

**Alternate Care Site (ACS)**  
(Formerly called Off-Site Care Facility)

Metropolitan Area Hospital Compact  
Subcommittee

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**Members of ACS**  
(29 Metro Compact Hospitals)

- Pat Hadfield –HCMC\*
- Dr. Dan O’Laughlin – ABNW
- Kathy Grimm – Health East
- Jonathan Bundt – Behavioral Health Coordinator
- Susan Mehle – Health East
- Penny Mills– HFPP Grant
- Nate Kendrick – ~~HCMC~~ Minnesota Dept. of Health
- Carolyn Nordstrom– Regions Medical Center
- Sue Durkin - ABNW
- Ad-Hoc & Past Members

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**Mission of ACS**

- ◆ To establish patient care facilities during an emergency/disaster if hospitals are taxed beyond capacity. This may be required for triage, screening, initial treatment or for an austere patient care site.
- ◆ Provide effective care to the greatest number of victims with limited resources.

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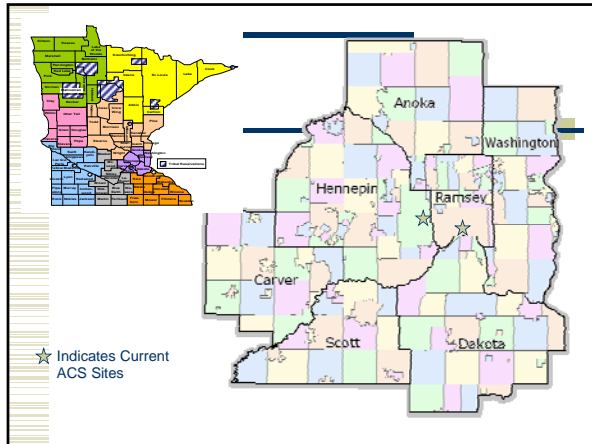
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## Coordination of ACS

- ◆ Need pre-established M.O.U.'s
- ◆ West Metro (Mpls.)– HCMC
  - Minneapolis Convention Center (MCC)
  - Target Center
- ◆ East Metro (STP)– Regions Medical Center
  - River Center

*Working with other agencies (local, county, cities, state, PHD, federal) as needed*

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## Process for Opening ACS

1. Develop a template with a set of consistent and pre-established guidelines for all facilities in the Metro Compact to follow for assistance in the opening and maintenance of an ACS.
2. Have them build the ACS requests into their Emergency Response Plans (ERP).

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## Issues to be considered for ACS

Layout & overall floor plan for the best utilization of space:

- Patient Care
- Command Center (EOC or HCC)
- Supplies/Equipment/Meds (clean & dirty) etc.
- Communications
- Temporary Morgue/Lab/Radiology/Pharmacy
- Staffing & Staff break room, etc.
- Vaccinations

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## Hospital Response Team

- ◆ Decision to activate – RHRC with input from other facilities will assess the community.
  - Seek approval through a predetermined process
- ◆ How to activate – contact person/facility
- ◆ Who to activate – facilities in what order
- ◆ How staff will be identified
- ◆ Length of shifts (7a-7p & 7p-7a)
- ◆ Transport & Parking



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## ACS Incident Command Structure

- ◆ **Emergency Command Center (EOC)**
  - Supplies & Equipment
- ◆ **Incident Command Structure (HICS):**
  - Job Action Sheets (JAS)
  - Staffing for 200 cots @ a time
    - 50 cots/pod per team
    - Team = MD, RN, LPN, LSW, Pharmacist, Environmental Services, Clerical, Others + Volunteers/MRC

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## Level of Care

Define Level of Care (Austere/Basic)

- "Degradation of Care"
- Protocols (for everything!)
- Standing Orders
- Triage & transfer (to & from)
- Special Population Needs  
(peds, eyeglasses, hearing aides, handicap, behavioral health)
- Discharge & Referrals

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## Security

- ◆ Resources available to staff at site
- ◆ Number of staff required
- ◆ Entrances &/or sites to post
- ◆ Vendor deliveries
- ◆ All staff clearance process (ID badges, vests, armbands)

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## Communications

- ◆ Primary and back up methods
- ◆ Computers, cell phones & radios (800mHz, Family, HAM Radios, Speaker, Bullhorn)
- ◆ Will equipment work (site checks)?
- ◆ Interpreter Services
  - On-site Staff or Language Line




