

Overview of Alternative Care Sites

1. Alternative Care Sites

1.1. Scope and Purpose of this Document

This document is intended for use in Fraser Health to assist in planning for a pandemic influenza outbreak.

The purpose of the document is to provide guidelines, protocols, and decision-making support around the establishment of alternative care sites (ACS). The decision to establish ACS would be made by the Health Services Emergency Operations Centre (EOC), in consultation with the Fraser Health EOC.

The following guidelines for establishing ACS are applicable to other emergency management operations involving the response to outbreaks of respiratory illness of unknown origin or etiology.

The main objectives of these ACS guidelines are to:

- Provide triage and assessment of influenza/respiratory illness patients in an environment designed to prevent the spread of influenza to individuals not previously exposed to the virus but requiring medical assistance.
- Provide required health/medical care and support through individuals with nursing skill sets in an environment designed to prevent spread of influenza to individuals not previously exposed to the virus but requiring health/medical care and skilled nursing support.
- Cope with increased demand on health services for care of patients with pandemic influenza while maintaining urgent health care services for individuals not infected with the virus.
- Provide the best care possible to cases of pandemic influenza with the efficient use of scarce resources.

ACS will be established using Fraser Health's Ethical Framework for Decision-Making, which has been developed as part of the pandemic planning process.

1.2. Definitions

Alternative Care Site

A Fraser Health-managed site established to assist in the assessment, monitoring, care or support of influenza patients during a pandemic. These sites may include free-standing assessment centres and/or non-traditional care sites (e.g., temporary influenza hospitals).

Assessment Centre

An area designated to assess and screen individuals presenting with symptoms of the pandemic influenza strain for the purpose of facilitating transfer to the appropriate level of care and support required.

Influenza Treatment Centre

A facility designated to provide skilled nursing care and/or medical intervention to individuals at risk of or diagnosed with complications from the pandemic influenza strain. The site may be a site not currently established as a health care facility or may be a health care site re-organized to provide pandemic-specific medical intervention.

2. ASSESSMENT CENTRES

2.1. Establishment of Assessment Centre

The decision to establish an assessment centre would be made by the Health Services Emergency Operations Centre (EOC), in consultation with the Fraser Health EOC. This decision will be based on defined triggers, which may include, but are not limited to:

- World Health Organization (WHO) declaration of an influenza pandemic (Phase 6),
- The proportion of emergency room visits attributed to influenza exceeding a predetermined percentage, and/or
- Physician (sentinel/primary care/walk-in clinic) reports of a marked increase in demand for appointments related to influenza-like illness, which they are not able to accommodate.

2.2 Location Criteria

The establishment of an assessment centre requires:

- A location in close proximity to a designated influenza treatment centre to facilitate the use of diagnostic services and/or transfer to inpatient status.
- A separate outside entrance. If the site is located within a hospital setting, planners must consider the facility's ability to prevent flu patient access by other entrances.
- Enough space to include separated areas for registration, patient assessment, dispensing of medication (if required), and patient education.
- Adequate parking with easy access for a large population.
- Wheelchair accessibility.
- The ability to accommodate a variety of communications equipment, including networked computers.

2.3 Personnel Required*

- Unit leader
- Greeter
- Triage personnel
- Medical personnel and direction

NOTE: This document is an **incomplete work-in-progress**, intended for the use of Fraser Health professional health care providers during an influenza pandemic. Please contact Fraser Health at pandemic@fraserhealth.ca if you have suggestions or for permission to use these proprietary documents.

- Discharge teaching staff
- Admission clerk personnel
- Security personnel

**See Appendix D, Task Sheets for Assessment Centre Personnel, for further information.*

2.4 Administrative Structure

Each assessment centre will be managed under the direction of the Health Services EOC. This EOC will be responsible for the co-ordination of resources and site requirements. The assessment centre will report directly to the HS EOC and will supply statistical data daily to the HS EOC as per the Community Case Surveillance, Assessment, and Disposition Report (to be developed).

2.5 Assessment Centres and Patient Flow

Please see Appendix D, Assessment Centre Flow of Patients, in Visio format, for more information.

3. INFLUENZA TREATMENT CENTRE

3.1. Establishment of Influenza Treatment/Inpatient Centres

The establishment of an influenza treatment centre would be made by the Health Services EOC, in consultation with the Fraser Health EOC.

This decision will be based on defined triggers, which may include, but are not limited to:

- WHO declaration of an influenza pandemic (Phase 6)
- The proportion of emergency room visits attributed to influenza exceeding a predetermined percentage, and/or
- A health service delivery area is unable to provide urgent health services to individuals not exposed to or infected with the pandemic influenza strain.

