

California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies

Government-Authorized Alternate Care Site Training Guide



California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies

Foundational Knowledge

Volume I: Hospitals

Volume II: Government-Authorized Alternate Care Sites

Volume III: Payers

Volume IV: Licensed Healthcare Clinics (available 2008)

Volume V: Long-Term Care Facilities (available 2008)

Volume VI: Licensed Healthcare Professionals (available 2008)

Hospital Operational Tools Manual

Government-Authorized Alternate Care Site Operational Tools Manual

Foundational Knowledge Training Guide

Hospital Training Guide

Government-Authorized Alternate Care Site Training Guide

Payer Training Guide

Reference Manual

Cover Images Production Rights:

- Stephen Chernin / Getty Images
- Image published with permission from Healthcare Purchasing News January 2007

What are the learning objectives for the Government-Authorized Alternate Care Site training course?

Learning Objectives **Government-Authorized Alternate Care Sites**

ACS

This training course is intended to serve as an overview of the content in the Government-Authorized Alternate Care Site Volume of the Surge Standards and Guidelines Manual. It is designed to be used as tool for Local Health Departments developing training programs on their surge plans. Local Health Departments should use this training course as a starting point and customize it to include community specific surge planning objectives.

Upon completion of this course, you will be able to:

- Define a government-authorized Alternate Care Site and understand when it will be established during a healthcare surge.
- Describe the roles and responsibilities of local government and the Alternate Care Site Planning Team.
- With regard to Facility Selection:
 - Discuss the considerations for selecting a facility, including: roadway access, security, building size, and physical configuration.
- With regard to Staffing:
 - Discuss how to maintain staff and maximize efficiency during a healthcare surge.
 - List the credentialing and personnel verification procedures for clinical staff at an Alternate Care Site.
 - Describe the role of the Alternate Care Site Command staff.
 - Identify immunities from liabilities that exist for volunteers.

California Department of Public Health / 1

Volume II: Alternate Care Sites

What are the learning objectives for the Government-Authorized Alternate Care Site training course?

Learning Objectives

Government-Authorized Alternate Care Sites *(continued)*

ACS

Upon completion of this course, you will be able to:

- With regard to Supplies, Pharmaceuticals and Equipment:
 - List considerations for the types and quantities of supplies, pharmaceuticals, and equipment to acquire prior to and during a catastrophic event and the methods to obtain these resources
 - Describe when to use Personal Protective Equipment.
 - Explain how to handle storage, staging, distribution and deployment of supplies, pharmaceuticals and equipment
- With regard to Operations of an Alternate Care Site:
 - Plan for operational processes, such as patient management, security services, environmental services, hazardous waste management, mass fatality management, and staff training methods.

California Department of Public Health / 2

What are the learning objectives for the Government-Authorized Alternate Care Site training course?

Learning Objectives

Government-Authorized Alternate Care Sites *(continued)*

ACS

Upon completion of this course, you will be able to:

- With regard to Administration of Alternate Care Sites:
 - Describe processes to track patients, register patients, document medical records, and record retention.
 - Explain disease reporting requirements at an Alternate Care Site, HIPAA compliance requirements, and California State Privacy Laws that are relevant to the operations of an Alternate Care Site.
- With regard to Reimbursement:
 - Understand the role of the Federal Emergency Management Agency during the declaration of a federal state of emergency.

California Department of Public Health / 3

What are the learning objectives for the Government-Authorized Alternate Care Site training course?

Learning Objectives **Government-Authorized Alternate Care Sites (*continued*)**

ACS

Upon completion of this course, you will be able to:

- With regard to Alternate Care Site activation:
 - Describe the considerations for a successful activation of an Alternate Care Site.
 - Explain how to perform a facility assessment.
- With regard to Alternate Care Site closure:
 - Describe who will decide when an Alternate Care Site will shut down.
 - List the tasks associated with the shut down of Alternate Care Site operations.

California Department of Public Health / 4

Who will benefit from this course?

Government-Authorized Alternate Care Sites Overview

ACS

Target audience for this course

- Local Health Department personnel with responsibilities relating to the planning for the establishment and operations of a Government-Authorized Alternate Care Sites.
- This audience includes local government, local public health officers and community healthcare leaders.

Intent of this course

- To assist local government, Local Health Departments and the local community healthcare systems in better preparing for and responding to a catastrophic emergency.
- To be a starting point for local planning

California Department of Public Health | 5

What is a government authorized Alternate Care Site?

Definition and Description of Government-Authorized Alternate Care Sites, Government-Authorized Alternate Care Sites, Section 2

ACS

A Government-Authorized Alternate Care Site is a location that is not currently providing healthcare services and will be converted to enable the provision of healthcare services to support, at a minimum, inpatient and/or outpatient care required after a declared catastrophic emergency. These specific sites are not part of the expansion of an existing healthcare facility (i.e., extensions of general acute care hospitals, clinics, or long-term care facilities), but rather are designated under the authority of the local government.

California Department of Public Health / 6

What is the objective for establishing a Government-Authorized Alternate Care Site?

Definition and Description of Government-Authorized Alternate Care Sites, Government-Authorized Alternate Care Sites, Section 2 (continued)

ACS

- An Alternate Care Site:
 - Will be established only when it is anticipated that all other healthcare resources are exhausted.
 - **DOES** include mobile field hospitals, schools, shuttered hospitals, stadiums, arenas, churches, and other facilities not currently licensed to provide healthcare services that, under the authority of local government, are designated as an Alternate Care Site to help absorb the patient load after all other healthcare resources are exhausted.
 - **DOES NOT** include sites that are established as part of an expansion of existing healthcare facilities, such as tents set up for patient care in the parking lot of a hospital, or sites set up for patient triage by Emergency Medical Services, such as field treatment sites.
- The objective for establishing an Alternate Care Site is to absorb the patient load until the local healthcare system (e.g., hospitals, clinics, long term care facilities) can manage the demands of patients.

California Department of Public Health | 7

What patient types could present at an Alternate Care Site?

What will drive level of care?

What types of facility can be used for an Alternate Care Site?

Definition and Description of Government-Authorized Alternate Care Sites, Government-Authorized Alternate Care Sites, Section 2 (continued)

ACS

There are three basic criteria to consider that will drive the healthcare surge capacity of an Alternate Care Site:

Patient Type

- Patients presenting at an Alternate Care Site can be classified into the following patient types: Inpatient/Outpatient, Critical, and Supportive.

Level of Care

- The level of care in an Alternate Care Site will be driven by resource availability.
- At a minimum, Alternate Care Sites should have the ability to provide both inpatient/outpatient healthcare services in order to meet patient demands and alleviate the existing healthcare system during a healthcare surge.

Facility Type

- When selecting a site for an Alternate Care Site facility, planners should consider the patient type and level of care, because these factors will determine the requirements for the facility.
- Suggested facilities include, but are not limited to: arenas, football fields, churches, gyms, community centers, parking lots, fairgrounds, medical shelters, shuttered hospitals, mobile field hospitals and campus dormitories.

California Department of Public Health / 8

Additional Notes



Patient Type

While it is difficult to predict the needs of patients that will be presenting at an Alternate Care Site, general assumptions can be made based on the type of catastrophic emergency. A biological emergency may result in patients who present at an Alternate Care Site with isolation requirements; a chemical, radiological or a nuclear emergency may result in patients who require decontamination. However, in any scenario, basic patient care requirements of an Alternate Care Site will need to accommodate the variety of types of patients that present. These requirements can be classified by three patient types:

- Inpatient/Outpatient: Patient presents with inpatient care requirements or general outpatient care requirements.
- Critical: Patient presents with complex and/or critical care requirements, such as surgery or Intensive Care Unit needs.
- Supportive: Patient presents with palliative care requirements or an existing condition with maintenance care requirements (e.g., renal failure, diabetes).

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 2: Definition and Description of Government-Authorized Alternate Care Sites** for additional information.

Volume II: Alternate Care Sites

Who has the authority to establish an Alternate Care Site?

Authority to Establish a Government-Authorized Alternate Care Site, Government-Authorized Alternate Care Sites, Section 3

ACS

- Under the California Department of Public Health (CDPH) Pandemic Influenza Response Plan, responsibility for identifying and planning for government authorized Alternate Care Sites resides with the Local Health Department .
- The Local Health Department is **not** expected to operate the Alternate Care Sites.
- CDPH acknowledges that most local governments are not currently providing direct patient care, and that successful planning for a government-authorized Alternate Care Site is a community planning responsibility dependent on the expertise of existing healthcare providers, local law enforcement and other government and private resources.

California Department of Public Health / 9

Additional Notes



An Alternate Care Site must be established and operated under the Standardized Emergency Management System (SEMS) emergency response structure.

Guidance



Refer to **Foundational Knowledge, Section 3.9: Standardized Emergency Management System**, for additional information.

Volume II: Alternate Care Sites

Who will plan for the establishment of an ACS?

Alternate Care Site Planning Government-Authorized Alternate Care Sites, Section 4

ACS

- It is recommended that Local Health Departments work with local government to formalize an Alternate Care Site Planning Team to establish the minimum planning and operational requirements for establishing an Alternate Care Site. The team should include individuals with expertise in the following areas, and who ideally will have knowledge about operating under emergency conditions:
 - Disaster response/emergency management coordination (management, coordination of work with involvement of multiple entities)
 - Organization of clinical care
 - Clinical staffing
 - Facility set-up, operations, and management
 - Security
 - Patient transport
 - Patient information management
 - Procurement and coordination of supplies, equipment and pharmaceuticals
 - Engineering

California Department of Public Health / 10

Additional Notes



The Alternate Care Site Planning Team should engage in community-based planning efforts as they prepare to establish a government-authorized Alternate Care Site. The inclusion of non-healthcare entities in the community is an important element of the community-based surge capacity planning, and those entities should be integrated into planning efforts.

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 4.1: Developing the Alternate Care Site Planning Team**, for additional information.

Volume II: Alternate Care Sites

Who are community partners that can be integrated into the Alternate Care Site Planning Team?

Alternate Care Site Planning Government-Authorized Alternate Care Sites, Section 4 (continued)

ACS

Developing the Alternate Care Site Planning Team

- The Alternate Care Site Planning Team should include and integrate public and private partners in the community in both planning for and operation of Alternate Care Sites.
- Community participants include, but are not limited to:
 - Local, State and federal Organizations (i.e. law enforcement, fire and corner)
 - Volunteer Organizations (i.e. Medical Reserve Corps)
 - Commercial Organizations and Business Partners (i.e. Chamber of commerce)
 - Community Organizations (i.e. Veterinary shelters/pet boarding and care)

California Department of Public Health / 11

Additional Notes



The Alternate Care Site Planning Team should engage in community-based planning efforts as they prepare to establish a government-authorized Alternate Care Site. The inclusion of non-healthcare entities in the community is an important element of the community-based surge capacity planning, and those entities should be integrated into planning efforts.

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 4.1: Developing the Alternate Care Site Planning Team**, for additional information on public and private community partners.

Volume II: Alternate Care Sites

What are some general planning considerations for the establishment of an Alternate Care Site?

Alternate Care Site Planning Government-Authorized Alternate Care Sites, Section 4 (continued)

ACS

General Planning Considerations for Alternate Care Sites

- The Alternate Care Site Planning Team should consider two types of catastrophic events when planning for the establishment of an Alternate Care Site:
 - A generic catastrophic event (conventional terrorism or war, weapon of mass destruction or natural disaster)
 - An infectious agent or communicable disease epidemic (e.g., small pox, flu, severe acute respiratory syndrome)
- Successful establishment of an Alternate Care Site will require the Alternate Care Site Planning Team to ensure that an Alternate Care Site has adequate medical resources to meet the event-specific patient care needs

California Department of Public Health / 12

Additional Notes



The successful establishment and operation of an Alternate Care Site is, by its very nature, a complex undertaking with a variety of issues to be addressed. As with all aspects of emergency preparedness, these issues are best investigated and planned for well before an event that necessitates their implementation.

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 4.2: General Planning Considerations for Alternate Care Sites**, for additional information.

Reference



Refer to **AHRQ Publication No. 06-0029, "Reopening Shuttered Hospitals to Expand Surge Capacity,"** for additional information on general planning considerations for a generic catastrophic emergency and infectious agent or communicable disease epidemic.

Volume II: Alternate Care Sites

What is the expected patient surge associated with a pandemic influenza in California?

