August 31, 2011

MEMORANDUM

To: Hospital, Nursing Home, Habilitation Centers for the Intellectually Disabled or Persons with Related Conditions, and Community Residential Care Facility Administrators

From: Pamela M. Dukes, Deputy Commissioner
Health Regulation

SUBJECT: Internal and External Medical Surge during an Emergency

NOTE: This memorandum replaces the memorandum dated January 11, 2008. Amendments were made to comply with Act No. 47 of 2011.

This memorandum provides guidance on emergency situations when a licensed facility needs to set up and utilize additional beds during an emergency beyond its licensed capacity or to provide medical services in an alternate care site.

Internal Medical Surge - Expanding Beyond Licensed Bed Capacity

Standards regarding maximum bed capacity are established in the licensing regulations for hospitals, nursing homes, habilitation centers for the intellectually disabled, and community residential care facilities. An example of one such standard is found at Section 501, Standards for Licensing Hospitals and Institutional General Infirmaries: 24A S.C. Code Ann Regs. 61-16 (Supp. 2006), "No facility shall have set up or in use at any time more beds than the number stated on the face of the license except in cases of justified emergencies…." Furthermore, Section 502 of Regulation 61-16 addresses the location of beds, "Beds shall not be placed in corridors, solaria or other locations not designated as patient room areas except in cases of justifiable emergencies."

Internal Medical Surge is defined as an emergency situation when a facility needs to set up and utilize beds beyond its licensed bed capacity in an area within the licensed inpatient facility building(s). It is the responsibility of the facility to know what areas are within the licensed inpatient building(s). If a hospital needs to set up and utilize beds in an area outside of the licensed inpatient hospital building(s), it must follow the second part of this memorandum addressing Alternate Care Sites (ACS).

A facility desiring to activate Internal Medical Surge and temporarily admit patients/residents in excess of licensed bed capacity due to an emergency should do the following:

1. Request that the Department concur that an emergency situation exists by contacting the:
    a. Director of the Division of Health Licensing at (803) 545-4370:
    b. Director of the Bureau of Health Facilities Regulation at (803) 545-4370; or
    c. Assistant Deputy Commissioner for Health Regulation at (803) 545-4200.

2. During the call to the Department, the facility should be prepared to:
    a. describe the emergency situation;
    b. outline the maximum number of patients/residents to be temporarily admitted;
    c. provide an anticipated date for discharge of the temporary patients/residents; and
    d. describe how and where the temporary patients/residents will be housed.

3. Patients/residents temporarily admitted during the emergency situation will not be required to undergo tuberculin screening or submit to an admission history and physical examination.

4. The facility must notify the Department when the patient census has returned to, or moves below, normal bed capacity by discharge or transfer to licensed beds.

If the event occurs after normal business hours, the Department must be contacted promptly during the next business day.

Other issues such as staffing for the care of the temporary patients/residents, physicians' orders, additional food for the temporary patients/residents, and handling of medications should be resolved ahead of time by memorandum of agreements, internal policies and procedures, and emergency planning documents.

External Medical Surge - Providing Medical Services at an Alternate Care Site

Some emergency situations might overwhelm a hospital's plans for Internal Medical Surge or render the licensed inpatient hospital building(s) unusable. In such situations, a hospital may activate External Medical Surge and operate an Alternate Care Site under the authority of its license during an emergency situation such as a mass casualty event or facility evacuation.

External Medical Surge is defined as providing medical care services in an area outside of the licensed inpatient hospital building(s). For purposes of External Medical Surge, these locations are called Alternate Care Sites. An ACS may be located in a building on a hospital's campus or at an independent facility located within close proximity to the hospital. Mobile medical facilities (MMF) are not considered ACS for purposes of this memorandum. Although MMF can be used as alternative locations for some health care services in emergency situations, they should not be relied upon as primary locations for External Medical Surge. The Department will allow the use of MMF and more detailed guidance on such facilities will be forthcoming.

