# Chapter 5

# Planning for Heavy Surge, Part 1

***The Issue:*** *When we have changed from a "business-as-usual" healthcare delivery model to one that expands the role of alternate care, how will public health, healthcare, emergency management, and other partners cooperate to effectively deliver care within the community?*

## Overview

### Introduction

The previous chapter focused on how your community's healthcare system manages moderate surge—an increase in patients and healthcare demand that can be managed within existing facility capabilities and capacities without disturbing or curbing day-to-day services—while still operating within day-to-day operational capabilities. In that chapter, you and your planning team were prodded to start thinking about different scenarios that are likely to occur in your community and how these scenarios will impact planning for moderate surge. You then surveyed your community healthcare providers to determine how these scenarios would impact their plans for moderate surge, and you summarized and validated this survey information to develop a report card on moderate surge planning in your community. With the aid of your community coalition, you then identified gaps in moderate surge planning that needed to be addressed before trying to focus on heavy surge planning, which is the subject of this chapter.

For the purposes of this *Framework*, heavy surge is defined as an increase in patients and healthcare demand that cannot be managed on a daily basis, interrupts day-to-day healthcare services, and, therefore, requires an expansion of the provision of care[[1]](#footnote-1) beyond day-to-day capabilities and capacities. This expansion requires the assistance of other healthcare providers or supporting partners in the community, which explains the main difference between moderate surge and heavy surge. Moderate surge is facility focused and can be managed within existing facility capabilities and capacities. On the other hand, heavy surge management is community focused and expansion requires the assistance of others.[[2]](#footnote-2)

An example of an event that could cause heavy patient surge on your community's healthcare system is a severe influenza pandemic in which, for an extended period of time, the number of patients seeking medical care exceeds the capabilities and capacities of your community healthcare system. As a result, your community would need to develop a framework or strategy to address the change from a business-as-usual MOC to one that expands the role of your community's healthcare system and those partners that support it. This framework or strategy is referred to as an alternate[[3]](#footnote-3) care system.

Your community needs to develop an alternate care system because medical and healthcare systems in the United States face an increasing probability of major emergencies or disasters involving human casualties. These types of events will severely challenge your community's ability to adequately care for large numbers of patients (medical surge capacity) as well as care for those patients with unusual or highly specialized medical needs (medical surge capability). As a result, your community's strategies for addressing the challenges of medical surge capacity/capabilities will require a systematic approach to meet patient needs that challenge or exceed normal operational abilities, while preserving quality of care and the integrity of the healthcare system.

### Definitions

**System vs. Site[[4]](#footnote-4)** An alternate care *system* and an alternate care *site* are not mutually exclusive. The "system" of healthcare delivery is set up for the provision of medical care during a medical surge that has overwhelmed the existing healthcare system. It involves the redirection of noncritical patients to nonhospital healthcare facilities (e.g., existing clinics and urgent care settings) as well as considers the opening of a healthcare site apart from the existing healthcare facilities. What the "system" strategy attempts to do is to determine how the capacity as well as capabilities or services provided at existing facilities could be enhanced. For example, surgical centers that normally do outpatient surgeries on a day-to-day basis may be able to provide trauma care in a blast injury scenario in coordination with local hospitals in your community. Should those existing facilities reach their capacity to manage patients, a community might consider opening a new site to deal with additional patient flow.

**Medical Surge[[5]](#footnote-5)** The ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community (through numbers or types of patients). It encompasses the ability of healthcare organizations to survive a hazard impact and maintain or rapidly recover operations that were compromised (a concept known as medical system resiliency).

**Medical Surge Capacity[[6]](#footnote-6)** The ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds the normal operating capacity

**Medical Surge Capability[[7]](#footnote-7)** The ability to manage patients requiring unusual or very specialized medical evaluation and care. Surge requirements span the range of specialized medical services (expertise, information, procedures, equipment, or personnel) that are not normally available at the location where they are needed.

**Options** The range of healthcare strategies available to a community from which to select in order to safely alter the provision of care during heavy surge

### HPP/PHEP Capabilities Addressed by This Chapter

The HPP and PHEP capabilities listed below are addressed by this chapter.

**HPP**

*Capability 1: Healthcare System Preparedness*

*Capability 6: Information Sharing*

*Capability 10: Medical Surge*

*Capability 15: Volunteer Management*

**PHEP**

*Capability 1: Community Preparedness*

*Capability 6: Information Sharing*

*Capability 7: Mass Care*

*Capability 9: Medical Materiel Management and Distribution*

*Capability 10: Medical Surge*

*Capability 11: Nonpharmaceutical Interventions*

*Capability 15: Volunteer Management*

### What to Expect After Completing This Chapter

* You will have a plan for your community that outlines strategies for expanding the role of your healthcare system to deal with a heavy surge in patients during a large-scale disaster or emergency.
* You will have a better understanding of how your community's day-to-day delivery of healthcare and moderate surge plans (developed in the previous two chapters) can be modified to meet the needs of your community during a severe, medical surge event.
* The relationships and partnerships you developed when working through Chapter 2 (Building Planning Teams and Coalitions) will be enhanced by the communication and coordination activities required to complete this chapter.

### Applicability and Scope

Developing a heavy surge plan is applicable to all communities regardless of demographic or geographic descriptions and limitations. Additionally, your heavy surge plan should incorporate all core and noncore partners represented within your community's healthcare delivery system.

