GREATER MIAMI VALLEY EMS COUNCIL JUST IN TIME STANDING ORDER: MEDICAL TRIAGE PROTOCOL FOR FUNCTIONAL NEEDS GROUPS IN EMERGENCY SHELTERS

Scope: This protocol is for use by paramedics, nurses, and other healthcare personnel. It is intended to help healthcare personnel determine appropriate placement for people with Functional Needs who present to American Red Cross (ARC) Shelters during an emergency. The triage protocol should be applied at the earliest feasible time, whether that is on presentation to the shelter, or prior to transportation to a shelter.

Functional Needs: Refers to individuals who, under usual circumstances, are able to function on their own or with support systems. However during an emergency or in the absence of some mechanisms (e.g., electrical power), their level of independence is challenged.

ARC shelters are established in community locations that offer adequate space for large numbers of individuals. Shelters should be handicapped accessible, have adequate space for individual cots, have adequate restroom and shower facilities, and a location for feeding. Service Animals are permitted in the shelter. The cots are similar to camp cots - low to the ground. Modified cots are available to meet some functional needs. Family groups as well as the young and old may all access the shelter.

This protocol is a guide for triage of individuals seeking shelter. There are four triage categories:

A. No functional needs: those who can stay in a shelter and require no further assistance or medical care. **Will not be referred for medical triage.**
B. Functional needs: individuals whose needs can be met in our shelter.
C. Medically fragile: individuals needing care not available in a general population shelter but who do not need hospitalization or emergency department treatment. These individuals will be transported or redirected to an alternative medical facility such as a long term care provider.
D. Acutely ill: persons that must be transported evacuated to the hospital or other facility for immediate medical needs.

Paramedics or nurses will triage functional needs clients. Categories B, C, and D are described below. Triage determination may be significantly impacted by whether or not the client is accompanied by a care aide or family member capable of providing care.

Goals of Functional Needs Shelter Triage:

1. Meet appropriate needs of persons seeking shelter during disasters and other major events.
2. During disasters, hospitals can rapidly become severely overcrowded. To the greatest degree feasible, clients who do not need hospital care should be sheltered to reduce unnecessary overcrowding at hospitals.

At the option of local department chiefs and medical directors, the same protocol can be used during a disaster to determine patients who would be more appropriate for transport to Red Cross Shelters than to hospitals. That concept was endorsed by RPAB, and was used on the East Coast

during Hurricane Sandy. In those cases, EMS should, if possible, contact the shelter before transporting. If locations or contact information for shelters is not known, contact the County EMA or the Red Cross. When transporting these non-emergency patients to shelters, it is critical that the patients bring their medications and medical equipment with them.

CATEGORY B: FUNCTIONAL NEEDS THAT CAN BE MET IN A SHELTER

This group includes but is not limited to individuals who are or have:

- Blind or vision impairments
- Deafness or trouble hearing
- Oxygen dependent
- Previously treated breaks, fractures, or sprains (including those on crutches or in a cast)
- Non-English speaking
- Clients with wheelchairs or other mobility devices
- Service animal
- Dementia
- Immune system disorders
- Diabetes
- MRSA, TB, and other infectious diseases (depending on treatment status)
- Dependence on medication
- Dependent children, including those who enter the shelter without their parent or guardian

Certain individuals who have medical needs such as those on a ventilator, nebulizer, colostomy/ileostomy, and the like can be evaluated for care within a shelter, especially if the client is accompanied by a family member or care aide.

CATEGORY C: MEDICALLY FRAGILE NEEDING CARE NOT AVAILABLE IN A GENERAL POPULATION SHELTER BUT NOT NEEDING HOSPITALIZATION OR EMERGENCY DEPARTMENT CARE

This group includes but is not limited to individuals who have some of the following needs.

- Ventilator needs (Note: pediatric patients on ventilators may need to be transferred to the Children's Medical Center)
- Morbidly obese beyond the capabilities of the shelter
- Highly infectious disease (in certain cases these will need to be transferred to a hospital or other facility)
- Advanced Alzheimer's or dementia (if not accompanied by a family member), or other psychiatric issues that would impact safety in the shelter
- Not able to be moved around within the shelter (medical needs exceed bed capacity or available medical care: e.g., bariatric cot too small, unable to be transferred from bed to other locations, bedridden individuals, unable to move at all without assistance)

Individuals with advanced medical requirements may come to the shelter with a care aide or family members, When the caregiver is able to provide the daily medical needs of these clients, they can generally remain in the shelter. However, if individuals need more care than can be provided by a care aide, family members, or available personnel, the individual should be transported with their family or care giver to a more appropriate care setting.

From past disaster experience, it is often possible to provide other arrangements for these individuals that will help provide the care they need. Working with EMA and ARC, temporary placement in a nursing home or long term acute care facility may be feasible.

CATEGORY D: ACUTELY ILL WHO MUST BE EVACUATED TO A HOSPITAL

These individuals require medical treatment that cannot be administered within the shelter or within an alternative health care facility.

- New injuries requiring medical care. Client will often be able to return to the shelter following treatment.
- New onset medical emergencies or acute decompensation (e.g., MI, COPD, CHF, stroke, mental health issues, etc.).
- For minor medical urgencies (e.g., nausea and vomiting, mild asthma attacks, etc.), consider consulting ARC or the Emergency Operations Center (EOC) to determine availability of non-hospital-based assessment and treatment such as Urgent Care or physician offices.

Efforts shall also be made to keep these individuals with their family members or care givers if possible.

The Triage Officer should consult with other Shelter personnel to determine capabilities for managing individuals. A physician or physician extender (Nurse Practitioner, etc.) will be available for consultation.