

State Medical Support Shelter Patient Movement Support Guide

**NC Office of Emergency Medical Services
Healthcare Preparedness Program**

Background

- **The North Carolina Office of Emergency Medical Services (NCOEMS) has the responsibility for emergency mass patient movement as part of the Emergency Support Function (ESF) 8 for the NC State Emergency Response Team (NC SERT). State Medical Support Shelter (SMSS) patient movement is coordinated by the NCOEMS Support Cell.**

Guidelines

- **An individual that is evacuating their home pre/post incident and requires 24/7 medical care to maintain their normal level of health and meets the “SMSS Placement Guidance” criteria.**
- **Potential or real impact to multiple counties requiring assistance transferring patients from a residence to a SMSS.**
- **Patients must be informed and consent**

General Process

- **Notify**
- **Planning Form**
- **Activation Decision**
- **Patient Placement**
- **Patient Transportation**



Notification

- **Requestor notifies local Emergency Management**
 - **Local EM to Healthcare Coalition**
 - Healthcare Coalition to NCOEMS/ESF-8
 - **Local EM to WEBEOC/Area Coordinator**
 - Area Coordinator to Branch to State EOC
- **Early/Rapid notification of the need for assistance to move patients is critical for the State to try and find placement/resources.**

Planning Forms

- **Basic information about number/anticipated number of patients to guide decision making process**
 - **Name of County**
 - **Primary Contact Information**
 - **Estimated Number of Patients and Caregivers**
 - **Breakdown of patient type requested by transportation type**
 - **ALS Transport**
 - **BLS Transport**
 - **Wheelchair**
 - **Ambulatory Caretakers**

Planning Forms



TEMPLATE - SMSS Patient Movement Planning Form

State Medical Support Shelter (SMSS) Planning Form

This form is to be filled out when a County needs to move residents to a State Medical Support Shelter (SMSS) during an activation. This planning form will notify OEMS of the need to move patients and help in decision making regarding opening a SMSS and activating transportation assets. OEMS will contact you for additional information regarding specific patients, their needs, and potential destinations.

Completion of this form does not guarantee SMSS placement availability and does not guarantee patient transportation assets will be available. The earlier this planning form is completed the more equipped the SERT can be to support with necessary resources and assets. It is recommended that this be completed no later than 96 hours pre-landfall (if applicable)

Questions about this form can be directed to: OEMSSupportCell@dhhs.nc.gov

County Name:	County Department Name	Associated Healthcare Preparedness Coalition
<input type="text"/>	<input type="text" value="EM, EMS, DSS, Etc."/>	<input type="text"/>
Name of Person Making Request		Title of Person Making Request
<input type="text" value="First"/>	<input type="text" value="Last"/>	<input type="text"/>
Primary Phone Number	Alternate Phone Number	Email
<input type="text" value="+1 555-555-5555"/>	<input type="text" value="+1 555-555-5555"/>	<input type="text"/>
Full Name of 24-hour POC (e.g. EOC / Emergency Mgr)		24-hour Phone Number
<input type="text"/>		<input type="text" value="+1 555-555-5555"/>

Planning Forms

Estimated SMSS Residents

Please estimate the number of residents needing placement at a State Medical Support Shelter

ESTIMATED TOTAL NUMBER OF RESIDENTS NEEDING PLACEMENT AT A STATE MEDICAL SHELTER

State Coordinated Transportation Resources Planning

State Coordinated Transportation resources are extremely limited. Please make every attempt possible to arrange transportation, as waiting on State resources could delay SMSS admission.

Do you anticipate needing State Coordinated Transportation assistance?

Yes

No

If you are coordinating your own transportation assets, this section can be left blank.

Please estimate below the number of patients at each level of care that might potentially need STATE COORDINATED RESOURCES to assist with movement. We understand these numbers are anticipated estimates and may change upon activation and implementation.