### Assumptions

* Your planning team has worked through Chapter 4 – Planning for Moderate Surge. (If you have not, you may not be able to complete this chapter.)
* Many different emergency scenarios can result in activation of this heavy surge plan.
* The community heavy surge plan you develop in this chapter will be activated in a collaborative effort between public health, healthcare, and emergency management partners in the community.
* Medical material and medical professionals will be scarce when the community healthcare system is stressed.
* Your community may have limited capability for treatment of impacted patients(e.g., severe burn or trauma injuries, chemical exposures).
* You community has limited availability of additional supplies.
* Some resources may be available through mutual aid agreements.

### Issues and Barriers to Consider

* Drafting a heavy surge plan will not be easy or straightforward. The process requires an extended time commitment. Communities can spend several years developing and revising plans; therefore, do not be discouraged as you begin working through the concepts in this chapter.
* Developing a heavy surge plan requires communication and collaboration with the partners represented on your community coalition. Maintaining this communication and collaboration throughout the heavy surge planning process may be difficult because the process requires an extended commitment of time and effort.
* Some of the planning options/tasks described in this chapter may require approval from federal (e.g., Centers for Medicare and Medicaid Services [CMS]) and state regulators. You should only approach them for approval when you can tell them exactly what you plan to do.
* You and your planning team may experience "push back" or a lack of buy-in from community decision makers or political leaders.
* Communities vary in size and availability of resources. Your community may have to partner with another community or communities (i.e., share resources) to develop a heavy surge plan.
* The engagement of some partners may require approval of leadership at a national level or higher organization level (e.g., national chain pharmacies).

## Developing Your Heavy Surge Plan

### Overview

Developing a heavy surge plan requires the cooperation of public health, healthcare, emergency management, and other agencies and organizations to effectively deliver care within the community. Components of a heavy surge plan may include implementing strategies to keep mildly ill persons at home; coordinating and communicating where those in the community should seek care; determining roles of alternate care sites in responding to community healthcare demands through collaboration with nonhospital-based organizations; and allocating scarce resources using triage algorithms that consider ethical and legal implications.

A heavy surge plan is developed through a systematic process that includes a comprehensive, community-wide resource assessment (conducted in Chapter 2 using the CAT) and development of community agency/organization-specific profiles (conducted in Chapters 3 and 4). This process provides an opportunity for community partners to exchange information and seeks to advance planning for a coordinated healthcare and public health response to any emergency in any community. This coordinated approach provides an opportunity for partners to identify and address issues associated with setting up and operating an alternate care system in the community, such as fire code regulations that prohibit setting up a tent in a hospital parking lot for use as an alternate care site.

### Planning Approach

Your approach to developing an alternate care system plan for your community depends on the level of planning completed to date in your community. Some communities may have developed an alternate care system plan; some may not have developed a plan. Some plans that have been developed may need to be improved or refined. Some plans may be specific to the response to an influenza pandemic, but won't be applicable to other scenarios that you determined as likely to impact your community. As a result, the first thing you and your planning team must do is identify and review existing plans in your community to see if they are still applicable and usable. The second thing to do is to develop alternate care system plans to cover each scenario likely to impact your community.

### Documenting and Reviewing Existing Plans

Your community's hospitals may have already developed alternate care site/facility plans to satisfy The Joint Commission or HPP requirements.[[8]](#footnote-8) Likewise, your community's public health departments may have already developed plans for points of dispensing (PODs). If you performed your community assessment using the CAT(as suggested in Chapter 2 – Building Planning Teams and Coalitions), you will have completed a section on alternate care sites. Please use the information you gathered from that assessment to complete this part of the chapter.

#### Identify Existing Plans

Use *Worksheet 5.1 – Existing Alternate Care System/Site/Facility Plans* below to list any existing alternate care system or alternate care site/facility plans for your community. Consider hospital plans, POD plans developed by your local Strategic National Stockpile coordinator, vaccine clinics, or other places where healthcare is administered or medications are dispensed.

**Worksheet 5.1 – Existing Alternate Care System/Site/Facility Plans**

**Instructions:** In the space provided, enter the name of the plan, the type of plan (system, site, or facility), the agency (or agencies) or organization(s) that developed and oversee the plan, and the date that the plan was last updated.

| **Plan Name** | **Type of Plan** | **Developer/Overseer** | **Last Updated** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
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#### Review Existing Plans

Now that you have identified the plans that exist in your community, use *Worksheet 5.2 – Existing Plan Checklist* on the next page to review each plan and identify unaddressed needs and gaps in planning for each scenario you determined as likely to impact your community. Carefully review each plan and consider each question with your planning team before answering it.

**Worksheet 5.2 – Existing Plan Checklist**

**Instructions:** Complete this checklist for each existing plan that you and your planning team review.

**Reviewer(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL**

| **Questions** | **Yes** | **No** |
| --- | --- | --- |
| Does the plan address this scenario? | 🞏 | 🞏 |
| If the plan does not address this scenario, can it be modified to address the scenario? | 🞏 | 🞏 |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SERVICES**

| **Question** | **Yes** | **No** |
| --- | --- | --- |
| Does the plan outline the scope of care or services that will be provided by the system or at the site? | 🞏 | 🞏 |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LEADERSHIP/MANAGEMENT**

