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

Government-Authorized Alternate Care Site Operational Tools Manual

California Department of PublicHealth

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

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Introduction

The Government-Authorized Alternate Care Site Operational Tools Manual contains tools that enable healthcare surge planning, management, delivery of care and administrative functions. Such tools may be used by local health departments for healthcare surge planning and response to catastrophic healthcare emergencies. The manual was designed to provide single-source direct access to all tools included within the Government-Authorized Alternate Care Sites Volume of the Standards and Guidelines Manual.

The audience for these tools includes:

- Administrators and executives
- Legal counsel
- Compliance officers
- Risk management personnel
- Department managers and supervisors
- Physicians
- Nurses
- Allied health staff

Using the Operational Tools Manual:

A. **Standards and Guidelines Manual:** The tools are referenced throughout the Government-Authorized Alternate Care Sites Volume of the Standards and Guidelines Manual by tool name.

B. **Operational Tools Manual:** The tools in the Operational Tools Manual are organized alphabetically by tool name.

C. Each tool within the Operational Tools Manual includes a cover page which contains:
   1. Tool name
   2. Description
   3. Instructions

Description

The Alternate Care Site Assessment Tool can be used to assist planners in assessing potential locations for an Alternate Care Site and the minimum physical requirements for operations of an Alternate Care Site. The tool will assist in determining the criteria/requirements/standards for a particular Alternate Care Site location as it relates to:

- Location considerations for an Alternate Care Site: What are the types of facilities that can be considered for Alternate Care Sites? Suggested facilities include but are not limited to: National Guard armories, shuttered hospitals, mobile field hospitals, airports, airport hangers, arenas, stadiums, fairgrounds, parks, schools, churches, community centers, football fields, government buildings, hotels/motels, meeting halls, warehouses, gymnasiums, civic sports centers, conference rooms, health clubs, and convention centers. Large tents or similar “soft” structures can also be used.
- Clinical care requirements: What are the minimum clinical requirements to provide patient care?
- Infrastructure: Is there sufficient square footage to provide space for patient cots or mats and space for work area for healthcare providers, ancillary workers and support staff? Is there space to store supplies? Can access to the building be safely controlled? Is the building environmentally safe for patients and workers?
- Total space and layout: Is there an area where patients can easily be transferred from ambulances into the building? Is there ample parking for workers and patient families? Is there adequate space to safely store contaminated waste until pick-up?
- Utilities: Does the building have a system of back up power? Electrical outlets? Sanitary facilities? Running water?
- Communication: Can multiple phone lines and internet connections quickly be activated at the site? Who do they need to serve? Is the wiring sufficient to support phone lines and internet connections?
- Other services: Is there an area where food can be prepared safely or received from a catering service?

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 8.7: Site Assessment Tool.

Instructions

Fill out all sections of the assessment form as completely as possible. An overall findings and recommendations section is included at the end of the document for you to determine the level of use for your facility during a mass medical emergency.

Alternate Care Site Assessment Tool

Required attachments needed with this assessment: site map and/or floor plan drawing of facility structure

Site Name:
Address:
Thomas Brothers Map and Page grid #:

Items to Be Completed Prior to Survey Visit

Alternate Care Site Planning Team completing assessment:	
Date of assessment:	Phone:
Point of Contact for site access:	Phone:
After business hours point of contact:	Phone:
Point of Contact for facility maintenance (if applicable):	Phone:
Point of Contact for site security (if applicable):	Phone:
Total square feet:	Covered square feet: 40K required if requesting Alternate Care Site with 250-bed unit capacity
# of buildings available:	(circle) One floor or Multilevel # of floors:

The following is a list of basic facility requirements to establish an Alternate Care Site. Determine if the requirement is present, not present or reasonably accommodated (potential to be present with refitting/renovation). *P = Present; NP = Not Present; RA = Reasonably Accommodated*		
I. Infrastructure	**P/NP/RA**	**Comments**
Door size adequate for gurneys, 46” width		
Floors		
Loading dock		
Parking for staff and visitors		
Roof		
Toilet facilities/showers (#:___)		
Hand-washing facilities		
Heating, Ventilation and Air Conditioning (HVAC) System for adequate ventilation		
Climate control		
Walls		
Wheelchair access		
II. Total Space Layout	**P/NP/RA**	**Comments**
Auxiliary spaces (Pharmacy, Counselors)		
Equipment/supply storage area		
Family waiting room		
Food and supply prep area		
Morgue/holding area		

Patient decontamination/isolation area		
Min 40 sq. feet per bed per person		
Staff support/rest break areas		
III. Utilities	**P/NP/RA**	**Comments**
Air conditioning		
Electrical power (back-up generator)		
Heating		
Lighting		
Water		
Fire protection safety and equipment		
Refrigeration for safe storage of medical supplies and food, morgue		
IV. Communications	**P/NP/RA**	**Comments**
Phone capability (#:____)		
Two-way radio capability		
Wired for IT and Internet access		
V. Clinical Requirements	**P/NP/RA**	**Comments**
Triage/ER patient care		
Pharmacy		
Laboratory/blood testing		
VI. Other Services	**P/NP/RA**	**Comments**
Ability to lock down facility		

Provide secure storage for controlled substance and medical materials		
Accessibility/proximity to public transportation		
Biohazard and other waste disposal		
Oxygen/medical gases delivery capability		

Answer the following questions:		
Has this site been identified for use in other emergencies?	Y	N
Americans with Disabilities Act (ADA) access for persons with disabilities?	Y	N
Size of largest open room: _____ feet / _____ feet		
Total covered area sq ft (estimate for 200 casualties +staff = 15,000-20,000 square feet):		
Are there any other indigenous communications resources (i.e. security radios, intercom, Internet etc)? Comments:		
Generator capacity: watts.		
Fuel on site: gallons Runtime with existing fuel? hours		
Nearest major thoroughfare:		
Road size and number of lanes for access to site:		
How does the general layout look? Good Fair Congested		
Would materiel need to be relocated to use this facility/site?	Y	N
Estimate # of non-ambulatory casualties in all areas (@50 sq. ft. per patient)		
Problems, major stumbling blocks? Comments:		

Attach diagram of roads, parking, traffic plan.
What would have to be brought in? (excluding medical supplies) ☐ Utilities ☐ Communications ☐ Equipment ☐ Food, Water

Overall Findings and Recommendations	
Provide your overall assessment of the facility.	
Based on the walk-through, this facility would accommodate (circle one):	
1	No potential for healthcare surge capacity use.
2	Potential for an outpatient care during a healthcare surge
3	Potential for outpatient and inpatient care during a healthcare surge
4	Potential for critical care during a healthcare surge
5	Potential for supportive care during a healthcare surge

Alternate Care Site Community Participant Checklist

Description

An important element of the Alternate Care Site Planning Team is the inclusion and integration of public and private partners in the community in both planning for and operation of Alternate Care Sites. The Alternate Care Site Community Participant Checklist gives examples of the types of community members to consider for community-based planning and operation of sites.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 4.1: Developing the Alternate Care Site Planning Team.

Instructions

The Alternate Care Site Planning Team should review the checklist to ensure a variety of community members are included in Alternate Care Site planning and operations.

Alternate Care Site Community Participant Checklist

	Community Participant	Potential Role
Local, State, and federal organizations		
☐	Law enforcement, fire, and coroner	Emergency first responders, security, enforcement of quarantine/isolation orders, fatality management
☐	Local emergency medical services agencies	Local implementing arm of the Emergency Medical Systems Agencies
☐	Local federal offices	Personnel, planning
☐	Local public health	Public health planning, personnel, technical assistance
☐	Local State offices	Personnel, planning
☐	National Guard and military establishments	Transportation and infrastructure support, security, enforcement
Volunteer organizations		
☐	Community Emergency Response Teams (CERT)	Volunteers
☐	Medical Reserve Corps (MRC)	Volunteers
☐	Neighborhood Emergency Response Teams (NERT)	Volunteers
☐	Red Cross/Salvation Army and other non-profit organizations	Volunteers and supplies aid
Commercial organizations and business partners		
☐	Area airports	Transportation, facilities
☐	Board of Realtors	Coordination of additional space for healthcare facilities
☐	Chambers of commerce	Business community support
☐	Communication companies (e.g., private cell, two-way radio, broadcast television)	Communication needs
☐	Major employers and business community, especially big-box retailers (e.g., Costco, Sam's Club)	Essential supplies and services
☐	Mortuaries	Burial and cremation services
☐	Private security firms	Security services
☐	Public works and local utility companies	Critical infrastructure

	Community Participant	Potential Role
☐	Restaurants, caterers, party supply stores	Facilities, food, supplies
Community organizations		
☐	City unified school districts and community colleges	Alternate Care Sites, personnel/services, supplies
☐	Faith-based organizations	Facilities, volunteers, supplies, translation
☐	Public transportation	Transportation
☐	Nursery schools/preschools	Facilities, personnel, child care
☐	Veterinary shelters/pet boarding and care	Pet care for workers/evacuees
Other Partners		
☐	Miscellaneous services	Financial, accounting, general services

Alternate Care Site Considerations for Staff Support Provisions

Description

The Alternate Care Site considerations for staff support provisions are intended to layout issues that an Alternate Care Site should consider for its staffing plans and strategies and is designed to serve as a starting point for Alternate Care Site planners in outlining necessary policies and provisions to support staff during a healthcare surge.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.6.2: Support Provisions for Staff.

Instructions

The Alternate Care Site Planning Team should review the list as considerations for its staffing plans and strategies.

Alternate Care Site Considerations for Staff Support Provisions[1]

Purpose: The following information is intended as a starting point for the Alternate Care Site Planning Team in outlining necessary policies and provisions to support staff during a healthcare surge.

Staff Support Considerations
The following are issues that the Alternate Care Site Planning Team should consider for its staffing plans and strategies:

1. Some staff will not be able to report to work because they or their loved ones may have been directly involved in the incident.
2. Some staff will refuse to report to work because of concerns about their own and their family members' safety and health. In the case of a biological incident, they may have fear of contracting the disease or bringing the disease home.
3. Many staff will have concerns about childcare. The normal childcare provider may not be able to provide these services in an incident. These same concerns apply to staff who may be caring for their parents or others. There should be options available for childcare/eldercare so that staff is free to report to work. Title 42 - Termination if employees chose to volunteer for disaster work (Policy or guideline for protection of work, possibly consider waiver).
4. Some staff may have concerns about the shelter and care of their pets. Consideration should be made for pet care during healthcare surge. Designated kennel or housing provisions should be considered for Alternate Care Site staff members.
5. The Alternate Care Site should consider the provision of rooms for staff for rest and sleep and personal hygiene needs (blankets, pillows, sheets, showers, towels, soap, shampoo, etc.). In the case of a biological incident, there may be implementation of work quarantine in addition to staff working longer shifts or not being able to go home. The Alternate Care Site may also want to consider what is available in local hotels, churches and other such organizations for sleeping accommodations and showers.
6. The Alternate Care Site should consider areas for staff to eat and have refreshments.
7. Staff may be away from home for extended shifts and need to communicate with family members and other loved ones. The Alternate Care Site should consider the availability of telephones to call home and computer access for e-mail.
8. For staff working extended shifts or not able to go home, there may be the need for laundry services or the provision of scrubs. Staff members should also consider having an "emergency kit" with personal items such as underwear, socks, toiletries, a supply of medications, etc. readily available.
9. Staff should have a "family plan" so that everyone in the family knows what will need to happen and who is responsible for various duties if a family member who works at the Alternate Care Site needs to work longer shifts or is quarantined at the healthcare facility.

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[1] State of Wisconsin. Guidelines for Managing Inpatient and Outpatient Surge Capacity, Recommendations of the State Expert Panel on Inpatient and Outpatient Surge Capacity. November 2005.

10. The Alternate Care Site should also give consideration for back-up of essential services such as food services, laundry, housekeeping and other services, especially if these services are out-sourced and the incident affects the ability of the contractor to continue to provide these services and if the surge of patients and visitors overwhelms the capacity of these contractors.
11. The Alternate Care Site should consider a back-up system for notifying staff should the telephone lines be down or the circuits busy.
12. The Alternate Care Site should consider pre-identifying staff persons who will manage and supervise volunteers and in which areas or departments the healthcare facility is likely to use volunteers.
13. Job descriptions should be available for all positions so that staff can receive “just-in-time” training by reading the job descriptions.

Based on these recommendations, the following support provisions should be considered by the Alternate Care Site Planning Team:

- Behavioral/mental healthcare care for staff
- Behavioral/mental healthcare for dependents
- Dependent care (children and adults)
- Meal provisions for 3-7 days
- Water for 3-7 days
- Pet care
- Designated rooms for rest/sleeping
- Designated restrooms
- Personal hygiene provisions (blankets, pillows, sheets, showers, towels, soap, shampoo, etc.)
- Designated eating areas
- E-mail/telephone access to communicate with family
- Clothing or laundry services for staff and dependents
- Emergency kits (personal items such as underwear, socks, toiletries, a supply of medications, etc.), staff store at the place of work
- Family emergency plan

Alternate Care Site Credentialing Matrix Log for Licensed Healthcare Professionals

Description

The Alternate Care Site Credentialing Matrix Log for Licensed Healthcare Professionals is meant to provide Alternate Care Sites with a template to use to verify that healthcare professionals who have been granted temporary disaster privileges have provided the appropriate, and required, documentation.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.3.2: Credentialing and Personnel Verification for Clinical Staff.

Instructions

For each licensed health professional who presents at an Alternate Care Site, the Alternate Care Site will intake the following information:

- Health professional's full name
- Government-issued identification (driver's license/passport)
- Current picture healthcare facility identification card that clearly identifies professional designation
- Current license and/or certification to work
  - Identification/documentation indicating that the individual is a member of the California Medical Assistance Team (CalMAT) a Disaster Medical Assessment Team (DMAT) or MRC, California Medical Volunteers or other recognized State or federal organization or groups
  - Identification by an employee of a current healthcare facility with personal knowledge regarding the volunteer's ability to act as a licensed healthcare professional during a disaster (if applicable)

Once the health professional's identity and ability to practice has been verified, then the volunteer will list their skill sets in the column labeled "Declared Competencies." This information will be used to determine where to assign the healthcare professional.

Alternate Care Site Credentialing Matrix Log for Licensed Healthcare Professionals						
Individual Name	Proposed Minimum Identification Requirements during Surge (Select all applicable)					Declared Competencies
	Govt-Issued Photo ID (Required)	Hospital ID	Current License & Picture	Volunteer (e.g., CalMAT, DMAT) ID	Other - specify	

Alternate Care Site Critical Pharmaceutical Locations Tracking Tool

Description

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 needs to be determined. This analysis should incorporate the number of potential patients, the number of employees and family members who will need prophylaxis, and the daily dosage. 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.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.1.1: Pharmaceuticals.

Instructions

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. The following tool provides a mechanism to track purchased pharmaceuticals.