Alternate Care Site Planning Government-Authorized Alternate Care Sites, Section 4 (continued)

ACS

Planning for Pandemic Influenza

- Under expected patient surge associated with pandemic influenza, the primary assumptions are that 25% of the population will become ill, 4.4% of those who become ill will be admitted to the hospital, 15% of those admitted will require intensive care unit care and 7.5% will require ventilator care.
- California may require the ability to treat 58,723 patients above existing daily staffed bed capacity.
- While medical surge would exist throughout the pandemic, the greatest need for surge capacity is expected to occur in 2-3 waves of 6-8 weeks over an 18-24 month period. The highest demand is projected to occur in week 5 of the first cycle.

California Department of Public Health / 13

Additional Notes



The numbers provided in the Pandemic Influenza Surge Estimates are a starting point for planning; however, if the pandemic influenza is more severe, these surge numbers could increase by two or three fold.

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 4.3: Planning for Pandemic Influenza**, for additional information.

During a healthcare surge, when is a government-authorized Alternate Care Site established?

When to Establish an Alternate Care Site Government-Authorized Alternate Care Sites, Section 5

ACS

As existing healthcare facility assets become exhausted during a healthcare surge local government will have a responsibility to step in and establish a Alternate Care Site. The expansion of the healthcare delivery system during a healthcare surge will include:

Phase 1: Catastrophic Emergency Occurs, Healthcare Surge Is Declared

When a catastrophic emergency occurs, affected individuals will move or be relocated to the most appropriate available facility. When the influx of patients exceeds capacity, existing healthcare facilities will call upon local government to determine whether to declare a healthcare surge.

Phase 2: Patients Transferred to Additional Healthcare Facility Entities Upon Surge - Capacity Overload

Upon capacity overload, individuals may be transferred to additional healthcare facilities. Neighboring state and/or federal resources will also be requested to help alleviate the patient demand on the local healthcare system.

Phase 3: Establishment of Government-Authorized Alternate Care Site

Once it has been decided that Alternate Care Sites are needed, 72 hours or more may be required to set up a site. At this point, less critical patients will be directed to an Alternate Care Site rather than to hospitals.

California Department of Public Health / 14

Additional Notes



As defined in Foundational Knowledge:

A healthcare surge is proclaimed in a local jurisdiction when an authorized local official, such as a local health officer or other appropriate designee, using professional judgment determines, subsequent to a significant emergency or circumstances, that the healthcare delivery system has been impacted, resulting in an excess in demand over capacity in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources and/or emergency medical services. The local health official uses the situation assessment information provided from the healthcare delivery system partners to determine overall local jurisdiction/Operational Area medical and health status.

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 5: When to Establish a Government-Authorized Alternate Care Site** for additional information.

Volume II: Alternate Care Sites

What is the Incident Command System (ICS)?

Incident Command System Government-Authorized Alternate Care Sites, Section 6

ACS

- SEMS/NIMS is based on the concept of the Incident Command System which organizes emergency management during an incident response through eight core concepts:
 - common terminology
 - integrated communications
 - modular organizations
 - unified command structures
 - manageable span of control
 - consolidated action plans
 - comprehensive resource management
 - pre-designated incident facilities
- Within an Alternate Care Site, a modified Incident Command System structure will need to be established in order to accomplish patient care objectives within the Alternate Care Site and connect to the Unified Command System for resources.

California Department of Public Health / 15

Guidance



Refer to **Foundational Knowledge, Section 3.9: Standardized Emergency Management System** for additional information.

What functions within the Incident Command System should be filled at an Alternate Care Site?

Incident Command System Government-Authorized Alternate Care Sites, Section 6 (continued)

ACS

The following Incident Command System functions should be filled in an Alternate Care Site:

- **Command:** Retains overall responsibility for effective performance of the Alternate Care Site and oversight of the following management sections:
 - **Operations Section:** Responsible for managing the tactical operations that achieve the incident objectives which focus on reduction of the immediate hazard, saving lives and property, establishing situational control, and restoration of normal operations.
 - **Logistics Section:** Responsible for all support requirements needed to facilitate effective and efficient incident management, including ordering resources from off-site locations.
 - **Planning Section:** Responsible for collecting, evaluating, and disseminating incident situation information and intelligence to the Alternate Care Site Command or Unified Command and incident management personnel.
 - **Administration/Finance:** Supports management and operations by addressing specific needs for financial, reimbursement (individual and agency or department), and/or administrative services to support incident management activities.

California Department of Public Health / 16

Guidance



Refer to **Foundational Knowledge, Section 3.9: Standardized Emergency Management System** for additional information.

Volume II: Alternate Care Sites

How will the standard of care shift during a healthcare surge?

Patient Care Government-Authorized Alternate Care Sites, Section 7

ACS

Standard of Care

- The standard of care provides a framework to identify and evaluate objectively the professional responsibilities of licensed personnel, and permits individual licensed personnel to be rationally evaluated to ensure that is safe, ethical and consistent with the professional practice of the licensed profession in California.
- Standard of care during a healthcare surge is defined as the utilization of skills, diligence and reasonable exercise of judgment in furtherance of optimizing population outcomes that a reasonably prudent person or entity with comparable training, experience or capacity would have used under the circumstances.
- During a healthcare surge, the standard of care will shift from focusing on patient-based outcomes to population-based outcomes.

California Department of Public Health / 17

Additional Notes



It is important to recognize that the "standard of care" in California is based on what a reasonably prudent person with similar knowledge and experience would do under similar circumstances. As such, it is dependent to a certain degree on the type of provider and their respective scope of practice each provider is licensed or authorized to provide. The standard of care provides a framework to identify and evaluate objectively the professional responsibilities of licensed personnel, and permits individual licensed personnel to be rationally evaluated to ensure that is safe, ethical and consistent with the professional practice of the licensed profession in California. Standard of care is a legal concept that encompasses the diagnosis and treatment of patients and the overall management of patients.

Guidance



Refer to **Government-Authorized Alternate Care Sites, Section 7.1: Standard of Care** for additional information.

What will determine the services that an Alternate Care Site can provide during a healthcare surge?

What type of laboratory testing should be performed at an Alternate Care Site?

Patient Care Government-Authorized Alternate Care Sites, Section 7 (continued)

Patient Care Provided at an Alternate Care Site

- The Alternate Care Site Planning Team should recognize that services provided at an Alternate Care Site will not include all services found in hospitals as care at an Alternate Care Site will be determined by resource availability and event-specific patient needs as well as by patient types.

Laboratory Testing

- Rather than try to establish a laboratory in an Alternate Care Site, it will be easier to employ bedside point-of-care testing for common tests, and use courier service to private laboratory testing companies or other hospitals for more advanced tests.

California Department of Public Health / 18

Additional Notes



It is likely that limited laboratory testing will be performed at an Alternate Care Site, with the possible exception of an Alternate Care Site treating complex critical patients.

What are some planning considerations for managing patients in the event of a hazardous exposure?

Patient Care Government-Authorized Alternate Care Sites, Section 7 (continued)

ACS

Patient Decontamination

- An Alternate Care Site should have a plan/program for radioactive, biological, and chemical isolation and decontamination.
- Some of the key recommendations for protecting healthcare providers and managing patients at an Alternate Care Site in the event of hazardous exposure include:
 - Alternate Care Sites are encouraged to establish relationships and notification procedures with appropriate local agencies (e.g., local Emergency Medical Systems)
 - During a hazardous material catastrophic emergency, an Alternate Care Site will play an important role in triaging, treating, decontaminating and medically screening patients as necessary. It is recommended that:
 - » Alternate Care Sites work collaboratively with the community and local government to meet the challenges of a surge of contaminated patients.
 - » Alternate Care Sites be prepared for potentially contaminated patients who self-refer and present to the Alternate Care Site.

California Department of Public Health / 19

Additional Notes



Additional planning considerations may include:

- Establishing a “fast track” decontamination line for patients with severe or life-threatening symptoms, delivering basic life-saving treatment during decontamination if time and situation allow
- Establishing a separate decontamination area for patients that require secondary and/or technical decontamination if primary decontamination is not adequate
- Establishing a separate “lane” for patients arriving by Emergency Medical Systems transport that have been decontaminated on scene so that these patients can be quickly assessed for adequacy of decontamination and be triaged to medical screening more quickly

Volume II: Alternate Care Sites

What are the considerations for selecting an Alternate Care Site facility?

Facility Selection

Government-Authorized Alternate Care Sites, Section 8

ACS

- The selection of the Alternate Care Site location is critical for the successful operations of the Alternate Care Site. **It is recommended that the Alternate Care Site Planning Team determine the appropriate individuals to participate in the facility assessment. Appropriate individuals would include, but are not limited to, security professionals, supply and equipment contractors, and environmental engineers.**
- The following are considerations for the designated Alternate Care Site Planning Team members as they assess potential Alternate Care Site locations:
 - Site Selection
 - Roadway Access and Security.
 - Building Size Considerations
 - Building Security
 - Clinical Considerations
 - Physical Configuration

California Department of Public Health / 20

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 8: Facility Selection** for additional information.

What type of contract should the Alternate Care Site Planning Team consider when selecting a facility for an Alternate Care Site?

Facility Selection
Government-Authorized Alternate Care Sites, Section 8
(continued)

ACS

Facility Contract Considerations

- A contract is generally required to secure premises for operating an Alternate Care Site on a private, public or tribal property.
- The Alternate Care Site Planning Team should enter into formal agreements for the acquisition of facility locations under the authority of local government in the event of a declared healthcare surge.
- A memorandum of understanding or letter of arrangement is recommended to be established between the local government, Local Health Department, and facility owners.

California Department of Public Health / 21

Tools



A sample **Memorandum of Understanding template** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**.

Volume II: Alternate Care Sites

What facility liability protections exist for Alternate Care Site facilities?

Facility Selection Government-Authorized Alternate Care Sites, Section 8 (continued)

ACS

Facility Liability Protections

- California statute provides facility owners with liability protection for use of their facility during an emergency. The following provisions can be cited to facility owners to address concerns regarding liability:
 - **California Civil Code Section 1714.5** defines the qualified immunities for facility liability claims at an Alternate Care Site.
 - **California Civil Code Section 1714.6** states that “during a declaration of a disaster by the Governor, if an Alternate Care Site is established to mitigate the effects of an emergency, no liability shall fall on the owners of the Alternate Care Site facilities, unless an act of willful omission is committed”

California Department of Public Health | 22

Additional Notes



California Civil Code Section 1714.5 defines the qualified immunities for facility liability claims at an Alternate Care Site: “no person who enters a designated building or premises for refuge, treatment, care or assistance during an emergency has a cause of action for personal injuries against one who owns or maintains any building or premises designated as a shelter or mass care center, first aid station, temporary hospital annexes or as other necessary facilities for mitigating the effects of an emergency. Designation obtained from any disaster council or any public office, body or officer of the State or United States, unless willful act of such owner or occupant.”

California Civil Code Section 1714.6 further defines that “no person shall be liable for negligence as a matter of law, or prosecuted for violation of any statute or ordinance, where the act or omission involved was required in order to comply with any regulation, directive, or order of the Governor under the California Emergency Services Act. During a declaration of a disaster by the Governor, if an Alternate Care Site is established to mitigate the effects of an emergency, no liability shall fall on the owners of the Alternate Care Site facilities, unless an act of willful omission is committed.”

Why will there be limited availability of medical professionals to staff an Alternate Care Site during a healthcare surge?

Staffing

Government-Authorized Alternate Care Sites, Section 9

ACS

- A critical aspect of planning for the operation of an Alternate Care Site is the development of a plan for the acquisition and effective use of the workforce.
- A catastrophic event will likely limit the number of medical professionals available to treat patients in an Alternate Care Site since many may already be providing care at other healthcare facilities, or may be among the population requiring care after a catastrophic emergency.
- The Alternate Care Site Planning Team should proactively develop a plan to quickly identify sources for the acquisition of medical professionals and support staff to provide services at an Alternate Care Site.

California Department of Public Health / 23

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 9: Staffing** for additional information. The recommended guidelines and operational tools identified in this section can be used by Alternate Care Site planners to begin developing or adapting surge and disaster response plans as necessary to ensure appropriate and adequate personnel coverage during a surge.

What are the considerations for staffing needs at an Alternate Care Site?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Planning for the Workforce

- The Alternate Care Site Planning Team should consider staffing needs for all of the following:
 - site setup
 - site administration
 - clinical and allied health staff
 - support staff
 - staff needed for the incident command system within the site

- An Alternate Care Site should plan for staffing for the first three-seven days of operation.