| **Questions** | **Yes** | **No** |
| --- | --- | --- |
| Does the plan identify the trigger(s) for activating the system or setting up the site? | 🞏 | 🞏 |
| Are all pertinent healthcare provider and supporting agencies/organizations represented in the plan? | 🞏 | 🞏 |
| Are healthcare provider and supporting agency/organization roles and responsibilities identified in the plan? | 🞏 | 🞏 |
| Does the plan identify the lead agency/organization responsible for monitoring and managing the site? | 🞏 | 🞏 |
| Does the plan identify how the site will interact with your community's EOC? | 🞏 | 🞏 |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SPACE**

| **Questions** | **Yes** | **No** |
| --- | --- | --- |
| Are the sites identified in the plan still available/usable? | 🞏 | 🞏 |
| Has each site undergone an assessment to determine its adequacy to serve as an alternate care facility/site? | 🞏 | 🞏 |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STAFF**

| **Questions** | **Yes** | **No** |
| --- | --- | --- |
| Does the plan identify the medical staff needed to operate the site? | 🞏 | 🞏 |
| Does the plan identify who will provide these staff? | 🞏 | 🞏 |
| Does the plan identify the nonmedical staff (e.g., administrative, security) to operate the site? | 🞏 | 🞏 |
| Does the plan identify who will provide these staff? | 🞏 | 🞏 |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STUFF**

| **Questions** | **Yes** | **No** |
| --- | --- | --- |
| Does the plan identify the medical supplies (e.g., beds, personal protective equipment) needed to operate the site? | 🞏 | 🞏 |
| Does the plan identify who will provide these supplies? | 🞏 | 🞏 |
| Does the plan identify the nonmedical supplies (e.g., chairs, desks) needed to operate the site? | 🞏 | 🞏 |
| Does the plan identify who will provide these supplies? | 🞏 | 🞏 |
| Does the plan take into account the essential necessities (e.g., food, water) for operating the site? | 🞏 | 🞏 |
| Does the plan identify who will provide these necessities? | 🞏 | 🞏 |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**AGREEMENTS**

| **Question** | **Yes** | **No** |
| --- | --- | --- |
| Does the plan account for the contracts, MOAs, MOUs, or MAAs needed to provide staff and supplies? | 🞏 | 🞏 |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EXERCISING**

| **Questions** | **Yes** | **No** |
| --- | --- | --- |
| Has the plan been exercised or used in response to an actual event? | 🞏 | 🞏 |
| Has the plan been improved as a result? | 🞏 | 🞏 |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FEASIBILITY**

| **Question** |
| --- |
| How feasible is the implementation of this plan in our community for this scenario? |
| 🞏 **Feasible** 🞏 **Somewhat Feasible** 🞏 **Somewhat Not Feasible** 🞏 **Not Feasible** |

**Reason for rating:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Summarize Your Findings

Now that you have reviewed all existing alternate care system or alternate care site/facility plans for your community using *Worksheet 5.2 – Existing Plan Checklist*, you need to summarize your findings so that you can present them to your community coalition. Use *Worksheet 5.3 – Existing Plan Recap* on the next page to complete this summary. Use one worksheet for each plan. The focus of your summary should be on questions that the coalition likely will ask, such as the questions provided below:

* Why/how will this plan work for each scenario?
* Why won't the plan work for each scenario?
* What are the common barriers/issues encountered with all of the plans as a whole? What needs to be done to address these barriers/issues?
* Can the plan be modified to work for a given scenario? If so, how can the plan be modified? How much work is involved?
* How can the coalition help the planning team with implementation of any of these plans?
* Which plan will yield the best return on investment (in terms of time, money, other expended resources, and community impact) if it is implemented?

**Worksheet 5.3 – Existing Plan Recap**

**Instructions:** Complete one worksheet for each plan you have reviewed. Using the information you compiled in *Worksheet 5.2 – Existing Plan Checklist*, determine the feasibility of implementing the plan in each of the scenarios you and your planning team identified as most likely to impact your community.

**Plan Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Feasibility of Implementation**

| **Scenario** | **Feasible** | **Somewhat Feasible** | **Somewhat Not Feasible** | **Not Feasible** |
| --- | --- | --- | --- | --- |
| 1. | 🞏 | 🞏 | 🞏 | 🞏 |
| 2. | 🞏 | 🞏 | 🞏 | 🞏 |
| 3. | 🞏 | 🞏 | 🞏 | 🞏 |

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Share Your Findings with Your Community Coalition

Use *Worksheet 5.3 – Existing Plan Recap* to brief your community coalition on the alternate care system or alternate care site/facility plans that exist in your community. As you brief the coalition, document your discussions with them in terms of their recommendations for implementing a particular plan or assistance that they can offer. Use *Worksheet 5.4 – Community Coalition Recommendations on Existing Plans* on the next page to document these discussions. Later, this worksheet will help to guide you and your planning team in adopting or adapting an existing plan for use in your community.

**Worksheet 5.4 – Community Coalition Recommendations on Existing Plans**

**Instructions:** Use this worksheet to document recommendations by the community coalition for implementing existing plans and to document assistance they can offer.

**Plan:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **This row is intentionally blank** | **This row is intentionally blank** |
| --- | --- |
| **Recommendation:** | To be filled in |
| **Assistance:** | To be filled in |
| **Notes:** | To be filled in |

#### Adopt or Adapt Existing Community Plans

After you and your planning team meet with your community coalition, you may decide to adopt or adapt an existing alternate care system or alternate care site/facility plan for use in your community for a particular scenario. You also may find that you will need to develop a new plan for other scenarios likely to impact your community. This task is covered in the next section.