Stretcher Bound Patients

Estimated Number Stretcher Bound Patients

Wheelchair Patients

Estimated Number of Wheelchair Patients

Ambulatory Patients

Estimated Number Ambulatory Patients

Number of Caretakers

Estimated Number of Caretakers

Planning Forms

Additional Notes:

Submit

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Planning Form Submission - Error

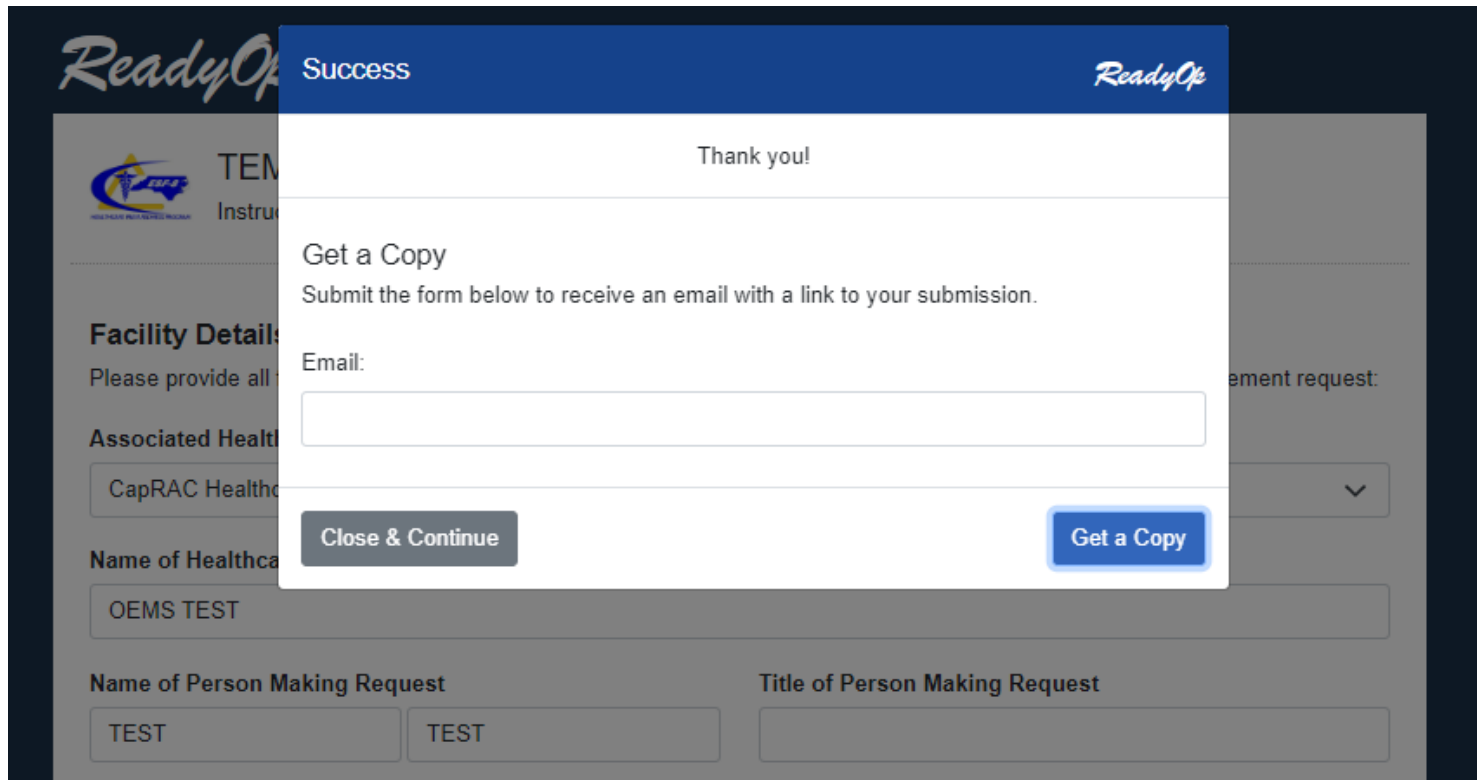
- After Clicking “Submit”
 - No Confirmation Received/Error – Scroll Up and Look For Red Missing Required Fields, Then Re-Submit

The screenshot shows a web form with the following fields and their error status:

- County Name:** Required (red dashed box, red info icon, dropdown arrow).
- Name of Requesting Entity:** Not required (white box, contains "County Dept/Facility Name").
- Associated Healthcare Preparedness Coalition:** Required (red dashed box, red info icon, dropdown arrow).
- Name of Person Making Request:** Required (red dashed box, red info icon, dropdown arrow).
 - First:** Required (red dashed box, red info icon, dropdown arrow).
 - Last:** Required (red dashed box, red info icon, dropdown arrow).
- Title of Person Making Request:** Not required (white box).
- Primary Phone Number:** Required (red dashed box, red info icon, dropdown arrow). Contains "+1 555-555-5555".
- Alternate Phone Number:** Not required (white box). Contains "+1 555-555-5555".
- Email:** Required (red dashed box, red info icon, dropdown arrow).

