Shelter Health Support Models

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health
Office of the Chief Public Health Nurse

Background

During any disaster, sheltering large numbers of people is challenging, and ensuring adequate healthcare staffing for shelter clients can be difficult. As we work to address these staffing needs, we are developing potential staffing plans to help guide decision-making and offer maximum flexibility for our county partners when opening shelters. In North Carolina, shelters have traditionally used a nurse-led model to provide healthcare support, and this approach has proven effective. However, other viable models may also be considered to meet the needs of shelter clients.

Management of the Shelter Environment and Health of Shelter Clients

Effective shelter management is essential both to support clients and to maintain a healthy shelter environment. Many clients arrive with complex needs that require a whole person approach, including attention to social determinants of health, individual circumstances, health inequities, and inclusion. While clinical care in shelters may be provided by various healthcare professionals, assessing and promoting population health falls within the primary roles and functions of the public health nurse. Although other disciplines may deliver direct client care and triage, the public health nurse is responsible for assessing for communicable diseases, conducting infectious disease surveillance, promoting and supporting population health in shelter operations, assisting in design and input on shelter layout, developing and implementing quarantine and isolation protocols, managing infection control processes, and overseeing population care management.

Nurse Support Model

Upon entry into a general population shelter, a Registered Nurse (RN) must complete an initial assessment – and conduct ongoing assessments as needed – to determine whether individuals are medically appropriate for placement in 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 the routine nursing care and support that nurses are expected to provide in a general population shelter, including education, health surveillance, referral, maintaining independence, and operations management. However, additional clinical responsibilities that fall within the nursing scope of practice may require written standing orders.

The lead shelter RN may assign or delegate specific client care tasks to other nursing personnel but must maintain ongoing supervision and evaluation of the care being provided. In a shelter environment, nurses may be expected to provide medical triage, physical health assessments, assistance with activities of daily living, assistance with administering a client's own medications, and management of durable medical equipment and consumable medical supplies. Nurses may also handle administrative responsibilities such as staff scheduling, resource allocation, and documentation management. If a medical emergency occurs or a client's condition changes, the nurse shall provide care within their scope of practice and activate the 911 system. Upon arrival, the EMS crew assumes responsibility for client care and transport to a medical facility.

EMS Support Model

The initial and ongoing assessment for anyone entering a general population shelter must be completed by a credentialed EMS Provider to determine whether the individual is medically appropriate for placement in the general population shelter. In accordance with 10A NCAC 13P .0506, EMS providers practice to the full extent of their scope under the direction of a physician who holds ultimate clinical responsibility and has oversight of the EMS operations in the shelter. The physician may be the county EMS Medical Director or the Public Health Medical Director.

Within the shelter environment, EMS providers may be expected to provide medical triage, physical health assessments, assistance with activities of daily living, assistance with administering a patient's own medications, and managing durable medical equipment and consumable medical supplies. Additional responsibilities may include any tasks outlined in existing scope of practice documents. EMS personnel may also be tasked with administrative duties such as staff scheduling, resource allocation, and documentation management. It is understood that while working in a shelter, EMS staff should not be responsible for transporting clients to higher levels of care during an emergency as doing so would create an undue burden on shelter operations. EMS providers may 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 assume client care and transport to the hospital.

Hybrid Support Model

In many situations, it will be necessary to use a combined staffing model in which nursing staff and EMS providers work together within the shelter. The roles and responsibilities for both groups remain the same as outlined above, and standing orders (if required) should be in place for the nursing staff, while EMS providers operate under established medical oversight. A clearly defined chain of command is essential to ensure continuity of operations.

Tasks should be assigned to specific providers to ensure all responsibilities are covered. A licensed nurse may delegate nursing care tasks to credentialed EMS providers as long as the delegated tasks fall within the EMS provider's scope of practice and level of credential, and the EMS provider has demonstrated RN-validated competency to perform the delegated tasks. If questions or disagreement arise regarding clinical care, the shelter's medical director will make the final determination. Each credentialed provider shall be allowed to provide care based on the standing orders and medical direction up to their full scope of practice. This combined model offers the greatest flexibility for ensuring adequate medical staffing during disaster-related shelter operations.