### Developing an Alternate Care System Plan from the Beginning

Developing an alternate care system from the beginning *could be* a time-intensive process. Reading the case study on the work undertaken by Summit County, Ohio, planners to develop an alternate care system from the beginning (see Appendix D) will prove this point. Fortunately, the work CDC-HPA conducted with several communities should be useful to you and your planning team in completing this task. These communities have thoroughly discussed and debated the advantages and disadvantages of alternate care system options. A compilation of their work can be found in Appendix E. By building on their work, you and your planning team should be able to avoid devoting a great deal of time to developing an alternate care system plan from the beginning.

#### Identify Potential Alternate Care System Options

Here are the steps to take to identify potential alternate care system options:

1. Review the potential alternate care system options provided in this chapter and in Appendix E. Research other options as well. While reviewing each option, perform the following tasks:
	1. Determine if each option will work for each scenario you and your planning team identified as likely to impact your community. Additionally, determine if each option can be modified to work for each scenario.
	2. For each option, identify healthcare providers and supporting partners (regardless of whether they reside in your community) that should be involved in helping to implement each option for each scenario likely to impact your community.
	3. For each option, determine which healthcare providers and supporting partners are available in your community to help implement each option for each scenario likely to impact your community.
	4. Determine the physical resources needed to implement each option for each scenario likely to impact your community.
	5. Determine the feasibility of implementing each option for each scenario.
2. Use the information collected above to identify the top two or three options that could be implemented for each of the scenarios likely to impact your community.

#### Review/Research Potential Alternate Care System Options

CDC-HPA worked with Summit County, Ohio;[[9]](#footnote-9) Maricopa County, Arizona; and Oregon HPP Region 2 to discuss how to best develop an alternate care system for their communities. When discussing alternate care system options, CDC-HPA modified the options presented in "The Prospect of Using Alternative Medical Care Facilities in an Influenza Pandemic"[[10]](#footnote-10) as a means to focus discussion. Please note that these options were developed for managing surge during an influenza pandemic, but they may work for other scenarios likely to impact your community or be modified for implementation under those scenarios.

You and your planning team also may want to research other options that can be implemented in your community. If you identify other options, please use the blank template in Appendix F to provide the requisite information in order to be consistent with the predeveloped options.

The six options identified through CDC-HPA's work with communities are presented below along with a short description of each. More detailed information for each option is provided in Appendix E.

1. **At-Home Independent Care** – The goal of this option is to enhance the ability of self-sufficient persons and/or caregivers to continue independent care at home in order to decrease the surge on healthcare systems. An important aspect of this option is helping people determine when and how to stay home and when to seek outside care.
2. **An Alternate Site for Isolation of Patients in Need of Minimal Care** – This option calls for separating patients who require minimal medical care but are unable to be cared for at home.
3. **Expanded Role for Outpatient Care Facilities** – In this option, existing outpatient facilities will provide care to patients with minor injuries and illnesses in order to preserve critical hospital resources for the most severely impacted patients.
4. **Care for Recovering, Noncritical Patients** – Patients not ready to be sent home will be discharged from the hospital and transferred to "step-down" facilities (e.g., long-term care, rehabilitation facilities) in this option.
5. **Rapid Patient Screening and Triage Outside[[11]](#footnote-11) the Hospital ED** – This option calls for setting up primary triage sites outside of the hospital ED to minimize exposure of hospitalized patients to disease.
6. **Overflow Hospital** – The goal of this option is to set up an overflow hospital or facility to provide care for acutely ill patients who would otherwise be admitted to the hospitals. These alternate care facilities would replicate a full range of hospital services (these would need to be determined as well as based on resources that may or may not be available).

As you and your planning team review each option, use *Worksheet 5.5 – Alternate Care System Option Evaluation Guide* below to help you compare options for each scenario you determined as likely to impact your community in order to determine which option(s) will work best in your community for each scenario. This worksheet will help you collect the information described in 1a through 1e on page 121

**Worksheet 5.5 – Alternate Care System Option Evaluation Guide**

**Instructions:** Use this checklist as an evaluation guide for each alternate care system option under consideration for each scenario identified as likely to impact your community.

**Option:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Evaluation Questions** |
| --- |
| Will this option work for this scenario? 🞏 Yes 🞏 No |
| If not, can it be modified to work for this scenario? 🞏 Yes 🞏 No |
| If it can be modified, describe how it can be modified?Intentionally blankIntentionally blank |
| What healthcare providers or supporting partners do we need to implement this option? |
| What healthcare provider or supporting partners are available in our community to implement this option? (What is missing from the list above?) |
| What physical resources (e.g., space, medical supplies) are needed to implement this option? |
| Do we have these resources? If not, which resources do we not have? |

| **Feasibility Assessment** |
| --- |
| How feasible is the implementation of this option in our community? (Circle you answer.)FeasibleSomewhat feasibleSomewhat not feasibleNot feasible |
| What is the reason for this rating? |

#### Identify the Top Options to Be Implemented in Your Community

In this step you will review the information you collected in *Worksheet 5.5 – Alternate Care System Option Evaluation Guide* to determine which options could be implemented for each scenario likely to impact your community. Two worksheets are provided to help you make this determination. The first is *Worksheet 5.6 – Feasibility of Implementing Options* (on the next page). This worksheet will provide you with a snapshot of the feasibility of implementing each option for a given scenario, which will help in determining the top options to be implemented in your community.