Planning Form Submission - Successful

- After Clicking “Submit”
 - Confirmation Received – Successful Entry



The image shows a screenshot of a web application interface. A modal dialog box is centered on the screen, titled "Success" in a blue header. The dialog contains the text "Thank you!" and "Get a Copy" in a large font. Below this, it says "Submit the form below to receive an email with a link to your submission." There is an "Email:" label followed by a text input field. At the bottom of the dialog are two buttons: "Close & Continue" and "Get a Copy". The background is a blurred form with the "ReadyOp" logo in the top left. Visible text on the background includes "TEM", "Instru", "Facility Details", "Please provide all", "Associated Health", "CapRAC Health", "Name of Healthca", "OEMS TEST", "Name of Person Making Request", "TEST", "Title of Person Making Request", and "ement request:".

Activation Decision

- **SERT/ESF-8 work together to determine appropriate level of activation to meet needs of the situation**

Patient Placement

- **Individual Patient Information Submission**
 - Patient Demographics
 - Emergency Contact Information
 - Basic Medical Information
 - Reason for SMSS Need
 - Ambulatory? Dialysis? Oxygen? Ventilator?
 - Concerns for Infections Disease?
 - Transportation Details
- **Bulk Upload Process Available**
 - Excel Template

Individual Patient Entry

ReadyOp



TEMPLATE - SMSS Individual Patient Placement Request Form

Provide detailed information on patients needing transfer to State Medical Support Shelters

SMSS Placement Guidance Document

<https://hpp.nc.gov/wp-content/uploads/2022/09/SMSS-Placement-Guide.pdf>

SMSS Individual Patient Placement Request Form

Once NCEM and ESF-8 make the decision to open a State Medical Support Shelter, this form is utilized to screen patients who potentially need placement in a medical shelter. Please be as thorough as possible, as this helps us ensure proper placement.

After submission of this form, you can enter your email address to receive a link to a copy of this form. That link will allow you to check back and monitor for updates as it is processed.

Please proceed below to the "Sending County Information" section to begin.

The link at the top provides you a quick reminder of what patients are appropriate for the State Medical Support Shelter

Individual Patient Entry

Please proceed below to the "Sending County Information" section to begin.

FOR INTERNAL USE ONLY! TO BE COMPLETED BY DHHS STAFF

DO NOT ENTER ANYTHING IN THIS SECTION!

PROCEED TO THE NEXT SECTION TO ENTER SENDING COUNTY INFORMATION

DHHS Patient ID Number (DO NOT ENTER ANYTHING HERE!) INTERNAL USE ONLY

Internal DHHS Patient ID (RO Form Number) INTERNAL USE ONLY

**PLEASE DO NOT
ENTER
ANYTHING IN
THIS SECTION!**

Patient Placement Status

Pending

Investigating

Accepted

Declined

Placement Location/Site

Shelter/SMSS Name/Location

Time Pt Placed

eg. 1600 hrs

Date Patient Placement

This section is for OEMS use only. As each patient is reviewed, their status is updated along the way. You can get a link to each patient after you submit the form and track them as they progress.

Individual Patient Entry

Sending County Information

After submission of this form please enter your email to receive the link to this form. This link will allow you to view your entry, see the assigned Patient ID number after our team processes the form, and monitor for any updates.

County

Name of Organization:

First Name of Person Completing Form:

Last Name of Person Completing Form:

Title of Person Completing Form:

Phone Number:

Email

Individual Patient Entry

Patient Information

First Name of Patient to be Transferred

Last Name of Patient to be Transferred

Home Address

City

Zip

Is the patient currently located at the home address above?

If No, please enter the patients current physical address below

Patient's Date of Birth



Patient Phone Number

Patient Weight (Pounds):

Be sure to note the patients' current physical address if different from their home address.

Individual Patient Entry

Patient Emergency Contact Information

Caretaker With Patient?

Caretaker Name:

Caretaker Phone

Emergency Contact Name (If Different From Above)

Emergency Phone

Caretakers are welcome.....

Individual Patient Entry

Medical Information

Please describe the reason this patient needs a medical shelter. Include information about their medical conditions, special needs, required equipment, etc. that will help us determine the best location for this patient.

Primary SMSS Need Reason:

Please describe the reason this patient needs a medical shelter.

Ambulatory Status

Dialysis Status

Oxygen Status

Ventilator Status

Any concern for infectious disease (e.g vomiting, diarrhea, fever, new onset cough, known exposure to infectious disease, recent illness/hospitalization):

Yes

No

Patient wants to come to SMSS

Yes

No

Individual Patient Entry

Transportation Details

Counties should make every effort to provide transportation for residents to and from the SMSS. State transportation assets are extremely limited, which could result in a significantly delayed evacuation.

