

PHILEP

**Public Health Infrastructure
Laboratories and
Emergency Preparedness**



NJ Preparedness Initiatives Webinar October 2, 2013



Agenda

- **Opening Remarks:** *Mary O'Dowd MPH, Commissioner of Health*
- **Department of Children and Families Shelter Initiative:**
Commissioner Allison Blake, Department of Children and Families
- **NJDOH Alternate Care Site (ACS)/
Expanded Treatment Area (ETA)
Planning Template:** *Paula Van Clef MPH*

Department of Children and Families Shelter Initiative

*Commissioner Allison Blake
Department of Children and Families*

- Sheltering Guidelines for Children and Families:
<http://nj.gov/dcf/home/Sheltering%20Guidance%20for%20Children%20and%20Families.pdf>

Overview of the ACS/ETA Planning Template

Objectives

- Overview of the NJDOH ACS/ETA Planning Template
- How to Access the Document
- Questions

Background

- NJDOH and federal partners have identified the need for alternate care sites during public health emergencies
- Medical Surge is a continued focus of the ASPR and CDC PHEP grants
- Hospital and/or regional alternate care sites and operational planning have been developed in a few areas of New Jersey (funded through grants and preparedness projects)

Our Team

■ ***Project Timeline:***

November 2010 to present

- NJDOH formed the Alternate Care Workgroup and Alternate Care Planning Team to develop an Alternate Care Site/Expanded Treatment Area Planning Template

■ ***Expertise:***

- Public Health Infrastructure, Laboratories and Emergency Preparedness (PHILEP)
- Division of Health Facilities Evaluation and Licensing



Alternate Care Workgroup

Christopher Rinn, Assistant Commissioner, PHILEP

Facilitator: Paula Van Clef, Regional Public Health Planner*

- Jim Bruncati
- Drew Collot *
- Sally Flanagan
- Karen Fox
- Alison Gibson
Acting Assistant
Commissioner,
Division of Health Facilities
Evaluation and Licensing
- Kevin Hayden
- Danielle Herring *
- Shawn Hester-West
- Dana Johnson



- Kevin McNally
- Jim Langenbach
- Gil Ongwenyi
- Clayton Scott *
- Andy Snyder
- Cathy Vacirca*
- Lois Yannick

*Also members of the
Alternate Care
Planning Team

Focus Groups

- Six regionally-based focus groups conducted in June 2012 by Rutgers University Office of Continuing Professional Education for NJDOH-PHILEP
- ***Thank you*** to all focus group participants for reviewing the planning template and providing candid, confidential feedback
- Your participation is appreciated!



Purpose of Planning Template



- Provide guidance to healthcare facilities and communities for alternate care site planning in response to medical surge emergencies
- Assist New Jersey's healthcare facilities and communities in developing plans/procedures to establish ACSs/ETAs
- ***This is a guidance document, planning tool and resource, and is not a mandate.***

Alternate Care Sites (ACS)

- Off-campus *community-based* locations owned or operated by entities other than the healthcare facility to which lower acuity healthcare facility patients may be directed for treatment

- Community-based sites
- Includes facilities not licensed to provide healthcare services
- Sites to be converted to provide patient care during medical surge



Expanded Treatment Areas (ETAs)

- Additional areas on campus or off-campus at locations owned or operated by the healthcare facility to which lower acuity patients are admitted or transferred from the healthcare facility for treatment



- Healthcare facility based sites
- Acute healthcare facilities
 - Tents in parking lots
 - Triage sites setup by EMS
 - Any temporary space set up for patient care
- Long-Term Care facilities
- Rehabilitation Hospitals
- FQHCs (on-site only & mobile van)
- Home Care (receives discharges from hospitals)

Table of Contents

- Executive Summary
- Initial Planning Considerations
- Administrative Section
- Potential Operations Checklist
- Operations Section
- Resource Documents



New Jersey Department of Health



Photo Credit: Sally Phillips, RN, PhD, June 8, 2008, Agency for Healthcare Research and Quality, Rockville, MD