**Worksheet 5.6 – Feasibility of Implementing Options**

**Instructions:** Write in the scenario likely to impact your community in the space provided. Next, review each *Worksheet 5.5 – Alternate Care System Option Evaluation Guide* that you and your planning team completed for this scenario. Check the ranking scale you gave each option on that worksheet in the applicable space below. Complete this worksheet for each scenario identified as likely to impact your community.

**Scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Options** | **Feasible** | **Somewhat****Feasible** | **Somewhat****Not Feasible** | **Not****Feasible** |
| --- | --- | --- | --- | --- |
| Option 1: At-Home Independent Care | 🞏 | 🞏 | 🞏 | 🞏 |
| Option 2: An Alternate Site for Isolation of Patients in Need of Minimal Care | 🞏 | 🞏 | 🞏 | 🞏 |
| Option 3: Expanded Role for Outpatient Care Facilities | 🞏 | 🞏 | 🞏 | 🞏 |
| Option 4: Care for Recovering, Noncritical Patients | 🞏 | 🞏 | 🞏 | 🞏 |
| Option 5: Rapid Patient Screening and Triage Outside the Hospital ED | 🞏 | 🞏 | 🞏 | 🞏 |
| Option 6: Overflow Hospital | 🞏 | 🞏 | 🞏 | 🞏 |
| Option 7: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 | 🞏 |
| Option 8: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 | 🞏 |
| Option 9: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 | 🞏 |

The second worksheet is *Worksheet 5.7 – Summary of Partners Involved with Each Option* (on the next page). The purpose of this worksheet is not only to give you a snapshot of all of the partners that would be involved in implementing each option, but also to let you see where partners are heavily involved with multiple options. For example, if your community's EMS system is involved in several options, then you and your planning team would have to consider the impact that implementing those options would have on the EMS system (i.e., increasing demand on EMS and limiting their ability to provide services).

**Worksheet 5.7 – Summary of Partners Involved with Each Option**

**Instructions:** Write in the scenario likely to impact your community in the space provided. Next, place a checkmark next to each provider/partner that would be involved in implementing each option for this given scenario.

**Scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Providers/Partners** | **Option 1: At-Home Independent Care** | **Option 2: An Alternate Site for****Isolation of Patients in Need of Minimal Care** | **Option 3: Expanded Role for****Outpatient Care Facilities** | **Option 4: Care for Recovering,** **Noncritical Patients** | **Option 5: Rapid Patient Screening and Triage Outside the Hospital ED** | **Option 6: Overflow Hospital** | **Option 7: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Option 8: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Option 9: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Local public health department | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| State public health department | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Public health clinics | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other public health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other public health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Hospitals | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Hospital EDs | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Hospital outpatient centers | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Veterans Affairs (VA) medical centers | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Federally Qualified Health Centers/free clinics | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| EMS | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Outpatient/retail clinics | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Community health clinics | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| School clinics | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Urgent care centers | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Primary care providers | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Home health providers | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Palliative care providers | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Long-term care/skilled nursing/assisted living providers | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Hospice care providers | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Behavioral health providers | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Pharmacies | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other healthcare provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other healthcare provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other healthcare provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other healthcare provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Emergency management agency | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Emergency operations center (EOC) | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Fire departments | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Law enforcement | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Public affairs/public information officers | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other emergency management: \_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other emergency management: \_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other emergency management: \_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| 2-1-1 | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| 3-1-1 | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| 9-1-1 | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Nurse triage lines | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other call center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Local government | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| State government | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other government agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other government agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N |   | Y/N | Y/N | Y/N | Y/N |
| American Red Cross | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Fatality management services | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Medical examiner/coroner | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Medical Reserve Corps | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Faith-based organizations | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Community-based organizations | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Volunteer organizations | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Homeless advocates | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other support service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Other support service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |

Review the two worksheets you just completed (*Worksheet 5.6 – Feasibility of Implementing Options* and *Worksheet 5.7 – Summary of Partners Involved with Each Option*) with your planning team. Discuss the options that you ranked as "Feasible" or "Somewhat Feasible" in terms of the partners involved with each option. Do you have any concerns with partners being involved with multiple options? If so, you may want to re-evaluate the feasibility of implementing any of the options you were considering. Once you and your planning team have thoroughly discussed any concerns you may have, use *Worksheet 5.8 – Potential Options Identified for Each Scenario* below to identify two or three that you think can be implemented for each scenario you identified as likely to impact your community.

**Worksheet 5.8 – Potential Options Identified for Each Scenario**

**Instructions:** Place check marks in the columns corresponding to the options that you and your planning team have determined are feasible or somewhat feasible for each scenario identified as likely to impact your community.

| **Scenario** | **Option 1: At-Home Independent Care** | **Option 2: An Alternate Site for****Isolation of Patients in Need of Minimal Care** | **Option 3: Expanded Role for****Outpatient Care Facilities** | **Option 4: Care for Recovering,** **Noncritical Patients** | **Option 5: Rapid Patient Screening and Triage Outside the Hospital ED** | **Option 6: Overflow Hospital** | **Option 7: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Option 8: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Option 9: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Scenario 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Scenario 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Scenario 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Review the Top Options to Be Implemented in Your Community with Your Coalition

You and your planning team should meet with your community coalition to review the information you used to reach a decision on potential options and to get their input and buy-in before proceeding further. Examples of the information you would want to share with the coalition include the following:

* *Worksheet 5.5 – Alternate Care System Option Evaluation Guide*
* *Worksheet 5.6 – Feasibility of Implementing Options*
* *Worksheet 5.7 – Summary of Partners Involved with Each Option*
* *Worksheet 5.8 – Potential Options Identified for Each Scenario*

You may find that the opinions of your coalition differ from your or your planning team's opinion. The point is that you want to find out about these differing opinions before you begin the task of developing an alternate care system plan for your community.

