

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

Government-Authorized Alternate Care Site Training Presentation



Learning Objectives

Government-Authorized Alternate Care Sites

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

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

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

Learning Objectives

Government-Authorized Alternate Care Sites (*continued*)

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

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

Learning Objectives

Government-Authorized Alternate Care Sites (*continued*)

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

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

Learning Objectives

Government-Authorized Alternate Care Sites (*continued*)

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

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

Government-Authorized Alternate Care Sites Overview

Target audience for this course

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

Intent of this course

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

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

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

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

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

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

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

Patient Type

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

Level of Care

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

Facility Type

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

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

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

Alternate Care Site Planning

Government-Authorized Alternate Care Sites, Section 4

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

Alternate Care Site Planning

Government-Authorized Alternate Care Sites, Section 4

(continued)

Developing the Alternate Care Site Planning Team

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

Alternate Care Site Planning

Government-Authorized Alternate Care Sites, Section 4

(continued)

General Planning Considerations for Alternate Care Sites

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

Alternate Care Site Planning

Government-Authorized Alternate Care Sites, Section 4

(continued)

Planning for Pandemic Influenza

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

When to Establish an Alternate Care Site

Government-Authorized Alternate Care Sites, Section 5

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

Phase 1: Catastrophic Emergency Occurs, Healthcare Surge Is Declared

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

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

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

Phase 3: Establishment of Government-Authorized Alternate Care Site

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

Incident Command System

Government-Authorized Alternate Care Sites, Section 6

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

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

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

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

Patient Care

Government-Authorized Alternate Care Sites, Section 7

Standard of Care

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

Patient Care

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

Patient Care Provided at an Alternate Care Site

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

Laboratory Testing

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

Patient Care

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

Patient Decontamination

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

Facility Selection

Government-Authorized Alternate Care Sites, Section 8

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

Facility Selection

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

Facility Contract Considerations

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

Facility Selection

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

Facility Liability Protections

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

Staffing

Government-Authorized Alternate Care Sites, Section 9

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

Staffing

Government-Authorized Alternate Care Sites, Section 9

(continued)

Planning for the Workforce

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

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

Staffing

Government-Authorized Alternate Care Sites, Section 9

(continued)

Setup Staff

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

Staffing

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

Setup Staff (continued)

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

Staffing

Government-Authorized Alternate Care Sites, Section 9

(continued)

Clinical Staff

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

Staffing

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

Clinical Staff (continued)

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

Staffing

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

Clinical Staff (continued)

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

Staffing

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

Special Considerations for Pharmacists

The California State Board of Pharmacy Waiver

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

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

Special Considerations for Pharmacists (continued)

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

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

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

Special Considerations for Pharmacists (continued)

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

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

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

Special Considerations for Pharmacists (continued)

Furnishing Medications without a Prescription

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

Staffing

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

Credentialing and Personnel Verification for Clinical Staff

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

Staffing

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

Use of Out of State or Inactive Credentials

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

Staffing

Government-Authorized Alternate Care Sites, Section 9

(continued)

Support Staff

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

Staffing

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

Alternate Care Site Command Staff

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

Staffing

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

Maintaining Personnel

Workforce Health and Safety and Workers Rights

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

Staffing

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

Maintaining Personnel (continued)

Support Provisions for Staff

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

Staffing

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

Immunities from Liability for Volunteers in Alternate Care Sites

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

¹Emergency Services Act, 19 CCR 2570.2

Staffing

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

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

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

Staffing

Government-Authorized Alternate Care Sites, Section 9

(continued)

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

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

Staffing

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

Governor's Standby Orders

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

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

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

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

Maximizing Sustainability

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

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

Pharmaceuticals

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

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

Pharmaceuticals (continued)

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

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

Pharmaceuticals (continued)

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

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

Pharmaceuticals (continued)

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

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

Pharmaceuticals (continued)

Inventory Management – Pharmaceuticals

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

Receiving Pharmaceuticals at Alternate Care Sites

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

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

Pharmaceuticals (continued)