California Department of Public Health / 24

Additional Notes



It is recommended that an Alternate Care Site plan for staffing for the first three-seven days of operation. During this time period, especially if other healthcare facilities are involved, there may not be the ability to call upon other organizations for assistance or to begin to recruit volunteers to assist, given the time necessary to implement these processes.

Reference



Refer to AHRQ Publication **No. 06-0029, “Reopening Shuttered Hospitals to Expand Surge Capacity”** for additional information on the level of staffing across the spectrum of staff needed to operate an Alternate Care Site.

Tools



A chart depicting **Estimated Staffing Levels for Healthcare Surge Scenarios** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The chart includes suggested numbers of clinical, supportive and command staff needed per site or per patient for Alternate Care Site operations.

What are the considerations for set-up of an Alternate Care Site?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Setup Staff

- The Alternate Care Site Planning Team should first determine how many staff will be necessary to set up the Alternate Care Site. Set up considerations include, but are not limited to:
 - where the supplies and equipment will be stored;
 - the condition of the buildings that will be used as Alternate Care Sites
 - cleaning needs
 - configuration of setup
 - electrical needs
 - engineering needs
 - set-up of tents, if necessary

California Department of Public Health / 25

Additional Notes



A key decision is who will set up the Alternate Care Site. Staffing solutions may include a mix of public and private resources.

Volume II: Alternate Care Sites

What are the considerations for set-up of an Alternate Care Site?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Setup Staff (continued)

- The Alternate Care Site Planning Team should consider assessing areas within local government that have limited or no response role during an emergency or private entities that could be on-call to provide staff that have the capacity for setup of Alternate Care Sites. Considerations should be given to:
 - Red Cross
 - Boy Scouts
 - Large businesses such as department stores

California Department of Public Health / 26

Additional Notes



Potential options of additional resources to assist with the set-up an Alternate Care Site include: a private vendor such as a housecleaning service for initial cleaning the site or an engineering company to assist in configuring the site. Local government should develop memoranda of understanding/contracts with these resources to describe the conditions and expectations for the scope of work to be performed during set-up. The designated site set-up staffing resources should participate in training and exercises to test the process.

What are the considerations for the acquisition of a clinical staff at an Alternate Care Site?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Clinical Staff

- Acquiring clinical staff to provide care at an Alternate Care Site should be a key consideration during planning for the operations of an Alternate Care Site.
- The Alternate Care Site Planning Team should consider using non-practicing licensed healthcare professionals, exploring the use of registries for acquiring medical staff, examining local government resources and establishing relationships with existing hospitals, clinics, private physician offices, and medical schools for the recruitment of an Alternate Care Site clinical workforce.
- A potential source for the acquisition of clinical staff is through the California Medical Volunteers. The Emergency Medical Services Authority developed the California Medical Volunteers (California's Emergency System for the Advanced Registration of Volunteer Health Professionals [ESAR-VHP]) which is an electronic registry for licensed nurses, physicians, and paramedics to register for emergency or disaster service.

California Department of Public Health / 27

Additional Notes



The Alternate Care Site Planning Team should consider the following for the acquisition of an Alternate Care Site clinical workforce: non-practicing licensed healthcare professionals, explore the use of registries for acquiring medical staff, examine local government resources and establish relationships with existing hospitals, clinics, private physician offices, and medical schools.

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 9.3: Clinical Staff** for clinical staffing suggestions for a 50 inpatient site.

What will determine the level of care at an Alternate Care Site?

Staffing
Government-Authorized Alternate Care Sites, Section 9
(continued)

ACS

Clinical Staff *(continued)*

- It is difficult to determine how many clinical staff will be needed to provide care in an Alternate Care Site. The level of care delivered will be highly dependent on the availability of staff and healthcare resources.
- Staffing plans should be flexible to cover clinical roles with the available staff. The Alternate Care Site Planning Team should consider the best use of clinical staff supplemented with support staff and family members.
 - For example, expanding the role of a Licensed Vocational Nurse or having family members monitor patient vital signs subsequent to just-in-time training would extend the use of limited staff.
- Specific scenario driven patient needs will also impact staffing needs.
 - For example, during a pandemic influenza, additional respiratory therapists or staff trained in this function will be needed.

California Department of Public Health | 28

How can resources for an Alternate Care Site clinical workforce be acquired outside local resources?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Clinical Staff (continued)

- Even with local planning, staffing an Alternate Care Site may require staffing resources beyond local availability. Additional staffing resources must be requested through SEMS/NIMS.
- Staffing resources that can be accessed through SEMS/NIMS are regional, state, and federal assets such as Medical Reserve Corps, Community Emergency Response Teams, Disaster Medical Assistance Teams/ California Medical Assistance Teams, Ambulance Strike Teams, and Mission Support Teams.
- In addition, a statewide emergency volunteer recruitment plan will be implemented over the next 12-18 months.

California Department of Public Health / 29

Additional Notes



Even with local planning, staffing an Alternate Care Site may require staffing resources beyond local availability. Additional staffing resources must be requested through SEMS/NIMS. Requests for staff will be made from the Alternate Care Site Command to the Unified Command. Staffing requests should be as specific as possible to ensure resource needs are met. For example, when requesting a Registered Nurse, the Alternate Care Site Command should identify specific skill sets needed. During catastrophic events resulting in scarcity of resources, resource requests will be prioritized by policymakers within the SEMS/NIMS structure and some resource requests may be unfilled.

Guidance



Refer to **Foundational Knowledge, Section 3.9: Standardized Emergency Management System** for additional information on using SEMS to acquire resources during a healthcare surge.

Tools



A list of available resources to investigate as potential sources for augmented staffing can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual** under **List of Potential Staffing Sources during Healthcare Surge - Background & Activation Information**.

What special considerations does the California State Board of Pharmacy permit during a catastrophic event?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Special Considerations for Pharmacists

The California State Board of Pharmacy Waiver

- In response to the potential of a healthcare surge, the California State Board of Pharmacy issued a Disaster Response Policy Statement in January 2007 to ensure proper preparation and an effective response to a local, State or national disaster.
- The purpose of the policy statement and potential waivers as part of Business and Professions Code Section 4062 (b) is to encourage pharmacists to take all possible actions to do the most good for the largest amount of people.
- In the event the waiver is activated, the California State Board of Pharmacy would communicate this information to the Office of Emergency Services to be widely distributed. Information would also be posted on the California State Board of Pharmacy website at www.pharmacy.ca.gov and communicated via phone at (916) 574-7900.

California Department of Public Health | 30

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 9.3.1: Special Considerations for Pharmacist** for a copy of the California State Board of Pharmacy waiver.

Can a non-licensed pharmacist in California distribute and/or dispense pharmaceuticals during a catastrophic event?

Staffing **Government-Authorized Alternate Care Sites, Section 9** **(continued)**

ACS

Special Considerations for Pharmacists *(continued)*

Distribution and/or Dispensing of Pharmaceuticals by Non-licensed Pharmacists

- During a healthcare surge, there is a possibility that there may not be a licensed pharmacist on-site to dispense pharmaceuticals or oversee the process from a liability perspective.
- Situations when a pharmacist may authorize the initiation of a prescription to non-licensed pharmacists/healthcare providers other than a pharmacist are when:
 - The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.
 - Access to the information is secure from unauthorized access and use.
- The California State Board of Pharmacy may waive application of any provisions of pharmaceutical distribution and/or dispensing regulations adopted if it believes the waiver will aid in the protection of public health or the provision of patient care during a declared federal, State or local emergency.

California Department of Public Health / 31

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 9.3.1: Special Considerations for Pharmacist** for a copy of the California State Board of Pharmacy waiver.

What role can out-of-state licensed pharmacists, intern pharmacists and pharmacy technicians play during a healthcare surge?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Special Considerations for Pharmacists (continued)

Out-of-State Licensed Pharmacists, Intern Pharmacists and/or Pharmacy Technicians

- With the possibility for limited pharmacy staff in a catastrophic emergency, many volunteers may present to an Alternate Care Site to assist in providing services that a pharmacist, intern pharmacist and/or pharmacy technician would provide under normal operating procedures.
- To effectively utilize volunteers it is essential to prepare for this situation and understand their potential capacity and liability.
 - In a declared disaster or emergency, the Board of Pharmacy expects to use its powers to allow pharmacists, intern pharmacists or pharmacy technicians not licensed in California, but licensed in good standing in another state, to provide emergency pharmacy services in California.

California Department of Public Health | 32

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 9.3.1: Special Considerations for Pharmacist** for a copy of the California State Board of Pharmacy waiver.

Can medications be furnished without a prescription during a healthcare surge?

Staffing
Government-Authorized Alternate Care Sites, Section 9
(continued)

ACS

Special Considerations for Pharmacists (continued)

Furnishing Medications without a Prescription

- During a healthcare surge, there may be limited time to receive a prescription from a physician.
- Business and Professions Code Section 4062(a) states that a pharmacist may, in good faith, furnish a dangerous drug or dangerous device in reasonable quantities without a prescription during a federal, State or local emergency to further the health and safety of the public.
- Business and Professions Code Section 4062(a) further states that a record containing the date, name and address of the person to whom the drug or device is furnished and the name, strength and quantity of the drug or device furnished shall be maintained.

California Department of Public Health | 33

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 9.3.1: Special Considerations for Pharmacist** for a copy of the California State Board of Pharmacy waiver.

Should Alternate Care Sites verify credentials and ensure competency of healthcare professionals for care delivered at an Alternate Care Site?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Credentialing and Personnel Verification for Clinical Staff

- Local government has an obligation to verify credentials and ensure competency through oversight of the healthcare professionals and care delivered in an Alternate Care Site.
- Alternate Care Sites, by their very definition — a location that is not currently providing healthcare services and will be temporarily converted to enable the provision of healthcare services to support, at a minimum, inpatient and outpatient care required during a healthcare surge — are not subject to Joint Commission standards nor are they equipped to conduct credentialing and personnel verification procedures.
- However, it is recommended that the Alternate Care Site Planning Team adopt a streamlined process for completing the credentialing and personnel verification processes.

California Department of Public Health / 34

Additional Notes



The Joint Commission Comprehensive Accreditation Manual for Hospitals (2007) defines “credentialing” as the process of obtaining, verifying and assessing the qualifications of a healthcare professionals to provide patient care services in or for a healthcare provider.

Tools



A sample log for verifying health professional credentials can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual** under **Alternate Care Site Credentialing Matrix Log for Licensed Healthcare Professionals**

Can healthcare professionals with out of state or inactive credentials provide healthcare services during a healthcare surge?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Use of Out of State or Inactive Credentials

- The following existing statutes automatically facilitates the use of healthcare professionals with out of state or inactive credentials during a declared state of emergency:
 - Government Code Section 178, Article 4 recognizes the licensure, credentialing or permit held by a healthcare professional in any state as evidence of qualifications to provide disaster assistance within the scope of service of the provider or professional.
 - Government Code Section 179.5, Article 5 provides deemed recognition to healthcare professionals holding a current license, certificate or other permit issued by another state that is part of the Mutual Aid Compact. By virtue of this deemed status as a licensed health professional, out-of-state professionals may assist during a disaster without the administrative delay required to verify qualifications of the healthcare professional.
 - Business & Professions Code Section 921, as part of the Health Care Professional Disaster Response Act, permits the use of providers with lapsed or inactive licenses in disaster areas where shortage exists.

California Department of Public Health / 35

What type of support staff will be needed for the operations of an Alternate Care Site?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Support Staff

- The operation of an Alternate Care Site involves a number of support staff in addition to licensed healthcare professionals to carry out various functions within the Alternate Care Site.
- Support staffing considerations will need to include functions such as:
 - Administration
 - Food services
 - Child care
 - Laundry
 - Traffic control
 - Security
 - Engineering
 - Pastoral care
 - Housekeeping
 - Transport services
 - Maintenance services
- The Alternate Care Site Planning Team should identify which functions can be performed by local government, community based organizations, volunteer staff, and/or private contractors.

California Department of Public Health / 36

Additional Notes



Even with local planning, staffing an Alternate Care Site may require resources beyond local availability. Additional staffing must be requested through SEMS, from the Alternate Care Site Incident Command to the Unified Command. Staffing requests should be as specific as possible to ensure resource needs are met.

Guidance



Refer to **Foundational Knowledge, Section 3.9: Standardized Emergency Management System** for additional information on using SEMS to acquire resources during a healthcare surge.