The ACS process should follow two stages: pre-planning and activation.

Pre-planning for Alternate Care Sites

In order to facilitate activation of an ACS, hospitals are advised to conduct an assessment of the proposed ACS location with the enclosed Alternate Care Site Preliminary Assessment Form*. DHEC will not authorize activation of an ACS unless the hospital has provided assessment information. Every ACS should be planned, designed, and equipped to provide adequate accommodations for the care, safety, and treatment of each patient. Buildings selected for ACS should comply with the local building codes and ordinances applicable to the buildings' original intended use.

It is the hospital's responsibility to use the assessment process to assure that an ACS building is in compliance with local codes and has the structural soundness and capacity to provide patient treatment contemplated by the hospital.

The Social Security Act contains a provision that allows an emergency waiver of the EMTALA requirements that hospitals accept certain patients until stabilized. See 42 U.S.C. § 1320b-5. In order for South Carolina hospitals with an ACS to qualify for these waiver provisions, hospitals should provide documentation from the DHEC Regional Public Health Preparedness Director that the ACS location can be identified as an alternative location for the direction or relocation of individuals to receive medical screenings under a State emergency and pandemic preparedness plans.

Once a location has been identified, DHEC will meet with hospital staff to discuss the details of the ACS. When appropriate, the Division of Health Licensing will send the requesting hospital a letter confirming that the location has been identified for future use as an ACS. The location will retain its status as an ACS unless modifications are made to the site. Modifications that might affect the use of an ACS include, but are not limited to, renovations, construction, demolition, or change of ownership. Any modifications to the site should be reported in writing to the Division of Health Licensing. Because changes to a site could affect its use as an ACS, hospitals are encouraged to construe the term "modifications" broadly.

Activation of Alternate Care Sites

Alternate Care Sites can only be operated during emergency situations and activation must be coordinated with DHEC's Division of Health Licensing. To activate an ACS, the hospital's census must be projected to surge beyond its Internal Medical Surge capacity described above or the hospital's main building, or a portion of the building, must be rendered unusable.

A facility desiring to activate External Medical Surge and activate an Alternate Care Site due to an emergency situation should do the following:

1. Request that the Department concur that an emergency situation does exist by contacting the:
    a. Director of the Division of Health Licensing at (803) 545-4370, or:
    b. Director of the Bureau of Health Facilities Regulation at (803) 545-4370, or;
    c. Assistant Deputy Commissioner for Health Regulation at (803) 545-4200.

If the event occurs after normal business hours, then contact one of the following:

a. Beverly Patterson, Health Regulation Emergency Preparedness Planner, at (803) 667-1520 or (803) 654-0695 (pager), or;
b. Pamela Dukes, Deputy Commissioner, Health Regulation, at (803) 667-1483, or;
c. Mary Fechtel, Assistant Deputy Commissioner, Health Regulation, at (803) 667-1482.

2. As part of the activation process, the hospital should be prepared to:
   a. describe the emergency situation;
   b. explain why activating Internal Medical Surge will not address the situation;
   c. identify the ACS;
   d. outline the maximum number of patients to be treated at the ACS; and
   e. provide an anticipated date for discontinuance of the ACS.
3. Immediately following activation with the Division of Health Licensing, the hospital should notify the DHEC Regional Emergency Point of Contact for possible coordination of activities under State emergency, pandemic preparedness, or mass casualty response plans.
4. After the emergency situation is over, the hospital must notify DHEC when the ACS is closed.

Other issues such as staffing, food service, equipment requirements, medication management, medical records, and physicians' orders should be resolved ahead of time by memorandum of agreements, internal policies and procedures, and emergency planning documents.

Any additional questions should be directed to the Director, Division of Health Licensing at (803) 545-4370.