State Transportation Needed?

Yes No

Type of Transport Needed

If "Other", please describe:

Any additional comments or notes about the patient:

Attachment (Optional)

Choose File No file chosen

Attachment (Optional)

Choose File No file chosen

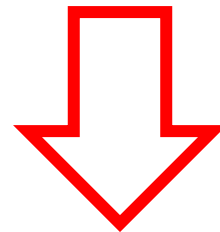
Individual Patient Entry

END OF REQUEST FORM, SCROLL DOWN AND CLICK "SUBMIT" BELOW

If you hit submit and nothing happens, please scroll back up and look for any fields highlighted in red that are required. It should say "This field cannot be left blank", then try to submit again. Successful submission will take you to a page that confirms your submission and offers a link for your records.

Do NOT enter below this line - for OEMS staff only

Scroll Down To Bottom of
Page



Click Submit Button

Submit

Individual Patient Entry – Internal Use

INTERNAL USE ONLY! PLEASE DO NOT CLICK BELOW

Transportation Status

Transportation Method

Sending County Handling State Coordinated Transport Needed

Name/Number of Responsible Transport Unit

Contact Name

Contact Phone

 +1 555-555-5555

Transportation Notes:

Individual Patient Entry – Internal Use

**DO NOT ENTER
ANYTHING IN
THIS SECTION!**

This section is for tracking State coordinated transportation resources as they assist with patient movement.

If you enter your email address when you submit the form, you will get a link to where you can view updates to this information as it progresses.

State Coordinated Transportation Tracking Information

Agency Name and Number of Transport Unit

Transport Resources RO Form Number

Transport Mission Assigned

Time



Date



En Route to Scene/Patient

Time



Date



On Scene

Time



Date



En Route to SMSS

Time



Date



Arrived SMSS

Time



Date



Individual Patient Entry – Internal Use

Repatriation Status

Repatriation Contact: Phone Number:

Date: Time:

Repatriation Transportation

Sending Facility/County Handling State Coordinated Transport Needed

State Coordinated Transportation Repatriation Tracking

Agency Name and Number of Transport Unit: Transport Resources RO Form Number:

En Route With Patient

Time: Date:

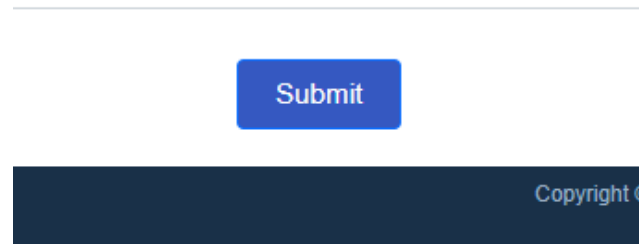
Arrived Destination With Patient

Time: Date:

OEMS Placement/Transport Notes:

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Individual Patient Entry



- **Should receive confirmation message upon successful completion and submission, same as with planning form.**
- **If no confirmation pops up, scroll back up and look for highlighted red required fields, then re-submit.**

Form Submission - Error

- No Confirmation/Error – Scroll Up and Look For Red Missing Required Fields, Then Re-Submit

First Name of Patient to be Transferred <input type="text"/> This field is required.		Last Name of Patient to be Transferred <input type="text"/> This field is required.	
Address: <input type="text"/> This field is required.		City <input type="text"/> This field is required.	Zip <input type="text"/>
Patient's Date of Birth <input type="text"/> This field is required.	Patient Phone Number <input type="text" value="+1 555-555-5555"/>	Patient Weight (Pounds): <input type="text"/> This field is required.	
Primary SMSS Need Reason: <p>Please describe the reason this patient needs a medical shelter. Include information about their medical conditions, special needs, required equipment, etc. that will help us determine the best location for this patient.</p>			

Form Submission – Successful

ReadyOp Success **ReadyOp**

Your submission has been received. Please enter your email below to receive a link to view your entry, see the assigned Patient ID number for this submission, and monitor for any new updates.

If you have any questions, please feel free to reach out to us at OEMSPatientMovement@dhhs.nc.gov

Stay safe!

Get a Copy
Submit the form below to receive an email with a link to your submission.

Email:

Close & Continue **Get a Copy**

“Get a copy” Email

[External] Your recent submission



13 - Emergency Operations Plans <notifications@nc.readyop.com>
To Ezzell, David

Reply

If there are problems with how this message is displayed, click here to view it in a web browser.

