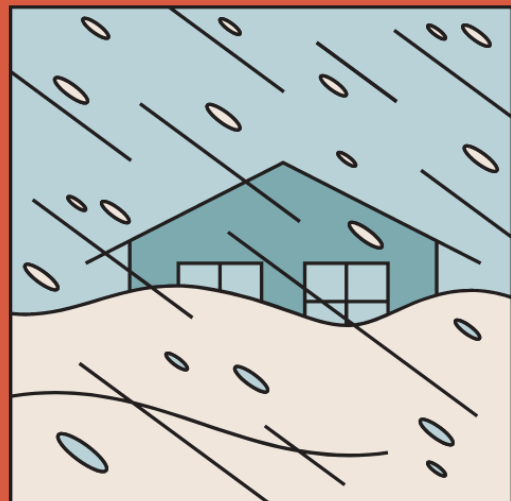
DISASTER CRASH CART

CAFP
California Academy of Family Physicians

CALIFORNIA ACADEMY OF
FAMILY PHYSICIANS
NORTH BAY CHAPTER



ACKNOWLEDGEMENTS

Thank you to the California Academy of Family Physicians North Bay Chapter for assembling and distributing this resource for several years. To ease the burden of maintaining this resource as a website, the CAFP will host this resource on familydocs.org and update as needed. If you have updates or need more information, please reach out to CAFP at cafp@familydocs.org.

From the North Bay Chapter: The outpouring of support and love from our community during recent fires was amazing. As we rose from the ashes, so many, many people contributed to the development of these ideas that it would be impossible to name them all! Here we acknowledge the people who specifically contributed to this resource.

- **Panna Lossy, MD**, UCSF clinical faculty at the Sutter Santa Rosa Family Medicine Residency, worked in multiple shelters through both fires and spearheaded this resource.
- **Travers Ebling, RN**, designed the SignUp Genius template during the Tubbs fire and dramatically improved volunteer coordination! He also staffed many shifts at the shelter and generally provided out of the box thinking for how to make systems work better.
- **Tara Scott, MD,** Director, Santa Rosa Family Medicine Residency shared her experiences leading through disaster and provided invaluable on the ground organizational support.
- **Michelle Patino, RN**, long time Emergency Room nurse, set up model medical systems at the Petaluma Fairgrounds during both the Tubbs and Kincaid Fires. She is a founder of Disaster Emergency Medical Assistance.
- **Ellie Wiener MD**, contributed to the sections on managing volunteers.

In addition, there are literally hundreds of healthcare providers who volunteered in the shelters and helped come up with these systems in real time during the emergencies. The Red Cross, Sonoma County Public Health Department, HPEACE, North Bay AFP and local hospital staff all were a critical part of the response. We all learned from each other. This is truly a community effort! Finally, the California Health Care Foundation Leadership Fellowship was the wind on the embers that ignited this resource.

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Introduction

This resource is intended to provide quick, easily accessible solutions to common problems for people who find themselves providing basic health care in a disaster shelter. Of course, every disaster is different. In some situations there might be no need for health care in the shelter because the surrounding hospitals and clinics can provide it. Or there may be a very serious disaster where the hospitals and health centers are destroyed and there may be a need for a field hospital. This resource does NOT cover those situations.

Disaster CrashCart provides ideas on how to set up systems to provide basic medical care, triage, and manage common issues that arise in evacuation centers. This is meant as a supplement to any plans that government and nongovernmental organizations may already have in place. Use your judgment and take what works in your situation!

If you are the kind of person who will volunteer when disaster strikes your town, you should sign up NOW with the **Disaster Healthcare Volunteers** and **Medical Reserve Corps**.

We view this as a living document that can be improved as we learn more about how to manage medical care in shelter situations. If you have experiences/links you would like to share, please email us at **cafp@familydocs.org**.

- Charting – Most shelters do not have any computers or established way to chart on people. We recommend using paper "charts", organized alphabetically in a portable file.
- Organizing the shelter – Set up the medical area in a central area where you can see the whole shelter but think about how you can have some private space for exams.
- Managing volunteers – Managing volunteers is often overwhelming. Using an online sign up system like Sign Up Genius can be a HUGE help. It allows you to send people where and when they're needed.

Medical Area Setup

When you first arrive at the evacuation center, the most important thing to figure out is what organizational structure is already in place. If it is early in a disaster this may not be clear, but here are some important questions to ask:

- **Who is running the shelter?** (County? Red Cross?) This will help you know who to ask for supplies and volunteers. The Red Cross may provide a nurse but they usually provide only basic first aid. You can supplement that care by setting up a clinic type structure to do triage and treat minor/chronic issues.
- **Who and where is the Shelter Manager?** This person is responsible for the whole shelter – cots, food, volunteers, etc., and will know if there are plans for a medical area already.
- **Who is in charge of the facilities?** This person may be able to help find the best place to locate medical areas.
- **Is there anyone in charge of Access and Functional Needs (AFN)?** This team can help with getting equipment for disabled people, translation for non-English speakers, etc.

Set a time for a daily meeting with the Shelter Manager, Facilities Director, Volunteer Coordinator, AFN Lead, Medical Lead, and any other organizations (like Red Cross) to make sure you are all working together and not duplicating effort.

If there doesn't appear to be anyone in charge, you can start setting up a medical area recognizing that things are bound to evolve as more resources arrive to help.

Here is a list of basic supplies you will need to get started. **PDF** **(Appx 1)**

Setting Up the Physical Space

Depending on the space available for the shelter, the set up may vary substantially. Often, working with facilities people you can find additional spaces that can be used to provide good care. There are sketches of possible setups linked below. Remember to locate medical areas near electrical outlets so people can charge phones, access wifi, etc.!

Sample layouts for setting up shelters:
Diagram for a One-Room Shelter (Appx 2)
D.E.M.A. Inc. - Petaluma Fairgrounds (Appx 3)
D.E.M.A. Inc. - Mobile Medical Tent (Appx 4)

Utilizing Separate Buildings

If you are in a place with multiple buildings or rooms, such as a school or fairground, it is ideal to utilize separate buildings. In evacuation centers with more than about 200 people it is ideal to have a "clinic", a direct observation ward, and an isolation area with direct access to a bathroom and hand washing.

Clinic - The "clinic" should be centrally located so people can find it easily, have an intake table, where people are signed in and get simple OTC meds as well as a separate area with some privacy (screens work well) where providers can do exams and wound care. There should also be a table away from the public where medications and the chart file box are kept.

Direct Observation Ward - The direct observation ward is essentially a separate shelter area for medically frail people (and their families) with 24-hour nurses. There should be room for 20-30 cots as well as a table for a nursing station and access to a handicap accessible bathroom. In this controlled setting, cots can be numbered and a separate box with charts can be at the nurse's station. With permission, you can also use a whiteboard with a bed map and names.

Isolation Area - It is important to set up the isolation area early, especially if the evacuation shelter will be open for more than a few days. You will need a separate room with cots, a nurse's station and a dedicated bathroom. Use this area to house people who develop vomiting or diarrhea to prevent an outbreak of norovirus in the general shelter.

Medical Area in the Shelter Dormitory

If it is not possible to set up the medical area separate from the general shelter, we recommend being centrally located but against a wall with a big sign. Use 3 tables to create a U and put chairs on the outside and inside the U.

Use the table against the wall for medicines. Create a screened area to do exams and dressing changes.

Describing Where People's Cots Are

It can be very difficult to find people in the shelter since the space is often a large area such as a gym. To combat that problem, be sure the cots are lined up in rows and create a grid based on the physical features of the room – aisles between cots, overhead supports, etc. Number the rows and use letters for the divisions in the room so that you can describe someone's cot location as A3 or C1 etc. Try to create the divisions into areas with about 10 cots. Use painter's tape on the wall to label the numbered aisles and the lettered divisions.

Here is an idea of what this could look like: Bring a whiteboard and some painter's tape. On the whiteboard make a map of the shelter with the aisles, overhead supports, doors, etc., labeled and the grid shown. Put that whiteboard up by the medical area.

Communication

Consider getting a dedicated phone for each shelter medical station (prepaid cell phones work well). This is VERY helpful for managing volunteers, supplies, and coordinating with other agencies. Be sure to LABEL IT with the phone number! Look around the shelter to see if there are phone companies represented and ask them if they have any free phones. Consider using social media to ask for these kinds of donations. People want to help in a disaster!

If there is no wifi available but there is cell coverage, consider getting a Mifi device to provide wifi to up to 5 people at a time.

It can also be helpful to have people join a web-based chat group such as **Slack** (if you have cell or wifi coverage) so you can communicate with volunteers about needs and changing conditions.

Understanding the Organizational Structure of Disasters

It helps to understand incident command structure (ICS) and terminology (aka acronyms) used in a disaster. Here is a link to the most common acronyms used in disasters. **PDF** **(Appx 5)**

Charting

Charting for Emergency Shelters

Most shelters do not have any computers or established ways to chart on people. We recommend using paper "charts", organized alphabetically in a portable file box. This way when someone needs consultation, you can quickly look in the box for their chart to find out what has been done already. Sample charting forms, sign out logs, and OTC dispensing lists are linked below.

We also recommend getting a list of open pharmacies (try **RxOpen** website) and calling local pharmacies to establish a relationship and find out if any of them will deliver to the shelter.

In California, according to the **California Business and Professions Code Section 4064 (a)**, pharmacies can refill medications without a doctor's order during disasters.

Medical Record Intake Form - This form is the basis for your paper chart. Thank you to Contra Costa MRC for this template. **Download Form (Appx 6)**

Sign Out Sheet - Here is a downloadable form to help track things and people that need to be followed up on from one shift to the next. **Download Form (Appx 7)**

Med Refill Forms - For use when people request refills. Cut into four. **Download Form (Appx 8)**

Basic Progress Note - This Medical Progress Notes form has space for a doctor or other medical professional to record observations of condition throughout treatment. **Download Form from website**

Medication List - A simple form on which to log medications prescribed and frequency and time of taking them. **Download Form (Appx 9)**

Nebulizer Treatment - This printable nebulizer treatment log tracks respiratory rate, pulse rate, oxygen saturation and more both before and after medication. **Download Form (Appx 10)**

Over the Counter Meds PRN - We recommend using a blank sheet of paper where you write down the name of the patient and the medicine dispensed. You may not need to make a chart for everyone you give a Tylenol to but it is good to put their name and the time it was dispensed down.

If You Do Not Have Wifi But Do Have a Computer

You can use Excel to keep records on the most acute "patients" in the shelter. This is a very basic method of charting and communicating from shift to shift about the residents with medical needs. **Excel Form (Appx 11)**

Various tabs within the spreadsheet can be helpful to organize residents into areas within the shelter, those with more acute medical needs or for keeping a record of residents who have been discharged. Since this document persists over time, it is important to note dates when entering information rather than "today" or "tomorrow". This is to be backed up on a flash drive and be password protected. Save a new file each night with a date listed in the file name for good record keeping over time. These lists can be printed prior to signout at the end of each shift and given to each nurse/provider coming on shift. If printed copies exist, make sure they are shredded and do not leave the building.

If You Have Computers and Wifi

DHV and MRC registered volunteers should have access to **PULSE** (Patient Unified Lookup System for Emergencies) to be able to get information about evacuees' medical problems. Here is a link to a **guide for how to use the PULSE system**.

You may also be able to get information from people's hospital or clinic EMR if you have volunteers with login access. It can be very helpful to learn about patients' past medical history and medications. However, you may need to print or transcribe the information to get it into the paper chart.

Managing Volunteers

Managing volunteers is often overwhelming. Using an online sign up system like **Sign Up Genius** can be a HUGE help. It allows you to send people to a website to volunteer and everyone can see which shifts are open. You can

collect information (like medical license numbers) to do credentialing and send lists to Public Health as needed. You can also message groups of people easily with updates as conditions change (like a shelter is closed).

It is ideal to have someone in a location with wifi, computers and a printer communicating with volunteers via email, making sure that shifts are filled, and verifying medical licenses are active. Then each day, they print out the schedule of who is volunteering and bring it to the shelter. When volunteers arrive, the lead clinician checks photo ID to ensure that volunteers are licensed.

Here is a **link to a SignUp Genius template** for medical staffing in an evacuation center. We would be happy to share this premade template with you, but you will need to have a **Sign Up Genius** account first. If you want your site to be ad-free and capable of creating spreadsheets you will need to sign up for a paid subscription. After you create an account, contact us and we will send you the template.

It can also be helpful to have people join a web-based chat group such as **Slack** (if you have cell or wifi coverage) so you can communicate with volunteers about needs and changing conditions.

Having volunteers sign up with the **Disaster Healthcare Volunteers (DHV)** or **Medical Reserve Corp (MRC)** provides limited liability and worker's compensation to volunteers and may offer access to electronic records through the **PULSE** system.

When schools close due to disaster, many healthcare workers have no one to take care of their families. This app helps facilitate shared childcare arrangements and can dramatically increase your volunteer pool. **Download App**

Don't Forget about Mental Health

During disasters everyone is stressed. Don't forget to check in with other volunteers about their experience of the disaster - you just may find that they have been evacuated too. We all need Trauma Informed Care during these times so remember to Emphasize Safety, Rebuild Sense of Control, Accentuate Strengths and Resilience.

Strongly encourage volunteers to download and review the Psychological First Aid App which walks them through trauma-informed care. **Download App**

Roles and Responsibilities

Medical Team Point Person - It is important to have a medical team point person stationed at the desk for each shift (could be a provider or nurse), ideally who has been at the shelter for at least 1 prior shift and is comfortable with the systems there. This person's role is to field questions, delegate tasks, facilitate huddles, communicate with shelter leadership, EOC, the behavioral health team, the staffing team running SignUp Genius, and orient each shift. This person should carry the designated phone for that station.

It works best if this position is held by 2-3 core people and at least one of them is present from 7am–9pm. We recommend that the medical point person attend a daily shelter site leadership meetings to increase communication and awareness of larger shelter operations and needs. You may need to initiate this meeting by talking to the shelter manager, facilities person, and any other organizations such as the county or Red Cross that have a stable presence in the shelter.

Nurses and Provider Roles and Stations - This staffing description is for a large shelter with a medical area in the same room. If you have a separate "clinic" and direct observation area, then the triage and intensive nursing will happen there:

- **Medications/Central Station** - Have one nurse stationed at the desk in charge of dispensing medications and talking to patients who come up to the desk with questions. This nurse should become familiar with the

available supplies and medications and keep record of what supplies are needed.

- **Triage** - Have one nurse and one provider ready to help with triages as they come to the desk and to help with calling any needed prescriptions into pharmacies.
- **Shelter Area Teams** - Divide the shelter into smaller more manageable areas (quadrants if one large room, or distinct rooms if they exist). Designate a nurse and a provider to each of these areas. Over the shift, each nurse/provider should be responsible for assessing and checking in with every person in their area. This doesn't necessarily mean checking everyone's vitals as this is not a hospital setting, but the team should get a sense of who is in their area and if anyone has medical or mental health needs arising. If there are known medical needs (ie dispensing medication, helping with blood sugar checks, etc), these should be done.

Orientation/Huddles

We found that it was critically important to have a thorough sign out at every change of shift, particularly because there are new volunteers every shift that need to learn the systems and this is a different environment than most are used to.

Sign Out Structure - The medical point person from the shift coming OFF should lead the orientation. Use the SignUp Genius list to check IDs of the team that is coming on as they arrive.

Gather - Get the team of providers/ nurses/ MAs and students together. Have everyone introduce themselves, any connection they have to the area and the disaster, and how many shifts they have done at the shelter.

Orient - Familiarize the team to the basics of the shelter (how many people are there, different areas they are located in) and overall process and structure as outlined above. Discuss expectations for each of the roles. Direct the whole team to where to find resources, materials, important contacts, emergency equipment (AED, Narcan,), etc.

Rounding - Encourage people to actively talk to everyone in the shelter at least once a shift. Often the people lying on the cots with the blanket over their head are the most likely to need help.

Communication - Make sure everyone has the phone numbers for the medical team point person. (These should be on the wall for people to take photos of.)

Assignments - Designate specific areas of assignment (as outlined above) for each of the providers/ nurses and send them to the appropriate area to get sign out from the shift leaving. Use the **sign out** **(Appx 7)** form to discuss any to-dos or people you are concerned about. Visibly point out each of the evacuees you are concerned about (because sometimes people can be difficult to locate and identify within the shelter).

Mid-Shift Huddle - During the busier day shift, we suggest having a mid-shift huddle with the entire team to touch base, see if any new systems need to be developed or tasks delegated.

Infection Control

In evacuation shelters that are open for more than a few days, it is common to get an outbreak of Norovirus. The key to containment is preparation. Set up the isolation area early... before you need it! Make sure medical volunteers wash hands with soap and water after each patient. Station (nonmedical) volunteers at entry and exit points to the shelter with hand sanitizer and instruct them to give it to everyone who comes in or out.

Make sure you have a product registered with the EPA to clean up any vomiting or diarrhea. Regular Clorox bleach can be used when diluted ½ cup bleach in 1 gallon water. **Here is a list of all EPA registered sanitizers for Norovirus (Appx 12)**. Efforts should be made to prevent solutions used for cleaning and disinfection from becoming cross contaminated. Disinfectant/cleaning solution in buckets or one-time use containers should be discarded after each use. Thoroughly rinse and clean housekeeping equipment after use and allow the equipment to dry properly.

Cleaning Body Fluid Spills

All body fluid spills should be cleaned up immediately. If a spill contains large amounts of blood or body fluids, the following procedure should be followed:

- Put on gloves
- Cover the spill with an absorbent material
- Apply an EPA-registered disinfectant (allow it to sit for the time required by the manufacturer's recommendations)
- Cover the spill with additional absorbent material
- Dispose of all materials in appropriate waste container
- Clean the area with cloth or paper towels moderately wetted with an EPA-registered disinfectant
- Allow surfaces to air dry

You will also need to be ready to isolate those individuals who may be contagious with Norovirus or other communicable diseases.

Additional Resources

Butte County has great infection control protocols, checklists and forms. **Website**

Alternative Care Sites

In the era of Covid-19, the need to rapidly surge hospital capacity has led many places to consider Alternate Care Sites (ACS). Nobody has all the answers, and it sometimes seems that we are building the plane while we are flying it. To bring some order to the chaos, it might be helpful for this packet to serve as a central location to share resources and ideas.

There are several different ways that Alternate Care Sites can be used. Covid Positive Wards, Covid Negative Skilled Nursing Facilities, or Individual Rooms for People Awaiting Test results who can't safely isolate at home. I discuss each of these below. The attached document describes this more fully and the grid makes it easy to see on one page. **Download ACS Proposal (Appx 13)** **Download ACS Grid (Appx 14)**

Covid Positive Wards

ACS can be used to house COVID-19-positive patients with mild/moderate disease who can NOT safely isolate at home. These would be similar to the "fever wards" in Wuhan and in Korea. These people would either have mild disease as identified in outpatient care or would be recovering for Covid after hospitalization. While some people who fit this description could shelter at their homes, others who live in congregate living situations (nursing homes, shelters, multigenerational family homes, etc) will not be able to self isolate effectively. This can also support a public health strategy of quickly removing Covid Positive patients from the community to prevent further spread of the disease.

Covid Negative Skilled Nursing Care

Another type of Alternate Care Site is a skilled nursing care level facility for Covid negative patients. This could be used to take medically frail people out of congregate living situations as well as offer a place for hospitals to

discharge stable Covid negative patients before they are ready to go home. However, given that these patients are medically frail, they would need to be in individual rooms with air-flow systems designed to prevent disease spread between rooms.

Isolation for People Under Investigation

The third type of Alternate Care site is an isolation site for People Under Investigation (PUI). This class of people have no or mild symptoms and they may have been tested only because of close contact with a covid positive patient. This ACS would be for patients who are awaiting test results and are not able to truly isolate at home. They will need to be isolated in single-occupancy rooms in a facility that has airflow that will not spread the virus to other rooms. These patients mostly will have minimal nursing needs but do need to be fed. One model is to give each patient a thermometer and pulse oximeter and phone and have them report by phone to an onsite nurse/provider twice a day.

Some good resources (with some opinionated comments)

Good overview of things to keep in mind for ACS:

CDC Alternate Care Sites Infection Prevention and Control Considerations for Alternate Care Sites **Website**

Site that consolidates other resources related to ACS: **Website**

Lists of suplies and check list for evaluating spaces to use for ACS: **Website** **(Appx 15)**

Very useful list of potential staffing options: (pages 100-103) Somewhat optimistic tools for setting up ACS without a lot of practical support. There is a list of staffing needs (also optimistic - pages 62-66); Supplies and equipment list (pages 78-91). **Website** **(Appx 16)**

Helpful ideas on crisis standards of care: **Website**

Lots of lists for establishing an ACS:(Supplies page 31-34) **Website**

For Residency Programs

Medical residency programs face an array of problems when disaster impacts their training. Faculty and residents can be deployed to help with care in the evacuation centers however it is important to give traumatized residents options to do self care or alternative educational experiences.

One option is to assign online modules in disaster medicine. There are several suggestions for online curriculum at the end of this section. If faculty are volunteering in evacuation centers, residents can join them as an alternative to online curriculum.

In the setting of disaster, the ACGME reminds us of its institutional policy: Institutional Requirements IV.M., IV.M.1. States: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that address administrative support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or interruption in patient care. (Core) This policy should include information about assistance for continuation of salary, benefits, and resident/fellow assignments. (Core)

They also note that while there is a specific policy for extraordinary circumstances, 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances, this is rarely used in natural disasters. More commonly there is an "informal check in:"

Here is a sample "check in" letter to the ACGME. **Download Sample Letter (Appx 17)**

Since Santa Rosa has been through 2 disasters in the 3 years, our program has several learnings from the experience:

- You may not have access to electronic communication. Make sure you have all resident and staff contact info and addresses printed out and held by multiple people.
- People respond differently to disasters. Some want to jump in and volunteer, others want to get to a safe place with family and loved ones. Be sure to allow for a variety of responses by residents.
- Coming together physically and bonding is key. Residents may have just moved to the area. It is essential to maintain the residency community by bringing people together to eat and talk early and often.
- Email is the most unreliable communication method during a disaster. Consider using a web-based tool such as Slack or GroupMe for residency wide communication. This needs to be established prior to the disaster.

Some resources for online curriculum

Sonoma County Public Health Preparedness Training: **Website**

Virginia Department of Health Medical Reserve Corps Train Online - Free classes and good orientation to Incident Command Systems (ICS) and much more: **Website**

Disaster Medicine: Recommended Curriculum Guidelines for Family Medicine Residents - American Academy of Family Physicians (AAFP) curriculum and bibliography: **View PDF** **(Appx 18)**

Public Health and Psychosocial Issues of Natural Disasters - Good training by the Australian College of Rural and Remote Medicine, however it is not free: **Website**

Annals of Family Medicine - *On Coming Home After the Fires*: **Download PDF** **(Appx 19)**

Helpful Resources

Psychological Support

Psychological First Aid (PFA) App - App for your phone. Strongly encouraged for all volunteers: **Download App for Phone**

Manuals and websites developed by other organizations

Contra Costa Medical Reserve Corps has a lot of great resources: Website

Butte County Public Health Emergency Preparedness Partners Many resources including great infection control info: Website

Supplies

Direct Relief - Get medical supplies delivered in 24 hours: Website

Medications List - Here is a list of medications that can be useful to have on hand at a shelter (courtesy of the Contra Costa MRC). You can use this list to request supplies from the County DOC, Local Hospital, or Direct Relief: Download PDF (Appx 20)

Supplies List - Here is a list (Courtesy of DEMA) of some supplies that are very important to have at a shelter as you set up medical care. Some of these things are expensive (AED) but many others (Tape, pens, paper, extension cords) may be things you have around the house. All can be purchased without a prescription. This is a great list of things to try to source through social media: Download Excel (Appx 21)

Most Basic List of needed Supplies to Set Up: Download Excel (Appx 1)

Charting

Medical Record Intake Form - This form is the basis for your paper chart. Thank you to Contra Costa MRC for this template: **Download Form**

Med Refill Forms - For use when people request refills. Cut into four: **Download Form (Appx 6)**

Sign Out Sheet - Here is a downloadable form to help track things and people that need to be followed up on from one shift to the next: **Download Form (Appx 7)**

Basic Progress Note - This Medical Progress Notes form has space for a doctor or other medical professional to record observations of condition throughout treatment: **Visit Website to Download Form**

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Organizing Volunteers

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subscription. After you create an account, contact us and we will send you the template.

Disaster Healthcare Volunteers (DHV) - An online registration system for medical and healthcare volunteers. Provides limited liability and workers comp to volunteers: **Website**

Medical Reserve Corp (MRC) - A national network of local groups of volunteers engaging local communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response and recovery capabilities. Provides limited liability and workers comp to volunteers: **Website**

Childcare - When schools close due to disaster, many healthcare workers have no one to take care of their families. This app helps facilitate shared childcare arrangements and can dramatically increase your volunteer pool: **Download App**

Infection Control

List of all EPA registered sanitizers for Norovirus. **(Appx 12)**

Curriculum Suggestions for Residency Programs

Sonoma County Public Health Preparedness Training: **Website**

Virginia Department of Health Medical Reserve Corps Train Online - Free classes and good orientation to Incident Command Systems (ICS) and much more: **Website**

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About the California Academy of Family Physicians (CAFP) North Bay Chapter

During the Tubbs fire in Sonoma County in 2017, hundreds of doctors, nurses and other medical professionals volunteered to provide medical care in evacuation centers. We learned so much from this experience. Then, in 2019, the Kincaid Fire led to the evacuation of almost 200,000 people which really brought home the need to document best practices for future evacuation centers. It was time to write down what we had learned so that others didn't have to reinvent the wheel.

About the California Academy of Family Physicians

California Academy of Family Physicians (CAFP) is the only organization solely dedicated to advancing the specialty of family medicine in the state. Since 1948, CAFP has championed the cause of family physicians and their patients. CAFP is critically important to primary care, with a strong collective voice of more than 10,000 family physicians, family medicine residents and medical student members. CAFP is the largest primary care medical society in California and the largest chapter of the American Academy of Family Physicians.

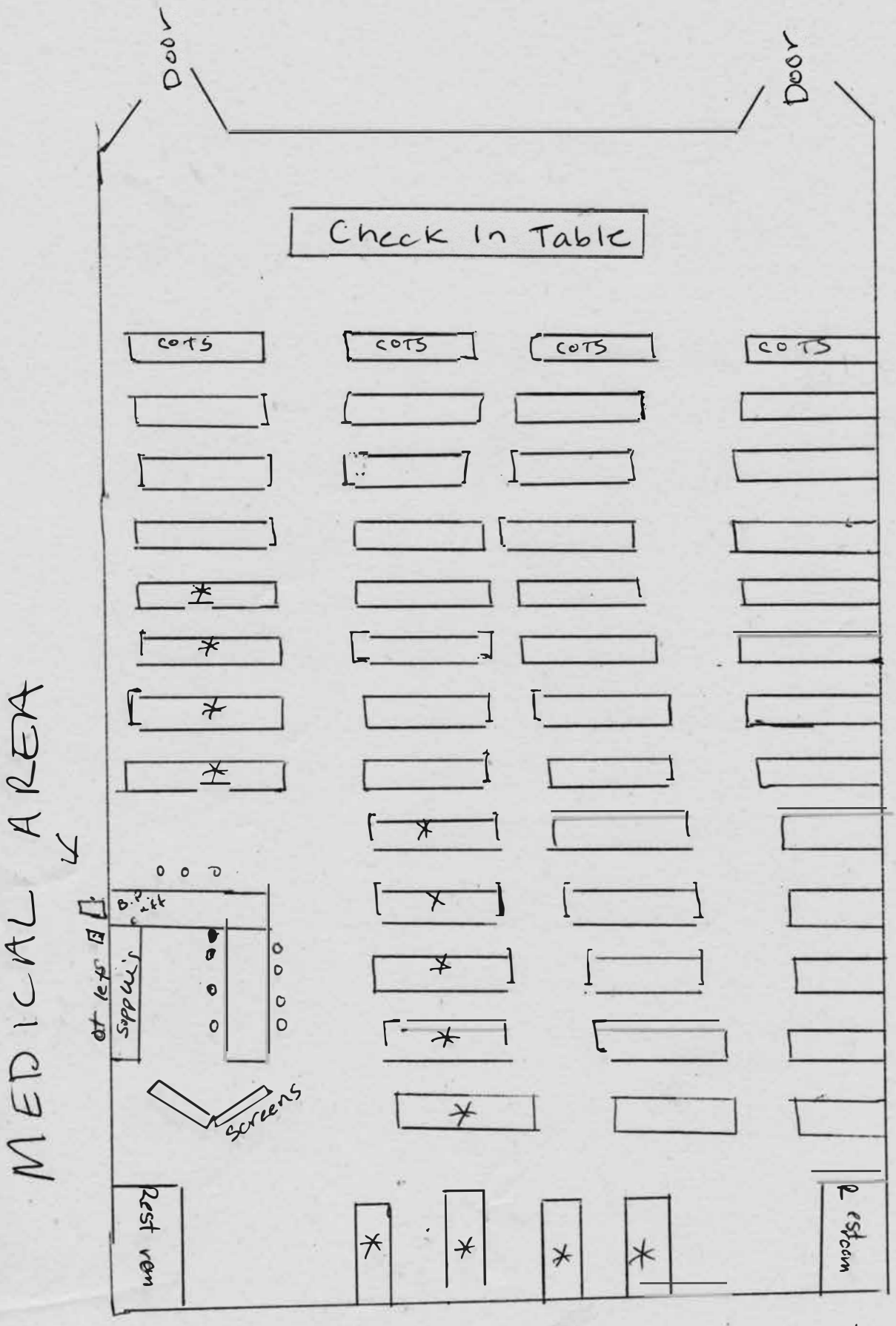
The CAFP is comprised of more than 30 county chapters within 10 districts. Local chapters help the Academy identify member needs, educate the public and advance the specialty of family medicine. For more information on the CAFP or its local chapters, visit www.familydocs.org.

Basic Set Up Supplies

Name

Acetominophen
Albuterol MDI with spacer and nebulizer solution
Alcohol Wipes
Blood Pressure Cuffs-All Sizes
Blankets
Biohazard Bags
Bandages/Bandaids: Multiple styles and sizes
Cleaners-Hydrogen Peroxide Wipes
Cleaners-Bleach Wipes and liquid bleach
Clipboards
Cups:Medicine and Drinking
Diapers - Adult and some infant and baby
Extension cords
Facial tissue
Femimine Products
File box - plastic with alphabetical dividers
Forcepts/tweezers
Gloves- All Sizes Latex Free
Glucometer
Glucometer Strips
Glucometer Lancets
Gowns: Isolation and Examination - All Disposable
Ibuprofen
Insulin: Regular and NPH
Lights: Electrical and Battery Operated
Light,Pen
Meter,Peak Flow Disposable
Masks: N95 and Surgical for Adults and Pediatrics
Nebulizers
Nebulizer Kits
Omeprazole
Otoscope
Oxygen Tanks and Tubing: NC,NRB, Face Masks
Pulse Oximeter
Pack: Hot and Cold
Pads: Chux
Paper for making signs and notes
Paper towels
Pens - ballpoint and markers for making signs
Phone + charger - dedicated to medical station
PPE: Eyewear,Safety Glasses, Isolation Gowns, Fluidshield
POCT Testing Kits: Urine Dipstick,HCG, and Occult Blood
Refridgerator (if no access to one at shelter)
Sanitizer: Hand - Multiple Sizes
Scissors
Stethescope
Syringes: Multiple Sizes and Types Including Insulin
Tums
Thermometers: Oral and Rectal
Tape (blue painter's, scotch, masking, cloth bandage, paper
Urinals, disposible bedside with lids
Wheelchair

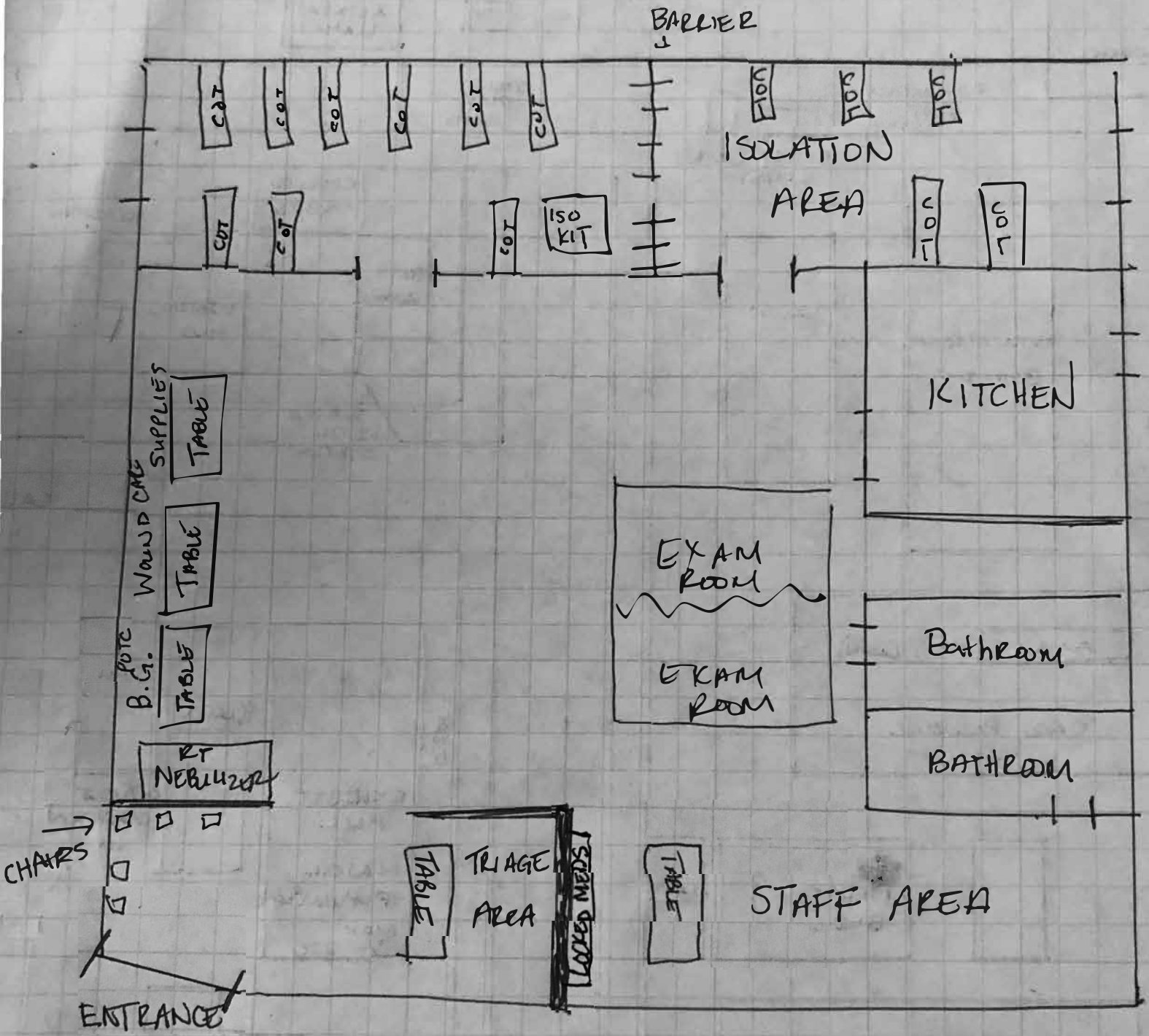
Diagram for 1 room shelter



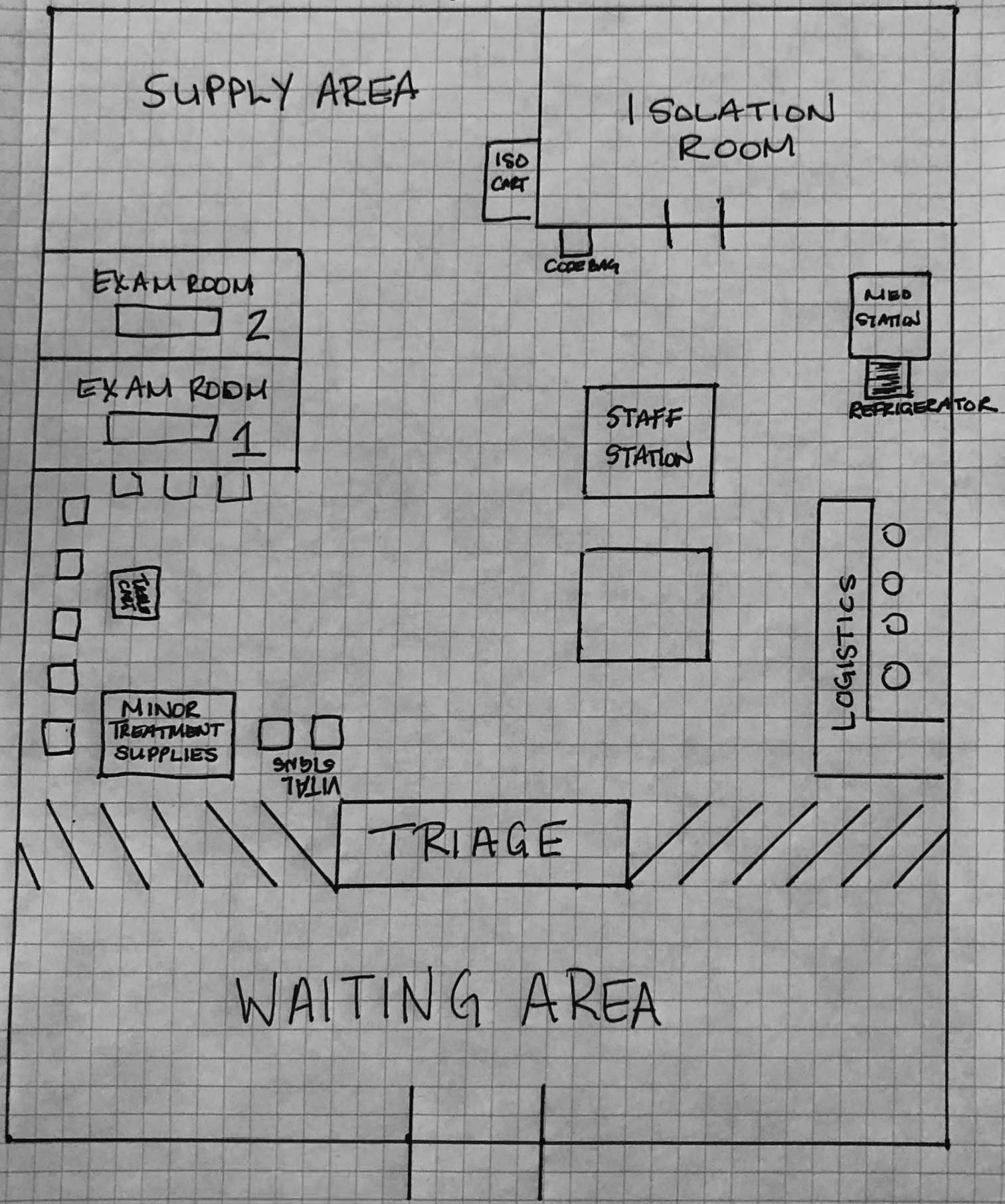
o = chairs

* - reserve for medically fragile

D.E.M.A., INC
PETALUMA FAIRGROUNDS



D.E.M.A., I.N.C. MOBILE MEDICAL TENT



Most Frequently Used Disaster-Related Acronyms

A — D

AAR	After Action Report
ADA	Americans with Disabilities Act of 1990
AES	Animal Emergency Sheltering
APHIS	Animal and Plant Health Inspection Service
ARES	Amateur Radio Emergency Services
AHJ	Authority Having Jurisdiction: person or agency with delegated authority to determine, mandate, and enforce code requirements established by jurisdictional governing bodies
ARC	American Red Cross
CBRNE	Chemical, Biological, Radiological, Nuclear or Explosive
CART	Community/County Animal Response Team
CDC	Centers for Disease Control
CEMP	Comprehensive Emergency Management Plan
CERT	Community Emergency Response Team
CISD	Critical Incident Stress Debriefing
COOP	Continuity of Operations Plan
COMM	Communications
CONOPS	Concept of Operations
CONUS	Continental (or Contiguous) United States
CP	Command Post
CSI	Crime Scene Investigation
DART	Disaster Assistance Response Team
DECON	Decontamination Area or Decontamination Process
DEM	Department or Division of Emergency Management (will sometimes have the state initials in front of it): state entity responsible for disaster planning and response; Demobilization: concluding response to a disaster event
DA	Department of Agriculture
DFO	Disaster Field Office: temporary, local headquarters for FEMA staff and operations during a disaster
DHS	Department of Homeland Security: unifying core for national network of organizations and institutions involved in response to threats and hazards in the United States
DMAT	Disaster Medical Assistance Teams
DNR	Department of Natural Resources
DOD	Department of Defense
DOE	Department of Energy
DOH	Department of Health
DOI	Department of the Interior
DOT	Department of Transportation

Most Frequently Used Disaster-Related Acronyms

DRC	Disaster Recovery Center: facility where applicants may go for information about FEMA or other disaster assistance programs
DSCA	Defense Support to Civil Authority

E — H

EA	Emergency Assistance
EHS	Environmental Health & Safety; Extremely Hazardous Substance
EMA	Emergency Management Agency
EMAC	Emergency Management Assistance Compact
EMI	Emergency Management Institute: organization within FEMA that offers courses for people who have emergency management responsibilities
EMS	Emergency Medical System: first response services such as fire, law enforcement, paramedics
EOC	Emergency Operations Center: physical location at which the coordination of information and resources to support incident management activities takes place
EOP	Emergency Operations Plan: plan each jurisdiction has for responding to appropriate hazards
EPA	Environmental Protection Agency
ER	Emergency Relief
ESF	Emergency Support Function: organizational structure to provide support, resources, program implementation and services most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents

ESF 01	Transportation
ESF 02	Communications
ESF 03	Public Works and Engineering
ESF 04	Firefighting
ESF 05	Emergency Management
ESF 06	Mass Care, Housing and Human Services
ESF 07	Resource Support
ESF 08	Public Health and Medical Services
ESF 09	Urban Search and Rescue
ESF 10	Oil and Hazardous Materials Response
ESF 11	Agriculture and Natural Resources
ESF 12	Energy
ESF 13	Public Safety and Security
ESF 14	Long-term Community Recovery and Mitigation
ESF 15	External Affairs

Most Frequently Used Disaster-Related Acronyms

FIR	ASPCA's Field Investigations and Response Team
FOG	Field Operation Guidelines
GOHSEP	Governor's Office of Homeland Security and Emergency Preparedness (LA)
GIS	Geographic Information Systems
HAZMAT	Hazardous Material
HHS	Health and Human Services
HUREVAC	Hurricane Evacuation

I — O

IA	Individual Assistance; Inter-local Agreements
IA-TAC	Individual Assistance, Technical Assistance Contractor
IAEM	International Association of Emergency Managers
IAP	Incident Action Plan: written plan that defines the response to a specific incident, including objectives, strategy and resources
IC	Incident Commander: person responsible for all incident activities, including strategies, tactics and resources
ICP	Incident Command Post
ICS / IMS	Incident Command System/ Incident Management System: standardized on-scene emergency management organization designed to aid in the management of resources during incidents
IEMS	Integrated Emergency Management System
IMAT	Incident Management Assistance Team
JFO	Joint Field Office
JIC	Joint Information Center: facility established to coordinate all incident-related public information activities
JOC	Joint Operations Center
JITT	Just in Time Training
LEPC	Local Emergency Planning Committee
LOGS	Logistics
MA	Mission Assignment
MAA	Mutual Aid Agreement: agreement between organizations that generally defines the roles each will play during a disaster
MACS	Multi-Agency Coordination System: architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration and information coordination
MASH	Mobile Animal Surgical Hospital; Mobile Army Surgical Hospital
MOU	Memorandum of Understanding: agreement between organizations that very specifically defines the roles each may play during a disaster

Most Frequently Used Disaster-Related Acronyms

MRC	Medical Reserve Corp
MRE	Meal Ready to Eat
MSDS	Material Safety Data Sheet: form that provides workers and emergency personnel with procedures for working with a particular substance in a safe manner
MSPSA	Multi-State Partnership for Security in Agriculture
NARSC	National Animal Rescue and Sheltering Coalition
NASAAEP	National Alliance of State Animal and Agricultural Emergency Programs
NDMS	National Disaster Medical System
NEMA	National Emergency Management Association: professional association for state emergency management directors
NFPA	National Fire Protection Association: the NFPA mission is to reduce the worldwide burden of fire and other hazards
NG	National Guard
NGO	Non-Governmental Organization
NIC	NIMS National Integration Center
NIMS	National Incident Management System: federally-mandated management structure used for disasters
NOAA	National Oceanic & Atmospheric Administration
NVOAD	National Voluntary Organizations Active in Disaster
NWS	National Weather Service
OEM	Office of Emergency Management: local or state department responsible for response plan
OEP	Office of Emergency Preparedness
OHSEP	Office of Homeland Security and Emergency Preparedness (LA)
OPS	Operations OSHA Occupational Safety & Health Administration

P — Z

PA	Public Assistance
PETS Act	Pets Evacuation and Transportation Standards Act of 2006
PIO	Public Information Officer: member of incident command staff responsible for communicating with the public and media
PKEMRA	Post-Katrina Emergency Management Reform Act
POC	Point of Contact
POD	Point of Distribution: locations where the public picks up life-sustaining commodities following a disaster or emergency
PPE	Personal Protective Equipment
PSA	Public Service Advertising, Public Service Announcement
PST	ASPCA's Personnel Support Trailer

Most Frequently Used Disaster-Related Acronyms

RACES	Radio Amateur Civil Emergency Services
RRCC	Regional Response Coordination Center
SAADRA	Southern Animal and Agricultural Disaster Response Alliance
SAR, S&R	Search and Rescue
SART	State Animal Response Team
SITREP	Situation Report
SO	Safety Officer
SOG	Standard Operating Guidelines
SOP	Standard Operating Procedure
SOU	Statement of Understanding
SUA	Shared Use Agreement
TS	Tropical Storm
UC	Unified Command: representatives of multiple organizations who together have authority and responsibility for incident operations and management
USDA	United States Department of Agriculture
USAR	Urban Search and Rescue
VMAT	Veterinary Medical Assistance Team
VRC	Veterinary Reserve Corp

Note: Many definitions in this guide are from the FEMA ICS Resource Center, which includes a more detailed glossary and a wealth of other information about disaster preparedness.

