These materials were produced using federal emergency preparedness and response grant funding while Mr. Gravely was a partner at another firm.

Neither that firm, nor Gravely Group, can assert ownership of these materials since they were paid for with federal grant funds.

Gravely Group is making these materials available to the public, without charge, in response to the national public health emergency caused by the novel coronavirus.

Gravely Group hopes that these materials are helpful. If you choose to use them, we do request that you provide attribution to Steve Gravely.

Alternate Care Facilities

Planning Guide

October 2009

This project was funded through the Hospital Preparedness Program, a federal grant administered by the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response

INTRODUCTION

Historically, during disasters, local governments, hospitals, and volunteer organizations have established alternate care facilities to address the medical needs of the community. While there has been significant use of highly specialized non-hospital sites such as field hospitals, acute care centers, neighborhood emergency help centers, and triage centers – all of which are types of "alternative care facilities" (ACF) used in the past – many of these facilities are often pulled together with relatively little planning or evolve in an ad hoc manner to accommodate the disaster. For example, on September 11, 2001, several New York City hospitals transformed Chelsea Piers into an emergency triage center. During Hurricane Katrina, the Pete Maravich Assembly Center in Baton Rouge, Louisiana evolved from a medical triage facility into an acute care field hospital as the needs of the community changed.

During a pandemic or similar prolonged disaster, hospitals and healthcare facilities will be called upon to treat increased numbers of patients, often for longer periods of time and at high levels of acuity. The need for additional patient care capacity will surge well beyond what hospitals can accommodate. Alternative sites that are capable of providing a wider range of care than simply triage or medication distribution will most assuredly be needed. Healthcare providers and communities have evaluated a variety of ways to relieve hospital surge and provide some level of care and triage for certain patients in non-hospital settings during disasters. Communities must be prepared to accommodate a rapid surge of patients during a pandemic or other type of disaster. ACF preparation requires communities to conduct considerable planning and analysis to ensure that the site is safe, appropriate, and capable of providing the type of care contemplated.

Despite the well-known establishment of ACFs in the past, and despite significant discussions both in Virginia and nationally about the need for ACF planning, little has been done to create a practical planning tool for communities to use in developing ACF plans. There are a number of reasons such a tool has not yet been developed. First, experts, scholars and healthcare providers do not agree on who is responsible for ACF planning. Next, there is no consensus about what types of services should be provided by an ACF or level of care to be provided at an ACF. Third, there is a lack of clarity regarding funding sources for ACF planning and operation, including how the care provided in an ACF will be paid for. Further, several unanswered questions have stalled ACF planning efforts, including: (1) whether hospitals should own and operate the ACF as an extension of their facilities or systems; (2) whether hospitals are capable of taking on this challenge at the height of a healthcare surge; and (3) whether the local and regional health departments should own and operate the ACF, or whether the ACF should be privately or community owned and operated.

This *Alternate Care Facilities Planning Guide (Planning Guide)* is designed to guide ACF planners through each consideration that it must address when creating a comprehensive ACF plan.

Using this Planning Guide

The purpose of this *Planning Guide* is to provide a specific and detailed decision matrix for ACF planners to consider for all aspects of ACF planning:

- Section 1: Preparing to Plan
- Section 2: Creating the Planning Infrastructure
- Section 3: Why Are You Starting Up An ACF?
- Section 4: How Will The ACF Operation Be Manned?
- Section 5: Opening & Closing the ACF
- Section 6: Staffing
- Section 7: Site Specifications
- Section 8: Supplies
- Section 9: Legal
- Section 10: Funding
- Section 11: Security
- Section 12: Communications
- Section 13: Exercising and Updating the ACF Plan

This *Planning Guide* addresses the identification of key stakeholders in a community to be involved in ACF planning; the process for defining the purpose of the ACF; the decisions that should be made in creating an ACF plan including operation, management, and site selection; and various legal, communications, and other considerations. This *Planning Guide* asks users to consider certain questions related to various areas of ACF planning and to answer those questions in the most effective and appropriate way based on the community's location, demographics, and human and financial resources.

TABLE OF CONTENTS

SECTION 1. PREPARING TO PLAN

CONSIDER THE ENTIRE PROCESS FIRST

Communities want to provide care for their residents during disasters. As has been repeatedly demonstrated since the events of September 11, 2001, and in the succession of hurricanes and floods in recent years, hospitals and other healthcare providers in a community may be unable to continue operations in a disaster. If they do maintain operations, they will probably not be able to provide care to all those who need it either because of the conditions that the disaster creates or because they are overwhelmed in trying to provide care to disaster victims. ACFs—auxiliary or alternative sites that provide healthcare services—have emerged as an option to supplement or substitute care that hospitals normally provide. However, ACFs require considerable planning if they are to run smoothly and provide the desired care during or after a disaster.

Planning for an ACF is a complex task that will require commitment, organization and creativity. The most significant challenge for a community in creating an ACF is comprehending the interconnectedness of many of the planning decisions and overcoming the perception that limitations in resources (e.g., staff, sites, supplies) makes ACF planning impossible. Conversely, an honest assessment of a community's resources to support an ACF must be a part of the planning process to avoid encountering shortages and other problems when the ACF is called on to respond to a disaster. Planners must also realize the difference in planning to respond to different types of disasters; planning for a flood will be different than planning for a pandemic influenza.

This *Planning Guide* provides a detailed framework to help develop an ACF that balances the needs and capabilities of a community. While the *Planning Guide* is divided into discrete segments, planners and others assisting in the planning process should understand that all of the topics presented are interconnected and important in creating an effective ACF plan. Decisions about the types of care a community wants to provide will inform other key factors, such as selecting an appropriate site, and determining staffing, supplies, and security. Therefore, all Sections of the *Planning Guide* must be reviewed and considered as the planning process is initiated. The remainder of this Section provides a brief overview of each *Planning Guide* Section.

1.1 Creating the Planning Infrastructure

Identifying a person or organization to serve as a "Convener" will enhance the likelihood of success. The Convener will not necessarily be required to lead the planning process, but the Convener should be able to actively engage other key stakeholders in the community such as hospitals, physicians, nurses, and local government. An ACF Planning Team (Planning Team) will be created to address the key planning issues, such as defining the type of ACF, assessing the resources needed and available to support the ACF, and determining how resource needs and constraints will be addressed during all phases of the ACF's activities—planning, opening, managing, operating, and closing.

1.2 Defining the ACF

The most fundamental decision for the Planning Team will be how the community "defines" the ACF. To do so, the Planning Team must address a series of important questions: Who will "own" the ACF? Under what or whose authority will it operate? What is the purpose of the ACF? Based on the purpose of the ACF, what is the specific scope of clinical services it will provide? Answers to these fundamental questions drive all other parts of the planning process. This component of ACF planning is necessarily fluid and unfolds throughout the planning process.

Once the Planning Team determines the ACF's purpose, the Planning Team must evaluate other planning considerations to determine whether the community can support the ACF. If there are insufficient numbers of healthcare professionals in the area to support the intended ACF or if there are no appropriate sites available to be used for the ACF, the Planning Team must either find a solution to these issues so it can proceed with its original ACF plan or reevaluate the ACF's original purpose and plan.

1.3 Management and Operations

The types of clinical services delivered at the ACF will be dictated by the purpose of ACF and the staff and the facilities available. The scope of clinical services will in part drive the types of support services required at the site. Some activities such as waste management and security will be required at any site, while other services such as food services or laboratory services will only be required by the provision of certain clinical services. Additionally, the Planning Team will need to determine an overall management structure for the ACF. The Planning Team must also understand and plan for the ACF to interact with an Incident Command structure for the larger governmental response to the disaster.

1.4 Opening and Closing the ACF

Once the decision to activate the ACF has been made, a pre-determined process should be used to marshal and deploy the resources necessary to open the ACF. Opening the ACF involves the physical set up of the space and supplies to be used at the ACF as well as on-site orientation and training for ACF staff. At the end of a disaster, once the decision to de-activate the ACF has been made, a team should be assigned to return the ACF to its original condition.

1.5 Staffing

A fundamental driver of ACF planning is the availability of healthcare personnel with the necessary skill sets to perform the tasks required at the ACF as defined by the Planning Team. The Planning Team must identify the types of staff (both clinical and non-clinical) it will need to operate the ACF given the purpose of the ACF and the scope of

services. It should also identify potential sources of staff from within, and perhaps outside, the community.

1.6 Space

In reviewing potential sites for the ACF, the Planning Team, guided by the purpose and scope of the ACF, should select sites that will support the ACF's activities. In the event that such sites are not available, the Planning Team may have to modify the ACF's purpose and scope of services. The *Planning Guide* reviews key factors the Planning Team should evaluate in assessing a site for an ACF. Any site must be reviewed immediately prior to activating it to determine if the site is still accessible by roads and the physical plant is still usable (e.g., electricity and water utilities working; structure is safe to enter) in the aftermath of a disaster.

1.7 Supplies

The Planning Team must assure that the ACF has sufficient supplies, equipment, and pharmaceuticals to provide the level of services the ACF is intended to provide as well as those required for support services. Supply planning must take into account not only the supplies and equipment necessary for patients, staff, and visitors, but also the nature and duration of the foreseeable disaster. The Planning Team must review and decide on the best methods for stockpiling, storing, and delivering supplies when needed. Outside vendors will likely be used for some, if not all, of the supply needs for an ACF. The Planning Team must consider contingency plans should a vendor be unable to fulfill the contract during the disaster.

1.8 Legal

Legal questions and concerns arise in every aspect of ACF planning. The Planning Team, in conjunction with legal counsel, must address questions about authority, licensure, regulations, contractual obligations, liability, immunity, insurance, and compensation. The *Planning Guide* addresses legal issues throughout the document as well as in Section 9. The Planning Team, and legal counsel working with the team, should review the entire document to identify and address legal concerns specific to its situation.

1.9 Funding

The Planning Team must consider funding for the ACF planning process as well as funding for ACF operations. The planning process may be supported by state or federal grants. However, funding for providing healthcare services and operations at the ACF is a complex issue that the Planning Team must carefully consider during the planning process. By considering the operational funding issues during the planning stage, the Planning Team can structure the ACF's administration and services in ways that can enhance the likelihood that the ACF will be eligible for payment or reimbursement from private and public payers during and after a disaster.

1.10 Security

Ensuring that staff, patients, visitors, supplies, and equipment are secure is relevant for all ACF operations regardless of the services it provides. The scope and extent of services the ACF provides will impact the types and degree of security the Planning Team must consider as part of its ACF planning. The Planning Team must be cognizant of the likely scarcity of police or other security personnel during a disaster, and therefore, create contingency plans for securing the site.

1.11 Communications

Communications during the planning process and during a disaster are likewise crucial to every aspect of the ACF. The Planning Team must develop procedures and mechanisms for communicating with the ACF teams responsible for planning, opening, managing, and closing the ACF, as well as any vendors involved in supplying or staffing the ACF. The Planning Team's communications with governmental entities like VDH and local health departments are equally as important during the planning process, as well as during a disaster. Further, preparing messages and communications methods targeting the media and the public are vital. The Planning Team must consider how to communicate with all of these constituencies and lay the groundwork for good communication practices.

1.12 Exercising and Updating the Plan

Exercising the draft ACF plan is necessary to identify gaps in planning and evaluate how the plan might operate in a disaster. Once the Planning Team has conducted a table top or other exercise of the ACF plan, participants in the exercise should be de-briefed, and the plan should be revised to address any approaches that are deemed unclear or unsuccessful. As personnel, facilities, and circumstances change over time, the ACF plan should be periodically reviewed and updated. As part of the planning process, the Planning Team must decide what persons or organizations will be responsible for "keeping" the ACF plan and conducting the review process.

