actions taken by visitors which disrupt SMSS operations will not be tolerated and may result in removal. The visitor Waiting Area should not interfere with SMSS operations.

Types of Visitors:

- Family and Friends of Patients: Family and friends are allowed access to visit once the visit is approved by the patient and the CMO. Depending on the condition of the patient, the CMO may restrict or not allow patient visits. Once the visitors have been identified, Registration Desk staff will confirm approval through the CMO. Visits should be limited to avoid

disrupting ongoing SMSS medical operations while being respectful of all who may want to visit. For that reason, no more than 2 visitors will be allowed per visit and visits will be time-limited at the discretion of the CMO.

- Host Facility Personnel: These are individuals that may work in or otherwise utilize areas of the Host Facility that are not being utilized for SMSS operations. These individuals must check-in at the SMSS Registration Desk and should only be allowed into operational SMSS areas and units if it is related to their work or they must pass through to get to their part of the Host Facility. Registration Desk staff will assign an escort in coordination with the SMSS IMT.
- Volunteer Organizations: These are individuals representing organizations that may want to provide support to some aspect, medical or non-medical, of SMSS operations. They must be vetted and approved by staff at the SERT ESF8 Desk or Support Cell prior to arrival and should arrive in duty uniform, with appropriate and current identification. If not, they should not be allowed access until they have been approved. Once approved, Registration Desk staff will direct them to their assigned work area or unit as provided by the SMSS IMT. They should not require an escort.
- VIPS and Media: Visits by these individuals must be vetted and approved by staff at the SERT ESF8 Desk or Support Cell prior to arrival. They should present them with appropriate and current identification. If not, they should not be allowed access until they have been approved. Once approved, Registration Desk staff will assign an escort in coordination with the SMSS IMT. Visits should be limited to avoid disrupting ongoing SMSS medical operations while being respectful of all who may want to visit. For that reason, no more than 2 visitors will be allowed per visit and visits will be time-limited to no more than 30 minutes at a time.

Media**:** The management of media coverage at SMSS operations and interaction with SMSS staff will be coordinated through the NC DHHS Office of Communications in conjunction with the ESF8 Desk or NCOEMS Support Cell. The ESF8 Desk or NCOEMS Support Cell should coordinate and communicate media requests directly with the SMSS IMT. Media visits may be further restricted or cancelled at any time at the discretion of the SMSS Incident Commander and/or the Chief Medical Officer due to patient privacy and patient safety. All personnel present in a SMSS should sign the DHHS Media Release Form prior to allowing media to enter the operational area according to policy. If media presents directly to an SMSS site and has not coordinated through the ESF8 Desk or NCOEMS Support Cell and/or the NC DHHS Office of Communications, the SMSS IMT should immediately contact the ESF8 Desk or NCOEMS Support Cell for guidance and direction.

- Security personnel will escort media members to and from designated parking areas and notify the SMSS ICP that media are on campus. SMSS IMT staff will notify the SERT ESF8 Desk of the visit.
- Media members will be asked to sign in at the SMSS Information Area and wait for an escort in an area that does not interfere with the SMSS operations. If the weather or conditions permit, the media may be asked to wait outside.
- The privacy rights of the staff and patients in the SMSS are to be observed, and media personnel should only be allowed to access areas of the SMSS that do not interfere with anyone's rights or with the SMSS operations. If the media wish to interview patients or staff in the SMSS, the SMSS IMT may ask for volunteers, but no one is required to provide an interview.

- All media releases must be approved by SERT ESF8 Desk in conjunction with DHHS Communications prior to release.
- Media visit information will be included in the SMSS situation reports to the SERT ESF8 Desk.

Communications

SMSS Communications Plan (ICS-205): Upon establishing operations the SMSS IMT will submit any information necessary for the development and update of the ICS-205.

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

TAB G2A:

SMSS STAFFING LEVELS, ROLES, AND RESPONSIBILITIES

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General Guidelines:

Staff Preparedness: All activated staff should ensure their families and property are prepared prior to deployment. Appropriate pre-deployment preparedness activities include:

- Securing their home;
- Planning for family members/service animals during their activation;
- Locating the personal supplies that should be needed during the activation;
- Ensuring that any vehicles and/or equipment they should need are operational and that any supplies they may need during the event are on hand.
- Reviewing the SMSS Operations Plan so they are familiar with their roles and responsibilities.

Report for Duty: All assigned staff should report for duty, in duty uniform, with appropriate and current identification, and ready to work. Upon arrival at the SMSS, all staff will report to the Staff Registration Desk for check-in and assignment to their work area/unit.

Work Hours: SMSS staff members should not be scheduled to work for more than 12 consecutive hours in a 24-hour period.

Standards: Medical/health professionals should only perform those duties consistent with their level of expertise and only according to North Carolina professional licensure laws, regulations, and protocols.

Staffing Reports: The SMSS IMT must estimate the SMSS patient load and report the staffing requirements above their on-site capabilities to the SERT ESF8 Desk in accordance with the established operational schedule.