PMD

Enclosure: Hospital Alternate Care Site Planning Guide/Alternate Care Site Preliminary Assessment Form

** **Correction** of form title in the original memorandum from "Alternate Care Site Assessment Preliminary Information Form" to "Alternate Care Site Preliminary Assessment Form"*

Hospital Alternate Care Site Planning Guide

Table of Contents

1.0 Purpose

The purpose of this document is to provide guidance on site selection and planning for Alternate Care Sites (ACSs). With proper selection and planning, an ACS can be used to expand your hospital's External Medical Surge capacity during an emergency situation. The SC Department of Health and Environmental Control (SC DHEC) hopes that this document will assist hospitals in the selection of appropriate ACSs and in the planning for other issues, including scope of care, staffing, equipment, supplies, and incident management.

2.0 Introduction

The 2006 SC Hospital Preparedness Program (HPP) requires SC to have the ability to provide surge capacity outside of the hospital setting, considering that Federal assets might not be available for 72 hours. During the planning process, it is important for you to review surge capacity information previously gathered during the HPP hospital preparedness assessment distributed in December 2005 and discussed during the HPP hospital site visits of January and February 2006.

3.0 Definitions

Alternate Care Site – an Alternate Care Site (ACS) is a location where a hospital conducts External Medical Surge. ACSs are generally located in a building on a hospital's campus or at an independent facility located within close proximity to the hospital.

Emergency Situation – a mass casualty or facility evacuation event that requires a hospital to exceed its licensed bed capacity or treat patients outside the licensed inpatient hospital building(s) in order to maintain medical care services.

External Medical Surge – an emergency situation when a hospital needs to provide medical care services in an area outside of the licensed inpatient hospital building(s).

Facility Evacuation Incident – an event that requires evacuation of a hospital or a portion of a hospital, such as a fire, a natural disaster, or an interruption of utilities.

Internal Medical Surge - an emergency situation when a facility needs to set up and utilize beds beyond its licensed bed capacity in an area within the licensed inpatient facility building(s).

Mass Casualty Incident – A Mass Casualty Incident is an event of any significant magnitude that will likely overwhelm hospitals and other traditional venues for health care services, or render them inoperable, necessitating the establishment of ACSs. In general, Mass Casualty Incidents can be organized into two categories which include several scenario types which will drive the demands on the health care system and the type of response required:

(1) those that result in an immediate or sudden impact- i.e., detonation of a bomb or a series of dirty bombs; airplane or train crashes as a result of bombings; and earthquakes; or

(2) those that result in a developing or sustained impact- i.e., massive exposure to anthrax or smallpox (biological event); an influenza pandemic

4.0 Key Planning Issues

As indicated in the Agency for Healthcare Research and Quality (AHRQ) Community Planning Guide (see 6.0 Resources and Additional References, Providing Mass Medical Care with Scarce Resources: A Community Planning Guide), these are key issues related to the **delivery of care** outside of established hospitals:

- The level and scope of care to be delivered (delineate the specific medical functions and treatment objectives that the ACS facility would need to accomplish);
- The physical plant required for the establishment of such facilities;
- Staffing requirements for delivery of such care;
- Medical equipment and supplies requirements;
- The incident management system required to integrate such facilities with the overall delivery of health care in the context of a disaster; and
- Integration into regional mass casualty planning.

Key Issues for Alternate Care Sites:

- An ACS may provide care that normally would be provided in an inpatient facility.
- Advance planning must be coordinated with existing health care facilities as well as home care entities.
- Planners must delineate the specific medical functions and treatment objectives of the ACS.
- The principle of managing patients under relatively austere conditions, with only limited supplies, equipment, and access to pharmaceuticals and a minimal staffing arrangement, is the starting point for ACS planning.
- Hospitals may conduct Internal Medical Surge and exceed licensed bed capacity during emergencies situations (see attached memorandum of January 11, 2008, from Pamela M. Dukes, Deputy Commissioner, Health Regulation, SC Department of Health and Environmental Control).
- Hospitals must provide assessment information to the DHEC Division of Health Licensing prior to activation of an ACS.
- Licensed acute-care hospitals can transfer or refer patients to locations that are licensed and a part of that hospital system, provided the location(s) of the facility is within the same county as the hospital. Such facilities include ambulatory surgery centers, and other facilities that provide ancillary services on the acute care hospital's campus.
- Once a decision is made to activate an ACS, the activating hospital must inform the DHEC Division of Health Licensing.