SECTION 2. CREATING THE PLANNING INFRASTRUCTURE

Developing an effective ACF does not just happen—it requires significant planning. The circumstances and nature of disasters will change with each event such that any plan cannot be followed exactly as intended. However, advance planning allows a community to anticipate many scenarios that may arise and provides guidance to those making decisions during an actual disaster. Planning also allows the community time to discuss and debate issues away from the chaos and intense pressures of a disaster. Creating a planning infrastructure that fosters these discussions is an important preliminary step that will set the tone for the entire planning process.

2.1 Initial Activities

Initiating the planning process can be very challenging. Historically, no one has taken responsibility for initiating planning for ACFs, and there is no current consensus about who this should be. There has been a tendency for local governments to think that it is the responsibility of healthcare providers and for healthcare providers to think that it is the responsibility of local government. In reality, the planning process is not the responsibility of any one government entity or individual. ACF planning must be a collaborative effort among local, regional and state stakeholders.

That being said, someone must convene the planning process—the "Convener." As the initiator of the ACF planning process, the Convener will play a critical role in the success of ACF planning. The Convener will be responsible for bringing key community stakeholders together to plan for the ACF, but does not necessarily have to retain ultimate responsibility for leading the ACF's planning process, opening, managing, operating, or closing.

☐ What is the Convener's role in the ACF planning process?

☐ Consider the following as important characteristics of the Convener:
- Recognized by the relevant communities involved in ACF planning as having a logical role in the process;
- Well respected and regarded as fair;
- Has the ability to access resources needed for ACF planning;
- Capable of bringing key stakeholders together to form an engaged, knowledgeable and effective planning team;
- Able to communicate with a broad spectrum of the community; and
- Recognized by the relevant communities as a neutral party.

☐ Should the Convener be an individual or an organization?
- If the Convener is an individual, who should be the back-up?

- If the Convener is an organization, what individual within the organization should act as the lead? If that individual leaves the organization, will someone else in the organization assume leadership?

☐ Identify the Convener. Consider the following sample list of possible Conveners:
- VDH;
- Local health department;
- Local government;
- Local hospitals;
- Emergency management;
- Regional Hospital Coordinating Centers; or
- Other community partners – both healthcare and non-healthcare.

2.2 Identify Key Stakeholders

The Convener should identify key stakeholders to become members of a Planning Team. Those who participate in the planning process will be crucial to the success of the plan. Therefore, the Planning Team should be comprised of members who have skills and resources that are representative of the various aspects of ACF planning discussed in this guide – these are stakeholders. Expertise in the provision of healthcare, healthcare operations and management, emergency response, human resources, supplies and logistics, security, planning, and other areas will help the Planning Team create a comprehensive ACF plan. While ideal, it may not be possible to engage representatives from all of the areas listed in this Section. The inability to do so should not impede the planning process.

☐ Planning Team members should be drawn from and representatives of the "community." How is the "community" defined for planning purposes? Is the community a neighborhood, district, town or city, county, region, or some other defined area?

☐ Identify key stakeholders to participate in the ACF planning process, including:
- Representatives from the local and state health department;
- Hospitals and healthcare facilities;
- Regional coordinators;
- Emergency managers;
- Community healthcare providers (e.g., physicians, nurses, respiratory therapists, home care, pharmacists, etc.);
- Local EMS and fire departments;
- Owners of potential ACF locations/facilities (e.g., sports arenas, concert halls, etc.);

- Public safety;
- Community planners;
- Public officials (e.g., city/county manager, mayor);
- Ethicists;
- Legal counsel; and
- Others (e.g., public information or communications staff, logistics planners).

☐ Identify whether there are other stakeholders who should be consulted as part of the ACF planning process, but who are unable to or do not need to be part of the Planning Team.
- If such individuals or organizations are identified, develop a process for obtaining their input and keeping them informed about the ACF planning process.
- Consider the following mechanisms for soliciting input and seeking feedback on ACF planning:
  - Town hall meetings;
  - Soliciting public comment on high level issues;
  - Focus groups; and
  - Surveys.

2.3 Convene the Planning Team

Once Planning Team members are identified, they must agree upon the structure of and funding for their activities. The Planning Team should have a strategy for keeping its members engaged and active because active engagement is crucial to the success of the planning process. The Planning Team should operate collaboratively to achieve its goals.

☐ Identify the roles for the members of the Planning Team. How are these roles defined?
- Who will lead the Planning Team? This individual should be able to keep the Planning Team on task and motivated, and be able to facilitate consensus building among the members. This individual does not necessarily need to be the Convener and should be chosen based on knowledge, leadership and communication skills.
- Who will facilitate meetings of the Planning Team?
- Who will schedule and coordinate meetings of the Planning Team?
- Who will record the decisions of the Planning Team?
- Who will ensure that the Planning Team is proceeding in a timely fashion and according to the established schedule?
- Who will be core members of the Planning Team?

- How will these individuals be chosen? In choosing members, consider whether they will be able to commit the necessary time and resources to develop the plan. Will they actually participate? Also consider whether they represent various stakeholder groups.

☐ Determine Planning Team logistics.

- Determine how often the Planning Team will meet and the length of the meetings to establish a timeline for completion of an ACF plan. Uncertainty about the duration of the planning process and the time commitment required from the Planning Team may result in a lack of interest or inadequate engagement from the members.
- Determine where the Planning Team will meet. Identify a location that is accessible for all members of the Team.
- Decide if members will be allowed to participate by telephone, video conference or web-based conferencing.

☐ Create a budget to support the Planning Team's activities. Consider costs for:

- Meeting space;
- Conference lines/web-based conferencing;
- Office supplies/copies;
- Possible compensation for Planning Team members; and
- Engaging subject matter experts.

☐ Consider whether the Planning Team members will or should be paid for their time.

- Can the members of the Planning Team accept compensation?
- Will payment be in addition to their salary from their employer, if any?

☐ Will the Planning Team members, their employers, or the entities they represent be expected to make either financial or in-kind contributions to the planning efforts?

- If so, will there be a minimum contribution requirement?
- How will the contribution be determined?

☐ Some members of the Planning Team may wear multiple "hats" with respect to ACF planning. Consider any conflict of interest issues that could arise for members of the Planning Team.

SECTION 3. WHY ARE YOU STARTING UP AN ACF?

The Planning Team must reach a consensus on the purpose of the ACF. Why is it being deployed? The purpose of the ACF will vary depending upon the needs of the community and the nature of the disaster. It is likely that the availability of resources, especially staffing, will be the primary force driving the role of the ACF. Once the Planning Team defines the purpose of the ACF, it must decide the scope of services to be provided at the ACF, including clinical and non-clinical services.

3.1 What Do You Want the ACF To Do?

Do not expect immediate consensus on exactly what an ACF is or should be. This is going to vary among your stakeholders depending upon how they perceive the major needs of a community during, and after, a disaster. Consider the following definitions of ACFs from AHRQ and the California Department of Health.

- In Chapter VI of "Mass Medical Care with Scarce Resources: A Community Planning Guide," the Agency for Healthcare Research and Quality (AHRQ) defines "alternative care sites" as facilities that serve many purposes including: (1) a location for the delivery of medical care that occurs outside the acute hospital setting for patients who would normally be *inpatients*; and (2) a site to provide event-specific management of unique considerations that might arise in the context of catastrophic mass casualty events, including the *delivery of chronic care, distribution of vaccines or medical countermeasures, quarantine, cohorting, or sequestration of potentially infected patients*.[4]

- The California Department of Public Health defines a "*government authorized* alternate care site" as "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*." The California Department of Public Health excludes from this definition any overflow from an existing hospital such as tents in parking lots of hospitals. Alternate care sites in California are authorized by the government.[5]

[4] AHRQ. "Mass Medical Care with Scarce Resources: A Community Planning Guide." AHRQ Publication No. 07-0001 (February 2007). Available online at http://www.ahrq.gov/research/mce/mceguide.pdf (last visited January 15, 2009) (emphasis added).

[5] California Department of Public Health. "Standards and Guidelines for Healthcare Surge During Emergencies. Volume II: Government-Authorized Alternate Care Sites" (2007). Available online at http://bepreparedcalifornia.ca.gov/EPO/CDPHPrograms/PublicHealthPrograms/EmergencyPreparednessOffice/EPOProgramsServices/Surge/SurgeStandardsGuidelines/SurgeStandardsGuidelines.htm (last visited January 15, 2009) (emphasis added).

Defining the purpose of an ACF in your community is a threshold issue that must be addressed since that purpose impacts many other planning decisions. For instance, planning for an ACF that will function as an ambulatory surgical center will be different from planning for an ACF that will function solely as a source for medication and stabilization, a triage facility, or some other type of care facility. The Planning Team should review each of the following items and arrive at a clear understanding of the purpose of the ACF before it begins operational planning.

☐ Identify the purpose(s) the ACF will serve in the community's disaster response plan. What does the community need for an ACF to do during and in the aftermath of a disaster?

☐ Will the purpose of the ACF change based on the type of disaster? If so, use a hazard vulnerability analysis to identify the most likely disasters. Identify the purpose of the ACF for the five most likely disasters where the need for an ACF is foreseeable.

☐ Consider the following questions when evaluating the purpose of an ACF in each type of identified disaster:

- Will the ACF serve to "decompress" hospitals and emergency departments?
- Will the ACF serve to "decompress" other healthcare providers including outpatient providers?
- Will the ACF supplement care that is already provided if individual providers are unable to see patients?
- Will the ACF serve as a sequestration/cohorting site for exposed patient populations to protect the community from exposure to potentially infectious, or contaminated, patients?
- Will the ACF serve solely as a stabilization and triage site or point of entry into a hospital?
- Will the ACF serve as a chronic care provider? An acute care provider?
- Will the ACF serve as a point of distribution for medical countermeasures?
- Are there other purposes unique to your community?

☐ Will the ACF target or include care for particular patient populations? Consider:

- Pediatrics;
- Geriatric;
- Chronic care;
- Special needs; or
- Worried well.

3.2 How Many ACFs Will You Have and Where Will They Be Located?

Depending on the ACF's identified purpose, the Planning Team will have to determine whether that purpose can be fulfilled in one ACF facility or whether that purpose can best be served by having more than one ACF location within a particular community. Several factors, including the scope of services to be provided at the ACF (see Section 3.3 below) and the size of the geographic area or population of the "community" as defined by the Planning Team (see Section 2.2), will inform whether one ACF location is sufficient or whether additional ACF sites are more appropriate.

☐ Consider whether the community should have different types of ACFs to respond to different types of disasters, such as pandemic influenza or mass casualty event.

☐ How many ACFs will there be in the community? Will some ACFs provide a larger scope of services than others? Does the community have the resources to support multiple ACFs?

☐ How many patients will an ACF be expected to accommodate? What are the community's surge expectations?

☐ Clearly identify the roles of each ACF if there is more than one. Each ACF should have a specific plan for operation based on its location and purpose.

☐ If there are multiple ACFs doing different things, determine how these differences will be communicated to healthcare providers, emergency response personnel, and the public before an expected or during an existing disaster.

☐ If there are multiple ACFs, how will the various ACFs be located throughout the community to most effectively serve patients and achieve their individual purpose?

3.3 What Types of Services Will the ACF Provide, and What Is Needed to Those Services?

Determining the scope of services that the ACF will provide sounds like a simple task, but it is quite complex. The Planning Committee should think about the scope of services at multiple levels rather than assuming that all ACFs will provide the same services. The purpose of the ACF, nature of the disaster and the availability of resources will be major factors in determining the ACF's scope of services. An essential part of ACF planning is deciding what services the ACF will need to provide in different disasters so that plans can be made now to have the necessary resources available during a future disaster. The scope of services provided at the ACF will affect virtually every aspect of planning and operations including:

- the amount of time needed to open and close the ACF;

- the types and numbers of staff needed;
- supplies and equipment needed to provide the care;
- site requirements; and
- security needs.