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## Supplies & Equipment

- ◆ Basic response list per 50 beds/cots
- ◆ *Lab*, X-ray, Pharmacy, Materials Management – protocols, forms, etc.
- ◆ Plan for delivery, set up & maintenance
- ◆ Long shelf life &/or rotation of items
- ◆ State Duty Officer
- ◆ FEMA

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## Medical Records and Patient Tracking

- ◆ Development of a basic medical record for ongoing documentation
- ◆ Patient tracking system in and out of the system (Computer, Paper Log, Needs of other Organizations, Fax Cover Letter)
- ◆ Discharge Process, Paperwork & Referrals
- ◆ Who owns the records when it closes?

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## 'Support' Center

- ◆ American Red Cross:  
*Family 'Assistance' Center*
- ◆ Family & friends, yet maintain security
- ◆ Patients under 14yo (minors) regarding care
- ◆ On-site or at a nearby church?
- ◆ Staffing & support



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## Behavioral Health Center (BHC)

- ◆ Incorporate Chaplains, Social Workers, Mental Health Workers, etc.
- ◆ Critical Stress Debriefing/Psychological First Aid (PFA)
- ◆ Interpreters/Language Line
- ◆ Support from the Community

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## Temporary Morgue

- ◆ Resources within the community
- ◆ Procurement of refrigerated trucks
  - How to process the bodies (ID tags, bags, etc.)
  - Whom to notify for tracking purposes.....
  - Disaster Mortuary Team (DMORT)

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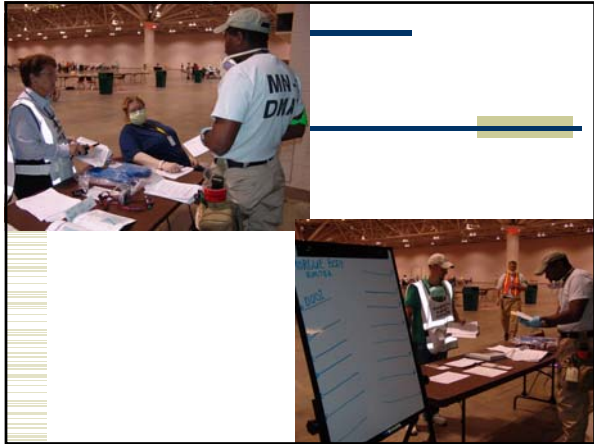
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## Volunteers

- ◆ How to incorporate (work with MRC)
- ◆ Clearing site in community separate from facility
- ◆ Do you consider others?
  - Community Emergency Response Team (CERT)
  - Disaster Drill – include everyone
  - Liability Coverage

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## Sanitation

- ◆ Environmental Services (Clean/Dirty)
- ◆ Receiving items, containers
- ◆ Vendor for disposal of dirty or contaminated materials (laundry, sharps, etc.)

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## Couriers

- ◆ Develop pre-established agreements with vendors to deliver &/or remove items
- ◆ Basic laboratory specimens
  - What to offer (I-STAT)
  - Training & support issues
  - How to transport specimen to & from if needed

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## Pharmaceuticals

- ◆ Develop list of appropriate meds
- ◆ Do any meds need refrigeration?
- ◆ Distribution / method of delivery
- ◆ Security issues
- ◆ Patient Education / Teaching Sheets
- ◆ Discharge needs

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## Food

- ◆ Patients and staff
- ◆ Contract with vendor (MCC system)
- ◆ Disposable plates, cups & utensils, etc.

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## Media Center

- ◆ Utilize your Joint Public Information Center (JPIC)
- ◆ Protocol for the passage of information (identified spokesperson)
- ◆ Remember privacy issues
  - HIPAA allows release of general information to help reduce undue anxiety in the community
  - Number of pts., general condition (nature of condition), total capacity of facility, and staffing update

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## Valuable Reference: 2003

Acute Care Center (ACC) Guideline Reference  
by James Church (410) 436-5686

*“Concept of Operations for the Acute Care Center”*

[James.Church@sbccom.apgea.army.mil](mailto:James.Church@sbccom.apgea.army.mil)

(US Army; Biological Chemical Command  
Improved Response Program)

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