Placer County
Alternate Care Site Plan Activation

Overview

Medical surge capacity refers to the ability to evaluate and care for a markedly increased volume of patients – challenging or exceeding the normal capacity of a hospital or healthcare system. Individual hospitals plan for and routinely handle surge requirements resulting from seasonal fluctuations in respiratory ailments, environmentally based conditions, and community incidents. In Placer County, as throughout most of California, hospitals routinely operate at or near capacity. Moderately-sized incidents are handled in accordance with the Region IV Multi-casualty Incident Plan. Patients are transported to hospitals throughout the county and throughout the region to avoid overloading any single hospital. However, very large-scale incidents or widespread disease outbreaks may overwhelm the capacity of all hospitals and other healthcare providers in a region. Responding to such incidents requires the close coordination and cooperation of hospitals, community clinics, governmental agencies, and other healthcare providers.

Purpose

The purpose of this plan is to provide a framework for the management of medical surge needs resulting from an incident that overwhelms the capacity of hospitals in Placer County and nearby counties in order to meet the overall goal of minimizing mortality and morbidity.

As the demand for healthcare services increase and existing healthcare facility assets become exhausted, the local or state government will have to step in and establish government authorized Alternate Care Sites (ACSs) to absorb the patient load until the local healthcare system recovers from a Level III or Level IV Surge Event.

Definitions

"Healthcare Surge Event" means an event proclaimed by the Pubic Health Officer or designee, subsequent to a significant event or circumstances, that the healthcare delivery system has been impacted, resulting in an excess in demand over capacity and/or capability in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services.

"Standard of Care during a Healthcare Surge" means:

- ☐ The degree of skill, diligence and reasonable exercise of judgment in furtherance of optimizing population outcome during a healthcare surge

event that a reasonably prudent person or entity with comparable training experience or capacity would have used under the circumstances.

- ☐ A shift to providing care and allocating scarce equipment, supplies, and personnel in a way that saves the largest number of lives in contrast to the traditional focus on saving individuals.

Authority

California Health and Safety Code, Division 2.5, Sections 1797.151-1797.153, California Health and Safety Code, Division 2.5, Section 101040.

Liability

1. Government Code §8659: Any physician or surgeon (whether licensed in this state or any other state), hospital, pharmacist, nurse, or dentist who renders services during any state of war emergency, a state of emergency, or a local emergency at the express or implied request of any responsible state or local official or agency shall have no liability for any injury sustained by any person by reason of such services, regardless of how or under what circumstances or by what cause such injuries are sustained; provided, however, that the immunity herein granted shall not apply in the event of a willful act or omission.

2. Civil Code, §1714.5: There shall be no liability on the … county, city or any other political subdivision of the State of California, who owns or maintains any building or premises … which have been designated or are used as mass care centers, first aid stations, temporary hospital annexes, or as other necessary facilities for mitigating the effects of a natural, manmade, or war-caused emergency, for any injuries arising out of the use thereof for such purposes sustained by any person while in or upon said building or premises as a result of the condition of said building or premises or as a result of any act or omission, …except a willful act

3. The Emergency Services Act (ESA) authorizes the Governor during a "state of emergency" to suspend any regulatory statute, or statute prescribing the procedure for conduct of state business, or the orders, rules, or regulations of any state agency, where the Governor determines and declares that strict compliance would in any way prevent, hinder, or delay the mitigation of the effects of the emergency. The authority to suspend statutes is unique to the Governor. Local governing bodies and officials acting under a proclaimed local emergency do not have this power.

Policy

1. Triggers
   Consideration should be given to outside resources such as the California Mobile Field Hospital program, California Disaster Medical Assistance

Teams (Cal-MATs), and Federal Disaster Medical Assistance Teams (DMATs) while considering the need to establish alternate treatment sites.

a. Supportive Care / Medical Shelter
   This type of ACS shall be activated when it is determined by the Health Officer or designee that:
   i. Supportive Care / Medical Shelter services are needed within the county, and adequate resources are available for activation; or
   ii. Adequate resources are unavailable to activate an Inpatient Care ACS, but adequate resources are available for Supportive Care / Medical Shelter ACS

b. Outpatient Care
   This type of ACS shall be activated when it is determined by the Health Officer or designee that:
   i. Additional Outpatient Care services are needed within the county, and adequate resources are available for activation

c. Inpatient Care
   This type of ACS shall be activated when it is determined by the Health Officer or designee that:
   i. Additional Inpatient Care services are needed within the county, and adequate resources are available for activation; or
   ii. Adequate resources are unavailable to activate a Critical Care ACS, but adequate resources are available for an Inpatient Care ACS

d. Critical Care / Mobile Field Hospital
   This type of ACS shall be activated when it is determined by the Health Officer or designee that:
   i. Additional Critical Care services are needed within the county, and adequate resources are available for activation.

2. Standard of Care

   a. The Adjusted or Altered Standard of Care during a healthcare surge will be *the* Standard of Care available and shall be termed "Standard of Care during a Healthcare Surge."

   b. Triage efforts shall focus on maximizing the number of lives saved. Instead of treating the sickest or the most injured first, triage shall focus on identifying and reserving immediate treatment for individuals who have a critical need for treatment and are likely to

survive.