Standards and Guidelines for Healthcare Surge During Emergencies

Critical Pharmaceuticals Locations

Sample Pharmaceuticals Suggested During a Surge	Strength	Route of Administration	Projected Need	Location #1			Location #2			Location #3			Quantity Available in Operational Area
				Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	
Antidotes for Biological Agents													
Activated charcoal 50 g slurry	N/A	Oral											
Cidofovir	75mg / ml	Injectable											
Ciprofloxacin	400mg	Injectable											
Ciprofloxacin	500mg	Oral											
Clindamycin	600mg	Injectable											
Doxcycline Hyclate	100mg	Injectable											
Doxcycline Hyclate	100mg	Oral											
Gentamicin Sulfate	10mg / ml	Injectable											
Gentamicin Sulfate	40mg / ml	Injectable											
Penicillin GK	20MU	Injectable											
Rifampin	300mg	Oral											
Streptomycin Sulfate	400mg / ml	Injectable											
Antidotes for Chemical Agents													
Amyl Nitrite 0.3 ml. Crushable ampul	N/A	Inhaled											
Atropine Sulfate prefilled syringe	1mg / 10ml	Injectable											
Atropine Sulfate multidose vial	8mg / 20ml	Injectable											
Calcium Chloride	10ml	Injectable											
Calcium Gluconate 10%	10mg / 100ml	Injectable											
Diazepam	5mg / ml	Injectable											
Dimeracaprol	100mg / ml	Injectable											
Diphenhydramine HCL	50mg / ml	Injectable											
Methylene Blue 1%	10mg / ml	Injectable											
Pralidoxime Chlroide	1gm / 20ml	Injectable											
Pyridostigmine Bromide	30 0r 60mg	Oral											
Pyridoxine HCL	3g / 30ml	Injectable											
Sodium Nitrite	30mg / ml	Injectable											
Sodium Thiosulfate	12.5mg / 50ml	Injectable											

Standards and Guidelines for Healthcare Surge During Emergencies Critical Pharmaceuticals Locations													
Sample Pharmaceuticals Suggested During a Surge	Strength	Route of Administration	Projected Need	Location #1			Location #2			Location #3			Quantity Available in Operational Area
				Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	
Antidotes for Radiological & Nuclear Agents													
Aluminum Hydroxide Suspension 240ml	N/A	Oral											
Calcium Carbonate	1g	Oral											
Chlorthalidone	100mg	Oral											
Deferoxamine Mesylate	1g	Injectable											
Edetic Acid	200mg / ml	Injectable											
Furosemide	100mg / 10ml	Injectable											
Magnesium Sulfate	N/A	Oral											
Magnesium Oxide	N/A	Oral											
Penicillamine	125mg / 250ml	Oral											
Potassium Iodide	130mg	Oral											
Prussian Blue	500mg	Oral											
Sodium Iodide	130mg	Oral											
Trisodium Calcium Diethylenetriaminepentaacetate	1g	Injectable											
Trisodium Zinc Diethylenetriaminepentaacetate	1g	Injectable											
Drugs for Treating Acute Radiation Syndrome													
Acyclovir Sodium	25mg / ml	Injectable											
Acyclovir	400mg	Oral											
Antidiarrheal	N/A	Oral											
Cefepime HCL	1g	Injectable											
Filgrastim	300ug / ml	Injectable											
Fluconazole	200mg / ml	Oral											
Ganciclovir	250-500mg	Oral											
Ganciclovir Sodium	500mg / ml	Injectable											

Standards and Guidelines for Healthcare Surge During Emergencies Critical Pharmaceuticals Locations														
Sample Pharmaceuticals Suggested During a Surge	Strength	Route of Administration	Projected Need	Location #1			Location #2			Location #3			Quantity Available in Operational Area
				Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	
Drugs for Treating Acute Radiation Syndrome (continued)													
Granisetron HCL	1mg / ml	Injectable											
Granisetron HCL	1mg	Oral											
Ondansetron HCL	2mg / ml	Injectable											
Pegfilgrastim	6mg	Injectable											
Trimethoprim/Sulfamethoxazole	160mg / 800mg	Oral											
Trimethoprim/Sulfamethoxazole	16mg/ml / 80mg/ml	Injectable											
Vaccines													
Tetanus Toxoid	N/A	Injectable											

Sources:
1) Guidelines for Managing Inpatient and Outpatient Surge Capacity - State of Wisconsin, 2005
2) Emergency Preparedness Resource Inventory (EPRI), A Tool for Local, Regional, and State Planners
3) State of California Mass Prophylaxis Planning Guide, EMSA, June 2003.
4) Organization of a health-system pharmacy team to respond to episodes of terrorism, Am J Health-Syst Pharm-Vol 60 Jun 15,2003

Description

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.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.1: Patient Tracking.

Instructions

Use the disaster incident number policy to assign a unique identifier for patient tracking at an Alternate Care Site during a healthcare surge.

Alternate Care Site Disaster Incident Number Policy and Label

Policies and procedures for use are listed below:

1. Disaster incident number would be a unique patient identifier that would follow the patient during a healthcare surge from the point of entry into the healthcare system through discharge.
2. The disaster incident number would comprise 2 specific elements of identification:
   a. The first 2 digits would be the California county code where that patient entered the system. County codes are 1 to 58. Those counties that have a single-digit county code would place a 0 in front of the first digit.
   b. The second set of numbers would be a number from 1 to 9,999,999, which would be used to specifically identify each patient within that county.
   c. Example: 01-0000025
3. The disaster incident number could be assigned at any of the following entry points and/or locations:
   a. Hospital - To be assigned at registration.
   b. Alternate Care Site /field treatment centers/shelters - To be assigned at registration.
   c. Emergency Medical Services (field crew) - To be assigned upon pick up.
4. The disaster incident number label includes the following elements to be completed by the person performing the intake for that patient. At all entry points, the goal is to fill out as much information as possible at the time the disaster incident number is initiated. The disaster incident number label includes the following elements to be completed by the person performing the intake for the patient. When the local Emergency Medical Services Agency initiates the disaster incident number, condition, gender and destination are key data elements.
   a. First Name - Patient's first name
   b. Last Name - Patient's last name
   c. Street Address - Patient's home address
   d. City - Patient's city of residence
   e. SSN - Patient's Social Security number
   f. Telephone - Patient's home phone
   g. Cell - Patient's cell phone
   h. Destination – Place to which the patient is being triaged
   i. Condition (Minor compromise, Major compromise, Not compromised, Shelter only)
   j. Facility Name
5. The disaster incident number form may include a bar code that would represent the number for that form.
6. Ideally, the Disaster Incident Number should replace the triage number on the triage tag. Alternatively, the triage tags can be modified to include space for a Disaster Incident Number label.

Sample Disaster Incident Number Label

<table>
<tr><td colspan="2">First Name:</td><td rowspan="2">Multiple copies of these stickers provided to follow the patient as he / she moves</td></tr>
<tr><td colspan="2">Last Name:</td></tr>
<tr><td colspan="2">disaster incident number:</td><td rowspan="2">BAR CODE and Disaster Incident Number</td></tr>
<tr><td colspan="2">Street Address:</td></tr>
<tr><td colspan="2">City:</td><td rowspan="2">BAR CODE and Disaster Incident Number</td></tr>
<tr><td colspan="2">SSN:</td></tr>
<tr><td colspan="2">Tel:</td><td rowspan="2">BAR CODE and Disaster Incident Number</td></tr>
<tr><td colspan="2">Cell:</td></tr>
<tr><td colspan="2">Destination:</td><td rowspan="2">BAR CODE and Disaster Incident Number</td></tr>
<tr><td colspan="2">Facility Name:</td></tr>
<tr><td colspan="3">Condition (indicate condition with check mark):</td></tr>
<tr><td>Minor compromise: [ ]</td><td>Not compromised: [ ]</td><td></td></tr>
<tr><td>Major compromise: [ ]</td><td>Shelter only: [ ]</td><td></td></tr>
</table>

Alternate Care Site Facility Damage Report (Limited Assessment)

Description

A high-level assessment of the alternate care site should be conducted to ensure that the facility has maintained its structural integrity. When ramping up for a mass medical emergency, the facility should be checked to ensure the following:

- Capability of providing essential patient care (routine care as well as management of injuries or disaster-related conditions if any)
- Integrity of structure is intact with no obvious damage and availability of access to all areas
- Availability of essential services such as power, water, gas and communications
- Availability of adequate staff, supplies and equipment for the next 72 hours (e.g., food, water, medicines, O2, hygiene and fuel)
- Ability to function without assistance for the next 72 hours

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 19.1: Facility Assessment.

Instructions

Complete the facility damage report to assess structural integrity of your facility during a mass medical emergency.

Alternate Care Site Facility Damage Report (Limited Assessment)

Address:_____

Date and Time report given: _____Census_____

Contact Person: _____ Title/Location:_____

Preferred Contact Method: _____ Preferred Contact Number:_____

Address:_____

Complete the worksheet			
#	**answer:**	**questions:**	**comments:**
1	Y/N Partial	Can you provide essential patient care? (routine as well as management of injuries or disaster related conditions if any)	
2	Y/N Partial	Is Alternate Care Site facility intact? (structural integrity intact, no obvious damage, access to all areas)	
3	Y/N Partial	Are essential services intact? (power, water, gas, communication)	
4	Y/N Partial	Do you have adequate staff, supplies and equipment for the next 72 hours? (food, water, medicines, O2, hygiene, fuel)	
5	Y/N Unsure	Can you function without assistance for the next 72 hours?	

If the answer to any question is “partial” or “no,” the Licensing and Certification District Office will ask the Alternate Care Site to describe its plan for resolving the issue. If Alternate Care Site is preparing to evacuate, the Licensing and Certification District Office will obtain patient list and evacuation destination(s) and complete a facility transfer summary. A summary report will then be sent to CDPH's disaster preparedness coordinator and/or field branch chief.

Source: California Department of Public Health, Licensing and Certification Program, Emergency Preparedness & Response Plan

Alternate Care Site Facility On-Site Damage/Operability Report (Comprehensive Assessment)

Description

A thorough assessment of the alternate care site should be conducted to ensure the operability of the site. The report will aid in the decision for keeping the facility open or evacuating staff. During a mass medical emergency, the facility should be checked to ensure the following:

- Structural integrity
- Availability of communications and elevators (if applicable)
- Availability of water: from utility, drinking and hot
- Functionality of building systems such as electricity, emergency power, fuel reserve, heating and cooling, and sewage disposal
- Availability of supplies including food, medications, linens and other items
- Availability of resources such as administration, nursing, dietary and housekeeping

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 19.1: Facility Assessment.

Instructions

Complete all sections of this report to assess structural integrity and operability of your alternate care site facility. A partial to total evacuation should be considered if the overall damage assessment is yellow or red.

Alternate Care Site Facility On-Site Damage/Operability Report (Comprehensive Assessment)

Alternate Care Site Facility On-Site Damage/Operability Report
(Comprehensive Assessment)

Alternate Care Site Facility Name: _____
Date of Visit: _____

Address: _____ Evaluator Names: _____

City: _____

Overall Damage Assessment*:

❑ GREEN ❑ YELLOW ❑ RED

AVAILABLE VACANT BEDS MALE ❑ FEMALE ❑

PATIENT EVACUATION ORDERED BY:_____ TITLE _____

TYPE OF EVACUATION: TOTAL ❑ PARTIAL ❑

BUILDING	YES	NO
PARTIAL COLLAPSE		
TOTAL COLLAPSE		
PHOTOS TAKEN		

C0MMUNICATIONS	YES	NO
EXTERNAL		
INTERNAL		
ELEVATORS OPERATIONAL (IF APPLICABLE)		

WATER AVAILABILITY	YES	NO
FROM UTILITY		
DRINKING WATER		
HOT WATER		

BUILDING SYSTEMS	YES	NO
ELECTRICITY		
EMERGENCY POWER		
FUEL RESERVE		
BUILDING SYSTEMS		

SUPPLIES	YES	NO		STAFF AVAILABILITY	YES	NO
FOOD				ADMINISTRATION		
MEDICATIONS				NURSING		
LINEN				DIETARY		
OTHER SUPPLIES				HOUSEKEEPING		

EVALUATOR COMMENTS AND DIAGRAM (IF NECESSARY):

_____

_____

_____

_____

_____

Recommend Referral To:_____

Source: California Department of Public Health, Licensing and Certification, Emergency Preparedness & Response Plan

*Green: Habitable, minor or no damage,

Yellow: Damage which represents some degree of threat to occupants

Red: Not habitable, significant threat to life safety

Alternate Care Site Inventory Based Pharmaceuticals by General Classifications List

Description

Although developed for hospital pharmaceutical planning, the following *Inventory Based - Pharmaceuticals by General Classification List* is a tool that the Alternate Care Site Planning Team can use when determining the pharmaceutical needs for an Alternate Care Site. Using inputs such as doses required and the days of therapy required, the tool can be used to calculate the number of patients to be treated, the doses required and the packages of pharmaceuticals to be stocked.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.1.1: Pharmaceuticals.

Instructions

Use this tool as a guide in conjunction with the hazard vulnerability assessment. Pharmaceutical needs are site-dependent based on the complexity of services offered and the potential needs of the community.

1. The columns in the tool need to be populated and are explained below:
    a. **Sample Pharmaceuticals Suggested during a Surge**
        i. This list is non-comprehensive and considers various surge scenarios including antidotes and vaccines for:
            1) Biological events
            2) Chemical events
            3) Radiological/nuclear events
        ii. Add/delete specific pharmaceuticals that may or may not be needed at their specific site.
    b. **Package Size:** Identify the number of items in the package.
    c. **Wholesaler Item #:** Identify the number assigned to the item by the wholesaler the facility uses for ease of use in identifying and re-ordering.
    d. **Average Daily Census:** Quantify the average daily census of the facility (if applicable) to provide guidance in understanding quantity needs in a healthcare surge.

e. **Potential Surge Patients:** Estimate how many healthcare surge patients may be expected. This will vary considerably from type of event, location of facility, and number and type of other facilities with the potential to provide care. The recommendation is that existing healthcare facilities should have enough supplies, pharmaceuticals and equipment at their facilities to be self-sufficient for 72 hours at a minimum with a goal of 96 hours and operate at 20 percent to 25 percent above their average daily census.

f. **Employees:** Identify the potential number of employees. This may be important in understanding the total count of those that require treatment.

g. **Total Potential Requiring Treatment:** Determine the total potential requiring treatment by considering all patients in a healthcare surge plus employees.

    1) A spreadsheet can be set up with formulas to determine the quantity needed by using the formula: *Average Daily Census +Potential Surge Patients + ED Capacity + Employees*.

h. **Doses Needed per Patient per Day:** Calculate how many doses are needed per day to guide the amount that needs to be ordered.

i. **Days of Therapy Required:** Calculate how many days of therapy are required to guide the amount of pharmaceuticals that need to be ordered.

j. **Total Doses Required:** Calculate the Total Doses Required

    Total doses = Doses needed per patient per Day X Days of Therapy required.

k. **No. of Packages to Stock:** Determine the number of packages to stock by considering the Total Doses Required.

l. **Alternate Sources:** Identify other sources that may have the specific pharmaceuticals that the facility is aware of (e.g. nearby hospital).

Inventory Based Pharmaceuticals by General Classifications Table

Critical Pharmaceuticals That May Be Needed During a Surge													
Sample Pharmaceutical Suggested During a Surge	**Strength**	**Route of Administration**	**Package Size**	**Wholesaler Item #**	**Average Daily Census**	**Potential Surge Patients**	**Employees**	**Total Potential Requiring Treatment**	**Doses Needed per Patient per Day**	**Days of Therapy Required (Max of 3 Days)**	**Total Doses Required**	**# Packages to Stock**	**Alternate Sources**
Antidotes for Biological Agents													
Activated charcoal 50g slurry	N/A	Oral											
Cidofovir	75mg / ml	Injectable											
Ciprofloxacin	400mg	Injectable											
Ciprofloxacin	500mg	Oral											
Clindamycin	600mg	Injectable											
Doxcycline Hyclate	100mg	Injectable											
Doxycycline Hyclate	100mg	Oral											
Gentamicin Sulfate	10mg / ml	Injectable											
Gentamicin Sulfate	40mg / ml	Injectable											
Penicillin GK	20MU	Injectable											
Rifampin	300mg	Oral											
Streptomycin Sulfate	400mg / ml	Injectable											

Critical Pharmaceuticals That May Be Needed During a Surge													
Sample Pharmaceutical Suggested During a Surge	**Strength**	**Route of Administration**	**Package Size**	**Wholesaler Item #**	**Average Daily Census**	**Potential Surge Patients**	**Employees**	**Total Potential Requiring Treatment**	**Doses Needed per Patient per Day**	**Days of Therapy Required (Max of 3 Days)**	**Total Doses Required**	**# Packages to Stock**	**Alternate Sources**
Antidotes for Chemical Agents													
Amyl Nitrite 0.3ml. Crushable ampul	N/A	Inhaled											
Atropine Sulfate prefilled syringe	1mg / 10ml	Injectable											
Atropine Sulfate multidose vial	8mg / 20ml	Injectable											
Calcium Chloride	10mg / 10ml	Injectable											
Calcium Gluconate 10%	10mg / 100ml	Injectable											
Diazepam	5mg / ml	Injectable											
Dimeracaprol	100mg / ml	Injectable											
Diphenhydramine HCL	50mg / ml	Injectable											
Methylene Blue 1%	10mg / ml	Injectable											
Pralidoxime Chlroide	1gm / 20ml	Injectable											
Pyridostigmine Bromide	30 0r 60mg	Oral											
Pyridoxine HCL	3g / 30ml	Injectable											
Sodium Nitrate	30mg / ml	Injectable											
Sodium Thiosulfate	12.5mg / 50ml	Injectable											

Critical Pharmaceuticals That May Be Needed During a Surge													
Sample Pharmaceutical Suggested During a Surge	**Strength**	**Route of Administration**	**Package Size**	**Wholesaler Item #**	**Average Daily Census**	**Potential Surge Patients**	**Employees**	**Total Potential Requiring Treatment**	**Doses Needed per Patient per Day**	**Days of Therapy Required (Max of 3 Days)**	**Total Doses Required**	**# Packages to Stock**	**Alternate Sources**
Antidotes for Radiological & Nuclear Agents													
Aluminum Hydroxide Suspension 240ml	N/A	Oral											
Calcium Carbonate	1g	Oral											
Chlorthalidone	100mg	Oral											
Deferoxamine Mesylate	1g	Injectable											
Edetic Acid	200mg / ml	Injectable											
Furosemide	100mg / 10ml	Injectable											
Magnesium Sulfate	N/A	Oral											
Magnesium Oxide	N/A	Oral											
Penicillamine	125mg / 250ml	Oral											
Potassium Iodide	130mg	Oral											
Prussian Blue	500mg	Oral											
Sodium Iodide	130mg	Oral											
Trisodium Calcium Diethylenetriaminepentaacetate	1g	Injectable											
Trisodium Zinc Diethylenetriaminepentaacetate	1g	Injectable											

Critical Pharmaceuticals That May Be Needed During a Surge													
Sample Pharmaceutical Suggested During a Surge	**Strength**	**Route of Administration**	**Package Size**	**Wholesaler Item #**	**Average Daily Census**	**Potential Surge Patients**	**Employees**	**Total Potential Requiring Treatment**	**Doses Needed per Patient per Day**	**Days of Therapy Required (Max of 3 Days)**	**Total Doses Required**	**# Packages to Stock**	**Alternate Sources**
Drugs for Treating Acute Radiation Syndrome													
Acyclovir Sodium	25mg / ml	Injectable											
Acyclovir	400mg	Oral											
Antidiarrheal	N/A	Oral											
Cefepime HCL	1g	Injectable											
Filgrastim	300ug / ml	Injectable											
Fluconazole	200mg / ml	Oral											
Ganciclovir	250-500mg	Oral											
Ganciclovir Sodium	500mg / ml	Injectable											
Granisetron HCL	1mg / ml	Injectable											
Granisetron HCL	1mg	Oral											
Ondansetron HCL	2mg / ml	Injectable											
Pegfilgrastim	6mg	Injectable											
Trimethoprim/ Sulfamethoxazole	160mg / 800mg	Oral											
Trimethoprim/ Sulfamethoxazole	16mg/ml / 80mg/ml	Injectable											

Critical Pharmaceuticals That May Be Needed During a Surge													
Sample Pharmaceutical Suggested During a Surge	**Strength**	**Route of Administration**	**Package Size**	**Wholesaler Item #**	**Average Daily Census**	**Potential Surge Patients**	**Employees**	**Total Potential Requiring Treatment**	**Doses Needed per Patient per Day**	**Days of Therapy Required (Max of 3 Days)**	**Total Doses Required**	**# Packages to Stock**	**Alternate Sources**
Vaccines													
Tetanus Toxoid	N/A	Injectable											
Sources:													
1) Guidelines for Managing Inpatient and Outpatient Surge Capacity - State of Wisconsin, 2005													
2) Emergency Preparedness Resource Inventory (EPRI), A Tool for Local, Regional, and State Planners **AHRQ Publication, 2005**													
3) State of California Mass Prophylaxis Planning Guide, EMSA, June 2003.													
4) Organization of a health-system pharmacy team to respond to episodes of terrorism, Am J Health-Syst Pharm-Vol 60 Jun 15,2003													

Alternate Care Site Lock-Down Policy and Procedure Sample

Description

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. This tool provides procedures and guidance on when the need to lock-down an Alternate Care Site facility exists for any reason. This type of situation could involve mass contamination, picketing, demonstrations, acts of violence, sit-ins, passive resistance, civil disobedience, gang activity or other disturbances.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 12.2: Facility Lock-Down.