Recommendations for Hospital ACS Planners

- Convene a planning and implementation committee comprised of key planning partners, such as emergency managers, public health departments, EMS, etc.
- Ensure your facility has a patient reduction plan to facilitate Internal Medical Surge (discharge patients who can continue care at home, cancel elective surgeries, etc.)
- Consider legal and ethical issues.
- Ensure your planning is coordinated with regional mass casualty planning efforts.
- Ensure that a planning document is prepared to define and describe the anticipated role that the ACS will serve.
- Identify and assess potential sites for implementation of an ACS prior to an incident, and put in place agreements to permit such use as applicable.

- Obtain, stockpile, and store supplies, equipment, and pharmaceuticals sufficient to meet the anticipated role for the ACS in a fashion that will permit rapid deployment to a selected site.
- Prepare a plan for personnel staffing sufficient to meet the anticipated role for the ACS.
- Anticipate and plan for operational and logistic support of the ACS, including, at a minimum: internal and external communications with redundancy, security, transport of patients to and from the ACS, mechanisms for documentation of services, food services, resupply, staff rotation and rest, laundry services, and storage capacity.
- Plan for the needs of pediatric patients.
- Plan for integration into the local Health Alert Network.
- Plan for integration into the State Medical Asset Resource Tracking Tool (SMARTT).

5.0 Alternate Care Site Plan Template

There are numerous issues and decision points in establishing an ACS, a list of which can easily translate into a template for developing or updating an alternate care site plan. They are as follows:

A. Ownership, command, and control of the site.

- Who owns the facility where the ACS will be located?
- Is the ACS incorporated into the hospital's HICS command structure?
- How is medical oversight assured for the ACS?

B. Decision to open an ACS.

- Who has the authority within the hospital to decide to open the ACS?
- Who is assigned to contact DHEC prior to activation of the ACS?

C. Scope of care to be delivered: Identify scope of care to be delivered and target patient population to be served.

Depending on the specific situation, the ACS may be used to:

- Provide primary victim care (if so, at what level of severity?).
- Provide delivery of ambulatory or chronic care.
- Provide triage, treatment, and transportation only.
- Offload less ill patients from nearby hospitals, thereby increasing the hospitals' surge capacity (Decompression).
- Provide primary victim care at a standard appropriate for the austere situation.
- Provide quarantine, sequestration, or cohorting of "exposed" patients.
- Provide rapidly deployable health and medical care to those patients who have non-acute medical, mental health, or other health-related needs that cannot be accommodated or provided for in a general shelter population.
- Provide health and medical care for patients with needs such as:
  - Conditions that require observation, assessment, or maintenance.
  - Chronic conditions which require assistance with the activities of daily living and do not require hospitalization.
- Provide medications and vital sign monitoring, particularly for patients who are unable to do so at home.
- Provide palliative care.

The following table may be useful:

ACS Scope of Care

Scope of Care	Objectives of ACS Implementation	Scenario Type	Facility Type
1. Delivery of ambulatory/chronic care/special medical needs	Decompression of medical shelters; decompression of emergency departments	All	ACS
2. Receiving site for hospital discharge patients (non-oxygen dependent)	Decompression of acute care hospital inpatient beds	All	ACS
3. Inpatient care for moderate-acuity (non-oxygen-dependent) patients	Used instead of acute care hospital inpatient beds	All	ACS
4. Sequestration/ cohorting of "exposed" patient population	Protection of acute care hospitals from exposure to potentially infectious patients	Pandemic influenza Bio event	Home ACS
5. Delivery of palliative care	Used instead of acute care hospital inpatient beds	All	Home ACS

Information regarding patient care modules, specifically the Modular Emergency Medical System (MEMS), can be found in the Resources and References section. The MEMS concept was originally developed for response to a large scale biological event, but can be applied to other mass casualty incidents.