Alternate Care Site/Expanded Treatment Area
Planning Template



Flexible

- Scalable in size for the number of beds, medical supplies, equipment and medicines
- Can be adjusted based upon available resources or the medical surge emergency
- Specific considerations, concerns and resources to be addressed in each facility's/community's ACS/ETA Plan

Purpose of ACS/ETA

- Established in anticipation of all other healthcare resources being *exhausted*
– *a step of last resort*
- Absorbs patient surge until it can be managed by the healthcare continuum
- Care based on available resources and event
- Limited services – austere care



Scope of Care

- Scope of care is not prescriptive
- Healthcare facilities and communities will determine how they will address alternate care within their jurisdictions, in conjunction with their planning partners



Potential Scopes of Care

SCOPE OF CARE	OBJECTIVE
Delivery of ambulatory/chronic care/special medical needs	Decompress emergency department
Receiving site for healthcare facility discharge patients (non-oxygen-dependent)	Decompress healthcare facility inpatient beds
Inpatient care for moderate-acuity (non-oxygen-dependent) patients	Used instead of healthcare facility inpatient beds
Sequestration/cohorting of “exposed” patient population	Protection of healthcare facility from exposure to potentially infectious patients
Delivery of palliative care	Used instead of healthcare facility inpatient beds

Planning for ACSs/ETAs

- Healthcare facilities
 - Hospitals
 - Long-term care facilities
 - FQHCs
 - Rehabilitation hospitals
 - Home healthcare agencies
 - Other healthcare facilities
- Communities



ACS/ETA Plan Activation



- ETAs are activated by healthcare facilities
- ACSs may be activated by healthcare facilities *or* Offices of Emergency Management (OEM)
- Healthcare facilities and communities should develop plans and standard operating procedures (SOPs) to address medical surge and alternate care
- Plans and procedures should be detailed and employ the three-tiered contact concept



Establish a Dialogue

- Plan with response partners to establish a dialogue about agency roles during medical surge emergencies
- Partners may include:
 - Healthcare facilities
 - Offices of Emergency Management (OEM)
 - Emergency Medical Services (EMS)
 - Local Health Departments
 - Local Information Network Communication System (LINCS) Agencies
 - New Jersey Medical Reserve Corps (NJMRC)/ Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)
 - Community Emergency Response Teams (CERT)
 - New Jersey Chapter of the American Red Cross
 - Salvation Army
 - Local non-governmental community entities serving diverse communities
 - Other Agencies



Plan Early for Liability Coverage

- The ACS/ETA Planning Template does not provide liability coverage
- Healthcare facilities or communities should explore liability coverage for ACS/ETA planning
- Address early in ACS/ETA planning



Potential Sites

- Aircraft Hangers
- Churches
- Community or Recreation Centers
- Convalescent Care Facilities
- Extended Care Facilities



- Government Buildings
- Hotels/Motels/Bed and Breakfasts
- Meeting Halls
- National Guard Armories
- Schools
- Sports Facilities

Site Selection Considerations

- Infrastructure
- Total Space and Layout
- Utilities
- Communication- phones, IT, internet access
- Memorandum of Understanding (MOU)
- Other emergency designations for site already in place?
Contact OEM