3. Organization Structure

   a. The ACS Management Team shall report to the Medical/Health Branch Director of the Placer County EOC.

   b. The ACS Management Team for each ACS shall be comprised of at least the following hospital representatives (additional HICS positions may be required based on needs):
      i. One clinical care representative (Medical Branch)
      ii. One finance or resources representative (Logistics)
      iii. One security representative (Security Branch)
      iv. One facilities representative (Infrastructure Branch)
      v. One emergency services representative with a minimum of ICS 300 training (ACS Management Team Leader)

   c. The ACS shall utilize the Hospital Incident Command System (HICS) organization structure, Job Action Sheets, and Forms modified for use in the ACS.

4. Action Plan

   a. The ACS Management Team shall develop an Incident Action Plan (IAP) that includes at a minimum:
      i. Objectives for the current Operational Period (HICS 202)
      ii. Organizational Assignments (HICS 203)
      iii. Branch Assignments (HICS 204)
      iv. Communications Plan (HICS 205)
      v. Organizational Chart (HICS 207)

   b. The ACS Action Plan shall be approved by the Medical/Health Branch Director of the Placer County EOC prior to activation.

5. ACS Closure

   a. The Health Officer or designee and ACS management team members will use professional judgment to determine when to shut down an ACS and oversee shut-down activities in their area of focus.

   b. Once all patients can be discharged or transported back to existing facilities for continued care and there is no ongoing surge capacity need, the alternate care site shall be closed.

c. Shutdown shall be expedited so that the facility can be returned to the control of the existing owners quickly.

6. Medical Record / Documentation Storage

   a. The ACS Medical Record shall be used on all patients receiving care at the ACS.

   b. Options regarding storage of documents include:
      i. Public health officer retains all records;
      ii. Treating facility or provider retains copies of all records;
      iii. Incident command center retains all records;
      iv. Patient retains all records.

   c. In cases where the demand for medical care is high, the most viable option for records retention may be to simply provide the patient with all records upon discharge.

7. Patient Information (Uses and Disclosures)

   a. HIPAA provides guidance related to uses and disclosures for disaster relief purposes but makes a qualified requirement that the covered entity obtain the patient's consent whenever possible, or rely on its professional judgment that disclosure is in the individual's best interest.
   b. According to 45 CFR 164.510(b)(4): "A covered entity may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by paragraph (b)(1)(ii) of this section. The requirements in paragraphs (b)(2) and (3) of this section apply to such uses and disclosure to the extent that the covered entity, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances."
   c. In response to Hurricane Katrina the U.S. Office for Civil Rights released a bulletin to provide guidance around HIPAA Privacy and Disclosures in Emergency Situations. The bulletin states the following: "Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:
      i. TREATMENT. Health care providers can share patient information as necessary to provide treatment. Treatment includes:
         - sharing information with other providers (including hospitals and clinics),

- ☐ referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
- ☐ coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).
- ☐ Providers can also share patient information to the extent necessary to seek payment for these health care services.

ii. NOTIFICATION. Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.

- ☐ The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
- ☐ Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise notify family members and others as to the location and general condition of their loved ones.
- ☐ In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

<u>Procedure</u>

1. Notifications
   a. ACS Management Team
      Once the Public Health Officer or designee has determined the number, type(s), and location(s) of ACS(s) required, the associated ACS Management Team(s) identified in the ACS Management Team Directory shall be activated.

2. Incident Action Plan (IAP)
   a. Once activated, the ACS management Team shall schedule a planning session within 24 hours for development of an IAP.

b. Copies of the completed plan shall be distributed to:
    i. Control Facility
    ii. Office of Emergency Services
    iii. Public Health Department
    iv. Emergency Medical Services Agency

3. ACS Facility Assessment
   After developing the IAP, the ACS Management Team shall conduct a Facility Assessment of the target ACS.

4. Equipment & Supply
   All movement of equipment and supplies shall be tracked, utilizing the HICS Form 256.

5. ACS Closure

   d. Management team leader checks in periodically with each team member to ensure initiation and completion of shutdown activities in that member's area of focus.
   e. Management team leader assists with problem troubleshooting or procuring additional assistance or resources as needed.
   f. Management team leader or designee conducts a site walkthrough with the facility owner when shutdown activities are completed to ensure that removal of equipment and supplies, cleaning, and other surge closure activities have been completed to the owner's satisfaction.
   g. Perform medical record documentation storage procedures

Attachments:

- ☐ Hospital Surge Capacity Table
- ☐ Memorandum for Use of Facilities in the Event of a Mass Medical Emergency
- ☐ ACS Management Team Directory
- ☐ ACS Job Action Sheets
- ☐ HICS Forms
- ☐ ACS Facility Assessment
- ☐ ACS Medical Record

Placer County
Hospital Surge Capacity Table

Facility	Licensed Beds	Additional Capacity for Pan Flu*	Target Capacity w/Surge
Kaiser Roseville	166	130	296
Sutter Roseville	180	120	300
Sutter Auburn Faith	106	49	155
Total	**452**	**299**	**751**

* Based on a Pandemic Influenza event, with a 35% Gross Attack Rate, using the maximum scenario admission rates for 2007. Reference: CDC, Flu Surge Version 2.0 planning document.
http://www.cdc.gov/flu/tools/flusurge

ACS Management Team Directory

Position	Facility	Name	Phone	Cell/Other
Team Leader	Sutter Roseville			
	Kaiser Roseville			
	Sutter Auburn Faith			
Clinical Care	Sutter Roseville			
	Kaiser Roseville			
	Sutter Auburn Faith			
Facilities				
Finance / Supply				
Security / Law Enforcement				