As you brief the coalition, document your discussions with them in terms of their recommendations for implementing a particular option or assistance that they can offer. Use *Worksheet 5.9 – Community Coalition Recommendations on Potential Options* below to document these discussions. Later, this worksheet will help to guide you and your planning team in adopting or adapting an existing plan for use in your community.

**Worksheet 5.9 – Community Coalition Recommendations on Potential Options**

**Instructions:** Use this worksheet to document recommendations by the community coalition for implementing alternate care system options and to document assistance they can offer.

**Option:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **This row is intentionally blank** | **This row is intentionally blank** |
| --- | --- |
| **Recommendation:** | To be filled in |
| **Assistance:** | To be filled in |
| **Notes:** | To be filled in |

#### Determine Roles and Responsibilities of Healthcare Providers and Supporting Partners for Each Option

Now that you have identified alternate care system options to implement in your community for each scenario and you have reviewed them with your community coalition, you will need to determine the roles and responsibilities of the healthcare providers and supporting partners (identified in *Worksheets 5.5 and 5.7*) for each option. Use *Worksheet 5.10 – Roles and Responsibilities of Healthcare Providers and Supporting Partners* below to document these roles and responsibilities for each provider/partner.

**Worksheet 5.10 – Roles and Responsibilities of Healthcare Providers
and Supporting Partners**

**Instructions:** Write in the scenario likely to impact your community in the space provided. Next, write in an option identified as feasible to implement in this given scenario below. Then list the providers/partners that would be involved in implementing this option. In the space provided, list the roles and responsibilities for each provider/partner in implementing this option.

**Scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Option:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Provider/Partner** | **Roles and Responsibilities** |
| --- | --- |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |

#### Validate Roles and Responsibilities of Healthcare Providers and Supporting Partners with Providers and Partners

The next step in this process is for you and your planning team to discuss these roles and responsibilities with the healthcare providers and supporting partners for validation. This validation process can be done by telephone, e-mail, face-to-face meetings, or a discussion-based drill or exercise. Once you and your partners are in agreement on roles and responsibilities, you can begin developing an alternate care system plan for each scenario likely to impact your community.

#### Develop an Alternate Care System Plan for Each Scenario Likely to Impact Your Community

You and your planning team are now ready to develop an alternate care system plan for each scenario likely to impact your community. Use *Worksheet 5.11 – Alternate Care System Planning Template* below as a guide for developing each plan.

**Worksheet 5.11 – Alternate Care System Planning Template**

**Instructions:** Write in the scenario likely to impact your community in the space provided. Next, write in an option identified as feasible to implement in this given scenario in the space provided. Then fill in the required information in each of the rows in this worksheet.

**Scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Option:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SERVICES**

| **Planning Task** |
| --- |
| Outline the scope of care or services that will be provided by the system or at the site. |

**LEADERSHIP/MANAGEMENT**

| **Planning Tasks** |
| --- |
| Identify the trigger(s) for activating the system or setting up the site. |
| Identify healthcare providers and supporting partners involved in the plan. |
| Identify roles and responsibilities of healthcare providers and supporting partners involved in the plan. |
| Identify the lead agency/organization responsible for monitoring and managing the system or site. |
| Identify how the system or site will interact with your community's EOC. |

**SPACE**

| **Planning Tasks** |
| --- |
| Identify a site(s) that is/are available and usable for this option. |
| Assess the site(s) to determine adequacy to serve as an alternate care facility/site. |

**STAFF**

| **Planning Tasks** |
| --- |
| Identify the medical staff needed to operate the site. |
| Identify the partners that will provide these staff. |
| Identify the nonmedical staff (e.g., administrative, security) to operate the site. |
| Identify the partners that will provide these staff. |

**STUFF**

| **Planning Tasks** |
| --- |
| Identify the medical supplies (e.g., beds, personal protective equipment) needed to operate the site. |
| Identify the partners that will provide these supplies. |
| Identify the nonmedical supplies (e.g., chairs, desks) needed to operate the site. |
| Identify the partners that will provide these supplies. |
| Identify the essential necessities (e.g., food, water) for operating the site. |
| Identify the partners that will provide these necessities. |

**AGREEMENTS**

| **Planning Tasks** |
| --- |
| Identify the contracts, MOAs, MOUs, or MAAs needed to provide staff and supplies. |

#### Review Your Alternate Care System Plans with Your Community Coalition

As a final step, you and your planning team should brief your community coalition on the plans that you developed to get their final buy-in and input on any changes that need to be made. After this meeting, you should amend your plans as needed.

#### Evaluate Your Alternate Care System Plans

Once you have finalized your plans, you will need to educate/train those involved in the plans on their roles and responsibilities. Next, you will need to evaluate their understanding of the plans and the functionality of the plans through a discussion-based drill or exercise. A useful tool for this task is the Pan Flu Scramble Exercise, which can be modified to fit scenarios other than an influenza pandemic.

## Self-Evaluation Checklist

**Chapter 5 – Planning for Heavy Surge, Part 1, Self-Evaluation Checklist**

**Instructions:** Use this checklist to make sure you have completed all the tasks for developing an alternate care system plan.