3.3.1 Scope of Clinical Services:

In determining the type of clinical services the ACF will provide, the Planning Team should keep in mind that the primary purpose of the ACF, as discussed in Section 3.1, may require the provision of other clinical and non-clinical services. For example, if the purpose of the ACF is to provide trauma stabilization, the ACF will need to provide telemetry monitoring, IV therapy, and ventilator care. Additionally, the level of security and hazardous waste services will be different at an ACF providing trauma stabilization than at an ACF that serves as a point of distribution for medical countermeasures.

☐ Create a list of core clinical services that the ACF would ideally provide based on the purpose(s) identified in Section 3.1.
☐ Recognizing that it is likely that the ACF will not be able to provide all of these services, prioritize the services by dividing them into three categories: essential, aspirational, and non-essential.
☐ Identify clinical support services based on the prioritized list of core clinical services.
☐ To the extent that the Planning Committee has identified different purposes for different events, undertake this exercise for each purpose. Consider assigning this task to subcommittees which will make recommendations to the full Planning Team.
☐ Consider the services listed below solely to stimulate discussion among the members of the Planning Team. This list is not intended to be all inclusive or prescriptive.
  - Primary Care Services:
    - First aid;
    - Non-trauma injuries; and
    - Basic labs.
  - Specialized Services:
    - Trauma stabilization;
    - IV therapy/infusions;
    - Ventilator care;
    - Oxygen therapy;
    - Hemo-dialysis;
    - Chemotherapy;
    - Burn care; and
    - Telemetry.

☐ Determine the required amounts of supplies and medicines for different operating scenarios (e.g., light vs. heavy patient load; self-sufficient for three days vs. two weeks).

3.3.2 Non-clinical Services:

No matter what the ACF is used for, it will require some basic support services, such as waste management and security. The need for other non-clinical services will vary depending on what the ACF is actually doing.

☐ Identify the core non-clinical services that will be needed at the ACF. Consider the following:

- Administration;
- Registration;
- Security (See Section 11);
- Waste management (including hazardous waste management);
- Transportation;
- Housekeeping;
- Family and child care;
- Food services;
- Dietary services;
- Translation or sign language services;
- Social workers;
- Financial services;
- Mortuary services; and
- Pet care.

☐ Identify any additional non-clinical services that are needed specifically to support the clinical services identified in Section 3.2.1. To the extent that the clinical services vary based on type of disaster and purpose of the ACF, the Planning Team should undertake this analysis for each clinical service.

☐ The Planning Team must determine how the non-clinical services will be provided at the ACF. Consider creating memoranda of understanding (MOU) with area providers of these services to ensure these support services and necessary staffing are available during the ACF's operation.

3.4 What Standard of Care Will Apply to the Services Provided for the ACF?

Disasters come in all shapes and sizes. Some are extreme in a limited area, others are more spread, while others are prolonged like a pandemic. Regardless of the type of disaster, the care available at the ACF—or any healthcare facility in the affected area—will not be the same level of care that patients or providers expect during "normal" or "regular" times. The Planning Team must determine what the standard of care will be for the ACF, and it must factor probable shortages of critical resources into its planning since this will affect the "standard of care" that can be provided at the ACF.

☐ What is the "standard of care" for each clinical service offered at the ACF?

- Consider whether clinical services at the ACF should be provided in accordance with established protocols. Protocols may help achieve a certain degree of consistency that may otherwise be lacking if ACF staff members are being drawn from numerous facilities.
- If protocols are desirable, consider whether healthcare providers participating in ACF planning have already created these protocols. If so, can they be adapted to the ACF environment?
- If protocols are not available from participating healthcare providers, the Planning Team will have to create a process for developing these protocols. Planners are encouraged to review the *Critical Resource Shortages Planning Guide*[6] to assist in developing this process.
- If protocols are not desirable or available, who will make decisions regarding the standard of care during the operation of the ACF? Consider having a triage officer or manager onsite to assist with these decisions. (See *Critical Resource Shortages Planning Guide*).

☐ How does this standard of care compare with other healthcare facilities in the region?

- If it differs, consider the impact that this difference may have on ACF utilization during a disaster.
- If it differs, consider the impact that this difference may have on staff who are working at both the ACF and other healthcare facilities during the disaster.

☐ Determine whether there are any governmentally defined "altered" standards of care or required prioritization schemes for delivering treatment during a disaster.

- Virginia does not currently have any required prioritization schemes. Planners should be aware that this area is still developing in Virginia and across the country. Identify an individual to track the changes and developments regarding governmentally defined "altered" standards of care and required

[6] "Critical Resource Shortages: A Planning Guide." (June 2008).

prioritization schemes and to update the ACF Planning Team and Management Team accordingly.

3.5 Authority

Healthcare facilities operate under extensive governmental regulations. The Planning Team must determine what, if any, governmental approvals or authorizations are required to operate the ACF. The Planning Team should review with counsel all relevant state and local laws to determine whether and to what extent the ACF has the legal authority to provide care to the intended patients at the intended location.

☐ Determine whether approval from any state or local government or other authority is required for the ACF to deliver its intended scope of care (e.g., acute, triage, comfort).
- If so, from whom?
- When is approval needed? During planning? Prior to opening?
- How will approval be accomplished?
- Identify an individual on the Planning Team to oversee this process.

☐ Define the legal structure of the ACF.
- Determine whether the ACF will be a separate legal entity, part of another entity, or a collaboration of individuals and entities. Consider how the legal structure of the ACF will impact the following:
  - liability risk and any available immunity protections;
  - ability to seek reimbursement for care provided;
  - stakeholder and public perception;
  - ability to work collaboratively with multiple stakeholders; and
  - management structure.
- Planners should seek legal counsel and consider the legal issues discussed in Section 9 in reaching this decision.

3.6 Activating the ACF

The need to activate and open the ACF will be trigged by disaster victims who require care. However, the Planning Team must determine in advance the procedure for activating the ACF when the need arises. Activating the ACF involves several steps, including making the decision to open the site, seeking any required approvals to open the site, informing staff and vendors, and implementing any agreements to provide staff and supplies to the site.

3.5.1 Triggering events:

☐ Will there be different levels or stages of activation based on the purpose, scope of services, and severity of the disaster?

☐ Identify what event(s) will trigger the activation of the ACF.

- Will the ACF be "automatically" activated upon declaration of a disaster by state or local government? Even if the ACF is not "automatically" activated upon such declaration, do you still need a declaration in place for the ACF to be activated?
- Will the ACF activation depend on hospital surge levels?
  - At what surge level will the ACF be activated?
  - Keep in mind that the trigger to activate the ACF will depend, among other things, on the purpose of the ACF and scope of services provided at the ACF.
- Will the ACF be activated in anticipation of a disaster?
- Determine how long it will take to set up and open the ACF and how this determination impacts when the ACF is activated. Consider that the purpose of the ACF, scope of services, and triggers for activation will impact this timing. For example, the more services will be provided, the longer it will take to open the ACF; therefore, the ACF should be activated earlier.

☐ Identify who has the authority/responsibility to decide whether a triggering event has occurred and the ACF should be activated. Consider the Convener, the Planning Team, or the "owner" (based upon the legal structure determined in Section 3.4).

☐ Determine whether there are any local, state or federal requirements, including notification of certain public agencies or officials, that must be satisfied before the ACF can be activated.

- Immediately before activation, evaluate whether any federal, state or local declarations affect the way the ACF will operate.
- Identify what, if any, regulators or government officials must be notified and/or included in the decision to activate the ACF.

3.7 De-activating the ACF

There must be an end point to the care provided at the ACF. Like activation, the trigger for de-activating the ACF may vary depending on the type of disaster and the purpose and scope of services of the ACF. Since the decision to de-activate the ACF could have far reaching effects on the community, there must be a clear method for determining when to do this.

☐ Identify what event(s) will trigger the ACF's de-activation.

- Will the ACF de-activate based upon the cancellation or expiration of a declaration of a disaster by federal, state or local government?
- Will the ACF de-activate as surge levels decrease? At what surge level will this occur?
- Will the ACF de-activate based on a reduction in ACF volumes?

☐ Determine how de-activation of the ACF will be implemented.
- Will ACF care be phased out over time or be stopped abruptly?
- Will the ACF close completely upon de-activation or "stand down" with the ability to reactivate?

☐ Who is responsible for making the decision to de-activate the ACF? Under what authority? Consider whether this is the same person(s) who has the responsibility to activate the ACF.

☐ Determine whether there are any local, state or federal requirements, notifications or authorizations that must be satisfied before the ACF can be de-activated. Consider whether any regulators or government officials must be notified and/or included in the decision to de-activate the ACF.

☐ Develop policies and procedures for responding to a de-activation notice.
- These should include:
  - A timeline for suspending or closing the ACF.
  - If the ACF will be closed, a process for the disposition of equipment and unused supplies and staff to assist with taking down equipment, disposal of waste, etc.
- Identify companies that can provide assistance with closing the ACF, and develop MOUs with these entities.

SECTION 4. HOW WILL THE ACF OPERATION BE MANNED?

ACFs are not just "mini-hospitals". The management structure at an ACF will likely differ significantly from that traditionally used by healthcare providers. No one management structure will work for all ACFs. Instead, the structure will vary based on the types of services to be provided at the ACF, the individuals/entities available and willing to participate in management, and the community characteristics and culture. For instance, in one community, the local health system may take on the responsibility of managing an ACF. In another community, multiple health systems may share this responsibility. The Planning Team must identify an appropriate management structure for the ACF and the resources and expertise that will support it.

4.1 Management Structure

☐ Create an ACF management structure that is appropriate for the ACF. In creating this structure, the Planning Team should avoid overly complicated management structure that may not be realistic to implement.

In considering the most appropriate ACF management structure, consider the following:

- What management functions are needed based on the scope of services determined in Section 3.2? Consider the overall management of the ACF as well as management of both clinical and non-clinical services.
- What types of expertise are needed to provide these management functions effectively and efficiently?
- Will the ACF management structure also be its Incident Command structure? If not, how will management interact with the ACF's Incident Command? **Appendix A** of this *Planning Guide* provides a list of resources and examples of several Incident Command structures.
- How will the ACF start its management roles? For example, consider whether community healthcare providers might assume the responsibility to manage one ACF each and provide all the management services? To the extent that the roles will be distributed among various sources—multiple healthcare providers and health systems—consider how to coordinate this and how such interaction between market rivals may impact management.
- Based on the ACF's hours of operation, will management shifts be required? If so, consider the ability to find multiple individuals to fill each management role. Consider how the shifts will interact to promote seamless transition and consistency.

☐ Once the management structure is determined, identify the appropriate individual(s) to fill each management role. These individuals will compose the

Management Team. (For the purposes of this guide, "Management Team" will be referenced, but the ACF may adopt different terminology.)

- To what extent is it possible and/or advisable to outsource certain management functions of the ACF to vendors?
- Will the Planning Team or Management Team procure a vendor to manage the ACF? If so, develop MOUs with these individuals/entities to ensure their availability to provide services when needed.

☐ How will the ACF Management Team relate to and interact with the community's overall Incident Command System, if at all?

- Will the ACF have a liaison with the community Incident Command System to facilitate communication and cooperation?
- Consider which management role and/or individual is best suited to assume the responsibility of liaison.

☐ How will the Deployment Team (see Section 5) and Management Team communicate with each other in performing their duties? (See Section 12 for additional guidance.) Consider obtaining portable radios, walkie talkies, cellular phones, intercom systems, runners and other means of communication.

