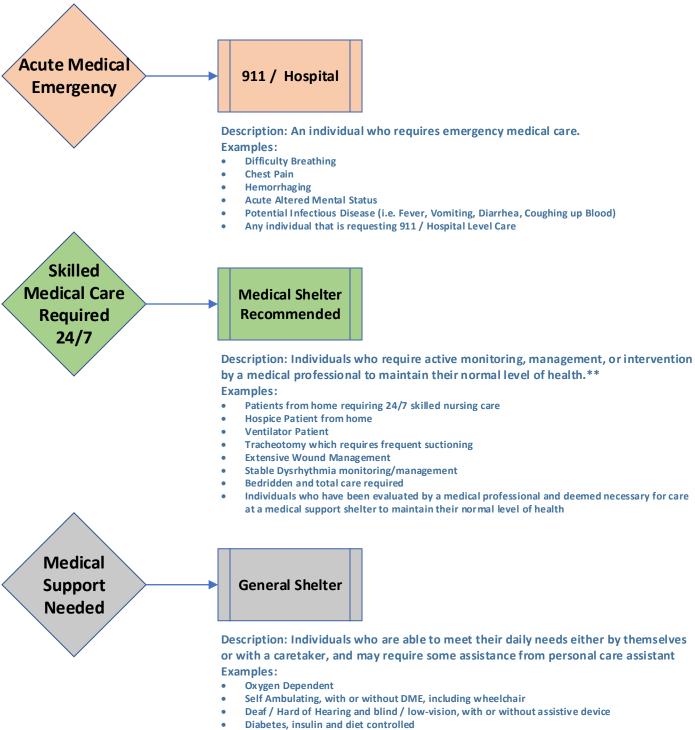
## SMSS Patient Placement Standard Operating Guidance for Submitting Organizations

**Purpose:** To ensure that medical capabilities of SMSSs are adequate to care for those directed to them, potential patients' medical support needs must be evaluated prior to transport.

**Process:** Organizations (local emergency management agencies, healthcare facilities, EMS agencies, social services agencies, independent living facilities, etc.) considering the placement of individuals in a State Medical Support Shelter (SMSS) will follow the review process below to confirm that the individuals are appropriate for SMSS placement. Confirmation of appropriate status for SMSS placement must be received back from NCOEMS-HPP support staff before the individuals may be transported to an SMSS and admitted as patients.

- 1. Utilize the **SMSS Placement Guidance** document to evaluate individuals for placement in an SMSS
- 2. Submit a completed **SMSS Patient Admission Request Form,** listing every individual meeting SMSS placement requirements to NCOEMS-HPP staff for review via email at: **OEMSSEOC@dhhs.nc.gov** 
  - a. All data fields in the SMSS Patient Admission Request Form must be completed for review and drop-down menus in the form should be used to complete the following fields in each listing: Ambulatory Status; Activities of Daily Living; Oxygen Status; Vent Dependent; Transport Needed
  - b. If additional guidance on the appropriate placement for patients based on the placement guidance is needed NCOEMS-HPP staff will resolve patient evaluations in consultation with a medical provider (e.g. medical provider at ESF8 Desk or Support Cell, telemedicine, etc.)
- 3. NCOEMS-HPP staff will review **SMSS Patient Admission Request Forms** within 4 hours and provide feedback to the submitting organization via email with status of patient admission request:
  - a. **Accepted:** If patient has been accepted for placement in SMSS then details on location of SMSS placement will be provided
    - i. <u>Submitting organization will be required to provide the estimated time of arrival of patients to the SMSS</u>
  - b. **Alternate Placement Suggested:** If patient does not meet criteria for placement at an SMSS then alternate suggested placement will be provided.
  - c. **Transport Needed:** NCOEMS-HPP staff will follow-up directly with the submitting organization to verify transportation needs for any listing marked "Needs Transport" and begin the process to coordinate transportation
- 4. NCOEMS-HPP staff will notify the SMSS IMT of the transport of patients once all patient evaluations have been resolved.

## **Medical Support Shelter Placement Guidance**



- Hypertension controlled with medication
- Respiratory Illness (Such as COPD) on daily oxygen
- **Morbidly Obese**
- **Pregnancy Requiring Bedrest**
- **Dialysis** patients
- Any person that desires to stay in a general population shelter regardless of their medical

<sup>\*\*</sup>Individuals must be triaged to a Medical Support Shelter and accepted prior to transportation beginning. This triage can be performed by a County EMS agency with approval from their EMS Medical Director, a Hospital Physician or Telemedicine Physician based on their county shelter plans. All other entities must be trained and approved for triage purposes by the NC Office for Emergency Medical Services.

## **SMSS Levels of Care**

The following is a list of reasonable expectations for the levels of care being provided for at an SMSS including possible exceptions to this level of care. 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
- 2. The level of care provided at an SMSS should not exceed the level of staff skills and resources available.
- 3. Medical Providers that are assigned to an SMSS are operating in an emergency situation and should exercise reasonable care and judgment to assure patient safety.
- 4. Care provided at a medical shelter is not intended to replace all services provided across the healthcare system continuum
- 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.

## SMSS Patient Admission Request Form

SMSS Patient Admission Request Form															
	**Must Complete ALL fields for admission to SMSS** For questions related to this form please email DEMSSEOC@dhhs.nc.gov questions and best contact number														
	Last Name	First Name	Date of Birth MM/DD/YYYY	Closest Relative/Friend Name:	Relative/Friend Phone Number	Primary Reason Requesting Medical Shelter	Weight (kg)	Ambulatory Status:	Activities of Daily Living (ADL) Status	Oxygen Status	Vent Dependent	Caregiver with Patient?	Fever, Vomitting, Diarrhea or Productive Cough?	Transport Needed?	
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