**Documenting and Reviewing Existing Plans**

| **Task** | **Complete?** |
| --- | --- |
| Existing alternate care system/site/facility plans have been identified. (*Worksheet 5.1*) | 🞏 |
| Existing alternate care system/site/facility plans have been reviewed. (*Worksheet 5.2*) | 🞏 |
| Findings on existing alternate care system/site/facility plans have been summarized. (*Worksheet 5.3*) | 🞏 |
| Existing alternate care system/site/facility plans have been presented to the community coalition. (*Worksheet 5.4*) | 🞏 |

**Developing an Alternate Care System Plan from the Beginning**

| **Task** | **Complete?** |
| --- | --- |
| Potential alternate care system options have been reviewed or researched. (Appendices D, E, and F) | 🞏 |
| Potential alternate care system options have been evaluated for each scenario identified as likely to impact the community. (*Worksheet 5.5*) | 🞏 |
| The feasibility of implementing potential alternate care system options has been determined. (*Worksheet 5.6*) | 🞏 |
| The partners involved in each potential option have been identified. (*Worksheet 5.7*) | 🞏 |
| The potential options for each scenario likely to impact the community have been identified. (*Worksheet 5.8*) | 🞏 |
| The top options to be implemented in the community have been reviewed with the community coalition.  | 🞏 |
| Community coalition recommendations on potential options have been documented. (*Worksheet 5.9*) | 🞏 |
| Roles and responsibilities of healthcare providers and supporting partners for each option have been determined. (*Worksheet 5.10*) | 🞏 |
| Roles and responsibilities of healthcare providers and supporting partners for each option have been validated with these providers and partners. | 🞏 |
| An alternate care system plan for each scenario likely to impact the community has been developed. (*Worksheet 5.11*) | 🞏 |
| These alternate care system plans have been reviewed by the community coalition. | 🞏 |
| These alternate care system plans have been evaluated through a discussion-based drill or exercise. | 🞏 |

## Conclusion

Developing alternate care system plans for your community was not an easy task, but it was one that was worthwhile. In completing this task, you and your planning team moved your community higher in its preparedness for the scenarios likely to impact it. You also have taken the steps necessary to complete the next chapter, which deals with patient surge that is even heavier than that which you have prepared for in this chapter. This next level of heavy surge brings you into the realm of essential healthcare services. If you think that your planning team and community coalition have succeeded in developing your community's alternate care system plans, please go to the next chapter to begin working on your community's preparedness for even heavier surge.

## References and Resources

**Alternate Care Systems: Stratification of Care**

<http://www.ncbi.nlm.nih.gov/books/NBK32849/>

Written by Dan Hanfling, M.D., Director of Emergency Management and Disaster Medicine at Inova Health System, this white paper was prepared for a June 2009 workshop on medical surge capacity, hosted by the Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events.

**Creating an Alternate Care System for Central Arizona**

<http://leadingageaz.org/wp-content/uploads/Bridgetts-Powerpoint.pdf>

This website provides a slide presentation of the work the Arizona Coalition for Healthcare Emergency Response – Central (Maricopa County) did with CDC-HPA to develop their alternate care system.

**Development of an Alternative Care System, A Workbook for Community Planners Preparing for Medical Surge**

<http://www.scphoh.org/PDFS/PDF-EmergPrep/ACS%20WORKBOOK%20TEMPLATE%20-No%20PP.pdf>

The Summit County Health District, Summit County Emergency Management Agency, and Akron Regional Hospital Association developed this workbook to assist counties in the development of an alternate care system through a structured process that can be modified to meet the needs of their communities. The workbook is county-focused, directed toward entities such as emergency management agencies, public health, hospitals, government officials, legal representatives, first responders, social service agencies, faith-based organizations, schools, court systems, and healthcare services.

**Education in a Pediatric Emergency Mass Critical Care Setting**

<http://journals.lww.com/pccmjournal/toc/2011/11001>

An emergency mass critical care event puts significant strains on all healthcare resources, including equipment, supplies, and manpower; it leads to extraordinary stresses on healthcare providers, many of whom will be expected to deliver care outside of their usual scope of practice. Education and educational resources will be critically important for training providers and diminishing the stress, anxiety, and chaos of delivering pediatric emergency mass critical care. This article by the Task Force for Mass Critical Care suggests educational tools, as well as potential resources, that need to be developed to cope with a pediatric emergency mass critical care event.

**Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies**

<http://www.phe.gov/Preparedness/planning/mscc/handbook/Pages/default.aspx>

Referred to as the *Medical Surge Capacity and Capability Handbook,* this handbook describes a systematic approach for managing the medical and public health response to an emergency or disaster.

**Pediatric Emergency Mass Critical Care: The Role of Community Preparedness in Conserving Critical Care Resources**

<http://journals.lww.com/pccmjournal/toc/2011/11001>

Public health emergencies require resources at state, regional, federal, and often international levels; however, community preparedness is the crucial first step in managing these events and mitigating their consequences, particularly for children. Community preparedness can be optimized through system-wide planning that includes integrating multiple points of contact, such as the community, prehospital care, health facilities, and regional level of care assets.

Citizen readiness, call centers, alternate care facilities, emergency medical services, and health emergency operations centers linked to community incident command systems should be considered as important options for delivery of population-based care. Early collaboration between pediatric clinicians and public health authorities is essential to ensure that pediatric needs are addressed in community preparedness for mass critical care events.