☐ Ensure that all individuals and entities responsible for management of the ACF understand and comply with the management and Incident Command structure(s).

4.2 Patient Care and Management Policies

The ACF will need policies and procedures to operate smoothly. The Planning Team must create these policies and procedures to the extent that they do not already exist in a usable form. In developing these policies and procedures, consider the ACF's scope of services as well as the standard of care determined for the ACF (Sections 3.2 & 3.3).

☐ Consider the following for general policies and procedures:

- What is the registration/intake process?
- What information will be collected from patients during registration and how will this information be collected? Consider demographic information, health history, and insurance information.
- How will patients be triaged for care?
- Under what circumstances will a patient be transferred from the ACF to a hospital or other healthcare provider? Who will make this decision?
- Will the ACF use the VHHA Patient Tracking System?
- What will be done if there is no one to provide follow up care or assist patients who cannot take care of themselves? Is the ACF responsible for finding a place for these individuals to go?

- Will the ACF use family members or other non-healthcare providers to assist with patient care? If so, what is the process for enrolling these individuals to assist with care? How will this be documented?

☐ To the extent that the ACF will be providing inpatient services, consider the following policies and procedures:

- What is the process for admission?
- How will patients be assigned to healthcare providers? Will the ACF set healthcare provider/patient ratios?
- What is the process for obtaining physician orders, verbal orders, and telephone orders? How will this be documented?
- Will patients be permitted to take their medications brought from home? How will this be documented and tracked?
- What are the visiting hours for the ACF? Are they unlimited? Ensure that visiting hour policies are clearly communicated to all staff, visitors, and patients and that there is also a mechanism for limiting or changing visiting hours if it becomes necessary to do so.
- What is the process for discharge?
- Where will patients who are ready to be discharged go if their home is no longer habitable, inaccessible, or if the other residents of their home are in isolation?
- Consider coordinating discharge and follow up care with community organizations and agencies including churches, shelters, and the Virginia Department of Social Services.

4.3 Special Management Challenges Considerations

4.3.1 Isolation, Quarantine and Cohorting:

A pandemic, chemical or biohazard disaster may require that certain patients be isolated, quarantined or cohorted from the general patient population either for the individual patient's protection or the protection of other patients. If isolation, quarantine or cohorting are required at the ACF, consider the following:

☐ Identify categories of patients, or conditions, requiring isolation including pandemic influenza and chemically contaminated or immuno-compromised patients.

☐ Can the ACF be equipped to handle these patients?

☐ Develop policies and procedures for determining whether a patient requires isolation and whether the ACF is equipped to provide such care.

- If care will be provided, develop a process for isolating patients safely and effectively.

- Determine what, if any, patient visitation hours will be allowed for isolated patients.

☐ What are the liability issues related to isolation or quarantine? Examples include:
- What if a staff member fails to follow protocols and spreads an infection or contaminates other staff or patients?
- What if there is not enough protective equipment?
- What if protective equipment fails?

☐ To the extent that the ACF agrees to provide care for those under quarantine or isolation orders, what is the ACF's role, if any, in enforcing such orders?

4.3.2 Infection Reporting Requirements:

Certain diseases, conditions, and diagnoses must be reported to the local and state health departments and/or the Centers for Disease Control and Prevention (CDC). Because of the increased number of injured or sick persons and potentially higher numbers of patients in one location, an ACF may also experience an increase in the incidence of infections. Public health authorities will likely require infection and disease reporting from the ACF for biosurveillance and other purposes. Monitoring of infections is also part of sound infection control practices.

☐ Create a list of all conditions that must be reported to the VDH including healthcare acquired infections. When creating this list, consult **Appendix B**, which contains the VDH and CDC lists of these reportable diseases.

☐ Develop policies and procedures for tracking and reporting these diseases. These should include identifying the individual(s) responsible for tracking and reporting these conditions.

☐ Monitor communications from public health authorities as reportable diseases, infections, conditions and the reporting procedures could change during a disaster.

☐ Train staff regarding the reporting requirements for each reportable disease, infection or condition.
- Will electronic reporting be possible/available from the ACF?
- Consider coordinating reporting efforts with the VHHA Patient Tracking System, local or regional health information exchanges, or hospitals.

☐ Identify a location that is accessible to staff for storing the list of reportable diseases, appropriate phone numbers, and necessary information.

☐ Understand the consequences of failing to report a condition.
- Will the ACF be fined?

- Does failure to report create liability issues?

4.3.3 Transportation Services:

Depending on the nature of the disaster, the ACF may need to provide transportation services to some patients and staff to and from the ACF because of road conditions, weather conditions, or other circumstances. Additionally, it will be important to have a way for patients who no longer require the ACF's services to get home or to a subsequent treatment site.

☐ Will the ACF provide transportation for staff to get to and from the ACF? If so, create a plan for the provision of these services. Consider:
- Whether the provision of transportation will depend on the type of disaster?
- Whether the provision of transportation will depend on the purpose and scope of services provided at the ACF?

☐ Will the ACF provide transportation for patients to get home or to another healthcare provider after discharge? If so, create a plan for the provision of these services.
- Will the provision of transportation depend on the type of disaster?
- Will the provision of transportation depend on the purpose and scope of services provided at the ACF?

☐ How will the ACF transport patients from the ACF to a hospital or other healthcare provider, if such transfer is appropriate?

☐ Who is responsible for making transportation arrangements for staff? For patients?

☐ Create a plan to communicate to patients and staff the availability of transportation and ways to access the transportation.

☐ Consider developing agreements with local taxi and transportation companies to transport staff and patients.

☐ How will transportation costs be addressed? Consider that Federal Emergency Management Assistance (FEMA) may provide funding for the costs of transporting a patient to a medical facility to ensure continued availability of treatment for patients.

☐ Are there liability issues for the ACF related to providing transportation?
- Consider that if staff or patients are injured during transportation, the injured individual(s) could seek compensation for their injuries from the ACF.
- Can these potential liabilities be passed along to the vendors providing the transportation services or can they be covered under any immunity provisions? (See Section 9 for additional considerations).

4.3.4 Handling Human Remains:

No matter what the purpose of the ACF, the site must be prepared to handle human remains. As such, the Planning Team must develop appropriate policies and procedures for temporary storage of the remains until they can be retrieved by a funeral home, family, or other appropriate authority.

☐ Ensure that respect for and dignity of the dead are emphasized in all phases of the ACF's plan for handling human remains.
- Policies and procedures should respect religious and cultural traditions to the extent possible given the conditions of the disaster.
- Brief ACF staff assisting with the dead in various religious and cultural traditions.

☐ Identify necessary supplies and equipment needed to store bodies.

☐ Identify a location for the temporary storage of bodies until arrangements can be made for removal. This location should be well ventilated and secure.

☐ Identify a location and procedure for family members to identify known or unknown persons.

☐ Consider developing a relationship with several local funeral homes to assist with removing human remains.

☐ Develop and implement policies that address how the ACF will manage the dead.

☐ Understand the laws and regulations related to storage and handling of the dead.
- Ensure that the ACF policies and procedures comply with these laws and regulations.

SECTION 5. OPENING AND CLOSING THE ACF

Once the decision to activate the ACF has been made (see Section 3.5), the team should use a pre-determined process to marshal and deploy the resources necessary to open the ACF (the "Deployment Team"). Opening the ACF involves the physical set up of the space and supplies to be used at the ACF as well as on-site orientation and training for ACF staff (See Section 6.4). At the end of a disaster, once the decision to de-activate the ACF has been made, a team should be assigned to return the ACF to its original condition (the "Closing Team"). This Section reviews the various steps the Planning Team must anticipate when the need to open and close the ACF arises.

5.1 Responsibilities of the Deployment Team

☐ Before opening the ACF, the Deployment Team should assess the condition of the ACF and its continued suitability to provide the scope of services identified in Section 3.2. This is especially important after a natural disaster or other event that may have caused damage to the ACF structure or other surrounding areas. Consider the following questions in creating a site assessment plan (Note: this list is not exhaustive; see also **Appendix I** Reference List, Item No. 8 for additional guidance on this issue):

- Is ingress and egress to the facility still possible?
- Is it safe to enter the facility? Standing water, downed power lines, structural damage to the walls, roof or foundation may render the site unable to serve as an ACF.
- Are surrounding structures, including parking lots or garages safe for entry?
- Are the utilities intact and operational? Test water, electricity, heating and air conditioning.
- Are the communications systems (e.g. telephone and internet) within the ACF operational?
- Are there any state inspectors who must or should be involved in this process?

☐ Identify and assign responsibilities of the Deployment Team including:

- Conducting the initial site assessment to ensure continued suitability of the site (see above);
- Implementing the communications plan determined in Section 12;
- Overseeing ACF set up and logistics;
- Contacting vendors and/or mobilizing staff to deliver supplies and equipment;
- Contacting vendors or service providers who have committed personnel to provide support services (if applicable) (See Section 6); and
- Contacting staff to set up the facility.

☐ Who will be onsite to direct the receipt of the set-up staff, equipment, and supplies?

- Will the Deployment Team perform this function?

- Will another individual have this responsibility?
- Who else should assist with setting up and opening the ACF?
- Make sure that the ACF plan grants the individual(s) identified in this Section with sufficient authority to perform this function.

5.2 Composition of the Deployment Team

☐ Based on the responsibilities of the Deployment Team, determine the roles and types of expertise that should be represented on the Deployment Team.

☐ Are there any other special skills or knowledge required for setting up and opening the ACF?
- Individuals with experience in logistics planning should be involved in both the planning and implementation of this process.
- Consider involving representatives from medicine, nursing, administration, pharmacy, and security.

5.3 Responsibilities of the Closing Team

☐ Identify the responsibilities of the team responsible for closing the ACF (the "Closing Team") including:
- Overseeing the ACF's closure;
- Contacting vendors to retrieve supplies and equipment;
- Contacting staff to dismantle the ACF and return to original condition; and
- Preserving records.

☐ Who will be on-site to direct the departure of staff, equipment, and supplies?

☐ The facility should be cleaned, decontaminated and returned to its original use. Consider contracting with a cleaning service to perform this function once all equipment and supplies are removed from the site.

☐ Identify an individual who is responsible for completing a final inspection of the ACF to ensure it has been properly closed.

5.4 Composition of the Closing Team

☐ Based on the responsibilities of the Closing Team, determine the types of expertise that should be represented on the Closing Team.
- Are the members of the Closing Team the same as the members of the Deployment Team?

- Individuals with experience in logistics planning should be involved in both the planning and implementation of the closing process.
  - Are there any other special skills or knowledge required for closing the ACF?
  - Determine whether, and to what extent, representatives of clinical staff specialties such as medicine, nursing, and pharmacy should be part of the closing process.

SECTION 6. STAFFING

Staffing the ACF is likely to be the most challenging aspect of ACF planning. An ACF will need clinical and non-clinical, paid and non-paid staff to support the ACF in all phases of its operations. Planners should evaluate the types of staff needed for the ACF based on the purpose and scope of services of the ACF, the various sources of staffing, and how staff will be activated during the disaster. Since the ACF might be a joint undertaking of a community's healthcare, emergency management, public health and local government organizations, deciding which of these groups is responsible for providing staff is even more complicated.

Planners should keep in mind that the number of available staff will vary with each disaster. During an influenza pandemic, the CDC and the Occupational Safety and Health Administration (OSHA) estimate that healthcare providers might experience absenteeism rates of 40% or higher depending upon the variance of the influenza virus. High absenteeism rates in traditional healthcare facilities will challenge an ACF's ability to engage staff for its operations. Other types of disasters may also increase absenteeism, although perhaps not as dramatically. In some cases, however, disasters may actually result in an influx of self-deploying "volunteers" whose presence can be quite disruptive to the ACF's operations if the Planning Team has not anticipated this possibility.