Staff Rotation: Persons who staff a shelter should be rotated every five to seven days on a regular basis. However, rotations should be staggered or phased to prevent the complete turnover of operational staff at one time**.** The Chief Medical Officer is responsible for developing and managing the staffing plan and should keep the Operations Section Chief informed of staffing plans, and unmet needs.

Staffing Levels:

Up to 50 patients:

Position	# Personnel Day	# Personnel Night
Incident Commander	1	1
Safety / Public Information Officer	1	1
Operations Section Chief	1	0
Logistics Chief	1	1
Logistics Specialist	1	0
Case Worker	2	0
Total Administrative Staffing	**7**	**3**

Position	# Personnel Day	# Personnel Night
Chief Medical Officer	1	0
Advanced Practice Provider	1	1
Respiratory Therapist	1	1
Pharmacist	1	1
Registered Nurse	6	6
Paramedic	6	6
Medical Worker*	10	5
Total Medical Staffing	**26**	**20**

* Medical Worker is defined as any level of healthcare provider to include Certified Nurse Aid, Certified Medical Assistant, Emergency Medical Technician or any higher level of certification or licensure.

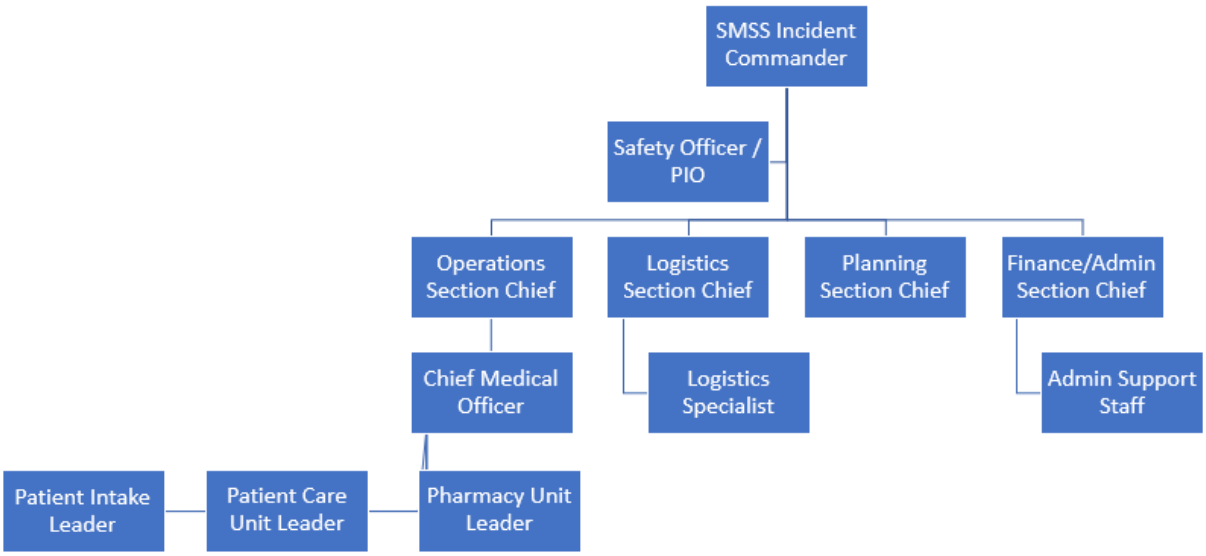
51+ patients: The medical staffing chart will be adjusted based on the need and number of patients assigned. Likely an increase in Medical Workers will be needed with each additional 25 patients added to a census.

Position	# Personnel	# Personnel
Incident Commander	1	1
Safety / Public Information Officer	1	1
Operations Section Chief	1	1
Logistics Chief	1	1
Planning Section Chief	1	0
Finance/Admin Section Chief	1	0
Communications Unit Leader	1	0
Logistics Chief	1	1
Logistics Specialist	1	1
Admin Support Worker	1	0
Case Worker	4	0
Total Administrative Staffing	**14**	**6**

Position	# Personnel Day	# Personnel Night
Chief Medical Officer	1	0
Advanced Practice Provider	1	1
Respiratory Therapist	1	1
Pharmacist	1	1
Registered Nurse	6	6
Paramedic	6	6
Medical Worker*	16	16
Total Medical Staffing	**32**	**31**

* Medical Worker is defined as any level of healthcare provider to include Certified Nurse Aid, Certified Medical Assistant, Emergency Medical Technician or any higher level of certification or licensure.

Figure 1.2: Organization Chart for 51+ Patients



For more detailed information covering specific job duties refer to **Tab G2G: SMSS Job Action Sheets.**

Initial Set-Up Staffing:

Planning options for addressing staffing for the initial set-up of SMSSs may vary depending on whether the facilities have been reviewed and "pre-diagramed" (set-up locations for equipment and supplies have been established through prior facility reviews or training events).

