



EXTERNAL MEDICAL SURGE POSITION STATEMENT

BACKGROUND

The current Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, does not contain criteria for the establishment of external medical surge emergency services, *i.e.*, Alternate Care Sites, by a licensed hospital.

Pamela M. Dukes, Deputy Commissioner for Health Regulation, issued a memorandum dated January 11, 2008, which established certain requirements for establishing external medical surge emergency services, *i.e.*, Alternate Care Sites (ACS), in an area outside of the licensed inpatient hospital building(s). The memorandum also indicated that Mobile Medical Facilities (MMF) would not be considered ACS for purposes of the memorandum, although MMF can be used as alternative locations for some health care services in emergency situations. It has been determined that the following clarifications of the January 11, 2008, memorandum will be used by the Department to evaluate proposals for the temporary establishment of external medical surge emergency services during emergency situations.

POSITION

1. Hospitals desiring to use an ACS are advised to conduct an assessment of the proposed ACS location with the *Alternate Care Site Preliminary Assessment Form* (see Appendix A) and submit the proposal to the Department's Division of Health Licensing. The Department will not authorize activation of an ACS unless the hospital has provided the preliminary assessment information.

a. The preliminary assessment is a tool used to help determine if a proposed ACS is planned, designed, and equipped to provide adequate accommodations for the care, safety, and treatment of each patient (see Appendix B, *Hospital Alternate Care Site Planning Guide*).

b. Once a location has been identified, the Department 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.

2. In the event that an MMF, *e.g.*, SC Med Unit or Federal Medical Station (FMS),:

- is requested by a hospital via the SC Regional EOC;
- is established and operated within the hospital campus; and
- the hospital provides staffing, equipment, and/or supplies,

the Department has determined that this event is considered to be an internal medical surge emergency situation, *i.e.*, the expansion beyond licensed capacity would not be a regulatory issue by the Department, in accordance with the January 11, 2008 Health Regulation memorandum.

3. In the event that an MMF, *e.g.*, SC Med Unit or FMS,:

- is requested by a hospital via the SC Regional EOC;
- is not established nor operated within the hospital campus; and
- the hospital provides staffing, equipment, and/or supplies,

the Department has determined that this event is considered to be an external medical surge emergency situation (Alternate Care Site), *i.e.*, there would be no additional licensure requirements.

Note: The Department has determined that the participation of more than one licensed hospital in an external medical surge emergency situation at a common location would not be a licensing concern if a single hospital takes the lead role of the common Alternate Care Site, as defined in the January 11, 2008 Health Regulation memorandum.



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4. In the event that an SC Med Unit is requested by an SC Health Region (or SC agency), the Department has determined that this event is an emergency response to community needs, *i.e.*, there would not be a regulatory issue by the Department.
5. In the event that an FMS is requested by an SC Health Region (or SC agency) and the responsibility for the establishment and operation is retained by the federal government, the Department would have no regulatory authority over a health care facility owned and operated by the federal government.
6. In the event that an FMS is requested by an SC Health Region (or SC agency) and the responsibility for the establishment and operation is transferred from the federal government to an agency of the state of South Carolina, *e.g.*, SC Department of Mental Health, the Department will consider licensing issues on a case-by-case basis.

Pamela M. Duker

3/17/09

Pamela M. Duker, Deputy Commissioner
Health Regulation

APPENDIX A

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.

Alternate Care Site Preliminary Assessment

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: <ul style="list-style-type: none"> • To monitor patient traffic • To control ingress/egress • To secure perimeter 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe type of security in place:	
Doors: <ul style="list-style-type: none"> • Minimum 33" for gurney 	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Floors: <ul style="list-style-type: none"> • Tile or other hard cleanable surface in patient care area • Condition: structurally sound 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Roof: <ul style="list-style-type: none"> • Condition: structurally sound 	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Walls: <ul style="list-style-type: none"> • Condition: structurally sound 	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Corridors: <ul style="list-style-type: none"> • 36 inches wide 	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Location Hazards: <ul style="list-style-type: none"> • Flood Zone (building or access routes to the building) • Danger from falling trees or projectiles (stone ballast roof) in high wind conditions 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Loading/Unloading Area: <ul style="list-style-type: none"> • Supply delivery area able to accommodate semis or box trucks • Do you have a loading area? • Are forklift and/or pallet jack available? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		

Parking: <ul style="list-style-type: none"> • Available? • Adequate lighting? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Approx # of spaces:	
Toilets/showers:			
<ul style="list-style-type: none"> • Are bathrooms/showers accessible without using stairs? • Are men's & women's bathrooms separate from each other? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Men's Room Total number of: <ul style="list-style-type: none"> • Toilets/urinals • Showers 		# of toilets/urinals: _____ # of ADA- compliant toilets/urinals: _____ # of showers: _____ # of ADA- compliant showers: _____	
Women's Room Total number of: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • What is the maximum occupancy for the building in routine use? 		Standard Occupancy: _____ Building Maximum Occupancy: _____	

<ul style="list-style-type: none"> • Does the air handling system handle that capacity? • Is the building air conditioned? • Availability of industrial fans? 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>_____</p>	
<p>Electrical Power:</p> <ul style="list-style-type: none"> • Do you have backup power? • Does it support areas necessary to conduct operations: <p>HVAC</p> <p>Water heaters</p> <p>Adequate Lighting</p> <p>Food service areas</p> <p>Elevators</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>Water:</p> <ul style="list-style-type: none"> • Hot/cold running water available? 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>Fire Safety:</p> <p>Does the facility have</p> <ul style="list-style-type: none"> • Sprinklers • Fire alarms • Battery operated smoke detectors • No smoking signs • Adequate emergency lighting for hallways and stairs • Portable fire extinguishers- <p>2A10BC</p> <p>ABC Dry Chemical</p> <p>If you have answered no to any of these fire safety questions, what interim measures of protection will you take?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		

Are maintenance records maintained for : <ul style="list-style-type: none"> • Electrical systems • HVAC systems • Kitchen hoods, vents, ducts 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
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SPACE AND LAYOUT			
<ul style="list-style-type: none"> • What is the approximate square footage per bed? • Are there internal areas that can be locked down and secured? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Square footage : _____	
Food Supply and Prep Area:			
<ul style="list-style-type: none"> • Full commercial kitchen • Warming kitchen • Partial kitchen • Walk-in refrigerator/freezer 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
COMMUNICATIONS			
<ul style="list-style-type: none"> • 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 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		

Prepared by:

Date:

APPENDIX B

Hospital Alternate Care Site Planning Guide

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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.

F. 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

January 8, 2008

- 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)