Tools



The **Alternate Care Site Volunteer Application Form for Support Staff** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. It can be used for registering all support staff volunteers at an Alternate Care Site and serve as a tool to identify skills of volunteer staff, verify identification of volunteers, and capture needed emergency information.

Which command system functions should be filled within an Alternate Care Site?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Alternate Care Site Command Staff

- An Alternate Care Site will need to establish a modified Incident Command System structure to accomplish patient care objectives within the Alternate Care Site and connect to the Operational Area Unified Command System to obtain resources
- In planning for staffing the Command functions, the Alternate Care Site Planning Team should consider filling these positions six-deep to ensure coverage for long-term events.
- In order to accomplish patient care objectives within the Alternate Care Site and connect to the Unified Command System for resources, the following Command System functions within the Alternate Care Site should be filled:
 - Command
 - Operations Section
 - Logistics Section
 - Planning Section
 - Administration/Finance

California Department of Public Health / 37

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 9.5: Alternate Care Site Command Staff** for additional information.

What are the considerations for workforce health and safety at an Alternate Care Site?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Maintaining Personnel

Workforce Health and Safety and Workers Rights

- A key component of planning for a response to healthcare surge is the consideration that local government must make to ensure the health and safety of an Alternate Care Site workforce.
- One of the methods by which an Alternate Care Site can protect the health and safety of their workforce is in the provision of personal protective equipment.
- Another workforce health and safety issue that may arise during a healthcare surge, such as a pandemic influenza, is mandating the provision of vaccinations to all employees and volunteers.
- The U.S. Department of Labor's Worker Safety and Health Support Annex provides guidelines for implementing worker safety and health support functions during potential or actual incidents of national significance.
- The Alternate Care Site Planning Team should:
 - Consider contract provisions of various public employees and develop policies for staff hours, requirements to report to work, and other staff issues.
 - Develop an employee health and safety checklist which should be incorporated in the operational plans of an Alternate Care Site.

California Department of Public Health / 38

Reference



The U.S. Department of Labor's Worker Safety and Health Support Annex provides guidelines for implementing worker safety and health support functions during potential or actual incidents of national significance. This annex describes the actions needed to ensure that threats to responder safety and health are anticipated, recognized, evaluated and controlled consistently so that responders are properly protected during incident management operations. The annex can be accessed at:

http://www.osha.gov/SLTC/emergencypreparedness/nrp_work_sh_annex.html.

What guidance does the Joint Commission offer for staff support provisions at an Alternate Care Site?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Maintaining Personnel (continued)

Support Provisions for Staff

- Joint Commission requirements offer guidance for support services that should be provided for staff to ensure that staff remain available and are able to focus on patient care. Support provisions under Joint Commission standards include:
 - Activities related to care, treatment, and services (e.g., scheduling, modifying, or discontinuing services)
 - Staff support activities (e.g., housing, transportation, incident stress debriefing)
 - Staff family support activities
 - Logistics relating to critical supplies (e.g., pharmaceuticals, supplies, food, linen, water)
 - Security (e.g., access, crowd control, traffic control)
- It is recommended that the Alternate Care Site Planning Team consider:
 - Developing a staff support provision plan that includes critical stress management and workforce health and safety
 - Developing and implementing a dependent care policy

California Department of Public Health / 39

The following tools are provided to assist in the development of staff support provisions:

Tools



The **Alternate Care Site Considerations for Staff Support Provisions** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**.

The **Alternate Care Site Policy for Workforce Resilience during a Disaster** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**.

The **Sample Policy for Dependent Care at an Alternate Care Site** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**.

The **Sample Tracking Form for Dependent Care at an Alternate Care Site** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**.

What is a disaster service worker?

ACS

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

Immunities from Liability for Volunteers in Alternate Care Sites

- During a healthcare surge and at the point of Alternate Care Site activation, all clinical, support and Command staff presenting at an Alternate Care Site will be volunteers providing disaster-related services. These volunteers are Disaster Service Workers and afforded qualified immunity protection under the Emergency Services Act.
- Disaster service workers are defined as:¹
 - Any person registered with a disaster council or the Governor's Office of Emergency Services, or a state agency granted authority to register disaster service workers, for the purpose of engaging in disaster service without pay or other consideration pursuant to the California Emergency Services Act.
 - Disaster service workers include public employees, and also includes any unregistered person impressed into service during a state of war emergency, a state of emergency, or a local emergency by a person having authority to command the aid of citizens in the execution of his or her duties.
 - Public employees are all persons employed by the state or any county, city, city and county, state agency or public district, excluding aliens legally employed, and are considered to be public employees.

¹Emergency Services Act, 19 CCR 2570.2

Volume II: Alternate Care Sites

What type of liability protections exist for volunteers at an Alternate Care Site?

Staffing

Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Immunities from Liability for Volunteers in Alternate Care Sites (continued)

- The State of California provides strong protection for Disaster Service Workers (Emergency Services Act, Government Code Section 8657), by providing qualified immunity from liability for care or other services provided during a disaster.
- This qualified immunity from liability protects the political subdivision or political entity and the disaster service worker volunteer from any civil litigation resulting in personal injury or property damage, if performing appropriate disaster-related services, duties or functions in good faith, absent a willful act or omission. Immunity from liability does not apply, for example, in cases of willful intent to harm, unreasonable acts beyond the scope of disaster service worker training, or a criminal act if committed.
- The Emergency Services Act also provides additional and specific immunity from liability protection for licensed physicians, pharmacists, nurses and dentists acting as volunteers.

California Department of Public Health | 41

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 9.7: Immunities from Liability for Volunteers in Alternate Care Sites** for detailed guidance on the disaster service worker liability protections.

What type of immunities from liability protections exist for volunteers at an Alternate Care Site?

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Immunities from Liability for Volunteers in Alternate Care Sites (continued)

- In addition to the Emergency Services Act, Alternate Care Site volunteer staff members are afforded liability protections under the following provisions of law:
 - Volunteer Protection Act of 1997
 - Government Code Section 8657
- Additional provisions of law which offer limited liability protections for licensed healthcare professionals including volunteers and others registered as Disaster Service Workers:
 - California Civil Code Sections 1714.2 and 1714.21
 - California Business & Professions Code Section 1627.5
 - California Business & Professions Code Section 2395
 - California Business & Professions Code Section 2727.5
 - California Business & Professions Code Section 2861.5
 - California Business & Professions Code Section 3503.5

California Department of Public Health | 42

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 9.7: Immunities from Liability for Volunteers in Alternate Care Sites** for detailed guidance on the disaster service worker liability protections.

Volume II: Alternate Care Sites

**What are
Governor's
standby orders?**

Staffing Government-Authorized Alternate Care Sites, Section 9 (continued)

ACS

Governor's Standby Orders

- During a healthcare surge, individuals providing healthcare services in an Alternate Care Site may be unable to fully adhere to statutes, regulations and professional standards of practice relating to patient rights and professional ethics.
- Under the Emergency Services Act, the Governor may suspend those regulatory requirements perceived to be an obstacle to an effective emergency response effort through an executive standby order of the Governor.
- Standby orders are directions issued by the Governor that make, amend, or rescind certain state laws that prescribe the conduct of state business that may in any way prevent, hinder, or delay the mitigation of the effects of the emergency
- All standby orders must be approved by the Emergency Council and then issued during a proclaimed state of emergency. In some cases, standby orders delegate the authority to suspend requirements to a specific State official, for example the director of the Office of Emergency Services, the Emergency Medical Services Authority or CDPH.

California Department of Public Health / 43

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 9.8: Governor's Standby Orders** for additional information.

Volume II: Alternate Care Sites

What will drive the operations of an Alternate Care Site?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10

ACS

- Operations of an Alternate Care Site will depend on the availability of limited resources.
- The Alternate Care Site Planning Team should take an all-hazards approach and plan for each Alternate Care Site to be as self-sufficient as possible with respect to supplies, pharmaceuticals and equipment, recognizing that an Alternate Care Site may need to sustain operations for an extended period of time to treat patients.
- The disaster scenario and the anticipated surge of patients into the healthcare system care will impact the supplies, pharmaceuticals and equipment needed at an Alternate Care Site.
- In planning resource needs, the Alternate Care Planning Team should estimate the number of patients to be cared for by the Alternate Care Site based on the severity of various events and the anticipated impact to the healthcare delivery system.

California Department of Public Health / 44

Additional Notes



The disaster scenario and the anticipated surge of patients into the healthcare system care will impact the supplies, pharmaceuticals and equipment needed at an Alternate Care Site. As stated above, activation of a government authorized Alternate Care Sites will be a last resort. It is assumed that resources stockpiled by existing healthcare facilities will be utilized by the facilities and unavailable for use by the Alternate Care Site. Therefore, in planning resource needs, the Alternate Care Planning Team should estimate the number of patients to be cared for by the Alternate Care Site based on the severity of various events and the anticipated impact to the healthcare delivery system.

During the planning for the operations of an Alternate Care Site, how can the Alternate Care Site Planning Team maximize sustainability of supplies, pharmaceuticals and equipment?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Maximizing Sustainability

- Effective planning for Alternate Care Site sustainability will help to mitigate the effects of limited resource availability during a surge.
- The governmental entity authorizing and managing the Alternate Care Site should plan to have enough supplies and equipment to be self-sufficient for three-seven days and have pharmaceuticals on hand for at least the first 72 hours.
- Maximizing sustainability will require the identification of needed resources for operating an Alternate Care Site, the development of a comprehensive inventory of existing resources, determination of gaps in available resources and the development of procurement strategies for acquiring needed resources
- In planning for the operation of an Alternate Care Site, the Alternate Care Site Planning team should consider three categories of resources: pharmaceuticals, supplies and equipment and personal protective equipment for Alternate Care Site staff.

California Department of Public Health / 45

Additional Notes



Alternate Care Sites should use the recommendations for maximizing sustainability to guide the types and quantities of supplies, pharmaceuticals, and equipment to acquire prior to and during a catastrophic event and the methods to obtain these resources (e.g., vendor managed inventory, Memorandum of Understanding, local stockpiles).

Who should be involved in the planning process for pharmaceutical stockpiling and distribution?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Pharmaceuticals

- The Alternate Care Site Planning Team should involve key stakeholders in the planning process for pharmaceutical stockpiling and distribution.
- The goal is to include healthcare personnel who are familiar with pharmaceutical requirements for patient treatment, the methodology for selection and the acquisition process. Key stakeholder involvement should include the following types of professionals:
 - Clinical Pharmacists
 - Disaster Coordinators
 - Emergency Department Directors
 - Emergency Department Physicians
 - Respiratory Therapists
 - Pulmonologists
 - Critical Care Director
 - Infectious Disease Physicians
 - Poison Control Specialists
 - Drug Information Specialists
 - Radiologists
 - Radiation Safety Officer
 - Hospital Administrators
 - Pediatric Specialists
 - Vendors and Distributors

California Department of Public Health / 46

What are the types of pharmaceuticals that should be considered for the operations of an Alternate Care Site?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Pharmaceuticals (continued)

- The disaster scenario and the anticipated surge of patients into the healthcare system care will impact the pharmaceuticals needed at an Alternate Care Site.
- Two types of pharmaceuticals should be considered for the operations of an Alternate Care Site:
 - General pharmaceuticals that are commonly needed during emergency situations (e.g., saline solution)
 - Pharmaceuticals specific to the type of the event that caused the healthcare surge (e.g., ciprofloxacin for a biological event).
- The Alternate Care Site Planning Team should also consider that clinical resources used in everyday patient care may be needed in larger supplies during a healthcare surge.
- For example, intravenous fluids, such as saline solution, will be in high demand during a healthcare surge. Therefore, the Planning Team should consider the potential volume of patients who may require intravenous fluids for a 72-hour period.

California Department of Public Health | 47

Additional Notes



Pharmaceuticals that should be considered in all types of events include:

1. Sterile IV solutions (e.g., normal saline)
2. Pain medications
3. Antibiotics
4. Anti-hypertensives
5. Respiratory drugs, including corticosteroids
6. Biologicals, including insulin and vaccines

Event-specific pharmaceuticals include:

1. Antibiotics and antidotes for biological agents
2. Antidotes for chemical agents
3. Antidotes for radiological agents
4. Drugs for treating acute radiation syndrome
5. Vaccines

What are considerations for determining the quantity of pharmaceuticals to have available for use at an Alternate Care Site?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Pharmaceuticals (continued)

- The Alternate Care Site Planning Team should also consider:
 - Pharmaceuticals that are specific to the pediatric population
 - Pharmaceuticals substitutions (e.g. ciprofloxacin vs. levofloxacin and tobramycin vs. gentamicin)
- After determining the specific pharmaceuticals needed by the Alternate Care Site, the quantity of pharmaceuticals to have available locally for use in the Alternate Care Site will need to be determined.
- The analysis for determining the quantity of pharmaceuticals to have available for use at an Alternate Care Site should incorporate:
 - the number of potential patients,
 - the number of employees and family members who will need prophylaxis, and
 - the daily dosage.