The preferred option, in both cases, is for the HCC assigned to the logistics mission to provide an SMSS Logistics Team consisting of **12-14 personnel** broken down as follows:

- **2 – Logistics personnel** (Logistics Lead and Logistics Specialist) who would work at the trailers. When initial set-up has been completed these individuals become part of the SMSS IMT
- **10-12 – Other personnel** (SMRS Staff) who would off-load and move stuff to the treatment areas, set up cots, etc. These personnel are expected to deploy within the same timeframe of the logistics personnel however, when initial set-up has been completed these individuals will likely be able to demobilize.

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

TAB G2B:

SMSS SITE REQUIREMENTS AND SUPPORT SERVICES

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Purpose

The following listing is meant to assist planners and understand the ideal physical requirements and services for successful SMSS operations and, subsequently, identify needs that should be considered in the development of any Memorandum of Agreement (MOA) with prospective host facilities.

Geography/Area Infrastructure:

- Outside flood plains
- Easy access to major transportation routes

Site Attributes/Configuration:

Requirements (must provide):

- Facility is ADA compliant (as close as possible)
- Patient area adequate to accommodate at least 50 patients at 70-100 sq. ft. per patient (3500 – 5000 sq. ft.)
- Areas adequate to conduct the following medical functions:
  - Patient Intake (for initial holding, triage, and registration)
  - Patient Care (for patient care, emergency care, isolation as necessary)
  - Pharmacy (for pharmaceutical storage and distribution)
- Electric power service with back-up power source (generator or transfer switch)
  - Adequate power distribution system (multiple, working electrical outlets in all areas)
- Water service (hot and cold running)
  - Adequate water distribution system (multiple, working sinks in all areas)
- Sewer service (with hookups for shower trailers if no showers in facility)
- Restrooms (1 toilet per 8 patients)
- Command and Control area (for overhead management of SMSS)
- Logistics area adequate for unloading and the secure (lockable) storage of supplies, equipment and meds needed for immediate operations)

Recommendations (may provide):

- Facility on single floor
- Separate rooms for:
  - Emergent Care (for patients needing emergency care/resuscitation)
  - Isolation (for those with infectious disease)
  - Mortuary (for deceased patients (hospice/DNR)
- Area or nearby facilities adequate to accommodate staff billeting (away from patients if possible)
- Logistics area adequate for unloading and storage of **all equipment and supplies from trailers.**
- Shower facilities (1 shower per 15 patients)
- Laundry facility (for staff only)
- Kitchen or food prep area for meals, including cold storage for food.
- Loading dock
- Internet connectivity (network)
- Phone service and SAT link

Site Support Services and Supplies:

Medical/Patient Support:

- EMS resources (critical to getting patients to/from dialysis, hospitals, discharges etc.)
- Public transportation support (in addition to EMS resources)
- Behavioral Health support (request through Human Services DMH representative in SEOC)
- Mortuary Services w/ plan (area to isolate body for pick-up or delivery to collection point)
- Discharge Planning support

Medical/Patient Supplies and Internal Logistics Support:

- M8 Trailer configured for staff billeting (if not provided in facility, can also augment Overhead Team/Command & Control function)
- Refer to SMSS Minimum Supply & Equipment List maintained by the SMRS Logistics Action Team

External Logistics Support:

- Forklift (must be onsite before or arrive with SMSS trailers)
- Food Services
- Site Food Cache (i.e., tuna fish in can, cans of vegetables, Ensure, etc. for patients in case food service is not delivered initially or supply breaks down during operations; 48-72hr supply)
- Security Services (24/7, ALE or Dept. of Insurance agents preferred)
- Laundry Services with contract for laundering patient clothes/bedding
- Environmental (janitorial) services
- Waste management services (including containers and removal of medical and regular waste)
- Fuel Services w/ delivery plan
- Consider capability for EMR / HIE, and/or Telemedicine.
- Consider large TVs/video screens that can be used for status boards etc.

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

TAB G2C:

SMSS SITE SET-UP CONSIDERATIONS

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Medical Areas

Patient Intake Area

Waiting Area

Functional Description:
Covered area adjacent to the SMSS drop-off/arrival area large enough to hold multiple patients (~30+ patients) and allow for them to undergo initial triage without interfering with the patient registration or other SMSS operational areas.

Tasks: See Initial Triage & Patient Registration

Initial Triage & Patient Registration

Functional Description:
Adjacent to or set-up in a portion of the Waiting Area. Activities are focused on the initial, rapid, sorting and registration of patients, identification of patients requiring higher levels of care, and the movement of patients to appropriate sections of the Patient Area. Activities include:

- Assisting with the unloading of patients at the SMSS patient drop off point.
- Collecting patients' basic registration information in the SMSS Patient Intake Form (ReadyOp)
- Evaluating patient initial information to determine the level of care required.
- Assigning patients to a bed in the Patient Area if they meet SMSS criteria for care or arranging transfer to appropriate healthcare or shelter facilities if they do not.