Patient Care Report (PCR)

contra costa county — medical reserve corps

Shelter Name	
Location in Shelter	
Date/ Time:	
Staying Inside Shelter: Y N	

Patient Consent for Care / AMA

I Give Permission For Treatment Of Myself / Spouse / Minor Child: _____ (Signature of Patient / Guardian) _____ (Date)

I Hereby Refuse Treatment and by My Signature, Acknowledge That I Am Doing So Against Medical Advice. I Also Agree to Hold Harmless _____ , and It's Medical Personnel For Any Complications That Result From My Refusal Of Care.

_____ (Signature Of Patient) _____ (Signature Of Witness) _____ (Date)

Patient Identification / Demographics		Gender: M F	Age:
Name:			DOB:
Address:		Phone #: ( )	Pt. Height:
City:	State:	Zip Code:	Pt. Weight:

Primary Care Provider Name/phone #

Pharmacy Name/ Location

Emergency Contact Outside Home / Relation / Phone #

Living Situation: □ Alone □ Relative □ Caregiver **Staying in Shelter: Y N**

Name / Phone#

Need Assistance with Activities of Daily Living (ADLs)? Y N

Explain:

Medical Equipment: (Circle all that apply)

Oxygen	Wheelchair	Walker
CPAP/BiPAP	Glucometer	Cane
Nebulizer	Peritoneal Dialysis	Lift Assist
Wound Care	Tube Feed	Commode

Pertinent Medical Information

Allergies: **NKDA**

Chief Complaint

Past Medical History

Medications (See MAR □)

Patient Care

	Time	Pulse	Resp	B / P	SPO2	Temp	Glucose	Pain Scale	Neuro/ CMS
Vital Signs									

Patient Exam

HEENT/Neck

Resp/Chest

Abd

Genitourinary

Skin/Extremities

Other

Treatment

Provider Name: EMR EMT AEMT EMT-P RN NP PA MD

Provider Signature: **Date:**

Progress Notes (for proceeding encounters)

Initial	Signature	Initial	Signature	Initial	Signature

Sign Out Sheet

Shelter Building_____

Date_____

Name	Where in shelter?	Has chart?	To Do

Name	Name
Date of Birth	Date of Birth
Medication(s)/Strength	Medication(s)/Strength
Pharmacy	Pharmacy
Who will Pick up	Who will Pick up
Insurance Carrier	Insurance Carrier
Insurance Number	Insurance Number
CoPay	CoPay
Doctor/Clinic name	Doctor/Clinic name
Location in Shelter	Location in Shelter
Cell phone #	Cell phone #

Name	Name
Date of Birth	Date of Birth
Medication(s)/Strength	Medication(s)/Strength
Pharmacy	Pharmacy
Who will Pick up	Who will Pick up
Insurance Carrier	Insurance Carrier
Insurance Number	Insurance Number
CoPay	CoPay
Doctor/Clinic name	Doctor/Clinic name
Location in Shelter	Location in Shelter
Cell phone #	Cell phone #

Medication Record

Name: _____

Date	Medication	Dose Given	Frequency (i.e. 2x per day)	Time	am / pm

Nebulizer Treatment Log

Name: _____ Start Date: _____

Date	Time	Medication		Respiratory Rate		Pulse Rate		Oxygen Saturation		Lung Sounds		Total Time
		Type	Dosage	Before	After	Before	After	Before	After	Before	After	

ACUTE PATIENTS

Name	Arrival Date	HPI	PMH/ PSH	Home Meds	Vitals	Notes/Findings	ToDo	Self-administers meds?	Dispo	Contact Info

EPA's Registered Antimicrobial Products Effective Against Norovirus (feline calicivirus) [List G]
Date Accessed: 10/17/2024

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
100629-2	Quaternary ammonium	Stize RTU+	Florida Biotech, LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
100777-1	Hypochlorous acid	EWCO 200	EWOC LLC	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
100798-1	Hypochlorous acid	Nanocyn	Microsafe Group	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
10324-105	Quaternary Ammonium	Maquat 128 PD	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-108	Quaternary Ammonium	Maquat 256-MN	Mason Chemical Company	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-112	Quaternary Ammonium	Maquat 128-MN	Mason Chemical Company	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-113	Quaternary Ammonium	Maquat 64-MN	Mason Chemical Company	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-114	Quaternary Ammonium	Maquat 32-MN	Mason Chemical Company	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-115	Quaternary Ammonium	Maquat 750-M	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-117	Quaternary Ammonium	Maquat 710-M	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-141	Quaternary ammonium	Maquat 256-NHQ	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
							Residential
10324-154	Quaternary ammonium	Maquat 64-NHQ	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-155	Quaternary ammonium	Maquat 128-NHQ	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-157	Quaternary ammonium	Maquat 32-NHQ	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-177	Quaternary ammonium	Maquat 705-M	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-198	Quaternary ammonium	Maquat 702.5-M	Mason Chemical Company	10	Dilutable	Porous (P) (laundry presoak)	Hospital; Institutional; Residential
10324-214	Hydrogen Peroxide and Paracetic Acid	Maguard 5626	Mason Chemical Company	2	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-230	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Maguard 1522	Mason Chemical Company	1	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-238	Quaternary Ammonium	Maquat 11-D	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-239	Quaternary Ammonium	Maquat 11-FD	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-240	Quaternary Ammonium	Maquat 2.75-D	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-241	Quaternary Ammonium	Maquat 2.75-FD	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
10324-242	Quaternary Ammonium	Maquat 5.5-D	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-58	Quaternary Ammonium	Maquat 128	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-59	Quaternary Ammonium	Maquat 64	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-72	Quaternary ammonium	Maquat 615-HD	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-80	Quaternary ammonium	Maquat 5.5-M	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-81	Quaternary ammonium	Maquat 7.5-M	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN); Porous (Laundry pre-soak)	Hospital; Institutional; Residential
10324-93	Quaternary Ammonium	Maquat 64 PD	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1043-119	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	SPOR-KLENZ Ready To Use	Steris Corporation	10	Ready-to-use	Hard Nonporous (HN)	Institutional
1043-127	Phenolic	LpH® IIIse Phenolic Disinfectant	Steris Corporation	10	Dilutable	Hard Nonporous (HN)	Hospital
1043-128	Phenolic	Vesphene IIIse Phenolic Disinfectant	Steris Corporation	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
1043-129	Quaternary ammonium; Isopropanol (Isopropyl alcohol)	Vesta-Syde SQ64 Ready-to-Use Disinfectant	Steris Corporation	10	Ready-to-use	Hard Nonporous (HN)	Institutional
1043-90	Quaterary Ammonium	Process NPD	Steris Corporation	10	Dilutable	Hard Nonporous (HN)	Institutional

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
11346-2	Sodium Hypochlorite	Clorox HL	The Clorox Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
11346-3	Sodium Hypochlorite	Clorox HW	The Clorox Company	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Institutional; Residential
11346-4	Quaternary Ammonium	Clorox QS	The Clorox Company	0.5	Ready-to-use	Hard Nonporous (HN)	Institutional; Residential
11346-6	Sodium Hypochlorite	Clorox HS	The Clorox Company	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
12120-4	Peroxyacetic acid (Peracetic acid); Hydrogen peroxide	SSS Synersys Sporicidal Disinfectant	Standardized Sanitation Systems Inc	2	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
12446-20002	Quaternary Ammonium	Quintagen	Zee Company	10	Dilutable	Hard Nonporous (HN); Porous (Laundry pre-soak)	Hospital; Institutional; Residential
1677-129	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Oxonia Active	Ecolab Inc	3	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
1677-193	Peroxyacetic acid (Peracetic acid); Hydrogen peroxide	AdvaCare 120 Sanitizer/Sour	Ecolab Inc	5	Dilutable	Porous (P) (laundry presoak)	Hospital; Institutional
1677-202	Quaternary Ammonium	66 Heavy Duty Alkaline Bathroom Cleaner and Disinfectant	Ecolab, Inc.	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1677-204	Octanoic Acid	65 Disinfecting Heavy Duty Acid Bathroom Cleaner	Ecolab Inc.	3	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
1677-209	Hydrogen Peroxide; Peroxyacetic Acid (Peracetic Acid); Caprylic Acid	Octave FS	Ecolab, Inc.	10	Dilutable	Hard Nonporous (HN)	Institutional
1677-21	Quaternary Ammonium	Mikro-Quat	Ecolab, Inc.	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
1677-216	Sodium Chlorite	Exspor Base Concentrate	Ecolab, Inc.	5	Dilutable	Hard Nonporous (HN)	Institutional
1677-226	Hydrogen peroxide; Octanoic acid; Peroxyacetic acid (Peracetic acid)	Virasept	Ecolab Inc	4	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
1677-233	Quaternary ammonium	Multi-Purpose Disinfectant Cleaner	Ecolab Inc	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1677-235	Sodium Hypochlorite	Bath and TILE Disinfecting Cleaner	Ecolab Inc.	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
1677-237	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Oxycide Daily Disinfectant Cleaner	Ecolab Inc	3	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1677-238	Hydrogen peroxide	Peroxide Multi Surface Cleaner and Disinfectant	Ecolab Inc	2	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1677-251	Hydrogen Peroxide	Peroxide Disinfectant and Glass Cleaner RTU	Ecolab Inc	0.75	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
1677-256	Quaternary Ammonium	FSC 35K	Ecolab, Inc.	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
1677-259	Dodecylbenzenesulfonic acid; L-Lactic acid	CW32A-RTU	Ecolab Inc	0.5	Ready-to-use; Electrostatic spray	Hard Nonporous (HN); Residual	Hospital; Institutional
1677-260	Dodecylbenzenesulfonic acid; L-Lactic acid	S&S Sanitizer	Ecolab Inc	0.5	Dilutable; Electrostatic spray	Hard Nonporous (HN); Residual	Hospital; Institutional
1677-262	Dodecylbenzenesulfonic acid	Disinfectant 1 Spray	Ecolab Inc	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
1677-263	Dodecylbenzenesulfonic acid	Disinfectant 1 Wipe	Ecolab Inc	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional
1677-264	Quaternary Ammonium	XLS-CQC	Ecolab	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
1677-272	Dodecylbenzenesulfonic acid	Multi-Purpose Plus Disinfectant Cleaner	Ecolab Inc	0.5	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
1677-273	Dodecylbenzenesulfonic acid	Multi-Purpose Plus Disinfectant Cleaner RTU	Ecolab Inc	0.5	Ready-to-use; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
1677-275	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	KX-6257	Ecolab Inc	2	Dilutable	Hard Nonporous (HN)	Institutional
1677-276	Sodium dichloroisocyanurate	KAY-5 Sanitizer/ Cleaner Tablet	Ecolab, Inc.	1	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
178-9	Sodium dichloroisocyanurate	Stera-sheen Green Label Sanitizer & Cleaner	Purdy Products Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
1839-100	Quaternary ammonium	Veterinarian Type Disinfectant	Stepan Company	10	Dilutable	Hard Nonporous (HN)	Institutional
1839-174	Quaternary ammonium	Stepan Towelette	Stepan Company	1	Ready-to-use/ Wipe	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional; Residential
1839-190	Quaternary ammonium	Stepan Disinfectant Wipe	Stepan Company	2	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
1839-211	Quaternary Ammonium	SC-AHD-64	Stepan Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1839-212	Quaternary Ammonium	SC-AHD-256	Stepan Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1839-213	Quaternary ammonium	SC-AHD-128	Stepan Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1839-220	Quaternary Ammonium	SC-RTU Disinfectant Cleaner	Stepan Company	2	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
							Residential
1839-223	Quaternary ammonium	SCTB Wipe	Stepan Company	10	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional
1839-225	Quaternary Ammonium	SC-RTU-TB	Stepan Company	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
1839-244	Quaternary ammonium	SC-5:64HN	Stepan Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
1839-245	Quaternary ammonium	SC-5:256HN	Stepan Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
1839-246	Quaternary ammonium	SC-5:128HN	Stepan Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
1839-248	Quaternary ammonium	Stepan Spray Disinfectant Concentrate	Stepan Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1839-79	Quaternary Ammonium	NP 4.5 Detergent/ Disinfectant	Stepan Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1839-81	Quaternary Ammonium	NP 9.0 Detergent/ Disinfectant	Stepan Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1839-83	Quaternary Ammonium	Detergent Disinfectant Pump Spray	Stepan Company	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
1839-94	Quaternary ammonium	NP 3.2 (D&F) Detergent/ disinfectant	Stepan Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1839-95	Quaternary ammonium	NP 4.5 (D&F) Detergent/ disinfectant	Stepan Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
1839-96	Quaternary Ammonium	NP 9.0 (D&F) Detergent/ Disinfectant	Stepan Company	10	Dilutable	Hard Nonporous (HN)	Residential

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
2686-23	Hydrogen Peroxide; Ethaneperoxoic acid	Hydrite PAA HP 5.9:27.3	Hydrite Chemical	10	Dilutable	Hard Nonporous (HN)	Institutional
34810-25	Thymol	Ready to Use Thymol	Wexford Labs Inc	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
34810-31	Phenolic	Wex-cide 128	Wexford Labs Inc	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
34810-35	Citric Acid	Cleancide	Wexford Labs, Inc.	3	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
34810-36	Citric Acid	Clean-cide Wipes	Wexford Labs, Inc.	5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
34810-37	Citric Acid	Wexford Disinfectant Wipes	Wexford Labs, Inc.	5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
3573-54	Citric acid	Comet Disinfecting Bathroom Cleaner	The Proctor & Gamble Company	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
3573-77	Sodium Hypochlorite	CSP-3002-3	The Proctor & Gamble Company	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
3573-92	Sodium Hypochlorite	MIA-2	The Proctor & Gamble Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
3573-96	Quaternary ammonium	Malibu Concentrate	The Proctor & Gamble Company	3	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
37549-1	Sodium Hypochlorite	Micro-Kill Bleach Germicidal Bleach Wipes	Medline Industries Inc.	0.5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
37549-2	Sodium Hypochlorite	Micro-Kill Bleach Germicidal Bleach Solution	Medline Industries Inc.	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
3862-188	Phenolic	Disinfectant Spray 2	ABC Compounding Co Inc	3	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
39967-137	Potassium	Virkon S	Lanxess	10	Dilutable	Hard Nonporous	Institutional

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
	peroxymonosulfate; Sodium chloride		Corporation			(HN)	
39967-138	Sodium Chloride; Potassium Peroxymonosulfate	Rely+On MultiPurpose Disinfectant Cleaner	Lanxess Corporation	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
4091-20	Quaternary ammonium	Phoenix 2	W.M. Barr & Company Inc	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
42048-4	L-Lactic acid	Sani-Cide EX3 (10X) RTU	Celeste Industries Corp	3	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
42182-13	Quaternary ammonium; Ethanol (Ethyl alcohol)	Ironman Wipe	Microban Products Company	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
42182-9	Quaternary ammonium; Ethanol (Ethyl alcohol)	Firebird F130	Microban Products Company	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
42964-17	Ethanol; Quaternary Ammonium	AseptiCare	Airkem Professional Products	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
45745-11	Hydrogen Peroxide	HP2O2	Midlab	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
45745-12	Hydrogen peroxide	Facility + RTU	Midlab	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
46781-12	Quaternary ammonium; Ethanol (Ethyl alcohol); Isopropanol (Isopropyl alcohol)	Cavicide 1	Metrex Research	3	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
46781-14	Sodium Hypochlorite	CaviWipes Bleach	Metrex Research	3	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
46781-15	Sodium Hypochlorite	Cavicide Bleach	Metrex Research	3	Ready-to-use	Hard Nonporous	Hospital;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
						(HN)	Institutional; Residential
46781-17	Quaternary ammonium; Isopropanol (Isopropyl alcohol)	CWN-07-W	Metrex Research	2	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
46781-18	Hydrogen Peroxide	HP-Wipe-36	Metrex Research	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
46781-19	Quaternary ammonium; Ethanol (Ethyl alcohol)	QHA-45-W	Metrex Research	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
46781-20	Hydrogen Peroxide	HP-Solution-36	Metrex Research	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
4822-548	Triethylene glycol; Quaternary ammonium	Scrubbing Bubbles® Multi-Purpose Disinfectant	S.C. Johnson & Son Inc	5	Pressurized liquid	Hard Nonporous (HN)	Hospital; Institutional; Residential
4822-593	L-Lactic acid	Windex Disinfectant Cleaner	S.C. Johnson & Son Inc	10	Ready-to-use	Hard Nonporous (HN)	Institutional; Residential
4822-613	Quaternary ammonium	Scrubbing Bubbles® Disinfectant Bathroom Grime Fighter	S.C. Johnson & Son Inc	5	Ready-to-use	Hard Nonporous (HN)	Institutional; Residential
4959-1	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Acidishine	West Agro Inc	10	Dilutable	Hard Nonporous (HN)	Institutional
4959-16	Iodine	ZZZ Disinfectant	West Agro Inc	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
50757-5	Citric acid	G&O CARTU	Guy & O'Neill Inc	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
54289-4	Hydrogen Peroxide; Peroxyacetic Acid (Peracetic Acid)	Peraclean 15% (Peroxyacetic Acid Solution)	Evonik Corporation	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
56392-7	Sodium Hypochlorite	Dispatch Hospital Cleaner Disinfectant with Bleach	Clorox Professional Products Company	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
56392-8	Sodium Hypochlorite	Dispatch Hospital Cleaner Disinfectant Towels with Bleach	Clorox Professional Products Company	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional
5741-22	Ethanol (Ethyl alcohol); Phenolic	Steripene II Brand Disinfectant Deodorant	Spartan Chemical Company Inc	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
5741-28	Sodium Hypochlorite	Tumult	Spartan Chemical Company, Inc.	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
5741-33	Hydrogen peroxide	Profect HP	Spartan Chemical Company Inc	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
5741-36	Ethanol; Isopropyl Alcohol	FP Ethyl Sanitizer	Spartan Chemical Company, Inc.	2	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
5741-37	Hydrogen Peroxide	Profect HP Concentrate	Spartan Chemical Company, Inc.	1	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
5813-100	Sodium Hypochlorite	Clorox Regular Bleach1	The Clorox Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
5813-102	Sodium Hypochlorite	CGB1	The Clorox Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
5813-103	Sodium Hypochlorite	CGB3	The Clorox Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
5813-104	Sodium Hypochlorite	CGB4	The Clorox Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
5813-105	Sodium Hypochlorite	HBL	The Clorox Company	1	Ready-to-use	Hard Nonporous (HN)	Residential

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
5813-106	Sodium Hypochlorite	AXL	The Clorox Company	1	Ready-to-use	Hard Nonporous (HN)	Institutional; Residential
5813-110	Hydrogen peroxide	Clorox Pet Solutions Advanced Formula Disinfecting Stain & Odor Remover	The Clorox Company	10	Ready-to-use	Hard Nonporous (HN)	Institutional; Residential
5813-111	Sodium hypochlorite	Clorox Disinfecting Bleach2	The Clorox Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
5813-114	Sodium hypochlorite	Clorox Performance Bleach1	The Clorox Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
5813-120	Sodium hypochlorite	CRB	The Clorox Company	6	Dilutable	Hard Nonporous (HN); Porous (Laundry pre-soak)	Hospital; Institutional; Residential
5813-121	Sodium hypochlorite	CRB I	The Clorox Company	6	Dilutable	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR); Porous (P) (laundry presoak only)	Hospital; Institutional; Residential
5813-124	Sodium hypochlorite	Clorox Bleach Blanqueador	The Clorox Company	5	Dilutable	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional; Residential
5813-127	Citric acid	CAT	The Clorox Company	5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
5813-134	Citric acid	Atticus	The Clorox Company	0.5	Ready-to-use	Hard Nonporous (HN)	Institutional; Residential
5813-135	Citric Acid	Pyn	The Clorox Company	2	Dilutable	Hard Nonporous (HN)	Residential
5813-21	Sodium hypochlorite	Clorox Clean Up Cleaner + Bleach	The Clorox Company	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
							Residential
5813-99	Sodium Hypochlorite	Wave	The Clorox Company	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Institutional; Residential
58300-27	Hydrogen Peroxide; Ethaneperoxoic acid	HyCide	Conseal International, Inc	2	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
58300-28	Quaternary ammonium	SaniKleen-512	Conseal International, Inc	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
61178-1	Quaternary Ammonium	D-125	Microgen, Inc	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
61178-2	Quaternary ammonium	Public Places	Microgen, Inc.	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
61178-4	Quaternary ammonium	Public Places Towelette	Microgen, Inc	10	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
61178-5	Quaternary Ammonium	CCX-151	Microgen, Inc.	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
63679-2	Quaternary ammonium	KC-644	Packers Sanitiation Services, Inc	10	Dilutable	Hard Nonporous (HN)	Institutional
63761-10	Quaternary ammonium; Sodium carbonate peroxyhydrate	Sterilex Ultra Step	Sterilex	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
63761-13	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Sterilex PAA 5.9	Sterilex	2	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
63761-5	Quaternary Ammonium; Sodium perCarbonate	Sterilex Ultra Powder	Sterilex Corporation	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
63761-8	Hydrogen Peroxide; Quaternary Ammonium	Sterilex Ultra Disinfectant Cleaner	Sterilex Corporation	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
		Solution 1					Residential
63838-15	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Peraspray	Enviro Tech Chemical Services Inc	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
63838-36	Quaternary ammonium	EP-Q7.5	Enviro Tech Chemical Services Inc	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
65402-3	Peroxyacetic acid (Peracetic acid); Hydrogen peroxide	VigorOx SP-15 Antimicrobial Agent	PeroxyChem LLC	5	Dilutable	Hard Nonporous (HN)	Institutional
65402-9	Peroxyacetic acid (Peracetic acid); Hydrogen peroxide	VigorOx 15/10 Antimicrobial Agent	PeroxyChem LLC	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
66171-106	Potassium peroxymonosulfate; Sodium chloride	Neogen Viroxide Super	Preserve International	10	Dilutable	Hard Nonporous (HN)	Institutional
66171-107	Quaternary ammonium; Glutaraldehyde	Synergize RTU	Preserve International	10	Ready-to-use	Hard Nonporous (HN)	Institutional
66171-7	Quaternary ammonium; Glutaraldehyde	Synergize	Preserve International	10	Dilutable	Hard Nonporous (HN)	Institutional
66570-2	Sodium dichloroisocyanurate	EfferSan™	Activon Inc	5	Solid	Hard Nonporous (HN)	Hospital; Institutional; Residential
6659-3	Quaternary Ammonium	Spray Nine	ITW PerMatex, Inc.	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-12	Sodium Hypochlorite	CPPC Tsunami	Clorox Professional Products Company	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-13	Sodium Hypochlorite	CPPC Storm	Clorox Professional Products Company	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional
67619-17	Sodium Hypochlorite	Clorox Commercial Solutions Clorox Cleanup Disinfectant	Clorox Professional Products Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
		Cleaner with Bleach 1					
67619-20	Quaternary Ammonium	Clorox Broad Spectrum Quaternary Disinfectant Cleaner	Clorox Professional Products Company	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-21	Ethanol; Quaternary ammonia	Carb	Clorox Professional Products Company	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-24	Hydrogen Peroxide	Blondie	Clorox Professional Products Company	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-25	Hydrogen peroxide	Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant Wipes	Clorox Professional Products Company	2	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-26	Sodium Hypochlorite	Clorox CareConcepts Germicidal Bleach	Clorox Professional Products Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-27	Sodium Hypochlorite	Buster	Clorox Professional Products Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-28	Sodium Hypochlorite	Milo	Clorox Professional Products Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-30	Sodium Hypochlorite	GNR	Clorox Professional Products Company	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
67619-32	Sodium Hypochlorite	PPD Puma	Clorox Professional Products Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-33	Hydrogen peroxide	Clorox Commercial Solutions® Clorox® Disinfecting Biostain & Odor Remover	Clorox Professional Products Company	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-35	Peroxyacetic acid (Peracetic	Blacksmith	Clorox	1	Ready-to-use	Hard Nonporous	Hospital;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
	acid); Hydrogen peroxide		Professional Products Company			(HN)	Institutional
67619-37	Quaternary ammonium	Clorox Hospital® VersaSure® Wipes	Clorox Professional Products Company	5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-38	Quaternary Ammonium	Clorox Commercial Solutions® Clorox Total 360™ Disinfectant Cleaner	Clorox Professional Products Company	2	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-40	Sodium Hypochlorite	TNT	Clorox Professional Products Company	1	Ready-to-use	Hard Non-Porous (HN)	Hospital; Institutional; Residential
67619-43	Quaternary ammonium	Libertad	Clorox Professional Products Company	5	Ready-to-use/ Wipe	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional; Residential
67619-44	Citric acid	Crush	Clorox Professional Products Company	2	Ready-to-use	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional; Residential
67619-45	L-Lactic Acid	Shrub	Clorox Professional Products Company	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-48	Citric Acid	Verde	Clorox Professional Products Company	5	Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-8	Sodium Hypochlorite	CPPC Ultra Bleach 2	Clorox Professional Products Company	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-136	Quaternary Ammonium	Lonza Formulation S-18F	Arxada, LLC, Inc.	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-139	Quaternary Ammonium	Lonza Formulation R82F	Arxada, LLC, Inc.	10	Dilutable; Electrostatic	Hard Nonporous (HN)	Hospital; Institutional;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
					spray		Residential
6836-140	Quaternary Ammonium	Lonza Formulation S-21F	Arxada, LLC, Inc.	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-152	Quaternary Ammonium	Lonza Formulation DC103	Arxada, LLC, Inc.	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-233	Quaternary Ammonium	Bardac 205M-50	Arxada, LLC, Inc.	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-245	Quaternary Ammonium	CSP-46	Arxada, LLC, Inc.	3	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-266	Quaternary Ammonium	Bardac 205M-10	Arxada, LLC, Inc.	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-277	Quaternary Ammonium	Bardac 205M-1.30	Arxada, LLC, Inc.	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-278	Quaternary Ammonium	Bardac 205M-14.08	Arxada, LLC, Inc.	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-289	Quaternary Ammonium	Bardac 205M RTU	Arxada, LLC, Inc.	10	Ready-to-use; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-302	Quaternary Ammonium	Bardac 205M-2.6	Arxada, LLC, Inc.	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-303	Quaternary Ammonium	Bardac 205M-5.2	Arxada, LLC, Inc.	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-305	Quaternary Ammonium	Bardac 205M-23	Arxada, LLC, Inc.	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential

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6836-333	Quaternary Ammonium	MMR-4U	Arxada, LLC, Inc.	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-340	Quaternary ammonium	Lonza Disinfectant Wipes Plus 2	Arxada, LLC	10	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-346	Quaternary Ammonium	Lonzaguard RCS-256	Arxada, LLC LLC	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-347	Quaternary Ammonium	Lonzaguard RCS-128	Arxada, LLC LLC	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-348	Quaternary Ammonium	Lonzaguard RCS-128 Plus	Arxada, LLC LLC	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-349	Quaternary Ammonium	Lonzaguard RCS-256 Plus	Arxada, LLC LLC	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-356	Quaternary ammonium	Carbosan 50D	Arxada, LLC	5	Dilutable	Hard Nonporous (HN)	Institutional; Residential
6836-357	Quaternary ammonium	Carbosan 20D	Arxada, LLC	5	Dilutable	Hard Nonporous (HN)	Institutional; Residential
6836-358	Quaternary ammonium	Carbosan 7.5D	Arxada, LLC	5	Dilutable	Hard Nonporous (HN)	Institutional; Residential
6836-361	Quaternary Ammonium	Nugen MB5A-256	Arxada, LLC LLC	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-362	Quaternary Ammonium	Nugen MB5A-128	Arxada, LLC LLC	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-363	Quaternary Ammonium	Nugen MB5A-64	Arxada, LLC LLC	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
6836-364	Quaternary Ammoniums	Nugen MB5N-256	Arxada, LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-365	Quaternary ammonium	Nugen MB5N-128	Arxada, LLC	5	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-366	Quaternary ammonium	Nugen MB5N-64	Arxada, LLC	5	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-372	Quaternary ammonium	Nugen 2m Disinfectant Wipes	Arxada, LLC	2	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-379	Quaternary ammonium	Nugen NR Disinfecant Wipes	Arxada, LLC	5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-381	Quaternary ammonium	Lonzagard R-82G	Arxada, LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-385	Hydrogen peroxide	DS-6640	Arxada, LLC	3	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-388	Hydrogen peroxide	DS6809	Arxada, LLC	3	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-442	Hydrogen peroxide	DS6835	Arxada, LLC	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
6836-445	PHMB; Quaternary ammonium	Nugen NR RTU	Arxada, LLC	4	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-446	PHMB; Quaternary ammonium	Nugen NR-128	Arxada, LLC	4	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-508	Quaternary ammonium	Nugen MB5A-4	Arxada, LLC	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
							Residential
6836-513	Citric Acid	Nugen Citric-Guard Plus 16	Arxada, LLC	2	Ready to Use	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-514	Citric Acid	Nugen Citric-Guard Plus 6	Arxada, LLC	2	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-517	Hydrogen peroxide	Nugen EHP-TB Disinfecting Wipes	Arxada, LLC	0.5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-70	Quaternary Ammonium	Bardac 205M-7.5B	Arxada, LLC, Inc.	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-75	Quaternary Ammonium	Lonza Formulation S-21	Arxada, LLC, Inc.	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
6836-77	Quaternary Ammonium	Lonza Formulation S18	Arxada, LLC, Inc.	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
6836-78	Quaternary ammonium	Lonza Formulation R-82	Arxada, LLC	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
69268-4	Hydrogen peroxide	Envirox Storm	Envirox, LLC	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
69470-37	Sodium dichloroisocyanurate	Clearon Bleach Tablets	Clearon Corporation	10	Solid	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional; Residential
69687-1	Sodium Hypochlorite	Micro-Kill Bleach Germicidal Bleach Wipes	Medline Industries Inc.	0.5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional
70060-19	Sodium Chlorite; Sodium dichlorosocyanurate dihydrate	Aseptrol S10-TAB	BASF Corporation	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
70144-4	Quaternary ammonium; Ethanol (Ethyl alcohol)	Opti-cide Max Wipes	Micro-Scientific LLC	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
70144-5	Quaternary ammonium; Ethanol (Ethyl alcohol)	Opti-cide Max	Micro-Scientific LLC	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
70271-13	Sodium Hypochlorite	Pure Bright Germicidal Ultra Bleach	KIK International, Inc.	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
70271-24	Sodium Hypochlorite	Tecumseh B	KIK International, Inc.	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
70385-6	Quaternary ammonium	QGC	Prorestore Products	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
70385-8	Quaternary ammonium	Professional Strength Multi-Purpose Antibacterial Cleaner	Prorestore Products	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
70590-1	Sodium hypochlorite	Hype-Wipe	Current Technologies Inc	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional
70590-2	Sodium Hypochlorite	Bleach-Rite Disinfecting Spray with Bleach	Current Technologies Inc	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
70627-2	Quaternary Ammonium	Disinfectant D.C. 100	Diversey, Inc.	0.5	Ready-to-use	Hard Non-Porous (HN)	Hospital; Institutional
70627-23	Quaternary Ammonium	VIREX II/ 64	Diversey, Inc.	10	Dilutable	Hard Non-Porous (HN)	Hospital; Institutional
70627-56	Hydrogen Peroxide	Oxivir TB	Diversey, Inc.	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
70627-58	Hydrogen Peroxide	Oxy-Team Disinfectant Cleaner	Diversey, Inc.	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
70627-60	Hydrogen Peroxide	Oxivir Wipes	Diversey Inc.	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
							Residential
70627-62	Hydrogen Peroxide	Phato 1:64 Disinfectant Cleaner	Diversey, Inc.	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
70627-72	Sodium hypochlorite	Avert Sporicidal Disinfectant Cleaner	Diversey Inc	1	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
70627-74	Hydrogen Peroxide	Oxivir 1	Diversey Inc.	0.5	Ready-to-use	Hard Non-Porous (HN)	Hospital; Institutional
70627-75	Sodium hypochlorite	Avert Sporicidal Disinfectant Cleaner Wipes	Diversey Inc	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional
70627-77	Hydrogen peroxide	Oxivir™ 1 Wipes	Diversey Inc	0.5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional
70627-78	Hydrogen Peroxide	Suretouch	Diversey, Inc.	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
70627-79	Hydrogen peroxide	Oxivir™ HC Disinfectant Cleaner	Diversey Inc	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
70627-80	Hydrogen peroxide	Oxivir™ HC Wipes	Diversey Inc	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
70627-82	Hydrogen peroxide	Oxivir Three 64	Diversey Inc	3	Dilutable	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional; Residential
70627-83	Hydrogen peroxide	Alpha - HP 5	Diversey Inc	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
70627-84	Quaternary ammonium	Virex Plus	Diversey Inc	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
71847-2	Sodium dichloro-s-triazinetrione	Klor-Kleen	Medentech Ltd.	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
71847-6	Sodium dichloro-s-triazinetrione	Klorsept	Medentech LTD.	1	Dilutable	Hard Nonporous (HN)	Hospital; Institutional;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
							Residential
71847-7	Sodium dichloro-s-triazinetrione	Klorkleen 2	Medentech LTD.	1	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
72977-3	Citric Acid; Silver Ion	Axen 30	ETI H2O, Inc.	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
72977-5	Citric Acid; Silver Ion	SDC3A	ETI H2O, Inc.	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
73232-1	Isopropyl Alcohol; Quaternary Ammonium	AlPet D2	Best Sanitizers, Inc.	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
74436-1	Quaternary ammonium	EasyDECON Part 1	EFT Holdings Inc	10	Ready-to-use	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional; Residential
74436-2	Hydrogen peroxide	EasyDECON Part 2	EFT Holdings Inc	10	Ready-to-use	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional; Residential
74559-1	Hydrogen Peroxide	Accel TB	Virox Technologies Inc.	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
74559-10	Hydrogen Peroxide	Oxy-1 Wipes	Virox Technologies Inc.	0.5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
74559-12	Hydrogen peroxide	Oxy 5 Concentrate Disinfectant Cleaner	Virox Technologies, Inc	5	Dilutable	Hard Nonporous (HN)	Institutional
74559-13	Citric acid	Citri-1 Wipes	Virox Technologies, Inc.	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
74559-14	Citric Acid	Citri-1 RTU	Virox Technologies, Inc.	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
							Residential
74559-3	Hydrogen Peroxide	Accel TB Wipes	Virox Technologies Inc.	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional
74559-4	Hydrogen Peroxide	Accel (Concentrate) Disinfectant Cleaner	Virox Technologies, Inc.	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
74559-6	Hydrogen Peroxide	Oxy-Res (Concentrate)	Virox Technologies, Inc.	5	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
74559-8	Hydrogen Peroxide	Accel 5 RTU	VIROX Technologies, Inc.	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
74559-9	Hydrogen Peroxide	Oxy-1 RTU	Virox Technologies Inc.	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
74986-4	Sodium Chlorite	Selectrocide 2L500	Selective Micro Technologies, LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
74986-5	Sodium Chlorite	Selectrocide 5G	Selective Micro Technologies, LLC	10	Generator	Hard Nonporous (HN)	Hospital; Institutional
777-127	Quaternary ammonium; Ethanol (Ethyl alcohol)	Lysol® Disinfectant Max cover Mist	Reckitt Benckiser LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
777-139	Citric acid	T-bone	Reckitt Benckiser LLC	4	Ready-to-use/ Wipe	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional; Residential
777-141	Ethanol (Ethyl alcohol)	Coleslaw	Reckitt Benckiser LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
777-146	Quaternary Ammonium	Nodo	Reckitt Benckiser, LLC	10	Dilutable	Hard Nonporous (HN)	Institutional; Residential
777-66	Quaternary ammonium	Lysol® Brand All Purpose Cleaner	Reckitt Benckiser LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
777-71	Quaternary ammonium	Lysol Brand Foaming	Reckitt Benckiser	10	Ready-to-use	Hard Nonporous	Hospital;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
		Disinfectant Basin Tub & Tile Cleaner II	LLC			(HN)	Institutional; Residential
777-83	Sodium hypochlorite	Lysol® Brand Bleach Mold And Mildew Remover	Reckitt Benckiser LLC	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
777-99	Ethanol; Quaternary Ammonium	Brace	Reckitt Benckiser LLC.	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
80346-1	Quaternary ammonium	MDF-200 MODEC DECON Formulation part A	Modec Inc.	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
80346-2	Hydrogen peroxide	MDF-200 MODEC DEcoN Formulation part B	Modec Inc.	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
82972-1	Quaternary Ammonium; Chlorine Dioxide	Vital Oxide	Vital Solutions, LLC	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
82972-4	Quaternary ammonium; Chlorine dioxide	Vital Oxide Wipes	Vital Solutions, LLC	5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional
83614-1	Quaternary ammonium	Byotrol 24	Byotrol Inc	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
8383-12	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Peridox	Contec Inc	2	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
8383-13	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	PeridoxRTU ™	Contec Inc	2	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
8383-14	Hydrogen Peroxide and Paracetic Acid	Kimtech One-Step Germicidal Wipe	Kimberly-Clark Global Sales, LLC	5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
8383-16	Hydrogen Peroxide; Ethaneperoxoic acid	PeridoxRTU Burst Pouch Disinfectant Wipes	Contec, Inc.	2	Wipe	Hard Nonporous (HN)	Hospital; Institutional

