**PHSKC ACF Scope of Care**

**Scope of Patient Care:**

The ACF has been designed, staffed and equipped to address the following types of conditions and

situations:

􀁸 Support for management of chronic medical conditions for medically high risk patients who

require sheltering and are unable to be sheltered within traditional shelters due to medical

needs.

􀁸 Non-life threatening urgent care

􀁸 Non-complex acute/chronic medical care needs for people transitioning from inpatient sector

􀁸 Palliative care .– end of life care or comfort care

􀁸 Medication and vaccine distribution

**Patients Not Accepted at the Facility:**

􀁸 Patients who need continuous monitoring (arterial, venous, BP, cardiac, O2, frequent

neurological checks, daily X-rays or imaging)

􀁸 Patients with complex medical conditions

􀁸 Patients requiring intensive post-op or follow-up care

􀁸 Patients who pose an airborne infectious risk to others (e.g., suspected measles)

􀁸 Patients who are at high risk for infection, such as patients on chemotherapy

􀁸 Patients requiring special hospital equipment which is not available in the ACF

􀁸 Pediatric patients with complex medical conditions

􀁸 Premature infants <36 weeks gestation

􀁸 Infants < 1 year old who have symptoms of serious illness

􀁸 Patients with dementia or delirium who require any type of restraint or locked ward for

aggressive behavior

􀁸 Persons who have a medical condition and present with symptoms indicating mental illness or

chemical abuse/dependency are not eligible to receive treatment at a medical ACF if they

are:

o Unable to comply with medical and psychiatric treatment

o Disruptive to the delivery of care to themselves or others in the ACF

o Unable to follow instruction and direction by the ACF staff and volunteers

o Unwilling to abstain from consuming alcohol and/or non-prescribed drugs

o Meet the criteria for involuntary psychiatric commitment as determined by a Designed

Mental Health Professional

**FMS Scope of Care**

1. **Scope of Care:**
	* 1. **Non-Acute Care**: The FMS provides non-acute medical support when SLTT medical care resources become saturated or unable to perform their normal functions. The FMS can assist in providing non-acute bed capacity for hospital decompression.  The scope of care for this configuration includes medical, nursing, mental health, and therapy care for non- complicated and stable non-acute patients; to include medical workups and examinations required during recovery, nursing care for special needs patients (to include geriatric, limited bariatric, and limited pediatric and obstetric), administration of medical and nursing treatments, and administration of vaccines or other countermeasures. The FMS should not admit patients who require imaging studies, blood product administration, ventilator support, or are complicated cases. Each FMS that has Federal clinical staff will deploy with a 24-person Emergency Care Element capable of supporting non-acute patients who become acute prior to being transferred to an acute care facility.
		2. **Medical Special Needs**: The FMS provides primary care management of medical special needs populations by making all reasonable accommodations that the building of opportunity is Americans with Disability Act (ADA) compliant through the standard deployment of bariatric beds and lifts, standard and extra wide wheelchairs and walkers, pediatric cribs and bottles[[1]](#footnote-1), and non-verbal communication boards. These items ensure that the special needs populations are given all appropriate accommodations. If a special needs adjunctive item is not available in the FMS cache, the item name should be communicated to the IRCT for consideration.

## Annex F: FMS Triage Tool

**Medical Special Needs Resource Levels to assist with FMS Triage**

1. person is able to function independently and manage daily living activities (through the use of a non-medical attendant or companion)
2. person with an acute or chronic medical condition who is dependent on others for some assistance in addressing functional needs and maintaining routine living activities (eating, walking, toileting, etc) and: is able to consistently express needs and
* requires little monitoring and
* requires minimal or infrequent physical assistance in meeting needs
1. person with chronic or acute medical condition(s) who requires regular or frequent assistance with:
* in meeting most of daily functional needs or
* medical care administration or
* monitoring by a nurse or
* are dependent on equipment requiring uninterrupted electrical power, assistance in use/servicing or
* assistance with medications or
* monitoring or therapy for mental health disorders
1. person with acute and/or chronic medical condition(s) whose functional and medical needs require extensive medical oversight and/or daily care such as:
* IV chemotherapy
* Extensive wound care
* Isolation
* Ventilator management
* Peritoneal or hemodialysis
* Life support equipment
* Total care
* Morbidly obese requiring substantial assistance for transfer or routine movement
1. Department of Veterans Affairs Teams will require additional clinical Pediatric or Family Practice staff. [↑](#footnote-ref-1)