

ASPR TRACIE Technical Assistance Request

Requestor: [REDACTED]
Requestor Phone: [REDACTED]
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 30 June 2016
Response Date: 21 July 2016
Type of TTA Request: Standard

Request:

[REDACTED] indicated that his organization is updating their Alternate Care Site Plan and are seeking examples of state or local ACS plans.

Response:

The ASPR TRACIE Team conducted a search for Alternate Care Site plans, templates, and other guidance. Our responses below are divided into two sections: Example Plans, and Other Resources and Guidance.

ASPR TRACIE has a [Hospital Surge Capacity and Immediate Bed Availability Topic Collection](#), [Crisis Standards of Care Topic Collection](#), and is currently developing an Alternate Care Systems Topic Collection scheduled to be released in September 2016.

Additionally, we have responded to two previous technical assistance requests that may be of interest to you. The links below will take you directly to our full redacted responses to the requests (please note, you will need to log in to the ASPR TRACIE Information Exchange first):

- [Medical Station Protocols](#) – In addition to providing resources relevant to medical stations, the ASPR TRACIE team provided various plans, tools, and templates related to FACs and shelters.
- [Regional Medical Stations](#)- ASPR TRACIE team provided various resources related to regional medical stations.

If you need additional resources regarding special needs shelters, mass care shelters, and working with vulnerable populations, please let us know. We did not specifically include those resources here but they are available in our draft Alternate Care Systems Topic Collection.

I. Example Plans

California Department of Public Health. (2007). [Standards and Guidelines for Healthcare Surge During Emergencies: Volume II Government Authorized Alternate Care Sites](#).

This document provides a detailed overview of the definition/ description of a government-authorized alternate care site, planning considerations, patient care and management, facility selection, staffing, supplies/ equipment, security services,

environmental services, hazardous waste management, staff training, administration, activation/ closure, and mass fatality management.

District of Columbia Department of Health, Health Emergency Preparedness and Response Administration. (2010). [Alternate Care Site Pandemic Surge Optimization Plan](#). Braintree Solution Consulting, Inc.

This template was developed to help the DC Department of Health to develop a comprehensive and prescriptive response plan. It includes guidance for site selection, operations, staffing, low acuity care CONOPS, community focuses ambulatory care clinic CONOPS, and primary triage point CONOPS. Appendices include sample emergency legislative orders, ACS admission orders, and site selection matrix.

Florida Department of Health, Bureau of Preparedness and Response. (2013). [Alternate Care Site Standard Operating Procedure](#).

This SOP is a supplement to the ESF 8 Appendix of the state's Comprehensive Emergency Management Plan. It establishes the framework to prepare for and respond to local requests for assistance in helping establish, operate, and demobilize alternate care sites initiated for medical surge.

Kansas Department of Health and Environment, Bureau of Public Health Preparedness. (n.d.). [Alternate Medical Care Site Emergency Operations Plan](#).

This template was developed for local agencies to use for developing an alternate medical care site plan. This template provides an opportunity for partners to identify and address issues associated with alternative medical care sites in the community by providing possible approaches for ACS operations.

Natchitoches Regional Medical Center, Louisiana. (2011). [Alternate Care Site Plan](#).

This plan from a local hospital provides an overview of how they will activate and manage an alternate care site.

Public Health Seattle-King County. (2012). [Alternate Care Facilities Plan](#).

This plan provides guidance to establish a care facility within 24 hours of becoming aware of the need to do so. Services are for those that need medical assistance but are not able to receive it in the traditional environments of a hospital or long term care facility.

II. Other Resources and Guidance

Agency for Healthcare Quality and Research. (2011). [Mass Medical Care with Scarce Resources: Chapter 6 Alternative Care Sites](#).

Recommendations for planning for non-Federal, non-hospital based alternative care sites include coordination between public health, emergency management, and healthcare providers and their respective organizations in addition to local government and private

partners. Developing a concept of operations plan for the anticipated service role can assist with determination of the level and scope of care, including if the site is designated as a support to a Federal Medical Station ACS. Key issues include advance identification of sites, obtaining permits to use the sites, ensuring staffing, logistical support for rapid deployment of equipment and supplies, and planning for pediatric care.

