Shelter Nurse (RN) Job Description for Public Health Nurses working in General Population Shelters

Scope of Practice

Public Health Nursing (PHN) duties will include providing nursing services to general population shelter residents that are consistent with the routine scope of practice for PHNs in North Carolina's local health departments. These services include health promotion activities, providing disease education, collecting health histories, conducting nursing assessments, conducting surveillance, and (when appropriate) collaborating with partners for referrals to medical facilities based on presenting acuity of care. The nursing process is expected to be used in all nursing activities. The PHN may assign and/or delegate nursing care activities to other licensed nurses and unlicensed assistive personnel (UAP] following the guidance provided by the NC Board of Nursing [1,2].

Medication Administration

The NC Board of Nursing allows nurses to recommend over-the-counter drugs (OTC) and distribute them based on the clients' complaints and the nurse's knowledge about the OTC medication the nurse recommends. *Administration of any medication without a standing order or individual order is outside a nurse's scope of practice.* Residents should be allowed to self-administer all medications.

Standing Orders, Policies, and Protocols

The Nurse Practice Act [4] allows all nurses to practice at their highest level of education and training. Standing orders are not required for any nursing care or support that nurses are expected to provide in a general population shelter. The elements of first aid and mental health first aid are taught as nursing assessment and interventions in nursing education. Therefore, standing orders are not required to administer first aid or mental health first aid. However, some local health departments have decided to create shelter standing orders to cover basic first aid, mental health first aid, and common physical discomforts often observed when persons are under physical and emotional stress.

PHNs are expected to work under all shelter standing orders (if applicable) and all shelter policies and protocols. Some counties may also adopt local health department standing orders/policies/protocols for use in their shelters. NC PHNs deployed from other counties to serve in a shelter are expected to work under the host shelter's standing orders/policies/protocols, not their employing county's standing orders/policies/protocols. The host county is expected to provide the deployed PHNs with Just-In-Time-Training on the shelter's standing orders/policies/protocols upon arrival.

*NOTE: American Red Cross (ARC) RNs practice to the highest level of their education and training. ARC RNs provide care to assist clients in maintaining their pre-event level of independence and adherence to their personal health care provider plan of care. They do not provide physician-directed medical care and therefore do not function under standing orders.

Shelter Duty Eligibility Requirements:

- CPR and AED Certification
- Unencumbered NC RN license or approved to practice via the Enhanced Nurse Licensure Compact (eNLC)[5]

Expectations of a Deployed Public Health Nurse in a General Population Shelter
The following activities are within the scope of practice for PHNs.

Education

- Providing communicable disease prevention and non-communicable disease management education, resources, and guidance to shelter staff and residents.
- Assisting clients in understanding how the disaster impacted their physical health and mental well-being.

Surveillance

- Monitoring infection control practices on-site.
- Conducting communicable disease outbreak monitoring.
- Reporting communicable disease outbreaks to the NC Division of Public Health.
- Initiate isolation/quarantine protocols for clients with communicable illnesses (i.e., colds, flu, or norovirus).
- Assisting in disease surveillance activities (i.e., conducting cot-to-cot assessments, contacting hospitals and health care providers regarding signs of infectious diseases, communicable diseases, or reportable communicable diseases).
- Monitor the client population's health (presence of chronic disease, communicable disease, and injuries).
- Evaluating the client's past medical history and pre-existing conditions that may have been exacerbated by the emergency or occupancy in the shelter.
- Assessing for and monitoring potential environmental threats (external/internal) to shelter or shelter population.

Referral

- Assessing residents prior to admission to the shelter.
- Making recommendations to the shelter manager when presenting residents who fall outside of the medical management capabilities of the general population shelter. Engage appropriate partners to facilitate client referral to a location that can accommodate the medical management needs of the client.
- Coordinate with telemedicine (or other designated resource) services for appropriate placement in medical support shelter if available.
- Referral and discharge planning for persons discharged from general population shelters.
- Assessing clients' mental health status and making appropriate referrals.

Maintaining Independence

- Applying basic first aid.
- Assisting clients to obtain special diets by coordinating with food service provider.
- Assisting clients with replacement of lost/damaged medications or Durable Medical Equipment (DME) (i.e., wheelchair, raised/handicap accessible toilet seat, cane, or walker).
- Requesting interpretation or translation assistance for clients.
- Recommending and distributing over-the-counter medications.
- Engage with Functional Assessment Support Teams (FAST) to ensure the independence of

access and functional needs of shelter residents.

Operations Management

- Setting up and providing clinical management, disease surveillance, and assistance with staffing for general population shelters *where the local health department is identified as having this role in their county's All-Hazards Plan.*
- Maintaining documentation in all records and reports.
- Assuring documentation and referrals are in accordance with American Red Cross (ARC) confidentiality policies. ARC is exempt from HIPAA law.
- Setting up, managing, directing, staffing, and evaluating mass immunization clinics.

Setting up, managing, directing, staffing, and evaluating mass dispensing sites. Host County Just-in-Time-Training (JITT) Should Include:

- How to Complete cot-to-cot assessments using Communication, Maintaining Health, Independence, Services, Support and Self-Determination, Transportation (C-MIST) Worksheet[6] to monitor for declining health, unmet needs, etc.
- Shelter standing orders (if applicable).
- Shelter policies/protocols.
- Tour the facility and review emergency and security plans.
- Documentation requirements and protocols for ensuring HIPAA compliance.

Recommended Training:

- Basic First Aid refresher-online https://www.ecprcertification.com/basic-first-aid-course/
- Mental Health First Aid or Psychological First Aid- online
  - Mental Health First Aid: https://www.mentalhealthfirstaid.org/
  - Psychological First Aid: https://learn.nctsn.org/enrol/index.php?id=596
- Kansas City Medical Reserve Corps – Shelter Video Trainings https://www.mrckc.org/shelter-videos.html
- American Red Cross Shelter Fundamental Training.   Please follow the directions found here to access ARC training: https://www.dph.ncdhhs.gov/lhd/docs/AmericanRedCrossOnlineTrainingsRev5_21_21.pdf
  - Shelter Fundamentals v2 (03/24/2023) 1 hour
  - Disaster Health Services Fundamentals 1 (03/24/2023) 1 hour
  - Disaster Health Services Fundamentals 2 (03/24/2023) 1 hour

References

1. NC Board of Nursing Position Statement on Delegation and Assignment of Nursing Activities. Retrieved from https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/delegation-and-assignment-of-nurse-activities.pdf

2. NC Board of Nursing Decision Tree for Delegation to UAP. Retrieved from https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/delegation-to-uap-decision-tree.pdf

3. NC Board of Nursing Position Statement on Standing Orders. Retrieved from https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf

4. North Carolina Board of Nursing /Nursing Practice Act. Retrieved from https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_90/article_9a.html

5. North Carolina Board of Nursing/licensing and eNLC. Retrieved from https://www.ncbon.com/licensure-listing-nurse-licensure-compact

6. American Red Cross C-MIST form. Retrieved from https://www.maphn.org/Resources/Documents/CMIST%20WORKSHEET%20FINAL.pdf

7. North Carolina Functional Assessment Support Team. https://www.ncdps.gov/ncfast