Instructions

Consider the following lock-down policy and procedure for an Alternate Care Site facility during a mass medical emergency to isolate and control access to the site.

Alternate Care Site Lock-Down Policy and Procedure Sample

I. PURPOSE

The purpose of the lockdown policy and procedures is to provide guidance when the need to lockdown an Alternate Care Site facility exists for any reason. This type of situation could involve mass contamination, picketing, demonstrations, acts of violence, sit-ins, passive resistance, civil disobedience, gang activity or other disturbances.

II. POLICY

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.

III. RESPONSIBILITIES

A. LAW ENFORCEMENT

Management of a civil disturbance itself will be accomplished by law enforcement.

B. SECURITY

Security staff, augmented if necessary, will conduct the internal response in the event of a need for lock-down and will take measures to control access to and from the Alternate Care Site facility, whenever possible.

C. STAFF

All Alternate Care Site clinical and non-clinical staff members will separate themselves, if at all possible, from any involvement in a civil disturbance.

IV. PROCEDURES

A. GENERAL – CIVIL DISTURBANCE

Regardless of how peaceful the intent or how righteous the cause of a civil disturbance, because of the strong emotional nature of the issues involved, these manifestations on many occasions end in rioting, violence and destruction/looting of property.

1. Based on the nature of the disturbance, it will be managed by security staff until the decision is made that management of the situation requires the activation of the Alternate Care Site Command.
2. Upon becoming aware of a civil disturbance situation, the facility administrator or senior administrative person in the Alternate Care Site facility will be notified immediately.

B. MASS CONTAMINATION

1. Contaminated individuals/equipment entering the Alternate Care Site facility building may require the closure of all or part of the facility.
2. In a mass contamination situation, only individuals or equipment KNOWN to be free of contamination will be allowed in the building

C. ACTIVATION/NOTIFICATION

1. The decision to initiate lock-down will be made by the Alternate Care Site Director, if available, based on information provided by security and other staff members.
2. Announcement/Notification
   a. Upon specific guidance from the Alternate Care Site Director or designee, the operator will announce the civil disturbance three times via available communication system. The proper announcement is:

      <<Code Name for Lockdown>> “Nature and Location of Disturbance”

      Repeat the statement every 15 minutes for the first hour, or as often as the Alternate Care Site Director instructs.
   b. When directed by the Alternate Care Site Director, the operator will contact the appropriate law enforcement office and request immediate assistance.
   c. When so directed by the Alternate Care Site Director or the senior administrative individual in the facility, the All Clear will be announced of the public address system as follows:

      <<Code Name for Lockdown>>, Location, ALL CLEAR” (three times)
3. Upon announcement of lockdown, the Command Center and other designated portions of the Command System organization will be activated. This will normally include as a minimum, a portion of the Planning Section.

D. SECURITY OPERATIONS

1. In the case of a civil disturbance, the senior security representative present will immediately assess the situation and provide that information to the Alternate Care Site Director, or designee.
2. In the case of a mass contamination situation, the Infection Control Coordinator or designated clinical staff member will assess the situation and recommend appropriate action.
3. If required, security augmentation will be initiated through recall of off duty security, by appointing other available staff to perform security duties, or by obtaining augmentation from security companies.
4. Security will immediately commence locking all exterior doors and will advise staff to close ground floor window coverings if possible.
5. A Single Entry Point will be established. Staff guarding other exterior doors will be instructed to not allow anyone in or out of those doors. A security representative or other designated individual will allow individuals with legitimate reason into and out of the Single Entry Point based on the situation. In the case of mass contamination, only those individuals KNOWN to be free of contamination will be allowed in the building.
6. A security officer will be stationed in the primary treatment area.
7. If anyone exits the building, a staff or security member must ensure the door is firmly closed and locked after the individual.

8. Security representatives will provide escorts for staff members to and from the parking areas. In the case of mass contamination, anyone leaving the building, including security representatives, must be determined to be free of contamination before being allowed to reenter the building.

E. COMMAND CENTER OPERATIONS

1. All information from local law enforcement, fire department and other sources will be provided to the Incident Command Center.
2. Actions to be taken will be based on the evaluation of this information.
3. The Alternate Care Site Director will determine what information will be disseminated to facility staff.
4. In the case of mass contamination, the decontamination procedures will be initiated.
5. In the event the disturbance is in one of the area's prisons and/or jails and the Alternate Care Site is to receive a large number of prisoners to be treated, plans will be developed to set aside an area for these patients to remain under guard in order to preclude interfering with other facility operations.
6. In the event of an extended disturbance causing all or part of the staff to remain in the facility, provisions will be made for housing and feeding these individuals.

F. ALTERNATE CARE SITE OPERATIONS

1. Patients, visitors, and staff will be moved from the immediate area of the disturbance if at all possible.
2. In patient care areas, access will be limited to staff and others authorized by the Alternate Care Site Director to be in those areas.
3. Based on guidance provided by the Alternate Care Site Director, visiting hours may be reduced or eliminated and any visitors will be strictly controlled.
4. Staff will be informed to avoid the area and to not involve themselves in the disturbance.

G. POST CRISIS MANAGEMENT

After cancellation of the lockdown, a debriefing by a crisis intervention team and/or mental health professionals should be provided as needed for all individuals involved in managing the disturbance.

LOCK-DOWN CHECKSHEET

Mission: The primary goal in a lock-down situation is to isolate and control the situation while caring for the safety of the patients, visitors, staff and property.

____ Personnel discovering the lock-down situation will promptly notify their supervisor, who will pass the information to the administrator or designee.

____ Staff will not become involved, if possible, in any manner with the civil disturbance.

____ Isolate the situation by locking all exterior doors to the unit and closing all ground-floor windows.

____ Do not allow any entry or exit from other than through controlled entry point(s) which should be controlled by security.

____ Only individuals KNOWN to be free of contamination will be allowed to enter the building in a mass contamination event.

____ If exiting the building, request an escort to and from the parking lot areas.

____ Allow law enforcement to quell the civil disturbance.

Source: This policy and procedure sample was adapted from CODE CD - Lock-Down for Scripps Hospital, San Diego.

Description

In the event that staff have limited access to technology to maintain an automated registration process, paper-based patient registration face sheets should be made available. A sample face sheet has been provided below which enables staff to manually collect critical patient demographic data, as well health related information regarding the patient's medical condition. Registration staff will manually complete pre-numbered (if available) face sheets. The Patient Registration Face Sheet will allow staff to more effectively monitor, track and locate patients coming into the Care Site for treatment, as well as assist in collecting patient contact information in the event notification to a family member is required during the course of the stay.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.2: Patient Registration.

Instructions

Registration personnel should complete all available fields upon patient registration.

Alternate Care Site Paper-Based Registration Face Sheet[2]

Patient Information:

Name: _____Disaster Incident Number:_____DOB: _____SSN: _____
Sex: __Male __Female
Mailing Address:_____Zip:_____City:_____County:_____
Home Phone: _____ Cell/Message Phone: _____
Marital Status: __Single __Married __Widow __Divorced __Separated
Name of Spouse: _____Maiden Name: _____
Race/Ethnicity: _____ Primary Language: _____Translator Required? __ Yes __ No
Employer Name: _____Employers Phone Number: _____
Employer Address if Work Comp related: _____Occupation: _____

Accident/Injury/Condition Information:

Type of accident: _____Date of Accident/Injury: _____Time: _____
Condition:_____
Location: _____
Is there legal action involved? _____Attorney or Insurance name: _____
Phone_____Address_____
Policy ID#: _____ Claim#: _____Adjuster: _____
Is there a police report? _____Was there another car involved? _____Who was at fault? _____
If other involved do you have there Insurance information? _____
_____

Guarantor information (Person responsible for bill, co-pay, deductible, SOC etc.)

Name: _____DOB: _____SSN: _____
Address: _____Zip: _____City:_____
Home Phone Number: _____Work Phone Number: _____
Employer Address: _____Occupation: _____
Emergency Contact:
Name: _____Relationship: _____Phone #: _____
(Last Name, First Name)

Insurance Information: (Copy of Insurance Card and Identification Required)

Name of insurance Coverage: _____Policy#: _____Group#_____
Is this a HMO plan? __Yes __NO. If yes name the Medical group: _____
Primary Care Physician _____Co-pay $_____

Subscriber Information:

Name_____Relation_____DOB_____SSN_____
Last Name, First Name
Employer _____Employer's Work Phone_____

Transferring Facility: _____**Referring Physician:** _____

FOR EMPLOYEE USE ONLY:

If the patient has "No" Insurance was the POE Letter Provided _Yes _No
Is the patient under 21 or over 65 years of age? _Yes _No
Is the patient legally disabled? _Yes _No
Is the patient pregnant? _Yes _No
Does the patient have children under the age of 21 residing in the home? _Yes _No
Forms Completed: _ T & C _NOPP _MCARE MRL & ADDENDUM _Insurance Letter _DFR _ EEAF _ITI
_____Eligibility Verified: _Active _Inactive Financial Counselor Referral: _Yes_ No
_____Runner_____Follow Up

[2] Adapted from UC Davis Health System

Alternate Care Site Patient Registration Form

Description

Form is used to record patient registration information at an Alternate Care Site.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.2: Patient Registration.

Instructions

Registration personnel should complete all available fields upon patient registration.

Alternate Care Site Patient Registration Form

Alternative Care Site Patient Registration Form	
Patient name:	**Patient guardian:**
Social security #:	**Date:**
Date of birth:	**Time:**
Telephone #:	
Permanent and/or temporary displacement address:	
Disaster-related medical condition: ☐ **or** **Pre-existing condition flare up:** ☐ **Comments:**	
Cause of injury or illness:	
Specific services rendered:	
Documentation of care to specify moment of care or stabilization:	
Location of treatment:	
Treatment for medical stabilization: ☐ **or** **Treatment for regular medical care:** ☐ **Comments:**	
Primary care provider:	
Provider:	**Provider license #:** **Medi-Cal/Medicare ID #:**
Provider signature: _____	

Alternate Care Site Patient Registration Log

Description

The Alternate Care Site Patient Registration Log may be used to log all patients registered at an Alternate Care Site. It includes fields for medical record number, disaster incident #, last name, and first name.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.2 Patient Registration.

Instructions

Complete log for all registered patients. Multiple logs at each registration/access point may be needed.

Medical Record #: Enter patient medical record number if available.

Disaster Incident #: Enter patient disaster incident number. [3]

Last Name: Enter patient's last name.

First Name: Enter patient's first name.

[3] A disaster incident number is a unique identifier established at the county level for persons being treated at facilities during healthcare surge.

Alternate Care Site Patient Registration Log

#	Medical Record #	Disaster Incident #	Last Name	First Name
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

Alternate Care Site Patient Tracking Form

Description

This procedure 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. Additionally, this form could serve as a tool to report Alternate Care Site census and bed capacity to the local Incident Command Center.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.1: Patient Tracking.

Instructions

Print legibly and enter complete information.

1. **INCIDENT NAME** The incident name should clearly identify the cause of the surge requiring the operation of an Alternate Care Site (e.g., fire department, local Emergency Operations Center, etc.).
2. **DATE/TIME PREPARED** Use the international standard date notation YYYY-MM-DD, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as 2006-02-14. Use the international standard time notation hh:mm, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 pm is written as 17:04. Use local time.
3. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the treating Alternate Care Site Director, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
4. **TRIAGE AREAS** (IMMEDIATE, DELAYED, EXPECTANT, MINOR, MORGUE) For each patient, record as much identifying information as available: medical record number, triage tag number, name, sex, date of birth and age. Identify area to which patient was triaged. Record location and time of diagnostic procedures, time patient was sent to surgery, disposition of patient and time of disposition.
    a. **LAST NAME** Record patient's last name
    b. **FIRST NAME** Record patient's first name
    c. **disaster incident number** Disaster identification number is the unique identifier assigned to that patient for the surge
    d. **MR #/Triage #** Medical record (MR) number and/or triage number assigned to that patient at the hospital

e. **SEX** Record “M” for male and “F” for female

f. **DOB/AGE** Date of birth for that patient. Use the international standard date notation. If available and/or time permits, age should be recorded as well.

g. **TIME IN** Record the time the patient was received at the hospital using the international standard time notation.

h. **AREA TRIAGED TO** The area or zone a patient is triaged to

i. **DISPOSITION** The specific area, hospital or location the patient is being transferred or discharged to

j. **TIME OUT** Record the time of patient transfer or discharge using the international standard date notation.

5. **AUTHORIZATION SIGN OFF**
6. **CLINICAL PROVIDER**
7. **SUBMITTED BY** Use proper name to identify who verified the information and submitted the form.
8. **AREA ASSIGNED TO** Indicate the triage area where these patients were first seen.
9. **DATE/TIME SUBMITTED** Indicate date and time that the form is submitted to the situation unit leader.
10. **ALTERNATE CARE SITE NAME** Record the hospital name. Use when transmitting the form outside of the treating hospital.
11. **PHONE** Record the Alternate Care Site phone number.
12. **FAX** Record the Alternate Care Site fax number.

WHEN TO COMPLETE Hourly and at end of each operational period, upon arrival of the first patient and until the disposition of the last.

ALTERNATE CARE SITE PATIENT TRACKING FORM

1. INCIDENT NAME: _____	2. DATE/TIME PREPARED: _____	3. OPERATIONAL PERIOD DATE/TIME: _____

4. TRIAGE AREAS IMMEDIATE, DELAYED, EXPECTANT, MINOR, MORGUE

MR # / Triage #	disaster incident number	Last Name	First Name	Sex	DOB/ Age	Time In	Area Triaged To or Ambulance Unit	Disposition	Time Out

5. AUTHORIZATION SIGN OFF: _____	6. CLINICAL PROVIDER: _____	
7. SUBMITTED BY: _____	8. AREA ASSIGNED TO: _____	9. DATE/TIME SUBMITTED: _____
10. ALTERNATE CARE SITE NAME: _____	11. PHONE: _____	12. FAX: _____

Alternate Care Site Patient Valuables Control Log

Description

The Alternate Care Site Patient Valuables Control Log is used to document, track and audit valuables deposited or removed from the patient valuables secured locations. This log should indicate the date and time the deposits or releases occurred, the concerned Alternate Care Site staff member, the patient's name, the witnessing Alternate Care Site staff member's initials and the control number of the patient valuables envelope.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.7: Patient Valuables Tracking.

Instructions

Complete all applicable fields upon deposit/removal of patient valuables.