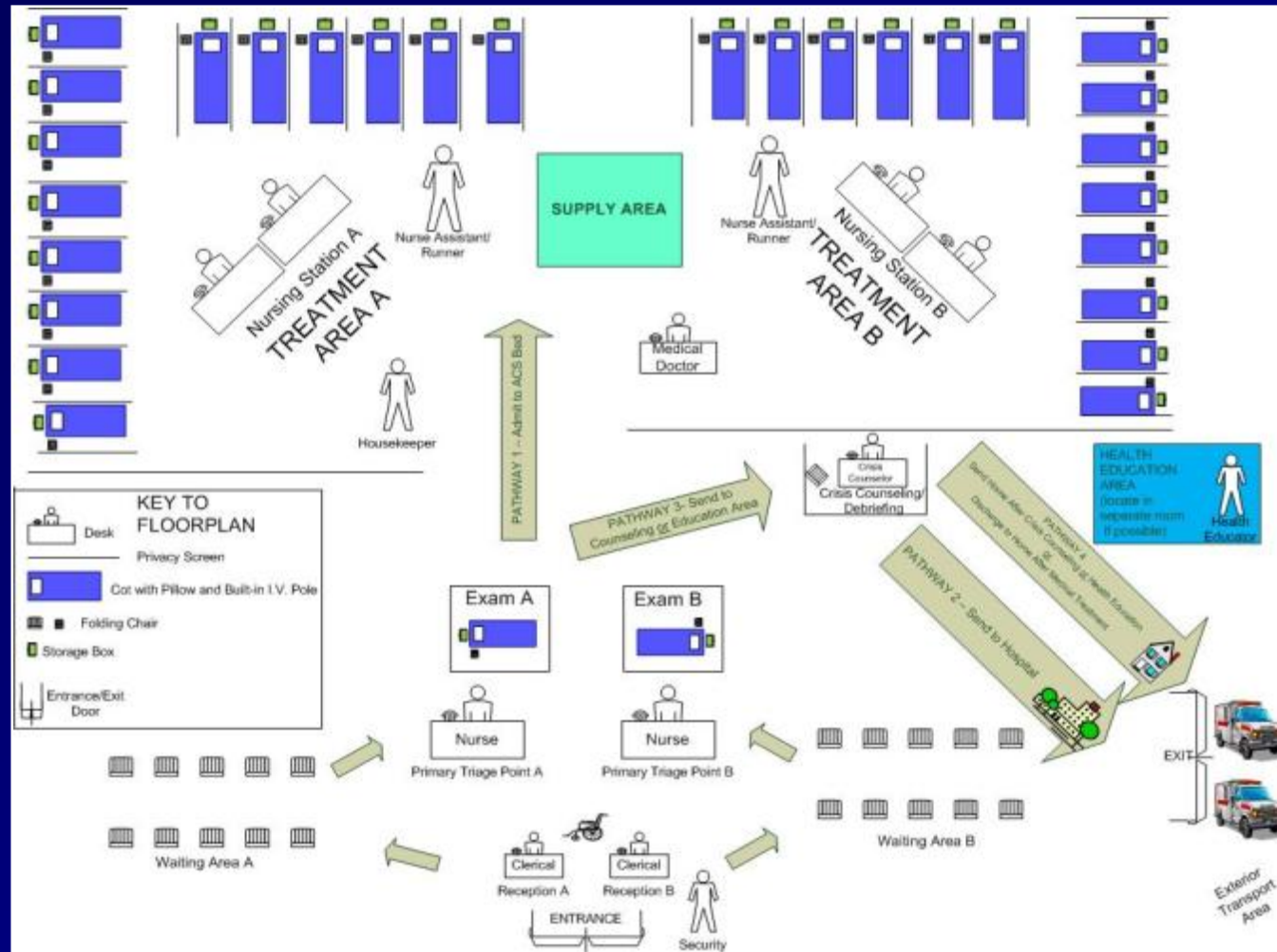
Facility Assessment Checklist

FACILITY ASSESSMENT CHECKLIST														
Alternate Care Site(ACS)/ Expanded Treatment Area (ETA) Facility Assessment Checklist	North Hedges	Cherokee	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development
	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development	Community Development
Infrastructure														
Door sizes adequate for ambulances														
Floors														
Loading Dock														
Parking for staff and visitors														
Roof														
Toilet														
Facilities/showers (if)														
Ventilation														
Walls														
Total Space and Layout														
Auxiliary spaces (Rx, exam rooms, chapel, equipment storage area)														
Family Area														
Food supply and prep area														
Lab specimen handling area														
Mortuary holding area														
Patient decontamination area														
Pharmacy area														
Staff areas														
Utilities														
Air Conditioning														
Electrical power (backup?)														
Heating														
Lighting														
Refrigeration														
Water (hot?)														
Communications														
Communication (# phones, location, distance, intercom)														
Two-way radio capability to main facility														
Wired for IT and Internet Access														
Other Services														
Ability to lock down facility														
Accessibility proximity to public transportation														
Biohazard & other waste disposal														
