

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

APPENDIX G2:

STATE MEDICAL SUPPORT SHELTER

AUGUST 2023

Table of Contents

Purpose 2

Scope 2

Situation 2

Planning Assumptions 2

Concept of Operations 3

 Activation3

 Notification3

 Staffing and Organization.....3

 Figure 1.1: SMSS Organization Chart for up to 50 patients:5

 SMSS Site Operations.....6

 SMSS Medical Operations7

Organization and Assignment of Responsibilities..... 9

Direction, Control, and Coordination 12

 General Security Notifications 13

Communications 15

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](#)

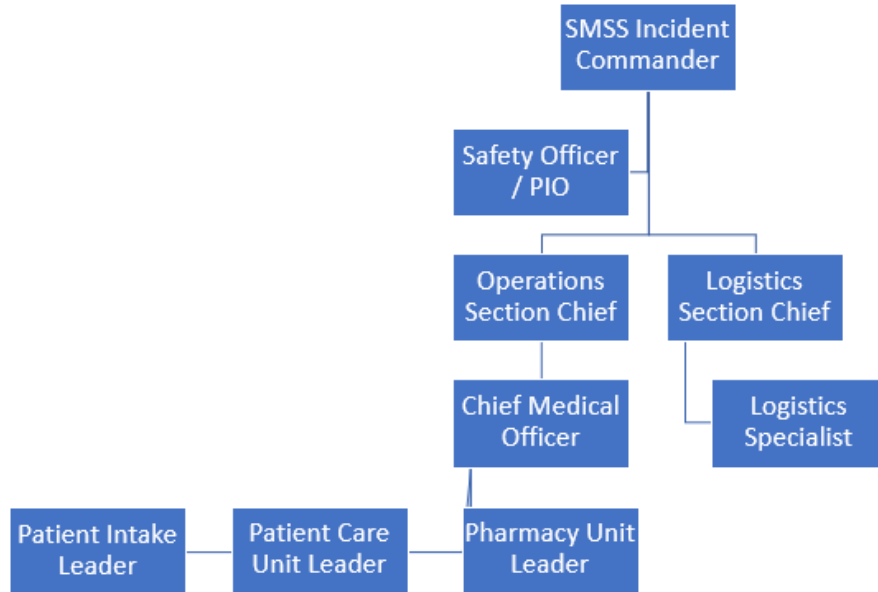
For 50 Sheltered Patients:

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.