ALTERNATE CARE SITE PATIENT VALUABLES CONTROL LOG								
				INITIALS			INITIALS	
Date Received	Patient Name	Disaster Incident Number	Envelope Control #	Alternate Care Site Staff Witness	Alternate Care Site Staff Depositing Valuables	Date Released to Patient	Alternate Care Site Staff Witness	Alternate Care Site Staff Releasing

Alternate Care Site Patient Valuables Deposit Form

Description

In the event a patient must store valuables with the treating facility for safekeeping, a designated Alternate Care Site staff member should inventory the valuables and complete a patient valuables deposit form in the presence of the patient. If the patient is not able to sign the form or observe the inventorying of valuables, a friend or family member may do so. If a friend or family member is not present, another Alternate Care Site staff member must witness the process.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.7: Patient Valuables Tracking.

Instructions

The Alternate Care Site staff member should:

1. Inventory and document valuables on the form.
2. Describe jewelry generically:

   "Yellow metal" is used to describe gold.

   "White metal" is used to describe silver.

   Precious and semi-precious stones should be described by color and not by the type of stone.

An example—A man's gold Timex watch with 5 diamonds would be described as "Man's yellow metal watch with 5 clear stones, Timex."

3. Conduct the inventory in the presence of the patient. If the patient is not able to sign the form or observe the inventorying of valuables, a friend or family member may do so. If a friend or family member is not present, another Alternate Care Site staff member must witness the process.
4. List credit cards individually by account number.
5. Document personal blank checks, including the total number of blank checks.
6. Record currency by denomination and also the total amount. Large amounts of currency being held (more than $1,000) should be reported to Alternate Care Site security administration. Alternate Care Site security administration should determine whether further security precautions should be taken.
7. Record "none" if no currency is deposited. The space for currency should not be left blank.
8. Visually assess the patient for valuables, such as jewelry, rings, necklaces, earrings, etc., and encourage the patient to include all items in the inventory.

9. Have a witnessing Alternate Care Site staff member verify the inventory and document its accuracy by signing the patient valuables deposit form. This should be performed prior to placing the valuables into a patient valuables envelope.
10. Write the control number from the patient valuables envelope on the patient valuables deposit form.
11. Have the patient, family member or friend sign the patient valuables deposit form. If they are not available or able to sign, note in the signature slot that the patient is unable to sign.
12. Place the valuables into the patient valuables envelope, along with the original copy of the patient valuables deposit form, and seal it in the presence of the patient and the witnessing Alternate Care Site staff member.
13. Provide a second copy of the patient valuables deposit form to the patient and include the third copy in the patient's chart.
14. Complete a patient valuables control log that is kept near the storage place for patient valuables (i.e., a safe) and have a witnessing Alternate Care Site staff member initial the log.
15. Deposit the envelope in a secured container in the presence of a witnessing Alternate Care Site staff member.

IMPORTANT! RECORD VALUABLES PAK NUMBER	
PATIENT NAME	
MEDICAL RECORD #	DISASTER INCIDENT #
RECEIVED BY	DELIVERED TO

RECEIVED FROM PATIENT OR REPRESENTATIVE

I leave the following items of personal property in the care, control and custody of the Alternate Care Site and I acknowledge that the items shown here have been put in a container, sealed and marked with my name, and that this has been done in my presence.

SIGNATURE OF DEPOSITOR	
DATE DEPOSITED	WITNESSED BY

RETURNED TO PATIENT OR REPRESENTATIVE

I hereby acknowledge that all personal property deposited with the Alternate Care Site on the above mentioned date has been returned to me.

SIGNATURE OF DEPOSITOR	
DATE RECEIVED	WITNESSED BY

ALTERNATE CARE SITE NAME

ADDRESS
CITY, ST ZIP CODE
PHONE NUMBER

PATIENT'S VALUABLES DEPOSIT

CURRENT COUNT	CREDIT CARDS/CHECKS
X $100=	
X 50=	
X 20=	
X 10=	
X 5=	
X 2=	
X 1=	
Total Currency $	
Total Coin $	
Total Deposit $	

OTHER VALUABLES	
COMPLETED BY	DATE

Alternate Care Site Pharmaceutical Storage Consideration Checklist

Description

Whether in preparation for a healthcare surge or during a surge, there are many considerations that need to be addressed so that pharmaceuticals can be accessed and used immediately. The following checklist includes considerations for pharmaceutical storage at an alternate care site across six major categories including:

- Inventory management
- Environmental management
- Security
- Caches
- Licensing
- Ease of access

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.4: Storage Considerations.

Instructions

Check off all completed tasks.

Alternate Care Site Pharmaceutical Storage Consideration Checklist

Inventory Management

- A process for monitoring the expiration dates.
- A process for rotating stock from the cache into the general inventory to minimize outdates, if applicable.
- A process for returning stock to vendors for replacement or credit, if applicable.
- A process for local repackaging of pharmaceuticals if they come in bulk containers.
- Repacked pharmaceuticals require proper labeling.

Environmental Management

- A process for monitoring the environment to meet United States Pharmacopeia (USP) standards, e.g., temperature, humidity, pests.
- Most medications require adequate room temperature, as specified in the Strategic National Stockpile guidelines, to range between 68° and 77° F.
- Local planning should ensure that manufacturer's storage guidelines are met.

Security

- A process for ensuring the security of the pharmaceuticals provided to the Alternate Care Site (e.g., locks, security personnel).
- A process for controlling access into the area.
- A process for controlling access within the area.
- A process for identifying and tracking patients, staff and visitors.
- A process for working with local authorities prior to healthcare surge to address heightened security needs.
- A process for working with private security entities prior to healthcare surge to address heightened security needs.

Caches External to an Alternate Care Site

- A process for ensuring the security of the caches.
- A process for controlling access into the area.
- A process for controlling access within the area.
- A process for working with local authorities prior to healthcare surge to address heightened security needs.
- A process for working with private security entities prior to healthcare surge to address heightened security needs.

Licensing

- Depending on the location of the cache, consider any licensing needs, e.g., Board of Pharmacy.
- Consider the location of the cache and if it is licensed to receive a delivery of pharmaceuticals.

Ease of Access

- A process for staging the layout of pharmaceuticals to ensure ease of access, e.g., what is needed in the first 24 hours. (see Staging section for an example.)

Alternate Care Site Policy for Workforce Resilience during a Disaster

Description

This policy offers guidelines for dealing with needs and training to optimize workforce resilience in the event of a disaster. It provides minimum standards for Alternate Care Site to consider for workforce resiliency policies. The term worker is used to refer to Alternate Care Site personnel during a time of healthcare surge, which could consist of paid employees or volunteers.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.6.2: Support Provisions for Staff.

Instructions

Review and understand policy for guidance on how to prepare for maximizing employee personal resilience and professional performance during a healthcare surge.

Alternate care sites should adopt a modified version of this policy based on staffing type and functional model. It is important that the intent of this policy is carried out when staffing Alternate Care Site in order to provide proper support, protections and training to staff and volunteers.

Alternate Care Site Policy for Workforce Resilience during Disaster[4]

Purpose

This policy offers guidelines for dealing with needs and training to optimize workforce resilience in the event of a disaster. An Alternate Care Site will adopt a modified version of this policy based on the event specific staffing. It is important that the intent of this policy is carried out when staffing an Alternate Care Site in order to provide proper support, protection and training to staff and volunteers. The term “worker” is used to refer to facility personnel during a time of healthcare surge, which could consist of paid employees or volunteers.

Rationale

The response to a disaster will pose substantial physical, personal, social and emotional challenges to healthcare providers. During an influenza pandemic, however, the occupational stresses experienced by healthcare providers are likely to differ from those faced by workers in the aftermath of other disasters. Globally and nationally, a pandemic might last for more than a year, while disease outbreaks in local communities may last 5 to 10 weeks. Workers and their families will be at personal risk for as long as a disaster continues in their community. Therefore, special planning is needed to help employees maximize personal resilience and professional performance.

Worker Needs

Physical:

- Rest areas for each department are located __(list departments and areas)___.
- Provisions for showers are _____.
- Food will be served or provided __(where and how often)___.
- Healthcare in case of illness or injury will be provided ___(where and when)___.
- Transportation to and from work will be provided ___(situation and contact)___.

Additional Considerations for Pandemic Influenza: Describe what will happen if worker too sick to be at work.

Personal:

- Telephones for personal calls are located __(include rules)___.
- Televisions, radios and internet access for keeping apprised of events are located _(include rules)__.
- Childcare is provided at _____.
- Care for disabled or elderly family members is provided at _____.
- Pet care is provided at _____.

Additional Considerations for Pandemic Influenza: Guide sheets are provided for workers to deal with sickness in their homes.

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[4] Sutter Health System.

Emotional:

- Management will provide all workers with regular updates of status of disaster in community and response activities within the organization. Supervisors will brief workers at least once per shift.
- Managers and supervisors will be alert to recognize worker distress.
- Management will provide a stress control team to help workers deal with stress.
- Chaplain or other appropriate religious services will be offered.

Additional Considerations for Pandemic: Stress control teams will be trained in infection control precautions.

Training

There are four main categories of training to be addressed in preparation for response to a disaster: training for all workers, department-specific training, training for ad hoc counselors and information packets for handout.

1. All employees will receive training in the following:
   a. Stressors related to pandemic influenza
   b. Signs of distress
   c. Traumatic grief
   d. Psychosocial aspects related to management of mass fatalities
   e. Stress management and coping strategies
   f. Strategies for building and sustaining personal resilience
   g. Behavioral and psychological support resources
   h. Strategies for helping children and families in times of crisis
   i. Strategies for working with highly agitated patients
2. Department-specific training will be developed by department managers as appropriate to the type of services provided.
3. If there are not enough behavioral health specialists available for response to staff needs in a disaster, __(Affiliate name)___ will provide basic counseling training to selected individuals to assist in meeting worker emotional needs.
4. ___(Affiliate name)___ has developed information packages that will be available for distribution to workers and their families.

Deployed Workers

In the event of a major disaster, especially one that lasts for weeks, workers may be deployed from their normal work site to an Alternate Care Site or even to assist at other locations in the community. Workers may be requested to use transferable skills to do work that is not in their current job descriptions or scopes of practice. For instance, a nurse may be asked to work in the laboratory to assist with drawing blood.

Deployment within the Alternate Care Site

- Pre-deployment, workers will be briefed on stress management, coping skills and resilience.
- Supervisors will develop job description (just-in-time) training sheets that outline tasks for a borrowed worker or volunteer.
- Supervisors will ascertain competency of borrowed workers to do assigned tasks.

- Volunteers will be trained in the specific areas they are positioned in so adequate education is provided.
- All deployed workers have a responsibility to advise the supervisor when they have been assigned a task for which they have no training or skills. Supervisors should train the employee to the task, if appropriate, or assign the task to someone else.
- A buddy system should be established to help employees support each other.
- Workers will be trained on self-help activities.

Deployment outside of the Alternate Care Site

Local or state government may require assistance and request that healthcare workers be deployed to other sites. ___ (contact person within affiliate) ___ is responsible for coordinating all external deployment of employees.

- (Contact person) will coordinate with the Incident Command System commander to determine how many workers can be spared, and then will send a call for volunteers for deployment.
- Pre-deployment, workers will be briefed on:
  - Status of community or agency which they are going to
  - Work that is expected of them
  - Stress management, coping skills and resilience
  - Self-help activities
  - Approximate time they will be needed

Alternate Care Site Sample Estimated Staffing Levels for Healthcare Surge Scenarios Chart

Description

Adapted from the Agency for Healthcare Research and Quality Publication No. 06-0029, "*Reopening Shuttered Hospitals to Expand Surge Capacity*," the following chart is presented as guidance for staffing levels at an Alternate Care Site. It may be customized depending on the level of care provided at each Alternate Care Site but provides an overview of the different roles (clinical, supportive and command) whose presence will be necessary.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.1: Planning for the Workforce.

Instructions

Consider the following guidance when planning staffing levels at an Alternate Care Site.

Alternate Care Site Sample Estimated Staffing Levels for Healthcare Surge Scenarios

Staff Type	Staff Classification	Scenario: Medical/Surge or Infectious Disease	Discussion
Setup Staff			
	Staffing requirements to be determined by the Alternate Care Site Planning Team		Some areas to consider are cleaning needs, configuration, electrical engineering and laborers
Clinical Staff			
Physician and Physician Extenders	Chief Medical Officer	1	One person responsible for medical care 24 hours per day/ 7 days per week. Physically onsite 8 hours/day, M-F, available off-shift and weekends.
	Internist	3-7 FTEs/ 7AM-7PM 1 FTE/ 7PM-7AM	Each MD, assuming 10-15 minutes per patient, could see 48-72 patients over 12 hours (7A-7P) plus at least one person for night coverage (7P-7A).
	Radiologist	As needed	Adjust according to patient acuity. May be an increased need with an infectious disease population.
	Infectious Disease Specialist	As needed	Likely needed only for infectious disease population.
	Nurse Practitioner/ Physician Asst	As needed to supplement internists or nurses	Must work under the supervision of an MD, could supplement internist coverage if adequate number of physicians not available or supplement nursing coverage (supervisor or RN).
Nursing	Nursing Director	1 RN	One person responsible for nursing care 24 hours per day/7 days per week. Physically onsite 8 hours/day, M-F, available off-shift and weekends.
	Supervisor	1 RN per shift	Prefer RN supervisor, but if none available, an experienced LVN would suffice.

Staff Type	Staff Classification	Scenario: Medical/Surge or Infectious Disease	Discussion
	RN	1:5-1:15 RN to patient ratios	Could go as high as 1:40 with adequate LVN, nurse aide and ancillary staff coverage, but highly dependent on patient acuity. Precaution procedures in an infectious disease scenario would require increased staffing levels to accommodate the additional time needed for gowning, disposal of medical waste, etc.
	LVN	1:5-1:15 RN to patient ratios	Could go as high as 1:40 with adequate LVN, nurse aide and ancillary staff coverage, but highly dependent on patient acuity. Precaution procedures in an infectious disease scenario would require increased staffing levels to accommodate the additional time needed for gowning, disposal of medical waste, etc.
	Nurse Aide	1:6 (day shift) 1:8 (eve shift) 1:15 (night shift) NA to patient ratios	Adjust nurses up or down according to licensed nurse coverage and ancillary staff support. Precaution procedures in an infectious disease scenario would require increased staffing levels to accommodate the additional time needed for gowning, disposal of medical waste, etc.
Allied Health	Dietitian	1 FTE RD	Dependent on the level of supervision needed in Dietary Department, number of admissions and discharges, level of patient acuity.
	Discharge Planner	2-4 FTEs (M-F normal business hours) Discharge planners or social workers	Adjust as needed according to number of admissions and discharges. Assumed one SW per two units (80 beds).
	EKG Technician	1 FTE to cover 7AM-3PM, M-F	If no EKG tech available, EKGs may be done by nurses, NP/PAs, physicians, EMTs. Interpretation done by physician or interpretive software program if available.

Staff Type	Staff Classification	Scenario: Medical/Surge or Infectious Disease	Discussion
	Laboratory Technician	2.1 FTEs (7AM-7PM, 7 days/ week) One person to run basic hematology, chemistry, urinalysis, bacteriology tests. Assume no blood bank, no type and x-match needed.	Adjust up according to the number of specimens processed. May not be needed if specimens are sent out. Nursing able to perform certain screens (e.g., dipstick urine, hemoccult) on the unit.
	Medical Records	1 FTE	Adjust up according to the number of admissions and discharges.
	Mental Health Worker/ Social Worker	2-4 FTEs (M-F, 8AM-4PM)	Adjust up according to patient, family and staff needs. Assumed one social worker per two units (80 beds).
	Pharmacist	2.1 FTEs RPh (7AM-7PM, 7 days/week)	Adjust up according to patient needs. If drugs were supplied from another location, would not be needed.
	Pharmacy Technician	1-2 FTEs Certified Pharmacy Technicians	Adjust up according to patient needs. Must be supervised by pharmacist.
	Phlebotomist	1 FTE able to perform venipuncture 7AM-3PM, M-F	If not available, some nurses, NP/PAs, physicians and EMTs would be able to draw blood.
	Respiratory Therapist	1 FTE RT needed primarily to set up, monitor and troubleshoot problems with ventilators	Adjust according to patient needs. Nurses/physicians/ NP/PAs, and EMTs are able to assess lung sounds, provide chest physical therapy.
	X-Ray Technician	1 FTE	May not be needed on a daily basis, but requires specialized skills. It's likely that coverage would not be available from other staff types.