3.2. Location Criteria

Ideally, an influenza treatment centre would be established in a pre-existing health service delivery facility (e.g., hospital). In the event that this is not possible, potential alternative sites will be identified during the pandemic planning process in collaboration with municipal governments and local stakeholders. Fraser Health will be responsible for the management of patients provision of care, and allocation of resources required to operate alternative care sites. Appropriate contracts with the local governments should be in place prior to the declaration of a pandemic.

Influenza treatment centres ought to be located in well-marked and familiar locations, which have easy road access, ample parking, and wheelchair accessibility. The facility must be structurally sound and have the ability to accommodate patients in large multi-bed rooms, with beds spaced a minimum of three feet apart.

See Appendix D for facility checklists to assist planners in site assessments and selection.

NOTE: This document is an **incomplete work-in-progress**, intended for the use of Fraser Health professional health care providers during an influenza pandemic. Please contact Fraser Health at pandemic@fraserhealth.ca if you have suggestions or for permission to use these proprietary documents.

3.3. Personnel Required

- Site leader
- Admin support
- Personnel with RN/LPN/care aide skill sets
- Medical personnel and direction
- Pharmacist skill sets
- Housekeeping skill sets
- Dietary skill sets
- Security personnel
- Transportation

Clients admitted to influenza treatment centres will require skilled nursing care at the sub-acute level or palliative care level. Staffing should be based on these models and include a team of personnel with a mix of skill sets, including RN supervision and provision of care by full scope LPN and care aides, in addition to medical oversight.

3.4. Administrative Structure

Each assessment centre will be managed under the direction of the Health Services EOC. This EOC will be responsible for the co-ordination of resources and site requirements. The influenza treatment centre will report directly to the HS EOC and will supply statistical data daily to the HS EOC as per the Influenza Case Surveillance, Service Utilization, and Disposition Report (to be developed).

3.5. Admission Criteria

Patients with uncomplicated influenza infection, and who have social support at their place of residence, should not require hospital referral. Teaching (re: self care and use of the FH Self-Care Guidelines) will be provided at assessment centres, in addition to information regarding when the individual ought to seek medical attention.

Individuals who have a co-morbidity and/or a primary assessment not within normal limits, require an additional assessment, which may include blood work and a chest x-ray. Admission to an influenza treatment centre should be considered if the individual is unable to:

- Maintain O₂ saturation of 93% on room air, but is able to manage on low flow O₂,
- Maintain fluid balance with per mouth intake,

Or requires:

- IV medication, and/or
- Palliative care.

Adults who experience a clinical deterioration of pre-existing medical problems (e.g., COPD) due to influenza infection should be managed according to recommended best practices for the medical condition in question. These individuals may be best managed in an acute care setting, and as a result, may require transfer to intensive care.

In adults with influenza-related clinical pneumonia, hospital referral and assessment ought to be considered for patients with CRB-65 score of 1 or 2 (see below).

NOTE: This document is an **incomplete work-in-progress**, intended for the use of Fraser Health professional health care providers during an influenza pandemic. Please contact Fraser Health at pandemic@fraserhealth.ca if you have suggestions or for permission to use these proprietary documents.

Urgent hospital referral is recommended for adults with influenza-related pneumonia and either:

- bilateral chest signs of pneumonia, or
- CRB-65 score of 3 or more.

3.6. CRB-65 Score – Severity Assessment used to Determine the Management of Influenza-related Pneumonia in the Community

Score one (1) point for each feature present:

- Confusion (Mental Test Score of ≤ 8 , or new disorientation in person, place or time)
- Respiratory rate ≥ 30 /min
- Blood pressure (SBP < 90 mmHg or DBP ≤ 60 mmHg)
- Age ≥ 65 years

3.7. CRB-65 Score – Recommended Action

0 – Likely suitable for home treatment

1 or 2 – Consider hospital or influenza treatment centre referral

3 or 4 – Acute hospital referral

Children who are severely ill, as indicated by signs of respiratory distress, cyanosis, severe dehydration, altered conscious level, complicated or prolonged seizure, or sepsis, ought to be referred admission to acute care.

3.8. Discharge Criteria

Individuals are able to be discharged from influenza treatment facilities when they are:

- Able to maintain O₂ saturation of 93% of room for a 24 hour period,
- Able to maintain fluid intake of 2500 ml per mouth for a 24 hour period, and
- Able to switch to oral medication or can receive intermittent IV medications through home health or outpatient care.

Social support should be assessed prior to discharge (NOTE: do we need to include the definition of social support in this document?). If support at home is available, discharge home with self-care guidelines and discharge instructions. If no support at home is available, refer to social/community support services provided by municipal partners (formal process to be developed in Phase 3).