**Surge Capacity Principles: Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement**

<http://journal.publications.chestnet.org/issue.aspx?journalid=99&issueid=930941>

This article by the American College of Chest Physicians Task Force for Mass Critical Care provides consensus suggestions for expanding critical care surge capacity and extension of critical care service capabilities in disasters or pandemics. It focuses on the principles and frameworks for expansion of intensive care services in hospitals in the developed world. A companion article addresses surge logistics, those elements that provide the capability to deliver mass critical care in disaster events. The suggestions in this article are important for all who are involved in large-scale disasters or pandemics with injured or critically ill multiple patients, including front-line clinicians, hospital administrators, and public health or government officials.

**Surge Capacity Logistics: Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement**

<http://journal.publications.chestnet.org/issue.aspx?journalid=99&issueid=930941>

Successful management of a pandemic or disaster requires implementation of preexisting plans to minimize loss of life and maintain control. Managing the expected surges in intensive care capacity requires strategic planning from a systems perspective and includes focused intensive care abilities and requirements as well as all individuals and organizations involved in hospital and regional planning. The suggestions in this article by the American College of Chest Physicians Task Force for Mass Critical Care are important for all involved in a large-scale disaster or pandemic, including front-line clinicians, hospital administrators, and public health or government officials. Specifically, this article focuses on surge logistics—those elements that provide the capability to deliver mass critical care.

**The Prospect of Using Alternative Medical Care Facilities in an Influenza Pandemic**

<http://www.pubfacts.com/detail/17238822/The-prospect-of-using-alternative-medical-care-facilities-in-an-influenza-pandemic>

This article was written by Clarence Lam, Richard Waldhorn, Eric Toner, Thomas V. Inglesby, and Tara O'Toole and was published in *Biosecurity and Bioterrorism* in 2006**.** The findings in this article served as the basis for the work on alternate care systems CDC-HPA conducted with Summit County, Ohio; Maricopa County, Arizona; and Oregon HPP Region 2.

**Treatment and Triage Recommendations for Pediatric Emergency Mass Critical Care**

<http://journals.lww.com/pccmjournal/toc/2011/11001>

This paper by the Task Force for Mass Critical Care outlines recommendations regarding treatment during pediatric emergency mass critical care, issues related to the allocation of scarce resources, and current challenges in the development of pediatric triage guidelines.

**Triage: Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement**

<http://journal.publications.chestnet.org/issue.aspx?journalid=99&issueid=930941>

Pandemics and disasters can result in large numbers of critically ill or injured patients who may overwhelm available resources despite implementing surge-response strategies. If this occurs, critical care triage, which includes both prioritizing patients for care and rationing scarce resources, will be required. The suggestions in this chapter by the American College of Chest Physicians Task Force for Mass Critical Care are important for all who are involved in large-scale pandemics or disasters with multiple critically ill or injured patients, including front-line clinicians, hospital administrators, and public health or government officials.

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1. *Expansion of the provision of care*, in the context of this chapter, refers to a healthcare provider augmenting the services it provides by enlisting the assistance of other healthcare providers and supporting partners in the community (i.e., it becomes a collaborative approach rather than an individual-provider approach). [↑](#footnote-ref-1)
2. Depending on the scenario and the impact on the community's healthcare system, IOM's terms, *contingency capacity* and *crisis capacity*, could apply to heavy surge as used in this chapter of the *Framework*. In *contingency capacity*, the spaces, staff, and supplies used are not consistent with daily practices, but maintain or have minimal impact on usual patient care practices. In *crisis capacity*, adaptive spaces, staff, and supplies are not consistent with usual standards of care, but provide sufficiency of care in the setting of a catastrophic disaster. (See <http://www.ncbi.nlm.nih.gov/books/NBK32751/>) [↑](#footnote-ref-2)
3. Some community planners use the term *alternative* care system/site when discussing this subject. The authors of the *Framework* prefer to use the term *alternate* care system/site. [↑](#footnote-ref-3)
4. Because some planners use the terms *alternate care system* and *alternate care site* interchangeably, the acronym, ACS, could be construed to mean both and, thus, be confusing to the reader. For this reason, the authors of the *Framework* decided not to use ACS in this document. [↑](#footnote-ref-4)
5. From *Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies*, U.S. Department of Health and Human Services, September 2007. [↑](#footnote-ref-5)
6. Ibid [↑](#footnote-ref-6)
7. Ibid [↑](#footnote-ref-7)
8. If you and your planning team know that alternate care system/site/facility plans do not exist in your community, please proceed to Developing an Alternate Care System Plan from the Beginning on page 121. [↑](#footnote-ref-8)
9. A case study of the work Summit County planners undertook to develop an alternate care system plan is provided in Appendix D. [↑](#footnote-ref-9)
10. Clarence Lam et al., "The Prospect of Using Alternative Medical Care Facilities in an Influenza Pandemic," *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 4, no. 4 (2006):384. [↑](#footnote-ref-10)
11. A companion option shown in Appendix E is rapid patient screening and triage *inside* the hospital ED. While this option is presented in the appendix for you to consider, many community members who considered this option thought that patient screening and triage inside the hospital ED is a normal, day-to-day activity (i.e., not a form of alternate care). For this reason, they see this option as being viable only if enacted in concert with Option 3 – Expanded Role for Outpatient Care Facilities. [↑](#footnote-ref-11)