Staff Type	Staff Classification	Scenario: Medical/Surge or Infectious Disease	Discussion
Support Staff			
All Other Types of Staff	Administrative Support	3-6 FTEs (8AM-4PM, M-F)	Includes payroll (1 person), billing (1 person) and 1-4 people to assist with unit clerk-level work.
	Biomedical Engineering	1 FTE 7AM-3PM, M-F and on-call	As needed to deal with problems associated with medical monitoring equipment.
	Central Supply/ Materials Management	2-4 FTEs 1-2 people covering 7AM-7PM, 7 days/week	To oversee ordering, distribution of supplies. Adjust up as needed based on acuity of patients.
	Food Service Supervisor	1 FTE (M-F, 8AM-4PM)	To oversee the dietary department, order food and supplies, schedule dietary staff.
	Cook	2-4 per meal	Food Service Supervisor may also act as cook.
	Food Service Workers	4-6 per meal	Increased staff needed at peak meal times.
	Housekeeping	5-9 people 7AM-7PM 1-2 people 7PM-7AM	Assuming one person per unit (40 beds) plus one person for common areas, trash from 7AM-7PM. 1-2 people 7PM-7AM.
	Human Resources	1 FTE (M-F, 8AM-4PM)	Assist with staff support/ dependent care. May need to recruit dependent care staff/volunteers to cover all shifts as needed.
	Laundry	2-4 FTEs 1-2 people covering 7AM-7PM, 7 days/week	Adjust depending on equipment available and acuity of patients assuming three complete bed changes per day.
	Maintenance	3-4 FTEs (1-3 people, 8AM-4PM, 7 days per week)	May assist with housekeeping, safety and security as needed.
	Morgue Worker	1 FTE	As needed.
	Safety Manager	1 FTE	May have maintenance responsibilities also.
	Security	8-12 FTEs (1-3 people per shift, 7 days per week, 24 hours per day)	Adjust according to scenario, number of entrances, facility location.

Staff Type	Staff Classification	Scenario: Medical/Surge or Infectious Disease	Discussion
	Transport	1.5-3 FTEs (1-2 people covering M-F, 7AM-7PM)	Adjust according to staff availability. All staff capable of transport.
	Volunteers	As available	Assist with transport, delivery of supplies and meals, administrative/clerical functions, dependent care, etc.
	Volunteers	As available	Assist with transport, delivery of supplies and meals, administrative/clerical functions, dependent care, etc.
Command Staff			
Command	1 FTE required for each activated position; 6 FTEs identified in a call down list for each position	1 FTE required for each activated position; 6 FTEs identified in a call down list for each position	This includes the command functions such as Alternate Care Site Director, Logistics Section Chief, Planning Section Chief, Operations Section Chief, Finance/Administration Section Chief. The number of FTEs ensures adequate coverage for multiple shifts.

Alternate Care Site Sample Policy for Dependent Care

Description

In the event of an extended emergency response or civil disturbance where staff will remain at an Alternate Care Site for long periods, dependents, including children, elderly and disabled persons may be brought with the staff member and housed in the designated dependent care area. If no responsible person is available at home to provide care, these dependents will be housed in the dependent care area for the duration of the disturbance or until other arrangements are made.

Major procedure activities include:

- Mobilization
- Safety requirements
- Staff
- Supplies
- Food
- Registration
- Medications
- Psychological support
- Documentation
- Checking out of dependent care area

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.6.2: Support Provisions for Staff.

Instructions

This policy outlines the process by which an Alternate Care Site can provide for sheltering and feeding staff and volunteer dependents during a disaster or other emergency situation.

Alternate Care Site Sample Policy for Dependent Care[5]

Purpose:
This procedure outlines the process by which an Alternate Care Site can provide for sheltering and feeding staff and volunteer dependents during a disaster or other emergency situation.

Definition:
Dependent care area is located in [Alternate Care Site Facility-Designated Area].

Policy:
In the event of an extended emergency response or civil disturbance where staff will remain at [Alternate Care Site Name] for long periods, dependents, including children, elderly and disabled persons may be brought with the staff member and be housed in the designated dependent care area. If no responsible person is available at home to provide care, these dependents will be housed in the dependent care area for the duration of the disturbance or until other arrangements are made.

Responsibilities:
A dependent care unit leader should be assigned and be responsible for coordinating the Dependent Care Area activities.

Procedure:
A. Mobilization – Upon request by the operations chief or the director, the dependent care unit leader shall mobilize sufficient staff and resources to activate a dependent care area.
B. Safety Requirements – Prior to activation of the dependent care area, the dependent care unit leader, with assistance from the safety and security officer, shall conduct a safety inspection of the area to remove any unsafe objects and to secure any equipment that could pose a safety hazard.
C. Staff
    1. Staff and volunteers shall sign in and out when reporting to assist.
    2. Staff shall monitor the area continuously for safety issues and to respond to dependents' needs.
    3. If additional assistance is needed, for example, supplementary support for dependents from the American Red Cross, staff will communicate those needs through the command structure.
D. Supplies – Dependent care area supplies shall be requested through the materials supply unit leader.
E. Food – Meals and snacks for dependents shall be arranged by the nutritional supply unit leader.

[5] Scripps Health, San Diego. July 2006.

F. Registration
    1. Post signs indicating “Dependent Care Area – Responsible Adult Must Register Dependent.”
    2. Assign each family a family number.
    3. All dependents shall be assigned a dependent number and shall register using the dependent care registration form. Establish the dependent number by adding a letter (A, B, C, D, etc.) to the family number for each dependent in a given family.
    4. Apply an armband to each dependent upon arrival with name and department number.
    5. Take a picture of each dependent with person responsible for them, and attach to dependent care registration form.
    6. Special sign-in and sign-out procedures shall be provided for minor or incompetent dependents.
        i. Implement a positive identification system for all children younger than 10 years of age.
        ii. Provide matching identification for retrieving guardian to show upon release of child.
    7. Tag medications, bottles, food and other belongings with dependent’s name and dependent number and store appropriately.
    8. Assign each dependent to a dependent care provider and record on form.
G. Medications
    1. Ensure that dependents taking medications have a supply to last during the estimated length of stay.
    2. Arrange for a licensed nurse to dispense medications as appropriate.
H. Psychological Support – Arrange for the psychological support unit leader (social services) to make routine contact with dependents in the shelter, as well as respond to specific incidents or individual needs.
I. Documentation
    1. Document all care provided to individual dependents, such as medications, psychological services, toileting or dressing.
    2. Document all other actions and decisions and report routinely to the dependent care unit leader.
J. Checking Out of Dependent Care Area
    1. When dependent leaves area, compare picture with dependent and responsible person.
    2. Check identification, verify name and obtain signature of responsible person picking up dependent.
    3. Retrieve and send all medications and personal items with dependent.
    4. Collect arm-bands.

Alternate Care Site Sample Tracking Form for Dependent Care

Description

The Alternate Care Site Sample Tracking Form for Dependent Care allows Alternate Care Sites to track the individuals for whom they provide dependent care during a healthcare surge and to monitor the healthcare services provided to individuals while they are under dependent care.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.6.2: Support Provisions for Staff.

Instructions

Use the Alternate Care Site Sample Tracking Form for Dependent Care to track the individuals for whom the Alternate Care Site provides dependent care during a healthcare surge and to monitor the healthcare services provided to individuals while they are under dependent care. Complete all applicable fields in the form.

Alternate Care Site Sample Tracking Form for Dependent Care

Check In Date	**Time**	
Check Out Date	**Time**	
Staff Name	**Relationship to Dependent**	**Family Number**
Dependent Name	**Age**	**Dependent Number**
Staff's Department	**Extension**	
Other Family, Relative, etc we can call in an emergency:		
Name	**Phone Number**	
Name	**Phone Number**	
Special Needs **Allergies** **Food** **Toileting** **Medical Conditions**		
Medications you brought:		
Name	**Dose**	**Times to be given**
Name	**Dose**	**Times to be given**
People who may pick up dependent		
Name	**Relationship**	
Name	**Relationship**	
Name	**Relationship**	
For Dependent Care Area Staff Only:		
Dependent Care Staff: • Apply armband with name and registration number on each dependent. • Tag all medications, bottles, food and other belongings and store appropriately. • Photograph dependent with person responsible and attach photo to this form. • Use reverse side of this form to document care provided to this dependent. • Retain forms in dependent care area until "All Clear" is announced, then route to the Command Center.		
Dependent Care Providers Assigned		
Name of person picking up dependent		
Signature of person picking up dependent		

Dependent Name	Dependent Number

Date/ Time	Type of Care Given	Notes

Alternate Care Site Short Form Medical Record

Description

The sample short form is to be used to collect patient information during a healthcare surge when electronic systems for documenting the provision of care are unavailable or nonfunctional. The short form medical record can be initiated during a healthcare surge and should be utilized to capture pertinent assessment, diagnosis and treatment information.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.3.2: Short Form Medical Record.

Instructions

This document should be completed for individuals seeking medical attention.

Demographic

Patient Demographic Information - Include patient name, date of birth, parent/guardian, disaster incident number[i] and/or medical record number, known allergies, and primary physician.

History

- Chief Compliant - Enter patient's primary complaint upon presenting for care
- Significant Medical History - Enter notes on patient's medical history
- Glasgow Coma Scale - Enter score for each area
- Field Triage Category - Enter category
- Site Triage Category - Enter category
- Pupil Size - Enter pupil size
- Reactive - Circle yes/no
- Pain - Circle patient's level of pain
- Temp - Indicate patient's temperature
- Pulse - Indicate patient's pulse
- Respiration - Enter patient's rate of respiration
- Blood Pressure - Enter patient's systolic and diastolic blood pressure
- Intake - Enter patient fluid intake
- Output - Enter patient fluid output
- Special Dietary Needs - Enter patient's special dietary needs
- Medications - Indicate medications the patient is currently taking including name, dose, route and time
- Last Menstrual Period - Indicate last period
- Pregnancy Status - Indicate status

Physical Exam

- Physical Exam - This section should be used to capture comments relative to the assessment of the patient's cardiovascular, pulmonary and other body systems.

Re-Assessment

- This section is to be completed as a secondary assessment prior to a procedure. It includes a place for a set of vital signs and any lab results.

Procedure/Disposition

- This section of the form includes space to document the following:
- Pre and post procedure diagnosis
- Procedure performed
- Findings
- Condition of the patient post procedure
- A check box to indicate if discharge instructions were provided in printed form and/or verbally
- Dietary restrictions
- Activity restrictions
- Discharge medications
- Follow-up visit information
- Condition on discharge/Transferred to
- Date, time and physician's signature authorizing discharge
- Time admitted
- Physician order notes/Other notes

Alternate Care Site Short Form Medical Record

Demographic

Patient Name:_____ DOB/Age:_____

Parent / Guardian:_____ Primary Physician:_____

DIN:_____ MRN:_____

Allergies:_____ ☐ NKA

History

Chief Complaint:_____

Significant Medical History:_____

Last Menstrual Period:_____ Pregnancy Status:_____

Glasgow Coma Scale	
Eye	
Motor	
Verbal	
Total	

Field Triage Category: _____ Site Triage Category:_____

Pupil Size L:_____ Reactive: ☐ Yes ☐ No

Pupil Size R:_____ Reactive: ☐ Yes ☐ No

Circle pain (Adult): 0 (no pain) 1 2 3 4 5 6 7 8 9 10 (worst pain)

Circle pain[1] (Child/Other

Time recorded:			
Temp:			
Pulse:			
Respiration:			
Blood Pressure:			

Notes:_____

Intake		Output	
Total		Total	

Special Dietary Needs:_____

Medications

Name	Route		Dose	Time Frequency

Physician initials: _____ Nurse initials:_____ Other initials:_____

Physical Exam

Cardiovascular:_____ Pulmonary:_____

Neurological:_____

Other Significant Findings:_____

Physician initials:_____

Re-Assessment

Date:_____ Time:_____

System Review: Temp:____ Pulse:____ Respiration:____ Blood Pressure:____

Lab Results:_____ X-ray Results:_____

Physician initials: _____ Nurse initials:_____ Other initials:_____

Procedure / Disposition

Pre-Procedure DX:_____ Post-Procedure DX:_____

Procedure:_____ Findings:_____

Condition of Patient Post Procedure: ☐ Critical ☐ Guarded ☐ Stable

Discharge Instructions (YES/NO): Written_____ Verbal_____

Diet: ☐ Regular ☐ Soft ☐ Liquid ☐ Other:_____

Activities: ☐ No Restrictions ☐ Restrictions as Follows:_____

Discharge Medications:_____

Follow-Up Visit: When_____ NA:_____

Condition at discharge: ___ Critical ___ Guarded ___ Stable ___ Fair ___Deceased

___ Temp ___Pulse ___Respiration ___Blood Pressure

Discharge: ☐ Home ☐ Shelter ☐ ACS ☐ SNF ☐ Deceased Date: _____

☐ Transfer:_____ ☐ Other:_____ Time: _____

Admitted: ☐ Time admitted:_____

Physician order:_____

_____

Notes: _____

_____

Physician initials: _____ Nurse initials:_____ Other initials:_____

Wong, DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Schwartz P: *Wong's Essentials of Pediatric Nursing*, ed. 6, St. Louis, 2001, p.1301.

Alternate Care Site Staging Recommendations Checklist

Description

This checklist identifies considerations that organizations should assess when staging their resources. This tool is useful for the set up of resources at Alternate Care Site and caches/warehouses.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.5: Staging and Deployment.

Instructions

Check off all completed tasks.

Alternate Care Site Staging Recommendations Checklist

The following checklist identifies considerations the Alternate Care Site Planning Team should assess when setting up their materials in planning for and during a healthcare surge:

- ☐ A process for determining what items will be needed first (concept of last in, first out).
- ☐ Do not place one type of material all in one place (e.g., cots all in one area).
- ☐ A plan for how the materials will be moved (e.g., deployable cart).
- ☐ A plan for how items will be set up once they are taken out of storage (e.g., tents, tables, carts and provisions for temperature control, such as ice, ice chests).
- ☐ Space is often a limiting factor at an Alternate Care Site. Consider alternate sites to stage supplies, pharmaceuticals and equipment (e.g., off-site warehouses).
- ☐ Pushcarts can be used for moving materials efficiently.
- ☐ Pushcarts need to be labeled with all materials and expiration dates.
- ☐ Plans should consider ownership of staging areas (State versus local) and who is responsible for identifying points of distribution.
- ☐ Pharmaceutical caches should be stored in secure containers that can be easily transported (e.g., plastic totes with tearaway locks).
- ☐ Medical supplies without expiration dates should be kept separate from medical supplies that have expiration dates.
- ☐ Supplies, pharmaceuticals and equipment must be covered for protection from the elements to reduce spoilage and the need to repackage materials.

Description

In determining the supplies and equipment needed for each Alternate Care Site, planners should take an all-hazards approach. The following tool provides a list of the supplies and equipment included in the State caches maintained by CDPH which were purchased for the operation of Alternate Care Sites. 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 results may vary based on event).

The list is separated into nine groups:

1. IV Fluids
2. Bandages and Wound Management
3. Airway Intervention and Management
4. Immobilization
5. Patient Bedding, Gowns, Cots, Misc.
6. Healthcare Provider Personal Protective Equipment (PPE)
7. Exam Supplies
8. General Supplies
9. Defibrillators and Associated Supplies

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.1.2: Supplies and Equipment.

Instructions

The Alternate Care Site Cache list has five columns:

1. **Item number:** The number assigned to the supply or piece of equipment in the cache.
2. **Group:** the number identifying which category the item is from (See the nine categories above).
3. **Item Description:** A description of the supply or equipment.
4. **Units:** Identifies how the items are packed (e.g., individually, box)
5. **Number:** The number of items in the cache.

