

Background

The 2021 Hurricane season is set to begin in the near future. While meteorologists predict that this will be an active hurricane season, we know that it only takes a single storm to produce severe impacts to our state. During any disaster, sheltering large numbers of people can be difficult and ensuring enough medical staffing for shelter residents is always challenging. As we work to find solutions to staffing issues, we are putting together potential staffing plans to help guide decision making and provide maximum flexibility for our county partners when opening a shelter. Historically in North Carolina a nurse-led model has been primarily used for ensuring proper medical support in shelter locations. While this method has proven to be an effective model there are other equally effective options that may be considered as outlined below.

Nurse-Led Model

The initial and ongoing assessment upon entrance into a general population shelter must be carried out by Registered Nurse (RN) to determine if the individual is medically appropriate for the shelter. The Nurse Practice Act 2 allows all nurses to practice at their highest level of education and training. Standing orders are not required for any nursing care or support which nurses are expected to provide in a general population shelter (Education, Surveillance, Referral, Maintaining Independence, Operations Management). Additional responsibilities within the nursing scope of practice may require written standing orders. The lead RN can delegate specific patient care tasks to other nursing providers but must maintain ongoing supervision and evaluation of the care being provided. In a shelter environment, nurses can be expected to provide medical triage, physical health assessments, assistance with activities of daily living, assistance with administering a patient's medications, managing durable medical equipment, and consumable medical supplies. Nurses may also be tasked with administrative duties including but not limited to staff scheduling, resource allocation and documentation management. In the case of a medical emergency or a change in a patient's condition, the nurse shall render care allowed under their scope of practice and activate the 911 system. The arriving EMS crew will take over patient care and transport to the hospital.

EMS Provider-Led Model

The initial and ongoing assessment upon entrance into a general population shelter must be carried out by a credentialed EMS Provider to determine if the individual is medically appropriate for the shelter. According to 10A NCAC 13P .0506, EMS Providers are allowed to perform up to their full scope of practice, under the direction from a physician who has the ultimate clinical responsibility and has oversight of the EMS providers in the shelter. This physician could be the county EMS medical director or the Public Health medical director. In a shelter environment, EMS providers can be expected to provide medical triage, physical health assessments, assistance with activities of daily living, assistance with administering a patient's medications, managing durable medical equipment, consumable medical supplies and other responsibilities as outlined in existing scope of practice documents. EMS workers may also be tasked with administrative duties including but not limited to staff scheduling, resource allocation and documentation management. It is understood that while working in a shelter, the EMS staff working in a shelter should not be responsible for the transport of a patient to a higher level of care

in the case of an emergency. This could cause an undue burden on the staff at the shelter. The EMS providers are permitted to render care within their scope of practice under the medical direction for the shelter. Arrangements should be made for patient transport by utilizing the 911 system. The arriving EMS crew will take over patient care and transport to the hospital.

Hybrid Staffing Model

In many instances, it will be necessary to have some combination of both of these models to include nursing staff and EMS providers working together within the shelter. The roles and responsibilities of those working in the shelters will be the same as listed above and standing orders (if required) should be in place for the nursing staff and medical direction oversight provided for EMS providers. A clearly defined chain of command is necessary to ensure continuity of operations. It will be important to delegate each specific task to a provider and make sure all roles are covered. In any instance where there is a question or disagreement regarding clinical care, the medical director for the shelter shall be responsible for the ultimate determination of the issue. Each credential type shall be allowed to provide care based on the standing orders and medical direction up to their full scope of practice. This model provides the most flexibility for ensuring proper medical staffing may be available during shelter operations in a disaster.