

Source: SMSS Con-Ops Manual (Ver-X) May 14, 2012:

TRIAGE

Initial assessment determines if placement in the SMSS is appropriate. If the patient is accepted, a history will be taken that includes caregiver abilities, name of primary physician, major health problems, medications, allergies, vital signs as baseline, and location of placement in the SMSS.

Appropriate for SMSS Admittance:

- Patients who are ambulatory with the use of assistive devices.
- Patients who are accompanied by a caregiver.
- Patients who are dependent on others or in need of assistance by others for routine care (e.g. eating, walking, toileting).
- Patients who need assistance with managing health care or who need assistance with medications or with using medical equipment.
- Patients who can safely sleep on a special medical cot.
- Patients who are non-ambulatory with stable medical conditions.
- Patients with the following stable or non-complicated medical problems:
 - Foley catheter
 - Maintenance Diabetes
 - Medication maintenance (resident brings own supplies)
 - Monitoring of blood pressure
 - Severe arthritis
 - Naso-gastric or gastrostomy tubes (home maintenance)
 - Ostomy
 - Alzheimer's Disease
 - Stable stroke
 - Stable cardiac
 - Stable cancer
 - Stable oxygen and nebulizer therapy (e.g. COPD, Asthma)
 - Dressings (must have nursing care plan and supplies)
 - Hospice, if no complex conditions
 - Bedridden and total care should be accepted if they do not require a hospital bed.
 - Amputee requiring medical services

Patients who may not be appropriate for SMSS:

Patients with the conditions below require more complex care than may be available in the SMSS. NCOEMS will discuss with area hospitals their capability to accept persons who cannot be admitted to the SMSS well in advance of a disaster including:

- Infusion (IV) therapy
- Complex sterile dressing changes
- Hyperalimentation
- IV chemotherapy

- Oxygen dependent, medically complex
- End-stage, unstable Do Not Resuscitate (DNR) patients
- Ventilator care
- Peritoneal dialysis
- Hemodialysis
- Life support equipment
- Hospital bed and total care
- Psychiatric hospital or outpatient managed patients

North Carolina ESF-8 A STATE MEDICAL SUPPORT SHELTERS

LEVELS OF CARE

Condition	Level By Shelter Type		
	American Red Cross (ARC) General Shelter	Special Medical Needs Shelter (FSMSS)	Medical Management Facility (Hospital or Nursing Home)
Alzheimer's Disease (ALZD)	Early	Progressive	Advanced <ul style="list-style-type: none"> • Bedridden • Unable to communicate • Unable to eat • Totally dependent
Ambulation assistance (walker, cane, crutches)	✓	Combined with other assistance may indicate eligibility	
Ameliorating Lateral Sclerosis (ALS) (wheelchair)		✓	
Aphasia (difficulty communicating)		✓	
Arthritis	Self-ambulating	Wheelchair bound	Bed bound
Asthma	✓		
Bronchitis	✓		
Cardiac abnormalities	Stable	Controlled with medication	Unstable, having shortness of breath or Angina
Cerebral Palsy		✓	

Cerebro Vascular Accident (recent CVA)		Wheelchair bound	Bedridden
Chronic Obstructive Pulmonary Disease (COPD)	No oxygen use	Independent or assisted function with oxygen use	Oxygen dependent - end stage
Colostomy (uncomplicated)	✓		
Comatose			✓
Contagious disease or infection			Varicella (Chicken pox) Hepatitis, Tuberculosis, Measles or Mumps in adult
Continuous Ambulatory Peritoneal Dialysis (CAPD)			Hospital with dialysis unit
Cystic Fibrosis	Stable	Requires medication and assistance with ADL	End stage
Dementia		Requires constant monitoring	End stage/bedridden
Diabetes/Hyperglycemia	Insulin and diet controlled	Requires assistance with Insulin administration and monitoring	
Eating and swallowing disorders	✓		
Edema	✓		
Emphysema	No oxygen required	Requires oxygen	Oxygen dependent - end stage
Foley Catheter	Stable	Requires monitoring	
Fractured Bones	✓	Pin care/dressing changes	
High Blood Pressure / Hypertension	✓ Stable		
Hip Replacement	>6 Months	<6 Months	
Ileostomy	✓		
Knee Replacements	>6 Months	<6 Months	
Hi-tech Medical Equipment		NG-tube, uncomplicated IV or central venous infusion sites (with home health or hospice attendant),	NG tube, complicated IV or central venous catheters, new Tracheostomy site

		healed Tracheostomy site	
Migraine Headaches	✓		
Multiple Sclerosis	Self-ambulating	Wheelchair bound	Bed bound
Muscular Dystrophy	Self-ambulating	Wheelchair bound	Bed bound
Neuromuscular Disorders	Self-ambulating	Wheelchair bound	Bed bound
Neurological Deficit		Requires monitoring assistance with ADL	Incoherent/total care
Osteoarthritis/Osteoporosis	Self-ambulating	Wheelchair bound	Bed bound
Parkinson's Disease		Assistance with ADL	Advanced
Psychosis	Controlled	Requires attendant	Uncontrolled
Respirator/Ventilator Dependent			✓
Seizures	Controlled	Medication assistance required	Uncontrolled
Skin Rashes	Sores/Non-draining	Open sores, draining wounds, dressing changes	
Sleep Apnea	Not-mechanically dependent		Mechanically dependent
Upper Respiratory Infection	✓	Isolation	
Urinary Tract Infection	✓		
Wheelchair Transferable	Mobile with minimal assistance	Wheelchair bound with complicating conditions	
Wounds	Uncomplicated	Open draining wounds, dressing changes, complicated treatments	

LEVELS OF CARE

Nurses and staff should be available to provide basic supportive care to patients. The level of care that can be provided may be limited by the available staff, equipment/supplies, and scope of practice. The patient's care giver is encouraged to accompany the patient to the SMSS, but history shows that this is not always the case. The SMSS Operations Plans provide staff to patient ratios at or higher than many LTC facilities staffing ratios. This concept takes into account that the SMSS facility is not a typical health care facility, the SMSS is established rapidly with little time to address

start up issues, the frequency in which a SMSS is established are rare, and many of the SMRS caregivers do not practice in this type of environment.