Patient Area

Functional Description:
Set-up dictated per facility, but typically consists of a single area for care and shelter located adjacent to the Patient Intake Area. Nursing stations serving this area should be centrally located with space for charting and tables for medical supplies and equipment. Activities are focused on providing basic care to patients arriving at the SMSS and include:

- Receiving patients from the Patient Intake Area and escorting them to their assigned bed
- Completing the patient's SMSS Patient Intake Form and making any necessary adjustments to care or placement
- Providing basic patient care as necessary and updating and maintaining patient records accordingly

Emergent Care/Isolation Area

Functional Description:
An area dedicated for the care of patients which are temporarily unstable and need emergency care or are affected with a disease or condition that warrants isolation from other patients. The area should be separated from the other areas. O2, suction, ECG, and BP monitoring in the area. Must have appropriate PPE and hand washing capability. Note: If the CMO makes the determination that the patient probably does have an infectious disease the patient will be transferred to a hospital. However, these patients should only be moved if stable.

Pharmacy

Functional Description:
A lockable room with a safe and a small refrigerator should be provided for the storage of narcotics and pharmaceuticals requiring controlled temperatures as necessary.

Non-Medical Areas

Command and Control Area

Functional Description: This area serves as the Incident Command Post for the SMSS and houses IMT staff and a briefing room that will accommodate at least twelve people for meetings. It must have internet connectivity, telephones, and electrical outlets.

Location and Space Requirements: Space is also required for tables and chairs. Preferably the ICP should be located near an outside entrance and a parking lot. Space requirements; 400-600 sq. ft.

Staff Registration Desk

Functional Description: Activities in this area focus on the registration of incoming/outgoing SMSS personnel, direction to their assigned work area, and management of personnel sign-in/sign-out. Staff assigned here provide the SMSS IMT Planning Section Chief with daily summaries of on-site staff.

- Badging: The deployed HCC responsible for logistics SMAT should provide badging equipment to accommodate personnel without appropriate/current identification badges. SMSS personnel should have/receive an SMRS ID Badge which covers the anticipated duration of the event plus ten (10) days before expiring.

Location and Space Requirements: This area should be placed close to the main entrance of the SMSS, or other entrance designated for the entry of personnel. Typically, it is co-located with Patient Registration in the Patient Intake Area. It must have space for a table and several chairs, easy access to electrical outlets, and a black/white board where updates, emergency/service information, and SMSS rules can be posted. Space requirements are approximately 150 sq. ft.

Logistics and Supply Area

Functional Description: This unit is designed to receive, sort, and dispense all disposable medical supplies to the SMSS upon receiving properly documented requests.

Location and Space Requirements: This unit must be located near an outside entrance and preferably a loading dock for delivery trucks. It must have worktables and space for storage shelves and boxes to store large quantities of medical supplies. Space requirements are approximately 400 sq. ft.

Food Service Area

Functional Description: Areas designated for the service and storage of food to SMSS personnel, patients, and supporting staff. These areas must be identified, prepared for use, and include

kitchen, serving, dining, and storage areas. Facilities should have standard kitchen commercial equipment or be connected to an outside entry for catering or a field kitchen. NCEM has contracts with food service vendors to provide food services for the SMSS personnel, patients, and supporting staff, including those with required special diets.

Location and Space Requirements: The kitchen and serving area should have a minimum of 800 sq. ft. The dining area should be capable of serving at least 70 at a time (half of minimum census for 50-bed SMSS (~140 total)) approximately 12 tables with 6 chairs each and 1,600 sq. ft. of space. Total inside space = 2, 400 sq. ft. Outside space must be available for a standard refrigerated trailer and/or parking for catering vans.

Staff Billeting Area

Location and Space Requirements: Ideal situation would be to provide staff hotels or separate buildings for billeting to ensure proper space to rest and relax away from the SMSS. If the staff billeting area is onsite, a quiet area of the SMSS, preferably away from the main traffic, should be considered. Access to bathrooms, showers and laundry trailers for staff use should be considered.

Communication Area

Functional Description: Activities in this area should focus on providing interoperable and redundant communications within the SMSS operation and with the SERT ESF8 Desk/Support Cell, Healthcare Coalitions, local Emergency Management, and other local and regional response partner organizations via phone, internet, radio, and satellite radio.

Location and Space Requirements: This area should be co-located with the SMSS Incident Command Post. The location must have connectivity to outside walls/windows for antenna connections, multiple electrical outlets, and IT connections. Space requirements: 200 sq. ft.

Security Area

Functional Description: Activities in this area should focus on the coordination of security services within the SMSS operation and in the area surrounding the SMSS location.
These services are critical to the safe operation of an SMSS and must be instituted when the SMRS is activated. Consider co-locating with the SMSS Incident Command Post.

