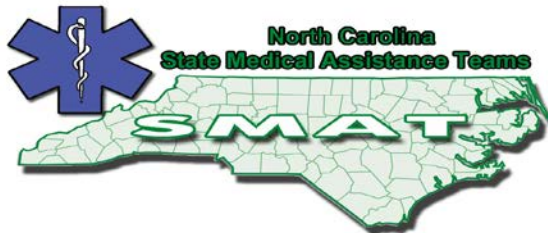




SMAT II

NORTH CAROLINA

SMAT II Application



Please return to:

ehpcsmat@ecuhealth.org

or mail to:

Chris Starbuck
Healthcare Preparedness Coordinator
ECU Health Medical Center
2100 Stantonsburg Rd. P.O. Box 6028
Greenville, NC 27858 - 6028



ehpc

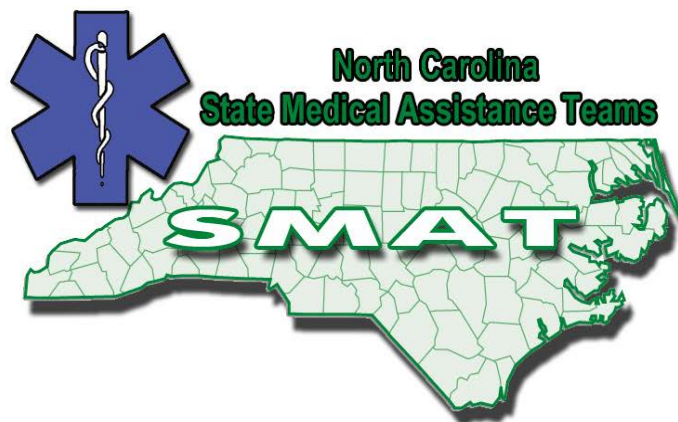
Eastern
Healthcare
Preparedness
Coalition

State Medical Assistance Team (SMAT) Application Eastern Healthcare Preparedness Coalition (EHPC)



-Our Vision-

Improve medical care to persons involved in disasters, man-made or natural, through cooperation of area hospitals and medical societies within Eastern North Carolina and beyond.



-Our Mission Statement-

Through regional disaster response plans assist the Eastern Region or State of North Carolina by providing a rapid coordinated response of advanced medical care and equipment to persons involved in man-made or natural disasters.



-Introduction-

The Eastern Regional Advisory Committee (ERAC) was organized in 1998 to implement and coordinate a regional trauma system and thereby improve trauma care in Eastern North Carolina. The committee's activities and purpose were mandated by the NC General Assembly, which passed the Trauma Systems Act in that year.

ERAC is composed of representatives from the 29 counties that make up the referral region for the Level I Trauma Center at ECU Health Medical Center. Members of ERAC represent several areas of trauma care: prehospital providers, physicians, nurses, and administrators from the regional hospitals. Other agencies include Public Health and community volunteers.

The terrorist attacks of September 11, 2001 and subsequent anthrax exposures have ignited a renewed commitment in the state of North Carolina to strengthen our readiness and our capacity to respond to a terrorist attack. Numerous local, state, and regional agencies are collaborating on multiple scenarios that exist now that the threat of terrorism is real. Specifically, four agencies have recently joined efforts to consider the treatment and response phase of a terrorist event. The agencies include the North Carolina Office of Emergency Medical Services (NCOEMS); the North Carolina Division of Emergency Management (NCEM); the North Carolina Division of Public Health - Epidemiology & Communicable Disease (NCPH); and the Special Operations Response Team (SORT). These agencies represent the management system responsible for coordinating a disaster response, ensuring that treatment and prevention strategies are implemented, as well as disease surveillance and medical preparedness. The goal of this effort is to assure our citizens that when a terrorist attack or natural disaster occurs in North Carolina they will be able to get the medical care services they need to protect their health and prevent the further spread of disease. Priorities include enhancing disease monitoring and investigation systems, improving communication capabilities among health agencies and building the medical response capacity.

The agencies have collaborated to develop a tiered State Medical Response System (SMRS) plan; within that plan are eight (8) Regional - State Medical Assistance Teams. Eastern Regional Advisory Committee (ERAC) is responsible for the development of one of the eight teams. In February of 2015, the Disaster Preparedness Committee separated from the RAC to form the Eastern Healthcare Preparedness Coalition (EHPC).

Our TEAM is looking for qualified applicants to provide various services to support our deployment and patient care efforts. If you are interested in being part of our team please continue on and more information will be provided as to the make-up and structure of our TEAM!



-Make-up and Structure-

Our TEAM is comprised of two different base structures that are rolled back into the same program objectives. One structure is the Primary SMAT member who is employed with a Hospital, Medical Facility, or EMS agency within our EHPC region. Primary SMAT members are employed and paid through their host medical facility and reimbursed in the event of a state activation or deployment from the State Emergency Response Team (SERT). Our second basic structure is through the National Medical Reserve Corps (MRC). MRC provides SMAT with a base for introducing volunteers who are willing to give their time to the SMAT program. They are a deployable secondary resource for SMAT but may not have the time to commit 24+ hours a year to the SMAT program.