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
8383-3	Phenolic	Sporicidin (Brand) Disinfectant Solution (Spray)	Contec Inc	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
8383-7	Phenol; Sodium phenate	Sporicidin (Brand) Disinfectant Towelettes	Contec Inc	5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
84150-1	Ethanol (Ethyl alcohol)	PURELL Professional Surface Disinfectant Wipes	Gojo Industries Inc	5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
84150-2	Ethanol (Ethyl alcohol)	Mitersaw	GOJO Industries Inc	5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Institutional; Residential
84150-3	Ethanol	Salsa	Gojo Industries, Inc.	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
84150-4	Ethanol	Charleston	Gojo Industries, Inc.	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
84198-1	Hydrogen peroxide	Peroxy HDOX	Earth Laboratories Inc	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
84368-1	Ethanol	Urthpro	Urthtech	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
84526-1	Hydrogen Peroxide; Silver Nitrate	Sanosil S010	Halosil International, Inc.	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
84526-6	Hydrogen Peroxide; Silver Nitrate	Halomist	Halosil International, Inc.	10	Ready-to-use	Hard Nonporous (HN)	Hospital
84683-3	Thymol	Benefect Botanical Daily Cleaner Disinfectant Spray	Ohso Clean, Inc.	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
85134-1	Hypochlorous acid	Envirocleanse A	Envirocleanse LLC	10	Ready-to-use; Electrostatic spray	Hard Nonporous (HN)	Institutional; Residential

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85837-6	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Peraoxy Pro	Innovasource LLC	1	Dilutable	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional
86854-1	Hypochlorous acid	Ultra-Lyte	Clarentis technologies LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
87492-1	Chlorine Dioxide	Electro-Biocide	Strategic Resources Optimization, Inc.	1	Ready to Use	Hard Nonporous (HN)	Hospital; Institutional; Residential
87508-3	Sodium chlorite	PerformAcide	Odorstart LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
87518-1	Hypochlorous acid	Hsp2O	HSP USA LLC	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
87518-6	Sodium hypochlorite	Sporex	HSP USA LLC	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
87542-1	Hypochlorous acid	Viking Pure Disinfectant	Viking Pure Solutions LLC	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
87742-1	Thymol	Thymox Disinfectant Spray	Laboratorie M2	4	Ready-to-use; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
88089-4	Hydrogen Peroxide; Peroxyacetic Acid (Peracetic Acid)	Peridox RTU	Contec, Inc.	2	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
88161-1	Hypochlorous acid	Pathonex	Spraying Systems Co	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
88161-2	Hypochlorous Acid	Pathonex 600	Spraying Systems Co.	5	Ready to Use	Hard Nonporous (HN)	Hospital; Institutional; Residential

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
88341-11	Chlorine dioxide	Pure 100	T.A. Comb, LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
88373-1	Hypochlorous acid	275 TBD	Innovacyn Inc	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
88494-1	Ethanol; Quaternary Ammonium	Wedge Disinfectant	North American Infection Control, LTD.	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
88494-2	Ethanol; Quaternary Ammonium	Wedge Disinfectant Wipes	Peak, LTD.	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
88494-3	Quaternary ammonium; Ethanol (Ethyl alcohol)	Peak Disinfectant	North American Infection Control Ltd	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
88494-4	Quaternary ammonium; Ethanol (Ethyl alcohol)	Peak Disinfectant Wipes	North American Infection Control Ltd	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
88897-2	Quaternary ammonium; Ethanol (Ethyl alcohol); Isopropanol (Isopropyl alcohol)	Panther Disinfectant	Maxill Inc	3	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
89833-3	Quaternary ammonium	D7 Part 1	Decon7 Systems LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
89833-4	Hydrogen peroxide	D7 Part 2	Decon7 Systems LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
89896-2	Hypochlorous Acid	CleanSmart	Simple Science Limited	10	Ready to Use	Hard Nonporous (HN)	Hospital; Institutional; Residential
89900-1	Hydrogen peroxide	Nathan 2	S.C. Johnson Professional	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
89900-3	Quaternary ammonium	Gertrude II	S.C. Johnson Professional	5	Ready-to-use	Hard Nonporous (HN)	Institutional; Residential
90150-2	Hydrogen peroxide	Binary Ionization Technology (BIT) Solution	Tomi Environmental Solutions Inc	15	Fog; Mist	Hard Nonporous (HN)	Hospital; Institutional; Residential
90606-1	Quaternary ammonium	DF-Pro Part A	Decon Formulas	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
90606-2	Hydrogen peroxide	DF-Pro Part B	Decon Formulas	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
90748-1	Hydrogen peroxide; Quaternary ammonium	SpectraKill-RTU	Spectrashield Technologies LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
90920-1	Quaternary ammonium	Bio-Oxygen Chem Decon Part A	Artemis Bio-solutions, LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
90920-2	Hydrogen Peroxide	Bio-Oxygen Chem Decon Part B	Artemis Bio-solutions, LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
91138-1	Sodium dichloroisocyanurate	Sani-Powder	ECA Water Systems LLC	4	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
91386-1	Sodium chloride	Salt Cartridge For Giselle	Industrie De Nora, S.P.A.	10	Generator	Hard Nonporous (HN)	Institutional
91399-2	Sodium chlorite	Biotab7	Advanced Biocide Technologies Inc	1	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
91452-1	Citric acid	LEXX RTU Liquid Food Contact Surface Disinfectant & Cleaner	ProNatural Brands LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
91452-6	Citric acid	LEXX RTU Liquid Food Contact Surface Disinfectant & Cleaner	ProNatural Brands LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential

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91582-1	Hypochlorous acid	Danolyte	Danolyte Global Inc	10	Ready-to-use	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional; Residential
91628-5	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Oxydiff	Biosan LLC	2	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
91899-1	Quaternary ammonium	MDF-200 Part A	Span-World LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
91899-2	Hydrogen peroxide	MDF-200 Part B	Span-World LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
92031-1	Quaternary ammonium	Iso-10	Isoklean LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional
92108-1	Hypochlorous Acid	Excelyte Vet	Paradigm Convergency Techologies Corp	10	Generator	Hard Nonporous (HN)	Hospital; Institutional; Residential
92378-2	Quaternary ammonium	Atmosphere	Atmosphere Global LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
92378-3	Quaternary ammonium	Atmosphere RTU	Atmosphere Global LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
92449-1	Hypochlorous acid	Annihilyte	Annihilare Medical Systems Inc	10	Ready-to-use	Hard Nonporous (HN); Food Contact Post-Rinse Required (FCR)	Hospital; Institutional; Residential
92987-1	Sodium chlorite; Citric acid	Tristel Duo for Surfaces	Tristel Solutions LTD	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital
93040-1	Sodium chloride	Force of Nature Activator Capsule	HCl Cleaning Products LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
93108-1	Hypochlorous acid	Aquavert	Briotech Inc	10	Ready-to-use	Hard Nonporous	Hospital;

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
						(HN)	Institutional; Residential
93392-2	Hypochlorous acid	Aquaox Disinfectant 525	Aquaox LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
93672-1	Quaternary ammonium	NeoSan Labs Part A	Neosan Labs Inc	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
93672-2	Hydrogen peroxide	NeoSan Labs Part B	Neosan Labs Inc	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
93728-2	Hydrogen peroxide	Aura-D Cartridge	Sterifre Medical, Inc	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
93744-1	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Pathco Disinfectant	Pathcolab LLC	2	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
93908-1	Hypochlorous acid	Envirolyte O & G	Aqua Engineered Solution Inc	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
9402-14	Hydrogen peroxide; Ammonium carbonate; Ammonium bicarbonate	Hitman Spray	Kimberly-Clark Global Sales LLC	6	Ready-to-use	Hard Nonporous (HN)	Institutional; Residential
9402-15	Hydrogen peroxide; Ammonium carbonate; Ammonium bicarbonate	Victor Spray	Kimberly-Clark Global Sales LLC	6	Pressurized liquid	Hard Nonporous (HN)	Hospital; Institutional; Residential
94363-1	Hypochlorous acid	HOCl 180	4D Tech Solutions Inc	3	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
94602-26	Quaternary ammonium	GBS 10% Sanitizer	Gray Beard, LLC	10	Dilutable	Hard Nonporous (HN); Porous (Laundry pre-soak)	Hospital; Institutional; Residential
94602-31	Quaternary Ammonium	GBS 2.5% Sanitizer	Gray Beard, LLC	10	Dilutable	Hard Nonporous (HN); Porous (Laundry pre-soak)	Hospital; Institutional; Residential

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
94602-32	Quaternary Ammonium	GBS 7.5% Sanitizer	Gray Beard, LLC	10	Dilutable	Hard Nonporous (HN); Porous (Laundry pre-soak)	Hospital; Institutional; Residential
94602-33	Quaternary Ammonium	GBS 20% Sanitizer	Gray Beard, LLC	10	Dilutable	Hard Nonporous (HN); Porous (Laundry pre-soak)	Hospital; Institutional; Residential
94602-34	Quaternary Ammonium	GBS 50% Sanitizer	Gray Beard, LLC	10	Dilutable	Hard Nonporous (HN); Porous (Laundry pre-soak)	Hospital; Institutional; Residential
9480-10	Quaternary ammonium; Ethanol (Ethyl alcohol); Isopropanol (Isopropyl alcohol)	Sani-Prime Germicidal Spray	Professional Disposables International Inc	3	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
9480-11	Quaternary ammonium	BackSpray RTU	Professional Disposables International, Inc.	5	Ready-to-use	Hard Nonporous (HN)	Institutional; Residential
9480-12	Quaternary ammonium; Ethanol (Ethyl alcohol); Isopropanol (Isopropyl alcohol)	Sani-Cloth Prime Germicidal Disposable Wipe	Professional Disposables International Inc	3	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional
9480-13	Quatenary ammonium	Backspin No-Rinse FCSS	Professional Disposables International, Inc.	7	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
9480-14	Hydrogen Peroxide	Project Flash Spray	Professional Disposables International	1	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
9480-16	Hydrogen peroxide	Sani-HyPerCide Germicidal Disposable Wipe	Professional Disposables International Inc	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital
9480-5	Quaternary ammonium	Sani-Cloth Germicidal Disposable Cloth	Professional Disposables International Inc	5	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
9480-8	Sodium Hypochlorite	PDI Sani-Cloth Bleach Wipes	Professional Disposables	1	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
			International, Inc.				
95921-2	Hypochlorous acid	Active Response	ElectroCharged Aqua Solutions Inc	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
96048-1	Hypochlorous acid	Sanitized Pro	Lonestar Stim Products LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
96209-1	Hypochlorous acid	Electrilyte	Electrichlor Technologies Inc.	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
96274-1	Hypochlorous acid	Sanera	Elektroko	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
96420-1	Ethanol	Sweet Carefor Alcohol Wipes	Imperial Palace Commodity (Dongguan) Co., Ltd.	4	Ready-to-use/ Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
96503-1	Hypochlorous acid	OmniSan Anolyte	Omni-Lyte Enviro Inc	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
96847-1	Hypochlorous acid	Shield Disinfectant Sanitizer	Shield Products, LLC	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
96865-1	Hypochlorous acid	D.O.D.	Service Wing Organic Solutions LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
97033-2	Paracetic acid	Dahlgren Decon	First Line Technology, LLC	5	Use with Dahlgen Decon Part B1 and B2	Hard Nonporous (HN)	Hospital; Institutional
97145-1	Hypochlorous acid	BioBlast Disinfectant	Bio Blasting LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
98099-1	Sodium chlorite	PX10	PX10 LLC	1	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface should remain wet)	Formulation Type	Surface Types	Use sites (Hospital, Institutional, Residential)
98919-1	Hypochlorous acid	Caspian Disinfectant	Wistwell	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional

Big Picture Alternate Care Sites Proposal – DRAFT 3/24/20

Goal

An integrated system that decreases spread of disease, protects high risk frail (severe lung disease, immunocompromised) and decompresses the hospitals.

Definitions

1)Alternate Care Site(ACS) -Non-traditional environment where healthcare providers to provide medical care during disaster. This is different from the areas created by individual hospitals to increase surge capacity in that any hospital can discharge patients to the ACS and the ACS is not run by any one of the hospitals.

2)Can't Isolate at Home - Cannot stay alone in 1 room with closed door and have someone to deliver food, supplies and check on them

3)Medically Frail in High Risk Group Setting – Pts with severe pulmonary disease or immunocompromised living in group living environments such as shelters OR living with known or suspected covid positive in the home.

Overarching criteria for admission to any ACS

-Stable without ongoing need for laboratory or radiologic imaging

-Meets SIRS Criteria

-Not requiring 02 (except Covid Pos after d/c and people on 02 at baseline)

-Not requiring significant help with ADL prior to illness or coming with caregiver

Target populations

-People under investigation (PUI) that can't isolate at home ie anyone who can't have a room to themselves and someone to bring them food and check on them (homeless, group homes, etc)
-High risk frail who are in group settings where they are likely to be exposed (homeless, nursing home and likely more)
-Hospitalized people who are stable for discharge to ACS by criteria
-Covid positive asymptomatic or mild disease who can't isolate at home (ie anyone who can't have a room to themselves and someone to bring them food/check on them)

Alternate Care Sites

Stratify people in to 3 groups:

1)People Under Investigation who can't isolate at home- Could come from outpatient/ER. Asymptomatic or mild illness. Need to be isolated in own room in a facility that has airflow that will not spread virus to other rooms. Minimal nursing needs. Could give each pt a thermometer and Pulse ox and phone and have them report sx by phone to onsite nurse/provider bid

2)Presumed Covid NEG - Need to be isolated in own room in a facility that has airflow that will not spread virus to other rooms.

—Hospital discharges - will need higher level nursing care possible

Ex. Patients will needs for long term IV Abx, Wound care, CHF or Liver Failure that don't have a place to recover

—Medically frail in group settings

Ex. Homeless with underlying medical conditions, someone on chemo in multi family setting with PUI

3)Known Covid Positive who Can't Isolate at Home (This will come from PUI or hospital)

—Identified in outpatient/ER as PUI-

—Post hospital for Covid

Alternative Care Site Grid - DRAFT

CRITERIA FOR ALL

-Stable without ongoing need for laboratory or radiologic imaging
-Meests SIRS Criteria
-Not requiring more than 02 by NC (except Covid Pos after d/c and people on 02 at baseline)
-Not requiring significant help with ADL prior to illness or coming with caregiver

PATIENT TYPE	LOCATION	BED TYPE	AIR FLOW	MED STAFF
People under Investigation Can't Isolate at Home*	Hotel 1	Hotel Bed	Must be certain it will not spread the virus between rooms	Minimal nurse or provider or homeless service provider available by phone in house. Patient reports temp and 02 sat to nurse
Presumed Covid NEG --Hosp D/C --Medically frail in high risk group settings**	Hotel 2 Access to Outdoors	Hospital Beds available for d/c patients, many patients may be ok in hotel beds	Must be certain it will not spread the virus between	-MD to accept transfers -Nursing including one who can do IV -Wound care -PT
Known Covid POSITIVE --Hospital D/C 02 by NC stable --Identified as PUI out pt/ER but stable on RA	Potential Fever Ward vs Hotel -Best with multiple buildings and or rooms -Access to Quarantined outdoors	Hospital beds for D/Ced patients Could also use AFN Cots for stable patients	Could be a large open space like gymnasium. All staff must have full PPE. Must have break room with separate air flow	-MD to accept transfers -Nurses -Resp Therapist or trained to do this

*Can't Isolate at Home = Can not stay alone in 1 room with closed door and have someone to deliver food, supplies and check on them. Ideally with own bathroom.

**Medically Frail in High Risk Group Setting – Pts with severe pulmonary disease or immunocompromised living in shelters OR living with others who are covid positive

Alternative Care Site Grid - DRAFT

CRITERIA FOR ALL

-Stable without ongoing need for laboratory or radiologic imaging
-Meests SIRS Criteria
-Not requiring more than 02 by NC (except Covid Pos after d/c and people on 02 at baseline)
-Not requiring significant help with ADL prior to illness or coming with caregiver

Annex K ALTERNATE CARE SITE PLAN

I. PURPOSE

To reduce the morbidity, mortality, and the social and economic impact of an influenza pandemic in Alaska by establishing guidelines for communities to plan for and establish alternate sites of care when their local hospitals are no longer able to care for the number of patients that will need it.

This attachment is intended to assist local communities in developing the plans and procedures necessary to establish one or more sites that can house patients and provide a minimum level of "tertiary/comfort care." This will likely be done in conjunction with activation of the Strategic National Stockpile and Mass Vaccination and/or Dispensing Sites. This attachment is intended to supplement other planning guides in the Division of Public Health's Emergency Operations Plans.

Unlike Mass Dispensing Sites, which may or may not operate 24/7 for a short period of time, alternate care sites WILL need to operate 24/7 for an extended period of time. Community hospitals should be intimately involved in the planning process, but do not hold the primary responsibility for implementing, staffing or supplying the alternate care site. Community hospital leaders are the experts at 24/7 patient care operations and should be consulted in the planning and implementation process.

II. ASSUMPTIONS

- Alternate care sites may be in operation for up to two years in the event of an influenza pandemic. Sites need to be selected based on the ability to operate for this length of time
- The pandemic may occur in two or more phases and alternate care sites may open, close, and re-open depending on the community needs
- Selecting and staffing of the alternate care site should be done in conjunction with the local health care providers and hospitals, but it should not be assumed that the local providers will be able to totally staff the site- community members will have to be trained for this
- No assistance will be available outside the community or sub-regional level, and certainly not from any other state or the federal government
- Family members and well community members will be providing the care, and so plans need to include any specialized training the community might need in such an event

Checklists and planning guides are included in Sections 1-8 of this attachment.

III. ESSENTIAL COMPONENTS OF ESTABLISHING AN ALTERNATE CARE SITE

a. Site Selection and Design

Communities should consider spaces that will accommodate beds for up to50% (1/2) of the local population. If there is no facility that can accommodate 50% of the population, then a plan needs to address caring for people in their homes. For rural

communities (pop. 5,000) experiencing a mild attack rate (30% become ill) this means finding a facility that can house up to 15 people. For more urban communities in Alaska, this means finding one or more locations that can house up to 240 people in Fairbanks/North Star Borough and Juneau, and 1050 beds in Anchorage. Patients will likely be in cohorts and private room accommodations will be limited. In all cases, the building selected should be code compliant for its currently designated building type.

Building requirements for Alternate Care Sites should consider the following:

- Patient care area/beds 3 feet part
- Accessibility
- Security
- Food/feeding
- Laundry
- Toileting/showers
- Waste disposal to include bio-hazardous material
- Water and heat
- Telephone
- Transportation
- Ventilation
- Storage
- Space for clerks/record keeping
- Lab specimen storage/processing
- Pharmacy
- Space for ancillary services, including case management, social workers and other mental health professionals

Site Selection Matrix in Section 1 (Electronic version also available)

Matrix to calculate/estimate number of beds needed in Section 2

b. Site Supplies

Equipment will be much the same as in a hospital setting to include appropriate personal protective equipment for care providers. Because of the widespread nature of a pandemic, the protocols, prioritization and use of ventilators need to be addressed by health care leaders and planners- there won't be enough and none will be forthcoming from other states.

Equipment considerations in Section 3

c. Site Staffing

Staffing considerations should be made using adjunct and non-professional care and comfort providers. In many rural communities, the care and comfort

providers are going to be the family members themselves. Other communities should consider including dentists and unlicensed assistive persons. Emergency Medical staff should not be considered as first line staff as they will be busy providing emergency medical services and patient transportation for the hospitals.

In situations in which immunization or prophylaxis is available, consideration should be given to community volunteers that have been trained to provide care/comfort at the alternate care sites.

Staffing considerations in Section 4

Model Organizational Chart in Section 5

Medications for consideration in Section 6

Communications tools samples in Section 7

Patient Care forms in Section 8

References and Resources:

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Berga, S., et al. (2003). *The Merck manual of medical information*. Simon & Schuster, Inc.: NY.
British Columbia Pandemic Influenza Preparedness Plan: Annex J- Non-Traditional Sites. (Version 3, August 2005).

CDC *Smallpox Planning Guide* (2002).

CDC *Interim Guidance for the use of masks to control influenza transmission* (2005).

CDC *Droplet Precautions* (1996).

CDC *Updated infection control measures for the prevention and control of influenza in health care facilities* (2005).

City of New Orleans, *Comprehensive Emergency Management Plan, Special Needs Shelter Plan*, accessed at http://www.cityofno.com/portal.aspx?portal=46&tabid=28 November 23, 2005.

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Ketchikan General Hospital disaster forms, provided by Bev Crum, RN, October 6, 2006, Ketchikan, Alaska.

Spratto, George, & Woods, A. (2000). *PDR Nurse's Drug Handbook*. Delmar Publishers and Medical Economics Co: Montvale, NJ.

State of Alaska *Pandemic Influenza Plan*, Annex C, Appendix 1, March 2005.

State of Alaska *Planning Guide for Local Mass Prophylaxis: Dispensing and Immunization*, version 2 (2005).

State of Florida, Florida Department of Health, Action Plan for Pandemic Influenza, Revision 5 (2004).

State of Florida, Florida Department of Health, Public Health Nursing Disaster Resources Guide, Chapter 2, Special Needs Shelters (2000).

State of Georgia, Department of Human Resources, Division of Public Health, Pandemic Influenza Preparedness and Response, Standard Operating Plan, Revised October 2005.

US Department of Health and Humans Services, HSS Pandemic Influenza Plan, November 2005.

World Health Organization, Ten things you need to know about pandemic influenza. (October 14, 2005), accessed December 5, 2005 at www.who.int/csr/disease/influneza/pandemic10things.en.index.htm.

WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics (2005).

SECTION 1: Site Selection Matrix

Potential Sites:	Aircraft Hangers	Churches	Community or Recreation Centers	Convalescent Care Facilities	Convention Facilities	Fairgrounds	Government Buildings	Hotels/Motels	Meeting Halls	Military Facilities	National Guard Armories	Same Day Surgical Centers/Clinics	Schools	Sports Facilities/Stadiums	Trailers/Tents (Military and other)	Other
Factors:																
Infrastructure																
Doors/corridors adequate size for gurneys																
Floors																
Loading dock																
Parking for staff and visitors																
Roof																
Toilet facilities/showers (#)																
Ventilation																
Walls																
Total Space and Layout																
Auxiliary spaces (Rx, counselors, chapel)																
Equipment/supply storage area																
Family area																
Food supply and prep area																
Lab specimen handling area																
Mortuary holding area																
Patient decontamination areas																
Pharmacy area																

Staff areas																
Utilities																
Air conditioning																
Electrical power (backup?)																
Heating																
Lighting																
Refrigeration																
Water (hot?)																
Communication																
Communication (# phones, local/long distance, intercom)																
Two-way radio capability to main hospital																
Wired for IT and internet access																
Other Services																
Ability to lock down facility																
Accessibility/proximity to public transportation																
Biohazard and other waste disposal																
Laundry																
Ownership/other uses during disaster																
Oxygen delivery capability																
Proximity to main hospital																
TOTAL RATING/RANKING (Largest number indicates best site)																

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.

This matrix/calculator is also available electronically.

Section 2: ESTIMATING POTENTIAL IMPACT OF PANDEMIC IN COMMUNITY

CDC has developed software to assist local pandemic planners in establishing estimated of the potential impact of the next pandemic in their community. This software may be downloaded from www2.cdc.gov/od/fluaid/default.htm.

Moderate attack rate of 30%

HHS estimates of Percent of Population Affected by next Pandemic	**Number affected in Example (Pop. 650,000)**	**Number affected in your Community (Pop. 350,000)**	**Number affected in your Community (Pop.80,000)**	**Number affected in your Community (Pop. 5,000)**
Up to 30% of pop. will become ill with flu	195,000	105,000	24,000	1,500
Up to 15% of pop. will require out-patient visits	97,500	52,500	12,000	750
Up to 0.3% of pop. will require hospitalization	1,950	1,050	240	15
Up to 0.1% of pop. will die of flu related causes	650	350	80	5

Severe attack rate of 50%

HHS estimates of Percent of Population Affected by next Pandemic	**Number affected in Example (Pop. 650,000)**	**Number affected in your Community (Pop. 350,000)**	**Number affected in your Community (Pop.80,000)**	**Number affected in your Community (Pop. 5,000)**
Up to 50% of pop. will become ill with flu	325,000	175,000	40,000	2,500
Up to 25% of pop. will require out-patient visits	162,500	87,500	20,000	1,250
Up to 3% of pop. will require hospitalization	19,500	10,500	2,400	150
Up to 2.5% of pop. will die of flu related causes	16,250	8,700	2,000	125

Initial 1-12-06, revised 10-13-06 sw

SECTION 3: EQUIPMENT CONSIDERATION FOR ALTERNATE CARE

- Equipment
- Patient related consumables
- Administrative consumables
- Oxygen/respiratory equipment

Durable Equipment considerations: 50 Bed Unit

Equipment	Infectious	Non-Infectious	Quarantine
Beds/Cots (with extra)	52	52	52
Egg crate mattresses	26	26	26
Chairs correlation with staffing level	12	12	4
Desks correlation with staffing level	6	6	2
Fax Machine	1	1	?
Housekeeping Cart with supplies	1	1	1
Internet email Access	1	1	1
IV Poles	50	50	0
Linens (sheets/pillows/pillow cases/hand towels/ bath towels)	100	100	100
Patient Commodes	4	4	1
Pharmacy Carts	2	2	1
Privacy Dividers	25	25	25
Refrigerators (food/meds)	3	3	1
Stretchers	2	2	0
Supply Carts	3	3	1
Telephones	5	5	5
Treatment Carts	2	2	0
Washing Machine	1	1	1
Wheelchairs	2	2	1

Patient Care-Related Consumables: 50 Bed Unit

Item Description	Calculations of Quantities	Total Item Count	Unit of Issue	Total Units Required
Alcohol pads (multiple widespread use)	2-4 Boxes per 24 hours	14-28	Box	1 Box
Catheters, intraosseous module blue (pediatric use)	May use 1/day max.	6-7/wk of 1 standard size	Each	7 Each
Intermittent IV access device (lock)	50 pts initially (first day) then 10%	250/wk	50/Box	5 Boxes
IV catheters, 18g with protectocath guard	40% of pts req IVs	150/wk	50/Box	3 Boxes
IV catheters, 20g with protectocath guard	40% of pts req IVs	150/wk	50/Box	3 Boxes
IV catheters, 22g with protectocath guard	10% of pts req Ivs	25/wk	50/Box	0.5 Boxes
IV catheters, 24g with protectocath guard	10% of pts req	25/wk	50/Box	0.5 Boxes
IV fluid bags, NS, 1000cc (required by 60% of patients)	(50% of pts(25)/day x 3L/pt)x	315 L/wk	12/Case	18 Cases
IV fluid bags, D5 1/2NS, 1000cc (required by 40% of patients)l	(50% of pts(25)/day x 3L/9t)x	210 L/wk	12/Case	18 Cases
IV start kits	Same # as intermittent access device	60	25/Box	2.5 Boxes
IV tubing w/ Buretrol drip set for peds	10% peds/wk	25/wk	20/Case	1.25 Cases
IV tubing w/ standard macro drip for adults	Same # as intermittent	250/wk	48/Case	5 Cases
Needles, Butterfly, 23g	10% peds/wk	25/wk	50/Box	0.5 Boxes

Needles, Butterfly, 25g	10% ped/wk	25/wk	50/Box	0.5 Boxes
Needles, sterile 18g	1 box/day	7 boxes/wk	100/Box	7 Boxes
Needles, sterile 21g	1 box/day	7 boxes/wk	100/Box	7 Boxes
Needles, sterile 25g	1 box/day	7 boxes/wk	100/Box	7 Boxes
Saline for injection 10cc bottle	50 bottles/day	350 bottles/wk	24 /Box	14.5 Boxes
ABD bandage pads, sterile	10% pts/day = 5 pads/day+35 pads/wk	7 boxes/wk	50/Box	7 Boxes
Band-Aids	1 box/day	7 boxes/wk	50/Box	7 Boxes
Basins, bath	20 pts/day	140/wk	100/Case	1.5 Cases
Bathing supply, prepackaged (e.g. Bath in a Bag (TM))	50 pts every day	350/wk		350
Bedpans – regular	40 pts/day initially then10%	65/wk	50/Case	1.25 Cases
Toilet Paper	25 rolls/day	175 rolls/wk		175 Rolls
Blankets	50 pts/day; changed daily	50/day or 350/wk		350/Week
Carafes - 1 liter (for variety of uses)	30/day	210/wk		210/Week
Cart, supply	3/unit (1 for IV's;1 for Pt	3/unit		
Chux protective pads (many uses)	3/pt q3hrs = 24 chux/pt/day x 50 pts + 1200/day	8400/wk	50/Box	168 Boxes
Cots (have extras available to replace broken equipment)	50/unit plus 2 extra	52/unit		52/Unit
Curtains, privacy (wheeled)	25 (every other bed)	25/unit		25/Unit
Diapers – adult	10/day	70/wk	72/Case	1 Case
Diapers – infant	8/day/infant x 5 infants/day	280/wk	144/Case	3 Cases
Diapers – pediatric	5/day/ped x 5 peds/day = 25/day	175/wk	144/Case	1.25 Cases
Emesis basins	100/wk	100/wk	250/Case	0.5 Case
Facial tissue, individual patient box	1 box/pt/day	350 boxes/wk	200 Boxes	1.75 Cases
Feeding tubes, pediatric				
- 5 French	10/wk	10/wk	10/Box	1 Box
-8 French	10/wk	10/wk	10/Box	1 Box
Foley Catheters - 16F Kits (includes drainage bag)	>50% of pts wk	100/wk	10/Case	10 Cases
Gloves non-sterile, small/medium/large (latex and non latex)	6 boxes/day	42 boxes/wk	100/Box	42 Boxes
Goggles / face shields, splash resistant, disposable	6 boxes/day	42 boxes/wk	100/Box	42 Boxes
Gown, splash resistant, disposable	3/staff/shift = 36/day	252/wk	Box	42 Boxes
Mask, N95, for staff (particulate respirator)	36/day	252/wk	210/Case	1.2 Cases
Gown, patient	75/day	525/wk		
Mask, 3M 1800 for patient	150/day	1050/wk		
Gauze pads, non-sterile, 4x4 size,	400/day	2800/wk		
Hand cleaner, waterless alcohol-based	1 per hand wash station/day x	28/wk	25 Bottles/Case	1 Case
Paper Towels	25 rolls/day	175 rolls/wk		175 Rolls
Lubricant, Water soluble		1-2 boxes wk	25 Boxes	0.5 Boxes
Medicine cups, 30ml, plastic	2/pt/day = 100/day	700/wk		700/Week
Morgue Kits	Tularemia: 15pt/day mortality	300/wk		300/Week
Nasogastric tubes - 18F		25/wk	50/Case	0.5 Cases
OB Kits		1/wk		1/Week
Pen lights		12/unit	6/Box	2 Boxes
Povidone-iodine bottles, 12 oz	2/day	14/wk	48 Bottles	0.25 Cases

Restraints, Extremity, soft - adult		25/wk	48/Case	0.5 Cases
Sanitary pads (OB pads)	2 women/wk; 10 pads/day	20 pads/wk	12 Pads	2 Boxes
Sharps disposal containers - 2 gallon	2-4/wk/unit	2-4/wk	20/Case	0.25 Cases
Sheets, disposable, paper, for stretchers & cots	100/day	700/wk		700/Week
Syringes, 10cc, luer lock	4 boxes/wk (100 ct box)	400 wk	100/Box	4 Boxes
Syringes, 3cc, luer lock, w/ 21g 1.5" needle	200/day	1400/wk	100/Box	14 Boxes
Syringes, catheter tip 60cc		25/wk	50/Box	0.5 Boxes
Syringes, Insulin	4/day	28/wk	100/Box	0.25 Boxes
Syringes, TB	2/day	14/day	100/Box	0.4 Boxes
Tape, silk - 1 inch	12/day	96/wk	12 Rolls/Box	8 Boxes
Tape, silk - 2 inch	6/day	42/wk	12 Bolls/Box	3.5 Boxes
Toilet tissue	25 rolls/day	175 rolls/wk		175 Rolls
Tongue depressor		2 boxes/wk	500/Box	2 Boxes
Tubex [TM] pre-filled syringe holders	1 per staff member plus	12/sub-unit	50/Case	0.25 Cases
Urinals		50/wk	50/Case	1 Case
Washcloths, disposable		10/pt/day	3500/Wk	3500/Week
Water, bottled 1 liter (for mixing ORT)	1/patient	200/wk		200/Week
Water container, 1 gallon potable		125/wk		125/Week
Drinking cups				
Diagnostic Supplies				
Glucometer		1 per unit	Each	
Glucometer test strips		2 bottles/wk	50 Strips/box	2 boxes
Probe covers for thermometers	4 boxes/day	28 boxes/wk	20/Box	28 Boxes
Protocol unit (or other brand), 02 sat monitor, thermometer, BP, HR		4 per unit	Each	
Protocol unit, disposable plastic BP covers	200/day	1400/wk		
Single Use Shielded Lancets	25/day	175/wk		1 Box
Stethoscopes		12/unit	Each	12

Administrative Consumables: 50 Bed Unit

Item Description
Pens – Black ballpoint
Pens – Red ballpoint
Stapler
Staples
Tape
Tape dispenser
Paper clips
Paper punch (3- or 5-hole based on chart holders)
Chart holders/Clip boards
File Folders - letter size, variety of colors
Name bands for Identification and Allergies
Batteries – 9V
Batteries – AA
Batteries – C
Batteries – D
Clipboards
Chalk or white boards
Dry-erase markers
Chalk
Trashcans and liners
Flashlights
Plastic bags for patient valuables
Floor lamps
Table lamps
Light bulbs
Plain paper
Filing cabinets – rolling
Black permanent markers
Yellow highlighter markers
Time cards
Generic sign-in, sign-out forms
Pre-printed admission Order forms
Blank physician order forms
Multidisciplinary progress notes
Nursing flow sheets
Admission history & physical forms (include area for Nrsg Hx)
Death certificates/Death packets

Drug reference books:

Mosby's Nursing Drug Reference 2007 (or most current publication), Linda Skidmore-Roth, Ed., June 2006 (ISBN: 0323045901)

Critical Care Intravenous Infusion Drug Handbook, Gary J. Algozzine, Robert Algozzine, Deborah J. Lilly, Feb 2005. (ISBN: 0323031218)

2007 Intravenous Medications: A Handbook for Nurses and Health Professionals, Betty L. Gahart, Adrienne R. Nazareno, July 2006 (ISBN: 0323045529)

Oxygen and Respiratory-related Equipment Considerations for Alternative Care Site: 50 Bed Unit

Item Description	Quantity
Bag-Valve-Mask w/adult and peds masks – adult 1600 ml reservoir	1
Cascade gauge for oxygen cylinders	14
Catheters, suction	20
Connector, 5 in 1	8
Cylinder holders for E Cylinder oxygen tanks	4
Mask, oxygen – nonrebreather, pediatric	10
Mask, oxygen – nonrebreather, adult	20
Nasal cannula, adult	40
Nasal cannula, pediatric	10
Regulator, Oxygen (Flow meter)	14
Suction unit – Collection System	2
Suction unit – Portable	1
Suction unit Battery	1
Tank, Oxygen "E" cylinder (700 L O_2)	4
Tank, Oxygen "H" cylinder (7000 L O_2)	10
Tubing, oxygen – with connector	40
Tubing – suction, connector	10
Tubing, suction, 10F	10
Wrench, Oxygen tank	2
Yankaur Suction Catheter	10
Intubation equipment with oral airways/ET tubes; adult & peds	1 set
Ventilators	1

First Aid supplies

In addition to above site supplies, consider supplies to be able to assess and conduct basic stabilization/treatment of a trauma victim that may present

- C-collar
- Backboard
- Sam Splints
- AED capability if site doesn't have a crash cart (see medications lists in Section 6)

Central Supply DISPOSABLES

DESCRIPTION	QTY NEEDED PER DAY	UOM	ORDER QTY	UOM

WIPE ALCOHOL	4	BX		
CATHETERS, INTRAOSSEOUS MODULE BLUE (PED USE)	1	EA		
INTERMITTENT IV ACCESS DEVICE (LOCK)	50	EA		
IV CATHETER 18G	25	EA		
IV CATHETER 20G	25	EA		
IV CATHETER 22G	10	EA		
IV CATHETER 24G	10	EA		
IV SOL NS 1000CC	45	EA		
IV COL D5 1/2NS 1000CC	30	EA		
IV START KITS	10	EA		
SET BURETROL	5	EA		
SET IV TUBING STANDARD 60 DROP	25	EA		
SET IV TUBING 10 DROP	5	EA		
NEEDLE BUTTERFLY 23G	5	EA		
NEEDLE BUTTERFLY 25G	5	EA		
NEEDLE 18G X 1	100	EA		
NEEDLE 21G X 1	100	EA		
NEEDLE 25G X 1	100	EA		
DRESSING 8X10 ABD	50	EA		
BANDAID 1"	50	EA		
BASIN EMESIS	15	EA		
BASIN WASH	20	EA		
BEDPAN FRACTURE	20	EA		
BEDPAN PONTOON	20	EA		
TISSUE TOILET	25	EA		
BLANKET/SLEEPING BAG	50	EA		
CARAFE LINER	3	BG/25		
CARAFE PITCHER	30	EA		
CHUX UNDERPAD	**1200**	**EA**	**??**	
BRIEF ADULT XL	15	EA		
BRIEF ADULT L	10	EA		
BRIEF ADULT MED	10	EA		
DIAPER LG	25	EA		
DIAPER MED	25	EA		
DIAPER INFANT	12	EA		
TISSUE FACIAL	50	EA		
TUBE FEEDING PEDS 5FR X 16	2	EA		
TUBE FEEDING PEDS 8FR X 16	2	EA		
GLOVE EXAM LATEX SM	6	BX		
GLOVE EXAM LATEX MED	6	BX		

GLOVE EXAMLATEX LG	6	BX		
GLOVE EXAM LATEX FREE SM	6	BX		
GLOVE EXAM LATEX FREE MED	6	BX		
GLOVE EXAM LATEX FREE LG	6	BX		
CATH FOLEY 16F W/DRAIN BAG	15	EA		
CATH FOLEY 16F W/DRAIN BAG I.C.	15	EA		
GOGGLES SAFETY NO VENT	100	EA		
MASK FACE SHIELD	100	EA		
MASK N95 SMALL	36	EA		
MASK N95 REG	36	EA		
MASK 3M N95 REG	36	EA		
MASK 3M N95 SMALL	36	EA		
GOWN SPLASH RESISTANT	36	EA		
GOWN PATIENT	**75**	**EA**	**??**	
MASK 3M 1800 FOR PATIENT	**150**	**EA**		
GAUZE 4X4 NONSTERILE	400	EA		
SOAP CAL-STAT 15OZ PUMP	4	EA		
PAPER TOWELS	25	EA		
LUBRICATING JELLY	1	BX		
MEDICINE CUPS	1	TB		
BAG POST MORTUM ADULT	15	EA		
BAG POST MORTUM PEDS	2	EA		
OB KITS	1	EA		
NASOGASTRIC TUBES 18F	**20**	**EA**		
PENLIGHTS	12	EA		
POVIDONE-IODINE BOTTLES 12 OZ	2	EA		
RESTRAINT EXTREMITY SOFT	4	EA		
PAD SANITARY	10	EA		
BELT SANITARY	2	EA		
SHARPS CONTAINER 2GL	2	EA		
SHEETS FOR STRETCHERS/COTS DISPOSABLE	100	EA		
SYRINGE 10CC LL	60	EA		
SYRINGE 3CC LL	200	EA		
SYRINGE CATH TIP 60CC	200	EA		
SYRINGE INSULIN	400	EA		
SYRINGE TB	200	EA		
TAPE SILK 1"	12	EA		
TAPE SILK 2"	6	EA		
TONGUE DEPRESSOR	1	BX		
TUBEX PREFILLED SYRINGE HOLDERS	**12**	**EA**		
URINAL	10	EA		

WASHCLOTH DISPOSABLE				
WATER BOTTLED 1 LITER				
WATER CONTAINER 1 GAL PORTABLE				
DRINKING CUPS				
LANCET UNISTIK	25	EA		
TEST STRIP GLUCOMETER	2	EA		
CONTROL HIGH	2	EA		
CONTROL LOW	2	EA		
COVER PROBE for thermometers	4	box		
BP CUFFS DISPOSABLE ADULT REG	40	EA		
BP CUFFS DISPOSABLE ADULT LG	40	EA		
BP CUFFS DISPOSABLE ADULT SM	40	EA		
BP CUFFS DISPOSABLE CHILD	20	EA		
BATH IN A BAG OR SOAP & CLOTH	50	EA		
BLOOD TUBES				

