

APPENDIX G1: Healthcare Coordination in Shelters

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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:

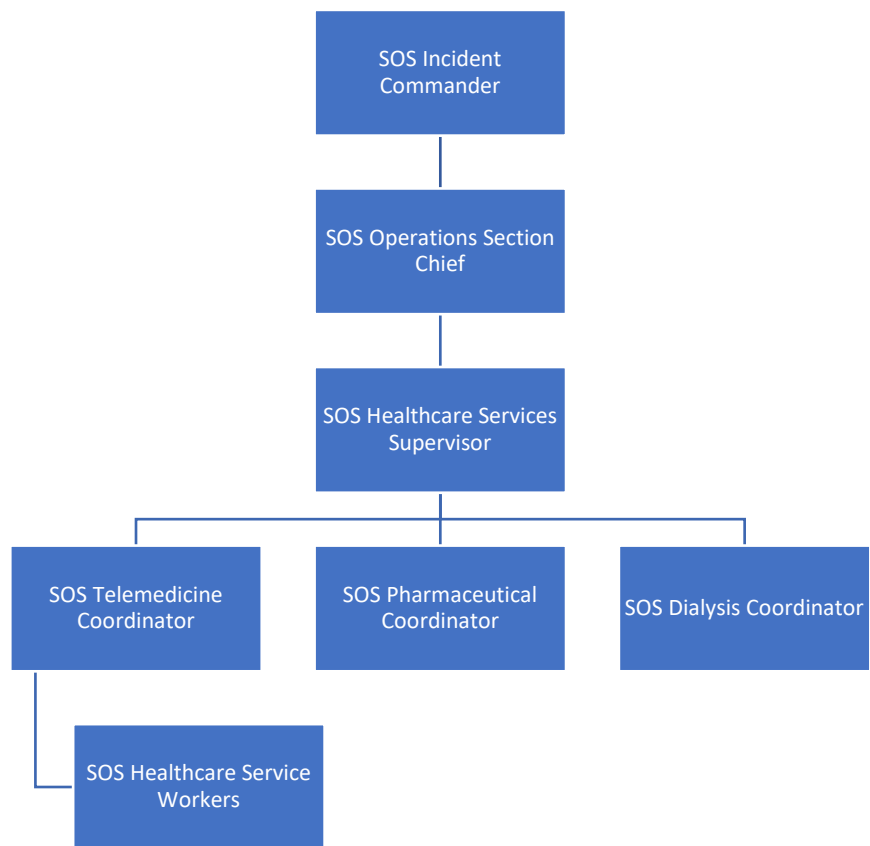
Position	# Personnel Day	# Personnel Night
Healthcare Services Supervisor	1	1
Healthcare Services Coordinator	3	1
Healthcare Service Workers	12	9

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.