Laundry														
Ownership/other uses during disaster														
Oxygen delivery capability														
Proximity to main hospital														
Total Rating/Ranking (Largest # indicates best site)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rating System	5 = Equal to or same as hospital. 4 = Similar to that of a hospital, but has SOME limitations (i.e. quantity/condition). 3 = Similar to that of a hospital, but has some MAJOR limitations (i.e. quantity/condition). 2 = Not similar to that of a hospital, would take modifications to provide. 1 = Not similar to that of a hospital, would take MAJOR modifications to provide. 0 = Does not exist in this facility or is not applicable to this event.													

What does an ACS/ETA look like?



ACS/ETA Floor Plan



ACS/ETA Areas

- **Reception-** Persons are greeted and registered
- **Waiting Area-** Equipped with chairs for persons waiting to go to Primary Treatment Point
- **Primary Treatment Point-** Initial medical assessment by RN
- **Exam-** Where RN performs initial examination
- **Treatment Area-** Medical treatment provided to patients. Area equipped with:
 - cots, pillows, IV poles, folding chairs, privacy screens



ACS/ETA Areas

- **Nursing Station-** Area in Medical Treatment Area for patient charting and preparation of medical treatment and medication. Staffed by RN and Nurse Assistant
- **Medical Doctor Area-** Station for physician
- **Supply Area-** Storage of medical supplies/medications
- **Crisis Counseling-** Worried-well are counseled and provided with self-care instructions