Ketchikan General Hospital, Ketchikan, Alaska

EQUIPMENT TO TRANSPORT

DESCRIPTION	QTY NEEDED PER DAY	UOM	
COTS	52	EA	
PRIVACY CURTAINS	25	EA	
SUPPLY CART	3	EA	
GLUCOMETER	2	EA	
THERMOMETERS	2	EA	
02 SAT MONITOR,TERMOMETER BP,HR	4	EA	
CHAIRS	12	EA	
DESKS	6	EA	
FAX MACHINE	1	EA	
HOUSEKEEPING CART W/SUPPLIES	1	EA	
INTERNET EMAIL ACCESS	1	EA	
IV POLES	50	EA	
LINENS (SHEETS, PILLOWS & CASES, BATH TOWELS & WASHCLOTHS)	100	EA	
PATIENT COMODES	4	EA	
PHARMACY CARTS	2	EA	
PRIVACY DIVIDERS	25	EA	
REFRIGERATORS FOOD/MEDS	3	EA	
STRETCHERS	2	EA	
TELEPHONES	5	EA	
TREATMENT CARTS	2	EA	
WASHER & DRYE	1	EA	

WHEELCHAIRS	2	EA	
STAPLER	2		
TAPE DISPENSER	2		
PAPER PUNCH 3 HOLE	1		
CHART HOLDERS	2		
CLIP BOARDS	6		
WHITE BOARDS OR CHALK			
DRY-ERASE MARKERS			
TRASH CANS & LINERS			
FLOOR LAMPS			
TABLE LAMPS			
LIGHTBULBS			
COPY PAPER			
ROLLING FILE CABINETS			
TIME CARDS			
GENERIC SIGN-IN & OUT FORMS			
PRE-PRINTED ADMISSION ORDER FORMS			
NURSING FLOWSHEETS			
ADMISSION HISTORY & PHYSICAL FORMS(INCLUDE AREA FOR NRSG Hx)			
DEATH CERTIFICATES/DEATH PACKETS			
CASCADE GAUGE FOR OXYGEN CYLINDERS			
CONNECTOR 5 IN 1			
E CYLINDER HOLDERS			
SUCTION UNIT COLLECTION SYSTEM			
SUCTION UNIT PORTABLE			
SUCTION UNIT BATTERY			
SUCTION TUBING WITH CONNECTOR			
OXYGEN TUBING WITH CONNECTOR	4	EA	
H CYLINDER	10	EA	
WRENCH OXYGEN TANK	2	EA	
INTUBATION EQUIP W/ORAL AIRWAYS/ET TUBES - ADULT & PEDS			
VENTILATORS	1	EA	

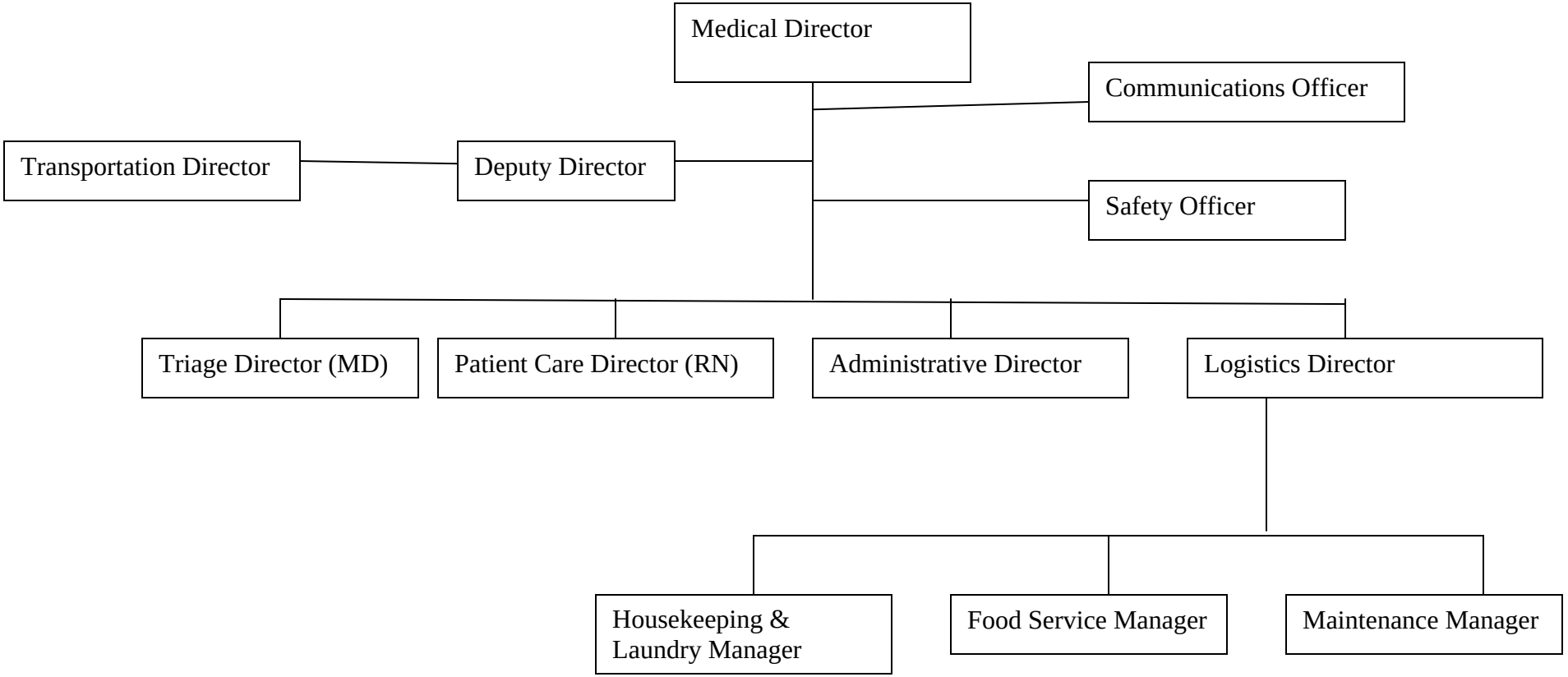
Ketchikan General Hospital, Ketchikan, Alaska

SECTION 4: Staffing Considerations for Alternative Care Sites

Suggested Minimum per 12-Hour Shift for 50 Bed Units

Class	Infectious	Non-infectious	Quarantine
Physician	1	1	0
Physician extender (PA/NP)	1	1	0
RNs or RNs/LPNs	6	6	2
Health technicians	4	6	1
Unit secretaries	2	2	1
Respiratory Therapist	1	1	0
Case Manager	1	1	0
Social Worker	1	1	1
Housekeepers	2	2	1
Lab Personnel	1	1	0
Medical Asst/Phlebotomy	1	1	0
Food Service	2	2	2
Chaplain/Pastoral	1	1	1
Day care/Pet care	0	0	1
Volunteers	4	4	4
Engineering/Maintenance	0.25	0.25	0
Biomed-to set up equipment	0.25	0.25	0
Security	2	2	2
Patient transporters	2	2	0

Section 5: Model Organization Plan



Section 6: Medications to include at the Alternate Care Site

Purpose/Condition	Medications
Anaphylactic reactions	Epinephrine aqueous adrenalin chloride 1:1000 amps
Antibiotics	Cephalosporin (3rd and 4th generation), floroquinolones
Antivirals	oseltamivir or zanamivir
Antipyretics	Tylenol (acetaminophen) 500mg tabs (100 tabs for 100 people for 3 days) Tylenol pediatric drops 80 mg/0.8 ml; syrup/elixir 160 mg/5ml, tabs 325 mg Ibuprofen 200mg tabs
Asthma	Albuterol- Metered Dose Inhaler, solution for inhalation, capsule for inhalation, syrup, tablets Theophylline-capsules, tablets, elixir, oral solution, syrup Beclomethasone-Metered Dose Inhaler, nasal spray Saline
Blood pressure- high	Diruetics- lasix-oral solution, tablets, IV, IM potassium sparing diuretics, thiazide (HCTZ) – Oral solution, tablets Adrenergic blockers- alpha and beta blockers- atenolol- tablets, IV propranolol – tablets, oral solution, IV ACE inhibitors- captopril, lisinopril –tablets, Angiotensin II blockers Calcium channel blockers- Nifedipine-capsule, extended release tablets Verapamil-tablet, IV
Blood pressure- low	Dobutamine-IV Dopamine-IV Milrinone-IV
Diabetes Mellitus	Glucose tabs for insulin reactions Glucagon- IM, IV, sub-cutaneous Regular, NPH and Lente , and long acting (Ultra-Lente) insulins sub-cutaneous Metformin –syrup, tablets Glipizide-tablet, extended release tablet Gluburide- tablets
General use	Isopropyl alcohol Antibiotic ointment Antiseptic/betadine scrub solution Petroleum/A&D ointment Desitin ointment Antacid, low sodium tabs Hydrocortisone, 0.5% ointment Pedialyte 12-12 oz bottles (100 people for 3 days)

Heart disease	Nitro sub-lingual tabs Digoxin-capsule, elixir, IV Heparin- IV, sub-cutaneous Coumadin-tablets, IV Procardia- capsule, extended release tablets Morphine-capsules, tablets, oral solution, syrup, IV, IM, suppositories
Thyroid	Synthroid-tablets, IV, IM
Antiemetics	Phenergan Compazine zofran
Antidiarrheals	Imodium

Patients' own medications should be brought with them to the alternate care site, or acquired from their dispensing pharmacy. The medications listed above are for use in patient care protocols until patient's own medications arrive, or in emergency situations when the bio-physiological reactions to influenza infection threaten the life of the patient.

Consider duplicate CRASH CART from the local hospital

Section 7: Communications Tools

DISASTER Communication Map Date:_____ Estimated Time of Disaster:_____ Time Announced @ KGH_____

(to be established by Disaster Command Center & distributed within 30 minutes of the 'overhead DISASTER page')

Disaster Areas/PatientTreatment/SupportStaff	**Communication Options:**			**Location**
	Ext:	Radio-/Channel	Other:	
Disaster Command Center				
Medical Staff Support Center				
Personnel Pool Control Center				
Media Support Center				
Family & Public Waiting Center				
Supplies Center				
Food & Nutrition Center				
Child Care Center				
Lab				
Pharmacy				
Radiology				
House Supervisor				
Disaster Chairperson				
Communications Support Staff				
Security & Traffic Control				
Housekeeping				
Respiratory				
Triage				
Red				
Surgery				
Yellow				
Green				
Patient Discharge				
Black				
Morgue				

COMMUNICATION with DISASTER COMMAND CENTER

Keep messages & requests Brief, to the Point, & very Specific

(Initial update within 30 minutes….then hourly updates)

Time:_____ **Person completing form:** _____

Designated Disaster Area **Area:** (circle)	**Staffing:**			**Problems:**		
	# of staff now ON duty	# of staff **needed**	# of staff can release	OK for now	**Potential Problems**	**HELP needed from Disaster Command**
Black Area						
Child Care Center						
Communications center						
Discharge of Patients						
Family Waiting Center						
Food & Nutrition Center						
Green Area						
Housekeeping						
House Supervisor						
Lab						
Media Support Center						
Medical Staff Center						
Morgue						
Personnel Pool Center						
Pharmacy						
Plant Operations/Security/Traffic						
Radiology						
Red Area						
Respiratory						
Supplies						
Surgery						
Triage						
Yellow Area						
Call Back Number:_____						

Patient Treatment Areas : (circle) Red….Yellow….Green….Black….Discharge

(Disaster Command needs the following additional information communicated :)

# of patients in area:_____

# of Beds available:_____

# of potential discharges: _____

Do you need Disaster Command Center assistance?

(circle) **YES** **NO**

Comments:

Section 8: Samples of Patient/Client care forms

SPECIAL NEEDS SHELTER
INITIAL TRIAGE ASSIGNMENT

Name: _____
Address: _____
_____
Phone: _____
SS#: _____ DOB: _____

Date _____ Arrival Time _____
Age _____ M F
PMD _____
PHARMACY _____
English Spoken Yes No
If No, Language _____

SUBJECTIVE TRIAGE DATA _____
_____
HPI _____

PAST MEDICAL HISTORY

Diabetes	Hypertension	Kidney Disease
Pulmonary Disease	Arthritis	Asthma
M.I.	Cardio-Vasc	Vasc. Disease
Psych Disorder	CVA	Substance Abuse
Migraine Headache	Seizure Disorder	

Other _____

CURRENT MEDICAIONS (with strength and freq.)

ALLERGIES _____

Ambulatory Status:
- ☐ No Limitations
- ☐ Walk but can't climb stairs
- ☐ Confined to wheelchair
- ☐ Confined to bed

Accompanied by Caregiver Yes No
Name _____
Last DT _____
OPERATIONS Yes No

VITAL SIGNS
T _____ P _____ R _____ B/P _____

OBJECTIVE TRIAGE DATA _____

SHELTEREE'S EQUIPMENT

Foley Catheter	Ostomy Care	Glucose Monitor
Feeding Pump	IV Pump	O2
Walker	Wheelchair	Cane
Dressing	Splint/Sling	
Other		

PRESCRIBED TREATMENT _____

Nurse Signature _____

Additional Comments

Discharge Statement _____
_____
Date _____ Time _____ Signature _____

SPECIAL NEEDS SHELTER

SNS MEDICAL UPDATE

SHELTEREE NAME: _____

MEDICAL UPDATES:
Check In: DATE _____ TIME _____ AM / PM

CAREGIVERS		
Name	Relation	Caretaker
		Y N
		Y N
		Y N

Medical Equipment with shelteree:
_____

Medication shelteree is on	With Them?
	Y N
	Y N
	Y N
	Y N
	Y N
	Y N

A signature must accompany all entries.

Date / Time	Observations / Notes	Medications Given	Signature

SPECIAL NEEDS SHELTER
REGISTRANT COMPREHENSIVE INFORMATION REPORT

ADMITTING CLERK COMPLETE BELOW

ARRIVAL DATE: _____ TIME: _____ AGE: _____ SEX: _____
LAST: _____ FIRST: _____ MIDDLE: _____
STREET ADDRESS: _____
CITY/STATE: _____ ZIP/COUNTY: _____
SS# _____ MEDICARE/MEDICAID #: _____
ADMITTING DIAGNOSIS: _____
LIVING SITUATION: ☐ ALONE ☐ RELATIVE ☐ OTHER
ASSISTING AGENCIES:
☐ HOME HEALTH _____ ☐ OTHER _____

NURSE COMPLETE BELOW

Check Appropriate Conditions

☐ Kidney Disease	☐ Stroke	☐ Speech Impaired	☐ Special Dietary Needs
☐ Diabetes/Insulin Dependent	☐ Cancer	☐ Sight Impaired	***Discharge Issues:***
☐ High Blood Pressure	☐ Emphysema	☐ Hearing Impaired	☐ Mobile Home/Trailer
☐ Angina Pectoris	☐ Oxygen Dependent	☐ Walker/Cane	☐ Med. Dep. on Electricity
☐ Heart Disease	☐ Memory Impaired	☐ Wheelchair Bound	☐ Other (see comments)
	☐ Mental Health Impaired	☐ Incontinence	

EMERGENCY CONTACTS:
NAME: _____ RELATIONSHIP: _____ PHONE: _____
NAME: _____ RELATIONSHIP: _____ PHONE: _____

OTHER IMPORTANT MEDICAL INFORMATION:
DOCTOR'S NAME: _____ PHONE: _____
PHARMACY NAME: _____ PHONE: _____
ALLERGIES: _____
MEDICATIONS (dose/frequency): _____
_____
_____
_____
COMMENTS: _____

DISCHARGE PLANNER COMPLETE BELOW

☐ Returning Home
☐ To Another Family
☐ To Other (Family, Friend, Hotel, Hospital, Nursing Home, etc.)
NAME: _____ PHONE: _____
☐ Will Need Transportation How Did Resident Arrive At The Shelter? _____

COMMENTS:
_____
_____

DISCHARGE PLANNER: _____ DATE/TIME: _____

SPECIAL NEEDS SHELTER REGISTRATION

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

D.O.B. ____/____/____ IS THIS A MOBILE HOME? Y N

DIRECTIONS TO HOME: _____

_____

_____

WHO WILL STAY WITH YOU AT THE SHELTER?

_____ PHONE: _____

EMERGENCY CONTACT (NOT LIVING WITH YOU):

_____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICIAN NAME:

_____ PHONE: _____

HOME HEALTH AGENCY:

_____ PHONE: _____

OTHER AGENCIES THAT HELP YOU:

_____ PHONE: _____

TRANSPORTATION INFORMATION

If in an emergency situation you were instructed to leave your home and move to an emergency shelter, how would you get there?

- ☐ Your own car
- ☐ Neighbor
- ☐ Do not have a way

CITIZEN MOBILITY

- ☐ Ambulatory
- ☐ Wheelchair (Do you have your own? Y N)
- ☐ Bedridden (If bedridden, can you be moved in a wheelchair? Y N)

TRANSPORTATION NEEDS:

- ☐ Ambulance
- ☐ Van with wheelchair lift
- ☐ Walker Assistance
- ☐ Regular car or van
- ☐ Other: _____

MEDICAL INFORMATION

Check all disabilities that you may have:

- ☐ Arthritis, Severe
- ☐ Heart Condition
- ☐ Diabetes ____ Oral ____ Insulin
- ☐ Complete Paralysis
- ☐ Partial Paralysis
- ☐ Blind (Guide Dog? Y N)
- ☐ Dialysis
- ☐ Memory Impairment
- ☐ Ostomy
- ☐ Any Open Wounds
- ☐ Any Tuberculosis
- ☐ Hearing Impaired
- ☐ Back Injury
- ☐ Incontinence
- ☐ Breathing Impaired
- ☐ Oxygen Supported: L/Min. ____ Tank ____ O2 Converter ____
- ☐ Anxiety / Nerves
- ☐ Do you have TTD?
- ☐ Seizures
- ☐ Any Hepatitis
- ☐ Do you use electrically dependent life support?
- ☐ Other: _____

WHAT CARE OR TREATMENT ARE YOU CURRENTLY RECEIVING (BE SPECIFIC):

_____

_____

CURRENT MEDICATIONS

Pharmacy Name: _____ Location: _____

Please list all medications that you are currently taking:

TYPE	DOSE	HOW OFTEN?

PET INFORMATION

Do you have a pet? Yes _____ No _____
If so, what kind? Dog _____ Cat _____ Other _____
Have you made arrangements for sheltering your pet? Yes _____ No _____
What arrangements? _____

AUTHORIZATION FOR SEARCH AND RESCUE

I, _____, authorize emergency response personnel to enter my home at _____ during search and rescue operations if necessary to insure my safety and welfare following a declared state of emergency.

SIGNATURE: _____ DATE: _____/_____/_____
(You are not required to sign this statement)

RELEASE OF INFORMATION

I, _____, GIVE MY AUTHORIZATION FOR THE MEDICAL INFORMATION CONTAINED HEREIN TO BE RELEASED TO THE COUNTY HEALTH DEPARTMENT. I UNDERSTAND THAT THIS INFORMATION WILL BE USED SOLELY FOR THE PURPOSE OF EVALUATING MY NEEDS IN A TIME OF DECLARED STATE OF EMERGENCY AND WILL BE MAINTAINED AS CONFIDENTIAL. I PROVIDE THIS INFORMATION ON A VOLUNTEER BASIS.

SIGNATURE: _____ DATE: _____/_____/_____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
WITNESS: _____ DATE: _____/_____/_____

INSTRUCTIONS: This form is created to aid the County Health Department in providing assistance to those citizens of this county who would have a special need during a declared state of emergency. If you are a citizen with a special need and are a client of a local health care agency, you may wish to coordinate the completion of this form with your assigned visiting professional.

Patient Triage list

DISASTER
'TRIAGE Patient List'

PATIENT	DISASTER	PATIENT NAME	LOCATION					LOCATION			STATUS
#	ID #	(LAST Name, FIRST Name)	RED	YEL	GRE	BLK	O.R.	UPDATE	UPDATE	D/C	MEDVAC

Initial Patient Assessment

Patient - Initial Disaster Assessment **Date_____ Time_____**

Initial Assessment-*Major deviations from normal require immediate intervention:*	**Secondary Assessment**-'Identify All injuries' in order to determine the priorities for the planning and intervention phases of the nursing process:	**Patient Care Notes**
A=Airway and cervical spine stabilization B=Breathing C=Circulation D=Disability (neurologic status)	E=Expose patient for Exam F=Fahrenheit-Keep patient warm G=Get vital signs H=History/Head to toe examination I=Inspect posterior surfaces	
Exam Components	**Criteria for Normal Limits**	
Neurological - Level of consciousness: eye opening, motor response, mental orientation, speech, movement, sensation	Patient alert, oriented to person, place and time. Behavior appropriate to situation. Peds LOC appropriate for age	
Cardiovascular - Heart rate, rhythm, blood pressure, edema.	HR and BP are within patients normal limits. Regular rhythm. No edema. No chest pain.	
Respiratory - Inspect chest: symmetry, observation of accessory muscles. Auscultate lungs. Respiratory rate. Color. Presence of cough, sputum.	Airway clear. Respirations quiet and regular, breath sounds clear, no cough. Absence of SOB on exertion.	
Gastrointestinal - Abdominal appearance, palpation, and auscultation of bowel tones. Diet tolerance and bowel tones.	Abdomen soft and nontender. Bowel sounds active. No pain w/ palpation. No nausea, vomiting. Normal bowel movements.	
Genitourinary - Voiding patterns, bladder distention, and urine characteristics.	Voiding adequate amount of clear, amber urine w/o frequency, urgency, dysuria, hematuria, or nocturia. No bladder distention after voiding.	
Musculoskeletal - Ability to perform activities of daily living, range of motion, muscle strength, condition of tissues.	Gait, posture and ROM within normal limits with symmetrical movement and strength of extremities. Peds-appropriate for age.	
Neurovasular - Neurovascular integrity; including color, temp, cap refill, edema, peripheral pulses, sensation, motion, and pain of affected extremity.	Pt's extremities are pink and warm with capillary refill <2 seconds. Peripheral pulses palpable and equal bilaterally. No edema. Sensation and movement intact.	
Psychosocial - Communication patterns, mood, and affect, coping mechanism, behavior.	Thought processes intact. Realistic perception of what is happening. Perceives adequate support systems. Verbalizes basic understanding of current condition.	
IV Sites - Inspection of solution/container, admin set, flow rate, and pump. Inspection of site. Inspection of dressing. Determination of gauge of catheter.	Equipment is set up correctly and functioning properly. IV site is without redness, swelling, drainage, or pain. IV cath is changed q 72 hrs. Dressing clean, dry, intact.	

Notify MD for:
Systolic BP <90 or >160, Diastolic BP >90; Heart Rate <60 or >120
Temperature >100 ; Blood Sugar <80 or >120

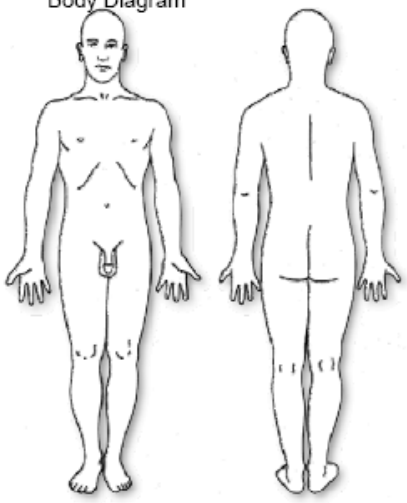
Disaster Triage Form

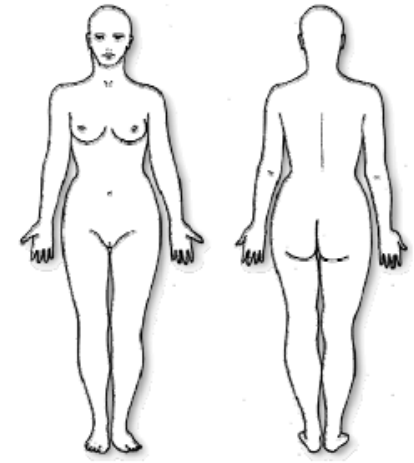
Ketchikan General Hospital
DISASTER -- TRIAGE FORM

Disaster
Patient ID #

	Date: / /	Time In:	Time Out:	Sex: M / F	Patient Name:
	Brought by: KFD NT ST Airlift Guardian SEARHC OTHER				
PRE-HOSPITAL	Chief Complaint:				
	Assessment:				
	Treatment:				
	V. S.				
	UPDATES:				
	DISPOSITION:	**RED** Immediate	**YELLOW** Delayed	**GREEN** Minor	**BLACK** Grave Prognosis	**SURGERY** Immed surgery

Body Diagram





Vital Signs: BP P R T GCS

HEAD:
NECK:
CHEST:
ABDOMEN:
BACK:
GENITO-URO:

UPPER EXTREMITY:

LEFT
RIGHT

LOWER EXTREMITY:

LEFT
RIGHT

California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies

Government-Authorized Alternate Care Site Operational Tools Manual

Appendix 16

California Department of PublicHealth

California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies

Foundational Knowledge
Volume I: Hospitals
Volume II: Government-Authorized Alternate Care Sites
Volume III: Payers
Volume IV: Licensed Healthcare Clinics (available 2008)
Volume V: Long-Term Care Facilities (available 2008)
Volume VI: Licensed Healthcare Professionals (available 2008)
Hospital Operational Tools Manual
Government-Authorized Alternate Care Site Operational Tools Manual
Foundational Knowledge Training Guide
Hospital Training Guide
Government-Authorized Alternate Care Site Training Guide
Payer Training Guide
Reference Manual

Table of Contents

Introduction

The Government-Authorized Alternate Care Site Operational Tools Manual contains tools that enable healthcare surge planning, management, delivery of care and administrative functions. Such tools may be used by local health departments for healthcare surge planning and response to catastrophic healthcare emergencies. The manual was designed to provide single-source direct access to all tools included within the Government-Authorized Alternate Care Sites Volume of the Standards and Guidelines Manual.

The audience for these tools includes:

- Administrators and executives
- Legal counsel
- Compliance officers
- Risk management personnel
- Department managers and supervisors
- Physicians
- Nurses
- Allied health staff

Using the Operational Tools Manual:

A. **Standards and Guidelines Manual:** The tools are referenced throughout the Government-Authorized Alternate Care Sites Volume of the Standards and Guidelines Manual by tool name.

B. **Operational Tools Manual:** The tools in the Operational Tools Manual are organized alphabetically by tool name.

C. Each tool within the Operational Tools Manual includes a cover page which contains:
   1. Tool name
   2. Description
   3. Instructions

Description

The Alternate Care Site Assessment Tool can be used to assist planners in assessing potential locations for an Alternate Care Site and the minimum physical requirements for operations of an Alternate Care Site. The tool will assist in determining the criteria/requirements/standards for a particular Alternate Care Site location as it relates to:

- Location considerations for an Alternate Care Site: What are the types of facilities that can be considered for Alternate Care Sites? Suggested facilities include but are not limited to: National Guard armories, shuttered hospitals, mobile field hospitals, airports, airport hangers, arenas, stadiums, fairgrounds, parks, schools, churches, community centers, football fields, government buildings, hotels/motels, meeting halls, warehouses, gymnasiums, civic sports centers, conference rooms, health clubs, and convention centers. Large tents or similar “soft” structures can also be used.
- Clinical care requirements: What are the minimum clinical requirements to provide patient care?
- Infrastructure: Is there sufficient square footage to provide space for patient cots or mats and space for work area for healthcare providers, ancillary workers and support staff? Is there space to store supplies? Can access to the building be safely controlled? Is the building environmentally safe for patients and workers?
- Total space and layout: Is there an area where patients can easily be transferred from ambulances into the building? Is there ample parking for workers and patient families? Is there adequate space to safely store contaminated waste until pick-up?
- Utilities: Does the building have a system of back up power? Electrical outlets? Sanitary facilities? Running water?
- Communication: Can multiple phone lines and internet connections quickly be activated at the site? Who do they need to serve? Is the wiring sufficient to support phone lines and internet connections?
- Other services: Is there an area where food can be prepared safely or received from a catering service?

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 8.7: Site Assessment Tool.

Instructions

Fill out all sections of the assessment form as completely as possible. An overall findings and recommendations section is included at the end of the document for you to determine the level of use for your facility during a mass medical emergency.

Alternate Care Site Assessment Tool

Required attachments needed with this assessment: site map and/or floor plan drawing of facility structure

Site Name:
Address:
Thomas Brothers Map and Page grid #:

Items to Be Completed Prior to Survey Visit

Alternate Care Site Planning Team completing assessment:	
Date of assessment:	Phone:
Point of Contact for site access:	Phone:
After business hours point of contact:	Phone:
Point of Contact for facility maintenance (if applicable):	Phone:
Point of Contact for site security (if applicable):	Phone:
Total square feet:	Covered square feet: 40K required if requesting Alternate Care Site with 250-bed unit capacity
# of buildings available:	(circle) One floor or Multilevel # of floors:

The following is a list of basic facility requirements to establish an Alternate Care Site. Determine if the requirement is present, not present or reasonably accommodated (potential to be present with refitting/renovation). *P = Present; NP = Not Present; RA = Reasonably Accommodated*		
I. Infrastructure	**P/NP/RA**	**Comments**
Door size adequate for gurneys, 46” width		
Floors		
Loading dock		
Parking for staff and visitors		
Roof		
Toilet facilities/showers (#:___)		
Hand-washing facilities		
Heating, Ventilation and Air Conditioning (HVAC) System for adequate ventilation		
Climate control		
Walls		
Wheelchair access		
II. Total Space Layout	**P/NP/RA**	**Comments**
Auxiliary spaces (Pharmacy, Counselors)		
Equipment/supply storage area		
Family waiting room		
Food and supply prep area		
Morgue/holding area		

Patient decontamination/isolation area		
Min 40 sq. feet per bed per person		
Staff support/rest break areas		
III. Utilities	**P/NP/RA**	**Comments**
Air conditioning		
Electrical power (back-up generator)		
Heating		
Lighting		
Water		
Fire protection safety and equipment		
Refrigeration for safe storage of medical supplies and food, morgue		
IV. Communications	**P/NP/RA**	**Comments**
Phone capability (#:____)		
Two-way radio capability		
Wired for IT and Internet access		
V. Clinical Requirements	**P/NP/RA**	**Comments**
Triage/ER patient care		
Pharmacy		
Laboratory/blood testing		
VI. Other Services	**P/NP/RA**	**Comments**
Ability to lock down facility		

Provide secure storage for controlled substance and medical materials		
Accessibility/proximity to public transportation		
Biohazard and other waste disposal		
Oxygen/medical gases delivery capability		

Answer the following questions:		
Has this site been identified for use in other emergencies?	Y	N
Americans with Disabilities Act (ADA) access for persons with disabilities?	Y	N
Size of largest open room: _____ feet / _____ feet		
Total covered area sq ft (estimate for 200 casualties +staff = 15,000-20,000 square feet):		
Are there any other indigenous communications resources (i.e. security radios, intercom, Internet etc)? Comments:		
Generator capacity: watts.		
Fuel on site: gallons Runtime with existing fuel? hours		
Nearest major thoroughfare:		
Road size and number of lanes for access to site:		
How does the general layout look? Good Fair Congested		
Would materiel need to be relocated to use this facility/site?	Y	N
Estimate # of non-ambulatory casualties in all areas (@50 sq. ft. per patient)		
Problems, major stumbling blocks? Comments:		

Attach diagram of roads, parking, traffic plan.
What would have to be brought in? (excluding medical supplies) ☐ Utilities ☐ Communications ☐ Equipment ☐ Food, Water

Overall Findings and Recommendations	
Provide your overall assessment of the facility.	
Based on the walk-through, this facility would accommodate (circle one):	
1	No potential for healthcare surge capacity use.
2	Potential for an outpatient care during a healthcare surge
3	Potential for outpatient and inpatient care during a healthcare surge
4	Potential for critical care during a healthcare surge
5	Potential for supportive care during a healthcare surge

Alternate Care Site Community Participant Checklist

Description

An important element of the Alternate Care Site Planning Team is the inclusion and integration of public and private partners in the community in both planning for and operation of Alternate Care Sites. The Alternate Care Site Community Participant Checklist gives examples of the types of community members to consider for community-based planning and operation of sites.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 4.1: Developing the Alternate Care Site Planning Team.

Instructions

The Alternate Care Site Planning Team should review the checklist to ensure a variety of community members are included in Alternate Care Site planning and operations.

Alternate Care Site Community Participant Checklist

	Community Participant	Potential Role
Local, State, and federal organizations		
☐	Law enforcement, fire, and coroner	Emergency first responders, security, enforcement of quarantine/isolation orders, fatality management
☐	Local emergency medical services agencies	Local implementing arm of the Emergency Medical Systems Agencies
☐	Local federal offices	Personnel, planning
☐	Local public health	Public health planning, personnel, technical assistance
☐	Local State offices	Personnel, planning
☐	National Guard and military establishments	Transportation and infrastructure support, security, enforcement
Volunteer organizations		
☐	Community Emergency Response Teams (CERT)	Volunteers
☐	Medical Reserve Corps (MRC)	Volunteers
☐	Neighborhood Emergency Response Teams (NERT)	Volunteers
☐	Red Cross/Salvation Army and other non-profit organizations	Volunteers and supplies aid
Commercial organizations and business partners		
☐	Area airports	Transportation, facilities
☐	Board of Realtors	Coordination of additional space for healthcare facilities
☐	Chambers of commerce	Business community support
☐	Communication companies (e.g., private cell, two-way radio, broadcast television)	Communication needs
☐	Major employers and business community, especially big-box retailers (e.g., Costco, Sam's Club)	Essential supplies and services
☐	Mortuaries	Burial and cremation services
☐	Private security firms	Security services
☐	Public works and local utility companies	Critical infrastructure

	Community Participant	Potential Role
☐	Restaurants, caterers, party supply stores	Facilities, food, supplies
Community organizations		
☐	City unified school districts and community colleges	Alternate Care Sites, personnel/services, supplies
☐	Faith-based organizations	Facilities, volunteers, supplies, translation
☐	Public transportation	Transportation
☐	Nursery schools/preschools	Facilities, personnel, child care
☐	Veterinary shelters/pet boarding and care	Pet care for workers/evacuees
Other Partners		
☐	Miscellaneous services	Financial, accounting, general services

Alternate Care Site Considerations for Staff Support Provisions

Description

The Alternate Care Site considerations for staff support provisions are intended to layout issues that an Alternate Care Site should consider for its staffing plans and strategies and is designed to serve as a starting point for Alternate Care Site planners in outlining necessary policies and provisions to support staff during a healthcare surge.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.6.2: Support Provisions for Staff.

Instructions

The Alternate Care Site Planning Team should review the list as considerations for its staffing plans and strategies.

Alternate Care Site Considerations for Staff Support Provisions[1]

Purpose: The following information is intended as a starting point for the Alternate Care Site Planning Team in outlining necessary policies and provisions to support staff during a healthcare surge.

Staff Support Considerations
The following are issues that the Alternate Care Site Planning Team should consider for its staffing plans and strategies:

1. Some staff will not be able to report to work because they or their loved ones may have been directly involved in the incident.
2. Some staff will refuse to report to work because of concerns about their own and their family members' safety and health. In the case of a biological incident, they may have fear of contracting the disease or bringing the disease home.
3. Many staff will have concerns about childcare. The normal childcare provider may not be able to provide these services in an incident. These same concerns apply to staff who may be caring for their parents or others. There should be options available for childcare/eldercare so that staff is free to report to work. Title 42 - Termination if employees chose to volunteer for disaster work (Policy or guideline for protection of work, possibly consider waiver).
4. Some staff may have concerns about the shelter and care of their pets. Consideration should be made for pet care during healthcare surge. Designated kennel or housing provisions should be considered for Alternate Care Site staff members.
5. The Alternate Care Site should consider the provision of rooms for staff for rest and sleep and personal hygiene needs (blankets, pillows, sheets, showers, towels, soap, shampoo, etc.). In the case of a biological incident, there may be implementation of work quarantine in addition to staff working longer shifts or not being able to go home. The Alternate Care Site may also want to consider what is available in local hotels, churches and other such organizations for sleeping accommodations and showers.
6. The Alternate Care Site should consider areas for staff to eat and have refreshments.
7. Staff may be away from home for extended shifts and need to communicate with family members and other loved ones. The Alternate Care Site should consider the availability of telephones to call home and computer access for e-mail.
8. For staff working extended shifts or not able to go home, there may be the need for laundry services or the provision of scrubs. Staff members should also consider having an "emergency kit" with personal items such as underwear, socks, toiletries, a supply of medications, etc. readily available.
9. Staff should have a "family plan" so that everyone in the family knows what will need to happen and who is responsible for various duties if a family member who works at the Alternate Care Site needs to work longer shifts or is quarantined at the healthcare facility.

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[1] State of Wisconsin. Guidelines for Managing Inpatient and Outpatient Surge Capacity, Recommendations of the State Expert Panel on Inpatient and Outpatient Surge Capacity. November 2005.

10. The Alternate Care Site should also give consideration for back-up of essential services such as food services, laundry, housekeeping and other services, especially if these services are out-sourced and the incident affects the ability of the contractor to continue to provide these services and if the surge of patients and visitors overwhelms the capacity of these contractors.
11. The Alternate Care Site should consider a back-up system for notifying staff should the telephone lines be down or the circuits busy.
12. The Alternate Care Site should consider pre-identifying staff persons who will manage and supervise volunteers and in which areas or departments the healthcare facility is likely to use volunteers.
13. Job descriptions should be available for all positions so that staff can receive “just-in-time” training by reading the job descriptions.

Based on these recommendations, the following support provisions should be considered by the Alternate Care Site Planning Team:

- Behavioral/mental healthcare care for staff
- Behavioral/mental healthcare for dependents
- Dependent care (children and adults)
- Meal provisions for 3-7 days
- Water for 3-7 days
- Pet care
- Designated rooms for rest/sleeping
- Designated restrooms
- Personal hygiene provisions (blankets, pillows, sheets, showers, towels, soap, shampoo, etc.)
- Designated eating areas
- E-mail/telephone access to communicate with family
- Clothing or laundry services for staff and dependents
- Emergency kits (personal items such as underwear, socks, toiletries, a supply of medications, etc.), staff store at the place of work
- Family emergency plan

Alternate Care Site Credentialing Matrix Log for Licensed Healthcare Professionals

Description

The Alternate Care Site Credentialing Matrix Log for Licensed Healthcare Professionals is meant to provide Alternate Care Sites with a template to use to verify that healthcare professionals who have been granted temporary disaster privileges have provided the appropriate, and required, documentation.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.3.2: Credentialing and Personnel Verification for Clinical Staff.

Instructions

For each licensed health professional who presents at an Alternate Care Site, the Alternate Care Site will intake the following information:

- Health professional's full name
- Government-issued identification (driver's license/passport)
- Current picture healthcare facility identification card that clearly identifies professional designation
- Current license and/or certification to work
  - Identification/documentation indicating that the individual is a member of the California Medical Assistance Team (CalMAT) a Disaster Medical Assessment Team (DMAT) or MRC, California Medical Volunteers or other recognized State or federal organization or groups
  - Identification by an employee of a current healthcare facility with personal knowledge regarding the volunteer's ability to act as a licensed healthcare professional during a disaster (if applicable)

Once the health professional's identity and ability to practice has been verified, then the volunteer will list their skill sets in the column labeled "Declared Competencies." This information will be used to determine where to assign the healthcare professional.

Alternate Care Site Credentialing Matrix Log for Licensed Healthcare Professionals						
Individual Name	Proposed Minimum Identification Requirements during Surge (Select all applicable)					Declared Competencies
	Govt-Issued Photo ID (Required)	Hospital ID	Current License & Picture	Volunteer (e.g., CalMAT, DMAT) ID	Other - specify	

Alternate Care Site Critical Pharmaceutical Locations Tracking Tool

Description

After determining the specific pharmaceuticals needed by the Alternate Care Site, the quantity of pharmaceuticals to have available locally for use in the Alternate Care Site needs to be determined. This analysis should incorporate the number of potential patients, the number of employees and family members who will need prophylaxis, and the daily dosage. The Alternate Care Site should plan on having at least 72 hours worth of the identified pharmaceuticals on hand to be able to maintain self-sufficiency before the supply is replenished.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.1.1: Pharmaceuticals.

Instructions

Before procuring resources, the Alternate Care Site Planning Team should determine what resources would be available for use in the Alternate Care Site and document their location in the community. The following tool provides a mechanism to track purchased pharmaceuticals.