California Department of Public Health / 48

Tools



The **Alternate Care Site Inventory Based Pharmaceuticals by General Classification List** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. This tool can assist the Alternate Care Site Planning Team determine pharmaceutical needs for an Alternate Care Site.

How long should an Alternate Care Site be able to maintain self-sufficiency?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Pharmaceuticals (continued)

- The Alternate Care Site should plan on having at least 72 hours worth of the identified pharmaceuticals on hand to be able to maintain self-sufficiency before the supply is replenished.
- The identification and inventorying of existing resources within the community will be important task for the Alternate Care Site Planning Team.
- Before procuring resources, the Alternate Care Site Planning Team should determine what resources would be available for use in the Alternate Care Site and document their location in the community.

California Department of Public Health / 49

Tools



The **Alternate Care Site Critical Pharmaceutical Locations Tracking Tool** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The tool provides a mechanism to track purchased pharmaceuticals within the community.

What are the considerations for pharmaceutical inventory management and receiving pharmaceuticals sites at Alternate Care Sites?

**Supplies, Pharmaceuticals and Equipment
Government-Authorized Alternate Care Sites, Section 10
(continued)**

ACS

Pharmaceuticals (continued)

Inventory Management – Pharmaceuticals

- The Alternate Care Site Planning Team is encouraged to develop a process to monitor expiration dates and storage dates, as well as a process for rotating stock from a cache into the general inventory to minimize pharmaceuticals that may expire.

Receiving Pharmaceuticals at Alternate Care Sites

- The Alternate Care Site Planning Team is encouraged to work with the Board of Pharmacy to identify and approve identified pharmaceutical storage sites and to discuss licensing of the identified Alternate Care Sites prior to an emergency.

California Department of Public Health / 50

What are the considerations for off label drug use and use of out-of-state pharmaceuticals at Alternate Care Sites?

**Supplies, Pharmaceuticals and Equipment
Government-Authorized Alternate Care Sites, Section 10
(continued)**

ACS

Pharmaceuticals (continued)

Off-Label Drug Use

- During a catastrophic emergency there is the possibility that the indicated medication for a diagnosis is not available. There is no statutory or regulatory prohibition against off-label use of a drug by a physician so pharmacists may dispense pharmaceuticals for off-label purposes without being out of compliance.

Out-of-State Pharmaceuticals

- Non-resident pharmacies or wholesalers that are not licensed in California but that are licensed in good standing in another state are encouraged to ship medications to pharmacies, health professionals or other wholesalers in California.

California Department of Public Health / 51

Who should be included in the planning process for the acquisition of supplies and equipment?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Supplies and Equipment

- The stockpiling of supplies and medical equipment will be paramount in the ability of the Alternate Care Site to function in a disaster.
- Key stakeholders must be included in the planning process and should include healthcare personnel familiar with the healthcare supply and equipment needs as well as procurement strategies
- The list below gives examples of key stakeholders to include:
 - Materials Manager/Procurement
 - Disaster Coordinator
 - Emergency Department Director
 - Respiratory Therapists
 - Facilities/Logistics
 - Critical Care Coordinator
 - Pediatric Specialist
 - Vendors and distributors
 - Medical-Surge Coordinator

California Department of Public Health / 52

What type of planning approach should the Alternate Care Site Planning Team take when determining the supply and equipment needs for an Alternate Care Site?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Supplies and Equipment

Alternate Care Site-Specific Tool for Supplies and Equipment Planning

- In determining the supplies and equipment needed for each Alternate Care Site, planners should take an all-hazards approach.
- The list of the supplies and equipment included in State caches maintained by CDPH and purchased for operation of Alternate Care Sites should be reviewed by the Alternate Care Site Planning Team.
- Designed in collaboration with a team of medical experts, each cache is equipped to treat patients impacted by various disaster scenarios.
- The intent of these caches is to offer support of medical/healthcare for 50 patients over a period of 10-14 days (actual support may vary based on event).

California Department of Public Health / 53

Additional Notes



Careful consideration should be given as to what items are stockpiled and the rotation of perishable items. The State cache includes vendor rotation of items, vendor stored and maintained equipment, and State storage of items. To maximize the life-span of the supplies and equipment storage should be in a temperature controlled environment. Vendor managed inventory should be considered particularly for perishable items.

Tools



The **Alternate Care Site Supplies and Equipment List** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The list can be used to plan for the supply and equipment needs for the operations of an Alternate Care Site.

Can supplies and equipment be used beyond the manufacturer's recommended use at an Alternate Care Site during a declaration of emergency?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Supplies and Equipment

The Use of Supplies and Equipment Beyond the Manufacturer's Recommended Use

- In a catastrophic emergency there is the possibility that medical supplies and equipment may be used in a different manner than the intended use, which brings into consideration liability and reimbursement.
- The Federal Food, Drug and Cosmetic Act, Chapter V, Subchapter E, Section 564 [21 USC 360bbb-3] - Authorization for Medical Products for Use in Emergencies, states that the Secretary of the U.S. Department of Health and Human Services may authorize the introduction into interstate commerce, during a the effective period of a declaration of emergency, of a drug, device, or biological product for "emergency use".

California Department of Public Health / 54

Additional Notes



An example of medical supplies and equipment that may be used in a different manner than the intended use is the use of an adult intubation kit on a pediatric patient.

To ensure personnel at an Alternate Care Site can use stored equipment, what type of training should be available at the Alternate Care Site?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Supplies and Equipment

Inventory Management – Supplies and Equipment

- Inventory management must consider procedures for maintaining supplies and equipment that have an expiration date or require ongoing maintenance.
- Obsolescence must also be considered because supplies and equipment may become outdated due to technological advances or changes in ordering patterns.
- Alternate Care Site Planning Team should assign personnel to check the supplies and equipment received to make sure they are usable.
- To help ensure that personnel can use the equipment stored, "Just-In-Time" training documents for the clinical resources should be placed in the storage area once the Alternate Care Site is established.

California Department of Public Health / 55

Who will be the primary users of personal protective equipment during an emergency?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Personal Protective Equipment

- The primary users of personal protective equipment will be staff who require protection during an emergency.
- Under California Occupational Safety and Health Administration Labor Code 6401, every employer must furnish protective equipment, use safety devices and safeguards and provide training.
- Employers are required by Occupational Safety and Health Administration to use personal protective equipment to limit employee exposure to hazards, and employers must determine if personal protective equipment should be used for the protection of the employees.
- An Alternate Care Site can use these recommendations as a guide to understanding what personal protective equipment maybe required during a healthcare surge.

California Department of Public Health / 56

Additional Notes



The primary users of personal protective equipment will be staff members who require protection during an emergency. These users will require proper equipment and training to sustain an all-hazard event response. .

Volume II: Alternate Care Sites

In order to provide the proper level of protection, what is the primary consideration for the use of personal protective equipment at an Alternate Care Site?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Personal Protective Equipment (continued)

- Personal protective equipment must be matched to the environmental conditions at an Alternate Care Site to provide the proper level of protection.
- Personal protective equipment may be required in several major situations including biological events and first receiver operations.
- The selection and acquisition of personal protective equipment should be site specific, depending on the volume and acuity of patients expected.
- Personal protective equipment must be current for appropriate use – the Alternate Care Site Planning Team should consider effective management processes and storage locations for the use of personal protective equipment.
- The Alternate Care Site will need to rely on Just-in-Time training for many of the personnel using personal protective equipment.

California Department of Public Health / 57

Additional Notes



Natural Disaster/Biological Event:

- This is an infection control/epidemiology issue (e.g., pandemic influenza outbreak) that requires universal precautions

First Receiver Operations (Chemical, Radiological, Nuclear, Explosive/ CBRNE)

- This type of operation involves receiving individuals from an incident with the release of hazardous substances.

Reference



Alternate Care Site Planning Team should use the 1995 Occupational Safety and Health Administration manual, “Best Practices for Hospital-Based First Receivers,” as a guide for handling first receiver operations during catastrophic emergencies. Training, personnel and storage are addressed in detail in this manual.

For additional information on training in the use of personal protective equipment, refer to the OSHA website at:

<http://www.osha.gov/SLTC/personalprotectiveequipment/index.html>

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 10.1.3: Personal Protective Equipment** for additional information on the selection, acquisition and managing/storing of personal protective equipment.

What type of communication and information technology capabilities is essential during a healthcare surge?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Communication

- Communication and information technology capabilities for the operations of an Alternate Care Site are essential during a healthcare surge.
- It is recommended that the Alternate Care Site Planning Team plan for the worst case scenario and consider the following means for internal and external Alternate Care Site communications and information technology support:
 - Runners
 - Portable/hand-held radios
 - Disaster radios
 - Portable Public Address System
 - Telephone
 - Cell phones/Bull Horn
 - Fax system
 - Televisions
 - Hand-held devices
 - Laptops

California Department of Public Health / 58

Additional Notes



The Alternate Care Site Planning Team should include communication and information technology systems that are easy to set-up and allow for communication between Alternate Care Sites and the Unified Command. In addition, communication systems should allow communication with hospitals, law enforcement, suppliers, etc.

Why type of agreement can be set up during the planning process to obtain resources for use during a healthcare surge?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Procurement of Resources Prior to an Event

- Once determination has been made regarding the amount of pharmaceuticals, supplies and equipment to procure prior to a catastrophic event for use in an Alternate Care Site, the Alternate Care Site Planning team should consider methods to acquire these resources or insure they are available for use at the time an Alternate Care Site is activated.
- Memoranda of Understanding can be proactively set up with manufacturers, wholesalers, and retailers during the planning process in order to obtain resources (including vendor-managed inventory) for use during a healthcare surge.

California Department of Public Health / 59

What are the contract considerations for procurement of resources at an Alternate Care Site?

**Supplies, Pharmaceuticals and Equipment
Government-Authorized Alternate Care Sites, Section 10
(continued)**

ACS

Procurement of Resources Prior to an Event (continued)

Contract Considerations

- The Alternate Care Site Planning Team should decide which items or services will be purchased and stored by government and which will be vendor managed.
- The team should establish ongoing relationships with vendors to manage daily supply levels in case an Alternate Care Site is activated.
- Some contracting arrangements can be made in advance on a “contingency” basis so that contracts can be implemented rapidly when an emergency occurs.
- In the preplanning stages, it is possible to develop contracts, purchase orders, vendor relationships and inventory reallocation plans.

California Department of Public Health / 60

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 10.2.1: Contract Considerations** for additional information.

Volume II: Alternate Care Sites

What are the vendor-managed contract considerations?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Procurement of Resources Prior to an Event (continued)

Vendor-Managed Contract Considerations

- An Alternate Care Site may wish to rely on vendor managed inventories of supplies and equipment. Key considerations when evaluating requirements for outside vendor-managed contracts include, but are not limited to:
 - Understand the process for the rotation of stock and inventory (control management).
 - Understand the “days-on-hand” inventory of the vendors. This may guide the Alternate Care Site determination on how much supplies, pharmaceuticals and equipment to order at one time.
 - Clarify the process for how materials get delivered to the Alternate Care Site; pre-identifying Alternate Care Sites where possible.
 - Identify any “disaster clauses” within the contract and understand the requirements of the vendor.
 - Understand the options of how supplies, pharmaceuticals and equipment will be delivered during a healthcare surge.

California Department of Public Health / 61

Additional Notes



Additional considerations when evaluating requirements for outside vendor-managed contracts include:

- Identify the vendor lead time of critical supplies, pharmaceuticals and equipment.
- Understand the rotation stock and inventory (control management) agreement.
- Identify payment terms under a healthcare surge catastrophic emergency.
- Understand the turnover inventory of the vendors.

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 10.2.1: Contract Considerations** for additional information.