Alternate Care Site Supplies and Equipment List				
		Alternate Care Site (Alternate Care Site) Cache (updated April 11, 2007)		
Item #	**Group (see below)**	**Item Description**	**Units**	**#**
IV Fluids				
1	1	Alcohol Pad, Isopropyl, Sterile, 2” x 2”		
2	1	Arm Board, Padded, Long (Size = 3” x 18”)		
3	1	Band-Aid (Coverlet Patches), 1-1/2” X 2”		
4	1	Catheter, (IV), 14G x 2” (LATEX FREE), Model = Medex Jelco #4048. NO SUBS		
5	1	Catheter, (IV), 16G x 1 1/4”, Gray (Safety Tip) (LATEX FREE), Model = Medex Jelco #4072. NO SUBS		
6	1	Catheter, (IV), 18G x 1 1/4”, Green (Safety Tip) (LATEX FREE), Model = Medex Jelco #4065. NO SUBS		
7	1	Catheter, (IV), 20G x 1 1/4”, Pink (Safety Tip) (LATEX FREE), Model = Medex Jelco #4066. NO SUBS		
8	1	Catheter, (IV), 22G x 1”, Blue (Safety Tip) (LATEX FREE), Model = Medex Jelco #4050. NO SUBS		
9	1	Catheter, (IV), 24G x 1”, Yellow (Safety Tip) (LATEX FREE), Model = Medex Jelco #4063. NO SUBS		
10	1	IV Administration Set, 78”, w/clamp, Vented (15 Drop) Macrodrip (LATEX FREE), Model = Amsino #AA3101, NO SUBS		
11	1	IV Administration Set, 78”, w/clamp, Vented (60 Drop) Microdrip (LATEX FREE), Model = Amsino #608306, NO SUBS		
12	1	IV Fluid Bags, Normal Saline 100 ml, Model = Baxter #629122A, NO SUBS		
13	1	IV Fluid Bags, Normal Saline 1000 ml, Model = Baxter #2B1324X, NO SUBS		
14	1	IV Starter Set, Model = Dixie #783 NO SUBS		
15	1	Needle, 18 G x 1.5”, Safety Tip, Model = Exel International #26420. NO SUBS		
16	1	Needle, 22 G x 1” or 1-1/4”, Model = Exel International #26411. NO SUBS		
17	1	Needle, 25 G x 1-1/4”, Safety Tip, Model = Exel International #26406. NO SUBS		
18	1	Needle, Butterfly, 21G x 3/4”, Safety Tip (LATEX FREE), Model = Exel International #26704. NO SUBS		

Alternate Care Site Supplies and Equipment List				
19	1	Needle, Vacutainer, 21G, Safety Tip		
20	1	Saline Locks, Model = Amsino #AE3108 NO SUBS		
21	1	Tourniquet, 1” x 18”, Disposable, (LATEX FREE)		
Bandages and Wound Management				
23	2	Bandage, (“ACE type”) Elastic, 4” x 4.5 yds(LATEX FREE), Model = Dynarex #3664 NO SUBS		
24	2	Bandage, Kerlix, Sterile, 4.5” x 4.1 Yd, Model = Medline #80342		
25	2	Bandage, Triangular, Model = ADI Medical #23040 NO SUBS		
26	2	Band-Aid, Sterile, 2” x 4.5”, Model = Dynarex #3634 NO SUBS		
27	2	Cotton Tip, Sterile, Applicators, Model = Dynarex #4305 NO SUBS		
28	2	Forceps, Adult, Model = Magill #2760, NO SUBS		
29	2	Forceps, Pediatric, Model = Magill #2750, NO SUBS		
30	2	Gauze, 4x4 packs non-sterile (100 quantity per pack)		
31	2	Irrigation Kit, Type 1, w/Syringe, Model = Amsino #AS130. NO SUBS		
32	2	Pack, Cold, Crush Activated		
33	2	Pad, ABD/COMBINE, Sterile, Model = Dynarex #3501 NO SUBS		
34	2	Pad, Chux (17” x 24”)		
35	2	Pad, Eye Sterile (box of 50) Model = Dukal #841B NO SUBS		
36	2	Shears, Trauma, Model = Dixie #1800011 NO SUBS		
37	2	Suture Removal Kit, Sterile, Kit includes: 1 - Plastic tray w/ lid, 1 - Littauer scissors, 1 - 4” metal forceps, 1 - gauze sponge.		
38	2	Suture, Ethilon, Black Monofilament, 3-0, 18”		
39	2	Suture, Ethilon, Black Monofilament, 4-0, 18”		
40	2	Suture, Ethilon, Black Monofilament, 5-0, 18”		

Alternate Care Site Supplies and Equipment List				
41	2	Suture, Kit - Laceration Tray, Each kit must include: 2 - Medicine Cups - 60cc; 1 - Needle - 18g x 1-1/2”; 1 - Tray - Rectangular; 1 - Needle - 25g x 1-1/2”; 1 - Clamp - Mosquito, Curved; 1 - Needle - 27g x 1/2”; 1 - Syringe - 10cc, Luer Lock; 1 - Needle		
42	2	Suture, Silk, Black Braided, 2-0, 12-18”		
43	2	Suture, Stapler Remover		
44	2	Suture, Surgical Stapler, 15 pack, Regular Model = Conmed Reflex 8535 NO SUBS		
45	2	Suture, Vicryl, Coated, Undyed Braided, 4-0, 27”		
Bandages and Wound Management				
46	2	Suture, Vicryl, 5-0		
47	2	Safety Pins, Large		
48	2	Syringe/Needle 22g		
49	2	Syringe/Needle, (1cc) w/ 28g Needle (Safety Tip), Insulin (LATEX FREE)		
50	2	Syringe/Needle, Disposable, (3 cc) w/21g x 1- 1/2” Needle (Safety Tip) (LATEX FREE)		
51	2	Syringe/Needle, Disposable, (5cc) or (6cc) w/20g x l-1/2” Needle (LATEX FREE)		
52	2	Syringe, Catheter Tip, Disposable (30 cc) (LATEX FREE), Model = Exel International #26292 NO SUBS		
53	2	Syringe, Luer-Lok, Disposable (20 cc) (LATEX FREE), Model = Amsino AS2220D NO SUBS		
54	2	Syringe, Luer-Lok, Disposable (30 cc) (LATEX FREE), Model = Amsino AS2230D NO SUBS		
55	2	Syringe, Luer-Lok, Disposable (10 cc) (LATEX FREE), Model = Amsino AS2210D NO SUBS		
56	2	Tape, Surgical, Micropore (1”) Model = Dynarex #3553 NO SUBS		
57	2	Tissue Adhesive, Brand = Johnson & Johnson Dermabond. NO SUBS		
58	2	Tray, Incision & Drainage, Tray includes: 1 - CSR Wrap (20” x 20”), 1 - Paper Towel (13” x 19”); 1 - PVP Prep Pad, 1 - Fenestrated Drape 1 - Scalpel (No. 11), 1 - Forceps Adson Thumb (wire) Forceps, 1 - Kelly (wire) Forceps, 1 - Parapet Gauze (4” x 3”),		
59	2	Tube, Drainage, Surgical, (Heimlich Valve) (LATEX FREE)		

Alternate Care Site Supplies and Equipment List				
Airway Intervention and Management				
61	3	Airway, Nasopharyngeal 24 Fr, (LATEX FREE) Model = Sun-Med #1-5075-24 NO SUBS		
62	3	Airway, Oral, 100 mm (Adult), Model = Dynarex #4755 NO SUBS		
63	3	Airway, Oral, 40 mm (Neonatal/Infant), Model = Dynarex #4715 NO SUBS		
64	3	Airway, Oral, 80 mm (Sm Adult/Child), Model = Dynarex #4735 NO SUBS		
65	3	Cricothyrotomy Catheter Set, 3.5mm ID, Model = Melker #C-TCCS-350 NO SUBS Set must include: 1 - TFE Catheter Needle, 1 - Curved Radiopaque Dilator, 1 - Amplatz Extra Stiff Wire Guide with Flexible Tip, 1 - Emergency Cricothyrotomy Catheter (3.5mm), 1 -		
66	3	Cricothyrotomy Catheter Set, 6mm ID, Model = Melker #C-TCCS-600 NO SUBS Set must include: 1 - TFE Catheter Needle, 1 - Curved Radiopaque Dilator, 1 - Amplatz Extra Stiff Wire Guide with Flexible Tip, 1 - Emergency Cricothyrotomy Catheter (6mm), 1 - Perc		
67	3	Disposable Mouth Piece for Flow Rate Meter (Adult), Model = Assess #168200 NO SUBS		
68	3	Disposable Mouth Piece for Flow Rate Meter (Large Adult), Model = Assess #168200 NO SUBS		
69	3	Disposable Mouth Piece for Flow Rate Meter (Pediatric), Model = Assess #168200 NO SUBS		
70	3	End Tidal Carbon Dioxide Monitor, Model = Mercury Medical #StatCO2 NO SUBS		
71	3	Batteries for Laryngoscope (Extra) = C Size Batteries		
72	3	Laryngoscope Kit w/Pouch, Model = Sun-Med #5-5333-57 NO SUBS		
73	3	Laryngoscope Light Bulbs, Model = Sun-Med #5-0240-52 NO SUBS		
74	3	Laryngoscope, Handle (GR Spec Fiber Optic), Model = Sun-Med #5-0236-11 NO SUBS		
75	3	Laryngoscope, Mac Blade (# 2 GR Spec FO), Model = Sun-Med #5-5332-02EA NO SUBS		
76	3	Laryngoscope, Mac Blade (# 4 GR Spec FO), Model = Sun-Med #5-5332-04EA NO SUBS		
77	3	Laryngoscope, Miller Blade (# 0 GR Spec FO), Model = Sun-Med #5-5333-00EA NO SUBS		
78	3	Laryngoscope, Miller Blade (# 2 GR Spec FO), Model = Sun-Med #5-5333-02EA NO SUBS		
79	3	Laryngoscope, Miller Blade (# 3 GR Spec FO), Model = Sun-Med #5-5333-03EA NO SUBS		
80	3	Lubricant, Surgical (Individual Packets)		

Alternate Care Site Supplies and Equipment List				
Airway Intervention and Management				
81	3	Mask, Bag Valve (Ambu Bag) (Adult) (LATEX FREE), Ambu Model #42024000 NO SUBS		
82	3	Mask, Bag Valve (Ambu Bag) (Neonatal) (LATEX FREE), Ambu Model #430213000 NO SUBS		
83	3	Mask, Bag Valve (Ambu Bag) (Pediatric) (LATEX FREE), Model = Ambu Model #440212000. NO SUBS		
84	3	Mask, Oxygen (Adult), Medium Concentration, with 7 ft Tubing (LATEX FREE) Model = Amsino #AS74010 NO SUBS		
85	3	Mask, Oxygen (Non-Rebreather, Adult) with patient safety vent, 7 ft tubing and reservoir bag (LATEX FREE) Model = Amsino #AS75010 NO SUBS		
86	3	Mask, Oxygen (Non-Rebreather, Pediatric) with patient safety vent, 7 ft tubing and reservoir bag (LATEX FREE), Model = Amsino #AS75020 NO SUBS		
87	3	Mask, Oxygen (Pediatric), Medium Concentration, with 7 ft Tubing (LATEX FREE), Model = Amsino #AS74030 NO SUBS		
88	3	Mask, Pocket (Adult), Model = Ambu Res-Cue Mask NO SUBS		
89	3	Nebulizer Air Pump, Model = Hsiner #ME8308 NO SUBS		
90	3	Nebulizer Med Administration Kits (Includes mask, canister, and 6’ of O2 tube), Model = Hsiner #ME7402 NO SUBS		
91	3	Oxygen Nasal Cannula (LATEX FREE) Adult, Model = Cardinal #1310 NO SUBS		
92	3	Oxygen Nasal Cannula (LATEX FREE) Pediatric, Model - Amsino #75090 NO SUBS		
93	3	Oxygen Nebulizer, Inline, Handheld (Includes: breathing device, canister and 6’ of O2 tube) (LATEX FREE), Model = Hsiner #ME7401 NO SUBS		
94	3	Peak Expiratory Flow Rate Meter - Low Range (LATEX FREE), Model = Assess NO SUBS		
95	3	Peak Expiratory Flow Rate Meter (LATEX FREE), Model = Assess NO SUBS		
96	3	Stylete, Intubation (Adult), Model = Sun-Med #9-0204-25 NO SUBS		
97	3	Stylete, Intubation (Ped), Model = Sun-Med #9-0204-14 NO SUBS		
98	3	Suction Catheter, 14FR (LATEX FREE)		
99	3	Suction Catheter, 6FR (LATEX FREE)		

Alternate Care Site Supplies and Equipment List				
100	3	Suction Catheter, 8FR (LATEX FREE)		
Airway Intervention and Management				
102	3	Suction Unit, Manual, V-Vac, 18 Fr. Catheter (Specific To V-Vac), Model = Laerdal #98532 NO SUBS		
103	3	Suction Unit, Manual, V-Vac, Adapter Kit, Model = Laerdal #98526 NO SUBS		
104	3	Suction Unit, Manual, V-Vac, Cartridge (Spare), Model = Laerdal #95421 NO SUBS		
105	3	Suction Unit, Manual, V-Vac, w/Cartridge (Starter Kit), Model = Laerdal #98362 NO SUBS		
106	3	Suction Unit, V-Vac manual unit = V-Vac Handle, Model = Laerdal #985030 NO SUBS		
107	3	Suction Unit, Portable (LATEX FREE) Model = Laerdal #880020 NO SUBS		
108	3	Suction Unit, Portable, Collection Jar, Canister, 1200 cc (LATEX FREE) Model = Laerdal #883000 NO SUBS		
109	3	Suction Unit, Portable, Spare Battery, Model = Laerdal #884301 NO SUBS		
110	3	Suction Unit, Portable, Tubing (Sterile) 9/32 ID x 6', Tubing Non-Cond 7mm (LATEX FREE)		
11	3	Thoracic Vents Kit for Pneumothorax - Kit to include: Thoracic vent, Trocar, Aspiration cannula, Suction tubing set, 60cc syringe, 3cc syringe, Safety needle (25G x 5/8"), Safety needle (22G x 1 1/2"), Scalpel, 2 Gauze sponges, Fenestrated drape, CSR wra		
112	3	Thoracic Vents Kit for Pneumothorax - Kit to include: Thoracic vent, Trocar, Aspiration cannula, Suction tubing set, 60cc syringe, 3cc syringe, Safety needle (25G x 5/8"), Safety needle (22G x 1 1/2"), Scalpel, 2 Gauze sponges, Fenestrated drape, CSR wra		
113	3	Tube, Endotracheal 3.5 w/o Cuff (LATEX FREE), Model = Sun-Med #1-7330-35 NO SUBS		
114	3	Tube, Endotracheal 4.5 w/o Cuff (LATEX FREE), Model = Sun-Med #1-7330-45 NO SUBS		
115	3	Tube, Endotracheal 5.0 w/ Cuff (LATEX FREE), Model = Sun-Med #1-7333-50 NO SUBS		
116	3	Tube, Endotracheal 6.0 w/ Cuff (LATEX FREE), Model = Sun-Med #1-7333-60 NO SUBS		
117	3	Tube, Endotracheal 7.0 w/ Cuff (LATEX FREE), Model = Sun-Med #1-7333-70 NO SUBS		
118	3	Tube, Endotracheal 7.5 w/ Cuff (LATEX FREE), Model = Sun-Med #1-7333-75 NO SUBS		
119	3	Tube, Endotracheal 8.0 w/ Cuff (LATEX FREE), Model = Sun-Med #1-7333-80 NO SUBS		
120	3	Tube, Nasal Gastric (NGT), 10FR (LATEX FREE)		

Alternate Care Site Supplies and Equipment List				
121	3	Tube, Nasal Gastric (NGT), 18FR (LATEX FREE)		
122	3	Tube, Nasal Gastric (NGT), 6FR (LATEX FREE)		
Immobilization				
123	4	Cervical Collar, Adjustable, Oversized trachea opening and open rear ventilation panel, One Size Fits All, Model = Philadelphia EMT's Choice NO SUBS		
124	4	Crutches w/Tips/Pads Installed, Adult		
125	4	Crutches w/Tips/Pads, Installed, Youth		
126	4	Fiberglass splint material 3" x 4 yds, BSN-MED #6823A NO SUBS		
127	4	Fiberglass splint material 4" x 4 yds, BSN-MED #3874 NO SUBS		
128	4	Splint, AlumaFoam, 3/4" x 18" Model = Conco #61340000 NO SUBS		
129	4	Splint Kit-Adult/Pediatric, Prosplints Combo Kit (13 pieces + carrying case) Model = Med Spec #113918 NO SUBS		
130	4	Splint, HARE Traction, Adult NO SUBS		
131	4	Splint, HARE Traction, Pediatric NO SUBS		
Patient Bedding, Cots, Misc.				
132	5	Adult Diapers Med (12 per pack)		
133	5	Adult Diapers Small (12 per pack)		
134	5	Basin, Wash, Plastic, Model = Medline #80321 NO SUBS		
135	5	Bed Pan, Model = Medline #80245 NO SUBS		
136	5	Blankets, Polyester/Non-woven (Minimum size = 50" x 84") Model = Graham Medical #5238 NO SUBS		
137	5	Patient cots		
138	5	Patient cots, 4 wheels, collapsible, adjustable back, min. of 2 patient restraint straps		
139	5	Pillows, disposable (size = 18"x24", 15 oz)		
140	5	Sheet, Bed , White, Disposable, Poly/Tissue (size = 40" x 90"), Model = Graham Medical #323 NO SUBS		

Alternate Care Site Supplies and Equipment List				
141	5	Short Arm Board (size = 2” x 6”)		
142	5	Urinal, Male, Disposable		
143	5	Wash Cloth		
Healthcare Provider Personal Protective Equipment (PPE)				
144	6	Brush, Scrub, Surgical, w/PCMX		
145	6	Gloves, Examination, Nitrile, Powder Free, Lrg (LATEX FREE)		
146	6	Gloves, Examination, Nitrile, Powder Free, Med (LATEX FREE)		
147	6	Gloves, Examination, Nitrile, Powder Free, Small (LATEX FREE)		
148	6	Gloves, Examination, Nitrile, Powder Free, X-Lrg (LATEX FREE)		
149	6	Gloves, Surgeons, Sterile, Size #6.5 (LATEX FREE)		
150	6	Gloves, Surgeons, Sterile, Size #7.0 (LATEX FREE)		
151	6	Gloves, Surgeons, Sterile, Size #7.5 (LATEX FREE)		
152	6	Gloves, Surgeons, Sterile,Size #8 (LATEX FREE)		
153	6	Goggle, Eye		
154	6	Gown, Exam, Model = Banta #920431 NO SUBS		
155	6	Gown, Isolation, Protection, Brand = Dynarex, Model #2141 NO SUBS		
156	6	Gowns (for staff—splash resistant—case of 12) LATEX FREE, Brand = Dynarex, Model #2141 NO SUBS		
157	6	Hand Sanitizer, 4 oz bottle w/ flip top, 62% alcohol w/ skin moisturizer, Model = Kutol #5635GP NO SUBS		
158	6	Insect Repellant, 20% Deet, SPF-15 (Spray)		
159	6	Mask, HEPA, N95 Respirators, Flat Fold, Individually wrapped, Donning instructions on each individual N95 package		
160	6	Mask, Surgical		
161	6	Sharps Container w/Needle Remover, (Size = 8 gallon)		