D. Site Selection.
The selection of a potential building to use as an ACS is an imprecise science and may vary based on the nature of the event. The Alternate Care Site Preliminary Assessment Form, included as part of this Guide, should be used for evaluating possible sites for an ACS.

Because local circumstances vary, the importance of specific criteria may vary from community to community. Final site selection requires that other issues be considered as well, such as: whether the facility may be needed for other purposes during an emergency; effect upon the community if the site is contaminated and will be out of use for an extended period of time or permanently; and, the ownership of the facility.

Back-up sites should also be selected in case the primary site is damaged, contaminated or otherwise compromised.

E. Supplies and equipment.
Will durable medical equipment, disposable medical supplies, or oxygen be needed? What are the plans for re-supply?

Considerations for planning:

- Routine supply chains will be stressed or not operational during a mass casualty incident of any magnitude or duration.
- Certain supplies may be event specific (e.g., increased need for masks during a pandemic)
- Basic supplies are predictable: ie, basic durable medical equipment (cots, IV poles, wheelchairs, walkers, canes, etc.).
- Supplies may be stored as portable caches, then transported to ACS for use.

G. Pharmaceuticals

- This is a complex planning issue, as they require a degree of environmental storage, stock rotation, and legal control.
- Fall into two major categories: those needed for the acute care of a patient and those needed for chronic diseases and ongoing maintenance of a patient's current condition.
- Basic pharmaceuticals will be required for the management of a wide variety of medical conditions within the context of the ACS's limited scope of practice.

The specific categories of medications that should be available include those related to:

- Acute respiratory therapy
- Acute hemodynamic support
- Pain control and anxiolysis
- Antibiotic coverage
- Behavioral health
- Chronic disease management.

G. Staffing

Unique staffing requirements tend to be event and population specific. The level of patient acuity will have an impact on staffing needs.

Potential Positions Needed to Support a 50-bed ACS

- Physician
- RNs or RNs/LPNs
- Unit Secretaries
- Case Manager
- Housekeepers
- Medical Assistant/ Phlebotomy
- Chaplain/Pastoral
- Volunteers
- Biomed
- Patient Transporters
- Physician Extender (PA/NP)
- Health Technicians
- Respiratory Therapist
- Social Worker
- Lab
- Food Service
- Day Care/Pet Care
- Engineering/ Maintenance
- Security

(Information source: Providing Mass Medical Care with Scarce Resources: A Community Planning Guide, Agency for Healthcare Research and Quality (AHRQ) Publication No. 07-0001, November 2006.)

Staffing-related Issues to Consider:

- Housing for staff
- Identification system for staff members, volunteers, patients and their family members) - providing a name badge system

- Feeding

H. Operational support
Actual operation of an ACS will require a host of support services, including food service, sanitary services, laundry, maintenance, and security. Some of these needs will be driven by the nature of the event.

I. Documentation of care
A simple charting system should be sufficient. Forms for patient records (including nursing notes and flow sheets), patient tracking, and discharge planning should be prepared in advance.

J. Security
ACS planners should consult with hospital security. Consideration should be given to contract and community resources, such as private security companies, local law enforcement, National Guard, State Guard, etc.

K. Communications
Planning should consider:

- Communication among the ACS and nearby health institutions, SC DHEC, EMS providers, unified command, law enforcement, suppliers, staff members, and the public.
- Redundant communication capability, including land lines, cellular phones, and local and regional radio communication (including HAM radios).
- Access to the Health Alert Network
- Access to the State Medical Asset Resource Tracking Tool (SMARTT)

L. Relations with EMS
Any ACS will be dependent on local EMS for transport of patients to and from higher levels of care and to assist with patient dispositions. For this reason, local EMS providers should be part of the ACS planning process.

M. Development of demobilization procedures: When to close the facility.
Criteria for disengaging the ACS should be established as part of the planning process. The actual decision to close the facility should be made in concert with the local emergency managers and local or State health officials.