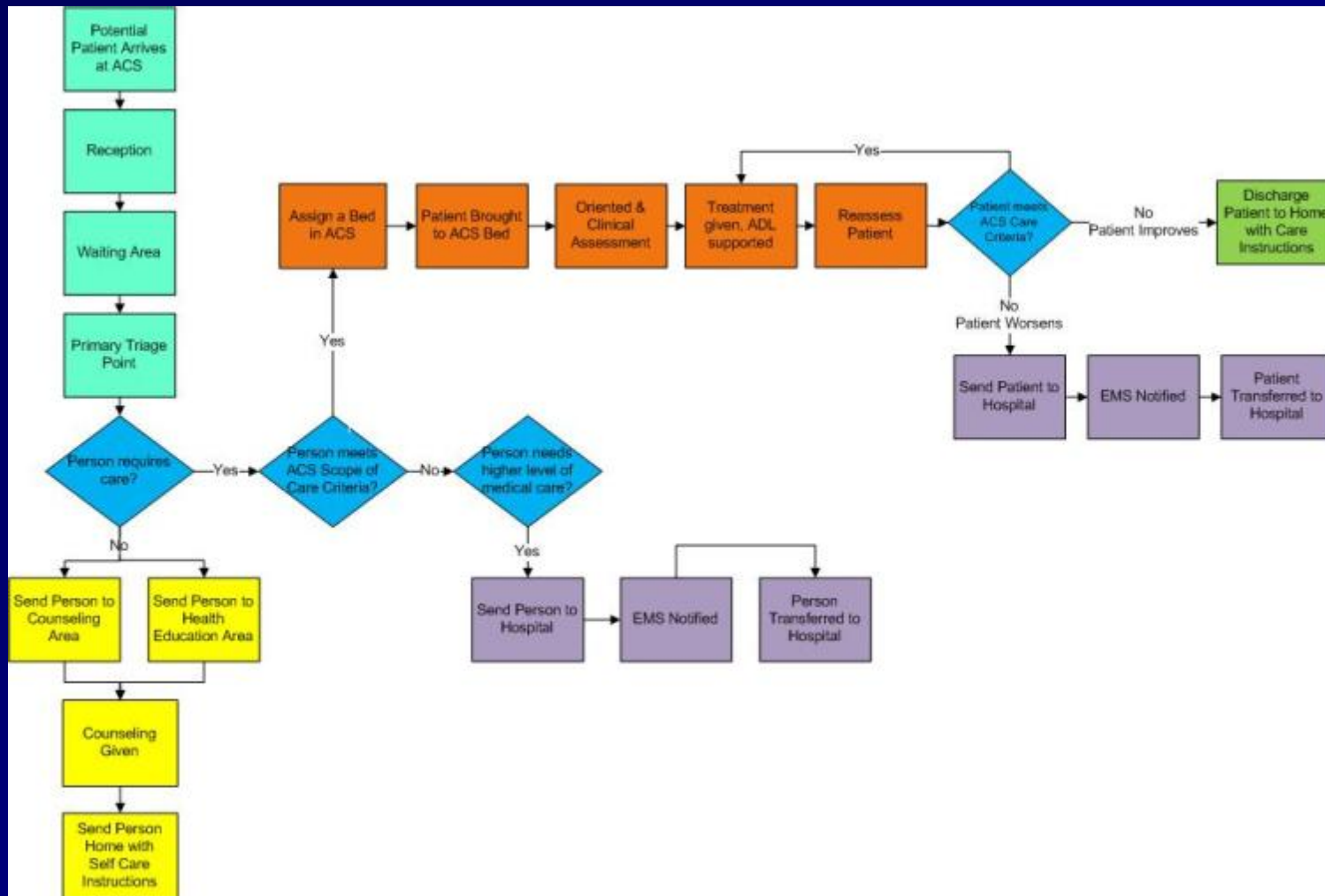


ACS/ETA Areas



- **Exterior Transport Area-** Ambulances are staged for transport of the acutely ill to acute healthcare facilities
- **Education Area-** Groups of worried-well persons are educated and sent home with self care instructions
- **Security-** Maintains safe, secure environment, crowd control, guards medical supplies and equipment, handles disturbances

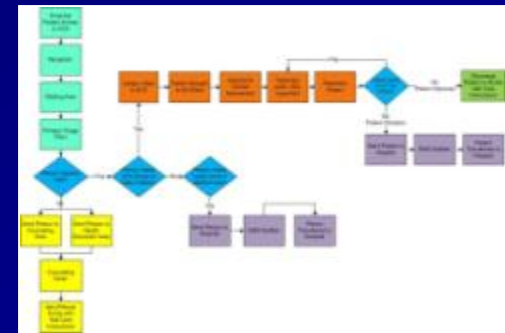
ACS/ETA Patient Flow Algorithm



ACS/ETA Patient Flow Algorithm

Describes the movement of persons presenting to the ACS/ETA:

1. Reception
2. Waiting Area
3. Primary Triage Point-area for triage

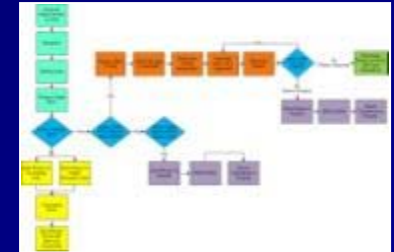


ACS/ETA Patient Flow Algorithm

4. Conditional Steps

a. Treatment Area

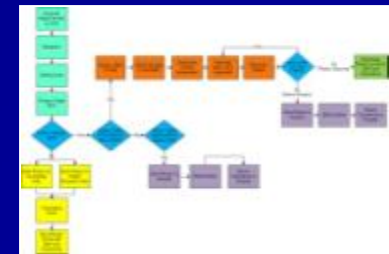
- Person meets the ACS/ETA scope of care
- Bed assigned in the ACS/ETA
- Patient oriented and given clinical assessment
- Treatment provided/activities of daily life (ADLs) supported
- Patient reassessed with the following steps:
 - Patient continues to meet ACS/ETA scope of care criteria, continue treatment and support ADLs
 - Patient improves, discharge to Home/Shelter with care instructions
 - Patient worsens, transfer to Hospital via EMS