Where can Alternate Care Sites obtain additional resources when local resources have diminished?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Acquiring Additional Resources through the SEMS Process

- An Alternate Care Site is likely to require resources beyond those on hand when the Alternate Care Site is activated. Additional resources must be requested through the SEMS/NIMS process.
- Requests for resources will be made through the Alternate Care Site Command to the Unified Command of the jurisdiction. Resource requests should be as specific as possible to ensure resource needs are met.
- There are State and federal resources that will be utilized to fill resource requests received through the SEMS/NIMS process. The Alternate Care Site Planning Team should be aware that during statewide events resources will be used to fill all requests and may be depleted during large scale emergencies.

California Department of Public Health / 62

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 10.3: Acquiring Additional Resources through the SEMS Process** for additional information on State and Federal Resources available for Alternate Care Site operations.

What are the environmental and transport considerations for supplies, pharmaceuticals and equipment storage at an Alternate Care Site?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Storage Considerations

- During a healthcare surge, supplies, pharmaceuticals and equipment need to be accessed and used immediately. Space is a very important consideration in determining storage locations.

Environmental Management

- A process must be put in place to monitor the environment of pharmaceuticals to meet United States Pharmacopeia. Supplies and Equipment items are also impacted by temperature as significant variations can affect the durability and quality of the material. Alternate Care Sites should ensure that manufacturers' storage guidelines are met.

Transport

- Transportation must be considered in planning how supplies and equipment will move from a storage site, cache or stockpile to the Alternate Care Site. A transportation plan should be in place to designate the primary mode of transport and alternate, back-up options. This plan should take into account the possible inability to access roads and facilities.

California Department of Public Health / 63

Tools



The **Alternate Care Site Pharmaceutical Storage Consideration Checklist** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The checklist can be used to address the vital areas that need to be considered specifically in storing pharmaceuticals at an Alternate Care Site.

The **Alternate Care Site Supplies and Equipment Storage Consideration Checklist** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The checklist can be used to address the vital areas that need to be considered specifically in storing supplies and equipment at an Alternate Care Site.

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 10.4: Storage Considerations** for additional information.

How can limited storage capacity for the staging and deployment of supplies, pharmaceuticals and equipment at an Alternate Care Site be addressed?

Supplies, Pharmaceuticals and Equipment Government-Authorized Alternate Care Sites, Section 10 (continued)

ACS

Staging and Deployment

- Most Alternate Care Sites will have limited storage capacity, particularly in close proximity to their designated disaster triage and treatment areas. This can result in delays in care as Alternate Care Sites retrieve their supplies from various storage locations.
- To address this limited storage capacity, the Alternate Care Site Planning Team may wish to consider is to identify a small storage area near the identified Alternate Care Sites. This area can be used for the “first push” of the supplies likely needed in the first moments of a crisis.
- The “first-push” supplies may be packaged in a cart or trailer to make deployment more rapid. Consideration should be given to the path of travel between the storage site and the destination to ensure that the chosen cart or trailer will successfully clear all obstacles.

California Department of Public Health / 64

Guidance



A detailed inventory should accompany the first push of supplies, indicating "what" and "how many" of each item is immediately available, and where additional supplies are located so that they can be acquired by staff who may not be knowledgeable of how the supplies are organized and stored.

Tools



The **Alternate Care Site Staging Recommendations Checklist** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. This tool serves as a checklist to identify considerations that Alternate Care Sites should assess when staging their resources. This tool is useful for the set up of resources at Alternate Care Site and caches/warehouses.

Volume II: Alternate Care Sites

What is the guiding principle for managing patients during a health care surge?

Patient Management **Government-Authorized Alternate Care Sites, Section 11**

ACS

- When an Alternate Care Site is activated, the staff will need to provide patient care in a manner that will save as many lives as possible. Planners and Alternate Care Site staff should become familiar with statutes and regulations that govern patient management activities.

Authority for Patient Care in Emergency Situations

- Authority for patient healthcare management in an emergency is vested in the licensed or certified healthcare professional at the scene of the emergency who is most medically qualified specific to the provision of rendering emergency medical care.
- If no licensed or certified healthcare professional is available, the authority of patient healthcare management is vested in the most appropriate medically qualified public safety agency representative who has responded to the scene of the emergency.

California Department of Public Health / 65

Additional Notes



Health and Safety Code Section 1798.6 authorizes counties to establish a unified command structure for patient management at the scene of an emergency within the county and specifies the composition of a committee for that purpose.

Are there liability protections for an Alternate Care Site Staff who encounter patients who do not require emergency medical care?

Patient Management Government-Authorized Alternate Care Sites, Section 11 (continued)

ACS

Patient Restraint

- Certain circumstances at an Alternate Care Site could warrant the use of patient restraints for the safety of the patient, other patients and staff.
- Welfare and Institutions Code Section 5150 authorizes peace officers, members of the attending staff of an evaluation facility designated by a county, designated members of a mobile crisis team, and other county-designated professional persons, upon probable cause, to take a mentally disordered person into custody for 72-hour treatment and evaluation.

Prioritization and Management of Patients: Liability Protection

- Alternate Care Site staff may encounter patients who do not require emergency medical care.
- Health and Safety Code Section 1317 provides liability protection for a health facility, health facility employees, a physician, a dentist, a clinical psychologist and a podiatrist for refusing to render emergency care if based on a determination and exercising reasonable care, the person is not suffering from an emergency medical condition, or the health facility does not have the appropriate facilities or qualified personnel available to render those services.

California Department of Public Health | 66

Reference



Guidance on policy and procedures associated with patient restraints can be obtained from the San Diego County Division of Emergency Medical Services - Policy Procedure Protocol (page 48), July 2002. The document can be accessed via:

http://www2.sdcounty.ca.gov/hhsa/documents/EMS-TreatmentProt2004 Rev 6_30_04 Part3.pdf

What safety and security measures should be in place at an Alternate Care Site during the event of healthcare surge?

Security Services

Government-Authorized Alternate Care Sites, Section 12

ACS

- Safety and security are the most important operational requirements of an Alternate Care Site. Without proper safety and security measures at an Alternate Care Site, the lives of patients and personnel will be in jeopardy.
- It is recommended that an Alternate Care Site be open to the public ONLY if, at a minimum, one armed guard is present at the time of opening.
- A security process should be set up to:
 - Ensure the security of existing inventory and caches by using personnel
 - Control access into and within the Alternate Care Site
 - Identify and track patients, staff and visitors
 - Work with local authorities prior to a healthcare surge to address heightened security needs and private security entities.

California Department of Public Health / 67

What are the security concerns during an infectious agent or communicable disease epidemic scenario?

Security Services Government-Authorized Alternate Care Sites, Section 12 (continued)

ACS

Establishing a Security System at an Alternate Care Site

- Security needs of an Alternate Care Site may require more personnel than a traditional healthcare facility, given the number of individuals affected by a catastrophic disaster and the public's lack of familiarity with an Alternate Care Site.
- These security needs include the general safety of patients, staff and visitors, and protection of pharmaceuticals and other assets.
- Typical measures to achieve security are likely more complex for an Alternate Care Site than a traditional healthcare facility.
- During an infectious agent or communicable disease epidemic scenario, there are significant additional security concerns and risks that the Alternate Care Site Planning Team should take into consideration.

California Department of Public Health / 68

Additional Notes



Typical measures to achieve security are likely more complex for an Alternate Care Site than a traditional healthcare facility, for the following reasons:

- Because this is a temporary facility, protocols will be more difficult to establish and maintain and unusual events will be more difficult to identify.
- Alternate Care Site personnel will not be known to security staff or to one another, making it more difficult to identify unauthorized persons.
- Mechanical and electronic security controls which are already in a facility are not likely to be quickly configured for the Alternate Care Site structure and may not be of optimal design and function for the use of the facility as an Alternate Care Site.
- All personnel, patients and visitors will be under heightened stress due to the catastrophic event that necessitated opening the Alternate Care Site.

During an infectious agent or communicable disease epidemic scenario, there are additional security concerns and risks beyond those mentioned above to consider:

- Provide security for incoming and outgoing vehicles (for roadways between site perimeter and major corridors through the community), in particular those transporting infected patients.
- Control access to the grounds.
- Heighten access control into and around the building.
- Implement more stringent identification and tracking of patients, staff and visitors.

What are the considerations for a comprehensive security management plan and security protocols at an Alternate Care Site?

Security Services
Government-Authorized Alternate Care Sites, Section 12
(continued)

ACS

Establishing a Security System at an Alternate Care Site (continued)

- It is recommended that a comprehensive security management plan and action protocols for any planned government-authorized Alternate Care Site be developed by the Alternate Care Site Planning Team with advice from security experts.
- The following are considerations as the Alternate Care Site Planning Team develops security plans and protocols:
 - Access Control
 - Controlling Site Access
 - Traffic Control
 - Controlling Building Access
 - Identification of Patients, Staff and Visitors
 - Monitoring and Prevention
 - Security Communications
 - Security Staffing
 - Sources of Security Staff
 - Restricting Access

California Department of Public Health / 69

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 12.1: Establishing a Security System at an Alternate Care Site** for additional information on developing security plans and protocols.

What is the primary goal during a lock-down situation at an Alternate Care Site?

Security Services
Government-Authorized Alternate Care Sites, Section 12
(continued)

ACS

Facility Lock-Down

- Alternate Care Sites may be required to lock-down facilities during a mass medical emergency.
- The primary goal in a lock-down situation is to isolate and control access to the Alternate Care Site facility while caring for the safety of the patients, visitors, staff and property.
- The lock-down situation could involve mass contamination, picketing, demonstrations, acts of violence, sit-ins, passive resistance, civil disobedience, gang activity or other disturbances.

California Department of Public Health / 70

Tools



The **Alternate Care Site Lock-Down Policy and Procedure Sample** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The tool provides procedures and guidance on when the need to lock-down an Alternate Care Site facility exists for any reason.

Volume II: Alternate Care Sites

What types of functions will environmental service personnel need to consider at an Alternate Care Site?

Environmental Services Government-Authorized Alternate Care Sites, Section 13

ACS

- Environmental engineering at an Alternate Care Site requires careful planning. The Alternate Care Site Planning Team should consider environmental services staff and/or contractors for the following functions:
 - Clean the healthcare surge facility to bring it to sanitary standards before admitting patients
 - Maintain sanitary water, air and other environment throughout the course of operation of the Alternate Care Site
 - Launder bedding and other cloth goods
 - Dispose of hazardous materials under strict Environmental Protection Agency guidelines
 - Dispose of medical and other waste (solid and liquid)

California Department of Public Health / 71

Reference



The several hundred page ***Guidelines for Environmental Infection Control in Health Care Facilities*** by the **Centers for Disease Control and Prevention** is specifically aimed at environmental controls that decrease patient illness from common infections, and can be used as guidance for the environmental service requirements at an Alternate Care Site.

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 13: Environmental Services** for additional information on environmental service supplies and equipment that will need to be procured as part of the planning initiatives.

Who should be the first staff members to arrive at an Alternate Care Site?

Environmental Services
Government-Authorized Alternate Care Sites, Section 13
(continued)

ACS

- The Alternate Care Site Planning Team may choose to pre-establish executable contracts for disaster remediation and pest control, general waste management, hazardous waste disposal and laundry services.
- An environmental crew should be the first staff at the Alternate Care Site, as soon as the Local Health Department has authorized its preparation for use. This disaster remediation team, noting the specific instructions based on the facility assessment, will be responsible for cleaning a facility that has not had a medical grade cleaning and bringing it to sanitary standards appropriate for patients.

California Department of Public Health / 72

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 13: Environmental Services** for additional information.

What are the sources for guidance that may be used for the development of hazardous waste management procedures at an Alternate Care Site?

Hazardous Waste Management Government-Authorized Alternate Care Sites, Section 14

ACS

- The Occupational Safety and Health Administration does not require that facilities receive accident victims, but if the patient is part of an emergency involving hazardous substances and personnel needed to decontaminate that individual, Hazardous Waste Operations and Emergency Response would apply (Occupational Safety and Health Administration, 1992).
- The role of facility personnel in the safe decontamination of individuals has been further clarified by the Occupational Safety and Health Administration publication which outlines the minimal level of personal protective equipment recommended for staff decontaminating individuals at a non-contaminated medical facility.
- The United States Environmental Protection Agency has stated that it will not pursue enforcement actions for environmental consequences of necessary and appropriate actions, such as decontamination, during the phase of an emergency response where an imminent threat to human health and life is present. However, once this phase passes, every attempt should be made to contain the runoff and dispose of it properly.