Agency for Healthcare Quality and Research. (2011). [Disaster Alternate Care Facilities: Selection and Operation: Chapter 2- Background.](#)

A discussion of the role and objectives of non-hospital alternate care site facilities stresses the need for clear operational definitions for what can and cannot be accommodated appropriately in terms of care, service, and acuity level. Planning to utilize the spectrum of healthcare delivery facilities including ambulatory care sites can assist with managing the surge of lower acuity patients to preserve hospitals for high-acuity cases. The focus on bioterrorism can be extended to other mass casualty events.

Cantrill, S.V., Pons, P.T., Bonnett, C.J., Eisert, S., and Moore, S. (2009). [Disaster Alternate Care Facilities: Selection and Operation.](#) AHRQ Publication No. 09-0062.

Experiences from nine alternate care sites are summarized and include issues such as pre-planning, patient selection, type of care provided, staffing levels, credentialing, and days of operation.

Centers for Medicare and Medicaid Service, (2009). [Hospital Alternative Care Sites during H1N1 Public Health Emergency.](#)

A summary sheet provides responses to questions of payment, conditions of participation and standards of care associated with hospital alternative care sites established to support the H1N1 patient medical surge. It includes a discussion of EMTALA section 1135 waiver compliance alternatives to hospitals.

Centers for Medicare and Medicaid Service. (2009). [Emergency Medical Treatment and Labor Act \(EMTALA\) Requirements and Options for Hospitals During a Disaster.](#)

This memorandum and associated fact sheet describes EMTALA requirements and flexibility for an appropriate Medical Screening Examination and options for hospitals experiencing an exceptional patient surge. Alternate screening sites on a hospital's campus, referral to a hospital-controlled off-campus sit, and referral to a community screening site are addressed in terms of an EMTALA obligation.

Chung, S., Monteiro, S., Hogencamp, T., Damian, F. J. and Stack, A. (2011). [Pediatric Alternate Site of Care during the 2009 H1N1 Pandemic.](#) (Abstract only). *Pediatric Emergency Care.* 27(6): 519-526.

The authors describe how they operationalized a non-urgent pediatric alternate care site for influenza-like-illness that treated 137 patients over the course of 7.5 days. 5.8% of the patients were referred to the local ED for further care; none of the cases required hospital

admission. A rating of very good or excelled patient satisfaction score was noted in 92% of the families.

Krumperman, K., Weiss, S., and Fullerton, L. (2015). [Two types of Prehospital Systems Interventions that Triage Low-Acuity Patients to Alternative Sites of Care](#). (Abstract only). *Southern Medical Journal*. 108(7): 381-386.

A study of low-acuity 9-1-1 calls noted that callers were receptive to being transferred to a call center staffed by nurses with referrals to an urgent care center or primary physician provider or being treated on scene by paramedics and referred either to an urgent care center or primary physician. Both methods noted patient satisfaction to not being transported to an emergency department and a high percentage of follow-through with recommendations to seek further care.

Medical Reserve Corps. (n.d.). [Guide to Medical Special Needs Shelters: A Guide for Local MRC Units](#).

This guide offers an orientation to the role of MRC units in supporting shelter staff and caregivers of special needs patients. The general operations of an SNS are described, including how facilities may vary in building structure, staffing, equipment, supplies and medications. Best practices and recommended actions are provided for the phases of pre-mobilization to demobilization.

National Academies of Science. (2012). [Crisis Standards of Care, Volume 5: Alternate Care Systems](#).

This foundational document provides key guidance for out-of-hospital and alternate care systems, including roles/ responsibilities and operational considerations.

Pennsylvania Department of Health. (2013). [Medical Surge Systems](#).

This document provides an overview of the following medical surge systems in Pennsylvania: Medical Surge Equipment Cache, Casualty Collection Point, Mobile Medical Surge System, and State Medical Assistance Team.