Alternate Care Site Supplies and Equipment List				
162	6	Sharps Shuttle, Small Conical, case of 24, Model = Tyco #8301		
163	6	Shield, Eye, Plastic		
164	6	Shield, Full Faceguard, Clear Model = Dynarex #2202 NO SUBS		
Exam Supplies				
165	7	Monitor, Blood Glucose, Glucometer Kit w/ extra set of batteries, Model = Precision Extra #99837-20 NO SUBS		
166	7	Monitor, Blood Glucose, Lancets, Disp., Model = Roche “Soft Click” # 971 NO SUBS		
167	7	Monitor, Blood Glucose, Test Strips, Model = Precision Extra #99838-35 NO SUBS		
168	7	Ophthalmoscope/Otoscope, Pocket Set w/Handle & Pouch, w/ needed amount of batteries to operate + 1 extra set of batteries, Model = Reister #20313030 NO SUBS		
169	7	Pulse Oximeter, handheld, w/ needed amount of batteries to operate + 1 extra set of batteries - Must include 4 extra sensors: 2 x Durasensor (DS100A) Adult Finger Clip Sensor and 2 x Both Dura-Y Multisite sensor (D-YS/D) and Pedicheck Pediatric Spot-Chec		
170	7	Speculum, Ear, Disp, Model = Specline #7400		
171	7	Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Adult), Model = Dixie Medical #143401 NO SUBS		
172	7	Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Adult, Lrg), Model = Dixie Medical #143425 NO SUBS		
173	7	Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Child), Model = Dixie Medical #143406 NO SUBS		
174	7	Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Infant), Model = Dixie Medical #143407 NO SUBS		
175	7	Stethoscope, Single Head, Black (LATEX FREE), Model = Dixie Medical #143100 NO SUBS		
176	7	Thermometer, Disposable (Temp-a-Dot), Brand = 3M NO SUBS		
177	7	Thermometer, Infrared, w/ needed amount of batteries to operate + 1 extra set of batteries		
178	7	Tongue Blades		
General Supplies				
179	8	AED, Stat padz II HVP Multi-Function Electrodes Individual Pairs (To be included with AED Pro System) Brand = Zoll, Model #8900-0801-01 NO SUBS		

Alternate Care Site Supplies and Equipment List				
180	8	Defibrillator, stat padz II HVP Multi-Function Electrodes 12 pair/case, Brand = Zoll, Model #8900-0802-01 NO SUBS		
181	8	Defibrillator, pedi padz II Multi-Function Electrodes 6 pair/case, Brand = Zoll, Model #8900-0810-01 NO SUBS		
182	8	AED, AED Pro Non-Rechargeable lithium battery pack, Brand = Zoll, Model #8000-0860-01 NO SUBS		
183	8	AED, AED Pro ECG Cable AAMI, Brand = Zoll, Model #8000-0838 NO SUBS		
184	8	Defibrillator, Box of 200 packs of 3-lead EKG disposable monitoring electrodes, Brand = Zoll NO SUBS - 8900-0003		
185	8	Backboard, 16”W x 70”L, Weight Capacity = 500lbs, X-ray translucent (Orange Color), Model = Dixie Medical #540055 NO SUBS		
186	8	Basin, Emesis, Model = Medline #5685521 NO SUBS		
187	8	Body Bags, Black (Black 17 ml, 6-Handle, Envelope Zipper)		
188	8	Broselow Pediatric Tape, Model = Broselow/Hinkle #AE-4800 NO SUBS		
189	8	Catheter, Foley, Tray, 16Fr, Closed System, Sterile (LATEX FREE) Tray must include: 1,000 cc Outer Basin Tray, 1 ea Prefilled 10 cc Syringe of Sterile Water, 1 Pair of Stretchy Vinyl Gloves, 1 ea Waterproof Drape, 1 ea Pkg Lubricating Jelly, 1 ea Fenestra		
190	8	Catheter, Foley, Tray, 20Fr, Closed System, Sterile (LATEX FREE) Tray must include: 1,000 cc Outer Basin Tray, 1 ea Prefilled 10 cc Syringe of Sterile Water, 1 Pair of Stretchy Vinyl Gloves, 1 ea Waterproof Drape, 1 ea Pkg Lubricating Jelly, 1 ea Fenestra		
191	8	Diaper, Huggies, Ultra-trim, 6 -14 lb.		
192	8	Dry Erase Boards, 4 feet x 4 feet		
193	8	Dry Erase Markers (4 different colors)		
194	8	Felt Pens (e.g., Sharpie Permanent Marker – Medium)		
195	8	Flashlight w/ needed amount of batteries to operate + 1 extra set of batteries		
196	8	IV Poles -4 hook, 5 ballbearing swivel casters, telescopic, stainless steel		

Alternate Care Site Supplies and Equipment List				
197	8	Obstetrical Kit, Emergency - Each kit to include: (1) Pair Sterile Non-Latex Gloves, (1) Sterile Scalpel, (1) Sterile OB Pad, (4) Sterile Gauze 4x4", (1) Sterile Bulb Syringe, (2) Sterile Umbilical Clamps, (1) Plastic Underpad, (1) Receiving Blanket, (3)		
198	8	Patient Charting Erasable Clip Boards		
General Supplies				
199	8	Razor, Disposable		
200	8	Ring Cutter, Model = Dixie Medical #12100 NO SUBS		
201	8	Tag, Triage, (Pack of 50), Model = DMS #DMS-05006 NO SUBS		
202	8	Tape, Cloth (1" x 10 yards), Model = Dixie Medical #2600010 NO SUBS		
203	8	Duct Tape, 2" x 60yd		
204	8	Cable Ties, Bags of 100, Variety of sizes from 7" to 25"		
205	8	Drill, Cordless, 18 volt, w/ backup batt, Must include drill bits (#1 & #2)		
206	8	Drill, Corded, 110 Capatable		
207	8	Extension Cord, 14 AMP, 50'		
208	8	Power Surge Strip, 6 outlets per strip		
209	8	Screws, 2", 5 LB Boxes		
210	8	Screws, 1", 5 LB Boxes		
211	8	Screws, 3", 5 LB Boxes		
212	8	Hammer, 16oz		
213	8	Hammer, 20oz		
214	8	Nails, 2", 5 lb boxes		
215	8	Nails, 1", 5 lb boxes		
216	8	Nails, 3", 5 lb boxes		
217	8	Plastic Construction Sheeting, 10' x 100' Roll, Minimum of 6 mil thickness		

Alternate Care Site Supplies and Equipment List				
218	8	Tarp, 10’ X 20’		
219	8	Tarp, 20’ X 40’		
220	8	Container for Sterilizing Instruments, 1200cc		
221	8	Cavicide for Instrument Sterilization, 20 gal bottle		
Defibrillators and Associated Supplies				
222	9	Defibrillator, 5 Year Warranty, Brand = Zoll, Model #8778-0107 NO SUBS		
223	9	Defibrillator, 5 year Maintenance Program, including Battery Exchange every 18 mo, Brand = Zoll NO SUBS		
224	9	Defibrillator, Carry Case for IVP and paddle storage, XL with rear and side pockets, Brand = Zoll, Model #8000-0657 NO SUBS		
225	9	Defibrillator, Zoll Base PowerCharger 4x4, Brand = Zoll, Model #8050-0012-01 NO SUBS		
226	9	Defibrillator, Cuff, All Purpose, Pediatric/Small Adult, 17-25 cm, Brand = Zoll, Model #8000-1650 NO SUBS		
227	9	Defibrillator, Cuff, All Purpose, Large Adult 34-48cm, Brand = Zoll, Model #8000-1654 NO SUBS		
228	9	Defibrillator, Cuff, All Purpose, Adult 25-34cm, Brand = Zoll, Model #8000-1652 NO SUBS		
229	9	Defibrillator, Cuff, All Purpose, Adult 25-42cm, Brand = Zoll, Model #8000-1653 NO SUBS		
230	9	Defibrillator, stat padz II HVP Multi-Function Electrodes 12 pair/case, Brand = Zoll, Model #8900-0802-01 NO SUBS		
231	9	Defibrillator, pedi padz II Multi-Function Electrodes 6 pair/case, Brand = Zoll, Model #8900-0810-01 NO SUBS		
232	9	Defibrillator, LNCS Adult Reusable Pulseox Probe, 1 each, Brand = Zoll, Model #8000-0294 NO SUBS		
233	9	Defibrillator, LNCS Pediatric Reusable Sensor, 1 each, Brand = Zoll, Model #8000-0295 NO SUBS		
234	9	Defibrillator, M series/E Series External Paddle Assembly Apex/Sternum with controls and built in pediatric electrodes, Brand = Zoll, Model #8000-1010-01 NO SUBS		
235	9	Defibrillator, ETCO2 Capnography (Mainstream), Brand = Zoll, Model #8000-0264-01 NO SUBS		
236	9	Defibrillator, Capnography (Mainstream) Adult/Pediatric Airway Adaptor, Box of 10, Brand = Zoll, Model #8000-0260-01 NO SUBS		
237	9	Defibrillator, Operator Manual/Instructions, Brand = Zoll. NO SUBS		

Alternate Care Site Supplies and Equipment List				
238	9	Defibrillator, 3-Lead ECG Monitoring Cable (Spare), Brand = Zoll, Model #8000-0025 NO SUBS		
239	9	Defibrillator, Box of 200 packs of 3-lead EKG disposable monitoring electrodes, Brand = Zoll, Model #8900-0003 NO SUBS		
240	9	Defibrillator, BP hose (spare) 1.5 meter, Brand = Zoll, Model #8000-0655 NO SUBS		
241	9	Defibrillator, Pediatric disposable pulse oximetry probes, 20/case Brand = Zoll Model #8000-0321 NO SUBS		
242	9	Defibrillator, Reuseable pulse oximetry cable - 4 ft (spare) Brand = Zoll, Model #8000-0298 NO SUBS		
Defibrillators and Associated Supplies				
243	9	Defibrillator, rechargeable Battery, Lead Acid Brand = Zoll, Model #8000-0299-01 NO SUBS		
244	9	Defibrillator, rechargeable Battery, Lead Acid Brand = Zoll, Model #8000-0299-01 NO SUBS *These batteries are to be stored and maintained by the Supplier and arranged for delivery at the state of California's request		
245	9	Defibrillator, Recorder Paper 80mm Fan Fold, Brand = Zoll, Model #8000-0302 NO SUBS		

NO SUBS = No Substitutions; PVP = providone iodine; CHG = chlorhexidine gluconate; PCMX = parachlorometaxylenol

Alternate Care Site Supplies and Equipment Storage Consideration Checklist

Description

Whether in preparation for a healthcare surge or during a surge, there are many considerations that need to be addressed so that supplies and equipment can be accessed and used immediately. The following checklist includes considerations for supplies and equipment storage at an Alternate Care Site across six major categories including:

- Inventory management
- Environmental management
- Security
- Caches
- Transport
- Ease of access

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.4: Storage Considerations.

Instructions

Check off all completed tasks.

Alternate Care Site Supplies and Equipment Storage Consideration Checklist

Inventory Management

- ☐ A process for monitoring and maintaining preventive maintenance requirements
  - Batteries
  - Ventilator seals
  - Electrical equipment
- ☐ A process for returning stock to the vendors for replacement or credit, if applicable.
- ☐ A process for monitoring the obsolescence of equipment, e.g., automated external defibrillators.
- ☐ Considerations for storing large amounts of supplies and equipment:
  - Is storage space limited on-site?
  - Can supplies and equipment be stored at other off-site locations (e.g., warehouses, other facilities in health system)?

Environmental Management

- ☐ A process for monitoring personal protective equipment (e.g., temperature)

Security

- ☐ A process for ensuring the security of the supplies and equipment provided to the Alternate Care Site (e.g., locks, security personnel).
- ☐ A process for controlling access into the area.
- ☐ A process for controlling access within the area.
- ☐ A process for identifying and tracking of patients, staff and visitors.
- ☐ A process for working with local authorities prior to healthcare surge to address heightened security needs.
- ☐ A process for working with private security entities prior to healthcare surge to address heightened security needs.

Caches External to an Alternate Care Site

- ☐ A process for ensuring the security of the supply and equipment caches.
- ☐ A process for controlling access into the area.
- ☐ A process for controlling access within the area.
- ☐ A process for working with local authorities prior to healthcare surge to address heightened security needs.
- ☐ A process for working with private security entities prior to healthcare surge to address heightened security needs.

Transport

- ☐ A process for obtaining the caches and transporting them to the desired locations.
- ☐ A process for loading supplies and equipment in an efficient manner (e.g., loading docks).

Ease of Access

- ☐ A process for staging the layout of supplies and equipment to ensure ease of access, e.g., what is needed in the first 24 hours?

Alternate Care Site Volunteer Application for Support Staff

Description

The Alternate Care Site Volunteer Application Form for Support Staff may serve as the volunteer registration form at an Alternate Care Site.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.4: Support Staff.

Instructions for Use

1. For each volunteer who presents at an Alternate Care, the Alternate Care Site administration section chief or his/her authorized designee will provide him/her with the following application form.
2. Each volunteer must present to the Alternate Care Site administration section representative, or designee, with proper identification including a valid photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:
   a. A current picture healthcare facility identification card (i.e., hospital ID card)
   b. A current license to practice and a valid picture identification issued by a state, federal or regulatory agency
   c. Identification indicating that the individual is a member of a volunteer organization, e.g. the California Medical Volunteers, Medical Reserve Corps (MRC), California Medical Assistance Team (CalMAT) or Disaster Medical Assistance Team (DMAT)
3. Completed application form is then given to the Alternate Care Site administration section chief or other designated individual for review and determination of the health professional's duties and area of assignment.
4. Concurrently, the Alternate Care Site administration section representative will initiate the primary source verification process. This process must be completed within 72 hours from the time the health professional presented to the organization, with adequate justification as to why emergency credentialing could not be done.

ALTERNATE CARE SITE VOLUNTEER APPLICATION (Support Staff)

APPLICATION DATE: / /	DATE YOU CAN START: / /
Last Name:	First Name: Middle Initial:
Is there any additional information about a change of your name, use of an assumed name, or use of a nickname that will assist us in checking your work and educational records? □ No □ Yes - If Yes, explain:	
Current Address: Street: City: State: Zip:	Previous Address: Street: City: State: Zip:
Phone number: ( )	Pager/ Cell Phone: ( )
Are you 18 years or older? □ No □ Yes	Social Security number:
Birth Date (mm/dd/yyyy):	Birth Place (City, State):

NEXT OF KIN & EMERGENCY CONTACT

Give name, telephone number and relationship of two individuals who we may contact in the event of an emergency.

Name	Telephone Number	Relationship
1.	( )	
2.	( )	

DEPENDENTS

List any dependents for which you are responsible.

Name	Place of Residence/ Telephone Number	Relationship
1.		
2.		