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

TAB G2D

SMSS SECURITY GUIDELINES

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Purpose

To maintain a safe environment for medical shelter staff, patients, and visitors

General Security Requirements

1. Medical shelters are particularly vulnerable to security hazards and threats due to the circumstances of their establishment:
    a. Disrupted services/infrastructure due to ongoing or recent disaster.
    b. Large population of patients
    c. Presence of pharmaceuticals and other valuable equipment and supplies
2. Security must be established and maintained at State Medical Support Shelter (SMSS) facilities 24 hours a day and 7 days a week from the time SMSS Incident Management Teams (SMSS IMT) first arrive to establish the shelters until demobilization of the shelters are complete. The level of security required will depend on the emergency and location of the medical shelter site. For a checklist outlining the items for security consideration refer to the SMSS Site Security Assessment Form
3. Security includes, at a minimum:
    a. The physical presence of trained, sworn Law Enforcement officers (local, state, etc.) with jurisdiction to enforce the law, in adequate number to meet the purpose of this SOG (see Security Roles and Staffing Levels) and to perform or assist the SMSS IMT with achieving the following security priorities:
        i. Conducting an initial site security assessment and developing an operational security plan
        ii. Establishing control of access outside the SMSS including traffic control, external presence/patrols, and escort activities
        iii. Establishing control of access inside the SMSS including internal presence/patrols and enforcement of shelter rules and policies
        iv. Coordinating SMSS security activities, including requests for additional assistance, with local law enforcement
    b. The active support of the SMSS IMT and all SMSS staff for the development of the security plan and enforcement of SMSS rules and policies, especially as they related to security and safety

Security Roles and Staffing Levels:

1. SMSS IMT: Provides direction and coordination of plans, policies, and actions related to on-site security and safety through the SMSS Operations Section Chief and Safety Officer positions. Specific responsibilities of individuals assigned to these positions are covered in their Job Actions Sheets (see, **Tab G2G: SMSS Job Action Sheets**).

2. Law Enforcement
    a. Roles: Provides sworn law officers to fill Security Unit Leader and Security Officer positions within the SMSS Incident Command Structure.
        i. Security Unit Leaders are supervised by and report to the SMSS Operations Section Chief, coordinate their actions with the SMSS Safety Officer, and provide direction to all assigned Security Officers.

ii. Security Officers are supervised by, report to, and perform their duties based on direction from the Security Unit Leader.
iii. The specific responsibilities of law officers assigned to these positions are covered in their Job Actions Sheets (see, **Tab G2G: SMSS Job Action Sheets**).

b. Staffing Levels: The number of Security Unit Leaders and Security Officer positions adequate to meet the purpose of this Security Officer Guide will be determined prior to the deployment of SMSS resources by the ESF8 Lead, in coordination with the SMSS Incident Commander, ESF13 Lead (Law Enforcement), and the Emergency Services Group Supervisor or their designees. However, initially, at least four (4) law enforcement officers should be provided to meet SMSS security needs over each 24-hour period (2 – day, 2 – night).

Security Priorities and Best Practice Guidelines:

Site Security Assessment and Operational Security Plan Development:

Assessment completed by Security Unit Leader with input from the Operations Section Chief and Safety Officer following initial situation briefing and facility tour. Security Unit Leader and Safety Officer work together to develop site-specific plan. Assessment and plan should:

1. Identify hazards for mitigation and associated corrective actions.
2. Set initial area perimeters for work, living, and recreational activities, identify conditions for their modification, and include a simple diagram or map depicting them graphically for staff, patients, and visitors.
3. Address the establishment of exterior and interior security measures.
4. Support shelter rules established by the SMSS IMT regarding personal conduct, pharmaceutical storage, etc. and incorporate existing SMSS Safety Policies (Tab G2E) covering Fire, Use of Force, Missing Persons, and Evacuation
5. Address the coordination of SMSS security activities with local emergency management and law enforcement

Control of access outside the SMSS:

Directed by the SMSS IMT, in accordance with the results of the initial security assessment and maintained by the Security Unit Leader and assigned Security Officers upon their arrival to the SMSS.

1. Establish traffic control plans for vehicles and foot traffic.
    a. Provide escort for vehicles entering/exiting premises, if necessary
2. Establish primary entrance for patients, visitors, and staff and secondary entrance for equipment and supplies.
3. Secure exterior doors to areas in use that are not being used as entrances from outside entry, however:
    a. DO NOT KEEP OUTSIDE DOORS PROPPED OPEN
    b. DO NOT BLOCK EMERGENCY EXITS
4. Establish Patient Intake/Staff Registration desk(s) at the primary entrance. Include check-in/check-out procedures for patients, visitors, and staff, vehicles, and keys.
5. Post security personnel at the primary entrance 24/7 and establish schedule for external patrols.
6. Establish an evening check-in time (e.g., 2200 check-in to Branch Directors and report to SMSS IMT Section Chiefs no later than 2210)

7. Establish a plan for facility lock-down to restrict access into and out of the SMSS due to disturbances (e.g., demonstrations, civil disobedience, gang activity, etc.). Plan should include procedures for the rapid securing of exterior entrances and establishment of a single point of entry/exit.

Control of access inside the SMSS: Directed by the SMSS IMT and CMO/CNO, in accordance with the results of the initial security assessment. Maintained by the Security Unit Leader and assigned Security Officers upon their arrival to the SMSS (Note: Signage and posting of signage is the responsibility of the Logistics Section Chief.)