Standards and Guidelines for Healthcare Surge During Emergencies Critical Pharmaceuticals Locations													
Sample Pharmaceuticals Suggested During a Surge	Strength	Route of Administration	Projected Need	Location #1			Location #2			Location #3			Quantity Available in Operational Area
				Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	
Antidotes for Biological Agents													
Activated charcoal 50 g slurry	N/A	Oral											
Cidofovir	75mg / ml	Injectable											
Ciprofloxacin	400mg	Injectable											
Ciprofloxacin	500mg	Oral											
Clindamycin	600mg	Injectable											
Doxcycline Hyclate	100mg	Injectable											
Doxcycline Hyclate	100mg	Oral											
Gentamicin Sulfate	10mg / ml	Injectable											
Gentamicin Sulfate	40mg / ml	Injectable											
Penicillin GK	20MU	Injectable											
Rifampin	300mg	Oral											
Streptomycin Sulfate	400mg / ml	Injectable											
Antidotes for Chemical Agents													
Amyl Nitrite 0.3 ml. Crushable ampul	N/A	Inhaled											
Atropine Sulfate prefilled syringe	1mg / 10ml	Injectable											
Atropine Sulfate multidose vial	8mg / 20ml	Injectable											
Calcium Chloride	10ml	Injectable											
Calcium Gluconate 10%	10mg / 100ml	Injectable											
Diazepam	5mg / ml	Injectable											
Dimeracaprol	100mg / ml	Injectable											
Diphenhydramine HCL	50mg / ml	Injectable											
Methylene Blue 1%	10mg / ml	Injectable											
Pralidoxime Chlroide	1gm / 20ml	Injectable											
Pyridostigmine Bromide	30 0r 60mg	Oral											
Pyridoxine HCL	3g / 30ml	Injectable											
Sodium Nitrite	30mg / ml	Injectable											
Sodium Thiosulfate	12.5mg / 50ml	Injectable											

Standards and Guidelines for Healthcare Surge During Emergencies Critical Pharmaceuticals Locations														
Sample Pharmaceuticals Suggested During a Surge	Strength	Route of Administration	Projected Need	Location #1			Location #2			Location #3			Quantity Available in Operational Area
				Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	
Antidotes for Radiological & Nuclear Agents													
Aluminum Hydroxide Suspension 240ml	N/A	Oral											
Calcium Carbonate	1g	Oral											
Chlorthalidone	100mg	Oral											
Deferoxamine Mesylate	1g	Injectable											
Edetic Acid	200mg / ml	Injectable											
Furosemide	100mg / 10ml	Injectable											
Magnesium Sulfate	N/A	Oral											
Magnesium Oxide	N/A	Oral											
Penicillamine	125mg / 250ml	Oral											
Potassium Iodide	130mg	Oral											
Prussian Blue	500mg	Oral											
Sodium Iodide	130mg	Oral											
Trisodium Calcium Diethylenetriaminepentaacetate	1g	Injectable											
Trisodium Zinc Diethylenetriaminepentaacetate	1g	Injectable											
Drugs for Treating Acute Radiation Syndrome													
Acyclovir Sodium	25mg / ml	Injectable											
Acyclovir	400mg	Oral											
Antidiarrheal	N/A	Oral											
Cefepime HCL	1g	Injectable											
Filgrastim	300ug / ml	Injectable											
Fluconazole	200mg / ml	Oral											
Ganciclovir	250-500mg	Oral											
Ganciclovir Sodium	500mg / ml	Injectable											

Standards and Guidelines for Healthcare Surge During Emergencies Critical Pharmaceuticals Locations														
Sample Pharmaceuticals Suggested During a Surge	Strength	Route of Administration	Projected Need	Location #1			Location #2			Location #3			Quantity Available in Operational Area
				Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	Quantity	Physical Location	Contact	
Drugs for Treating Acute Radiation Syndrome (continued)													
Granisetron HCL	1mg / ml	Injectable											
Granisetron HCL	1mg	Oral											
Ondansetron HCL	2mg / ml	Injectable											
Pegfilgrastim	6mg	Injectable											
Trimethoprim/Sulfamethoxazole	160mg / 800mg	Oral											
Trimethoprim/Sulfamethoxazole	16mg/ml / 80mg/ml	Injectable											
Vaccines													
Tetanus Toxoid	N/A	Injectable											

Sources:
1) Guidelines for Managing Inpatient and Outpatient Surge Capacity - State of Wisconsin, 2005
2) Emergency Preparedness Resource Inventory (EPRI), A Tool for Local, Regional, and State Planners
3) State of California Mass Prophylaxis Planning Guide, EMSA, June 2003.
4) Organization of a health-system pharmacy team to respond to episodes of terrorism, Am J Health-Syst Pharm-Vol 60 Jun 15,2003

Description

A disaster incident number is a unique identifier used to track patients during healthcare surge. It is recommended that the county Office of Emergency Services or Local Health Department serve as the central source responsible for creating and disseminating disaster incident numbers to public and private healthcare facilities, Alternate Care Sites and emergency medical services. Having a single entity responsible for creating disaster incident numbers is essential to avoiding duplication.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.1: Patient Tracking.

Instructions

Use the disaster incident number policy to assign a unique identifier for patient tracking at an Alternate Care Site during a healthcare surge.

Alternate Care Site Disaster Incident Number Policy and Label

Policies and procedures for use are listed below:

1. Disaster incident number would be a unique patient identifier that would follow the patient during a healthcare surge from the point of entry into the healthcare system through discharge.
2. The disaster incident number would comprise 2 specific elements of identification:
   a. The first 2 digits would be the California county code where that patient entered the system. County codes are 1 to 58. Those counties that have a single-digit county code would place a 0 in front of the first digit.
   b. The second set of numbers would be a number from 1 to 9,999,999, which would be used to specifically identify each patient within that county.
   c. Example: 01-0000025
3. The disaster incident number could be assigned at any of the following entry points and/or locations:
   a. Hospital - To be assigned at registration.
   b. Alternate Care Site /field treatment centers/shelters - To be assigned at registration.
   c. Emergency Medical Services (field crew) - To be assigned upon pick up.
4. The disaster incident number label includes the following elements to be completed by the person performing the intake for that patient. At all entry points, the goal is to fill out as much information as possible at the time the disaster incident number is initiated. The disaster incident number label includes the following elements to be completed by the person performing the intake for the patient. When the local Emergency Medical Services Agency initiates the disaster incident number, condition, gender and destination are key data elements.
   a. First Name - Patient's first name
   b. Last Name - Patient's last name
   c. Street Address - Patient's home address
   d. City - Patient's city of residence
   e. SSN - Patient's Social Security number
   f. Telephone - Patient's home phone
   g. Cell - Patient's cell phone
   h. Destination – Place to which the patient is being triaged
   i. Condition (Minor compromise, Major compromise, Not compromised, Shelter only)
   j. Facility Name
5. The disaster incident number form may include a bar code that would represent the number for that form.
6. Ideally, the Disaster Incident Number should replace the triage number on the triage tag. Alternatively, the triage tags can be modified to include space for a Disaster Incident Number label.

Sample Disaster Incident Number Label

<table>
<tr><td colspan="2">First Name:</td><td rowspan="2">Multiple copies of these stickers provided to follow the patient as he / she moves</td></tr>
<tr><td colspan="2">Last Name:</td></tr>
<tr><td colspan="2">disaster incident number:</td><td rowspan="2">BAR CODE and Disaster Incident Number</td></tr>
<tr><td colspan="2">Street Address:</td></tr>
<tr><td colspan="2">City:</td><td rowspan="2">BAR CODE and Disaster Incident Number</td></tr>
<tr><td colspan="2">SSN:</td></tr>
<tr><td colspan="2">Tel:</td><td rowspan="2">BAR CODE and Disaster Incident Number</td></tr>
<tr><td colspan="2">Cell:</td></tr>
<tr><td colspan="2">Destination:</td><td rowspan="2">BAR CODE and Disaster Incident Number</td></tr>
<tr><td colspan="2">Facility Name:</td></tr>
<tr><td colspan="3">Condition (indicate condition with check mark):</td></tr>
<tr><td>Minor compromise: [ ]</td><td>Not compromised: [ ]</td><td></td></tr>
<tr><td>Major compromise: [ ]</td><td>Shelter only: [ ]</td><td></td></tr>
</table>

Alternate Care Site Facility Damage Report (Limited Assessment)

Description

A high-level assessment of the alternate care site should be conducted to ensure that the facility has maintained its structural integrity. When ramping up for a mass medical emergency, the facility should be checked to ensure the following:

- Capability of providing essential patient care (routine care as well as management of injuries or disaster-related conditions if any)
- Integrity of structure is intact with no obvious damage and availability of access to all areas
- Availability of essential services such as power, water, gas and communications
- Availability of adequate staff, supplies and equipment for the next 72 hours (e.g., food, water, medicines, O2, hygiene and fuel)
- Ability to function without assistance for the next 72 hours

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 19.1: Facility Assessment.

Instructions

Complete the facility damage report to assess structural integrity of your facility during a mass medical emergency.

Alternate Care Site Facility Damage Report (Limited Assessment)

Address:_____

Date and Time report given: _____Census_____

Contact Person: _____ Title/Location:_____

Preferred Contact Method: _____ Preferred Contact Number:_____

Address:_____

Complete the worksheet			
#	**answer:**	**questions:**	**comments:**
1	Y/N Partial	Can you provide essential patient care? (routine as well as management of injuries or disaster related conditions if any)	
2	Y/N Partial	Is Alternate Care Site facility intact? (structural integrity intact, no obvious damage, access to all areas)	
3	Y/N Partial	Are essential services intact? (power, water, gas, communication)	
4	Y/N Partial	Do you have adequate staff, supplies and equipment for the next 72 hours? (food, water, medicines, O2, hygiene, fuel)	
5	Y/N Unsure	Can you function without assistance for the next 72 hours?	

If the answer to any question is “partial” or “no,” the Licensing and Certification District Office will ask the Alternate Care Site to describe its plan for resolving the issue. If Alternate Care Site is preparing to evacuate, the Licensing and Certification District Office will obtain patient list and evacuation destination(s) and complete a facility transfer summary. A summary report will then be sent to CDPH's disaster preparedness coordinator and/or field branch chief.

Source: California Department of Public Health, Licensing and Certification Program, Emergency Preparedness & Response Plan

Alternate Care Site Facility On-Site Damage/Operability Report (Comprehensive Assessment)

Description

A thorough assessment of the alternate care site should be conducted to ensure the operability of the site. The report will aid in the decision for keeping the facility open or evacuating staff. During a mass medical emergency, the facility should be checked to ensure the following:

- Structural integrity
- Availability of communications and elevators (if applicable)
- Availability of water: from utility, drinking and hot
- Functionality of building systems such as electricity, emergency power, fuel reserve, heating and cooling, and sewage disposal
- Availability of supplies including food, medications, linens and other items
- Availability of resources such as administration, nursing, dietary and housekeeping

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 19.1: Facility Assessment.

Instructions

Complete all sections of this report to assess structural integrity and operability of your alternate care site facility. A partial to total evacuation should be considered if the overall damage assessment is yellow or red.

Alternate Care Site Facility On-Site Damage/Operability Report (Comprehensive Assessment)

Alternate Care Site Facility On-Site Damage/Operability Report
(Comprehensive Assessment)

Alternate Care Site Facility Name: _____
Date of Visit: _____

Address: _____ Evaluator Names: _____

City: _____

Overall Damage Assessment*:

❑ GREEN ❑ YELLOW ❑ RED

AVAILABLE VACANT BEDS MALE ❑ FEMALE ❑

PATIENT EVACUATION ORDERED BY:_____ TITLE _____

TYPE OF EVACUATION: TOTAL ❑ PARTIAL ❑

BUILDING	YES	NO
PARTIAL COLLAPSE		
TOTAL COLLAPSE		
PHOTOS TAKEN		

C0MMUNICATIONS	YES	NO
EXTERNAL		
INTERNAL		
ELEVATORS OPERATIONAL (IF APPLICABLE)		

WATER AVAILABILITY	YES	NO
FROM UTILITY		
DRINKING WATER		
HOT WATER		

BUILDING SYSTEMS	YES	NO
ELECTRICITY		
EMERGENCY POWER		
FUEL RESERVE		
BUILDING SYSTEMS		

SUPPLIES	YES	NO		STAFF AVAILABILITY	YES	NO
FOOD				ADMINISTRATION		
MEDICATIONS				NURSING		
LINEN				DIETARY		
OTHER SUPPLIES				HOUSEKEEPING		

EVALUATOR COMMENTS AND DIAGRAM (IF NECESSARY):

_____

_____

_____

_____

_____

Recommend Referral To:_____

Source: California Department of Public Health, Licensing and Certification, Emergency Preparedness & Response Plan

*Green: Habitable, minor or no damage,

Yellow: Damage which represents some degree of threat to occupants

Red: Not habitable, significant threat to life safety

Alternate Care Site Inventory Based Pharmaceuticals by General Classifications List

Description

Although developed for hospital pharmaceutical planning, the following *Inventory Based - Pharmaceuticals by General Classification List* is a tool that the Alternate Care Site Planning Team can use when determining the pharmaceutical needs for an Alternate Care Site. Using inputs such as doses required and the days of therapy required, the tool can be used to calculate the number of patients to be treated, the doses required and the packages of pharmaceuticals to be stocked.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.1.1: Pharmaceuticals.

Instructions

Use this tool as a guide in conjunction with the hazard vulnerability assessment. Pharmaceutical needs are site-dependent based on the complexity of services offered and the potential needs of the community.

1. The columns in the tool need to be populated and are explained below:
    a. **Sample Pharmaceuticals Suggested during a Surge**
        i. This list is non-comprehensive and considers various surge scenarios including antidotes and vaccines for:
            1) Biological events
            2) Chemical events
            3) Radiological/nuclear events
        ii. Add/delete specific pharmaceuticals that may or may not be needed at their specific site.
    b. **Package Size:** Identify the number of items in the package.
    c. **Wholesaler Item #:** Identify the number assigned to the item by the wholesaler the facility uses for ease of use in identifying and re-ordering.
    d. **Average Daily Census:** Quantify the average daily census of the facility (if applicable) to provide guidance in understanding quantity needs in a healthcare surge.

e. **Potential Surge Patients:** Estimate how many healthcare surge patients may be expected. This will vary considerably from type of event, location of facility, and number and type of other facilities with the potential to provide care. The recommendation is that existing healthcare facilities should have enough supplies, pharmaceuticals and equipment at their facilities to be self-sufficient for 72 hours at a minimum with a goal of 96 hours and operate at 20 percent to 25 percent above their average daily census.

f. **Employees:** Identify the potential number of employees. This may be important in understanding the total count of those that require treatment.

g. **Total Potential Requiring Treatment:** Determine the total potential requiring treatment by considering all patients in a healthcare surge plus employees.

    1) A spreadsheet can be set up with formulas to determine the quantity needed by using the formula: *Average Daily Census +Potential Surge Patients + ED Capacity + Employees*.

h. **Doses Needed per Patient per Day:** Calculate how many doses are needed per day to guide the amount that needs to be ordered.

i. **Days of Therapy Required:** Calculate how many days of therapy are required to guide the amount of pharmaceuticals that need to be ordered.

j. **Total Doses Required:** Calculate the Total Doses Required

    Total doses = Doses needed per patient per Day X Days of Therapy required.

k. **No. of Packages to Stock:** Determine the number of packages to stock by considering the Total Doses Required.

l. **Alternate Sources:** Identify other sources that may have the specific pharmaceuticals that the facility is aware of (e.g. nearby hospital).

Inventory Based Pharmaceuticals by General Classifications Table

Critical Pharmaceuticals That May Be Needed During a Surge													
Sample Pharmaceutical Suggested During a Surge	**Strength**	**Route of Administration**	**Package Size**	**Wholesaler Item #**	**Average Daily Census**	**Potential Surge Patients**	**Employees**	**Total Potential Requiring Treatment**	**Doses Needed per Patient per Day**	**Days of Therapy Required (Max of 3 Days)**	**Total Doses Required**	**# Packages to Stock**	**Alternate Sources**
Antidotes for Biological Agents													
Activated charcoal 50g slurry	N/A	Oral											
Cidofovir	75mg / ml	Injectable											
Ciprofloxacin	400mg	Injectable											
Ciprofloxacin	500mg	Oral											
Clindamycin	600mg	Injectable											
Doxcycline Hyclate	100mg	Injectable											
Doxycycline Hyclate	100mg	Oral											
Gentamicin Sulfate	10mg / ml	Injectable											
Gentamicin Sulfate	40mg / ml	Injectable											
Penicillin GK	20MU	Injectable											
Rifampin	300mg	Oral											
Streptomycin Sulfate	400mg / ml	Injectable											

Critical Pharmaceuticals That May Be Needed During a Surge													
Sample Pharmaceutical Suggested During a Surge	**Strength**	**Route of Administration**	**Package Size**	**Wholesaler Item #**	**Average Daily Census**	**Potential Surge Patients**	**Employees**	**Total Potential Requiring Treatment**	**Doses Needed per Patient per Day**	**Days of Therapy Required (Max of 3 Days)**	**Total Doses Required**	**# Packages to Stock**	**Alternate Sources**
Antidotes for Chemical Agents													
Amyl Nitrite 0.3ml. Crushable ampul	N/A	Inhaled											
Atropine Sulfate prefilled syringe	1mg / 10ml	Injectable											
Atropine Sulfate multidose vial	8mg / 20ml	Injectable											
Calcium Chloride	10mg / 10ml	Injectable											
Calcium Gluconate 10%	10mg / 100ml	Injectable											
Diazepam	5mg / ml	Injectable											
Dimeracaprol	100mg / ml	Injectable											
Diphenhydramine HCL	50mg / ml	Injectable											
Methylene Blue 1%	10mg / ml	Injectable											
Pralidoxime Chlroide	1gm / 20ml	Injectable											
Pyridostigmine Bromide	30 0r 60mg	Oral											
Pyridoxine HCL	3g / 30ml	Injectable											
Sodium Nitrate	30mg / ml	Injectable											
Sodium Thiosulfate	12.5mg / 50ml	Injectable											

Critical Pharmaceuticals That May Be Needed During a Surge													
Sample Pharmaceutical Suggested During a Surge	**Strength**	**Route of Administration**	**Package Size**	**Wholesaler Item #**	**Average Daily Census**	**Potential Surge Patients**	**Employees**	**Total Potential Requiring Treatment**	**Doses Needed per Patient per Day**	**Days of Therapy Required (Max of 3 Days)**	**Total Doses Required**	**# Packages to Stock**	**Alternate Sources**
Antidotes for Radiological & Nuclear Agents													
Aluminum Hydroxide Suspension 240ml	N/A	Oral											
Calcium Carbonate	1g	Oral											
Chlorthalidone	100mg	Oral											
Deferoxamine Mesylate	1g	Injectable											
Edetic Acid	200mg / ml	Injectable											
Furosemide	100mg / 10ml	Injectable											
Magnesium Sulfate	N/A	Oral											
Magnesium Oxide	N/A	Oral											
Penicillamine	125mg / 250ml	Oral											
Potassium Iodide	130mg	Oral											
Prussian Blue	500mg	Oral											
Sodium Iodide	130mg	Oral											
Trisodium Calcium Diethylenetriamin epentaacetate	1g	Injectable											
Trisodium Zinc Diethylenetriamin epentaacetate	1g	Injectable											

Critical Pharmaceuticals That May Be Needed During a Surge													
Sample Pharmaceutical Suggested During a Surge	**Strength**	**Route of Administration**	**Package Size**	**Wholesaler Item #**	**Average Daily Census**	**Potential Surge Patients**	**Employees**	**Total Potential Requiring Treatment**	**Doses Needed per Patient per Day**	**Days of Therapy Required (Max of 3 Days)**	**Total Doses Required**	**# Packages to Stock**	**Alternate Sources**
Drugs for Treating Acute Radiation Syndrome													
Acyclovir Sodium	25mg / ml	Injectable											
Acyclovir	400mg	Oral											
Antidiarrheal	N/A	Oral											
Cefepime HCL	1g	Injectable											
Filgrastim	300ug / ml	Injectable											
Fluconazole	200mg / ml	Oral											
Ganciclovir	250-500mg	Oral											
Ganciclovir Sodium	500mg / ml	Injectable											
Granisetron HCL	1mg / ml	Injectable											
Granisetron HCL	1mg	Oral											
Ondansetron HCL	2mg / ml	Injectable											
Pegfilgrastim	6mg	Injectable											
Trimethoprim/ Sulfamethoxazole	160mg / 800mg	Oral											
Trimethoprim/ Sulfamethoxazole	16mg/ml / 80mg/ml	Injectable											

Critical Pharmaceuticals That May Be Needed During a Surge													
Sample Pharmaceutical Suggested During a Surge	**Strength**	**Route of Administration**	**Package Size**	**Wholesaler Item #**	**Average Daily Census**	**Potential Surge Patients**	**Employees**	**Total Potential Requiring Treatment**	**Doses Needed per Patient per Day**	**Days of Therapy Required (Max of 3 Days)**	**Total Doses Required**	**# Packages to Stock**	**Alternate Sources**
Vaccines													
Tetanus Toxoid	N/A	Injectable											
Sources:													
1) Guidelines for Managing Inpatient and Outpatient Surge Capacity - State of Wisconsin, 2005													
2) Emergency Preparedness Resource Inventory (EPRI), A Tool for Local, Regional, and State Planners **AHRQ Publication, 2005**													
3) State of California Mass Prophylaxis Planning Guide, EMSA, June 2003.													
4) Organization of a health-system pharmacy team to respond to episodes of terrorism, Am J Health-Syst Pharm-Vol 60 Jun 15,2003													

Alternate Care Site Lock-Down Policy and Procedure Sample

Description

The primary goal in a lock-down situation is to isolate and control access to the Alternate Care Site facility while caring for the safety of the patients, visitors, staff and property. This tool provides procedures and guidance on when the need to lock-down an Alternate Care Site facility exists for any reason. This type of situation could involve mass contamination, picketing, demonstrations, acts of violence, sit-ins, passive resistance, civil disobedience, gang activity or other disturbances.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 12.2: Facility Lock-Down.

Instructions

Consider the following lock-down policy and procedure for an Alternate Care Site facility during a mass medical emergency to isolate and control access to the site.

Alternate Care Site Lock-Down Policy and Procedure Sample

I. PURPOSE

The purpose of the lockdown policy and procedures is to provide guidance when the need to lockdown an Alternate Care Site facility exists for any reason. This type of situation could involve mass contamination, picketing, demonstrations, acts of violence, sit-ins, passive resistance, civil disobedience, gang activity or other disturbances.

II. POLICY

The primary goal in a lock-down situation is to isolate and control access to the Alternate Care Site facility while caring for the safety of the patients, visitors, staff and property.

III. RESPONSIBILITIES

A. LAW ENFORCEMENT

Management of a civil disturbance itself will be accomplished by law enforcement.

B. SECURITY

Security staff, augmented if necessary, will conduct the internal response in the event of a need for lock-down and will take measures to control access to and from the Alternate Care Site facility, whenever possible.

C. STAFF

All Alternate Care Site clinical and non-clinical staff members will separate themselves, if at all possible, from any involvement in a civil disturbance.

IV. PROCEDURES

A. GENERAL – CIVIL DISTURBANCE

Regardless of how peaceful the intent or how righteous the cause of a civil disturbance, because of the strong emotional nature of the issues involved, these manifestations on many occasions end in rioting, violence and destruction/looting of property.

1. Based on the nature of the disturbance, it will be managed by security staff until the decision is made that management of the situation requires the activation of the Alternate Care Site Command.
2. Upon becoming aware of a civil disturbance situation, the facility administrator or senior administrative person in the Alternate Care Site facility will be notified immediately.

B. MASS CONTAMINATION

1. Contaminated individuals/equipment entering the Alternate Care Site facility building may require the closure of all or part of the facility.
2. In a mass contamination situation, only individuals or equipment KNOWN to be free of contamination will be allowed in the building

C. ACTIVATION/NOTIFICATION

1. The decision to initiate lock-down will be made by the Alternate Care Site Director, if available, based on information provided by security and other staff members.
2. Announcement/Notification
   a. Upon specific guidance from the Alternate Care Site Director or designee, the operator will announce the civil disturbance three times via available communication system. The proper announcement is:

      <<Code Name for Lockdown>> “Nature and Location of Disturbance”

      Repeat the statement every 15 minutes for the first hour, or as often as the Alternate Care Site Director instructs.
   b. When directed by the Alternate Care Site Director, the operator will contact the appropriate law enforcement office and request immediate assistance.
   c. When so directed by the Alternate Care Site Director or the senior administrative individual in the facility, the All Clear will be announced of the public address system as follows:

      <<Code Name for Lockdown>>, Location, ALL CLEAR” (three times)
3. Upon announcement of lockdown, the Command Center and other designated portions of the Command System organization will be activated. This will normally include as a minimum, a portion of the Planning Section.

D. SECURITY OPERATIONS

1. In the case of a civil disturbance, the senior security representative present will immediately assess the situation and provide that information to the Alternate Care Site Director, or designee.
2. In the case of a mass contamination situation, the Infection Control Coordinator or designated clinical staff member will assess the situation and recommend appropriate action.
3. If required, security augmentation will be initiated through recall of off duty security, by appointing other available staff to perform security duties, or by obtaining augmentation from security companies.
4. Security will immediately commence locking all exterior doors and will advise staff to close ground floor window coverings if possible.
5. A Single Entry Point will be established. Staff guarding other exterior doors will be instructed to not allow anyone in or out of those doors. A security representative or other designated individual will allow individuals with legitimate reason into and out of the Single Entry Point based on the situation. In the case of mass contamination, only those individuals KNOWN to be free of contamination will be allowed in the building.
6. A security officer will be stationed in the primary treatment area.
7. If anyone exits the building, a staff or security member must ensure the door is firmly closed and locked after the individual.

8. Security representatives will provide escorts for staff members to and from the parking areas. In the case of mass contamination, anyone leaving the building, including security representatives, must be determined to be free of contamination before being allowed to reenter the building.

E. COMMAND CENTER OPERATIONS

1. All information from local law enforcement, fire department and other sources will be provided to the Incident Command Center.
2. Actions to be taken will be based on the evaluation of this information.
3. The Alternate Care Site Director will determine what information will be disseminated to facility staff.
4. In the case of mass contamination, the decontamination procedures will be initiated.
5. In the event the disturbance is in one of the area's prisons and/or jails and the Alternate Care Site is to receive a large number of prisoners to be treated, plans will be developed to set aside an area for these patients to remain under guard in order to preclude interfering with other facility operations.
6. In the event of an extended disturbance causing all or part of the staff to remain in the facility, provisions will be made for housing and feeding these individuals.

F. ALTERNATE CARE SITE OPERATIONS

1. Patients, visitors, and staff will be moved from the immediate area of the disturbance if at all possible.
2. In patient care areas, access will be limited to staff and others authorized by the Alternate Care Site Director to be in those areas.
3. Based on guidance provided by the Alternate Care Site Director, visiting hours may be reduced or eliminated and any visitors will be strictly controlled.
4. Staff will be informed to avoid the area and to not involve themselves in the disturbance.

G. POST CRISIS MANAGEMENT

After cancellation of the lockdown, a debriefing by a crisis intervention team and/or mental health professionals should be provided as needed for all individuals involved in managing the disturbance.

LOCK-DOWN CHECKSHEET

Mission: The primary goal in a lock-down situation is to isolate and control the situation while caring for the safety of the patients, visitors, staff and property.

____ Personnel discovering the lock-down situation will promptly notify their supervisor, who will pass the information to the administrator or designee.

____ Staff will not become involved, if possible, in any manner with the civil disturbance.

____ Isolate the situation by locking all exterior doors to the unit and closing all ground-floor windows.

____ Do not allow any entry or exit from other than through controlled entry point(s) which should be controlled by security.

____ Only individuals KNOWN to be free of contamination will be allowed to enter the building in a mass contamination event.

____ If exiting the building, request an escort to and from the parking lot areas.

____ Allow law enforcement to quell the civil disturbance.

Source: This policy and procedure sample was adapted from CODE CD - Lock-Down for Scripps Hospital, San Diego.

Description

In the event that staff have limited access to technology to maintain an automated registration process, paper-based patient registration face sheets should be made available. A sample face sheet has been provided below which enables staff to manually collect critical patient demographic data, as well health related information regarding the patient's medical condition. Registration staff will manually complete pre-numbered (if available) face sheets. The Patient Registration Face Sheet will allow staff to more effectively monitor, track and locate patients coming into the Care Site for treatment, as well as assist in collecting patient contact information in the event notification to a family member is required during the course of the stay.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.2: Patient Registration.

Instructions

Registration personnel should complete all available fields upon patient registration.

Alternate Care Site Paper-Based Registration Face Sheet[2]

Patient Information:

Name: _____Disaster Incident Number:_____DOB: _____SSN: _____
Sex: __Male __Female
Mailing Address:_____Zip:_____City:_____County:_____
Home Phone: _____ Cell/Message Phone: _____
Marital Status: __Single __Married __Widow __Divorced __Separated
Name of Spouse: _____Maiden Name: _____
Race/Ethnicity: _____ Primary Language: _____Translator Required? __ Yes __ No
Employer Name: _____Employers Phone Number: _____
Employer Address if Work Comp related: _____Occupation: _____

Accident/Injury/Condition Information:

Type of accident: _____Date of Accident/Injury: _____Time: _____
Condition:_____
Location: _____
Is there legal action involved? _____Attorney or Insurance name: _____
Phone_____Address_____
Policy ID#: _____ Claim#: _____Adjuster: _____
Is there a police report? _____Was there another car involved? _____Who was at fault? _____
If other involved do you have there Insurance information? _____
_____

Guarantor information (Person responsible for bill, co-pay, deductible, SOC etc.)

Name: _____DOB: _____SSN: _____
Address: _____Zip: _____City:_____
Home Phone Number: _____Work Phone Number: _____
Employer Address: _____Occupation: _____
Emergency Contact:
Name: _____Relationship: _____Phone #: _____
(Last Name, First Name)

Insurance Information: (Copy of Insurance Card and Identification Required)

Name of insurance Coverage: _____Policy#: _____Group#_____
Is this a HMO plan? __Yes __NO. If yes name the Medical group: _____
Primary Care Physician _____Co-pay $_____

Subscriber Information:

Name_____Relation_____DOB_____SSN_____
Last Name, First Name
Employer _____Employer's Work Phone_____

Transferring Facility: _____Referring Physician: _____

FOR EMPLOYEE USE ONLY:

If the patient has "No" Insurance was the POE Letter Provided _Yes _No
Is the patient under 21 or over 65 years of age? _Yes _No
Is the patient legally disabled? _Yes _No
Is the patient pregnant? _Yes _No
Does the patient have children under the age of 21 residing in the home? _Yes _No
Forms Completed: _ T & C _NOPP _MCARE MRL & ADDENDUM _Insurance Letter _DFR _ EEAF _ITI
_____Eligibility Verified: _Active _Inactive Financial Counselor Referral: _Yes_ No
_____Runner_____Follow Up

[2] Adapted from UC Davis Health System

Alternate Care Site Patient Registration Form

Description

Form is used to record patient registration information at an Alternate Care Site.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.2: Patient Registration.

Instructions

Registration personnel should complete all available fields upon patient registration.

Alternate Care Site Patient Registration Form

Alternative Care Site Patient Registration Form	
Patient name:	**Patient guardian:**
Social security #:	**Date:**
Date of birth:	**Time:**
Telephone #:	
Permanent and/or temporary displacement address:	
Disaster-related medical condition: ☐ **or** **Pre-existing condition flare up:** ☐ **Comments:**	
Cause of injury or illness:	
Specific services rendered:	
Documentation of care to specify moment of care or stabilization:	
Location of treatment:	
Treatment for medical stabilization: ☐ **or** **Treatment for regular medical care:** ☐ **Comments:**	
Primary care provider:	
Provider:	**Provider license #:** **Medi-Cal/Medicare ID #:**
Provider signature: _____	

Alternate Care Site Patient Registration Log

Description

The Alternate Care Site Patient Registration Log may be used to log all patients registered at an Alternate Care Site. It includes fields for medical record number, disaster incident #, last name, and first name.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.2 Patient Registration.

Instructions

Complete log for all registered patients. Multiple logs at each registration/access point may be needed.

Medical Record #: Enter patient medical record number if available.

Disaster Incident #: Enter patient disaster incident number. [3]

Last Name: Enter patient's last name.

First Name: Enter patient's first name.

[3] A disaster incident number is a unique identifier established at the county level for persons being treated at facilities during healthcare surge.

Alternate Care Site Patient Registration Log

#	Medical Record #	Disaster Incident #	Last Name	First Name
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

Description

This procedure is an example of the type of process and form that could be instituted at an Alternate Care Site for the purpose of tracking patients as they are transferred to other facilities. Additionally, this form could serve as a tool to report Alternate Care Site census and bed capacity to the local Incident Command Center.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.1: Patient Tracking.

Instructions

Print legibly and enter complete information.

1. **INCIDENT NAME** The incident name should clearly identify the cause of the surge requiring the operation of an Alternate Care Site (e.g., fire department, local Emergency Operations Center, etc.).
2. **DATE/TIME PREPARED** Use the international standard date notation YYYY-MM-DD, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as 2006-02-14. Use the international standard time notation hh:mm, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 pm is written as 17:04. Use local time.
3. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the treating Alternate Care Site Director, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
4. **TRIAGE AREAS** (IMMEDIATE, DELAYED, EXPECTANT, MINOR, MORGUE) For each patient, record as much identifying information as available: medical record number, triage tag number, name, sex, date of birth and age. Identify area to which patient was triaged. Record location and time of diagnostic procedures, time patient was sent to surgery, disposition of patient and time of disposition.
    a. **LAST NAME** Record patient's last name
    b. **FIRST NAME** Record patient's first name
    c. **disaster incident number** Disaster identification number is the unique identifier assigned to that patient for the surge
    d. **MR #/Triage #** Medical record (MR) number and/or triage number assigned to that patient at the hospital

e. **SEX** Record “M” for male and “F” for female

f. **DOB/AGE** Date of birth for that patient. Use the international standard date notation. If available and/or time permits, age should be recorded as well.

g. **TIME IN** Record the time the patient was received at the hospital using the international standard time notation.

h. **AREA TRIAGED TO** The area or zone a patient is triaged to

i. **DISPOSITION** The specific area, hospital or location the patient is being transferred or discharged to

j. **TIME OUT** Record the time of patient transfer or discharge using the international standard date notation.

5. **AUTHORIZATION SIGN OFF**
6. **CLINICAL PROVIDER**
7. **SUBMITTED BY** Use proper name to identify who verified the information and submitted the form.
8. **AREA ASSIGNED TO** Indicate the triage area where these patients were first seen.
9. **DATE/TIME SUBMITTED** Indicate date and time that the form is submitted to the situation unit leader.
10. **ALTERNATE CARE SITE NAME** Record the hospital name. Use when transmitting the form outside of the treating hospital.
11. **PHONE** Record the Alternate Care Site phone number.
12. **FAX** Record the Alternate Care Site fax number.

WHEN TO COMPLETE Hourly and at end of each operational period, upon arrival of the first patient and until the disposition of the last.

ALTERNATE CARE SITE PATIENT TRACKING FORM

1. INCIDENT NAME: _____	2. DATE/TIME PREPARED: _____	3. OPERATIONAL PERIOD DATE/TIME: _____

4. TRIAGE AREAS IMMEDIATE, DELAYED, EXPECTANT, MINOR, MORGUE

MR # / Triage #	disaster incident number	Last Name	First Name	Sex	DOB/ Age	Time In	Area Triaged To or Ambulance Unit	Disposition	Time Out

5. AUTHORIZATION SIGN OFF: _____	6. CLINICAL PROVIDER: _____	
7. SUBMITTED BY: _____	8. AREA ASSIGNED TO: _____	9. DATE/TIME SUBMITTED: _____
10. ALTERNATE CARE SITE NAME: _____	11. PHONE: _____	12. FAX: _____

Alternate Care Site Patient Valuables Control Log

Description

The Alternate Care Site Patient Valuables Control Log is used to document, track and audit valuables deposited or removed from the patient valuables secured locations. This log should indicate the date and time the deposits or releases occurred, the concerned Alternate Care Site staff member, the patient's name, the witnessing Alternate Care Site staff member's initials and the control number of the patient valuables envelope.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.7: Patient Valuables Tracking.

Instructions

Complete all applicable fields upon deposit/removal of patient valuables.

ALTERNATE CARE SITE PATIENT VALUABLES CONTROL LOG								
Date Received	Patient Name	Disaster Incident Number	Envelope Control #	INITIALS		Date Released to Patient	INITIALS	
				Alternate Care Site Staff Witness	Alternate Care Site Staff Depositing Valuables		Alternate Care Site Staff Witness	Alternate Care Site Staff Releasing

Alternate Care Site Patient Valuables Deposit Form

Description

In the event a patient must store valuables with the treating facility for safekeeping, a designated Alternate Care Site staff member should inventory the valuables and complete a patient valuables deposit form in the presence of the patient. If the patient is not able to sign the form or observe the inventorying of valuables, a friend or family member may do so. If a friend or family member is not present, another Alternate Care Site staff member must witness the process.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.7: Patient Valuables Tracking.

Instructions

The Alternate Care Site staff member should:

1. Inventory and document valuables on the form.
2. Describe jewelry generically:

   "Yellow metal" is used to describe gold.

   "White metal" is used to describe silver.

   Precious and semi-precious stones should be described by color and not by the type of stone.

An example—A man's gold Timex watch with 5 diamonds would be described as "Man's yellow metal watch with 5 clear stones, Timex."

3. Conduct the inventory in the presence of the patient. If the patient is not able to sign the form or observe the inventorying of valuables, a friend or family member may do so. If a friend or family member is not present, another Alternate Care Site staff member must witness the process.
4. List credit cards individually by account number.
5. Document personal blank checks, including the total number of blank checks.
6. Record currency by denomination and also the total amount. Large amounts of currency being held (more than $1,000) should be reported to Alternate Care Site security administration. Alternate Care Site security administration should determine whether further security precautions should be taken.
7. Record "none" if no currency is deposited. The space for currency should not be left blank.
8. Visually assess the patient for valuables, such as jewelry, rings, necklaces, earrings, etc., and encourage the patient to include all items in the inventory.

9. Have a witnessing Alternate Care Site staff member verify the inventory and document its accuracy by signing the patient valuables deposit form. This should be performed prior to placing the valuables into a patient valuables envelope.
10. Write the control number from the patient valuables envelope on the patient valuables deposit form.
11. Have the patient, family member or friend sign the patient valuables deposit form. If they are not available or able to sign, note in the signature slot that the patient is unable to sign.
12. Place the valuables into the patient valuables envelope, along with the original copy of the patient valuables deposit form, and seal it in the presence of the patient and the witnessing Alternate Care Site staff member.
13. Provide a second copy of the patient valuables deposit form to the patient and include the third copy in the patient's chart.
14. Complete a patient valuables control log that is kept near the storage place for patient valuables (i.e., a safe) and have a witnessing Alternate Care Site staff member initial the log.
15. Deposit the envelope in a secured container in the presence of a witnessing Alternate Care Site staff member.

IMPORTANT! RECORD VALUABLES PAK NUMBER	
PATIENT NAME	
MEDICAL RECORD #	DISASTER INCIDENT #
RECEIVED BY	DELIVERED TO

RECEIVED FROM PATIENT OR REPRESENTATIVE

I leave the following items of personal property in the care, control and custody of the Alternate Care Site and I acknowledge that the items shown here have been put in a container, sealed and marked with my name, and that this has been done in my presence.

SIGNATURE OF DEPOSITOR	
DATE DEPOSITED	WITNESSED BY

RETURNED TO PATIENT OR REPRESENTATIVE

I hereby acknowledge that all personal property deposited with the Alternate Care Site on the above mentioned date has been returned to me.

SIGNATURE OF DEPOSITOR	
DATE RECEIVED	WITNESSED BY

ALTERNATE CARE SITE NAME

ADDRESS
CITY, ST ZIP CODE
PHONE NUMBER

PATIENT'S VALUABLES DEPOSIT

CURRENT COUNT	CREDIT CARDS/CHECKS
X $100=	
X 50=	
X 20=	
X 10=	
X 5=	
X 2=	
X 1=	
Total Currency $	
Total Coin $	
Total Deposit $	

OTHER VALUABLES	
COMPLETED BY	DATE

Alternate Care Site Pharmaceutical Storage Consideration Checklist

Description

Whether in preparation for a healthcare surge or during a surge, there are many considerations that need to be addressed so that pharmaceuticals can be accessed and used immediately. The following checklist includes considerations for pharmaceutical storage at an alternate care site across six major categories including:

- Inventory management
- Environmental management
- Security
- Caches
- Licensing
- Ease of access

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.4: Storage Considerations.

Instructions

Check off all completed tasks.

Alternate Care Site Pharmaceutical Storage Consideration Checklist

Inventory Management

- A process for monitoring the expiration dates.
- A process for rotating stock from the cache into the general inventory to minimize outdates, if applicable.
- A process for returning stock to vendors for replacement or credit, if applicable.
- A process for local repackaging of pharmaceuticals if they come in bulk containers.
- Repacked pharmaceuticals require proper labeling.

Environmental Management

- A process for monitoring the environment to meet United States Pharmacopeia (USP) standards, e.g., temperature, humidity, pests.
- Most medications require adequate room temperature, as specified in the Strategic National Stockpile guidelines, to range between 68° and 77° F.
- Local planning should ensure that manufacturer's storage guidelines are met.

Security

- A process for ensuring the security of the pharmaceuticals provided to the Alternate Care Site (e.g., locks, security personnel).
- A process for controlling access into the area.
- A process for controlling access within the area.
- A process for identifying and tracking patients, staff and visitors.
- A process for working with local authorities prior to healthcare surge to address heightened security needs.
- A process for working with private security entities prior to healthcare surge to address heightened security needs.

Caches External to an Alternate Care Site

- A process for ensuring the security of the caches.
- A process for controlling access into the area.
- A process for controlling access within the area.
- A process for working with local authorities prior to healthcare surge to address heightened security needs.
- A process for working with private security entities prior to healthcare surge to address heightened security needs.

Licensing

- Depending on the location of the cache, consider any licensing needs, e.g., Board of Pharmacy.
- Consider the location of the cache and if it is licensed to receive a delivery of pharmaceuticals.

Ease of Access

- A process for staging the layout of pharmaceuticals to ensure ease of access, e.g., what is needed in the first 24 hours. (see Staging section for an example.)

Alternate Care Site Policy for Workforce Resilience during a Disaster

Description

This policy offers guidelines for dealing with needs and training to optimize workforce resilience in the event of a disaster. It provides minimum standards for Alternate Care Site to consider for workforce resiliency policies. The term worker is used to refer to Alternate Care Site personnel during a time of healthcare surge, which could consist of paid employees or volunteers.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.6.2: Support Provisions for Staff.

Instructions

Review and understand policy for guidance on how to prepare for maximizing employee personal resilience and professional performance during a healthcare surge.

Alternate care sites should adopt a modified version of this policy based on staffing type and functional model. It is important that the intent of this policy is carried out when staffing Alternate Care Site in order to provide proper support, protections and training to staff and volunteers.