N. Training and Exercises
The ACS plan should include training on implementation of the plan.

O. Plan Administration
The ACS plan should include an update schedule and indicate who is responsible for the updates.

6.0 Resources and Additional References:

1. Neighborhood Emergency Help Center: A Mass Casualty Care Strategy for Biological Terrorism Incidents, Department of Defense (May 2001) (http://www.nnemmrs.org/surge.html).

2. Acute Care Center: A Mass Casualty Care Strategy for Biological Terrorism Incidents, Department of Defense (December 2001) (http://www.nnemmrs.org/surge.html).

3. Providing Mass Medical Care with Scarce Resources: A Community Planning Guide, Agency for Healthcare Research and Quality (AHRQ) Publication No. 07-0001 (Nov. 2006) (http://www.ahrq.gov/research/mce/).

4. Rocky Mountain Regional Care Model for Bioterrorist Events, AHRQ Publication No. 04-0075 (August 2004) (http://www.ahrq.gov/research/altsites.htm).

5. Altered Standards of Care in Mass Casualty Events: Bioterrorism and Other Public Health Emergencies. AHRQ Publication No. 05-0043 (April 2005) (http://www.ahrq.gov/research/altstand/index.html).

6. Mass Casualty Disaster Plan Checklist for Health Care Facilities, The Center for the Study of Bioterrorism and Emerging Infections and the Association for Professionals in Infection Control and Epidemiology, Inc. (Oct. 2001) (http://www.gnyha.org/eprc/general/).

7. Hospital Incident Command System (HICS), California Emergency Medical Services Authority (August 2006) (http://www.emsa.ca.gov).

8. The Minnesota Department of Health Multi Agency Coordination (MAC) Plan, Minnesota Department of Health (2006) (http://www.health.state.mn.us/oep/plans/macplan.pdf).

9. A Patient Care Coordination Planning Guide, Minnesota Department of Health, is available on CD by request to MDH Office of Emergency Preparedness at: www.health.state.mn.us/oep (no longer available at linked address).

10. Convening an Expert Panel to Address the Allocation of Scarce Resources: The Example of New York State. (www.health.state.ny.us/nysdoh/taskfce/index) **(**no longer available at linked address).

11. Surge Hospitals: Providing Safe Care in Emergencies, Joint Commission (Dec. 2005) (http://www.jointcommission.org/PublicPolicy/surge_hospitals.htm).

12. Georgia Hospital Preparedness Program Surge Capacity Planning Packet (Nov. 2004). (not available online)

13. South Carolina Mass Casualty Plan, South Carolina Emergency Management Division, (Dec. 2006) (http://www.scemd.org/Plans/mass_casualty.html).

14. Secondary Triage, Treatment and Transportation Center (ST3C) Plan, available from SC DHEC Public Health Region 3 (not available online)

15. Medical Off-site Triage and Treatment (MOSTT) Center. Draft available through the HRSA Program Manager or the SC Hospital Association (not available online)

16. Alternate Care Facility Selection and Survey Guide, Connecticut Capitol Region Council of Governments (CRCOG) and Metropolitan Medical Response System (MMRS), July 2007. (http://www.crcog.org/homeland_sec/plan.html)

Instructions for the Alternate Care Site Preliminary Assessment Form

General:

This assessment is designed to provide facility and planning information regarding the selection of an Alternate Care Site (ACS) for external medical surge capacity. *There are no right or wrong answers due to the varied characteristics and uses of an ACS.* Many questions can be answered with "Yes" or "No," but more detailed information using the "Comments" and "Additional Info/Notes" sections will be useful, particularly if a "No" was given. *It is also understood that some information is an estimate based on the best information available at this time.* If an item is not applicable, please indicate.

Hospital Information:

Enter general information about your facility and contact information within your facility regarding the ACS. It is important for us to have access to a contact 24/7.