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Thank you for your recent submission, a copy of your submitted record can be found at the following link: <https://nc.readyop.com/fe/QEigdD0>


You're receiving this e-mail because you requested to receive a copy of your submitted data. If you did not perform this request, please disregard this e-mail.

Copy of Entry via Email Link

Fields are grayed out and cannot be changed.

You can check this link for updates from OEMS Staff.

ReadyOp

 **TEMPLATE - SMSS Individual Patient Placement Request Form**
Provide detailed information on patients needing transfer to State Medical Support Shelters

SMSS Placement Guidance Document
<https://hpp.nc.gov/wp-content/uploads/2022/09/SMSS-Placement-Guide.pdf>

SMSS Individual Patient Placement Request Form
Once NCEM and ESF-8 make the decision to open a State Medical Support Shelter, this form is utilized to screen patients who potentially need placement in a medical shelter. Please be as thorough as possible, as this helps us ensure proper placement.

After submission of this form, you can enter your email address to receive a link to a copy of this form. That link will allow you to check back and monitor for updates as it is processed.

Please proceed below to the "Sending County Information" section to begin.

FOR INTERNAL USE ONLY! TO BE COMPLETED BY DHHS STAFF
DO NOT ENTER ANYTHING IN THIS SECTION!
PROCEED TO THE NEXT SECTION TO ENTER SENDING COUNTY INFORMATION

DHHS Patient ID Number (DO NOT ENTER ANYTHING HERE!) INTERNAL USE ONLY

Patient Placement Status

Pending Investigating Accepted Declined

Placement Location/Site	Time Pt Placed	Date Patient Placement
<input type="text"/>	<input type="text"/> hrs	<input type="text"/>

Copy of Entry via Email Link

FOR INTERNAL USE ONLY! TO BE COMPLETED BY DHHS STAFF

DO NOT ENTER ANYTHING IN THIS SECTION!

PROCEED TO THE NEXT SECTION TO ENTER SENDING COUNTY INFORMATION

DHHS Patient ID Number (DO NOT ENTER ANYTHING HERE!) INTERNAL USE ONLY

136757

Patient Placement Status

Pending

Investigating

Accepted

Declined

Placement Location/Site

Time Pt Placed

Date Patient Placement

hrs

Once reviewed by NCOEMS we will assign a Patient ID number. This number will be referenced to avoid HIPAA concerns.

Patient Placement Status

The status will be updated as patients work their way through the system.

FOR INTERNAL USE ONLY! TO BE COMPLETED BY DHHS STAFF

DO NOT ENTER ANYTHING IN THIS SECTION!

PROCEED TO THE NEXT SECTION TO ENTER SENDING COUNTY INFORMATION

DHHS Patient ID Number (DO NOT ENTER ANYTHING HERE!) INTERNAL USE ONLY

Patient Placement Status

Pending Investigating Accepted Declined

Placement Location/Site

Time Pt Placed

hrs

Date Patient Placement

Patient Placement Status

FOR INTERNAL USE ONLY! TO BE COMPLETED BY DHHS STAFF

DO NOT ENTER ANYTHING IN THIS SECTION!
PROCEED TO THE NEXT SECTION TO ENTER SENDING COUNTY INFORMATION

DHHS Patient ID Number (DO NOT ENTER ANYTHING HERE!) INTERNAL USE ONLY

Patient Placement Status

Pending Investigating Accepted Declined

Placement Location/Site

Time Pt Placed

 hrs

Date Patient Placement

Patient Placement Status

FOR INTERNAL USE ONLY! TO BE COMPLETED BY DHHS STAFF

DO NOT ENTER ANYTHING IN THIS SECTION!
PROCEED TO THE NEXT SECTION TO ENTER SENDING COUNTY INFORMATION

DHHS Patient ID Number (DO NOT ENTER ANYTHING HERE!) INTERNAL USE ONLY

Patient Placement Status

Pending Investigating Accepted Declined

Placement Location/Site	Time Pt Placed	Date Patient Placement
C3 Church SMSS, 8246 Cleveland Road, Clayton NC	1444 hrs	09/10/2022

Patient Placement Status

- **Pending**
 - Entry has been received by NCOEMS Staff and is pending review by OEMS Support Cell.
- **Investigating**
 - Under review by OEMS Support Cell.
 - Is patient appropriate for SMSS?
 - Is additional information needed to make decision?
 - Is transportation needed?
 - Which shelter is best option available?