1. Secure sensitive (e.g., pharmacy) and unused areas and clearly identify them as off-limits by posting "Do Not Enter" signs and/or use of colored safety tape.
2. Post signage identifying service areas and defining acceptable conduct (Shelter Rules). Rules should be displayed prominently where they can be easily seen by patients, staff, and visitors.
3. Ensure that emergency evacuation routes are clearly identified.
4. Establish schedule for internal patrols by security personnel.
5. Enforce established controls and policies for media access and personnel as specified in the SMSS plan.

Coordination of SMSS security activities: Processes for requesting and obtaining assistance from local law enforcement will be based on agreements established between SEOC (ESF8 Desk, Public Safety (ESF13), and NCEM Emergency Services) and local Emergency Management representatives prior to SMSS deployment. Once deployed, SMSS IMT will manage these processes in accordance with agreements and utilize the Security Unit Leader and assigned Security Officers for direct coordination with local law enforcement.

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

TAB G2E:

SMSS SAFETY GUIDELINES

OCTOBER 2023

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Fire

PURPOSE: To provide guidelines in responding to fires and define responsibilities of the SMSS IMT and staff in the activation of this policy.

DESCRIPTION OF THE THREAT: Fires are extremely destructive and have the potential to spread and rapidly become a hazard to life and property. If a fire develops, smoke production is the first and greatest hazard to patients, staff, and visitors.

EQUIPMENT: Fire extinguishers

RESPONSIBILITY: SMSS Incident Commander and Incident Management Team are responsible for managing all mitigation, preparedness, and response activities related to fire/threat of fire in an SMSS (see SMSS IC/IMT sections under **RESPONSE** below).

MITIGATION/PREPAREDNESS:

- Fire safety issues will be included as part of the SMSS Site Security Assessment
- The Safety Officer will be responsible for the resolution of any fire hazard issues noted during the inspection and ensure that:
    - All fire extinguishers provided by the SMSS are properly placed.
    - Staff are aware of the locations of all available fire extinguishers and Fire Alarm Pull Boxes and how to utilize them.
    - SMSS staff are familiar with this policy especially as it pertains to response and Fire Safety Guidelines

Fire Safety Guidelines:

- **"FIRE"** will be the signal word for verbal notification of a fire in progress:
- **"Attention, Attention, FIRE and (location)"** will be used for notification over the radio of a fire in progress to all SMSS work areas. This notification may be made by any SMSS staff.
- **"Attention, Attention FIRE All Clear!"** will be used for notification over the radio that a fire in progress has been extinguished and it is safe to return to SMSS work areas. This notification may only be made by the SMSS Incident Commander or the Safety Officer
- Firefighting: SMSS staff should not fight a fire unless:
    - The fire can be fought effectively with portable extinguishers.
    - They have knowledge or training on using a portable fire extinguisher.
    - They can safely fight the fire in normal work clothing.
- Operating a Fire Extinguisher:
    - Pull the pin on the fire extinguisher.
    - Aim the fire extinguisher nozzle at the base of the fire.
    - Squeeze the handle trigger.
    - Sweep the extinguisher from side to side at the base of the fire.
- Checking Work Areas: If doors are closed, feel the door and the doorknob before entering. If either is hot, DO NOT open the door. If the door and the doorknob are cool, stand to the side of the door and open the door slowly.

Response:

SMSS Staff: Staff responsibilities will vary depending on whether they are working in an area affected by a fire or not. Responsibilities, in these situations, are as follows:

Directly Involved in a Fire:

1. Call out the fire signal **"FIRE!"**
    a. All other area staff will relay that call and ensure that their Unit Leaders are notified.
2. Notification
    a. Staff will activate the facility fire system by pulling down on the nearest fire alarm pull box. Staff should also ensure that 911 is activated to start a Fire Department response.
3. Extinguish the fire.
    a. If the fire is small enough to be put out by a fire extinguisher, appropriately trained staff may use a fire extinguisher, or other available fire suppression equipment to put out the fire immediately if they deem it safe.
    b. If the fire cannot be extinguished immediately, it is deemed too dangerous, personnel are not trained, or the fire is too large to be put out by a fire extinguisher,
        i. Evacuate any person(s) in immediate danger (if it can be done safely)
        ii. Contain the fire (close doors to patient rooms, offices, hallway closets, smoke doors, fire doors, windows, etc.)

Not Directly Involved in the Fire:

1. Proceed to your area of responsibility; if you do not have an assignment outside your unit, remain in your work area for instructions
2. Close doors to patient rooms, offices, hallway closets, smoke doors, fire doors, windows, etc.
3. Leave the lights on
4. Clear hallways of equipment, carts, etc. If equipment and carts cannot be removed from hallways, move them along the wall opposite any fire stairwells to create the widest possible space for movement of patients.
5. Request that all visitors report to a waiting area or remain in the patient's area until the "All Clear" is announced.
6. Remain in your area of responsibility until notified of all clear

SMSS Unit Leaders: In areas directly involved with a fire, Unit Leaders are responsible for the following, if deemed safe to do so, until relieved by fire department staff.