Alternate Care Site Policy for Workforce Resilience during Disaster[4]

Purpose

This policy offers guidelines for dealing with needs and training to optimize workforce resilience in the event of a disaster. An Alternate Care Site will adopt a modified version of this policy based on the event specific staffing. It is important that the intent of this policy is carried out when staffing an Alternate Care Site in order to provide proper support, protection and training to staff and volunteers. The term "worker" is used to refer to facility personnel during a time of healthcare surge, which could consist of paid employees or volunteers.

Rationale

The response to a disaster will pose substantial physical, personal, social and emotional challenges to healthcare providers. During an influenza pandemic, however, the occupational stresses experienced by healthcare providers are likely to differ from those faced by workers in the aftermath of other disasters. Globally and nationally, a pandemic might last for more than a year, while disease outbreaks in local communities may last 5 to 10 weeks. Workers and their families will be at personal risk for as long as a disaster continues in their community. Therefore, special planning is needed to help employees maximize personal resilience and professional performance.

Worker Needs

Physical:

- Rest areas for each department are located __(list departments and areas)___.
- Provisions for showers are _____.
- Food will be served or provided __(where and how often)___.
- Healthcare in case of illness or injury will be provided ___(where and when)___.
- Transportation to and from work will be provided ___(situation and contact)___.

Additional Considerations for Pandemic Influenza: Describe what will happen if worker too sick to be at work.

Personal:

- Telephones for personal calls are located __(include rules)___.
- Televisions, radios and internet access for keeping apprised of events are located _(include rules)__.
- Childcare is provided at _____.
- Care for disabled or elderly family members is provided at _____.
- Pet care is provided at _____.

Additional Considerations for Pandemic Influenza: Guide sheets are provided for workers to deal with sickness in their homes.

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[4] Sutter Health System.

Emotional:

- Management will provide all workers with regular updates of status of disaster in community and response activities within the organization. Supervisors will brief workers at least once per shift.
- Managers and supervisors will be alert to recognize worker distress.
- Management will provide a stress control team to help workers deal with stress.
- Chaplain or other appropriate religious services will be offered.

Additional Considerations for Pandemic: Stress control teams will be trained in infection control precautions.

Training

There are four main categories of training to be addressed in preparation for response to a disaster: training for all workers, department-specific training, training for ad hoc counselors and information packets for handout.

1. All employees will receive training in the following:
   a. Stressors related to pandemic influenza
   b. Signs of distress
   c. Traumatic grief
   d. Psychosocial aspects related to management of mass fatalities
   e. Stress management and coping strategies
   f. Strategies for building and sustaining personal resilience
   g. Behavioral and psychological support resources
   h. Strategies for helping children and families in times of crisis
   i. Strategies for working with highly agitated patients
2. Department-specific training will be developed by department managers as appropriate to the type of services provided.
3. If there are not enough behavioral health specialists available for response to staff needs in a disaster, __(Affiliate name)___ will provide basic counseling training to selected individuals to assist in meeting worker emotional needs.
4. ___(Affiliate name)___ has developed information packages that will be available for distribution to workers and their families.

Deployed Workers

In the event of a major disaster, especially one that lasts for weeks, workers may be deployed from their normal work site to an Alternate Care Site or even to assist at other locations in the community. Workers may be requested to use transferable skills to do work that is not in their current job descriptions or scopes of practice. For instance, a nurse may be asked to work in the laboratory to assist with drawing blood.

Deployment within the Alternate Care Site

- Pre-deployment, workers will be briefed on stress management, coping skills and resilience.
- Supervisors will develop job description (just-in-time) training sheets that outline tasks for a borrowed worker or volunteer.
- Supervisors will ascertain competency of borrowed workers to do assigned tasks.

- Volunteers will be trained in the specific areas they are positioned in so adequate education is provided.
- All deployed workers have a responsibility to advise the supervisor when they have been assigned a task for which they have no training or skills. Supervisors should train the employee to the task, if appropriate, or assign the task to someone else.
- A buddy system should be established to help employees support each other.
- Workers will be trained on self-help activities.

Deployment outside of the Alternate Care Site

Local or state government may require assistance and request that healthcare workers be deployed to other sites. ___ (contact person within affiliate) ___ is responsible for coordinating all external deployment of employees.

- (Contact person) will coordinate with the Incident Command System commander to determine how many workers can be spared, and then will send a call for volunteers for deployment.
- Pre-deployment, workers will be briefed on:
  - Status of community or agency which they are going to
  - Work that is expected of them
  - Stress management, coping skills and resilience
  - Self-help activities
  - Approximate time they will be needed

Alternate Care Site Sample Estimated Staffing Levels for Healthcare Surge Scenarios Chart

Description

Adapted from the Agency for Healthcare Research and Quality Publication No. 06-0029, "*Reopening Shuttered Hospitals to Expand Surge Capacity*," the following chart is presented as guidance for staffing levels at an Alternate Care Site. It may be customized depending on the level of care provided at each Alternate Care Site but provides an overview of the different roles (clinical, supportive and command) whose presence will be necessary.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.1: Planning for the Workforce.

Instructions

Consider the following guidance when planning staffing levels at an Alternate Care Site.

Alternate Care Site Sample Estimated Staffing Levels for Healthcare Surge Scenarios

Staff Type	Staff Classification	Scenario: Medical/Surge or Infectious Disease	Discussion
Setup Staff			
	Staffing requirements to be determined by the Alternate Care Site Planning Team		Some areas to consider are cleaning needs, configuration, electrical engineering and laborers
Clinical Staff			
Physician and Physician Extenders	Chief Medical Officer	1	One person responsible for medical care 24 hours per day/ 7 days per week. Physically onsite 8 hours/day, M-F, available off-shift and weekends.
	Internist	3-7 FTEs/ 7AM-7PM 1 FTE/ 7PM-7AM	Each MD, assuming 10-15 minutes per patient, could see 48-72 patients over 12 hours (7A-7P) plus at least one person for night coverage (7P-7A).
	Radiologist	As needed	Adjust according to patient acuity. May be an increased need with an infectious disease population.
	Infectious Disease Specialist	As needed	Likely needed only for infectious disease population.
	Nurse Practitioner/ Physician Asst	As needed to supplement internists or nurses	Must work under the supervision of an MD, could supplement internist coverage if adequate number of physicians not available or supplement nursing coverage (supervisor or RN).
Nursing	Nursing Director	1 RN	One person responsible for nursing care 24 hours per day/7 days per week. Physically onsite 8 hours/day, M-F, available off-shift and weekends.
	Supervisor	1 RN per shift	Prefer RN supervisor, but if none available, an experienced LVN would suffice.

Staff Type	Staff Classification	Scenario: Medical/Surge or Infectious Disease	Discussion
	RN	1:5-1:15 RN to patient ratios	Could go as high as 1:40 with adequate LVN, nurse aide and ancillary staff coverage, but highly dependent on patient acuity. Precaution procedures in an infectious disease scenario would require increased staffing levels to accommodate the additional time needed for gowning, disposal of medical waste, etc.
	LVN	1:5-1:15 RN to patient ratios	Could go as high as 1:40 with adequate LVN, nurse aide and ancillary staff coverage, but highly dependent on patient acuity. Precaution procedures in an infectious disease scenario would require increased staffing levels to accommodate the additional time needed for gowning, disposal of medical waste, etc.
	Nurse Aide	1:6 (day shift) 1:8 (eve shift) 1:15 (night shift) NA to patient ratios	Adjust nurses up or down according to licensed nurse coverage and ancillary staff support. Precaution procedures in an infectious disease scenario would require increased staffing levels to accommodate the additional time needed for gowning, disposal of medical waste, etc.
Allied Health	Dietitian	1 FTE RD	Dependent on the level of supervision needed in Dietary Department, number of admissions and discharges, level of patient acuity.
	Discharge Planner	2-4 FTEs (M-F normal business hours) Discharge planners or social workers	Adjust as needed according to number of admissions and discharges. Assumed one SW per two units (80 beds).
	EKG Technician	1 FTE to cover 7AM-3PM, M-F	If no EKG tech available, EKGs may be done by nurses, NP/PAs, physicians, EMTs. Interpretation done by physician or interpretive software program if available.

Staff Type	Staff Classification	Scenario: Medical/Surge or Infectious Disease	Discussion
	Laboratory Technician	2.1 FTEs (7AM-7PM, 7 days/ week) One person to run basic hematology, chemistry, urinalysis, bacteriology tests. Assume no blood bank, no type and x-match needed.	Adjust up according to the number of specimens processed. May not be needed if specimens are sent out. Nursing able to perform certain screens (e.g., dipstick urine, hemoccult) on the unit.
	Medical Records	1 FTE	Adjust up according to the number of admissions and discharges.
	Mental Health Worker/ Social Worker	2-4 FTEs (M-F, 8AM-4PM)	Adjust up according to patient, family and staff needs. Assumed one social worker per two units (80 beds).
	Pharmacist	2.1 FTEs RPh (7AM-7PM, 7 days/week)	Adjust up according to patient needs. If drugs were supplied from another location, would not be needed.
	Pharmacy Technician	1-2 FTEs Certified Pharmacy Technicians	Adjust up according to patient needs. Must be supervised by pharmacist.
	Phlebotomist	1 FTE able to perform venipuncture 7AM-3PM, M-F	If not available, some nurses, NP/PAs, physicians and EMTs would be able to draw blood.
	Respiratory Therapist	1 FTE RT needed primarily to set up, monitor and troubleshoot problems with ventilators	Adjust according to patient needs. Nurses/physicians/ NP/PAs, and EMTs are able to assess lung sounds, provide chest physical therapy.
	X-Ray Technician	1 FTE	May not be needed on a daily basis, but requires specialized skills. It's likely that coverage would not be available from other staff types.

Staff Type	Staff Classification	Scenario: Medical/Surge or Infectious Disease	Discussion
Support Staff			
All Other Types of Staff	Administrative Support	3-6 FTEs (8AM-4PM, M-F)	Includes payroll (1 person), billing (1 person) and 1-4 people to assist with unit clerk-level work.
	Biomedical Engineering	1 FTE 7AM-3PM, M-F and on-call	As needed to deal with problems associated with medical monitoring equipment.
	Central Supply/ Materials Management	2-4 FTEs 1-2 people covering 7AM-7PM, 7 days/week	To oversee ordering, distribution of supplies. Adjust up as needed based on acuity of patients.
	Food Service Supervisor	1 FTE (M-F, 8AM-4PM)	To oversee the dietary department, order food and supplies, schedule dietary staff.
	Cook	2-4 per meal	Food Service Supervisor may also act as cook.
	Food Service Workers	4-6 per meal	Increased staff needed at peak meal times.
	Housekeeping	5-9 people 7AM-7PM 1-2 people 7PM-7AM	Assuming one person per unit (40 beds) plus one person for common areas, trash from 7AM-7PM. 1-2 people 7PM-7AM.
	Human Resources	1 FTE (M-F, 8AM-4PM)	Assist with staff support/ dependent care. May need to recruit dependent care staff/volunteers to cover all shifts as needed.
	Laundry	2-4 FTEs 1-2 people covering 7AM-7PM, 7 days/week	Adjust depending on equipment available and acuity of patients assuming three complete bed changes per day.
	Maintenance	3-4 FTEs (1-3 people, 8AM-4PM, 7 days per week)	May assist with housekeeping, safety and security as needed.
	Morgue Worker	1 FTE	As needed.
	Safety Manager	1 FTE	May have maintenance responsibilities also.
	Security	8-12 FTEs (1-3 people per shift, 7 days per week, 24 hours per day)	Adjust according to scenario, number of entrances, facility location.

Staff Type	Staff Classification	Scenario: Medical/Surge or Infectious Disease	Discussion
	Transport	1.5-3 FTEs (1-2 people covering M-F, 7AM-7PM)	Adjust according to staff availability. All staff capable of transport.
	Volunteers	As available	Assist with transport, delivery of supplies and meals, administrative/clerical functions, dependent care, etc.
	Volunteers	As available	Assist with transport, delivery of supplies and meals, administrative/clerical functions, dependent care, etc.
Command Staff			
Command	1 FTE required for each activated position; 6 FTEs identified in a call down list for each position	1 FTE required for each activated position; 6 FTEs identified in a call down list for each position	This includes the command functions such as Alternate Care Site Director, Logistics Section Chief, Planning Section Chief, Operations Section Chief, Finance/Administration Section Chief. The number of FTEs ensures adequate coverage for multiple shifts.

Alternate Care Site Sample Policy for Dependent Care

Description

In the event of an extended emergency response or civil disturbance where staff will remain at an Alternate Care Site for long periods, dependents, including children, elderly and disabled persons may be brought with the staff member and housed in the designated dependent care area. If no responsible person is available at home to provide care, these dependents will be housed in the dependent care area for the duration of the disturbance or until other arrangements are made.

Major procedure activities include:

- Mobilization
- Safety requirements
- Staff
- Supplies
- Food
- Registration
- Medications
- Psychological support
- Documentation
- Checking out of dependent care area

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.6.2: Support Provisions for Staff.

Instructions

This policy outlines the process by which an Alternate Care Site can provide for sheltering and feeding staff and volunteer dependents during a disaster or other emergency situation.

Alternate Care Site Sample Policy for Dependent Care[5]

Purpose:
This procedure outlines the process by which an Alternate Care Site can provide for sheltering and feeding staff and volunteer dependents during a disaster or other emergency situation.

Definition:
Dependent care area is located in [Alternate Care Site Facility-Designated Area].

Policy:
In the event of an extended emergency response or civil disturbance where staff will remain at [Alternate Care Site Name] for long periods, dependents, including children, elderly and disabled persons may be brought with the staff member and be housed in the designated dependent care area. If no responsible person is available at home to provide care, these dependents will be housed in the dependent care area for the duration of the disturbance or until other arrangements are made.

Responsibilities:
A dependent care unit leader should be assigned and be responsible for coordinating the Dependent Care Area activities.

Procedure:
A. Mobilization – Upon request by the operations chief or the director, the dependent care unit leader shall mobilize sufficient staff and resources to activate a dependent care area.
B. Safety Requirements – Prior to activation of the dependent care area, the dependent care unit leader, with assistance from the safety and security officer, shall conduct a safety inspection of the area to remove any unsafe objects and to secure any equipment that could pose a safety hazard.
C. Staff
    1. Staff and volunteers shall sign in and out when reporting to assist.
    2. Staff shall monitor the area continuously for safety issues and to respond to dependents' needs.
    3. If additional assistance is needed, for example, supplementary support for dependents from the American Red Cross, staff will communicate those needs through the command structure.
D. Supplies – Dependent care area supplies shall be requested through the materials supply unit leader.
E. Food – Meals and snacks for dependents shall be arranged by the nutritional supply unit leader.

[5] Scripps Health, San Diego. July 2006.

F. Registration
    1. Post signs indicating “Dependent Care Area – Responsible Adult Must Register Dependent.”
    2. Assign each family a family number.
    3. All dependents shall be assigned a dependent number and shall register using the dependent care registration form. Establish the dependent number by adding a letter (A, B, C, D, etc.) to the family number for each dependent in a given family.
    4. Apply an armband to each dependent upon arrival with name and department number.
    5. Take a picture of each dependent with person responsible for them, and attach to dependent care registration form.
    6. Special sign-in and sign-out procedures shall be provided for minor or incompetent dependents.
        i. Implement a positive identification system for all children younger than 10 years of age.
        ii. Provide matching identification for retrieving guardian to show upon release of child.
    7. Tag medications, bottles, food and other belongings with dependent’s name and dependent number and store appropriately.
    8. Assign each dependent to a dependent care provider and record on form.
G. Medications
    1. Ensure that dependents taking medications have a supply to last during the estimated length of stay.
    2. Arrange for a licensed nurse to dispense medications as appropriate.
H. Psychological Support – Arrange for the psychological support unit leader (social services) to make routine contact with dependents in the shelter, as well as respond to specific incidents or individual needs.
I. Documentation
    1. Document all care provided to individual dependents, such as medications, psychological services, toileting or dressing.
    2. Document all other actions and decisions and report routinely to the dependent care unit leader.
J. Checking Out of Dependent Care Area
    1. When dependent leaves area, compare picture with dependent and responsible person.
    2. Check identification, verify name and obtain signature of responsible person picking up dependent.
    3. Retrieve and send all medications and personal items with dependent.
    4. Collect arm-bands.

Alternate Care Site Sample Tracking Form for Dependent Care

Description

The Alternate Care Site Sample Tracking Form for Dependent Care allows Alternate Care Sites to track the individuals for whom they provide dependent care during a healthcare surge and to monitor the healthcare services provided to individuals while they are under dependent care.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.6.2: Support Provisions for Staff.

Instructions

Use the Alternate Care Site Sample Tracking Form for Dependent Care to track the individuals for whom the Alternate Care Site provides dependent care during a healthcare surge and to monitor the healthcare services provided to individuals while they are under dependent care. Complete all applicable fields in the form.

Alternate Care Site Sample Tracking Form for Dependent Care

Check In Date	**Time**	
Check Out Date	**Time**	
Staff Name	**Relationship to Dependent**	**Family Number**
Dependent Name	**Age**	**Dependent Number**
Staff's Department	**Extension**	
Other Family, Relative, etc we can call in an emergency:		
Name	**Phone Number**	
Name	**Phone Number**	
Special Needs **Allergies** **Food** **Toileting** **Medical Conditions**		
Medications you brought:		
Name	**Dose**	**Times to be given**
Name	**Dose**	**Times to be given**
People who may pick up dependent		
Name	**Relationship**	
Name	**Relationship**	
Name	**Relationship**	
For Dependent Care Area Staff Only:		
Dependent Care Staff: • Apply armband with name and registration number on each dependent. • Tag all medications, bottles, food and other belongings and store appropriately. • Photograph dependent with person responsible and attach photo to this form. • Use reverse side of this form to document care provided to this dependent. • Retain forms in dependent care area until "All Clear" is announced, then route to the Command Center.		
Dependent Care Providers Assigned		
Name of person picking up dependent		
Signature of person picking up dependent		

Dependent Name	Dependent Number

Date/ Time	Type of Care Given	Notes

Alternate Care Site Short Form Medical Record

Description

The sample short form is to be used to collect patient information during a healthcare surge when electronic systems for documenting the provision of care are unavailable or nonfunctional. The short form medical record can be initiated during a healthcare surge and should be utilized to capture pertinent assessment, diagnosis and treatment information.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.3.2: Short Form Medical Record.

Instructions

This document should be completed for individuals seeking medical attention.

Demographic

Patient Demographic Information - Include patient name, date of birth, parent/guardian, disaster incident number[i] and/or medical record number, known allergies, and primary physician.

History

- Chief Compliant - Enter patient's primary complaint upon presenting for care
- Significant Medical History - Enter notes on patient's medical history
- Glasgow Coma Scale - Enter score for each area
- Field Triage Category - Enter category
- Site Triage Category - Enter category
- Pupil Size - Enter pupil size
- Reactive - Circle yes/no
- Pain - Circle patient's level of pain
- Temp - Indicate patient's temperature
- Pulse - Indicate patient's pulse
- Respiration - Enter patient's rate of respiration
- Blood Pressure - Enter patient's systolic and diastolic blood pressure
- Intake - Enter patient fluid intake
- Output - Enter patient fluid output
- Special Dietary Needs - Enter patient's special dietary needs
- Medications - Indicate medications the patient is currently taking including name, dose, route and time
- Last Menstrual Period - Indicate last period
- Pregnancy Status - Indicate status

Physical Exam

- Physical Exam - This section should be used to capture comments relative to the assessment of the patient's cardiovascular, pulmonary and other body systems.

Re-Assessment

- This section is to be completed as a secondary assessment prior to a procedure. It includes a place for a set of vital signs and any lab results.

Procedure/Disposition

- This section of the form includes space to document the following:
- Pre and post procedure diagnosis
- Procedure performed
- Findings
- Condition of the patient post procedure
- A check box to indicate if discharge instructions were provided in printed form and/or verbally
- Dietary restrictions
- Activity restrictions
- Discharge medications
- Follow-up visit information
- Condition on discharge/Transferred to
- Date, time and physician's signature authorizing discharge
- Time admitted
- Physician order notes/Other notes

Alternate Care Site Short Form Medical Record

Demographic

Patient Name:_____ DOB/Age:_____

Parent / Guardian:_____ Primary Physician:_____

DIN:_____ MRN:_____

Allergies:_____ ☐ NKA

History

Chief Complaint:_____

Significant Medical History:_____

Last Menstrual Period:_____ Pregnancy Status:_____

Glasgow Coma Scale	
Eye	
Motor	
Verbal	
Total	

Field Triage Category: _____ Site Triage Category:_____

Pupil Size L:_____ Reactive: ☐ Yes ☐ No

Pupil Size R:_____ Reactive: ☐ Yes ☐ No

Circle pain (Adult): 0 (no pain) 1 2 3 4 5 6 7 8 9 10 (worst pain)

Circle pain[1] (Child/Other

Time recorded:			
Temp:			
Pulse:			
Respiration:			
Blood Pressure:			

Notes:_____

Intake		Output	
Total		Total	

Special Dietary Needs:_____

Medications

Name	Route		Dose	Time Frequency

Physician initials: _____ Nurse initials:_____ Other initials:_____

Physical Exam

Cardiovascular:_____ Pulmonary:_____

Neurological:_____

Other Significant Findings:_____

Physician initials:_____

Re-Assessment

Date:_____ Time:_____

System Review: Temp:____ Pulse:____ Respiration:____ Blood Pressure:____

Lab Results:_____ X-ray Results:_____

Physician initials: _____ Nurse initials:_____ Other initials:_____

Procedure / Disposition

Pre-Procedure DX:_____ Post-Procedure DX:_____

Procedure:_____ Findings:_____

Condition of Patient Post Procedure: ☐ Critical ☐ Guarded ☐ Stable

Discharge Instructions (YES/NO): Written_____ Verbal_____

Diet: ☐ Regular ☐ Soft ☐ Liquid ☐ Other:_____

Activities: ☐ No Restrictions ☐ Restrictions as Follows:_____

Discharge Medications:_____

Follow-Up Visit: When_____ NA:_____

Condition at discharge: ___ Critical ___ Guarded ___ Stable ___ Fair ___Deceased

___ Temp ___Pulse ___Respiration ___Blood Pressure

Discharge: ☐ Home ☐ Shelter ☐ ACS ☐ SNF ☐ Deceased Date: _____

☐ Transfer:_____ ☐ Other:_____ Time: _____

Admitted: ☐ Time admitted:_____

Physician order:_____

_____

Notes: _____

_____

Physician initials: _____ Nurse initials:_____ Other initials:_____

Wong, DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Schwartz P: *Wong's Essentials of Pediatric Nursing*, ed. 6, St. Louis, 2001, p.1301.

Alternate Care Site Staging Recommendations Checklist

Description

This checklist identifies considerations that organizations should assess when staging their resources. This tool is useful for the set up of resources at Alternate Care Site and caches/warehouses.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.5: Staging and Deployment.

Instructions

Check off all completed tasks.

Alternate Care Site Staging Recommendations Checklist

The following checklist identifies considerations the Alternate Care Site Planning Team should assess when setting up their materials in planning for and during a healthcare surge:

- ☐ A process for determining what items will be needed first (concept of last in, first out).
- ☐ Do not place one type of material all in one place (e.g., cots all in one area).
- ☐ A plan for how the materials will be moved (e.g., deployable cart).
- ☐ A plan for how items will be set up once they are taken out of storage (e.g., tents, tables, carts and provisions for temperature control, such as ice, ice chests).
- ☐ Space is often a limiting factor at an Alternate Care Site. Consider alternate sites to stage supplies, pharmaceuticals and equipment (e.g., off-site warehouses).
- ☐ Pushcarts can be used for moving materials efficiently.
- ☐ Pushcarts need to be labeled with all materials and expiration dates.
- ☐ Plans should consider ownership of staging areas (State versus local) and who is responsible for identifying points of distribution.
- ☐ Pharmaceutical caches should be stored in secure containers that can be easily transported (e.g., plastic totes with tearaway locks).
- ☐ Medical supplies without expiration dates should be kept separate from medical supplies that have expiration dates.
- ☐ Supplies, pharmaceuticals and equipment must be covered for protection from the elements to reduce spoilage and the need to repackage materials.

Description

In determining the supplies and equipment needed for each Alternate Care Site, planners should take an all-hazards approach. The following tool provides a list of the supplies and equipment included in the State caches maintained by CDPH which were purchased for the operation of Alternate Care Sites. Designed in collaboration with a team of medical experts, each cache is equipped to treat patients impacted by various disaster scenarios. The intent of these caches is to offer support of medical/healthcare for 50 patients over a period of 10-14 days (actual results may vary based on event).

The list is separated into nine groups:

1. IV Fluids
2. Bandages and Wound Management
3. Airway Intervention and Management
4. Immobilization
5. Patient Bedding, Gowns, Cots, Misc.
6. Healthcare Provider Personal Protective Equipment (PPE)
7. Exam Supplies
8. General Supplies
9. Defibrillators and Associated Supplies

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.1.2: Supplies and Equipment.

Instructions

The Alternate Care Site Cache list has five columns:

1. **Item number:** The number assigned to the supply or piece of equipment in the cache.
2. **Group:** the number identifying which category the item is from (See the nine categories above).
3. **Item Description:** A description of the supply or equipment.
4. **Units:** Identifies how the items are packed (e.g., individually, box)
5. **Number:** The number of items in the cache.

Alternate Care Site Supplies and Equipment List				
		Alternate Care Site (Alternate Care Site) Cache (updated April 11, 2007)		
Item #	**Group (see below)**	**Item Description**	**Units**	**#**
		IV Fluids		
1	1	Alcohol Pad, Isopropyl, Sterile, 2” x 2”		
2	1	Arm Board, Padded, Long (Size = 3” x 18”)		
3	1	Band-Aid (Coverlet Patches), 1-1/2” X 2”		
4	1	Catheter, (IV), 14G x 2” (LATEX FREE), Model = Medex Jelco #4048. NO SUBS		
5	1	Catheter, (IV), 16G x 1 1/4”, Gray (Safety Tip) (LATEX FREE), Model = Medex Jelco #4072. NO SUBS		
6	1	Catheter, (IV), 18G x 1 1/4”, Green (Safety Tip) (LATEX FREE), Model = Medex Jelco #4065. NO SUBS		
7	1	Catheter, (IV), 20G x 1 1/4”, Pink (Safety Tip) (LATEX FREE), Model = Medex Jelco #4066. NO SUBS		
8	1	Catheter, (IV), 22G x 1”, Blue (Safety Tip) (LATEX FREE), Model = Medex Jelco #4050. NO SUBS		
9	1	Catheter, (IV), 24G x 1”, Yellow (Safety Tip) (LATEX FREE), Model = Medex Jelco #4063. NO SUBS		
10	1	IV Administration Set, 78”, w/clamp, Vented (15 Drop) Macrodrip (LATEX FREE), Model = Amsino #AA3101, NO SUBS		
11	1	IV Administration Set, 78”, w/clamp, Vented (60 Drop) Microdrip (LATEX FREE), Model = Amsino #608306, NO SUBS		
12	1	IV Fluid Bags, Normal Saline 100 ml, Model = Baxter #629122A, NO SUBS		
13	1	IV Fluid Bags, Normal Saline 1000 ml, Model = Baxter #2B1324X, NO SUBS		
14	1	IV Starter Set, Model = Dixie #783 NO SUBS		
15	1	Needle, 18 G x 1.5”, Safety Tip, Model = Exel International #26420. NO SUBS		
16	1	Needle, 22 G x 1” or 1-1/4”, Model = Exel International #26411. NO SUBS		
17	1	Needle, 25 G x 1-1/4”, Safety Tip, Model = Exel International #26406. NO SUBS		
18	1	Needle, Butterfly, 21G x 3/4”, Safety Tip (LATEX FREE), Model = Exel International #26704. NO SUBS		

Alternate Care Site Supplies and Equipment List				
19	1	Needle, Vacutainer, 21G, Safety Tip		
20	1	Saline Locks, Model = Amsino #AE3108 NO SUBS		
21	1	Tourniquet, 1” x 18”, Disposable, (LATEX FREE)		
Bandages and Wound Management				
23	2	Bandage, (“ACE type”) Elastic, 4” x 4.5 yds(LATEX FREE), Model = Dynarex #3664 NO SUBS		
24	2	Bandage, Kerlix, Sterile, 4.5” x 4.1 Yd, Model = Medline #80342		
25	2	Bandage, Triangular, Model = ADI Medical #23040 NO SUBS		
26	2	Band-Aid, Sterile, 2” x 4.5”, Model = Dynarex #3634 NO SUBS		
27	2	Cotton Tip, Sterile, Applicators, Model = Dynarex #4305 NO SUBS		
28	2	Forceps, Adult, Model = Magill #2760, NO SUBS		
29	2	Forceps, Pediatric, Model = Magill #2750, NO SUBS		
30	2	Gauze, 4x4 packs non-sterile (100 quantity per pack)		
31	2	Irrigation Kit, Type 1, w/Syringe, Model = Amsino #AS130. NO SUBS		
32	2	Pack, Cold, Crush Activated		
33	2	Pad, ABD/COMBINE, Sterile, Model = Dynarex #3501 NO SUBS		
34	2	Pad, Chux (17” x 24”)		
35	2	Pad, Eye Sterile (box of 50) Model = Dukal #841B NO SUBS		
36	2	Shears, Trauma, Model = Dixie #1800011 NO SUBS		
37	2	Suture Removal Kit, Sterile, Kit includes: 1 - Plastic tray w/ lid, 1 - Littauer scissors, 1 - 4” metal forceps, 1 - gauze sponge.		
38	2	Suture, Ethilon, Black Monofilament, 3-0, 18”		
39	2	Suture, Ethilon, Black Monofilament, 4-0, 18”		
40	2	Suture, Ethilon, Black Monofilament, 5-0, 18”		

Alternate Care Site Supplies and Equipment List				
41	2	Suture, Kit - Laceration Tray, Each kit must include: 2 - Medicine Cups - 60cc; 1 - Needle - 18g x 1-1/2”; 1 - Tray - Rectangular; 1 - Needle - 25g x 1-1/2”; 1 - Clamp - Mosquito, Curved; 1 - Needle - 27g x 1/2”; 1 - Syringe - 10cc, Luer Lock; 1 - Needle		
42	2	Suture, Silk, Black Braided, 2-0, 12-18”		
43	2	Suture, Stapler Remover		
44	2	Suture, Surgical Stapler, 15 pack, Regular Model = Conmed Reflex 8535 NO SUBS		
45	2	Suture, Vicryl, Coated, Undyed Braided, 4-0, 27”		
Bandages and Wound Management				
46	2	Suture, Vicryl, 5-0		
47	2	Safety Pins, Large		
48	2	Syringe/Needle 22g		
49	2	Syringe/Needle, (1cc) w/ 28g Needle (Safety Tip), Insulin (LATEX FREE)		
50	2	Syringe/Needle, Disposable, (3 cc) w/21g x 1- 1/2” Needle (Safety Tip) (LATEX FREE)		
51	2	Syringe/Needle, Disposable, (5cc) or (6cc) w/20g x l-1/2” Needle (LATEX FREE)		
52	2	Syringe, Catheter Tip, Disposable (30 cc) (LATEX FREE), Model = Exel International #26292 NO SUBS		
53	2	Syringe, Luer-Lok, Disposable (20 cc) (LATEX FREE), Model = Amsino AS2220D NO SUBS		
54	2	Syringe, Luer-Lok, Disposable (30 cc) (LATEX FREE), Model = Amsino AS2230D NO SUBS		
55	2	Syringe, Luer-Lok, Disposable (10 cc) (LATEX FREE), Model = Amsino AS2210D NO SUBS		
56	2	Tape, Surgical, Micropore (1”) Model = Dynarex #3553 NO SUBS		
57	2	Tissue Adhesive, Brand = Johnson & Johnson Dermabond. NO SUBS		
58	2	Tray, Incision & Drainage, Tray includes: 1 - CSR Wrap (20” x 20”), 1 - Paper Towel (13” x 19”); 1 - PVP Prep Pad, 1 - Fenestrated Drape 1 - Scalpel (No. 11), 1 - Forceps Adson Thumb (wire) Forceps, 1 - Kelly (wire) Forceps, 1 - Parapet Gauze (4” x 3”),		
59	2	Tube, Drainage, Surgical, (Heimlich Valve) (LATEX FREE)		

Alternate Care Site Supplies and Equipment List				
Airway Intervention and Management				
61	3	Airway, Nasopharyngeal 24 Fr, (LATEX FREE) Model = Sun-Med #1-5075-24 NO SUBS		
62	3	Airway, Oral, 100 mm (Adult), Model = Dynarex #4755 NO SUBS		
63	3	Airway, Oral, 40 mm (Neonatal/Infant), Model = Dynarex #4715 NO SUBS		
64	3	Airway, Oral, 80 mm (Sm Adult/Child), Model = Dynarex #4735 NO SUBS		
65	3	Cricothyrotomy Catheter Set, 3.5mm ID, Model = Melker #C-TCCS-350 NO SUBS Set must include: 1 - TFE Catheter Needle, 1 - Curved Radiopaque Dilator, 1 - Amplatz Extra Stiff Wire Guide with Flexible Tip, 1 - Emergency Cricothyrotomy Catheter (3.5mm), 1 -		
66	3	Cricothyrotomy Catheter Set, 6mm ID, Model = Melker #C-TCCS-600 NO SUBS Set must include: 1 - TFE Catheter Needle, 1 - Curved Radiopaque Dilator, 1 - Amplatz Extra Stiff Wire Guide with Flexible Tip, 1 - Emergency Cricothyrotomy Catheter (6mm), 1 - Perc		
67	3	Disposable Mouth Piece for Flow Rate Meter (Adult), Model = Assess #168200 NO SUBS		
68	3	Disposable Mouth Piece for Flow Rate Meter (Large Adult), Model = Assess #168200 NO SUBS		
69	3	Disposable Mouth Piece for Flow Rate Meter (Pediatric), Model = Assess #168200 NO SUBS		
70	3	End Tidal Carbon Dioxide Monitor, Model = Mercury Medical #StatCO2 NO SUBS		
71	3	Batteries for Laryngoscope (Extra) = C Size Batteries		
72	3	Laryngoscope Kit w/Pouch, Model = Sun-Med #5-5333-57 NO SUBS		
73	3	Laryngoscope Light Bulbs, Model = Sun-Med #5-0240-52 NO SUBS		
74	3	Laryngoscope, Handle (GR Spec Fiber Optic), Model = Sun-Med #5-0236-11 NO SUBS		
75	3	Laryngoscope, Mac Blade (# 2 GR Spec FO), Model = Sun-Med #5-5332-02EA NO SUBS		
76	3	Laryngoscope, Mac Blade (# 4 GR Spec FO), Model = Sun-Med #5-5332-04EA NO SUBS		
77	3	Laryngoscope, Miller Blade (# 0 GR Spec FO), Model = Sun-Med #5-5333-00EA NO SUBS		
78	3	Laryngoscope, Miller Blade (# 2 GR Spec FO), Model = Sun-Med #5-5333-02EA NO SUBS		
79	3	Laryngoscope, Miller Blade (# 3 GR Spec FO), Model = Sun-Med #5-5333-03EA NO SUBS		
80	3	Lubricant, Surgical (Individual Packets)		

Alternate Care Site Supplies and Equipment List				
Airway Intervention and Management				
81	3	Mask, Bag Valve (Ambu Bag) (Adult) (LATEX FREE), Ambu Model #42024000 NO SUBS		
82	3	Mask, Bag Valve (Ambu Bag) (Neonatal) (LATEX FREE), Ambu Model #430213000 NO SUBS		
83	3	Mask, Bag Valve (Ambu Bag) (Pediatric) (LATEX FREE), Model = Ambu Model #440212000. NO SUBS		
84	3	Mask, Oxygen (Adult), Medium Concentration, with 7 ft Tubing (LATEX FREE) Model = Amsino #AS74010 NO SUBS		
85	3	Mask, Oxygen (Non-Rebreather, Adult) with patient safety vent, 7 ft tubing and reservoir bag (LATEX FREE) Model = Amsino #AS75010 NO SUBS		
86	3	Mask, Oxygen (Non-Rebreather, Pediatric) with patient safety vent, 7 ft tubing and reservoir bag (LATEX FREE), Model = Amsino #AS75020 NO SUBS		
87	3	Mask, Oxygen (Pediatric), Medium Concentration, with 7 ft Tubing (LATEX FREE), Model = Amsino #AS74030 NO SUBS		
88	3	Mask, Pocket (Adult), Model = Ambu Res-Cue Mask NO SUBS		
89	3	Nebulizer Air Pump, Model = Hsiner #ME8308 NO SUBS		
90	3	Nebulizer Med Administration Kits (Includes mask, canister, and 6’ of O2 tube), Model = Hsiner #ME7402 NO SUBS		
91	3	Oxygen Nasal Cannula (LATEX FREE) Adult, Model = Cardinal #1310 NO SUBS		
92	3	Oxygen Nasal Cannula (LATEX FREE) Pediatric, Model - Amsino #75090 NO SUBS		
93	3	Oxygen Nebulizer, Inline, Handheld (Includes: breathing device, canister and 6’ of O2 tube) (LATEX FREE), Model = Hsiner #ME7401 NO SUBS		
94	3	Peak Expiratory Flow Rate Meter - Low Range (LATEX FREE), Model = Assess NO SUBS		
95	3	Peak Expiratory Flow Rate Meter (LATEX FREE), Model = Assess NO SUBS		
96	3	Stylete, Intubation (Adult), Model = Sun-Med #9-0204-25 NO SUBS		
97	3	Stylete, Intubation (Ped), Model = Sun-Med #9-0204-14 NO SUBS		
98	3	Suction Catheter, 14FR (LATEX FREE)		
99	3	Suction Catheter, 6FR (LATEX FREE)		

Alternate Care Site Supplies and Equipment List				
100	3	Suction Catheter, 8FR (LATEX FREE)		
Airway Intervention and Management				
102	3	Suction Unit, Manual, V-Vac, 18 Fr. Catheter (Specific To V-Vac), Model = Laerdal #98532 NO SUBS		
103	3	Suction Unit, Manual, V-Vac, Adapter Kit, Model = Laerdal #98526 NO SUBS		
104	3	Suction Unit, Manual, V-Vac, Cartridge (Spare), Model = Laerdal #95421 NO SUBS		
105	3	Suction Unit, Manual, V-Vac, w/Cartridge (Starter Kit), Model = Laerdal #98362 NO SUBS		
106	3	Suction Unit, V-Vac manual unit = V-Vac Handle, Model = Laerdal #985030 NO SUBS		
107	3	Suction Unit, Portable (LATEX FREE) Model = Laerdal #880020 NO SUBS		
108	3	Suction Unit, Portable, Collection Jar, Canister, 1200 cc (LATEX FREE) Model = Laerdal #883000 NO SUBS		
109	3	Suction Unit, Portable, Spare Battery, Model = Laerdal #884301 NO SUBS		
110	3	Suction Unit, Portable, Tubing (Sterile) 9/32 ID x 6', Tubing Non-Cond 7mm (LATEX FREE)		
11	3	Thoracic Vents Kit for Pneumothorax - Kit to include: Thoracic vent, Trocar, Aspiration cannula, Suction tubing set, 60cc syringe, 3cc syringe, Safety needle (25G x 5/8"), Safety needle (22G x 1 1/2"), Scalpel, 2 Gauze sponges, Fenestrated drape, CSR wra		
112	3	Thoracic Vents Kit for Pneumothorax - Kit to include: Thoracic vent, Trocar, Aspiration cannula, Suction tubing set, 60cc syringe, 3cc syringe, Safety needle (25G x 5/8"), Safety needle (22G x 1 1/2"), Scalpel, 2 Gauze sponges, Fenestrated drape, CSR wra		
113	3	Tube, Endotracheal 3.5 w/o Cuff (LATEX FREE), Model = Sun-Med #1-7330-35 NO SUBS		
114	3	Tube, Endotracheal 4.5 w/o Cuff (LATEX FREE), Model = Sun-Med #1-7330-45 NO SUBS		
115	3	Tube, Endotracheal 5.0 w/ Cuff (LATEX FREE), Model = Sun-Med #1-7333-50 NO SUBS		
116	3	Tube, Endotracheal 6.0 w/ Cuff (LATEX FREE), Model = Sun-Med #1-7333-60 NO SUBS		
117	3	Tube, Endotracheal 7.0 w/ Cuff (LATEX FREE), Model = Sun-Med #1-7333-70 NO SUBS		
118	3	Tube, Endotracheal 7.5 w/ Cuff (LATEX FREE), Model = Sun-Med #1-7333-75 NO SUBS		
119	3	Tube, Endotracheal 8.0 w/ Cuff (LATEX FREE), Model = Sun-Med #1-7333-80 NO SUBS		
120	3	Tube, Nasal Gastric (NGT), 10FR (LATEX FREE)		