Patient Placement Status

- **Accepted**
 - Patient has been deemed appropriate for SMSS and placed into a shelter.
- **Declined**
 - Patient not accepted at SMSS
 - Does not meet SMSS placement criteria
 - Pt/County found alternative sheltering option (local shelter, family housing, etc.)

Bulk Patient Upload

- **Same information as the Individual Placement Form, but in an Excel template that can be filled out**
- **Excel template is uploaded into ReadyOp for secure bulk transmission of sensitive information**
- **Requires precise formatting so that NCOEMS Staff can import form into the ReadyOp System**

Bulk Patient Upload

The image shows the Microsoft Excel interface for a file named "SMSS Bulk Upload Template". The ribbon is set to "Home", with sub-tabs for "Clipboard", "Font", "Alignment", and "Numbers". The spreadsheet grid has columns labeled A through F. The headers for the columns are: A: County, B: Name of Organization, C: First Name of Person Completing Form, D: Last Name of Person Completing Form, E: Title of Person Completing Form, and F: Phone Number: XXX-XXX-XXXX. Row 1 contains these headers. Row 2 is empty. Row 3 is empty. Row 4 has a green border around cell B4, indicating it is the active cell. The formula bar above the grid shows the active cell address B4 and the formula bar is empty.

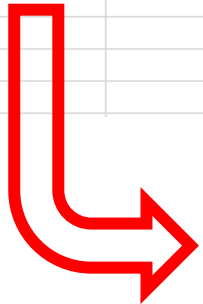
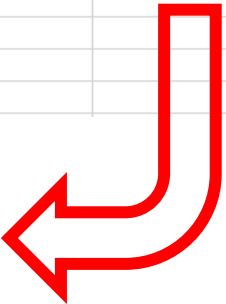
	A	B	C	D	E	F
1	County	Name of Organization:	First Name of Person Completing Form:	Last Name of Person Completing Form:	Title of Person Completing Form:	Phone Number: XXX-XXX-XXXX
2						
3						
4						
5						

Bulk Patient Upload

- **Yellow Header:** Required field with required format
- **Blue Header:** Optional field with required format
- **Note:** Some fields have required format. Excel contains drop down menu to help select appropriate answer/format.

	W	X	Y	Z	AA	AB
cy CX- X	Primary SMSS Need Reason:	Ambulatory Status	Dialysis Status	Oxygen Status	Ventilator Status	Any concern for infectious disease (e.g vomiting, diarrhea, fever, new onset cough, known exposure to infectious disease, recent illness/hospitalization):

X
Ambulatory Status



Z
Oxygen Status

Oxygen Status
N/A
Oxygen Dependent

Bulk Patient Upload

ReadyOp



TEMPLATE - SMSS Bulk Patient Movement Form

This form is for bulk upload of patients that need to be transported and have not been uploaded individually on the Single Patient Movement Form. Please use the Excel template that was shared upon activation and do not change any of the columns, as this will delay processing. This submission is secure and allows for HIPAA Compliance.

Questions regarding this form should be sent to OEMSSupportCell@dhhs.nc.gov

County Name:

Associated Healthcare Preparedness Coalition

Agency Name/Type

If "Other", Please Enter Name Here

Name of Person Making Request

Title of Person Making Request

Primary Phone Number

Alternate Phone Number

Email

Full Name of 24-hour POC (e.g. EOC / Emergency Mgr)

24-hour Phone Number

Please Attach Bulk Excel Upload Here

Choose File

No file chosen

Patient Transportation

- **Responsibility for transportation lies with the sending County**
- **Consider:**
 - **Non-Emergency Transport Agencies**
 - **Public Transport Services (Bus, Van, Etc.)**
 - **Wheelchair Vans**
- **State Coordinated Transportation EXTREMELY LIMITED, could lead to delays**

Repatriation

- **County responsible for verifying safety of residence before return (power on, no structural damage noted, able to safely get into house etc.)**
- **Transportation back is the responsibility of the home county, but support can be requested for state transportation coordination if no other options exist**

Notes

- **Be sure to use the DHHS ReadyOp Patient ID number to avoid HIPAA concerns**
- **Consider keeping an internal spreadsheet with each patient name, ID number, and the link to their form. This makes checking their status much easier!**

Questions?

- All details/forms/links can be found on the HPP website: <https://www.hpp.nc.gov>
- **Contacts**
 - Kimberly Clement, HPP Program Manager
kimberly.clement@dhhs.nc.gov
 - David Ezzell, Operations Manager
david.ezzell@dhhs.nc.gov