

Federal Healthcare Resilience Task Force

Alternate Care Site (ACS) Toolkit

Talking Points

Product Purpose:

These talking points were developed to accompany an Alternate Care Site Toolkit, which was developed to help state, local, tribal and territorial (SLTT) entities to address potential capacity and capability gaps in healthcare systems during the pandemic. They are intended to provide an overview of Alternate Care Site-related work that is ongoing within the HCRTF and an outline of the ACS Toolkit contents.

Intended Audience:

State, Local, Tribal, and Territorial Governments (**SLTTs**)

FEMA Regional Administrators

HHS Regional Administrators

Healthcare Systems

Alternate Care Strategies

Talking Points, March 31, 2020

- Alternate Care Strategies, which include Alternate Care Sites, are intended to reduce the burden on healthcare systems caused by the COVID-19 pandemic.
- Alternate Care Sites can help state, local, tribal and territorial entities address potential capacity and capability gaps in healthcare systems during the pandemic. Decisions about the need for Alternate Care Sites should be made at the state, local, tribal and territorial level.
- Medical and construction experts from the U.S. Government (Department of Health and Human Services (HHS) and the U.S. Army Corps of Engineers (USACE)) developed an **Alternate Care Site Toolkit** as a best practices reference to support state, local, tribal and territorial entities in establishing and operationalizing Alternate Care Sites. The Alternate Care Site Toolkit provides “one good way” of establishing and operationalizing an Alternate Care Site that can be leveraged in total or in part by state, local, tribal and territorial entities.
- The Alternate Care Site Toolkit includes guidance for two different models of care, General (non-acute) Care Alternate Care Site Model and Acute Care Alternate Care Site Model.
 - **We expect that healthcare systems can best meet their patient care gaps using the General (non-acute) Care Alternate Care Site Model.** This model provides patient care for mildly to moderately symptomatic COVID-19 patients that may need oxygen (up to 2L/min), who do not require extensive nursing care, and who can generally move about on their own. These sites will have more flexibility around staffing in terms of credentialed healthcare providers (such as physicians, nurses, and other allied health professionals).
 - Alternate Care Sites *could* be established for the provision of Acute Care, but the **construction timeframe would be significantly longer and the equipment and specialized staffing needs would be much greater.** The most significant limiting factor for an Acute Care Alternate Care Site Model is availability of credentialed providers needed to support acute care, due to the likelihood that licensed clinicians and nurses would already be fully utilized in existing healthcare systems for the sickest patients.
- The Alternate Care Site Toolkit includes options for establishing Alternate Care Sites in hotels or settings with open floor plans. Hotels are the preferred option in most scenarios, given the opportunity for social distancing, patient isolation, and implementation of other infection prevention and control practices due to COVID-19.
- The Alternate Care Site Toolkit covers a range of topics to support Alternate Care Site implementation, including:
 - Site identification and assessment;

- Conversion of site for healthcare use;
 - Wraparound services;
 - Staffing, equipment, and supplies;
 - Site operations; and
 - Reporting and management requirements.
- The Alternate Care Site Toolkit also includes supporting documents, tools, and templates to assist state, local, tribal and territorial entities in the operationalization of these Alternate Care Sites. These include:
 - Checklists (site assessment, wraparound services);
 - Sample statement of work for wraparound services;
 - Sample Alternate Care Site schematic;
 - Sample fire safety plan; and
 - Sample forms (patient intake, wellness check) and instructions.
- Alternate Care Sites should be located in close proximity to established healthcare facilities for the following reasons:
 - Timely communication can occur between healthcare systems and Alternate Care Sites;
 - Patients can be quickly transferred to healthcare systems if their condition deteriorates; and
 - Increased potential for resource sharing, such as laboratory testing.
- The establishment and operation of Alternate Care Sites by state, local, tribal and territorial entities and certain private non-profit organizations (eligible applicants) to expand capacity for COVID-19 are eligible emergency protective measures under FEMA's Public Assistance (PA) Program. Eligible applicants may perform or contract for the work directly and seek reimbursement through PA or submit a resource request for Direct Federal Assistance (DFA) to FEMA through the state, tribe (if direct recipient) or territory. Both options are cost shared. For more information please see FEMA Fact Sheet Coronavirus (COVID 19) Pandemic Emergency Medical Care at: <https://www.fema.gov/news-release/2020/03/31/coronavirus-covid-19-pandemic-emergency-medical-care>
- For technical inquiries, please contact your FEMA Regional Administrators and HHS Regional Emergency Coordinators. Additional information and downloadable tools can be found online at: <https://files.asprtracie.hhs.gov/documents/acs-toolkit-ed1-20200330-1022.pdf>