6.1 Identify the Types of Staff Needed for the ACF

The staff needed will depend on the purpose of the ACF and the scope of services it will provide. While the ACF will need both clinical and non-clinical staff, planners should recognize that they will probably need to consider innovative cross-training of staff so that one person can perform multiple roles.

6.1.1 Clinical Staff:

The number and types of clinical staff needed will be determined by the scope of services to be provided at the ACF. The focus should be on what functions are required and what types of personnel can perform those functions.

☐ Analyze the functions that must be provided in order to deliver the scope of services required. Consider the following:

- If the ACF is primarily a dispensing site, can you use non-licensed volunteers trained in dispensing, and perhaps administering, injections with a nurse present in an oversight capacity?
- If the ACF is providing primary care, can you use nurse practitioners or physician assistants instead of physicians? Can these staff be cross-trained to provide services that are usually performed by others (e.g. train nurses to draw blood for lab tests and perform x-rays, activities which would usually be performed by a phlebotomist (blood draw) or a radiology technician (x-ray))?

- If the ACF is providing higher level specialty services, can staff who usually provide more basic services be "trained up?" Can some services, like telemetry monitoring, be provided remotely via an eICU?

6.1.2 Non-clinical Staff:

☐ Analyze the functions that must be provided to support the clinical services being provided. Consider staffing for the following non-clinical categories:
- Administration and management, including billing and medical records;
- Housekeeping and laundry services;
- Waste management;
- Facilities management, including power, HVAC, and water supply;
- Transportation;
- Dietary;
- Family/child care;
- Translation and/or sign-language services; and
- Social workers and grief counselors.

☐ Recognize that not all of the functions provided above will need to be provided on site at the ACF. Some can be provided remotely.

6.1.3 Staffing Models:

☐ The Planning Team must determine how the staff will provide services at the ACF.
- Based on the projected volume of patients, how many staff will be needed per shift?
- How long is each shift? Will there be 12 hour shifts only, or rather a combination of 12 and 8 hour shifts? Consider the extent to which the purpose and scope of services provided at the ACF influences this decision.
- If the region will have multiple ACFs, will these staffing models be uniform across the region or vary by ACF?
- **Appendix C** contains examples of clinical staffing plans, including one highly detailed plan with clearly defined staffing ratios and staffing needs based on different scenarios.

6.2 Identify Potential Sources of Staff

The Planning Team must understand that the ACF will operate during a healthcare surge in which resources, including staff, will likely be limited. The Planning Team should use caution in relying on hospitals as a source for clinical staffing in the ACF as hospitals may not have staff to share during a disaster.

Depending on the nature and extent of the disaster, other sources of healthcare personnel (e.g., EMS, medical volunteers) may be similarly unavailable. The Planning Team should think broadly and creatively about alternative sources for staffing the ACF.

☐ Develop relationships with the following types of healthcare providers to educate these individuals and entities and get them invested and engaged in the ACF planning process so they will understand the need for staff and how to help provide staff to the ACF:

- Community physicians, nurses, and non-hospital healthcare centers;
- Retired physicians, nurses, or other healthcare providers;
- Hospitals and other healthcare providers;
- Healthcare volunteer organizations and registries;
- EMS volunteers;
- Local medical and nursing schools;
- Medical Reserve Corps;
- Local and state health departments;
- School and visiting nurses associations;
- Staffing agencies; and
- Vendor provided staff (outsourcing).

☐ The Planning Team should have specific and detailed discussions with these individuals and entities about the types of staff they will be able to provide and when the staff will be made available.

- Consider creating MOUs with area vendors to ensure these services are available during the ACF's operation.
- Ensure that vendors who provide services will provide the staff to support the services.

☐ Consider that hospitals, the ACF, and other entities may have more volunteers than they can use during the disaster. The Planning Team should coordinate with these entities to create a plan for redirecting these volunteers to maximize the utilization of volunteers without disrupting the operations of the hospital, ACF or other entity.

- Develop a process for managing these individuals.
- Will they be "on-call" if needed?

☐ The Planning Team should understand whether it can request and obtain healthcare personnel under volunteer registries, and if so, understand the process for making such a request. For example, the state Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), National Disaster Medical System (NDMS), and certain national or state professional organizations maintain databases of volunteers.

- Will individuals in these registries be available to staff the ACF? If so, what is the process for obtaining such volunteers?

- Does the state or local emergency response plan address whether or how the ACF may obtain staff through these registries?
- Consider whether there are volunteer registries maintained by professional organizations that can provide personnel such as the medical society or nurses' association.

☐ Depending on the purpose of the ACF, non-healthcare volunteers and individuals such as family members who are not generally considered "staff" may be called upon to assist in the provision of patient care. These individuals may be able to help record or monitor vital signs, administer medications based on instructions from a healthcare provider or provide other services.
- Consider whether and to what extent family members or other non-healthcare volunteers may be used to assist with patient care.
- At what point will these individuals be used? Create a process activating the use of these individuals.
- How will these individuals be trained?
- Who will supervise these individuals?
- How will care provided by these individuals be documented?
- Consider with legal counsel the potential legal issues associated with using non-healthcare volunteers or family members in the ACF (see Section 9).

6.3 Selecting and Credentialing Staff

The Planning Team must develop or identify a process for selecting, credentialing and ensuring that the staff is qualified to provide the services they will provide.

☐ Develop a process for checking the identity and credentials of staff.
- Will out-of-state healthcare personnel be part of the ACF staff? If so, determine how out-of-state credentials will be verified.

☐ When will identity verification and credentials be checked?

☐ Will the Planning Team maintain a list of "pre-authorized" or approved individuals?
- Must credentials be re-checked or verified when individuals report to provide care?

☐ Consider that volunteer registries and databases may be available, and they may serve as a mechanism for collecting and verifying registration and credential information for volunteer healthcare providers.

☐ Consider whether the ACF will be able to take advantage of any rapid credentialing processes used at hospitals participating in ACF planning and operations.

6.4 Training

☐ Educate and train staff on the management and operations of the ACF, services to be provided at the ACF and ACF policies and procedures.
- Will there be pre-event training? Just-in-time training? Both?
- Consider how the training content impacts the timing of the training.

☐ Consider the need to conduct creative cross-training so that staff can perform multiple functions.

☐ There should be printed materials on-site at the ACF that outline the operations and management system, services to be provided, and policies and procedures.
- This resource should contain a list of contact information for operators, managers, and other important contacts, including the local EMS, health department and local hospitals.

SECTION 7. SITE SPECIFICATIONS

Of all the areas that require planning for ACF, selecting and equipping ACF sites have received the most study. Indeed, Appendices D & E referenced below list recently published resources on these topics. Without careful planning, there is a risk that the site's constraints will drive the services that the ACF can provide instead of the desired services driving site selection. The Planning Committee should use its decisions regarding the ACF's purpose and scope of services to locate sites that will support the ACF's activities. If no such sites are available, the Planning Committee may modify its desired scope of services to accommodate those sites that are available.

7.1 Site Selection

A great deal of work has been done on the topic of site selection. Therefore, the criteria for and process of site selection will not be repeated in detail in the *Planning Guide*. However, assessing the suitability of a particular facility and location for use as an ACF is a complex process that requires thoughtful consideration on the part of Planning Team members. For example, to determine whether an identified facility has an adequate amount of space to serve as an ACF requires more than a determination that the space can hold a certain number of patient beds. Planning Team members should also consider whether the identified facility has enough space to house designated areas for equipment and supply storage, food supply and preparation, lab specimen handling, mortuary holding, patient decontamination, and pharmaceutical distribution, in addition to providing space for family waiting areas and staff lounges. The tools and lists contained in **Appendix D** are valuable resources for the Planning Team as it selects a suitable location for an ACF.

7.2 Develop a Site Plan

Once a Planning Team has identified and selected an appropriate site for the ACF, the Planning Team should create a detailed site plan, which, like a floor plan, specifies where the care units, equipment, pharmacy, nursing stations and other areas will be located within the ACF and what items and equipment are necessary for each area. The actual site plan for the ACF will depend on the type of facility selected to serve as an ACF, the physical structure of the site, and the types of services to be provided at the ACF. In addition, the flow of patients from presentation to treatment to discharge will guide the Planning Team in its development of an appropriate site plan for the ACF. Appendix E provides resources for creating effective ACF site plans.

7.3 Site Procurement

Once a potential site has been identified and selected, the Planning Team must secure the right to use the site for the ACF. The Planning Team should also identify and procure "back-up" sites for the ACF because the primary site may not be available or feasible when a disaster arises.

☐ Are there special permissions or licenses that must be obtained to operate an ACF at the selected site? If the site is not currently being used as a healthcare facility, consider whether the following are required:
- Approval of the Nuclear Regulatory Commission for radiologic equipment;
- Clinical Laboratory Improvement Amendments (CLIA) certification;
- Zoning variances;
- Parking variances;
- Hazardous waste permits;
- Certificate of Public Need; and
- Medicare certification.

☐ If necessary, develop an agreement or MOU with the owners of the facilities selected as ACFs to ensure access to and use of the sites for ACFs.

☐ Ensure the site has not already been selected by federal, state or local government to serve another function during a disaster.

☐ Identify and reserve suitable "back-up" sites for the ACF.

SECTION 8. SUPPLIES

8.1 Identify Supply Needs

Ensuring that the ACF has sufficient supplies and equipment to provide the level of care the ACF is intended to provide (see Section 3) requires advanced planning by the Planning Team. Supplies will include medical supplies (e.g., bandages, masks), pharmaceuticals, personal care, food, and administrative supplies (e.g., office supplies). In creating caches of equipment, supplies, and medicines, the Planning Team should address following considerations.

☐ Based on the purpose, scope of services and site selected, identify how many and what types of patients the ACF will treat and the corresponding equipment, supplies and medications needed to cover the demand.

☐ Identify the equipment, supplies, medications and pharmaceuticals that clinical and non-clinical staff working in the ACF will need.

☐ Consider what types of clinical records will be used to document the type of level of services being provided.

☐ If electronic health records will be used, consider the need for computers, modems, servers, printers and stable electrical service.

☐ Identify whether visitors will be allowed into the ACF and what, if any, equipment, supplies or medications (if applicable) will be needed for visitors.

☐ Create projections for how long the ACF will need to be self-sufficient with supplies and medications and how long the ACF will operate.

- Determine the required amounts of supplies and medicines for different operating scenarios (e.g., light vs. heavy patient load; self-sufficient for three days vs. two weeks).

8.2 Methods of Obtaining Supplies

During the planning stage, the Planning Team must decide how the ACF will obtain the supplies and equipment needed to start up and operate the ACF. The ACF can (1) rely on just-in-time delivery of equipment and supplies from area healthcare providers or other vendors, (2) elect to stockpile dedicated equipment, supplies, and pharmaceuticals prior to the occurrence of a disaster, or (3) utilize a procedure that combines both the just-in-time delivery and stockpile methods depending on the resource in question. For example, the ACF could stockpile such items as personal protective equipment, bandages, and non-perishable food, while relying on just-in-time delivery to obtain other items such as medications.

If the Planning Team elects to use a just-in-time delivery method to obtain supplies necessary for the operation of the ACF, the Planning Team should consider the following issues:

- ☐ From whom will the ACF obtain resources (vendor or healthcare provider)? Can the ACF reserve supplies now with suppliers or vendors? If so, what is the process for reserving them?

- ☐ If the resources are being provided by hospitals, is there documentation that the hospital has factored the reallocation of these resources into its own response planning so that it does not come up "short"?

- ☐ If tax exempt hospitals are providing resources, is this consistent with their mission as a tax exempt organization?