We are recruiting professionals throughout Eastern North Carolina who are willing to provide services to support our efforts. Not all are members are Medical Professionals. We are comprised of two (2) general areas:

- Medical
 - Nurses
 - Paramedics & EMTs
 - Medical Doctors
 - Respiratory Therapists
 - Pharmacist
 - Mental Health Professionals
 - Social Workers
 - Advanced Level Practitioners

- Non-medical Support
 - Fire Fighters
 - Hazmat Technicians
 - Support Staff
 - Amateur Radio Operators (HAMM)
 - Translators

SMAT & MRC members will be required to complete 24 hours of initial training (depending on job classification) and maintain 24 hours of SMAT training each year. CEUs (when applicable) will be made available for to all medical personnel for their training time.

SMAT Operations are a great way to give back to the community that you live and work, while helping others in their immediate time of need.



**SMAT II Member Personnel Data Form
(Confidential information, not for distribution)**

First Name: _____

Last Name: _____ **Suffix (Jr, II, etc)** _____

Middle Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Social Security Number _____

Home Phone _____

Work Phone _____

Cell phone _____ **Pager** _____

E-Mail: _____

Fax: _____

Gender: _____ **Male** _____ **Female**

NC Driver's License No: _____ **Expiration Date:** _____

Please indicate area of specialty:

- Physician**
- Nurse Practitioner/Physician Assistant**
- RN**
- Paramedic**
- Respiratory Therapist**
- Pharmacist**
- Mental Health Professional**
- Clerical**
- Support**
- Other** _____



Current Employer: _____

Current Department: _____

Name of Supervisor/Manager and contact number: _____

1) Emergency Contact(s) _____ **Relationship** _____

Emergency Contact Numbers: _____

2) Emergency Contact(s) _____ **Relationship** _____

Emergency Contact Numbers: _____

3) Emergency Contact(s) _____ **Relationship** _____

Emergency Contact Numbers: _____

If the answer to any of the following questions is “Yes” please provide a brief explanation.

1) Have you ever been subject to an inquiry or investigation by any licensing board or certifying agency?

YES _____ **NO** _____

If so, explain _____

2) Have you ever been discharged or asked to resign from a previous employer?

YES _____ **NO** _____

If so, explain _____

3) Have you ever plead guilty to or been convicted of a crime (felony or misdemeanor)?

YES _____ **NO** _____

If so, explain _____

4) Do you have any current restrictions on your driver’s license?

YES _____ **NO** _____

If so, explain _____



Physical Fitness

Please check the appropriate response to each question:

Yes___ No___ Hypertension (BP Systolic > 150 Diastolic >90). May provide documentation of prescribed medication in which BP is maintained within a safe range (<150 systolic, <90 diastolic)

Yes___ No___ Seizure activity within the last 5 years

Yes___ No___ Hypoglycemic (low blood sugar) events causing unconsciousness or altered mental status in last 5 years. (Not controlled by medication)

Yes___ No___ Pulse <60, >120, heart block, arrhythmias (irregular heart rates)

Yes___ No___ Morbid obesity

Yes___ No___ Shortness of breath when climbing 3 flights of steps

Yes___ No___ Claustrophobia

Yes___-No___ Any mental health conditions, alcohol or drug use that would restrict your ability to function

Yes___ No___ Limited range of motion in any of the 4 extremities including fingers and toes

Yes___ No___ Any recently diagnosed serious medical condition that would place the team or individuals in jeopardy while functioning as a member of the team

If you checked "Yes" to any of the above, please provide a brief explanation.

Yes___ No___ Ability to successfully lift and carry 50 lbs. a distance of 100 feet

Allergies:

Past Medical History:

Current Medications:

Do you have any other restrictions not otherwise noted? Please explain: _____



Team Member Eligibility Requirements

Indicate if you are willing and /or able to meet the following criteria:

Yes ___ No ___ Complete initial training (minimum of 24 hours) and continuing education requirements

Yes ___ No ___ Ability to deploy with team when activated within 24-48 hour notice

Yes ___ No ___ Willing to be deployed for up to 7 days

Yes ___ No ___ Maintain a 7 day personal pack

Yes ___ No ___ Submit a record of Tetanus Toxoid vaccination within last 10 years

Yes ___ No ___ Submit a record of Hepatitis B vaccinations (series of 3 vaccines) within last 10 years with a positive titer

Yes ___ No ___ Submit a record of TB Skin Test and if positive, a chest x-ray report

If you answered "No" to any of the above, please provide a brief explanation.

I, _____ acknowledge the information contained within this SMAT II application is accurate.

Signature

Date

* Resume must accompany application

Manager/Supervisor Approval

I, _____, manager/supervisor of _____ understand that _____ has applied to be a member of the EHPC SMAT II team. I understand that being a member of this team will require 24 hours of initial training and at least 24 hours of continuing education annually. I have read and understand the Initial and Annual Training Requirements Policy that outlines financial support for the employee's required training. (Questions regarding this policy can be addressed to Chris Starbuck at cstarbuc@ecuhealth.org). Also, when the requirements for reimbursement for deployed time are met, reimbursement will be requested.

Signature _____ Date _____