1. Ensuring the fire is reported to 911 and the SMSS ICP
2. Directing internal patient movement
3. Shut off medical gas valves in the Patient Care Area

SMSS IMT: When notified of a fire or potential fire event, the SMSS IC will take the following actions to maintain direction and control over SMSS operations and the health and safety of patients, staff, and visitors:

1. Ensure contact to 911, report the situation, and coordinate local fire department support.
2. Direct the Logistics Section Chief or Communication Specialist to broadcast notification of the fire (**"Attention, Attention, FIRE and (location)"**) over radio to all SMSS areas, if not already done.

a. If radio communications are down, direct the Logistics Section Chief and Finance/Admin. Section Chief to assign runners from available non-medical support staff to communicate with Unit Leaders in other SMSS areas.

3. Direct the Logistics Section Chief or Communication Specialist to broadcast notification of all clear (**"Attention, Attention FIRE All Clear!"**) over radio, to all SMSS areas once the fire has been extinguished.
4. Contact the SEOC ESF8 Desk to report the incident, provide status, and request any necessary support needs. This should be done one the situation has been mitigated or all persons evacuated.

Infection Control Plan

Health Screening and PPE Use

To prevent the spread of infectious disease, neither patients, staff, nor visitors will be allowed into the facility except in specific circumstances:

- All staff and visitors will be screened for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering the facility.
- Recommendations on PPE procedures will be set by the Chief Medical Officer, to minimize the spread of infectious disease when applicable.
- Infection control measures should be congruent with those provided in the Infection Prevention Toolkit for Long-Term Care (LTC) facilities.

Workplace Violence

PURPOSE: To provide guidelines for maintaining the safety of staff, patients, visitors, and other members present in the SMSS. At times to ensure this safety the use of force may be required. In most cases this should be the responsibility of the Security Officers onsite. Force refers to the application of physical techniques, chemical agents, or weapons to a subject.

POLICY:

1. **Follow North Carolina State Law and Agency Associated Guidelines per agency training. If this does not exist, the below guidelines may be considered.**
2. Attempt verbal de-escalation techniques to calm situation.
3. Employ only the minimum level of force necessary to assume control of situations that threaten the security of SMSS while:
    a. Protecting the Security Officers
    b. Protecting staff and patients
    c. Protecting the subject from himself or herself
    d. Protecting others in the immediate area from danger
4. Limit the use of force to those instances when Security Officers reasonably believe that it is the most appropriate method to assure the safety of the environment and control the situation.
5. When faced with an incident that may require the use of force, Security Officers are expected to assess the situation, determine the level of force that will most effectively de-escalate the situation and bring it under control with the least risk of injury to the Security Officers and others, including the subject.

6. Security Officers must never escalate to a greater level of force without first exhausting all less severe alternatives or reasonably believing that any lesser degree of force would be ineffective.
7. Use of force against patients should be limited to defensive techniques. Chemical sprays should not be used inside SMSS patient care areas.

Reporting the Use of Force: Whenever a SMSS Security Officer uses any level of force the Security Unit Leader and SMSS IMT will be notified. An unusual event report and any agency specific reports should be completed. When a person is removed from the facility or escorted off the facility and no force is used, a statement that "no force was used" should be included in the appropriate report.

Missing Person

Scope: This procedure addresses missing patients admitted to the SMSS. A missing person at the SMSS is a serious event, requiring immediate response.

Situation: Each deployment is unique, requiring differing planning and response. This plan should be seen as a guideline and can be altered by the SMSS IMT as needed. Weather and SMSS deployment location are among the factors to be considered in planning efforts.

Concept of Operation: In the event of a missing person is discovered to be missing, the following actions will be taken:

1. Conduct initial search and notification.
    a. Restricting facility access.
    b. Gather information, and
    c. Expand/contract search resources as situation dictates.
2. Maintain search operations to conclusion.
    a. Provide situation updates until search concludes (e.g., every 30 min.)
    b. Report results of search to the SEOC ESF8 Desk

Initial Search and Notifications

Affected SMSS Area: The staff member discovering that a person is potentially missing will notify their Unit Leader and other area staff to immediately confirm that the person is not in the area. The Unit Leader will provide the SMSS IMT with the following information:

- Name
- Age
- Sex
- Skin and hair color
- Clothing type and color
- Time last seen.
- Photo, if available

Security Unit Leader or designee

- Report to the affected SMSS area to interview staff to collect information about what happened and,

- Dispatch on-shift Security Officers (Security Officer) to establish restricted access to the SMSS with one entry/exit into the facility and begin a perimeter search.
- Notify off-shift Security Officers of the potential need for their assistance and contact local law enforcement to assist if deemed necessary or if requested by the SMSS IC.
    - Abduction: If abduction is suspected, the Security Unit Leader will notify local law enforcement immediately

Search Operations Responsibilities

All SMSS Areas:

- Unit Leaders or designee will:
    - Coordinate with CMO to identify staff not critical to patient safety and make them available to participate in searches of surrounding areas.
    - Direct the search their unit areas.
    - Report the results of their area searches back through their chain of command.