- ☐ Evaluate the availability of state and federal sources of supplies, equipment and pharmaceuticals, including the Strategic National Stockpile (SNS), and whether these sources can be relied upon to support the ACF.

- ☐ Identify and consider written agreements or MOUs with potential "community partners" and vendors, such as those listed below, to ensure availability and/or storage of supplies, equipment, access to the ACF, and supporting staff as needed to handle supplies and equipment.
  - Equipment suppliers;
  - Transportation services;
  - Couriers;
  - Storage facilities;
  - Community physicians;
  - Hospitals;
  - Pharmacies;
  - Funeral homes; and
  - Owners of the structures.
  - **Caution**: The Planning Team should carefully design any agreements with these entities to ensure performance when needed and should carefully consider the extent to which these entities can be relied upon to deliver services and supplies during a disaster or a time of shortage. The Planning Team should have alternative options, including vendors outside the region, in the event the primary vendors or service providers are unable to meet their contractual obligations during a disaster.

If the Planning Team elects to stockpile supplies, equipment, and medications, the Planning Team should consider the following issues:

☐ Will the ACF purchase and/or seek donations to create its stockpile?

☐ From whom will the ACF purchase supplies and equipment (vendors or healthcare providers)?

☐ How and where will the stockpile be stored?

☐ What is the process for monitoring the expiration dates of inventory?

☐ Evaluate the availability of state and federal sources of supplies, equipment and pharmaceuticals, including the Strategic National Stockpile (SNS), and whether these sources can be relied upon to support the ACF.

If the Planning Team decides to utilize the stockpile method, the supply cache models provided in **Appendix F** address various ways for Planning Teams to calculate the cost for and the amount of supplies and equipment that the ACF will require and to assess how long certain perishable supplies can be stored.

8.3 Request, Release, and Delivery of Supplies

Regardless of whether a Planning Team decides to acquire needed supplies, equipment, and medication by the just-in-time delivery method or the stockpile method, the Planning Team must activate a mechanism for obtaining these items. While answers to the proceeding issues may be different depending on which method the Planning Teams employs to obtain the requisite supplies, the same issues apply to each method:

☐ What is the process for obtaining stockpiled or just-in-time delivered items?
- Who is responsible for initiating this process?
- When should this process be activated?
- Should certain supply caches be delivered before others?

☐ Implement the communications policy and procedures to notify vendors (private or federal), storage sites, and those responsible for transportation that the site is being opened. (See Section 12).

☐ Ensure that the MOUs with the various vendors and suppliers clearly address the timeframe in which the supplies and services should be delivered to the ACF's storage facility if the ACF utilizes the stockpile method or to the actual ACF location once the decision is made to activate the ACF if the ACF utilizes the just-in-time delivery method.

☐ Ensure that a process is in place for replenishing supply inventory and ordering additional supplies and equipment for the ACF.
- Create a plan for ordering and obtaining supplies and equipment as needed.
- Identify an individual(s) responsible for these tasks.

If the Planning Team decides that that ACF will receive materials from the state and/or federal Strategic National Stockpile, the Planning Team should determine how these materials will be delivered or retrieved for the ACF.

SECTION 9. LEGAL

Liability is usually the number one "legal" issue that arises when one thinks about ACF planning and operation. Actually, there are significant legal considerations in all stages of planning and operating the ACF. The answers to some legal questions will be guided by the purpose of the ACF and the scope of services it will provide. Other legal issues apply regardless of the type of services that are provided. The Planning Team should work with counsel to evaluate and address the issues raised in this Section prior to activating the ACF so that they will not pose an impediment to operations during a disaster. While these legal issues are important, they should not be allowed to stop the planning process. It may be helpful to engage legal counsel who has expertise in emergency preparedness and response who can facilitate addressing legal issues and work with the legal counsel for the multiple organizations which are engaged in the ACF planning process.

9.1 Liabilities and Immunities

9.1.1 Potential Sources of Liability:

Potential sources of liability for the ACF include premises liability, personal injury liability, healthcare provider negligence, and negligent training and supervision, to name a few. This list is by no means exhaustive. The Planning Team will want to consult with legal counsel for a specific legal analysis to assess liability based on the ACF's structure and scope of services and determine who bears the liability. The Planning Team should consider how liability protections can be woven into the various aspects of the ACF plan.

☐ Consider the following liability issues listed below:

- Who is responsible for the conduct of staff or volunteers in performing their duties? Consider the potential liability issues related to allowing non-traditional volunteers, such as family members, to provide care at the ACF. (For potential immunities, see Sections 9.1.2 (Sovereign Immunity) and 9.1.3 (Statutory Liability Protections)).
- Who is responsible for on-site injuries to staff, volunteers, patients, or visitors? Consider whether and to what extent premises liability (see Section 9.1.4) and workers' compensation insurance (see Section 9.3.3) apply.
- Who is responsible for any damage done to the facility during the operation of the ACF?
- Who is responsible for any damage to equipment or supplies borrowed or rented by the ACF?
- Who is responsible for any equipment malfunctions or supply defects?
- Who is responsible for any accidents or injuries related to the provision of transportation to staff, volunteers, patients or visitors?
- To what extent is the ACF responsible for not having sufficient PPE for:

- Staff;
- Patients; and
- Visitors.

- Consider how an inadequate communications plan may result in liability. (See Section 12).
- Consider liabilities related to handling or mishandling dead bodies. (See Section 4.3.4).

9.1.2 Sovereign Immunity:

The issue of "sovereign immunity" is ever present and may create confusion during the planning stage. Simply stated, sovereign immunity is a legal doctrine that protects governmental entities, and their employees and agents, from liability for "governmental action." If state or local governments are included in the planning or operation of the ACF, the Planning Team should consider whether sovereign immunity is available. This is a complicated issue and, as is often the case with legal matters, the answer will depend on the specific facts.

☐ The local government, including the county, city, or town in which the ACF is located, may provide some immunity for the ACF if the site is controlled by or designated as a public ACF by the local government.

☐ Sovereign immunity does not apply to most breach of contract suits or to certain torts against the Commonwealth or a transportation district that falls under the Virginia Tort Claims Act.

☐ The Virginia Supreme Court uses a four part test to determine whether sovereign immunity applies to employees of the Commonwealth including: (1) the nature of the employees' function; (2) the extent of the state's interest and involvement in the employees' function; (3) the degree of control and direction exercised by the state over the employee; and (4) whether the act complained of involved the use of judgment and discretion. Use of this four part test means that although employees of the ACF may be eligible for sovereign immunity, they may not qualify for the immunity if they do not meet the four part test.

- Historically, physicians employed by the Commonwealth have not qualified for sovereign immunity because they do not meet the fourth part of the test since the practice of medicine involves the use of judgment and discretion.

☐ The Planning Team should work with legal counsel to evaluate the following issues related to the application of sovereign immunity:

- Will the Commonwealth's sovereign immunity apply to the ACF, ACF operators, managers, or staff? In conducting this analysis, make sure to analyze each type of staff (management, clinical, non-clinical).
- Does the county, city, or town in which the ACF sits provide sovereign immunity to the ACF's operators, managers, or staff? In conducting this

analysis, make sure to analyze each type of staff (management, clinical, non-clinical).

9.1.3 Statutory Liability Protections:

Liability arising from a disaster response scenario is the greatest concern for healthcare personnel. The healthcare personnel who staff the ACF will, no doubt, be concerned about incurring liability for the care they provide. Given the importance of this issue, the Planning Team should carefully review the potential areas of liability for staff at the ACF and any potential immunity protections to which the staff may be entitled.

Virginia has several statutory provisions that may give healthcare staff at the ACF liability protection for care provided and compensation for injury suffered by staff while working at the ACF. The availability and extent of coverage will depend on several factors including:

- Has the Governor declared a disaster under Title 44 of the Virginia Code?
- Does the healthcare provider fall within one of the statute's parameters?
- Is the ACF publicly or privately operated?
- Is the healthcare provider in the ACF a volunteer or being paid or otherwise compensated for its services?

In addition, you should:

☐ Consider whether and to what extent Virginia law provides immunity for those involved with ACF Planning.

☐ Consider whether and to what extent Virginia law provides immunity for ACF operations.

☐ Consider whether any of the immunities available under Virginia law apply to ACF staff.

☐ The Planning Team should evaluate how the following statutes apply to the ACF:

- Healthcare Provider Immunity Statute (Virginia Code § 8.01-225.02)
  - The statute states: "A. In the absence of gross negligence or willful misconduct, any healthcare provider who responds to a disaster shall not be liable for any injury or wrongful death of any person arising from the delivery or withholding of healthcare when (i) a state or local emergency has been or is subsequently declared in response to such disaster, and (ii) the emergency and subsequent conditions caused a lack of resources, attributable to the disaster, rendering the healthcare provider unable to provide the level or manner of care that otherwise would have been required in the absence of the emergency and which resulted in the injury or wrongful

death at issue. B. For purposes of this section: "Disaster" means any "disaster," "emergency," or "major disaster" as those terms are used and defined in § 44-146.16; and "Healthcare provider" has the same definition as provided in § 8.01-581.1." Note that the immunity provision applies only when there is a lack of resources attributable to the disaster.

  - Will this statute provide coverage for the ACF or healthcare providers providing care at the ACF?

- Virginia State Government Volunteers Act (Virginia Code §2.2-3600 et. seq.)
  - Volunteer Benefits: The Virginia State Volunteers Act allows each department established in the executive branch of state government and local agencies under each department's supervision to develop volunteer programs. The departments are permitted to provide liability insurance to the volunteers at the same level they may provide to their paid staff. Those who serve in a Medical Reserve Corps (MRC) unit or on a Community Emergency Response Team (CERT), have the same protections as paid staff with respect to Commonwealth's sovereign immunity.
  - This is an important statute in thinking about who bears overall responsibility for the ACF. If a state agency performs this function, these individuals may be considered state employees and be eligible for sovereign immunity. (See Section 9.1.2).

9.1.4 Premises Liability:

☐ Identify any liability protections for the facility owner or the ACF related to premises liability.

- Consider that Title 44 gives certain powers to the Governor and political subdivisions to respond to disasters. This Title gives immunity to an individual who owns or controls real property who "voluntarily and without compensation grants a license or privilege, or otherwise permits the designation or use of the whole or any part or parts of such real estate or premises for the purpose of sheltering persons, of emergency access or of other uses relating to emergency services shall, together with his successors in interest, if any, not be liable for negligently causing the death of, or injury to any person on or about such real estate or premises or for loss of or damage to the property of any person on or about such real estate or premises during such actual or impending disaster. . . ." (Va. Code § 44-146.23 (B)).

☐ The Planning Team should develop MOUs with the owners of the potential ACF locations to address this liability.

9.2 Regulatory Compliance

Numerous regulatory schemes exist to address everything from emergency room care to the operation of laboratory services. It is not clear whether, and to what extent,

many of the regulations discussed in this Section will apply to the ACF. The Planning Team should carefully evaluate these regulations with legal counsel to determine which regulations apply to the ACF. The Planning Team should keep in mind that the application of these regulations will depend on the purpose of the ACF and the scope of services it provides, and whether the ACF is considered a healthcare facility.

9.2.1. Emergency Medical Treatment and Active Labor Act (EMTALA)

EMTALA applies to hospital emergency departments, and it requires that every patient who comes to an emergency department must receive an "appropriate medical screening examination" to determine whether an emergency medical condition exist before the patient can be transferred or discharged (42 U.S.C. §1395dd). EMTALA also restricts transfer of patients prior to stabilization unless a statutory exception is met. Whether EMTALA applies to care provided at the ACF will be determined by the purpose and scope of services provided at the ACF and whether the ACF is considered a "hospital emergency department" for the purposes of the statute. The Planning Team should seek legal counsel to aid it in evaluating whether EMTALA applies to the ACF. Both the Planning Team and counsel may find "EMTALA Compliance in Disaster Circumstances" useful in addressing these issues.[7] (See **Appendix G**).

