Alternate Care Facility (ACF) Selection and Survey Guide

OVERVIEW:

This guide is designed to assist you in completing the ACF Survey to select suitable locations to be established for surge capacity in a local or regional disaster. Most questions will be answered with a simple “yes” or “no.” Supporting information should be filled in based on questions in the Comments section, clarifications listed in this document or with Additional Information based on your observations.

All hospitals have a deadline of August 31, 2007 to initially select their location with all future planning for site leadership, logistics, operations and finance coming throughout the course of the next twelve months.

I. SITE LOCATION

- Enter the site name and other information about their location and contact information.
- **Type of Facility:** This will be either Public or Private.
- **Type of Business/Use:** This helps us to understand the reality of how long we will be able to keep the ACF operational and additional resources that can be utilized to prepare the site to accept equipment.
- **Duration of Potential Use:** In a disaster, how long would you be able to move operations in order to allow the ACF to function?
- **Site Availability:** Can the site be made available and prepared to accept people and equipment within 4 hours or greater? This is focusing on how quickly you can A) get someone there to open the facility and/or B) clear the space in order to begin bringing in the supplies.
- **Is the site available 24 hours?** If not, is there anything that can be done to make it available 24 hours a day – security, etc.
- **Are there any other agreements in place for the use of the facility?** This may include them being a Red Cross Shelter, special needs shelter or a Point of Distribution. If so, we will need to consider abandoning this site as there could be contradictory needs.
III. FACILITY PHYSICAL CHARACTERISTICS

- **Security**: What is the type of security in place: Guards, electronic lockdown, cameras, etc.?

- **Structural Integrity of Floors, Roofs and Walls**: Are they structurally sound based on cracks, integrity issues, decrepit condition, etc.?

- **Location Hazards**: Town maps and facility experiences will verify flood zone information. Other dangers can be observed by an exterior tour.

- **Electrical Power**: For getting power to the patient care floor, this should be reviewed as to how they may have done it in the past and what mechanisms are currently in place to support outlets for the patient care floor.

- **Electrical Power**: In dealing with generator hook-up capability, this has proven to be an issue in many regional disasters. It can be fixed, but the question needs to be asked about if they have hooked up a generator before and/or if they are set-up to accept a generator (what size).

- **Electrical Power**: Additional questions may be added on such things as lighting to find out if they are not 100%, what is actually covered.

- **Refrigeration**: Appropriate contracts for use of refrigeration trucks or other sources may be acceptable. Detail this and ask for the written agreements.

- **Fire Safety**: In the comments, put in if the facility is fully sprinkled and detected. The carbon monoxide detectors are important due to trucks, ambulances and cooking under unique conditions that the facility may not have initially been designed for. May present a risk to staff and patients.
Total Space and Layout: 60 sq ft per bed is the minimally acceptable amount by CREPC. Approximately 106 sq ft per bed is the optimal world when using the Facility Medical Station (FMS) model.

- The FMS Model outlines that a total sq ft of 19,600 would be required for 50 patients (including supply/storage areas, waiting/rest areas, staff area, command, triage, etc.) with a maximum model expanding to 40,000 sq ft for a 250 bed location.
- Our model varies slightly in first outlining the open space requirements for patient care.
  - Minimum of 3,000 to 5,000 sq ft of open area is the minimum amount to handle a minimum of 50 patients. Optimal site would have 7,500 to 13,250 sq ft of open area to accommodate 125 patients.
- Other areas below are some suggestions, but the priority is to have areas that can be cordoned off or in separate rooms to enable these functions to exist:
  - Chapel/Family Counseling: 600 sq ft recommended
  - Common Area/Family Rest Area: 1,000 sq ft recommended
  - Waiting Area: 850 sq ft recommended
  - Incident Command/Communications: 600 sq ft recommended
  - Security Office: 250 sq ft recommended
  - Medical/Pharmacy/Storage Area: 350 sq ft recommended
  - Equipment/Supply Area: 500 sq ft recommended
  - Morgue: 100 sq ft recommended
  - Staff Break Area: 600 sq ft recommended

Food Supply and Prep Area: Detail what they have currently and add additional information for what could be made available based on current capabilities.

Laundry Service Area: How many commercial washers and dryers?

Accessibility/Proximity to Public Transportation: We are most concerned with understanding if this facility will be obstructing other services and is the site easily accessible for staff, patients, suppliers, Emergency Medical Services and family.

Facility Services: This should help to understand what services we could potentially receive from the site and where we will need to augment services.

NOTES: Please attempt to get clean floor plans so that that logistics and operations can review the patient flow and supply flow for the facility. Additionally, the more pictures that can be provided, along with video footage, would be beneficial.