BOARD:
Elizabeth M. Hagood
Chairman

Edwin H. Cooper, III
Vice Chairman

L. Michael Blackmon
Secretary

C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

BOARD:
Carl L. Brazell

Steven G. Kisner

Paul C. Aughtry, III

Coleman F. Buckhouse, MD

May 2, 2007

To: Hospital Administrators

From: Dennis L. Gibbs, Director
Division of Health Licensing

Subject: Alternate Care Sites

When approved by the Division of Health Licensing, an Alternate Care Site (ACS) can be operated under the authority of a hospital's license during a mass casualty emergency. A non-healthcare or a healthcare location that normally offers non-inpatient services outside the main hospital building may be designated for use as an ACS. Alternate care sites may be located at such locations as ambulatory surgery facilities, renal dialysis centers, vacated stores, or in tents set up during the emergency. ACS locations must be pre-approved by the Division of Health Licensing for the delivery of hospital services. Alternate care sites can only be operated during emergencies and permission must be received from the Division of Health Licensing to open the site. To open an ACS there must be a need to open the off-site location to meet the projected demand for hospital services.

The patients who may be served at an ACS are those who do not require mechanical ventilation or advanced life support. Patients needing advanced airway management shall not be cared for at an ACS. The types of services that are appropriate for an ACS include, but are not limited to: triage, inpatient and outpatient non-life threatening care and patient stabilization.

Hospitals that are planning to have the capability to open an alternate care site during emergencies must submit to the Division of Health Licensing for pre-approval:

- The address of the proposed ACS
- The patient capacity of ACS

Locations will not be pre-approved for use as an ACS until after the above information has been reviewed and accepted by the Division of Health Licensing.

A hospital may submit to the Division of Health Licensing a request for pre-approval of a location(s) as a proposed ACS at any time. The Division of Health Licensing will review the submitted request and coordinate with the Division of Health Facilities Construction to determine if any additional information will need to be submitted before

approving the location. Once a location is approved as an ACS by the Division of Health Licensing, the location will retain its status as an ACS unless modifications are made to the site. Any modifications to the site e.g., renovations, construction, demolition, should be reported in writing to the Division of Health Licensing.

Every ACS shall be planned, designed and equipped to provide adequate accommodations for the care, safety, and treatment of each patient. Buildings selected for ACS shall substantially comply with pertinent laws, codes, ordinances and standards with reference to design and construction.

Once a location has been pre-approved, the Department will send a letter confirming that the location has been approved as appropriate for future use as an ACS. If a hospital desires to open a pre-approved location as an ACS during an emergency, the facility must request that the Department concur that an emergency requiring the use of an ACS exists by contacting the Director of the Division of Health Licensing at (803) 545-4370, or the Director of the Bureau of Health Facilities Regulation at (803) 545- 4370, or the Assistant Deputy Commissioner for Health Regulation at (803) 545-4200.

Other issues, such as staffing, food service, equipment requirements, medication management, medical records, and physician orders should be planned for and addressed in facilities' policies and procedures and emergency planning documents.

Any additional questions should be directed to Randy Clark or Nancy Maertens, the Division of Health Licensing at (803) 545-4370.

DLG/ROC/roc

cc: J. Thornton Kirby
James R. Walker
Karen Price
Beverly Patterson
Nancy S. Layman
Matthew S. Penn
Frank Montgomery