Indicate your availability:

□ Sunday □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday

Times of day you may be available: _____

Are you registered with a volunteer organization? If Yes, select below:

□ California Medical Volunteers □ Medical Reserve Corps (MRC) □ California Medical Assistance Team (CalMAT)
□ Disaster Medical Assistance Team (DMAT) □ Other. Specify _____

Check the areas in which you are experienced and can provide services.
□ Ability to supervise children □ Administrative/ clerical duties
□ Computer skills □ Facilities management (e.g., electrician, plumbing, maintenance)
□ First aid (e.g., wound care) □ Other – specify _____

EDUCATION & VOCATIONAL TRAINING

	High School	College/University	Graduate/Professional	Vocational/Business
School Name, City & State				
No. Years/Last Grade Completed				
Diploma/Degree				

Do you speak, write, and/or read any languages other than English? □ No □ Yes

If Yes, identify which other languages and rate your proficiency in these languages:

Language	Fluent	Speak	Read	Write
_____	□	□	□	□
_____	□	□	□	□
_____	□	□	□	□
_____	□	□	□	□

VERIFICATION OF TRUTHFULNESS AND UNDERSTANDING REGARDING VOLUNTEER AGREEMENT	
Initial	
	I agree that the information I provide and the representations I make will be truthful, complete, accurate, and free of any attempt to mislead.
	I acknowledge that by completing this form that I am of sound physical and mental capacity, and capable of performing in an emergency/disaster setting. I acknowledge that emergency/disaster settings can pose significant psychological and physical hardships and risks to those volunteering their services and the emergency/disaster settings often lack the normal amenities of daily life and accommodations for persons with disabilities. In agreeing to volunteer my services, I agree to accept such conditions and risks voluntarily.
	I understand that I am required to abide by all rules and practices of this facility and affiliated entities as well as all applicable State and federal laws and regulations.
	I agree to service as a volunteer, without compensation or payment for my services. I agree to hold the State of California and any of its entities or subdivisions harmless from any claims of civil liability, including but not limited to claims of malpractice or negligence, criminal liability, injury or death.
Signature of Volunteer Applicant: **Date:** / /	

TO BE COMPLETED BY ALTERNATE CARE SITE ADMINSTRATION SECTION CHIEF OR DESIGNEE - PERSONNEL VERIFICATION
Proper identification was verified and copied. ☐ Government issued photo identification (All Applicants) ☐ Contractor License # (Human Resources - Unlicensed Personnel only) ☐ Union or Trade Association identification (Human Resources - Unlicensed Personnel only) ☐ Professional Certification (Human Resources - Unlicensed Personnel only)
To be completed by administrator or his/her authorized designee. **I authorize this individual to volunteer.** **Signature of administrator:** **Date:** / /

Alternate Care Site Workers' Compensation Process Flow and the State of California Workers' Compensation Claim Form for Disaster Service Workers

Description

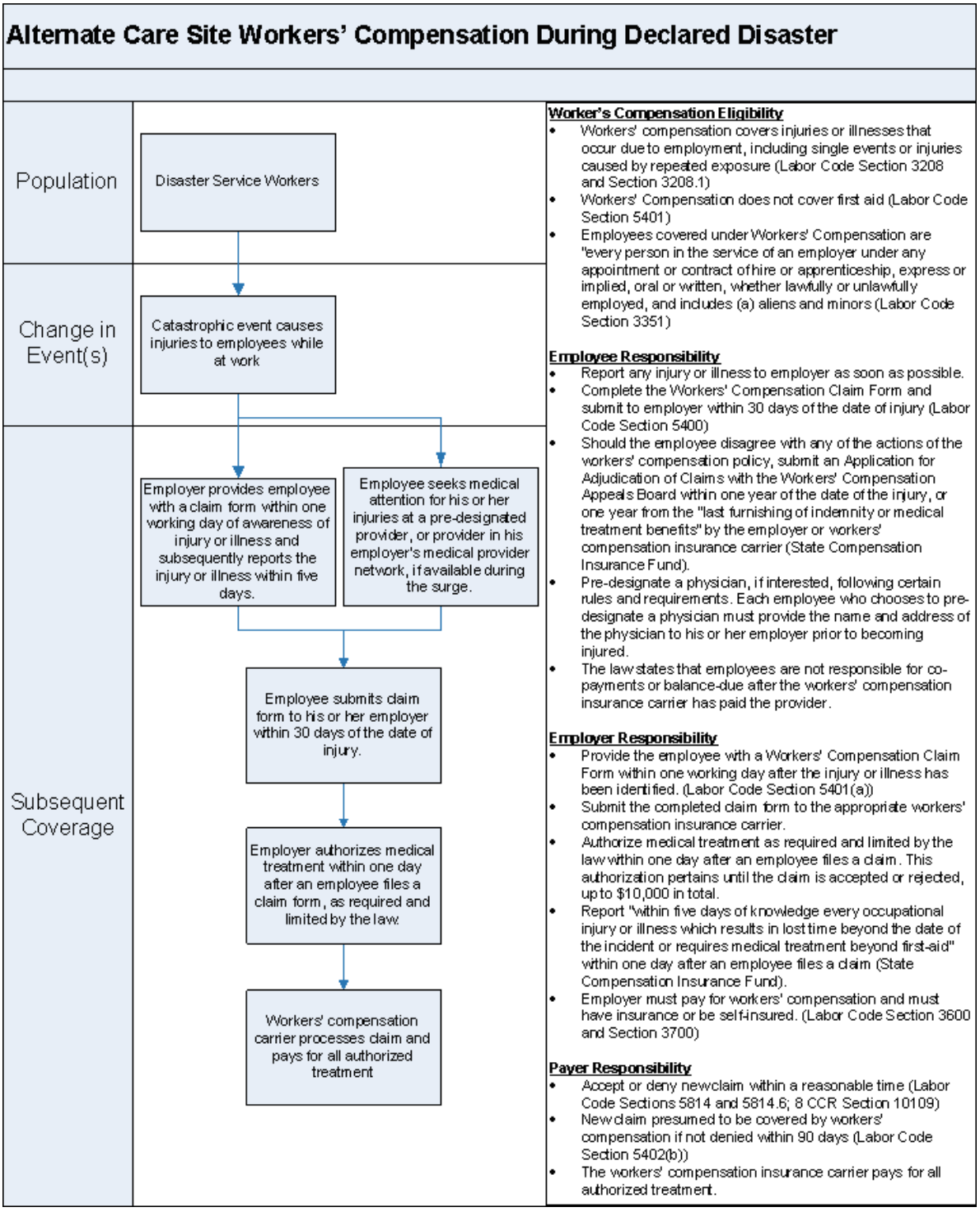
These tools include a process flow for depicting how workers' compensation may play a role during a healthcare surge for disaster service workers, including rules and requirements for employees, employers and payers. These tools also include a sample of the state of California workers' compensation claim form (DWC1) that employees injured at work can complete and submit during a healthcare surge.

These tools can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.8: Workers' Compensation for Volunteers.

Instructions

Alternate Care Sites can refer to these process flows for the rules and requirements that must be followed to submit claims for workers' compensation. Disaster service workers can use the sample workers' compensation claim form to document and submit their injuries for processing and payment.

Alternate Care Site Workers' Compensation Process Flow



State of California Workers' Compensation Claim Form for Disaster Service Workers

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "**Employee**" section and give the form to your employer. Keep a copy and mark it "**Employee's Temporary Receipt**" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at **(800) 736-7401**. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Empleado: *Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oir información gravada. En la hoja cubierta de esta forma esta la explicatión de los beneficios de compensación al trabjador.*

Ud. también debería haber recibido de su empleador un folleto describiendo los benficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above ***Empleado—complete esta sección y note la notación arriba.***

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____a.m. _____p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde occurió el accidente.* _____
   _____
6. Describe injury and part of body affected. *Describa la lesión y parte del cuerpo afectada.* _____
   _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. ***Empleador—complete esta sección y note la notación abajo.***

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia adminstradora de seguros.*
    _____
15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: *Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.*

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

❑ Employer copy/*Copia del Empleador* ❑ Employee copy/ *Copia del Empleado* ❑ Claims Administrator/*Administrador de Reclamos* ❑ Temporary Receipt/*Recibo del Empleado*

7/1/04 Rev.

List of Potential Staffing Sources during Healthcare Surge

Description

The tool provides healthcare surge planners and other appropriate Alternate Care Site representatives with a list of organizations that could be considered as potential sources for augmented staff.

For each potential source, the tool provides:

1. The organization's name along with a brief background and history of the organization
2. The website address for the organization

This table can also be used as a reference when determining organizations with which to develop personnel sharing Memoranda of Understanding.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.3: Clinical Staff.

Instructions

Review the table to become familiar with the various sources to obtain additional staff during a healthcare surge.

Organization Brief Background & History	Additional Information May Be Found at:
American Red Cross (ARC) The mission of American Red Cross Disaster Services is to ensure nationwide disaster planning, preparedness, community disaster education, mitigation and response that will provide the American people with quality services delivered in a uniform, consistent and responsive manner. The American Red Cross responds to disasters such as hurricanes, floods, earthquakes and fires, or other situations that cause human suffering or create human needs that those affected cannot alleviate without assistance. It is an independent, humanitarian, voluntary organization, not a government agency. All Red Cross assistance is given free of charge, made possible by the generous contribution of people's time, money and skills. The most visible and well-known of Red Cross disaster relief activities are sheltering and feeding.	http://www.redcross.org Information is available for both the national chapter as well as links to local chapters.
California Medical Assistance Team (CalMAT) Three 120-person California Medical Assistance Teams have been created under State control to respond to catastrophic disasters. Each California Medical Assistance Team consists of volunteers drawn from the private, not-for-profit and existing State and local government healthcare delivery sector. The California Medical Assistance Teams will maintain caches that contain medical supplies, medical equipment, tents, pharmaceuticals and interoperable (compatible) communications. The California Medical Assistance Team program will be supported on-site by an Emergency Medical Services Authority-led Mission Support Team for administrative direction and logistical direction and re-supply.	http://www.emsa.ca.gov/def_comm/viii092706_d.asp
Community Emergency Response Teams (CERT)/Neighborhood Emergency Response Teams (NERT) The Community Emergency Response Team program educates people about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization and disaster medical operations. Using the training learned in the classroom and during exercises, Community Emergency Response Team members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. Community Emergency Response Team members also are encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects in their community. The Community Emergency Response Team concept was developed and implemented by the Los Angeles Fire Department in 1985. The Whittier Narrows earthquake in 1987 underscored the area-wide threat of a major disaster in California and confirmed the need for training civilians to meet their immediate needs. As a result, the Los Angeles Fire Department created the Disaster Preparedness Division and the Community Emergency Response Team program to train citizens and private and government employees.	http://www.citizencorps.gov/cert Information is available for the local chapter as well as links to the national chapter.

Organization Brief Background & History	Additional Information May Be Found at:
Disaster Medical Assistance Team (DMAT) Disaster Medical Assistance Team is a group of professional and para-professional medical personnel (supported by a cadre of logistical and administrative staff) designed to provide medical care during a disaster or other event. Each team has a sponsoring organization, such as a major medical center, public health or safety agency, nonprofit, public or private organization that signs a Memorandum of Agreement with the federal Department of Health and Human Services. Disaster Medical Assistance Teams are designed to be a rapid-response element to supplement local medical care until other federal or contract resources can be mobilized or the situation is resolved. Disaster Medical Assistance Teams deploy to disaster sites with sufficient supplies and equipment to sustain themselves for a period of 72 hours while providing medical care at a fixed or temporary medical care site. In catastrophic incidents, their responsibilities may include triaging patients, providing high-quality medical care despite the adverse and austere environment often found at a disaster site, and preparing patients for evacuation. Disaster Medical Assistance Teams are designed to be a rapid-response element to supplement local medical care until other federal or contract resources can be mobilized or the situation is resolved. Under the rare circumstance that disaster individuals are evacuated to a different locale to receive definitive medical care, Disaster Medical Assistance Team may be activated to support patient reception and disposition of patients to hospitals. Disaster Medical Assistance Team are principally a community resource available to support local, regional and State requirements. However, as a national resource they can be federalized.	http://www.ndms.dhhs.gov/teams/dmat.html
Disaster Service Worker (DSW) Disaster service worker includes public employees and can include any unregistered person pressed 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.	http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/Disaster%20Service%20Worker%20Volunteer%20Program%20(DSWVP)%20Guidance/$file/DSWguide.pdf
California Medical Volunteers (formerly Emergency System for the Advance Registration of Volunteer Health Professionals) California Medical Volunteers is an electronic database of healthcare personnel who volunteer to provide aid in an emergency. The California Medical Volunteer system: (1) registers health volunteers, (2) applies emergency credentialing standards to registered volunteers, and (3) allows for the verification of the identity, credentials and qualifications of registered volunteers in an emergency.	http://www.hrsa.gov/esarvhp/guidelines/default.htm California Medical Volunteer https://medicalvolunteer.ca.gov/ (currently serves as a volunteer registration site)

Organization Brief Background & History	Additional Information May Be Found at:
Los Angeles County Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR VHP) Medical professionals that pre-register and are accepted as Los Angeles County Emergency System for the Advance Registration of Volunteer Health Professionals volunteers can be deployed rapidly and effectively to help following a disaster. The Volunteer Center of Los Angeles is working in partnership with the Los Angeles County Department of Health Services, Emergency Medical Services Agency and Department of Public Health (including the Health Alert Network) to provide volunteer registration and assist in volunteer accreditation of health professionals. Physicians, Dentists, Podiatrists, Clinical Psychologists, Physician Assistants or Advanced Practice Registered Nurses who wish to be on the Hospital Surge Capacity Team or the Alternate Care Site Team will have their information forwarded to CheckPoint Credentials Management for further credentialing. All other medical and mental health professionals do not require additional credentialing. As required by the national Emergency System for the Advance Registration of Volunteer Health Professionals program, all potential volunteers are screened using the Federal Exclusion List.	Los Angeles Emergency System for the Advance Registration of Volunteer Health Professionals http://www.vcla.net/esar
Medical Reserve Corps (MRC) The Medical Reserve Corps program was created after President Bush's 2002 State of the Union Address, in which he asked all Americans to volunteer in support of their country. The Medical Reserve Corps comprises organized medical and public health professionals who serve as volunteers to respond to natural disasters and emergencies. These volunteers assist communities nationwide during emergencies and for ongoing efforts in public health. There is no "typical" Medical Reserve Corps unit. Each unit organizes in response to their area's specific needs. At the local level, each Medical Reserve Corps unit is led by a Medical Reserve Corps Unit Coordinator who matches community needs – for emergency medical response and public health initiatives – with volunteer capabilities. Local coordinators are also responsible for building partnerships, ensuring the sustainability of the local unit and managing the volunteer resources.	http://www.medicalreservecorps.gov/HomePage

Sample Memorandum of Understanding (MOU) Template

Description

The contract requirement for securing premises and operating an Alternate Care Site is imperative for establishing an Alternate Care Site under the authority of the local health department. The Alternate Care Site will serve as a site where supportive care can be provided to individuals of a large-scale catastrophic event or bio-event. The Alternate Care Site planning and management team should enter into contractual agreements for the acquisition of facility locations to be under the authority of local or state government in the event of a mass medical emergency.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 8.8: Facility Contract Considerations.

Instructions

Facilities should consider establishing agreements by instituting the following memorandum of understanding for use during a mass medical emergency as appropriate.

Sample Memorandum of Understanding (MOU) Template

The contractual requirements for securing premises and operating an Alternate Care Site is imperative establishing an Alternate Care Site under the authority if the local health department. Below is a sample memorandum of understanding for consideration.

****

(County)

MEMORANDUM OF UNDERSTANDING (MOU) FOR USE OF FACILITIES IN THE EVENT OF A MASS MEDICAL EMERGENCY

(County), and (name of facility) agree that:

In the event of a catastrophic medical emergency in the State of California, resources will be quickly committed to providing the necessary healthcare services. Such an event may require a facility to support the activation of an Alternate Care Site. The Alternate Care Site will serve as a site where patient care can be provided to individuals impacted by a large-scale catastrophic emergency.

(County) and (name of facility) enter into this partnership as follows:

1. Facility Space: (County) accepts designation of (name of facility) located at (address of facility) as an Alternate Care Site, in the event the need arises.
2. Use of the Facility: Request to use facility as an Alternate Care Site will occur as soon as possible through the local Emergency Operations Center. Designation and use of (name of facility) will be mutually agreed upon by all parties to this agreement.
3. Modification or Suspension of Normal Facility Business Activities: (name of facility) agrees to alter or suspend normal operations in support of the Alternate Care Site as needed.
4. Use of Facility Resources: (name of facility) agrees to authorize the use of facility equipment such as forklifts, buildings, communications equipment, computers, Internet services, copying equipment, fax machines, etc. Facility resources and associated systems will only be used with facility management authorization and oversight to include appropriate orientation/training as needed.
5. Costs: All reasonable and eligible costs associated with the emergency and the operation of the Alternate Care Site that include modifications or damages to the facility structure, equipment and associated systems directly related to their use in support of the Alternate Care Site facility operations will be submitted for consideration and reimbursement through established disaster assistance programs.
6. Liability: The Emergency Services Act, Government Code 8550 et seq. addresses immunity from liability for services rendered voluntarily in support of emergency operations during an emergency or disaster declared by the Governor.
7. Contact Information: (name of facility) will provide (County) the appropriate facility 24 hour/7 day contact information, and update this information as necessary.
8. Duration of Agreement: The minimum term of this MOU is two years from the date of the initial agreement. Subsequent terms may be longer with the concurrence of all parties.

9. Agreement Review: A review will be initiated by (County) and conducted following a disaster event or within two years after the effective date of this agreement. At that time, this agreement may be negotiated for renewal. Any changes at the facility that could impact the execution of this agreement will be conveyed to the identified primary contacts or their designees of this agreement as soon as possible. All significant communications between the Parties shall be made through the primary contacts or their designees.
10. Amendments: This agreement may be amended at any time by signature approval of the parties' signatories or their respective designees.
11. Termination of Agreement: Any Party may withdraw at any time from this MOU, except as stipulated above, by transmitting a signed statement to that effect to the other Parties. This MOU and the partnership created thereby will be considered terminated thirty (30) days from the date the non-withdrawing Party receives the notice of withdrawal from the withdrawing Party.
12. Capacity to Enter into Agreement: The persons executing this MOU on behalf of their respective entities hereby represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this MOU on behalf of the entity for which they sign.

Facility Official	Date
(County) Official	Date
Public Health Department Official	Date
Hospital Official	Date

To authorize facility use, call:

_____

Name

_____

Daytime phone number

_____

After-hours/emergency phone number

To open facility, call:

_____

Name

_____

Daytime phone number

_____

After-hours/emergency phone number

Alternate contact to open facility, call:

Name_____

Daytime phone number _____

After-hours/emergency phone number _____