California Department of Public Health / 73

Reference



The role of facility personnel in the safe decontamination of individuals has been further clarified in the Occupational Safety and Health Administration publication “Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances,” released in December 2004: http://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html. In this document, Occupational Safety and Health Administration outlines the minimal level of personal protective equipment recommended for staff decontaminating individuals at a non-contaminated medical facility.

The federal Environmental Protection Agency website has extensive guidelines for hazardous waste storage, disposal, transportation and treatment. The guidance can be accessed at:

<http://www.epa.gov/epaoswer/osw/hazwaste.htm>.

What are the key aspects to consider in the development of standard operating procedures for decontamination?

Hazardous Waste Management Government-Authorized Alternate Care Sites, Section 14 (continued)

ACS

- Key aspects to consider in the development of the standard operating procedure for decontamination include:
 - event recognition, activation and management
 - primary triage
 - patient registry and collection of personal property
 - decontamination
 - secondary triage
 - logistics for treatment
 - public information
 - post-incident actions
- Alternate Care Site decontamination training programs should follow National Fire Protection Association Standard 473, Professional Competence of Emergency Medical Service Personnel Responding to a Hazardous Materials Incident. The Alternate Care Site Planning Team may consider involving the local emergency medical services agency in development of standard operating procedures.

California Department of Public Health / 74

What are some issues to consider when developing protocols for waste management at an Alternate Care Site?

Hazardous Waste Management Government-Authorized Alternate Care Sites, Section 14 (continued)

ACS

Medical Waste Management

- The regulations for medical waste management under normal circumstances can be found in California's Medical Waste Management Act (Health and Safety Code, Division 104, Part 14, commencing with Section 117600).
- Issues to consider in developing protocols for waste management include but are not limited to:
 - Greater quantities of materials suitable for containing biological agents or infectious organisms will be needed.
 - Each Alternate Care Site should list the supplies with supporting information that shows the quantity normally on hand and an estimate of how long these supplies will last for an inpatient population level determined by the facility.
 - If the existing inventory of materials or usage rate compromises patient care or waste containment needs, the Alternate Care Site should contact the Unified Command and request the materials needed.

California Department of Public Health / 75

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 14.1: Medical Waste Management** for additional information.

Volume II: Alternate Care Sites

Is there a State planning committee that focuses on Mass Fatality Management?

What are the considerations for a temporary morgue?

Mass Fatality Management Government-Authorized Alternate Care Sites, Section 15

ACS

The Office of Emergency Services has established the California State Mass Fatality Management Planning Committee. This committee has drafted a Mass Fatality Management Planning Concept of Operations as a first step in developing a broader plan to address all the topics for management of mass fatalities during catastrophic events.

Temporary morgue sites may include locations such as:

- Armories
- Schools with gymnasiums (without wooden floors)
- Airport hangers
- Warehouses
- Reception halls
- County fair grounds

Considerations for Temporary Morgue Site:

- Proximity to disaster site
- Electricity
- Refrigeration
- Hot and cold running water
- Restrooms
- Adequate office space
- Ventilation
- Large open area of sufficient size to accommodate the number of dead to be cared for
- Area for securing valuables
- Parking
- Secure from public

California Department of Public Health / 76

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 15: Mass Facility Management** for additional information.

Reference



For additional information on temporary morgues, the Minnesota Department of Health, Disaster Mortuary Emergency Response Team (D-MERT) Plan provides detailed guidance on setting up temporary morgues. The plan can be accessed at <http://www.health.state.mn.us/terrorism.html>

Volume II: Alternate Care Sites

What pre-event training should be considered for Alternate Care Site Staff?

Considerations for Staff Training Government-Authorized Alternate Care Sites, Section 16

ACS

Pre-Event Training

- SEMS/NIMS training
- Alternate Care Site Incident Command System, adapted from Hospital Incident Command System, to include job action sheets
- Alternate Care Site setup training in the form of drills/table top exercises
- Concepts of catastrophic care for clinical staff, including Public Health Principles (e.g. Doing the greatest good for the greatest number of people)
- Alternate Care Site operational training, including inventory management, infection control and personal protective equipment, security and safety, and equipment training
- Orientation training, including process flow for inside and outside the facility and communication protocols
- Bedside Point-of-care lab testing
- Volunteer training

California Department of Public Health | 77

What is Just-in-time training?

Considerations for Staff Training Government-Authorized Alternate Care Sites, Section 16 (continued)

ACS

On-Site/Just-in-Time Training

- On-site and/or just-in-time training may be required to provide orientation to Alternate Care Site operations and procedures. Examples of needed just-in-time training include:
 - Patient tracking
 - Report procedures, check in procedures, credentialing
 - Personal protective equipment, medical evaluation and testing, infection control, FIT testing
 - Logistics and operational training

California Department of Public Health / 78

What are some key administrative tasks for the operations of an Alternate Care Site?

Administration

Government-Authorized Alternate Care Sites, Section 17

ACS

- Planning for the administrative support functions for staff and patient care in an Alternate Care Site is an essential component of the operations of an Alternate Care Site.
- Key administrative tasks include:
 - Patient tracking
 - Patient registration
 - Patient valuables tracking
 - Medical records
 - Document storage
 - Disease reporting
 - Worker's compensation benefits for Alternate Care Site staff

California Department of Public Health / 79

How do you track patients who receive care in an Alternate Care Site during a surge?

Administration Government-Authorized Alternate Care Sites, Section 17 (continued)

ACS

Patient Tracking

- The following concepts should serve as guiding principles when developing processes for patient tracking at an Alternate Care Site:
 - *Collect minimum necessary data:* Given that an unanticipated disaster may severely limit the capability of the healthcare system to obtain and transfer information, a manual tracking system should be simple to use and focus on collecting minimum data elements.
 - *Assign patients a unique identifier:* A fundamental component of an effective tracking system will be to establish a unique patient identifier or disaster incident number.
 - *Patient tracking is a priority:* Tracking persons seeking treatment at healthcare system entry points (e.g. hospitals, alternate care sites, and emergency medical system) during a healthcare surge is a high priority.
 - *Paper-based tracking is an essential contingency:* Although significant efforts are under way to develop robust electronic patient tracking systems for disaster and emergency purposes, manual back-up processes should be maintained in case of system failures.

California Department of Public Health / 80

Tools



A sample **Alternate Care Site Patient Tracking Form and Instructions** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The tool is an example of the type of process and form that could be instituted at an Alternate Care Site for the purpose of tracking patients as they are transferred to other facilities.

Volume II: Alternate Care Sites

What is a Disaster Incident Number?

Administration Government-Authorized Alternate Care Sites, Section 17 (continued)

ACS

Patient Tracking (continued)

Disaster Incident Number (DIN)

- A disaster incident number is a unique identifier used to track patients during healthcare surge.
- It is recommended that the county Office of Emergency Services or Local Health Department serve as the central source responsible for creating and disseminating disaster incident numbers to public and private healthcare facilities, Alternate Care Sites and emergency medical services.
- Having a single entity responsible for creating disaster incident numbers is essential to avoiding duplication.

California Department of Public Health / 81

Tools



A sample **Alternate Care Site Disaster Incident Number Policy and Label** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The sample can be instituted at an Alternate Care Site for the purpose of tracking a patient during a healthcare surge.

Volume II: Alternate Care Sites

What will most staff resources be devoted to at an Alternate Care Site?

Administration Government-Authorized Alternate Care Sites, Section 17 (continued)

ACS

Patient Registration

- During a healthcare surge, it is reasonable to expect that most staff resources in an Alternate Care Site will be devoted to patient care. Additionally, specific administrative functions may need to be modified due to limited technology at the Alternate Care Site or the staff's inability to collect personal data or insurance related information from the patient.
- Surge planning should include developing a modified patient registration form that includes recommended minimum data elements for collection during paper-based patient registration procedures.

California Department of Public Health / 82

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 17.2: Patient Registration** for additional information.

Tools



The sample **Alternate Care Site Patient Registration Form** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The form provides suggestions related to minimum data elements that should be considered for collection during patient registration.

The sample **Alternate Care Site Patient Registration Log** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The registration log may be used to log all patients registered at an Alternate Care Site.

The sample **Paper-Based Patient Registration Face Sheet** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The registration face sheet can be used by Alternate Care Site to prepare for a potential healthcare surge capacity system down time.

What are the minimum data elements for Federal Emergency Management Agency reimbursement?

Administration Government-Authorized Alternate Care Sites, Section 17 (continued)

ACS

Patient Registration (continued)

- Reimbursement for the operation of Alternate Care Sites will be based on time and materials. Documentation on the number and types of patients treated may be required as justification for time and material charges. Minimum data elements include:
 - Patient name
 - Permanent and/or temporary displacement address
 - Telephone number
 - Disaster-related medical conditions or pre-existing condition flare up
 - Specific services rendered
 - Cause of injury or illness
 - Date and time
 - Location of treatment
 - Provider
 - Provider license number
 - Medi-Cal/Medicare ID number
 - Provider signature
 - Documentation of care to specify moment of care or stabilization
 - Indicate whether treatment for medical stabilization or regular medical care

California Department of Public Health / 83

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 17.2: Patient Registration** for additional information.

Tools



The sample **Alternate Care Site Patient Registration Form** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The form provides suggestions related to minimum data elements that should be considered for collection during patient registration.

The sample **Alternate Care Site Patient Registration Log** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The registration log may be used to log all patients registered at an Alternate Care Site.

The sample **Paper-Based Patient Registration Face Sheet** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The registration face sheet can be used by Alternate Care Site to prepare for a potential healthcare surge capacity system down time.

Why should a paper-based medical record system be implemented at an Alternate Care Site versus an electronic medical record system?

Administration
Government-Authorized Alternate Care Sites, Section 17
(continued)

ACS

Medical Record and Records Retention

Paper-Based Medical Records

- It is recommended that a paper-based medical records system be established rather than an electronic system for several reasons:
 - An electronic medical record system would probably not be interoperable with the systems at the hospitals from which the patients originate (and possibly to which they return).
 - Electronic systems require hardware, software, technicians, and clinical personnel who are trained in that particular system. The equipment will most likely not be available on short notice, and staff coming from many other settings will not be familiar with the selected system.
 - The effort to implement an electronic system does not appear warranted because the Alternate Care Site will be in operation for only a few weeks.
- For all the reasons above, reliance on a paper-based medical record will simplify the administrative burdens

California Department of Public Health / 84

Tools



A sample **Alternate Care Site Short Form Medical Record** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The form is an example of the type of medical record that could be initiated for a patient during provision of care in an Alternate Care Site. The short form medical record should be used to capture pertinent assessment, diagnosis and treatment information.

What options should an Alternate Care Site Planning Team consider for record control at an Alternate Care Site?

Administration
Government-Authorized Alternate Care Sites, Section 17
(continued)

ACS

Medical Record and Records Retention (continued)

Document Storage

- Operation of an Alternate Care Site will include the need to create and store medical records.
- There are several options for records control at an Alternate Care Site:
 - Local health department retains all records
 - If operations are contracted out, the contractor retains copies of all records
 - Patient retains all records
- The Alternate Care Site Planning Team should evaluate these options to determine which is most feasible for their facility during a healthcare surge. Security and privacy issues should be considered under each option.

California Department of Public Health / 85

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 17.3.3: Document Storage** for additional information.

What are the reporting requirements at an Alternate Care Site?

Administration Government-Authorized Alternate Care Sites, Section 17 (continued)

ACS

Alternate Care Site Administrative and Disease Reporting Requirements

- An Alternate Care Site will not be subject to the disease and administrative reporting requirements of healthcare facilities, but should make reasonable efforts to mitigate any adverse health effects on the population from diseases by reporting occurrences of any unusual disease or outbreaks of diseases during a healthcare surge.
- For example, an Alternate Care Site would need to report clusters or unusual presentations of disease.
- The Alternate Care Site Planning Team should determine the process for reporting these requirements and develop tools to foster efficient reporting.
- Disease reporting should include, at a minimum, the numbers of cases, severity and deaths.

California Department of Public Health / 86

What are the HIPAA compliance requirements at an Alternate Care Site during a healthcare surge?

Administration
Government-Authorized Alternate Care Sites, Section 17
(continued)

ACS

HIPAA Compliance during Healthcare Surge

- The Health Insurance Portability and Accountability Act (HIPAA) applies only to defined covered entities which include health plans, healthcare clearinghouses, and healthcare providers who transmit any health information in electronic form in connection with a transaction as defined under the act.
- Under this definition, Alternate Care Sites are not covered entities and would not be covered under HIPAA.