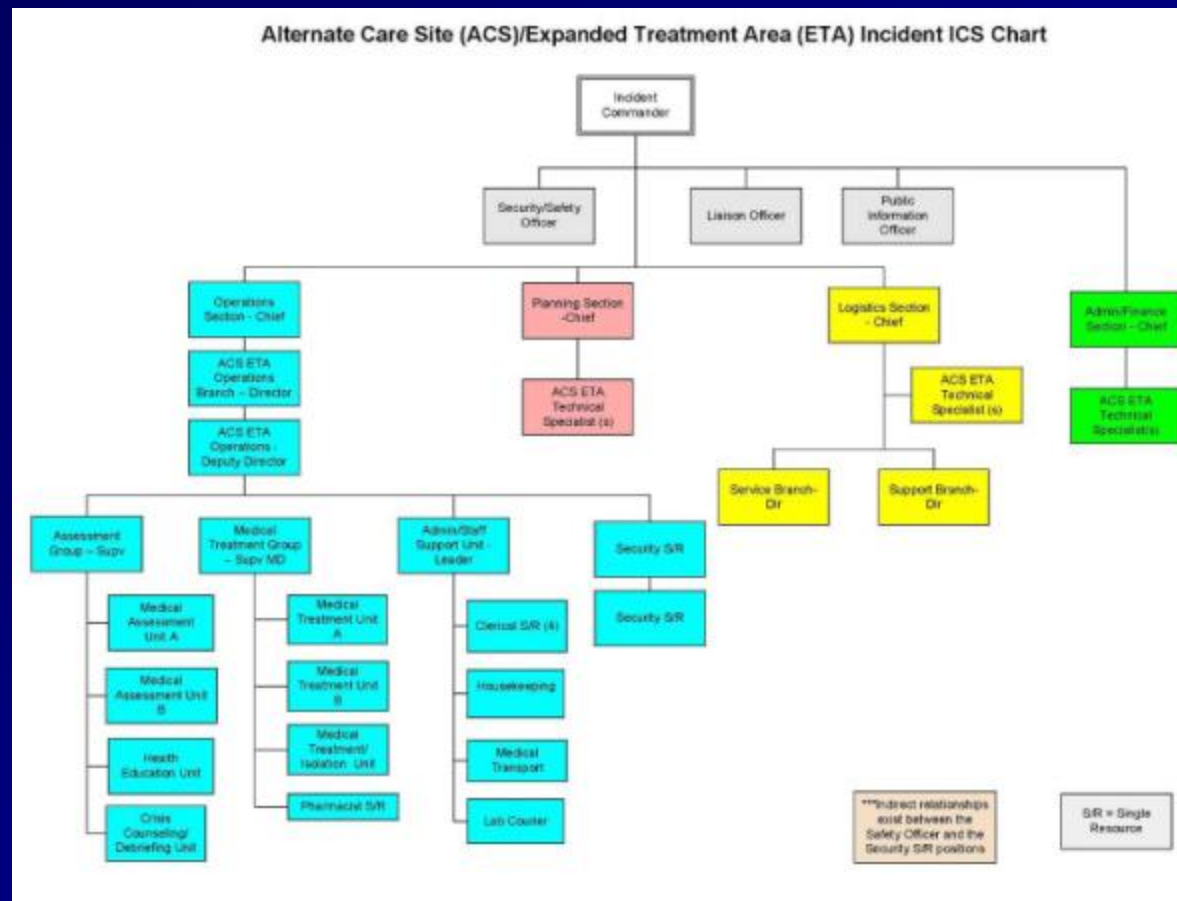
ACS/ETA Patient Flow Algorithm

Conditional Steps (continued)