Alternate Care Site Supplies and Equipment List				
121	3	Tube, Nasal Gastric (NGT), 18FR (LATEX FREE)		
122	3	Tube, Nasal Gastric (NGT), 6FR (LATEX FREE)		
Immobilization				
123	4	Cervical Collar, Adjustable, Oversized trachea opening and open rear ventilation panel, One Size Fits All, Model = Philadelphia EMT's Choice NO SUBS		
124	4	Crutches w/Tips/Pads Installed, Adult		
125	4	Crutches w/Tips/Pads, Installed, Youth		
126	4	Fiberglass splint material 3" x 4 yds, BSN-MED #6823A NO SUBS		
127	4	Fiberglass splint material 4" x 4 yds, BSN-MED #3874 NO SUBS		
128	4	Splint, AlumaFoam, 3/4" x 18" Model = Conco #61340000 NO SUBS		
129	4	Splint Kit-Adult/Pediatric, Prosplints Combo Kit (13 pieces + carrying case) Model = Med Spec #113918 NO SUBS		
130	4	Splint, HARE Traction, Adult NO SUBS		
131	4	Splint, HARE Traction, Pediatric NO SUBS		
Patient Bedding, Cots, Misc.				
132	5	Adult Diapers Med (12 per pack)		
133	5	Adult Diapers Small (12 per pack)		
134	5	Basin, Wash, Plastic, Model = Medline #80321 NO SUBS		
135	5	Bed Pan, Model = Medline #80245 NO SUBS		
136	5	Blankets, Polyester/Non-woven (Minimum size = 50" x 84") Model = Graham Medical #5238 NO SUBS		
137	5	Patient cots		
138	5	Patient cots, 4 wheels, collapsible, adjustable back, min. of 2 patient restraint straps		
139	5	Pillows, disposable (size = 18"x24", 15 oz)		
140	5	Sheet, Bed , White, Disposable, Poly/Tissue (size = 40" x 90"), Model = Graham Medical #323 NO SUBS		

Alternate Care Site Supplies and Equipment List				
141	5	Short Arm Board (size = 2” x 6”)		
142	5	Urinal, Male, Disposable		
143	5	Wash Cloth		
Healthcare Provider Personal Protective Equipment (PPE)				
144	6	Brush, Scrub, Surgical, w/PCMX		
145	6	Gloves, Examination, Nitrile, Powder Free, Lrg (LATEX FREE)		
146	6	Gloves, Examination, Nitrile, Powder Free, Med (LATEX FREE)		
147	6	Gloves, Examination, Nitrile, Powder Free, Small (LATEX FREE)		
148	6	Gloves, Examination, Nitrile, Powder Free, X-Lrg (LATEX FREE)		
149	6	Gloves, Surgeons, Sterile, Size #6.5 (LATEX FREE)		
150	6	Gloves, Surgeons, Sterile, Size #7.0 (LATEX FREE)		
151	6	Gloves, Surgeons, Sterile, Size #7.5 (LATEX FREE)		
152	6	Gloves, Surgeons, Sterile,Size #8 (LATEX FREE)		
153	6	Goggle, Eye		
154	6	Gown, Exam, Model = Banta #920431 NO SUBS		
155	6	Gown, Isolation, Protection, Brand = Dynarex, Model #2141 NO SUBS		
156	6	Gowns (for staff—splash resistant—case of 12) LATEX FREE, Brand = Dynarex, Model #2141 NO SUBS		
157	6	Hand Sanitizer, 4 oz bottle w/ flip top, 62% alcohol w/ skin moisturizer, Model = Kutol #5635GP NO SUBS		
158	6	Insect Repellant, 20% Deet, SPF-15 (Spray)		
159	6	Mask, HEPA, N95 Respirators, Flat Fold, Individually wrapped, Donning instructions on each individual N95 package		
160	6	Mask, Surgical		
161	6	Sharps Container w/Needle Remover, (Size = 8 gallon)		

Alternate Care Site Supplies and Equipment List				
162	6	Sharps Shuttle, Small Conical, case of 24, Model = Tyco #8301		
163	6	Shield, Eye, Plastic		
164	6	Shield, Full Faceguard, Clear Model = Dynarex #2202 NO SUBS		
Exam Supplies				
165	7	Monitor, Blood Glucose, Glucometer Kit w/ extra set of batteries, Model = Precision Extra #99837-20 NO SUBS		
166	7	Monitor, Blood Glucose, Lancets, Disp., Model = Roche “Soft Click” # 971 NO SUBS		
167	7	Monitor, Blood Glucose, Test Strips, Model = Precision Extra #99838-35 NO SUBS		
168	7	Ophthalmoscope/Otoscope, Pocket Set w/Handle & Pouch, w/ needed amount of batteries to operate + 1 extra set of batteries, Model = Reister #20313030 NO SUBS		
169	7	Pulse Oximeter, handheld, w/ needed amount of batteries to operate + 1 extra set of batteries - Must include 4 extra sensors: 2 x Durasensor (DS100A) Adult Finger Clip Sensor and 2 x Both Dura-Y Multisite sensor (D-YS/D) and Pedicheck Pediatric Spot-Chec		
170	7	Speculum, Ear, Disp, Model = Specline #7400		
171	7	Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Adult), Model = Dixie Medical #143401 NO SUBS		
172	7	Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Adult, Lrg), Model = Dixie Medical #143425 NO SUBS		
173	7	Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Child), Model = Dixie Medical #143406 NO SUBS		
174	7	Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Infant), Model = Dixie Medical #143407 NO SUBS		
175	7	Stethoscope, Single Head, Black (LATEX FREE), Model = Dixie Medical #143100 NO SUBS		
176	7	Thermometer, Disposable (Temp-a-Dot), Brand = 3M NO SUBS		
177	7	Thermometer, Infrared, w/ needed amount of batteries to operate + 1 extra set of batteries		
178	7	Tongue Blades		
General Supplies				
179	8	AED, Stat padz II HVP Multi-Function Electrodes Individual Pairs (To be included with AED Pro System) Brand = Zoll, Model #8900-0801-01 NO SUBS		

Alternate Care Site Supplies and Equipment List				
180	8	Defibrillator, stat padz II HVP Multi-Function Electrodes 12 pair/case, Brand = Zoll, Model #8900-0802-01 NO SUBS		
181	8	Defibrillator, pedi padz II Multi-Function Electrodes 6 pair/case, Brand = Zoll, Model #8900-0810-01 NO SUBS		
182	8	AED, AED Pro Non-Rechargeable lithium battery pack, Brand = Zoll, Model #8000-0860-01 NO SUBS		
183	8	AED, AED Pro ECG Cable AAMI, Brand = Zoll, Model #8000-0838 NO SUBS		
184	8	Defibrillator, Box of 200 packs of 3-lead EKG disposable monitoring electrodes, Brand = Zoll NO SUBS - 8900-0003		
185	8	Backboard, 16”W x 70”L, Weight Capacity = 500lbs, X-ray translucent (Orange Color), Model = Dixie Medical #540055 NO SUBS		
186	8	Basin, Emesis, Model = Medline #5685521 NO SUBS		
187	8	Body Bags, Black (Black 17 ml, 6-Handle, Envelope Zipper)		
188	8	Broselow Pediatric Tape, Model = Broselow/Hinkle #AE-4800 NO SUBS		
189	8	Catheter, Foley, Tray, 16Fr, Closed System, Sterile (LATEX FREE) Tray must include: 1,000 cc Outer Basin Tray, 1 ea Prefilled 10 cc Syringe of Sterile Water, 1 Pair of Stretchy Vinyl Gloves, 1 ea Waterproof Drape, 1 ea Pkg Lubricating Jelly, 1 ea Fenestra		
190	8	Catheter, Foley, Tray, 20Fr, Closed System, Sterile (LATEX FREE) Tray must include: 1,000 cc Outer Basin Tray, 1 ea Prefilled 10 cc Syringe of Sterile Water, 1 Pair of Stretchy Vinyl Gloves, 1 ea Waterproof Drape, 1 ea Pkg Lubricating Jelly, 1 ea Fenestra		
191	8	Diaper, Huggies, Ultra-trim, 6 -14 lb.		
192	8	Dry Erase Boards, 4 feet x 4 feet		
193	8	Dry Erase Markers (4 different colors)		
194	8	Felt Pens (e.g., Sharpie Permanent Marker – Medium)		
195	8	Flashlight w/ needed amount of batteries to operate + 1 extra set of batteries		
196	8	IV Poles -4 hook, 5 ballbearing swivel casters, telescopic, stainless steel		

Alternate Care Site Supplies and Equipment List				
197	8	Obstetrical Kit, Emergency - Each kit to include: (1) Pair Sterile Non-Latex Gloves, (1) Sterile Scalpel, (1) Sterile OB Pad, (4) Sterile Gauze 4x4", (1) Sterile Bulb Syringe, (2) Sterile Umbilical Clamps, (1) Plastic Underpad, (1) Receiving Blanket, (3)		
198	8	Patient Charting Erasable Clip Boards		
General Supplies				
199	8	Razor, Disposable		
200	8	Ring Cutter, Model = Dixie Medical #12100 NO SUBS		
201	8	Tag, Triage, (Pack of 50), Model = DMS #DMS-05006 NO SUBS		
202	8	Tape, Cloth (1" x 10 yards), Model = Dixie Medical #2600010 NO SUBS		
203	8	Duct Tape, 2" x 60yd		
204	8	Cable Ties, Bags of 100, Variety of sizes from 7" to 25"		
205	8	Drill, Cordless, 18 volt, w/ backup batt, Must include drill bits (#1 & #2)		
206	8	Drill, Corded, 110 Capatable		
207	8	Extension Cord, 14 AMP, 50'		
208	8	Power Surge Strip, 6 outlets per strip		
209	8	Screws, 2", 5 LB Boxes		
210	8	Screws, 1", 5 LB Boxes		
211	8	Screws, 3", 5 LB Boxes		
212	8	Hammer, 16oz		
213	8	Hammer, 20oz		
214	8	Nails, 2", 5 lb boxes		
215	8	Nails, 1", 5 lb boxes		
216	8	Nails, 3", 5 lb boxes		
217	8	Plastic Construction Sheeting, 10' x 100' Roll, Minimum of 6 mil thickness		

Alternate Care Site Supplies and Equipment List				
218	8	Tarp, 10’ X 20’		
219	8	Tarp, 20’ X 40’		
220	8	Container for Sterilizing Instruments, 1200cc		
221	8	Cavicide for Instrument Sterilization, 20 gal bottle		
Defibrillators and Associated Supplies				
222	9	Defibrillator, 5 Year Warranty, Brand = Zoll, Model #8778-0107 NO SUBS		
223	9	Defibrillator, 5 year Maintenance Program, including Battery Exchange every 18 mo, Brand = Zoll NO SUBS		
224	9	Defibrillator, Carry Case for IVP and paddle storage, XL with rear and side pockets, Brand = Zoll, Model #8000-0657 NO SUBS		
225	9	Defibrillator, Zoll Base PowerCharger 4x4, Brand = Zoll, Model #8050-0012-01 NO SUBS		
226	9	Defibrillator, Cuff, All Purpose, Pediatric/Small Adult, 17-25 cm, Brand = Zoll, Model #8000-1650 NO SUBS		
227	9	Defibrillator, Cuff, All Purpose, Large Adult 34-48cm, Brand = Zoll, Model #8000-1654 NO SUBS		
228	9	Defibrillator, Cuff, All Purpose, Adult 25-34cm, Brand = Zoll, Model #8000-1652 NO SUBS		
229	9	Defibrillator, Cuff, All Purpose, Adult 25-42cm, Brand = Zoll, Model #8000-1653 NO SUBS		
230	9	Defibrillator, stat padz II HVP Multi-Function Electrodes 12 pair/case, Brand = Zoll, Model #8900-0802-01 NO SUBS		
231	9	Defibrillator, pedi padz II Multi-Function Electrodes 6 pair/case, Brand = Zoll, Model #8900-0810-01 NO SUBS		
232	9	Defibrillator, LNCS Adult Reusable Pulseox Probe, 1 each, Brand = Zoll, Model #8000-0294 NO SUBS		
233	9	Defibrillator, LNCS Pediatric Reusable Sensor, 1 each, Brand = Zoll, Model #8000-0295 NO SUBS		
234	9	Defibrillator, M series/E Series External Paddle Assembly Apex/Sternum with controls and built in pediatric electrodes, Brand = Zoll, Model #8000-1010-01 NO SUBS		
235	9	Defibrillator, ETCO2 Capnography (Mainstream), Brand = Zoll, Model #8000-0264-01 NO SUBS		
236	9	Defibrillator, Capnography (Mainstream) Adult/Pediatric Airway Adaptor, Box of 10, Brand = Zoll, Model #8000-0260-01 NO SUBS		
237	9	Defibrillator, Operator Manual/Instructions, Brand = Zoll. NO SUBS		

Alternate Care Site Supplies and Equipment List				
238	9	Defibrillator, 3-Lead ECG Monitoring Cable (Spare), Brand = Zoll, Model #8000-0025 NO SUBS		
239	9	Defibrillator, Box of 200 packs of 3-lead EKG disposable monitoring electrodes, Brand = Zoll, Model #8900-0003 NO SUBS		
240	9	Defibrillator, BP hose (spare) 1.5 meter, Brand = Zoll, Model #8000-0655 NO SUBS		
241	9	Defibrillator, Pediatric disposable pulse oximetry probes, 20/case Brand = Zoll Model #8000-0321 NO SUBS		
242	9	Defibrillator, Reuseable pulse oximetry cable - 4 ft (spare) Brand = Zoll, Model #8000-0298 NO SUBS		
Defibrillators and Associated Supplies				
243	9	Defibrillator, rechargeable Battery, Lead Acid Brand = Zoll, Model #8000-0299-01 NO SUBS		
244	9	Defibrillator, rechargeable Battery, Lead Acid Brand = Zoll, Model #8000-0299-01 NO SUBS *These batteries are to be stored and maintained by the Supplier and arranged for delivery at the state of California's request		
245	9	Defibrillator, Recorder Paper 80mm Fan Fold, Brand = Zoll, Model #8000-0302 NO SUBS		

NO SUBS = No Substitutions; PVP = providone iodine; CHG = chlorhexidine gluconate; PCMX = parachlorometaxylenol

Alternate Care Site Supplies and Equipment Storage Consideration Checklist

Description

Whether in preparation for a healthcare surge or during a surge, there are many considerations that need to be addressed so that supplies and equipment can be accessed and used immediately. The following checklist includes considerations for supplies and equipment storage at an Alternate Care Site across six major categories including:

- Inventory management
- Environmental management
- Security
- Caches
- Transport
- Ease of access

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 10.4: Storage Considerations.

Instructions

Check off all completed tasks.

Alternate Care Site Supplies and Equipment Storage Consideration Checklist

Inventory Management

- ☐ A process for monitoring and maintaining preventive maintenance requirements
  - Batteries
  - Ventilator seals
  - Electrical equipment
- ☐ A process for returning stock to the vendors for replacement or credit, if applicable.
- ☐ A process for monitoring the obsolescence of equipment, e.g., automated external defibrillators.
- ☐ Considerations for storing large amounts of supplies and equipment:
  - Is storage space limited on-site?
  - Can supplies and equipment be stored at other off-site locations (e.g., warehouses, other facilities in health system)?

Environmental Management

- ☐ A process for monitoring personal protective equipment (e.g., temperature)

Security

- ☐ A process for ensuring the security of the supplies and equipment provided to the Alternate Care Site (e.g., locks, security personnel).
- ☐ A process for controlling access into the area.
- ☐ A process for controlling access within the area.
- ☐ A process for identifying and tracking of patients, staff and visitors.
- ☐ A process for working with local authorities prior to healthcare surge to address heightened security needs.
- ☐ A process for working with private security entities prior to healthcare surge to address heightened security needs.

Caches External to an Alternate Care Site

- ☐ A process for ensuring the security of the supply and equipment caches.
- ☐ A process for controlling access into the area.
- ☐ A process for controlling access within the area.
- ☐ A process for working with local authorities prior to healthcare surge to address heightened security needs.
- ☐ A process for working with private security entities prior to healthcare surge to address heightened security needs.

Transport

- ☐ A process for obtaining the caches and transporting them to the desired locations.
- ☐ A process for loading supplies and equipment in an efficient manner (e.g., loading docks).

Ease of Access

- ☐ A process for staging the layout of supplies and equipment to ensure ease of access, e.g., what is needed in the first 24 hours?

Alternate Care Site Volunteer Application for Support Staff

Description

The Alternate Care Site Volunteer Application Form for Support Staff may serve as the volunteer registration form at an Alternate Care Site.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.4: Support Staff.

Instructions for Use

1. For each volunteer who presents at an Alternate Care, the Alternate Care Site administration section chief or his/her authorized designee will provide him/her with the following application form.
2. Each volunteer must present to the Alternate Care Site administration section representative, or designee, with proper identification including a valid photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:
   a. A current picture healthcare facility identification card (i.e., hospital ID card)
   b. A current license to practice and a valid picture identification issued by a state, federal or regulatory agency
   c. Identification indicating that the individual is a member of a volunteer organization, e.g. the California Medical Volunteers, Medical Reserve Corps (MRC), California Medical Assistance Team (CalMAT) or Disaster Medical Assistance Team (DMAT)
3. Completed application form is then given to the Alternate Care Site administration section chief or other designated individual for review and determination of the health professional's duties and area of assignment.
4. Concurrently, the Alternate Care Site administration section representative will initiate the primary source verification process. This process must be completed within 72 hours from the time the health professional presented to the organization, with adequate justification as to why emergency credentialing could not be done.

ALTERNATE CARE SITE VOLUNTEER APPLICATION (Support Staff)

APPLICATION DATE: / /	DATE YOU CAN START: / /
Last Name:	First Name: Middle Initial:
Is there any additional information about a change of your name, use of an assumed name, or use of a nickname that will assist us in checking your work and educational records? □ No □ Yes - If Yes, explain:	
Current Address: Street: City: State: Zip:	Previous Address: Street: City: State: Zip:
Phone number: ( )	Pager/ Cell Phone: ( )
Are you 18 years or older? □ No □ Yes	Social Security number:
Birth Date (mm/dd/yyyy):	Birth Place (City, State):

NEXT OF KIN & EMERGENCY CONTACT

Give name, telephone number and relationship of two individuals who we may contact in the event of an emergency.

Name	Telephone Number	Relationship
1.	( )	
2.	( )	

DEPENDENTS

List any dependents for which you are responsible.

Name	Place of Residence/ Telephone Number	Relationship
1.		
2.		

Indicate your availability:

□ Sunday □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday

Times of day you may be available: _____

Are you registered with a volunteer organization? If Yes, select below:

□ California Medical Volunteers □ Medical Reserve Corps (MRC) □ California Medical Assistance Team (CalMAT)
□ Disaster Medical Assistance Team (DMAT) □ Other. Specify _____

Check the areas in which you are experienced and can provide services.
□ Ability to supervise children □ Administrative/ clerical duties
□ Computer skills □ Facilities management (e.g., electrician, plumbing, maintenance)
□ First aid (e.g., wound care) □ Other – specify _____

EDUCATION & VOCATIONAL TRAINING

	High School	College/University	Graduate/Professional	Vocational/Business
School Name, City & State				
No. Years/Last Grade Completed				
Diploma/Degree				

Do you speak, write, and/or read any languages other than English? □ No □ Yes

If Yes, identify which other languages and rate your proficiency in these languages:

Language	Fluent	Speak	Read	Write
_____	□	□	□	□
_____	□	□	□	□
_____	□	□	□	□
_____	□	□	□	□

VERIFICATION OF TRUTHFULNESS AND UNDERSTANDING REGARDING VOLUNTEER AGREEMENT	
Initial	
	I agree that the information I provide and the representations I make will be truthful, complete, accurate, and free of any attempt to mislead.
	I acknowledge that by completing this form that I am of sound physical and mental capacity, and capable of performing in an emergency/disaster setting. I acknowledge that emergency/disaster settings can pose significant psychological and physical hardships and risks to those volunteering their services and the emergency/disaster settings often lack the normal amenities of daily life and accommodations for persons with disabilities. In agreeing to volunteer my services, I agree to accept such conditions and risks voluntarily.
	I understand that I am required to abide by all rules and practices of this facility and affiliated entities as well as all applicable State and federal laws and regulations.
	I agree to service as a volunteer, without compensation or payment for my services. I agree to hold the State of California and any of its entities or subdivisions harmless from any claims of civil liability, including but not limited to claims of malpractice or negligence, criminal liability, injury or death.
Signature of Volunteer Applicant: **Date:** / /	

TO BE COMPLETED BY ALTERNATE CARE SITE ADMINSTRATION SECTION CHIEF OR DESIGNEE - PERSONNEL VERIFICATION

Proper identification was verified and copied.

- ☐ Government issued photo identification (All Applicants)
- ☐ Contractor License # (Human Resources - Unlicensed Personnel only)
- ☐ Union or Trade Association identification (Human Resources - Unlicensed Personnel only)
- ☐ Professional Certification (Human Resources - Unlicensed Personnel only)

To be completed by administrator or his/her authorized designee.

I authorize this individual to volunteer.

Signature of administrator: **Date:** / /

Alternate Care Site Workers' Compensation Process Flow and the State of California Workers' Compensation Claim Form for Disaster Service Workers

Description

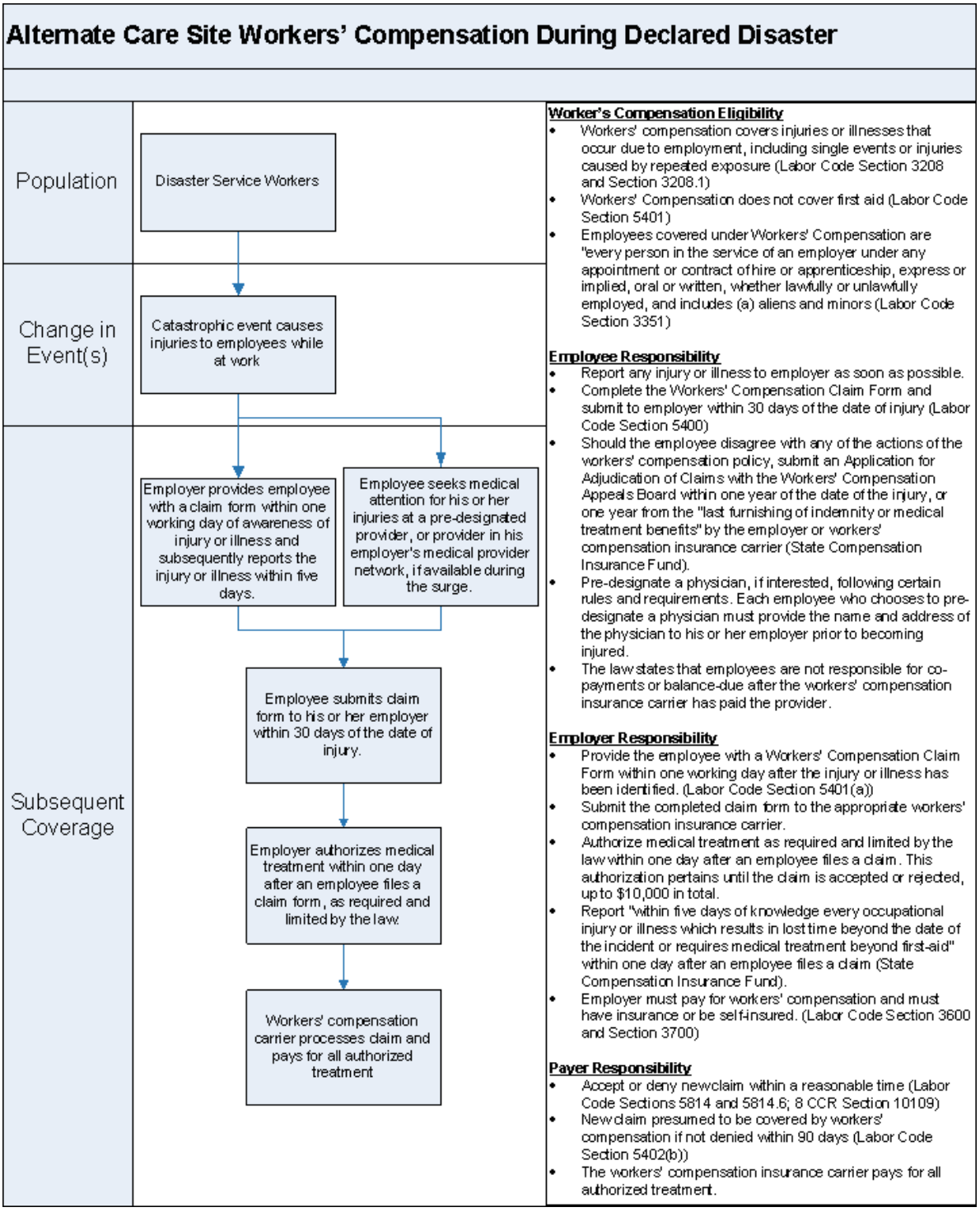
These tools include a process flow for depicting how workers' compensation may play a role during a healthcare surge for disaster service workers, including rules and requirements for employees, employers and payers. These tools also include a sample of the state of California workers' compensation claim form (DWC1) that employees injured at work can complete and submit during a healthcare surge.

These tools can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 17.8: Workers' Compensation for Volunteers.

Instructions

Alternate Care Sites can refer to these process flows for the rules and requirements that must be followed to submit claims for workers' compensation. Disaster service workers can use the sample workers' compensation claim form to document and submit their injuries for processing and payment.

Alternate Care Site Workers' Compensation Process Flow



State of California Workers' Compensation Claim Form for Disaster Service Workers

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "**Employee**" section and give the form to your employer. Keep a copy and mark it "**Employee's Temporary Receipt**" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at **(800) 736-7401**. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Empleado: *Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oir información gravada. En la hoja cubierta de esta forma esta la explicatión de los beneficios de compensación al trabjador.*

Ud. también debería haber recibido de su empleador un folleto describiendo los benficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above ***Empleado—complete esta sección y note la notación arriba.***

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____a.m. _____p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde occurió el accidente.* _____
   _____
6. Describe injury and part of body affected. *Describa la lesión y parte del cuerpo afectada.* _____
   _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. ***Empleador—complete esta sección y note la notación abajo.***

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia adminstradora de seguros.*
    _____
15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: *Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.*

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

❑ Employer copy/*Copia del Empleador* ❑ Employee copy/ *Copia del Empleado* ❑ Claims Administrator/*Administrador de Reclamos* ❑ Temporary Receipt/*Recibo del Empleado*

7/1/04 Rev.

List of Potential Staffing Sources during Healthcare Surge

Description

The tool provides healthcare surge planners and other appropriate Alternate Care Site representatives with a list of organizations that could be considered as potential sources for augmented staff.

For each potential source, the tool provides:

1. The organization's name along with a brief background and history of the organization
2. The website address for the organization

This table can also be used as a reference when determining organizations with which to develop personnel sharing Memoranda of Understanding.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 9.3: Clinical Staff.

Instructions

Review the table to become familiar with the various sources to obtain additional staff during a healthcare surge.

Organization Brief Background & History	Additional Information May Be Found at:
American Red Cross (ARC) The mission of American Red Cross Disaster Services is to ensure nationwide disaster planning, preparedness, community disaster education, mitigation and response that will provide the American people with quality services delivered in a uniform, consistent and responsive manner. The American Red Cross responds to disasters such as hurricanes, floods, earthquakes and fires, or other situations that cause human suffering or create human needs that those affected cannot alleviate without assistance. It is an independent, humanitarian, voluntary organization, not a government agency. All Red Cross assistance is given free of charge, made possible by the generous contribution of people's time, money and skills. The most visible and well-known of Red Cross disaster relief activities are sheltering and feeding.	http://www.redcross.org Information is available for both the national chapter as well as links to local chapters.
California Medical Assistance Team (CalMAT) Three 120-person California Medical Assistance Teams have been created under State control to respond to catastrophic disasters. Each California Medical Assistance Team consists of volunteers drawn from the private, not-for-profit and existing State and local government healthcare delivery sector. The California Medical Assistance Teams will maintain caches that contain medical supplies, medical equipment, tents, pharmaceuticals and interoperable (compatible) communications. The California Medical Assistance Team program will be supported on-site by an Emergency Medical Services Authority-led Mission Support Team for administrative direction and logistical direction and re-supply.	http://www.emsa.ca.gov/def_comm/viii092706_d.asp
Community Emergency Response Teams (CERT)/Neighborhood Emergency Response Teams (NERT) The Community Emergency Response Team program educates people about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization and disaster medical operations. Using the training learned in the classroom and during exercises, Community Emergency Response Team members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. Community Emergency Response Team members also are encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects in their community. The Community Emergency Response Team concept was developed and implemented by the Los Angeles Fire Department in 1985. The Whittier Narrows earthquake in 1987 underscored the area-wide threat of a major disaster in California and confirmed the need for training civilians to meet their immediate needs. As a result, the Los Angeles Fire Department created the Disaster Preparedness Division and the Community Emergency Response Team program to train citizens and private and government employees.	http://www.citizencorps.gov/cert Information is available for the local chapter as well as links to the national chapter.

Organization Brief Background & History	Additional Information May Be Found at:
Disaster Medical Assistance Team (DMAT) Disaster Medical Assistance Team is a group of professional and para-professional medical personnel (supported by a cadre of logistical and administrative staff) designed to provide medical care during a disaster or other event. Each team has a sponsoring organization, such as a major medical center, public health or safety agency, nonprofit, public or private organization that signs a Memorandum of Agreement with the federal Department of Health and Human Services. Disaster Medical Assistance Teams are designed to be a rapid-response element to supplement local medical care until other federal or contract resources can be mobilized or the situation is resolved. Disaster Medical Assistance Teams deploy to disaster sites with sufficient supplies and equipment to sustain themselves for a period of 72 hours while providing medical care at a fixed or temporary medical care site. In catastrophic incidents, their responsibilities may include triaging patients, providing high-quality medical care despite the adverse and austere environment often found at a disaster site, and preparing patients for evacuation. Disaster Medical Assistance Teams are designed to be a rapid-response element to supplement local medical care until other federal or contract resources can be mobilized or the situation is resolved. Under the rare circumstance that disaster individuals are evacuated to a different locale to receive definitive medical care, Disaster Medical Assistance Team may be activated to support patient reception and disposition of patients to hospitals. Disaster Medical Assistance Team are principally a community resource available to support local, regional and State requirements. However, as a national resource they can be federalized.	http://www.ndms.dhhs.gov/teams/dmat.html
Disaster Service Worker (DSW) Disaster service worker includes public employees and can include any unregistered person pressed into service during a state of war emergency, a state of emergency, or a local emergency by a person having authority to command the aid of citizens in the execution of his or her duties.	http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/Disaster%20Service%20Worker%20Volunteer%20Program%20(DSWVP)%20Guidance/$file/DSWguide.pdf
California Medical Volunteers (formerly Emergency System for the Advance Registration of Volunteer Health Professionals) California Medical Volunteers is an electronic database of healthcare personnel who volunteer to provide aid in an emergency. The California Medical Volunteer system: (1) registers health volunteers, (2) applies emergency credentialing standards to registered volunteers, and (3) allows for the verification of the identity, credentials and qualifications of registered volunteers in an emergency.	http://www.hrsa.gov/esarvhp/guidelines/default.htm California Medical Volunteer https://medicalvolunteer.ca.gov/ (currently serves as a volunteer registration site)

Organization Brief Background & History	Additional Information May Be Found at:
Los Angeles County Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR VHP) Medical professionals that pre-register and are accepted as Los Angeles County Emergency System for the Advance Registration of Volunteer Health Professionals volunteers can be deployed rapidly and effectively to help following a disaster. The Volunteer Center of Los Angeles is working in partnership with the Los Angeles County Department of Health Services, Emergency Medical Services Agency and Department of Public Health (including the Health Alert Network) to provide volunteer registration and assist in volunteer accreditation of health professionals. Physicians, Dentists, Podiatrists, Clinical Psychologists, Physician Assistants or Advanced Practice Registered Nurses who wish to be on the Hospital Surge Capacity Team or the Alternate Care Site Team will have their information forwarded to CheckPoint Credentials Management for further credentialing. All other medical and mental health professionals do not require additional credentialing. As required by the national Emergency System for the Advance Registration of Volunteer Health Professionals program, all potential volunteers are screened using the Federal Exclusion List.	Los Angeles Emergency System for the Advance Registration of Volunteer Health Professionals http://www.vcla.net/esar
Medical Reserve Corps (MRC) The Medical Reserve Corps program was created after President Bush's 2002 State of the Union Address, in which he asked all Americans to volunteer in support of their country. The Medical Reserve Corps comprises organized medical and public health professionals who serve as volunteers to respond to natural disasters and emergencies. These volunteers assist communities nationwide during emergencies and for ongoing efforts in public health. There is no "typical" Medical Reserve Corps unit. Each unit organizes in response to their area's specific needs. At the local level, each Medical Reserve Corps unit is led by a Medical Reserve Corps Unit Coordinator who matches community needs – for emergency medical response and public health initiatives – with volunteer capabilities. Local coordinators are also responsible for building partnerships, ensuring the sustainability of the local unit and managing the volunteer resources.	http://www.medicalreservecorps.gov/HomePage

Sample Memorandum of Understanding (MOU) Template

Description

The contract requirement for securing premises and operating an Alternate Care Site is imperative for establishing an Alternate Care Site under the authority of the local health department. The Alternate Care Site will serve as a site where supportive care can be provided to individuals of a large-scale catastrophic event or bio-event. The Alternate Care Site planning and management team should enter into contractual agreements for the acquisition of facility locations to be under the authority of local or state government in the event of a mass medical emergency.

This tool can also be found in Volume II: Government-Authorized Alternate Care Sites, Section 8.8: Facility Contract Considerations.

Instructions

Facilities should consider establishing agreements by instituting the following memorandum of understanding for use during a mass medical emergency as appropriate.

Sample Memorandum of Understanding (MOU) Template

The contractual requirements for securing premises and operating an Alternate Care Site is imperative establishing an Alternate Care Site under the authority if the local health department. Below is a sample memorandum of understanding for consideration.

****

(County)

MEMORANDUM OF UNDERSTANDING (MOU) FOR USE OF FACILITIES IN THE EVENT OF A MASS MEDICAL EMERGENCY

(County), and (name of facility) agree that:

In the event of a catastrophic medical emergency in the State of California, resources will be quickly committed to providing the necessary healthcare services. Such an event may require a facility to support the activation of an Alternate Care Site. The Alternate Care Site will serve as a site where patient care can be provided to individuals impacted by a large-scale catastrophic emergency.

(County) and (name of facility) enter into this partnership as follows:

1. Facility Space: (County) accepts designation of (name of facility) located at (address of facility) as an Alternate Care Site, in the event the need arises.
2. Use of the Facility: Request to use facility as an Alternate Care Site will occur as soon as possible through the local Emergency Operations Center. Designation and use of (name of facility) will be mutually agreed upon by all parties to this agreement.
3. Modification or Suspension of Normal Facility Business Activities: (name of facility) agrees to alter or suspend normal operations in support of the Alternate Care Site as needed.
4. Use of Facility Resources: (name of facility) agrees to authorize the use of facility equipment such as forklifts, buildings, communications equipment, computers, Internet services, copying equipment, fax machines, etc. Facility resources and associated systems will only be used with facility management authorization and oversight to include appropriate orientation/training as needed.
5. Costs: All reasonable and eligible costs associated with the emergency and the operation of the Alternate Care Site that include modifications or damages to the facility structure, equipment and associated systems directly related to their use in support of the Alternate Care Site facility operations will be submitted for consideration and reimbursement through established disaster assistance programs.
6. Liability: The Emergency Services Act, Government Code 8550 et seq. addresses immunity from liability for services rendered voluntarily in support of emergency operations during an emergency or disaster declared by the Governor.
7. Contact Information: (name of facility) will provide (County) the appropriate facility 24 hour/7 day contact information, and update this information as necessary.
8. Duration of Agreement: The minimum term of this MOU is two years from the date of the initial agreement. Subsequent terms may be longer with the concurrence of all parties.

9. Agreement Review: A review will be initiated by (County) and conducted following a disaster event or within two years after the effective date of this agreement. At that time, this agreement may be negotiated for renewal. Any changes at the facility that could impact the execution of this agreement will be conveyed to the identified primary contacts or their designees of this agreement as soon as possible. All significant communications between the Parties shall be made through the primary contacts or their designees.
10. Amendments: This agreement may be amended at any time by signature approval of the parties' signatories or their respective designees.
11. Termination of Agreement: Any Party may withdraw at any time from this MOU, except as stipulated above, by transmitting a signed statement to that effect to the other Parties. This MOU and the partnership created thereby will be considered terminated thirty (30) days from the date the non-withdrawing Party receives the notice of withdrawal from the withdrawing Party.
12. Capacity to Enter into Agreement: The persons executing this MOU on behalf of their respective entities hereby represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this MOU on behalf of the entity for which they sign.

Facility Official Date

(County) Official Date

Public Health Department Official Date

Hospital Official Date

To authorize facility use, call:

_____

Name

_____

Daytime phone number

_____

After-hours/emergency phone number

To open facility, call:

_____

Name

_____

Daytime phone number

_____

After-hours/emergency phone number

Alternate contact to open facility, call:

Name_____

Daytime phone number _____

After-hours/emergency phone number _____

ACGME Update for Sutter Santa Rosa Family Medicine Residency
Program Code 1200511065

Attention Eileen Anthony
eanthony@acgme.org

Program Status
On Monday, October 9, 2017 an unprecedented wildfire swept through our community burning large parts of the town of Santa Rosa and neighboring towns. On the morning of the fire, our sponsoring institution, Sutter Santa Rosa Regional Hospital (SSRRH) located at 30 Mark West Springs Rd, Santa Rosa, CA had to close and evacuate patients while it was surrounded by flames. The hospital still stands but has been closed for patient care while the air is filtered and the Department of Public Health deems the hospital safe to resume patient care. The hospital is expected to reopen Tuesday, October 17, 2017. Once SSRRH reopens, we will resume our regular inpatient rotations and activities for this site, inclusive of Adult Medicine, Maternity Care, Surgery and Emergency Medicine. We anticipate a total interruption of 8 days of patient care in the hospital.

Kaiser Permanente Hospital of Santa Rosa also closed and evacuated patients on the same day and is expected to be reopened on or near Monday October 16, 2017. When the hospital reopens, our PGY1s will resume Inpatient Pediatrics.
Our Family Medicine Center at the Vista Campus of Santa Rosa Community Health (SRCH), located at 3569 Round Barn Circle, Santa Rosa, CA sustained fire, smoke and water damage to the extent that the building is non-operable. Estimated time for repair is six to twelve months.

Our residency administrative office has relocated to an administrative satellite office maintained by Santa Rosa Community Health, located at 405 West College Ave, Santa Rosa, CA. We will look for a longer-term location for our administrative offices in the next week within other buildings owned by Sutter.

Interim FMC
Santa Rosa Community Health owns and operates our FMC at the Vista campus. SRCH has a second clinical location in Santa Rosa, known as the Lombardi campus, located at 751 Lombardi Ct, Santa Rosa, CA 95407. Both Vista and Lombardi are federally qualified health centers with similar populations. SRCH plans to integrate care of all patients from the Vista campus to the Lombardi campus. Some residents were able to begin seeing patients on a walk-in basis at Lombardi on Tuesday, October 10. This site will offer a continuity site to all 36 of our residents and we do not expect any change to the patient demographics of the resident continuity practice.

FMC Supervisors
Our current core and community faculty who previously supervised residents at the Vista campus will continue to supervise residents at the new Lombardi FMC as our faculty have privileges throughout the entire SRCH organization.

Program Director Authority at Lombardi FMC campus
Our Program Director, Tara Scott, MD will continue to maintain authority over our residents while they work at this location. Due to our existing partnership, affiliation and collaboration between with SRCH, the previous agreements will apply at the new FMC granting Dr. Scott authority of our residents. Dr Scott works closely with the Chief Medical Officer and Chief

Executive Officer to maintain smooth integration of the residents and faculty into the SRCH organization.

Resident Status
All 36 residents, 15 faculty and 6 staff are safe and accounted for. Two residents lost the homes they were renting but are safely housed within the residency community. Currently all 36 residents remain in active status within our program and have made no plans of transferring out of our program to this point.

Maintaining Curriculum
We currently have a team of residents and faculty who are working on our didactic curriculum during this time while we transition from disaster response to resuming regular duties and planning for any changes that will result from the devastation some of our clinical teaching partners have suffered. This is a priority for our program and we expect to return to an approximation of regular daily/weekly rotation schedules over the coming week. We will continue to offer residents "Clinical Learning in Practice Sessions" which are done in small groups prior to all morning and afternoon sessions in the FMC. Formal teaching sessions and grand rounds will continue on inpatient medicine and OB services as soon as those services restart this week.

The fires are still burning in some parts of Santa Rosa as of the writing of this document and it is not possible to assess the readiness of all of our clinical partners to resume their clinical activity. As information becomes available to us, we will be making adjustments to resident schedules. In some cases we are able to simply send residents to a new location within our existing partnerships. In other instances we may need to arrange an alternate site. We expect this coming week will shed more light in this area, identifying our options and necessary needs and next steps. We have multiple community partners who have reached out to us to offer learning and training opportunities for our residents.

Resident and Faculty Well Being
In the first hours and days following the fire, our community of residents and faculty provided relief at other hospitals where patients were transferred and they staffed the shelters where the community evacuees were being directed. Once we established a temporary headquarters on October 11, we were able to plan for our first all group meeting following the fire. The meeting was held Thursday afternoon, Oct 12 to help our group maintain a sense of community and to update the residents on the status of the program. In addition, our Behavioral Medicine faculty along with the Program Director facilitated a process group with the five residents who were in the hospital during the active fire and evacuation, providing them space to debrief their experiences. Behavioral Medicine will continue to facilitate regular group meetings for our entire residency program as well as the weekly Personal and Professional Development process groups for each PGY level class and the monthly meeting for the faculty. The psychologists who provide this facilitation will monitor closely for signs of trauma and burnout during this period.

Now that we have emerged from acute crisis, we are prioritizing group meals and wellness activities such as yoga and meditation breaks. Without compromising patient care and with the help of our community partners we were able to give all 36 residents this weekend (10/14 to 10-15-17) off so they could prioritize self-care. Faculty have encouraged and offered mentorship around other forms of processing traumatic events, such as writing. Our alumni have developed a GoFundMe account to begin fundraising for our two residents who've lost their homes. Many of our faculty and residents have had to evacuate their homes and those not displaced within our residency family have opened up their homes to provide safe and

supportive shelter. We have an active google doc with 20+ offers of short and long-term housing options for those who have been displaced temporarily or long-term. This document is available to our residents and faculty and is continuously being updated. In order to support the wellbeing of some residents who were evacuated and give them the necessary time to stay out of Santa Rosa, we have identified several low-stress, focused projects residents can do to help us in the rebuilding process and continue us moving forward in the recruitment season.