9.2.2 Privacy: Health Insurance Portability and Accountability Act (HIPAA) and State Privacy Laws:

Federal and state privacy and security laws related to patient health information should be considered in planning for the ACF and developing ACF policies and procedures. The Planning Team should consider to what extent these laws apply to the ACF. The answer to this threshold question will be guided by the purpose of the ACF. As with the other legal issues raised in this *ACF Planning Guide*, the Planning Team should consult legal counsel on these issues. "Sharing Information During Disasters: HIPAA Implications" also provides guidance regarding HIPAA that may assist the Planning Team and legal counsel in resolving privacy issues.[8] (See **Appendix H**).

9.2.3 Licensure:

Hospitals, nursing facilities, outpatient surgical facilities and various other healthcare providers are licensed by VDH. The licensure process for these facilities is detailed and requires compliance with certain rules and regulations that govern the operation, maintenance, and staffing of these facilities. The Planning Team must evaluate whether the ACF, based on its intended scope of services, will require licensure.

9.2.4 Clinical Laboratory Improvement Amendments (CLIA):

[7] "EMTALA Compliance in Disaster Circumstances." (March 2007).
[8] "Sharing Information During Disasters: HIPAA Implications." (April 2007).

The CMS regulates laboratory services through CLIA, which contains specific rules and regulations for providing clinical laboratory services, including performance standards, equipment calibration standards, quality control and testing procedures. If clinical laboratory services are part of the scope of services at the ACF, the Planning Team, with the assistance of legal counsel, should determine whether these regulations apply. If so, the Planning Team should develop a process for obtaining any necessary certification and policies for complying with CLIA requirements during operation.

9.2.5 Nuclear Regulatory Commission (NRC) and Related State Regulations:

The NRC is responsible for protecting people and the environment from "unnecessary exposure to radiation." Radioactive materials are widely used in healthcare today for both diagnostic and therapeutic purposes. Radioactive agents must be registered with the NRC and carefully monitored. Certain nuclear medical treatments, including gamma knife, iodine treatment for hypothyroidism and brachytherapy, fall under NRC regulations. Additionally, the NRC has occupational dose limits for exposure to radiation, including x-ray. Depending on the scope of services at the ACF, it may have to comply with NRC regulations and certain state regulations related to radiation. The Planning Team should work closely with legal counsel to determine whether these regulations will apply to the ACF.

9.2.6 Pharmaceutical Regulation: The Controlled Substances Act and Related State Laws:

Once the purpose and scope of services for the ACF have been determined, the Planning Team must evaluate whether dispensing prescription medication will be part of the ACF's operations. If so, the Planning Team must evaluate the application of the Controlled Substances Act (21 U.S.C.S. §801 et. seq), state Board of Pharmacy regulations and any other applicable statutes and regulations. The Controlled Substances Act regulates the manufacture, distribution and dispensation of controlled substances, including various pain medications. Healthcare providers who prescribe controlled substances are required to register with the Drug Enforcement Agency (DEA). There are also storage requirements and documentation requirements for controlled substances that must be met. If these laws and regulations apply to the ACF, the Planning Team should create the appropriate policies and procedures to comply.

9.2.7 Certificate of Public Need:

Certain medical care facilities must obtain a Certificate of Public Need (COPN) from the VDH before they can build certain facilities, provide certain services, acquire certain equipment or make a capital expenditure in excess of $15 million. The Planning Team must determine whether the ACF is a "medical care facility" within the meaning of the statutes governing COPN and whether the purpose and scope of services to be offered at the ACF require a COPN. In making this determination, the Planning Team should

consult with legal counsel and may need to explore these issues with the VDH, Division of Certificate of Public Need.

9.2.8 Stark and Anti-Kickback Laws:

It is not clear whether or to what extent the ACF will be subject to the Stark or Anti-Kickback laws. As with the other regulations discussed in this *Planning Guide*, the ownership structure of the ACF, purpose of the ACF and the scope of services it provides will guide the analysis on whether these laws apply to the ACF. Whether the ACF is referring patients or receiving referrals for patients, provides designated health services, receives funds from a federal health care program, and whether physicians are considered to have "financial" relationships with the ACF are among the questions that must be answered to determine whether these laws apply. This is a complicated area of law that requires fact specific analysis by experienced legal counsel.

9.2.9 Medicare and Medicaid Certification

The Planning Team must consider whether the ACF can, should, or must be certified under Medicare and Medicaid. The CMS regulates federal and state healthcare programs and payment for services under these programs. Medicare has certain conditions of participation that must be met for healthcare providers to receive payment under the program. Likewise, state Medicaid programs have regulations that govern payment for services. To receive payment under these programs, healthcare providers must be certified. Further, compliance with many of the regulations discussed in this Section is required in order for a facility to be Medicare or Medicaid certified. Whether the ACF is considered as a healthcare provider for the purposes of Medicare and Medicaid will depend on the purpose and scope of services at the ACF and whether the ACF will seek reimbursement from these programs.

9.3 Insurance

The Virginia Medical Malpractice Act permits plaintiffs to recover against healthcare providers for breaching the standard of care. Healthcare providers who do not fall under the liability protections of the Good Samaritan or volunteer liability protections, or the liability protections of §8.01-225.02 (see Section 9.1.3) will be exposed to liability for medical malpractice. See Medical Malpractice Act (Virginia Code §8.01-581.1 et. seq.). As a result, most healthcare providers or their employees have professional liability insurance coverage for the care they provide within the scope of their employment or practice. Depending on the way the insurance policy is written, this coverage may or may not apply to the care provided at an ACF. The extent to which employer-provided coverage "follows" the healthcare provider to the ACF can depend on factors such as whether the site is operated or controlled by the employer, whether the healthcare provider is acting as a paid employee or as a volunteer, and whether the individual is a government employee. The Planning Team must also consider what insurance coverage the ACF site itself will need, what coverage may be available, and if it will be covered under any existing public or private insurance.

9.3.1 Individual Healthcare Providers – Professional Liability Insurance:

The Planning Team should consider the following issues related to professional liability insurance for ACF healthcare providers:

☐ Do the healthcare providers' current professional liability insurance policies cover their work at an ACF? Does it depend on the type of healthcare provider (e.g., physician vs. nurse)? Who should make this determination?

☐ Will (or should) the ACF require individual healthcare providers to obtain professional liability insurance coverage for care provided at the ACF?

☐ Can (or should) the ACF ask for proof of professional liability insurance for healthcare providers claiming to have it and/or have coverage under another policy for work performed at the ACF?

☐ If the individual's own (or employer provided) professional liability coverage does not cover care at the ACF, what types, if any, of professional liability insurance are available for ACF healthcare providers?

9.3.2 ACF Professional Liability Insurance:

☐ Determine whether the ACF is eligible for liability insurance to cover the care provided at the ACF.
- This determination, or the type and extent of coverage available may depend on whether the ACF is considered a "healthcare provider" under the Medical Malpractice Act. If it is, claims against the ACF for negligent care will be subject to the medical malpractice cap. This may make it easier for the ACF to obtain insurance.
- Consider obtaining this insurance if available.

☐ If such coverage is not available, what other methods are available to the ACF to address liability for care provided at the ACF?

9.3.3 Workers' Compensation Insurance:

For the Workers' Compensation Act to apply to an individual, the individual must be an "employee" as defined in the Code of Virginia. (Virginia Code §65.2-101) Generally, a contract of employment "for remuneration" is necessary to constitute the employer-employee relationship under the Act. In some situations, employers may elect to have their employees or independent contractors covered by the Act. Certain volunteers may be covered under the Workers' Compensation Act in Virginia if the entity for which they volunteer meets certain criteria and elects to be included as an employer under the Act. The ACF, with the assistance of counsel, should evaluate whether Workers'

Compensation will be available to any ACF staff who are injured while working at the ACF.

☐ With the assistance of legal counsel, the Planning Team should consider the following issues related to worker's compensation:

- Based on the purpose of the ACF, the ownership structure, and the number of staff, will the Virginia Workers' Compensation Act apply to the staff providing services at an ACF?
    - Consider that the Virginia State Government Volunteers Act does not automatically provide Workers' Compensation benefits to volunteers.
- Are the operators, managers and staff "employees" of the ACF as defined in the Workers' Compensation Act? See Code of Virginia §65.2-101 (2008).
- Are there any laws or regulations that automatically qualify the operators, managers and staff of the ACF as "employees," and thus require workers' compensation coverage?
- Can and should the ACF elect to have workers' compensation coverage for the staff?
- Who will pay for workers' compensation coverage?
- Who is responsible for making these decisions?

SECTION 10. FUNDING

Funding for ACFs is often overlooked during the planning process. The cost of the planning process itself can usually be supported by grant funding and operations budgets of the participants. Funding for operation of the ACF (including providing care), however, is more complex in light of budget cuts and staff reductions within government and private sector healthcare organizations, and this will require significant attention at the planning stage.

The activities to plan for, activate, operate, and close the ACF all require financial resources. The Planning Team must map out how all phases of the ACF planning and operations will be funded. The most likely scenario is that funding will come from a variety of sources, particularly if the ACF is a non-governmental operation.

10.1 Funding Overview

☐ The ACF or participants in the ACF planning process will probably have to advance payment for planning, opening, operating and closing the ACF, including payment for equipment, supplies, staff and space, and then seek reimbursement for the services after they are provided. It is possible that federal and state grant funding could be available, but this is far from certain. There is no clear source of funds for any aspect of ACF planning or operations.

☐ Eligibility for and entitlement to reimbursement for services provided may depend on the way the ACF is structured. The Planning Team should carefully consider this fact during the planning process to maximize the opportunity for reimbursement.

☐ In planning for the ACF, the Planning Team should recognize that payment for the provision of healthcare and other services provided at the ACF may not be available through the traditional sources of payment such as Medicare, Medicaid, and third party payers.

☐ In planning for funding the ACF, the Planning Team should consider:

- Must the ACF be licensed by the state (See Section 9.2.3)? If this is not required to operate the ACF, is it required for payment?
- Can and should the ACF obtain a Medicare or Medicaid provider number?
- Can and should the ACF enter into participation agreements with payers?
- Will payers even recognize the ACF for contracting purposes?

10.2 Budgeting for the ACF

The ACF should have a detailed budget that outlines the expense for each function from planning to opening and operating to closing.

☐ Develop a budget for the ACF. Potential ACF expenses include:
- Staff (both clinical and non-clinical);
- Security;
- Supplies, including pharmaceuticals;
- Facility and utilities;
- Electricity and backup;
- Water;
- Phones;
- Internet access and other communications expenses;
- Equipment; and
- Insurance.

10.3 Identifying Funding Sources

☐ Identify potential funding sources for the ACF and the purpose for which the funds may be used (e.g., planning vs. operating (staffing, care, supplies, facilities, transportation)).

☐ Consider the following questions in identifying potential funding sources:
- Are there funds available from local, state, or federal governments to fund these efforts? Even though the ACF will likely provide health services, this does not mean that health departments will fund them.
- Should/will the ACF be funded by community donations? Should/will the ACF raise funds or create an endowment to cover the costs of care provided at the ACF? Is this feasible?
- Should/will the ACF be funded by in-kind donations? How will these donations be valued so that donors can track them for tax or other purposes?
- Are there state or federal grant funds available to cover the costs of planning or of care provided at the ACF? If so, how and when can these funds be obtained?