Off-Label Drug Use

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

Out-of-State Pharmaceuticals

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

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

Supplies and Equipment

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

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

Supplies and Equipment

Alternate Care Site-Specific Tool for Supplies and Equipment Planning

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

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

Supplies and Equipment

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

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

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

Supplies and Equipment

Inventory Management – Supplies and Equipment

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

Supplies, Pharmaceuticals and Equipment

Government-Authorized Alternate Care Sites, Section 10

(continued)

Personal Protective Equipment

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

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

Personal Protective Equipment (continued)

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

Supplies, Pharmaceuticals and Equipment

Government-Authorized Alternate Care Sites, Section 10

(continued)

Communication

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

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

Procurement of Resources Prior to an Event

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

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

Procurement of Resources Prior to an Event (continued)

Contract Considerations

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

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

Procurement of Resources Prior to an Event (continued)

Vendor-Managed Contract Considerations

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

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

Acquiring Additional Resources through the SEMS Process

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

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

Storage Considerations

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

Environmental Management

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

Transport

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

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

Staging and Deployment

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

Patient Management

Government-Authorized Alternate Care Sites, Section 11

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

Authority for Patient Care in Emergency Situations

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

Patient Management

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

Patient Restraint

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

Prioritization and Management of Patients: Liability Protection

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

Security Services

Government-Authorized Alternate Care Sites, Section 12

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

Security Services

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

Establishing a Security System at an Alternate Care Site

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

Security Services

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

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

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

Security Services

Government-Authorized Alternate Care Sites, Section 12

(continued)

Facility Lock-Down

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

Environmental Services

Government-Authorized Alternate Care Sites, Section 13

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

Environmental Services

Government-Authorized Alternate Care Sites, Section 13

(continued)

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

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

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

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

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

Hazardous Waste Management

Government-Authorized Alternate Care Sites, Section 14

(continued)

Medical Waste Management

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

Mass Fatality Management

Government-Authorized Alternate Care Sites, Section 15

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

Temporary morgue sites may include locations such as:

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

Considerations for Temporary Morgue Site:

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

Considerations for Staff Training

Government-Authorized Alternate Care Sites, Section 16

Pre-Event Training

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

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

On-Site/Just-in-Time Training

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

Administration

Government-Authorized Alternate Care Sites, Section 17

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

Administration

Government-Authorized Alternate Care Sites, Section 17

(continued)

Patient Tracking

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

Administration

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

Patient Tracking (continued)

Disaster Incident Number (DIN)

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

Administration

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

Patient Registration

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

Administration

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

Patient Registration (continued)

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

Administration

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

Medical Record and Records Retention

Paper-Based Medical Records

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

Administration

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

Medical Record and Records Retention (continued)

Document Storage

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

Administration

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

Alternate Care Site Administrative and Disease Reporting Requirements

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

Administration

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

HIPAA Compliance during Healthcare Surge

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

Administration

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

California State Privacy Law

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

Administration

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

Patient Valuables Tracking

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

Inventorying Valuables

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

Administration

Government-Authorized Alternate Care Sites, Section 17

(continued)

Patient Valuables Tracking *(continued)*

Patient Valuables Envelope

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

Patient Valuables Control Log

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

Administration

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

Workers' Compensation for Volunteers

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

Reimbursement

Government-Authorized Alternate Care Sites, Section 18

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

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

Federal Emergency Management Agency Public Assistance for Alternate Care Sites

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

Alternate Care Site Activation

Government-Authorized Alternate Care Sites, Section 19

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

Alternate Care Site Activation

Government-Authorized Alternate Care Sites, Section 19

(continued)

Facility Assessment

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

Alternate Care Site Closure

Government-Authorized Alternate Care Sites, Section 20

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

Government-Authorized Alternate Care Sites - Wrap Up

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

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

Government-Authorized Alternate Care Sites - Wrap Up

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

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

Government-Authorized Alternate Care Sites - Wrap Up

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

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

Government-Authorized Alternate Care Sites - Wrap Up

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

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