Alternate Care Site General Information:

1. Enter site name and other information about its location and contact information.

2. Provide information regarding proximity of the ACS to the sponsoring hospital and other hospitals.

3. Enter information specific to use of the site, to include: construction and /or renovation date(s); code compliance; other functional use of the site; inclusion in your DHEC Public Health Region's Mass Casualty Plan; inclusion in your hospital's emergency operations plan; command and control; anticipated care to be delivered and to what population(s);

4. Enter estimates for patient capacity and scenarios for which you are planning.

5. Provide estimated amount of time to prepare the site and have it available to accept patients and equipment. The intent is to see how quickly the facility can be prepared and opened.
A range of time is acceptable since preparation time will probably be scenario- dependent.

6. Indicate if agreements have been signed between your hospital and the site.

Operational Plan Components:

Provide a response and comments, if needed, regarding components in your ACS plan. If the components are not present, but have been discussed, will be added, or are included in a different plan, then indicate.

Facility Physical Characteristics:

Provide responses and other details regarding building infrastructure, accommodations for special needs populations, utilities, fire safety, space and layout considerations, and communications. Again, there are no right or wrong answers, and additional explanation would be helpful.

Prepared by:
Provide information regarding who prepared the assessment, and the date the information was finalized.

Hospital Information

Sponsoring Hospital Name	
License #	**HTL-**
Hospital Address	
Date of Request to Health Licensing	
Contact Name & Title	
Contact Telephone	
Contact Fax	
Contact E-mail Address	
24/7 Contact Information	

Alternate Care Site General Information

Name of Alternate Care Site	
Address	
Owner of site	
Contact Name & Title	
Contact Telephone #	
Contact Fax	
Contact E-mail Address	
24/7 Contact Information	
Proximity to sponsoring hospital	
Proximity to other hospitals (provide name and distance)	
Initial construction date, if known	
Subsequent construction/renovation, if known (dates and description)	
Type of facility	**Private / Public / Other :**
Current use of facility	
Does facility meet local codes for fire and life safety compliance as designed for the building's original purpose?	
Does site serve other functions during emergencies, such as an American Red Cross mass care shelter? If yes, describe.	
Is the ACS named in the Regional Mass Casualty Plan?	
If no, will it be added?	
Does your facility's emergency operations plan identify the alternative care site?	

Who assumes command and control of site during an emergency?	
Who makes the decision to open the ACS?	
Scope of care to be delivered (triage, treatment, chronic care, inpatient, etc)	
Target population (ambulatory, triaged as "green", etc)	
Estimated patient capacity	
Anticipated scenarios for use (pan flu, explosive, etc.)	
Estimated amount of time to make site available and prepared to accept patients and equipment	
Has an agreement been signed between facilities?	

Operational Planning Components

Does your plan include:

Item	Yes	No	Comments
Command Structure			
Command Center			
Medical Oversight (e.g., physician orders, standing orders, patient care)			
Notification to appropriate persons when patients are relocated to the ACS			
Notification to patients and their families when patients are relocated to the ACS			
Obtaining Staff			
Housing for staff			
Transportation of staff to/from ACS			
Transportation of patients to/from ACS			
Communications /backup Communications within the ACS			
Communications/backup communications between the ACS and the hospital			
Communications/backup communications between the ACS and appropriate authorities			
Security			
Medical Supplies (to include transporting them to ACS)			
Administrative Supplies (to include transporting them to ACS)			
Medical Equipment (to include transporting it to ACS)			
Non-medical Equipment (e.g., cots, tables, chairs, etc.) (to include transporting it to ACS)			
Pharmaceuticals, to include transportation & secured storage			
Operational support – Food Service			
Operational support (e.g., maintenance, sanitary services, laundry, forklift operator)			
Patient Records			
Counseling			
Family/waiting area			
Decontamination capability			
Morgue capability			
Demobilization Procedures (when to close facility)			
Training and exercises			