☐ If the Planning Team decides to launch a fundraising campaign to pay for the ACF, consider the following potential donors:
- Hospitals;
- Community physicians and healthcare providers;

- Health plans;
- Community leaders;
- Pharmacies;
- Pharmaceutical companies;
- Medical supply companies;
- Churches and other faith-based organizations;
- Community organizations; and
- Non-healthcare companies in the community.

☐ Identify all available state and federal funding sources and the methods by which the funding may be obtained. Consider:
- CDC;
- HHS Assistant Secretary for Preparedness and Response (ASPR);
- Public Health Programs (PHP);
- FEMA;
- NDMS; and
- Hospital Preparedness Program (HPP).

☐ Identify the limitations on potential funds including eligibility, use, timing of request, and timing of availability. To what extent will the answers to these questions play a role in the purpose and scope of the ACF? For example, private, nonprofit healthcare facilities may apply directly for FEMA assistance grants. For-profit organizations are ineligible for FEMA funding but may be eligible for assistance through some type of state sponsored program. Currently, no such program exists in Virginia, and the effectiveness of these programs is very unclear.

10.4 Payment for Services at the ACF

Depending upon the scope and duration of the disaster, the healthcare providers, vendors, and non-clinical staff rendering services at the ACF may expect to be paid for these services. For short lived disasters, it is possible that healthcare providers and vendors will donate their services and goods. For longer duration disasters or large scale disasters, vendors will certainly expect payment. Healthcare providers will probably expect to be paid for the services that they deliver, at least to the extent covered by the recipient's health insurance or as reimbursable under FEMA. The Planning Team should create a plan to increase the chances that the ACF and staff will get paid for the services provided at the ACF by maximizing the use of the funding resources identified above in Section 10.3.

- ☐ Consider the extent to which payment is available for clinical and non-clinical services.
- ☐ Consider whether and to what extent funding is available for specific types of disasters, such as pandemic influenza.
- ☐ Will Medicare, Medicaid, or other payers cover services provided in an ACF? Consider what process will be followed for patients who have lost their insurance cards.
- ☐ What level of support, if any, can the ACF obtain from FEMA? The Planning Team should recognize that FEMA is a "payer of last resort," and to the extent that FEMA funds are available to the ACF, the ACF must first exhaust all other forms of payment before seeking FEMA funds. The ACF must be able to document this process.
- ☐ Will the state make funds available to support ACF services? If so, how? What are the eligibility criteria for obtaining these funds? What is the process for obtaining these funds?
- ☐ Develop pre-disaster agreements, MOUs, and memoranda of agreement (MOA) to identify funding and/or donation commitments.
- ☐ Determine whether the funding source restricts the costs that are eligible for reimbursement. Are labor costs eligible? Operating costs?
- ☐ Develop policies and procedures that address how the ACF will obtain payments.
- ☐ Will the ACF or the healthcare providers who provide care in the ACF be paid separately for their services? If so, how?
- ☐ If available, how will the ACF obtain any funds set aside for the ACF? Develop a process for accessing these funds once the decision to activate the ACF is made.
- ☐ Will non-clinical staff be paid? How?
- ☐ How will vendors (if applicable) be paid for their services? Who is responsible for making these payments?
- ☐ Develop policies and procedures for how vendors and staff will be paid.

10.5 Disaster Documentation

Despite the unusual circumstances under which care will be provided at an ACF, documentation of care will be important for tracking patients, monitoring illnesses and injuries, and being paid for the services rendered.

☐ Develop a model for disaster documentation for use by all ACFs. This should include patient care documentation policies, procedures and forms. Consider developing "short" forms that include essential information to provide patient care effectively and to help obtain payment for services. (See **Appendix I** References, Items Nos. 8 and 37).

☐ Consider whether it is feasible for the ACF to provide electronic documentation systems or whether paper-based documentation is more appropriate.

- Coordinate with any existing systems that can be adapted for ACF use.
- Create back-up plans if electronic and/or paper-based records are destroyed or inaccessible.
- Plan for training in the use of electronic systems.

☐ The Planning Team needs to recognize that all documentation that is related to the provision of medical care is almost certainly subject to both HIPAA and Virginia's Health Records Privacy Act. Therefore, the Planning Team must develop policies and procedures to assure that patient privacy and personal health information is secured at the ACF. (See Section 9.2.2 regarding the applicability of HIPAA and other privacy laws.)

☐ Develop policies and procedures for the storage and disposition of medical records after the ACF closes.

SECTION 11. SECURITY

The ACF must be a safe and secure place for patients to seek care and for staff to provide services. We have learned that healthcare facilities can become targets of drug seekers during disasters since medications may be present. Since law enforcement officers will have many demands placed on them by the disaster, planning for how the security of the patients, staff and site will be maintained is vital.

11.1 Security Considerations

☐ Determining who and what need to be protected will dictate the level of security needed at the ACF. The ACF must implement different security measures if its purpose is to provide inpatient care than if the ACF's purpose is to serve as a pandemic influenza screening and anti-viral distribution location.

- How will equipment, supplies and pharmaceuticals be secured?
  - Consider that the demand for supplies during certain disasters may increase the risk of theft.
  - If applicable, what is the process for securing and dispensing narcotics?
- Who will make the decision to lock-down the facility? Develop a detailed plan for lock-down.
- Will all visitors be screened before entering or leaving the site? Before entering patient rooms? How? Develop a plan for screening visitors.
- Will staff or volunteers have to be screened upon entering or leaving the site? How? Develop a plan for screening staff or volunteers.

☐ Create a security plan for the ACF that includes policies and procedures for providing ongoing security for personnel, patients and supplies, controlled access to the ACF, lockdown procedures, and electronic and human surveillance.

11.2 Security Personnel

☐ Identify all possible community sources for security personnel, including:

- Local security companies;
- Local and state law enforcement officers (recognize that these assets will already be committed to the incident; the Planning Team should attempt to have the ACF deemed a high priority for law enforcement support);
- Volunteers; and
- Military.

☐ Develop criteria for selecting security personnel.

- Consider the practicality and feasibility of an application process.
- How will credentials be verified?

- Develop MOUs with vendors to provide personnel. These agreements should place the security personnel screening responsibilities on the vendor.

☐ Consider whether the security personnel will be armed.
- Identify any state or federal permit or other firearms requirements for these individuals.
- Will the ACF have to obtain permits or other allowances to have armed security on site?

☐ Determine whether security personnel will be paid. If so, what is the source of funding for payment?

☐ What are the responsibilities of the security personnel?
- Will they operate checkpoints at the ACF to verify the identity of visitors, patients and staff?
- Will they guard supplies?
- Will they assist staff with handling disruptive visitors or patients? How?

☐ Identify the liability considerations related to security personnel.
- Does their regular employers' workers compensation insurance cover these individuals? (See Section 9.3.3)
- Will the ACF need to obtain special insurance coverage for these individuals? If so, what types?

☐ How will security personnel be notified when it is time to open the ACF? (See Section 12).

11.3 Securing Personal Belongings

Patients will present to the ACF with jewelry, watches, wallets and other valuables that should be secured. Patients should be encouraged to send their personal items home with family, especially if the ACF provides inpatient care.

☐ Develop policies and procedures for securing and tracking patient valuables and ensuring their safe return to the patient upon discharge.

☐ Consider including the following in the policies and procedures:
- To the extent possible, valuables should be sent home with a patient's family member.
- Identify a safe and secure location at the ACF for storage of the items.
- At least two staff members should inventory and list the items.
- Develop policies regarding the staff members who are allowed access to the secured area for valuables.

- Communicate to the public that valuables, to the extent possible, should be left at home.

☐ Develop policies and procedures for addressing the ACF's liability for loss of or damage to valuables at the ACF site. The ACF should make it clear that it is not responsible for lost or damage items.

11.4 Securing a Closed ACF

☐ If applicable, who is responsible for ensuring the security of the site once the ACF is de-activated?

- What is the plan for returning the site to its "pre-ACF" use?
- Will equipment, supplies or other items be left on site? If so, how will these items be secured?

☐ Develop policies and procedures for securing the ACF, any unused equipment, supplies and pharmaceuticals upon de-activation and closing.

SECTION 12. COMMUNICATIONS

The Planning Team must create a communications plan that will convey messages about the purpose and scope, opening, operation and closing of the ACF to those who are involved in opening, operating and closing the ACF, in addition to the ACF's staff and to the public.

12.1 Communicating with ACF Teams and Vendors

☐ Develop a process for communicating the activation of the ACF to appropriate individuals as determined by the Planning Team. This will always include local government, local emergency response and local hospitals. It may also include other key audiences including: the Deployment Teams; Management Teams; staff; and those responsible for activating the release of stockpiles of equipment and supplies.

☐ Create communications policies and procedures to notify vendors, storage sites, and those responsible for transportation that the site is being opened and their services are needed.

☐ Consider communicating all opening, status and closing messages with the following individuals in addition to the public:

- Local and state leaders including the Governor, legislators or city council members;
- Administrators of local hospitals and other healthcare facilities;
- Emergency responders;
- VDH;
- Regional Hospital Coordinating Center; and
- VHHA.

☐ Consider:

- How will clinical and non-clinical staff be told to report for duty? Provide these individuals with clear instructions on where to report for duty.
- How will management and staff communicate during the operation of the ACF?
- To what extent will the following tools be available to assist with communications?
  - Two-way hand radios;
  - Cell phones;
  - PDAs;
  - Satellite telephones;
  - Pagers;

  - Message boards; and
  - Runners.

☐ There will also need to be a plan for ACFs to communicate with each other and those involved with the incident response regarding the ongoing status of each ACF's operations.

☐ See Section 4.1 for additional considerations related to communications among the various ACF teams and vendors.

12.2 Communicating with the Public

☐ Develop a process for communicating the opening, purpose, status, and closing of the ACF to healthcare providers, the media and the public.

☐ Determine if any prior governmental or organizational approval is required before informing the media and the public about the opening, status or closing of the ACF.

☐ Consider developing relationships with radio and television stations, cellular phone, internet and other media providers.

☐ Once the ACF is ready to open, state and local representatives, healthcare providers, community leaders and the public should be informed about the ACF's readiness. Messages regarding the opening of the ACF should:

- Clearly convey the purpose and scope of services at the ACF
- Clearly state the location of the ACF
- Provide instructions regarding
  - Parking
  - Visiting
  - Necessary identification to enter the ACF
  - Relevant security protocols
  - Patient criteria

☐ During the operations of the ACF, there should be "status" messages to the public. These messages should include information about any changes in the scope of services at the ACF, patient criteria, need for volunteers, the need for supplies or equipment, etc.

☐ After the decision is made to de-activate and close the ACF, there should be clear messaging regarding the ACF's closure. The closing messages communicated to the public should explain the reason for the decision to de-activate and close, and should provide detailed information regarding:

- The date and time of closure;
- The time the last patient will be accepted for care;

- Where patients should seek care after the ACF is closed;
- Patient pick up locations; and
- The disposition of any patient belongings left on site after closure and a method for obtaining these items.

SECTION 13. EXERCISING AND UPDATING THE ACF PLAN

Once the Planning Team has completed a sufficiently detailed draft of the plan, the Planning Team and a small group should exercise the plan. A tabletop or functional exercise will help highlight areas that have not been adequately addressed in the plan and identify parts of the plan that need refinement. The ACF plan should be amended after the exercise to incorporate lessons learned during the exercise.

When the ACF plan is finalized, the Planning Team—or organization responsible for the plan before it is implemented—should periodically review and exercise the plan to keep its requirements fresh in the minds of those charged with implementing the plan.

Further, because people, organizations, laws and regulations change over time, the ACF plan should be reviewed periodically to identify and revise areas that should be updated to reflect such changes.

Finally, the ACF plan should be reevaluated after implementation during a disaster and revised accordingly.