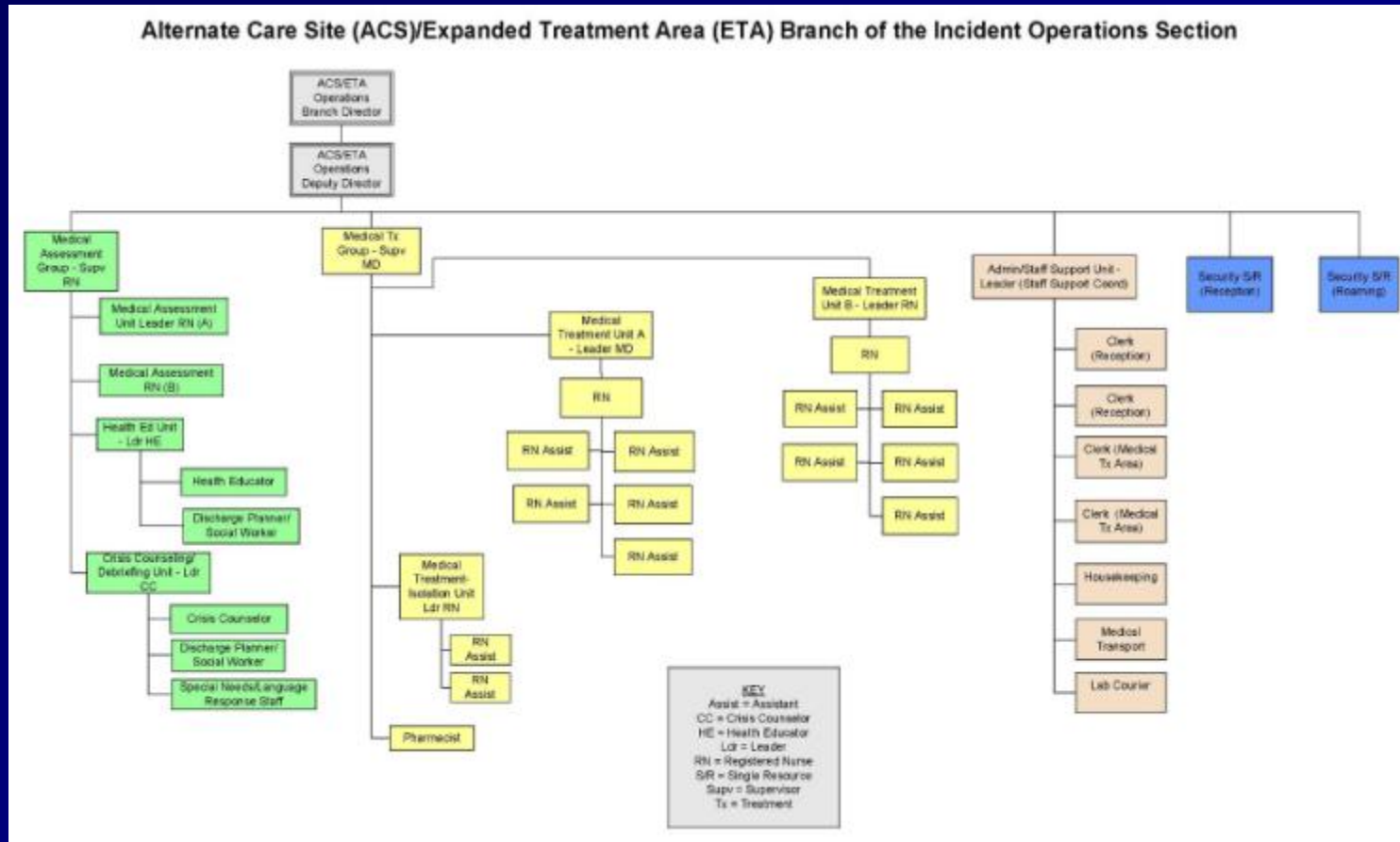
- b. **Hospital**- Person does not meet ACS scope of care and needs a higher level of medical care, transport to Hospital via EMS
- c. **Counseling Area**- Person does not need medical treatment and is 'worried well', provide counseling and send to Home/Shelter with self-care instructions
- d. **Education Area**- Groups of people who do not need medical treatment and are 'worried well', provide education in the Education Area and send to Home/Shelter with self-care instructions