SMSS IMT:

- SMSS Incident Commander or designee will:
    - Contact the SEOC ESF8 Desk to report the event, provide status, and request any necessary support needs.
    - Coordinate with SEOC ESF8 Desk on plans to inform missing individual's family if person is not found in one (1) hour from start of search.
    - At close of search, ensure completion of a SMSS Unusual Event Report is submitted to the SEOC ESF8 Desk

- Security Unit Leader or designee will:
    - Coordinate with local law enforcement for additional support as necessary.
    - Report to the affected SMSS area to interview staff, develop report, and report any additional information to the Operations Section Chief
    - If necessary, establish a command post and notify the Operations Section Chief of its location.
    - Report status of search every thirty (30) minutes to the Operations Section Chief
    - At close of search, work with Operations Section Chief to update the SMSS Unusual Event Report in ReadyOp

Facility Evacuation

Purpose and Scope: To provide basic guidelines for action if an operational SMSS facility has to conduct an external evacuation (planned or no-notice) or an internal evacuation (horizontal or vertical).

Planned Evacuations

Situation: Due to internal (e.g., expected loss of power) or external (e.g., expected rise of flood waters) circumstances the SMSS must be evacuated within a known but not immediate time period.

Decision to Evacuate: This decision will be made by ESF8 lead in coordination with NCEM. The potential negative impacts on patient health outcomes must be considered in any decision to evacuate. Depending on these impacts, it may be decided to shelter in place and provide additional assistance as needed to "ride out the storm" and continue operations as indicated.

Roles and Responsibilities: Once the decision to evacuate has been made the following actions must be taken:

ESF8 Operations Manager will:

1. Identify secondary locations that meet the established need and support SMSS standards for operation.
2. Request any additional resources (e.g., staff, material handling equipment, trucks, etc.) necessary to relocate the SMSS within the available time window.

SMSS IMT will:

1. Provide the ESF8 Operations Manager with the following minimum information:
    a. Number of ambulatory and non-ambulatory patients (to identify needed patient transportation units)
    b. Number of additional staff required.
    c. Material-handling equipment needs (forklifts, trucks, etc.)
    d. Staff transportation needs
    e. Estimated time it will take to prepare patients, staff, and equipment for evacuation.
2. Develop an evacuation IAP and brief all SMSS Unit Leaders
3. Direct the packing and loading of SMSS equipment and supplies.
4. Coordinate the staging of patient transportation units as close as possible to the SMSS if the designated patient drop-off/pick-up area is unsafe.

SMSS Patient Care Unit Leader will:

1. Ensure that the Patient Care area maintains a limited operational capability until all patients are transported from the SMSS facility.
2. Document what transportation unit transported each patient and what facility the patient is moved to. This document must be verified by the Operations Section Chief before the Charge Nurse leaves the SMSS facility.

No-Notice Evacuations

Situation: Due to internal (e.g., fire) or external (e.g., flash flood) circumstances the SMSS must be evacuated immediately.

Decision to Evacuate: This decision will be made by SMSS IC in coordination with the ESF8 Lead. The potential negative impacts on patient health outcomes must be considered in any decision to

evacuate. Depending on these impacts, it may be decided to shelter in place and provide additional assistance as needed to "ride out the storm" and continue operations as indicated.

Roles and Responsibilities: Same as for Planned Evacuations. Immediate life safety concerns are the priority, patients must be moved rapidly. Non-ambulatory patients may need to be moved in their beds or on litters with four-person carries. Semi-Ambulatory patients may be evacuated in wheelchairs if available.

Horizontal Evacuations

Situation: The extent of the hazard (e.g., fire, loss of power, etc.) is limited and does not affect the entire facility housing the SMSS. Evacuation of a portion of the SMSS may need to happen immediately or within a known time period.

Decision to Evacuate: Same as for No-Notice Evacuations.

Roles and Responsibilities: Same as for Planned Evacuations. Patients must be moved as quickly as possible to protected areas of the facility (e.g., areas beyond firewalls, areas with functioning HVAC, etc.).

Vertical Evacuations

Situation: Same as for Horizontal Evacuations.

Decision to Evacuate: Same as for No-Notice Evacuations.

Roles and Responsibilities: Same as for Planned Evacuations. For patients being moved from areas above the first floor, SMSS staff should utilize any vertical evacuation equipment available (e.g., stair-chairs, etc.). For larger, non-ambulatory patients, the use of four-person carries with the patients secured on a bed/litter using 9 ft. straps or sheets folded in 4–6-inch straps may be necessary.

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

TAB G2F:

SMSS EXTERNAL FORMS AND REFERENCE DOCUMENTS

OCTOBER 2023

Process Workflows for SMSS Patient Intake
Process Workflows for SMSS Patient Movement Operations
SMSS Controlled Substances Accountability Record
SMSS Discharge Planning Checklist
SMSS Facility Checklist
SMSS General Supply Order Form
SMSS Minimum Supply & Equipment List
SMSS Patient Placement Guidance
SMSS Refusal of Care/AMA Form
SMSS Rules
SMSS Services Checklist
SMSS Site Security Assessment Form
SMSS Support Checklist