NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

ANNEX G:

HEALTHCARE SERVICES IN SHELTERS

AUGUST 2023

Table of Contents

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.