Organizational Chart for ACS/ETA- Incident



Organizational Chart for ACS/ETA- Operations



Job Action Sheets

ACS/ETA OPERATIONS BRANCH DIRECTOR	
You Report To: _____ (Operations Section-Chief)	
You Supervise: _____ (ACS/ETA Operations Deputy Director)	
Command Center: _____ Telephone: _____	
Mission: Responsible for overall ACS/ETA Site operations.	
SHIFT CHECKLIST	
Immediate: Initial actions to be done upon site activation	
	Locate, review and implement the ACS/ETA Plan
	Form an Incident Management Team, appoint team members
	Receive briefing from Operations Section-Chief, local EOC or joint Public Health EOC/local EOC, Health Care Facility CEO/Medical Director
	Oversee the setup and supply of ACS/ETA units/stations according to the ACS/ETA Floor Plan
	Establish/implement medical/treatment protocol/safety plans
	Review Job Action Sheets
	Establish admission and discharge criteria for ACS/ETA
	Determine staffing needs, acquire appropriate resources
	Assure that ACS/ETA operations positions are assigned
	Confirm internal/external lines of communication and authority
	Establish site communications (telephone, fax, cell phone, 2-way radio, runners)
	Establish procedure to verify staff/volunteer credentials and identification
	Review chain of command, decision making, problem solving processes
	Schedule staff, EOC, media reports and briefings
Ongoing: Responsibilities and actions to assure effective site operations	
	Maintain briefing and communication schedule with site staff, EOC/ Health Care Facility
	Update status reports/status board
	Monitor site care for treatment concerns
	Consult with ACS/ETA Operations Section-Chief regarding complicated patient issues/concerns
	Resolve staff/procedural concerns or conflicts
	Provide EOC/Health Care Facility with updates as to site activity

Just in Time (JIT) Training

- Introduction
- Scope/Overview of Event
- Overall JIT Checklist: (*Purpose, Background, Procedure*)
- JIT Training on Basic ICS Principles
- Organizational Map/Charts
- ICS Positions
- Individual Station Training
- JIT Checklist for Supervisors
- How to Emergencies
- JIT Lead Controller Script
- Conclusion



Public Information

- Important to communicate with the public about the ACS/ETA
- Risk Communication Messages
 - Television & Radio- Emergency Broadcast Messages
 - Office of Emergency Management
 - Reverse 911 Communication Systems
- Develop sample messages:
 - “The hospital is filled beyond capacity- please do not go there unless you are having a life-threatening emergency”
“Please go to the ACS/ETA for evaluation and treatment”





Challenges

■ Staffing

- Difficult for healthcare facilities to dedicate staff for alternate care operations - either at the healthcare facility or at a site within the community

■ Standardization of Alternate Care Plans

- Each healthcare facility/community alternate care plan/SOP will be different due to locally available resources
- However using the ACS/ETA Planning Template will make them look similar

How to Access the Document



LINCS Message

- LINCS message to contain information about how to access the ACS/ETA Planning Template:
 - Hospitals
 - Long-Term Care Facilities
 - Federally Qualified Health Centers (FQHCs)
 - Local Health Departments & LINCS Agencies
 - Medical Coordination Centers (MCCs)
 - Professional Organizations – Listserves

NJDOH Web Page

- Planning template, forms, charts and diagrams are downloadable in Microsoft Office format
- You may customize the template and supporting documents to meet your jurisdiction's needs
- Visit http://www.nj.gov/health/er/acs_planning.shtml to download the planning template documents



NJDOH ACS/ETA Widget

- A NJDOH ACS/ETA Planning Template widget has been developed for use by your organization
- Accessible at:
<http://www.nj.gov/health/widgets/share.shtml>



Questions

Contact Information

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