Shelter Health and Medical Support Models

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Background

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, a nurse-led model in North Carolina has been primarily used to ensure 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.

Management of the Shelter Environment and Health of Shelter Residents

Shelter management is necessary to support residents requiring shelter and to maintain a healthy shelter environment. Residents arrive in the shelter with complex needs that require consideration of the whole person, including social determinants of health, individual needs, health inequity, and inclusion. Clinical health care may be provided by multiple professional disciplines but assessing and promoting population health is the role and function of the public health nurse. While other disciplines may provide direct patient care and triage, the role of the public health nurse is to assess for communicable diseases, to surveil for infectious diseases, promote and support population health in shelter operations, assist in design and input on shelter layout, implement and design quarantine and isolation protocols or decisions, manage and design infection control processes, and provide care management of the population.

Nurse Support Model

Upon entrance into a general population shelter, initial and ongoing assessments must be carried out by a Registered Nurse (RN) to determine if individuals are medically appropriate for the General Population Shelter. The Nursing Practice Act and related Administrative Code Rules guide nurses to practice to their highest level of education and training.

Standing orders are not required for 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 shelter RN can assign/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 the 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 Support 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 General Population 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 or 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 and consumable medical supplies as well as other responsibilities 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 Support Model

In many instances, it will be necessary to have some combination of both 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 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. The licensed nurse may delegate nursing care tasks to Credentialed EMS Providers working in the shelter provided the delegated duties and tasks are part of the Credentialed EMS Provider's scope of practice and level of credential, and the Credentialed EMS Provider has RN-validated competencies to carry out the delegated tasks. In any instance where there is a question or disagreement regarding clinical care, the medical director of 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 during shelter operations in a disaster.