Facility Physical Characteristics

Item		Comments	Additional Info/Notes
BUILDING INFRASTRUCTURE			
Building and Perimeter Security: ☐ To monitory patient traffic ☐ To control ingress/egress ☐ To secure perimeter	 **Yes No** **Yes No** **Yes No**	**Describe type of security in place:**	
Doors: ☐ Minimum 33" for gurney	 **Yes No**		
Floors: ☐ Tile or other hard cleanable surface in patient care area ☐ Condition: structurally sound	 **Yes No** **Yes No**		
Roof: ☐ Condition: structurally sound	 **Yes No**		
Walls: ☐ Condition: structurally sound	 **Yes No**		
Corridors: ☐ 36 inches wide	 **Yes No**		
Location Hazards: ☐ Flood Zone (building or access routes to the building) ☐ Danger from falling trees or projectiles (stone ballast roof) in high wind conditions	 **Yes No** **Yes No**		
Loading/Unloading Area: ☐ Supply delivery area able to accommodate semis or box trucks ☐ Do you have a loading area? ☐ Are forklift and/or pallet jack available?	 **Yes No** **Yes No** **Yes No**		

Parking: □ Available? □ Adequate lighting?	 **Yes No** **Yes No**	Approx # of spaces:	
Toilets/Showers:			
□ Are bathrooms/showers accessible without using stairs? □ Are men's & women's bathrooms separate from each other?	**Yes No** **Yes No**		
Men's Room Total number of: □ Toilets/urinals □ Showers		# of toilets/urinals: _____ # of ADA- compliant toilets/urinals: _____ # of showers: _____ # of ADA- compliant showers: _____	
Women's Room Total number of: □ Toilets □ Showers		# of toilets: _____ # of ADA- compliant toilets: _____ # of showers: _____ # of ADA- compliant showers: _____	

Describe other physical features of the facility that will accommodate special needs populations, such as handicapped accessible ramps, doors, door knobs, etc.:

UTILITIES			
Mechanical Ventilation: □ What is the maximum occupancy for the building in routine use?		Standard Occupancy: _____ Building Maximum Occupancy:	

□ Does the air handling system handle that capacity? □ Is the building air conditioned? □ Availability of industrial fans?	 **Yes No** **Yes No** **Yes No**	_____	
Electrical Power: □ Do you have backup power? □ Does it support areas necessary to conduct operations: HVAC Water heaters Adequate Lighting Food service areas Elevators	 **Yes No** **Yes No** **Yes No** **Yes No** **Yes No** **Yes No**		
Water: □ Hot/cold running water available?	 **Yes No**		
Fire Safety: Does the facility have □ Sprinklers □ Fire alarms □ Battery operated smoke detectors □ No smoking signs □ Adequate emergency lighting for hallways and stairs □ Portable fire extinguishers- 2A10BC ABC Dry Chemical If you have answered no to any of these fire safety questions, what interim measures of protection will you take?	 **Yes No** **Yes No** **Yes No** **Yes No** **Yes No** **Yes No** **Yes No** **Yes No**		

Are maintenance records maintained for : ☐ Electrical systems ☐ HVAC systems ☐ Kitchen hoods, vents, ducts	 **Yes No** **Yes No** **Yes No**		

SPACE AND LAYOUT			
☐ What is the approximate square footage per bed? ☐ Are there internal areas that can be locked down and secured?	 **Yes No**	Square footage : _____	
Food Supply and Prep Area: ☐ Full commercial kitchen ☐ Warming kitchen ☐ Partial kitchen ☐ Walk-in refrigerator/freezer	 **Yes No** **Yes No** **Yes No** **Yes No**		
COMMUNICATIONS			
☐ Analog phone lines? ☐ Digital phone lines? ☐ Fax availability? ☐ Portable HAM radio available? ☐ Is there a room with an antenna feed? ☐ If yes, specify antenna type ☐ Wired for internet access?	**Yes No** **Yes No** **Yes No** **Yes No** **Yes No** **Yes No**		

Prepared by: **Date:**

January 8, 2008