California Department of Public Health / 87

Volume II: Alternate Care Sites

How does California State Privacy Law apply to the operations of an Alternate Care Site?

Administration Government-Authorized Alternate Care Sites, Section 17 (continued)

ACS

California State Privacy Law

- California State privacy law pertaining to the privacy of information is expected to remain effective during healthcare surge.
- Alternate Care Sites should take reasonable steps to ensure the privacy of identity and health information.
- The list of relevant statutes includes, but is not limited to, the following:
 - Confidentiality of Medical Information Act, California Civil Code 56 et seq.
 - Information Practices Act at Civil Code 1798 et seq.
 - California Civil Code 1798.29
 - California Civil Code 1798.81.5
 - California Civil Code 1798.84
 - California Civil Code 1798.85

California Department of Public Health / 88

Additional Notes



As a government entity, an Alternate Care Site would not be subject to HIPAA, but would be covered by other state and local privacy laws.

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 17.4.2: California State Privacy Law** for additional information.

What advice should be given to patients with regard to patient valuables at an Alternate Care Site?

Administration

Government-Authorized Alternate Care Sites, Section 17 (continued)

ACS

Patient Valuables Tracking

- The patient valuable tracking system at an Alternate Care Site will be difficult and time consuming. Patients should be advised to not bring valuables with them to the Alternate Care Site.
- The Alternate Care Site Planning Team should identify a secure area for storage of patient valuables and may want to develop a plan for discharging valuables to family members, ensuring that the release is fully documented.
- The Alternate Care Site Planning Team may also want to consider having patients sign a waiver that the Alternate Care Site is not responsible for lost valuables.

Inventorying Valuables

- During the admitting process, a designated staff member should advise the patient that valuables such as jewelry, credit cards and cash (more than \$20), will not be properly secured in the Alternate Care Site.
- Patients should be strongly encouraged to arrange with family members or others to secure their valuables.

California Department of Public Health / 89

Tools



The **Alternate Care Site Patient Valuables Deposit Form** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The form can be used to inventory patient valuables at an Alternate Care Site by patients.

What is a patient valuables control log?

Administration Government-Authorized Alternate Care Sites, Section 17 (continued)

ACS

Patient Valuables Tracking (continued)

Patient Valuables Envelope

- Valuables should be stored in an envelope, ideally, a plastic, tamper-proof envelope. If one is unavailable, consider using a large manila envelope.
- The envelopes should be consecutively numbered for auditing and control purposes, if possible.
- A designated manager should ensure that patient-valuables envelopes are available to the triage, emergency department and admitting areas. The amount should be consistent with operational needs.
- Surplus envelopes should be securely stored.

Patient Valuables Control Log

- The Patient-Valuables Control Log can be used to document, track and audit valuables deposited or removed from the patient-valuables secured locations.

California Department of Public Health / 90

Tools



The **Alternate Care Site Patient Valuables Control Log** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The log can be used to track patient valuables at an Alternate Care Site.

Volume II: Alternate Care Sites

Is workers' compensation applicable to volunteers at an Alternate Care Site?

Administration Government-Authorized Alternate Care Sites, Section 17 (continued)

ACS

Workers' Compensation for Volunteers

- The State of California Disaster Service Worker Volunteer Program provides workers' compensation insurance coverage in the event a disaster service worker volunteer is injured while performing assigned disaster duties.
- Workers' compensation covers injuries or illnesses that occur due to employment. Workers' compensation covers various types of events, injuries and illnesses, including single events or injuries caused by repeated exposure.
- Staff at an Alternate Care Site may be injured at work and workers' compensation is an important mechanism with which Alternate Care Site management should be familiar. Existing healthcare facilities have specific policies and procedures for reporting injuries sustained at work which may be used as samples for Alternate Care Site planning around this issue.

California Department of Public Health / 91

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 17.6: Workers' Compensation for Volunteers** for additional information.

Tools



The **Workers' Compensation Process Flow and Claim Form for Disaster Service Workers** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**. The process flow depicts how workers' compensation may play a role during a healthcare surge for Disaster Service Workers.

Reference



For additional information on how worker's compensation may play a role as a payer of healthcare services for those injured at work during a healthcare surge, refer to the State of California Division of Workers' Compensation website, which includes up-to-date information on how to file a workers' compensation claim, how to request a qualified medical evaluation and other information. This website can be accessed at <http://www.dir.ca.gov/dwc/>.

Volume II: Alternate Care Sites

What role does the California Office of Emergency Services play in the reimbursement for services provided at an Alternate Care Site during a catastrophic event?

Reimbursement

Government-Authorized Alternate Care Sites, Section 18

ACS

- Government–authorized Alternate Care Sites will be reimbursed through local, State, and federal resources.
- Third Party Payers, including commercial health plans, are not required to reimburse for healthcare services delivered through Alternative Care Sites.
- The Office of Emergency Services will assist local jurisdictions with reimbursement from both State and federal emergency funds for those healthcare services which are delivered at Alternative Care Sites.
- State funds under the California Disaster Assistance Act may be available as well as Federal Emergency Management Agency funds.

California Department of Public Health / 92

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 18: Reimbursement** for additional information.

What role does the Federal Emergency Management Agency play during a healthcare surge?

Reimbursement Government-Authorized Alternate Care Sites, Section 18 (continued)

ACS

Federal Emergency Management Agency Public Assistance for Alternate Care Sites

- The Federal Emergency Management Agency funds are awarded at a baseline of 75 percent federal with a 25 percent state/local cost share. Under catastrophic events, the Federal Emergency Management Agency has sometimes paid up to 90 percent of the costs.
- As a result of temporary but substantial population displacement during the Hurricane Katrina disaster period and the severe acute respiratory syndrome (SARS) pandemic, Federal Emergency Management Agency funds have been appropriated for payment of medical stabilization services during a disaster.
- Given the rapidly infectious and deadly nature of human influenza, federal resource response for an outbreak is different from other disaster relief undertakings, and as such, a separate policy was developed to address this potential situation.
- The Federal Emergency Management Agency Disaster Assistance Policy # 9523.17 on Emergency Assistance for Human Influenza Pandemic lists a series of emergency protective measures that may be eligible for reimbursement to State and local governments and certain private nonprofit organizations under the Public Assistance Grant.

California Department of Public Health / 93

Guidance



Refer to **Volume II: Government-Authorized Alternate Care Sites, Section 18.1: Federal Emergency Management Agency Public Assistance for Alternate Care Sites During a Healthcare Surge and Reference Manual, Section 7.24: Federal Emergency Management Agency's Emergency Assistance for Human Influenza Pandemic** for additional information.

What are the considerations for Alternate Care Site Activation?

Alternate Care Site Activation Government-Authorized Alternate Care Sites, Section 19

ACS

- To prepare for a successful Alternate Care Site opening, the following should be considered for activation:
 - Coordinate with each team member to ensure that the Alternate Care Site can be fully operational within 72 hours of the determination to activate
 - Activate set-up process
 - Ensure that at the time of opening, there is at a minimum: one armed guard, one physician and one nurse regardless of the size of the facility.
 - Contact Alternate Care Site Director and operations chief
 - Contact administrative staff
 - Assemble all applicable contracts for services and staff
 - Contact and mobilize staff for security, environmental, administrative, clinical and pharmaceutical services
 - Contact vendors for supplies, pharmaceuticals and equipment to ensure smooth delivery
 - Act as liaison between vendors and government-authorized Alternate Care Site
 - Assist with troubleshooting or procuring additional assistance/resources as needed

California Department of Public Health / 94

What tasks should be performed when performing a facility assessment at an Alternate Care Site?

Alternate Care Site Activation Government-Authorized Alternate Care Sites, Section 19 (continued)

ACS

Facility Assessment

- A thorough facility assessment should be conducted to ensure the structural integrity of the facility. It is recommended that a facility vulnerability assessment report be completed at the initial stages of the ramp-up period.
- When ramping up for a healthcare surge, the Alternate Care Site facility should be checked to ensure the following:
 - Functionality of utilities: electrical power, ventilation, heating, air conditioning, water and plumbing systems
 - Functionality of a Heating, Ventilation and Air Conditioning (HVAC) system
 - All areas that will not be used are partitioned off
 - Functionality of telephone and other communications systems
 - Functionality of backup power, if available
 - Proper space needed for patient care: this may involve contacting an identified moving company to conduct move out of desks, etc.
 - Efforts need to be made to make the Alternate Care Site as clean and sterile as possible.
 - Availability of fire extinguishers
 - Functionality of a supplemental morgue system

California Department of Public Health / 95

Tools



The **Alternate Care Site Facility Damage Report (Limited Assessment)** can be found in the **Government-Authorized Alternate Care Site Operational Tools Manual**.

The **Alternate Care Site Facility On-Site Damage/Operability Report (Comprehensive Assessment)** can be found in **Government-Authorized Alternate Care Site Operational Tools Manual**.

Who will determine when to shut down an Alternate Care Site?

Alternate Care Site Closure Government-Authorized Alternate Care Sites, Section 20

ACS

- Once all patients can be safely discharged or transported back to existing facilities for continued care and there is no ongoing healthcare surge capacity need, the Alternate Care Site can be closed.
- The Local Health Department and Alternate Care Site operations personnel will use professional judgment to determine when to shut down an Alternate Care Site and oversee shut-down activities.
- Shutdown of an Alternate Care Site will require removal of equipment and termination of ongoing contracts or arrangements. Shutdown should be expedited so that the facility can quickly be returned to the control of the existing owners and returned to its usual function.

California Department of Public Health / 96

What are the key take-aways from the Government-Authorized Alternate Care Site training module?

ACS

Government-Authorized Alternate Care Sites - Wrap Up

Now that you have completed this Alternate Care Sites training module, you will be able to:

- Define a government-authorized Alternate Care Site and understand when it will be established during a healthcare surge.
- Describe the roles and responsibilities of the Alternate Care Site Planning Team.
- With regard to Facility Selection:
 - Discuss the considerations for selecting a facility, including: roadway access, security, building size, and physical configuration.
- With regard to Staffing:
 - Discuss how to maintain staff and maximize efficiency during a healthcare surge.
 - List the credentialing and personnel verification procedures for clinical staff at an Alternate Care Site.
 - Describe the role of the Alternate Care Site Command staff.
 - Identify immunities from liabilities that exist for volunteers.

California Department of Public Health / 97

What are the key take-aways from the Government-Authorized Alternate Care Site training module?

ACS

Government-Authorized Alternate Care Sites - Wrap Up

Now that you have completed this Alternate Care Sites training module, you will be able to:

- With regard to Supplies, Pharmaceuticals and Equipment:
 - List considerations for the types and quantities of supplies, pharmaceuticals, and equipment to acquire prior to and during a catastrophic event and the methods to obtain these resources
 - Describe when to use Personal Protective Equipment.
 - Explain how to handle storage, staging, distribution and deployment of supplies, pharmaceuticals and equipment
- With regard to Operations of an Alternate Care Site:
 - Plan for operational processes, such as patient management, security services, environmental services, hazardous waste management, mass fatality management, and staff training methods.

California Department of Public Health | 98

What are the key take-aways from the Government-Authorized Alternate Care Site training module?

ACS

Government-Authorized Alternate Care Sites - Wrap Up

Now that you have completed this Alternate Care Sites training module, you will be able to:

- With regard to Administration of Alternate Care Sites:
 - Describe processes to track patients, register patients, document medical records, and record retention.
 - Explain disease reporting requirements at an Alternate Care Site, HIPAA compliance requirements, and California State Privacy Laws that are relevant to the operations of an Alternate Care Site.

- With regard to Reimbursement:
 - Describe State and federal reimbursement sources and processes for obtaining funds through these reimbursement channels.
 - Explain the role of the Federal Emergency Management Agency during the declaration of a federal state of emergency.

California Department of Public Health / 99

What are the key take-aways from the Government-Authorized Alternate Care Site training module?

ACS

Government-Authorized Alternate Care Sites - Wrap Up

Now that you have completed this Alternate Care Sites training module, you will be able to:

- With regard to Alternate Care Site activation:
 - Describe the considerations for a successful activation of an Alternate Care Site.
 - Explain how to perform a facility assessment.
- With regard to Alternate Care Site closure:
 - Describe who will decide when an Alternate Care Site will shut down.
 - List the tasks associated with the shut down of Alternate Care Site operations.

California Department of Public Health / 100