In addition to these internal residency resources and support, Sutter, as the sponsor and employer of the residents, has an Employee Assistance Program which provides 24 hour support by professionally trained staff. Residents impacted by the wildfires have the option of applying for financial assistance through Sutter Health or through the resident union SEIU.

Since the early hours of the fires, we have used the GroupMe-group texting App as a way for our entire residency to stay in touch and remain connected 24/7. We have used this modality to check in with each other regularly, to communicate schedules, fire safety resources such as need for respiratory masks, air quality and updates of evacuation zones. The Program Director has instituted “Fireside Texts” to maintain morale. Behavioral Medicine faculty are reaching out to individual residents and faculty on a regular basis to monitor for signs of distress, fatigue and burnout.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

AAFP Reprint No. 290

Recommended Curriculum Guidelines for Family Medicine Residents

Disaster Medicine

This document was endorsed by the American Academy of Family Physicians (AAFP).

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, behaviors, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), www.acgme.org. The family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center, although additional experience gained in various other settings (e.g., an inpatient setting, a patient's home, a long-term care facility, the emergency department, the community) is critical for well-rounded residency training. The residents should be able to develop a skillset and apply their skills appropriately to all patient care settings.

Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum to supplement experiential learning with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion and disease prevention are hallmarks of family medicine and should be integrated in all settings. Appropriate referral patterns, transitions of care, and the provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME website. Current AAFP Curriculum Guidelines may be found online at www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP, and in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. **This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.**

Preamble

Disasters come in many forms, and the specialty of family medicine is uniquely positioned in the health care system to stand at the front line to help detect possible threats, support other responding agencies, help allocate resources, and provide patient care during all disasters that might affect a community. It is critical that any disaster medicine curriculum encompass a full spectrum of disaster types and responses. This curriculum was developed to help prepare residents for the critical role they will play in future disasters.

Members of the local health care system are among the first to respond when a disaster occurs. Since assistance from elsewhere may not be immediately available, every family physician should know how to respond to assist their community.

Some disasters can result in the destruction of a considerable portion of the community's medical resources and take a considerable toll on life. Principles of disaster medicine that residents should learn about include preparatory drills, triage, evacuation, coordinated local and federal responses, public health, vector management, and personal safety. During the recovery phase, when situations are improving but not yet back to normal, continuity of operations must be addressed to sustain the business of health care. Recovery presents its own set of challenges for physicians who are recovering, along with their communities.

The number and severity of natural disasters and the domestic and foreign terrorism events in recent decades have brought increased focus on the need for standardized disaster response to speed the implementation of relief and decrease the potential harms caused by the chaos inherent to such situations. In the United States, the National Incident Management System (NIMS) has been developed in an attempt to facilitate a timely, coordinated, and effective response to disasters ranging from small, local incidents to events of national magnitude.

Effective planning, coordination, and execution are keys to successful disaster response. Identification of hazards, developing mitigation plans, and exercise debriefings capture lessons learned and facilitate strategic plan revisions. When tailored to the needs of the individual, psychological debriefings performed by trained health care professionals allow healing for both victims and responders.

While the focus of the specific objectives in this curriculum is domestic disasters, the majority of the principles covered may also be applied to international disaster responses. Disasters might occur on or near national land and sea borders. Other disasters by their nature or magnitude invite international or multinational response efforts and future family physicians should learn about working with international agencies as well.

Competencies

In 2008, the American Medical Association Center for Public Health Preparedness and Disaster Response convened an expert working group (EWG) consisting of many medical professional stakeholder groups, including the American Academy of Family Physicians (AAFP), to review extant competencies in disaster response. The EWG developed an educational framework and six competency domains under which specific competencies could be specified. The following competencies, knowledge, skills, and attitudes utilize the domains created by the 2008 EWG.

At the completion of residency training, a family medicine resident should be able to:

Preparation and Planning:

- Demonstrate knowledge of the principles of personal, family, and community preparedness and the responsibility of the family medicine resident to lead in the education of the public; anticipate the most likely hazards to your facility and your role when these events occur (Professionalism, Systems-based Practice)

Detection and Communication:

- Demonstrate awareness of local, state, and national systems of detection and communication utilized in public health disasters (Communication)

Incident Management and Support Systems:

- Demonstrate a basic knowledge of NIMS and its Incident Command System (ICS), including applications pertaining to the planning, coordination, and execution of disaster responses at local, state, and national levels; this should include ICS training modules 100, 200, and 700 from FEMA.gov (Systems-based Practice)

Safety and Security:

- Demonstrate knowledge of the principles of safety in disaster responses, including personal protective equipment, decontamination, universal precautions, blood-borne pathogens, basic force protection (care of the responder), and disaster scene security (Medical Knowledge)

Clinical/Public Health Assessment and Intervention:

- Demonstrate knowledge of the principles of triage and have the ability to effectively perform triage in a disaster setting in order to maximize utility of scarce medical resources (Patient Care)
- Demonstrate the knowledge and skills to provide effective care in a setting of extremely limited resources and otherwise austere environments (includes improvised medical techniques) (Patient Care)
- Demonstrate understanding of Psychological First Aid (PFA) and caring for responders and when to apply this set of techniques (Systems-based Practice)

Contingency, Continuity, and Recovery:

- Demonstrate basic skills in planning for contingencies in populations of all ages, as well as planning the slower phases of individual and community recovery (Professionalism)

Public Health Law and Ethics:

- Demonstrate awareness of principals and policies for assuring ongoing access to health care for people of all ages, populations, and communities facing disaster (Professionalism)
- Demonstrate awareness of laws and regulations to protect the health and safety of people and communities affected by disaster (Professionalism)

Attitudes and Behaviors

The resident should demonstrate attitudes that encompass:

- Understanding of the need to be prepared for disasters that may strike a community
- Understanding of the importance of teamwork in planning, preparing for, and participating in a disaster response event, including the importance of good leadership and "followership" during a time of crisis
- Understanding of the value of excellent communication skills in a time of crisis
- Understanding of the necessity of staying calm and remaining focused at a time when there is maximal chaos and confusion
- Understanding of the principles of triage to maximize benefit when limited resources preclude comprehensive care for all of those affected
- Understanding of the need for resourcefulness when the usual supplies, personnel, communication, and transportation are not available

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge or refer the following:

1. Key definitions
    a. Disasters
    b. Mass casualties
    c. Triage
    d. Terrorism
    e. Continuity of operations
2. Types of disasters
    a. Natural
        i. Meteorological (e.g., hurricane, tornado, blizzard, heat, cold wave)

ii. Geological (e.g., earthquake, volcanic eruption, flood)
iii. Other (e.g., wildfires, explosion, disease outbreak)

b. Accidental
   i. Transportation accidents resulting in mass casualties (e.g., airplane, bus, train, multiple vehicle incidents)
   ii. Transportation accidents resulting in hazardous materials release
   iii. Structural accidents (e.g., building or bridge collapse)
   iv. Agricultural or industrial accidents (e.g., hazardous chemical or biological exposure)
   v. Radiological accidents
      1) Consider health care sources of radiation, including cobalt, cesium, and technetium; also consider radiation safety in diagnostic radiology and radiologic oncology settings

c. Intentional or violent
   i. Criminal acts (in which the focus of the act is the victims)
      1) Bombings
      2) Shootings
         a) Consider hospital and clinic scenarios in which physical security may be compromised, such as active shooter events
   ii. Acts of terrorism (in which the focus of the act is society)
      1) Bombings
      2) Shootings (e.g., mass shootings, active shooter)
      3) Nuclear and radiological attacks (“dirty bombs”)
      4) Biological attacks
         a) Bacteria (e.g., anthrax, cholera, plague, tularemia, Q fever)
         b) Virus (e.g., smallpox, Venezuelan equine encephalitis, hantavirus, severe acute respiratory syndrome [SARS], pandemic influenza, viral hemorrhagic fevers)
         c) Toxin (e.g., botulinum, staphylococcal enterotoxin B)
      5) Chemical agent attacks
         a) Nerve agents (e.g., GA [tabun], GB [sarin], GD [soman], GE [ethylsarin], VX [venomous agent X], V sub X, other organophosphates to include insecticides and pesticides)
         b) Blister agents (e.g., lewisite, mustard)
         c) Precursors (e.g., chlorosoman, chlorosarin)
         d) Choking agents (e.g., phosgene, chlorine)
         e) Blood agents (e.g., hydrogen cyanide, cyanogen chloride)
         f) Riot control agents (e.g., tearing agents, vomiting agents)
         g) Other chemical agents used in industry (e.g., polonium, phosgene)

3. Response to disasters

   a. Preparation and planning
      i. Personnel
         1) Identify who will be in charge (see Incident Command System [ICS] below)

2) Identify who will be available and their roles
3) Conduct drills
4) Enroll with Disaster Health Volunteers and/ or Medical Reserve Corps
5) Go Bags for institution with printout of contact information and addresses of all residents, faculty, and staff, including emergency and alternative contact information in anticipation of potential communication system failures
6) Individual Go Bags

ii. Maintain adequate supplies; specific equipment and supplies required will depend on the nature and the scope of the disaster
   1) Suggested medications and related supplies
      a) For care of acute injuries (e.g., tetanus shots; antibiotics; analgesics; intravenous [IV] fluids; supplies for splinting, casting, wound care, and suturing)
      b) For care of acute illnesses (e.g., analgesics, antibiotics, antihistamines, antiemetics, inhalers, psychotropics)
      c) For care of chronic diseases (e.g., insulin, inhalers, diuretics, antihypertensives, oxygen, psychotropics, oral diabetes medications)
         i) Tables of substitution in order to allow for ready conversion of day-to-day medications to stockpiled medications (e.g., fosinopril to lisinopril)
      d) For response to terrorist attacks (e.g., antibiotics, antidote kits)
         i) Center for Disease Control and Prevention's (CDC's) Strategic National Stockpile (SNS) CHEMPACK (antidotes) Program
         ii) CDC's SNS Push packs and managed inventory (Biologics and antibiotics) Program
      e) Public health medications (e.g., antibiotics for tuberculosis)
   2) Logistical supplies
      a) Food and water
      b) Sanitation equipment, toilets, supply maintenance, and waste disposal
      c) Soaps, disinfectants, and sanitizers
      d) Personal protective equipment
      e) Basic office supplies
      f) Infrastructure-independent communication equipment (point-to-point interoperable radios)

iii. Detection and communication
   Guidelines, regulations, policies and procedures, reimbursement requirements (e.g., National Response Framework, Stafford Act, Public Health Service Act, Title 42 U.S. Code Part B)
   1) Local facility evacuation procedures
   2) Hospital and/or clinic regulations
   3) State, county, and local regulations
   4) The Joint Commission and other accreditation organizations (e.g., Det Norske Veritas [DNV])
   5) National Disaster Medical System
      a) Disaster Medical Assistance Teams

b) Hospital evacuation
c) Disaster Mortuary Operational Response Teams
d) Logistics Response Assistance Teams
e) Veterinary Medical Assistance Teams and others

6) Federal Emergency Management Agency (FEMA)
7) Medical Reserve Corps (U.S. Department of Health and Human Services)

b. Incident management and support systems
   i. ICS as basis, with Hospital Incident Command Systems (HICS) specialized for the institutional health care environment
      1) Unity of command (everyone answers to a single leader)
      2) Span of control (every leader supervises four to seven others)
      3) Incident commander (in charge; the minimum need for calling an incident is an incident commander)
      4) Command staff
         a. Safety officer
         b. Public information officer/media relations
         c. Medical/technical expert
         d. Liaison officer
      5) General staff
         a. Operations (the “doers”)
         b. Planning (the “thinkers”)
         c. Finance (the “payers”)
         d. Logistics (the “getters”)
      6) Unified command (multiple organizations working together)
      7) Emergency operations center versus incident command post versus hospital command center
   ii. Internal coordination with key clinic and hospital personnel
   iii. External coordination with local community emergency resources and regional or national response teams
      1) Local office of emergency management
      2) State office of emergency management
      3) Federally deployed Incident Response Coordination Team (IRCT)
c. Execution of disaster response
   i. Safety and security (disaster responders are of no value if they become victims)
      1) Decontamination
         a) Site setup and security
         b) Trained personnel
         c) Clean and dirty areas demarcated
         d) Cleaning agents available
         e) Plenty of water available
         f) Environmental Protection Agency (EPA) regulations understood
         g) Self-directed decontamination
         h) Resource protection [Occupational Safety and Health Administration (OSHA), et al]
            i) Care of the responder

ii) Rehabilitation of responder resources
iii) Prevention of heat and dehydration injuries, especially in the hazmat or hot weather environment

2) Personal protective equipment
   a) Face masks and respirators (e.g., simple mask and N95 respirator), including training, fit testing, and medical clearance, as appropriate
   b) Use of powered air-purifying respirators (PAPR)
   c) Personal protective clothing (e.g., level A, B, C, D protection and indications, including donning and doffing of equipment, Mission-Oriented Protective Posture [MOPP] gear)
3) Security (include law enforcement in the planning and execution process when possible)
   a) Crowd and traffic control
   b) Protection of relief workers and those seeking aid
   c) Protection of medications, food, and water
4) Environmental hazards
   a) Damaged infrastructure (e.g., downed electrical power lines, damaged roads and buildings, hazardous chemicals)
   b) Building debris as a hazard to pedestrian and passenger travel
   c) Infectious hazards (e.g., human and animal victim corpses, exhumed bodies from disturbed cemeteries, contaminated water)
5) Mental health hazards
   a) Psychological first aid (PFA) for victims and responders
   b) Referral resources available for victims who need additional care

ii. Clinical/public health assessment and intervention

1) Principles and practice of various triage systems
   a) Triage tags (i.e., black, green, yellow, red)
   b) General understanding of various triage systems and how they should be interoperable (e.g., Simple Triage and Rapid Treatment [START]; JumpSTART; Seniors Without Families Triage [SWiFT]; Sort, Assess, Lifesaving Interventions, Treatment/Transport [SALT])
2) Clinical skills
3) Care in an austere environment
   a) Broad scope of practice
   b) Ability to supervise clinical nurses and technicians in expanded roles
   c) Clinical diagnostic skills in the absence of partial or full radiology, laboratory, and other ancillary support
   d) Effective therapeutic interventions with limited availability of medication varieties and quantities
      i) Acute illnesses and injuries
      ii) Chronic medical conditions
      iii) Ingenuity in devising treatments
   e) Recognition of when chronic diseases may be left untreated for a short duration to facilitate wise utilization of resources
4) Psychosocial considerations
   a) Individual survivors presenting to the facility

b) Patients with special needs (e.g., pregnant women, children, elderly, those who have an underlying mental health problem, homebound patients)
c) Patients enrolled in methadone maintenance programs or on other chronic narcotic pain medications
d) Witnesses to the disaster (post-traumatic stress disorder [PTSD])
e) Family and friends of the missing, injured, or dead
f) The "worried well" and those with minor injuries and high anxiety
g) PFA for victims and responders

iii. Contingency, continuity, and recovery
1) Location for decontamination, triage, clinical care, and responders' sleeping/eating areas
2) Communication
a) Radios
b) Telephones (wired, wireless, and satellite)
c) Messaging (texting, messaging apps)
d) Computers (internet)
e) Runners or couriers
f) Visual signage
3) Human resources (including relief for first responders)
4) Supplies (medical, food, water, shelter)
5) Evacuation of patients needing higher levels of care or personnel requiring evacuation from increasingly unsafe environments
6) Toileting and sanitation services
7) Pet care and control

iv. Debriefing
1) Timing, location, participants
2) Evaluation and critique of response (avoid blame and capture lessons learned to improve responses in the future)
a) Communications are often cited as being inadequate and should be addressed in the planning prior to the event

v. Public health law and ethics
1) Recognition of need to care for people who speak different languages or have physical or mental limitation

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer the following competency domains developed by the American Medical Association Center for Public Health Preparedness and Disaster Response:

1. Preparation and Planning
a) Develop a Hazards and Vulnerability Analysis (HVA) based on available internal and external data, judging the likelihood of various events and their potential impact on lifeline and medical services

b) Develop plans based on HVA, to include:
    i) Supplies and equipment
    ii) Jobs and responsibilities
    iii) Interagency coordination
    iv) Development and utilization of checklists
c) Practice the plan by conducting drills and/or tabletop discussions

2. Detection and Communication
    a. Set up and test emergency alert system
        i. Include updated personal information
    b. Demonstrate effective communication with a variety of stakeholders, including:
        i. Victims, communities, journalists, and government officials
        ii. Other responders
        iii. Local health department
        iv. Police and fire officials
        v. Emergency medical services (EMS)
        vi. Other community organizations (e.g., religious organizations)
    c. Demonstrate effective team participation
        i. Stay calm and focused under pressure
        ii. Use members of the team effectively
        iii. Closed-loop communication
        iv. Situation, Background, Assessment, Recommendation (SBAR)
        v. Unity of command
    d. Employing various technologies effectively, including social media

3. Incident Management and Support Systems
    a. Understand how incident command centers for emergency operations operate to provide disaster support services and health care

4. Safety and Security
    a. Assess risk to self and others
        i. Wear appropriate personal protective equipment
            a. Gas masks, face masks, and respirators
            b. Protective clothing (e.g., boots, gloves, long pants, long-sleeved shirts, insect repellent)
        ii. Set up and use decontamination systems
    b. Categorization of patients (e.g., triage tags, military triage, other models)

5. Clinical/Public Health Assessment and Intervention
    a. Use life-saving procedures and first aid steps
    b. Have understanding of Psychological First Aid (e.g., American Red Cross DSCLS206A or equivalent)
    c. Additional useful training courses include but aren't limited to:
        i. Basic Life Support (BLS) procedures and first aid
        ii. Basic trauma training (Prehospital Trauma Life Support [PHTLS], International Trauma Life Support [ITLS])
        iii. Advanced Trauma Life Support (ATLS) procedures

iv. Advanced Cardiac Life Support (ACLS) procedures
v. Pediatric Advanced Life Support (PALS) procedures
vi. Comprehensive Advanced Life Support (CALS) procedures (incorporates other advanced life support courses into a single course with emphasis on the needs in rural and limited-resource settings)
vii. National Disaster Life Support Foundation (NDLSF) procedures

6. Contingency, Continuity, and Recovery
   a. Describe contingency plans for how/where medical services could be provided to minimize interruption of patient care
   b. Understand physical and emotional recovery needs for communities affected by disaster

7. Public Health Law and Ethics
   a. Understand local laws and public health infrastructure
   b. Register for local provider registries, such as Medical Reserve Corps (MRC)

Proposed Implementation Model

- Implement disaster medicine training in family medicine residency programs during the three years of residency training
- Community response to local disasters and participation in a local medical unit can enhance the longitudinal disaster medical curriculum by providing direct experience and training to residents and community members
- Incorporate training in the community medicine rotation; residents should engage in practice scenarios and visit local response agencies to discuss disaster response plans
- Meet with key leaders in the community to discuss strategies for how community will mobilize in case of a disaster
- Training primarily consists of lectures, workshops, scenario discussions, and participation in drills at the hospital and clinic
- Participate in the planning, execution, and evaluation of emergency management drills
- Familiarize with the responsibilities to the resident's credentialing hospital in the event of an internal or external disaster

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Website Resources

American Academy of Family Physicians. www.aafp.org

American Academy of Pediatrics. Ensuring the health of children in disasters. https://pediatrics.aappublications.org/content/136/5/e1407

American Academy of Pediatrics. Disaster preparedness in neonatal intensive care unit. https://pediatrics.aappublications.org/content/139/5/e20170507

American College of Surgeons. Stop the Bleed. www.stopthebleed.org/resources-poster-booklet

American College of Surgeons. Advanced Trauma Life Support. www.facs.org/trauma/atls/index.html

American Heart Association. Advanced Cardiovascular Life Support (ACLS) Course Options. www.heart.org/HEARTORG/CPRAndECC/HealthcareTraining/AdvancedCardiovascularLifeSupportACLS/Advanced-Cardiovascular-Life-Support-ACLS_UCM_001280_SubHomePage.jsp

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American Red Cross. Our Class Programs. www.redcross.org/take-a-class

Centers for Disease Control and Prevention. Emergency Preparedness and Response. https://emergency.cdc.gov/

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Federal Emergency Management Agency (FEMA). Training and Education. www.fema.gov/training

International Trauma Life Support. Education. www.itrauma.org/education/

Johns Hopkins Office of Critical Event Preparedness and Response. www.hopkins-cepar.org/

The Joint Commission. Emergency Management. www.jointcommission.org/resources/patient-safety-topics/emergency-management/

National Disaster Life Support Foundation. www.ndlsf.org/

United States Department of Labor. Occupational Safety and Health Administration. www.osha.gov/training

Office of the Surgeon General. Office of the Assistant Secretary for Health. Division of the Civilian Volunteer Medical Reserve Corps. About the Medical Reserve Corps. https://mrc.hhs.gov/pageViewFldr/About

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Team Life Support, Inc. The JumpSTART Pediatric MCI Triage Tool. https://webwiser.nlm.nih.gov/tools/FlowChart;jsessionid=083FEC2D23A0CA24760B4161970DE7C9?toolArg=JumpSTART

U.S. Army Medical Department. U.S. Army Medical Research Institute of Infectious Diseases. www.usamriid.army.mil/

U.S. Department of Health and Human Services. Public Health Emergency. National Disaster Medical System. www.phe.gov/Preparedness/responders/ndms/Pages/default.aspx

Website Resources for Disaster Relief Abroad

American Red Cross. International Disaster and Crises. www.redcross.org/about-us/our-work/international-services/international-disasters-and-crises.html

Council on Foreign Relations. Humanitarian Intervention. www.cfr.org/defense-and-security/humanitarian-intervention

International Committee of the Red Cross. www.icrc.org/eng/

United Nations. Deliver Humanitarian Aid. www.un.org/en/sections/what-we-do/deliver-humanitarian-aid/

U.S. Department of State. Bureau of Consular Affairs. What the Department of State Can and Can't Do in a Crisis. https://travel.state.gov/content/travel/en/international-travel/emergencies/what-state-dept-can-cant-do-crisis.html

AFMRD Association of Family Medicine Residency Directors

From the Association of Family Medicine Residency Directors

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ON COMING HOME AFTER THE FIRES

When I first became the Program Director of the Sutter Santa Rosa Family Medicine Residency in June of 2017, I thought I had my hands full. Learning the ropes of running a community-based residency program, continuing to be a teacher, and trying to maintain my small outpatient panel seemed like an overfull plate at the time. I had no idea of the challenges that lay only a few months ahead of us, when our community was struck by the devastating Tubbs fire, a catastrophe that left our program—and hundreds of our patients—without a home.

Nearly 2 years after those fateful fires, a timespan that feels both like an eternity and like the blink of an eye, we moved back into our rebuilt Vista Health Center in August 2019. Once again, we have our residency office, continuity clinic, and teaching space within the same building and are close to our sponsoring hospital. On the tails of this momentous homecoming, and just as I was writing this article, Sonoma County was ironically stuck by another megafire, this time called the Kincaid Fire. Like the previous fire, the Kincaid fire brought community-wide evacuations and power outages, 2 hospital closures, and evacuation shelters. Being called upon to respond to disaster again has highlighted some ways that our program has changed and a few important lessons about disaster that are worth sharing with the larger family medicine community.

Family Physicians are Uniquely Qualified to Support the Medical Needs of the Community During Disaster

The skillset of the family doctor is precisely what is needed when providing medical care for communities that are displaced and when the medical system has been impacted by a disaster. We may not have known it when the Tubbs Fire hit, but as family physicians we already possessed the skills that were needed to respond to the community. Our experience in both rounds of fire response showed us that much of the care that displaced people need is identical to what nondisplaced people need: reassurance, treatment of chronic disease, empathy, minor acute care, and triage to a higher level of care. Who better than family physicians to fill this role?

Programs Can Take Steps Now to Build Resilience and Preparedness to Face Adversity Into the Fabric of the Training Curriculum

Like all first responders, residents who are experiencing disaster in the midst of training while providing care for the wounded and displaced suffer unique forms of distress. In addition, residents may worry about the wellbeing of their program and potential negative impacts on their training and future career. In our program, residents and faculty have regular time to meet with their classmates or fellow faculty facilitated by a psychologist. Protected time for bonding, sharing the stress of training, feeling heard by colleagues and having opportunities to listen and support others have always been important in our residency, but they became critical for cohesion and recovery when disaster struck here in Santa Rosa.

People, Residency Programs, and Communities Experience and Recover From Disaster Differently

Like a multigenerational family facing disaster, in Santa Rosa we were each affected differently by the Tubbs fire. Factors such as the roles we played, how much agency we had, the amount of fear we personally experienced and how much damage was done in our personal and professional lives when the fires were extinguished were all filtered through the context of our developmental phase and life experience. There is no one-size-fits-all response to grieving or healing. For residents in our program, there is no doubt that this has been a seminal event not only in their training but in their lives. My deepest hope is that their experience in joining their residency and community colleagues in the vanguard of the disaster response, caring for the community as it recovered and experiencing our own renewal will be what stays with them after they leave us. With any luck, it has built their pride in our specialty and confidence in their own skills to respond to, and even lead, a response to disaster in the future.

People, Programs, and Communities Can Become More Proficient in Responding to Disaster Through Exposure

When the Kincaid Fire hit a few weeks ago, our leadership team was able to flip into incident command mode almost effortlessly. Our county was able to plan preventive, coordinated mass evacuations allowing our hospital and local residents to evacuate in a more controlled way. With this fire we were able to coordinate care in the shelters within 24 hours instead of the better part of a week. Additionally, we were able to think through the options that we offered residents and faculty so they could titrate their level of engagement

to their own level of personal threat, family needs, and evacuation status. Happily, our town and program fared much better in the Kincaid Fire and it offered us an opportunity to put our disaster response expertise to use and increased our confidence for next time.

When I think ahead to a time when all the residents who have experienced the fires have graduated, and some or all the faculty who were here have retired, I know that this period will be stand out in our program's history. We hope we will never again face such trials and our community and program will continue on the path to recovery. But if the fires do continue, our experience these past 2 years has showed me that our specialty and our program hold the knowledge we need to respond, recover, and survive.

I invited Dr Sara Martin, MD, a current PGY-3 in our program to share a few reflections about how the Tubbs and Kincaid Fires have shaped her training. Dr Martin and her classmates were just a few months into residency when the Tubbs Fire hit.

TS: *Now that we are settling in to our old health center again, where do the fires figure into your day to day life?*

SM: Everyone assumed the Tubbs Fire was a once-in-a-lifetime event, that it would never happen again. A year later the Camp Fire, in a nearby county, made the Tubbs Fire look small. Another year later, we faced the largest evacuation in California history as the Kincaid fire threatened our town. Our hospital has been evacuated twice in the 3 years of my residency training. With all of that, there's a sense of uncertainty. A question of whether this is the new normal. I wonder how residency would have felt without these natural disasters, and think about how my training would have been different. In what ways am I less (or more) of a doctor because of these disasters?

There are obvious ways in which the fires have impacted me, implications that are already apparent. There's the fact that I now have an earthquake plan, a flood plan, and a fire plan for my family. There's the fact that as I look at jobs, I wonder how their community would come together in a disaster, and what their plan is for evacuating their hospital. How do you ask that at a job interview?

TS: *How did your experience of our program responding to the fires in our community shape your view of Family Medicine?*

SM: I can wholeheartedly tell people that even with the experience of the fires, I would choose my residency training experience again. The reason is simple: it taught me what it means to truly be a family physician. The fire showed me—in a way that I couldn't have seen otherwise—that I was part of a family that encompassed a whole community, and that a whole community encompassed me, as a learner, as a person, and as a physician.

The sense of what it meant to be a family physician was embodied by the outpouring of support from our community. From the physicians at our sister clinics who voluntarily stopped seeing their patients so we had the physical space to continue our training; to the medical assistants who made do with cramped space and standing computers in tight hallways; to the patients who would celebrate "finding us" as we moved from clinic to clinic. No one stopped focusing on the reason we were there: the community.

I'll never forget when a patient welcomed me "home" to our original clinic when it reopened 2 years after the fire. The fires weren't easy, but the community response—and our small role in it as family physicians—was inspiring.

Tara Scott, MD, and Sara Martin, MD

Proposed updated MRC pharmacy list 5.23.17 to treat 250 patients

	Amount to stock for Cache A	Amount to stock for Cache B	Quantity Size	Pick List Item, not stocked in Cache but can be requested	estimated cost	Total Quantity in Cache Sent
IV Fluids						
NS 1000ml IV bag	0	7	48 x 100	x	$ 26.12	
D5 1/2NS 1000ml IV bag	0	2	14 X 1000	x	$ 55.63	
D5W 250ml IV bag	0	12	14 X 1000	x	$ 61.83	
			36 X 250		$ 112.57	
Refrigerated Medications						
Insulin, Novolin NPH U-100	1	3	1 x 10		$ 137.71	
Insulin, Novolin Reg U-100	1	3	1 x 10		$ 137.71	
Medication						
Acetaminophen (Tylenol) supp 120mg	1	3	1 x 12		$ 3.15	
Acetaminophen (Tylenol) supp 325mg	1	3	1 x 6		$ 4.16	
Acetaminophen 325mg tabs	100	500	1 x 100		$ 2.23	
Acetaminophen elixir 160mg/5ml 4oz	2	5	1 x 120ml		$ 6.75	
Acyclovir 200mg	25	25	1 x 100		6.55	
Albuterol (Proventil) Inhaler MDI	2	20	1 ea		$ 74.67	
Albuterol Inhalation 0.083%, 3ml	20	75	25 x 3ml		$ 2.61	
Alum, Mag, Simethicone (Maalox) 6-8 oz bottles	1	5	1 x 355ml		$ 6.05	
Amlodipine (Norvasc) 5mg	1	50	1 x 90		$ 1.88	
Amoxicillin 250mg caps	20	40	1 x 100		$ 4.78	
Amoxicillin 250mg/5ml 150ml	1	5	1 x 150ml		$ 2.96	
Aspirin 325mg	5	25	1 x 100		$ 0.73	
Atropine sulfate 1mg/10ml syr	0	5	10 x 10	x	$ 84.29	
Azithromycin (Zithromax) 200mg/5ml	1	2	1 x 30ml		$ 15.73	
Azithromycin (Zithromax) 250mg tabs	4	4	1 x 30		$ 40.30	
Bacitracin Oint 30gm tube	3	10	1 x 15gm		$ 1.22	
Bismuth subsalicylate 16 fl oz.	2	5	1 x 473ml		$ 7.17	
Bismuth subsalicylate chewable tabs 100 tabs	2	5	50 x 2		$ 11.85	
Bisacodyl 5mg tab	5	25	1 x 100		1.37	
Bupivacaine (Marcaine) 0.25%	0	6	25 x 50ml	x	$ 65.56	
Bupivacaine (Marcaine) 0.25% w epi	0	6	1 x 50ml	x	$ 8.66	
Calamine lotion	1	5	1 x 120ml		$ 5.62	
Calcium antacid	10	25	1 x 150		$ 1.51	
Carbamazepine (Tegretol) 100mg (chewable)	2	25	1 x 100		$ 26.14	
Ceftriaxone (Recephin) 1gm IV	0	5	10 x 1	x	$ 13.59	
Cephalexin 500mg caps	20	100	1 x 100		$ 25.06	
Cetirizine (Xyrtec) Syrup 1mg/ml 15ml	1	4	1 x 120ml		$ 4.29	
Charcoal, activated (Actidose) 25gm/120ml	1	4	1 x 120ml		11.64	
Cimetidine 800mg tabs	0	20	1 x 30		$ 75.13	
Ciprofloxacin (Cipro) 250mg tabs	20	100	1 x 100		$ 7.28	
Clindamycin 150mg caps	20	100	1 x 100		$ 9.22	
Clonidine 0.1mg tabs	2	25	1 x 100		$ 3.61	
Clotrimazole cream 1%	1	5	1 x 15		$ 1.10	
Dermabond	2	5			not from pharmacy	
Dextrose 50% 50ml	0	3	1 X 25	x	$ 57.58	
Digoxin (Lanoxin) 0.125mg tabs	0	25	1 X 100		$ 75.22	

Diphenhydramine (Benadryl) 25mg caps		25	250	1 x 100		$ 1.83
Diphenhydramine (Benadryl) 50mg inj			10	25 x 1	x	$ 16.88
Doxycycline 100mg caps		15	75	1 x 50		$ 33.65
Electrolyte soln (Pedialyte) packets		2	20	1 x 6		$ 8.61
emtricitabine 200mg		0	3	1 x 30	x	$ 502.45
Enalapril (Vasotec) 5mg tabs		2	12	1 x 100		$ 15.53
Epinephrine 1:10,000 10ml prefilled syr		1	5	10 x 10	x	$ 56.19
Epinephrine 1:1000 1ml		0	5	25 x 1		$ 327.78
Epinephrine, inj (Epi-Pen jr)0.3mg		1	2	1 x 2		$ 280.95
Epinephrine, inj (Epi-Pen) 0.3mg		1	2	1 x 2		$ 280.95
Erythromycin 200mg/5ml oral susp 100ml		1	3	1 x 100		$ 209.14
Erythromycin 250mg tabs		0	40	1 x 100		$ 939.94
Erythromycin ophth oint 3.5gm		1	3	1 x 3.5		$ 12.38
Eye wash 4 oz		2	5	1 x 120ml		$ 3.89
Famotidine (Pepcid) 10mg tabs		5	15	1 x 30		$ 3.23
fexofenadine 180 mg tabs		2	4	1 x 30		$ 8.98
Fluconazole (Diflucan) 150mg tabs		2	20	12 x 1		$ 21.21
Fluticasone (Flovent) 220 mcg Inhaer		0	2	1 x 1		$ 364.51
Furosemide (Lasix) 100mg/10ml IV			5	25 x 10	x	$ 52.68
Furosemide (Lasix) 40mg tab		5	15	1 x 100		$ 3.03
Gabapentin 300mg		3	25	1 x 100		$ 6.92
Gentamicin ophth soln 0.3% 5ml		1	5	1 x 5		$ 3.34
Glipizide 5mg		5	25	1 x 100		$ 2.86
Glucagon 1mg inj		1	3	1 x 1		$ 262.97
Glucose tablets 4gm		10	25	1 x 10		$ 1.92
Guaifenesin 100mg/dextromethorphan 10mg/5ml 4oz		3	10	1 x 120		$ 6.10
Haloperidol (Haldol) 5mg/ml inj		1	5	10 x 1	x	$ 9.77
Hydralazine 100mg tabs		2	25	1 x 100		$ 7.30
Hydrochlorothiazide (Esidrix) 25mg tabs		3	25	1 x 100		$ 1.25
Hydrocortisone cream 1%		1	10	1 x 30		$ 2.09
Ibuprofen 200mg tabs		100	500	1 x 100		$ 1.63
Insect repellent 6oz spray can		1	3	1 x 170		$ 4.62
Ipratropium (Atrovent) 0.02% 2.5ml		5	25	25 x 2.5		$ 2.92
Ipratropium (Atrovent) Inhaler		0	5	1 x 13		$ 363.46
Kenalog 0.1% ont. (tube)		1	2			
Ketoralac (Toradol) 30mg/ml		1	20	10 x 1	x	$ 21.99
levetiracetam 250mg		2	10	5 x 10		$ 9.20
Levothyroxine 100mcg		0	25	1 x 90		$ 25.33
Levothyroxine 25mcg		0	25	1 x 90		$ 21.15
Lidocaine 1% 20ml inj		0	5	25 x 20		$ 29.40
Lidocaine 1% 30ml vl		1	5	25 x 30		$ 60.83
Lidocaine 1% w epinephrine 20ml vl		1	5	25 x 20		$ 48.87
Lidocaine 2% viscous 100ml		1	3	1 x 100		$ 10.30
Lisinopril 10mg		3	25	1 x 100		$ 2.84
Loperimide (Imodium) 2mg		20	100	1 x 100		$ 23.19
Loratadine 10mg tabs		3	50	1 x 100		$ 15.95
MDI spacers, adult		2	10		1	$ 63.75
MDI spacers, pediatric		2	10		1	$ 63.75
Metformin (Glucophage) 500mg tabs		5	25	1 x 100		$ 2.48
Methylprednisolone (Solu-Medrol) 125mg IV		1	5	25 x 1		$ 226.76

Metoprolol (Lopressor) 50mg tabs	2	25	1 x 100		$ 2.79
Miconazole vag 100mg tabs	1	12	1 x 7		$ 5.40
Naloxone (Narcan) 0.4mg/1 ml	5	20	10 x 1		$ 60.87
Nitrofurantoin 100mg caps	14	56	1 x 100		$ 131.86
Nitroglycerine 0.4mg (1/150gr) 25's	5	20	4 x 25		$ 44.77
Nitroglycerine oint 2% 30gm	1	5	1 x 30		$ 31.91
Nystatin cream 15gm tube	1	5	1 x 15		$ 8.38
Omeprazole (Prilosec) 20mg	5	50	1 x 100		$ 8.91
Ondansetron (Zofran) 4mg po	20	90	1 x 30		$ 8.74
Ondansetron (Zofran) 4mg/2ml IV	2	20	10 x 2		$ 8.62
Oxytocin 10 units/ml	1	3	25 x 1	x	$ 34.42
Penicillin G 5 million unit vials	0	3	10 x 1		$ 118.50
Penicillin VK 250mg tabs	21	100	1 x 100		$ 7.59
Permethrin 1% crème rinse	1	2	1 x 59		$ 10.58
Phenytoin (Dilantin) 100mg caps	5	20	1 x 100		$ 23.18
Potassium chloride 10mEq tabs	5	15	1 x 30		$ 10.30
Prednisolone oral soln (PediaPred) 6.7mg/5ml	1	3	1 x 120		$ 63.86
Prednisone 20mg tabs	0	0	1 x 100		$ 17.47
Prednisone 5mg tabs	20	100	1 x 100		$ 10.84
Propranolol 40mg tabs	5	25	1 x 100		$ 22.86
Phenylephrine Hcl 10 mg tabs	24	240	1 x 24		$ 1.93
Quetiapine 25 mg	2	12	1 x 100		$ 5.00
raltegravir 400mg	0	3	1 x 60	x	########
Risperdone 1mg	2	12	1 x 60		$ 8.02
Sulfacetamide oph soln 10% 15ml	1	6	1 x 15		$ 27.63
Sulfamethox/Trimethoprim DS 800-160mg tabs	15	150	1 x 100		$ 11.95
tenofovir 300mg	1	3	1 x 30	x	$ 59.40
Tetracaine ophth soln	1	5	1 x 15		$ 23.54
Trazodone 50mg tabs	5	25	1 x 100		$ 3.91
Triple antibiotic oint UD packets	20	100	1 x 144		$ 12.67
Valproic acid (Depakote) 125mg caps	5	20	1 x 100		$ 7.91
Vancomycin 1gm vls	0	1	10 x 1		$ 35.76
Verapamil 80mg	5	25	1 x 100		$ 3.78
Warfarin (Coumadin) 2mg tabs		25	1 x 100		$ 20.01
Need to add these:					
OTC cold medicine	1	3			
coricidin HBP	1	3			
cough drops (bag)	1	3			
sugar free cough drops (bag)	1	3			
miralax	2	10			
Butt Paste/Diaper Rash Treatment	1	5			

Key

OTC Item

Do not store in cache, pull from B cache, or have Pharmacy order and rotate

Request for B, cache, Pharmacy to order, fill within 12 hrs.

Inventory List

Name	Quantity
AED: Including Adult and Pediatric Pads	2
Airways-Oral and Nasopharyngeal: Adult,Pediatric, and Infant	2 each
Alcohol Wipes	Multiple boxes
Backboard With Straps	1
Blood Pressure Cuffs-All Sizes	
Blankets	
Biohazard Bags	1 box
Biohazard Speciman Bags	1 box
Bandages: Multiple stules and sizes	
Batteries: All sizes	
BVMs: Adult, Pediatric, and Infant	
Cauterizer-Disposable	2
C-Collars: Adult and Pediatric	2 each
Cleaners-Hydrogen Peroxide Wipes	10 Containers
Cleaners-Bleach Wipes	10 Containers
Clipboards	
Cots	2
Crutches-Multiple sizes	1 eaxh
Cups:Medicine and Drinking	1 box each
Depressors- Tongue	1 box
Dividers	2
Dressings-Multiple stules and sizes	
Extension cords	3
File box - plastic with alphabetical dividers	1
Gloves- All Sizes Latex Free	
Glucometer	2
Glucometer Strips	2 boxes
Glucometer Lancets	4 boxes
Gowns: Isolation and Examination - All Disposable	1 box eaxh
Humidifier	1
Irrigation- Sterile Water	1 box
IV Pole and Stand	1
Kit: IV Start	1 box
Kit: Bleeding Control Including Tournaquits	
Kit: Foley Care	2
Kit: Irrigation	2
Kit: Suture Removal and Staple Remover	5
Kit: Eye Wash with Morgan Lens	2
Kit: Ostomy Care	2
Kit: Emergency Burn	2
Lights: Electrical and Battery Operated	
Light,Pen	
Meter,Peak Flow Disposable	
Masks: N95 and Surgical for Adults and Pediatrics	
Nebulizers	3
Nebulizer Kits	
Needles: Multiple Sizes	
Otoscope	1
Oxygen Tubing: NC,NRB, Face Masks	
Oximeter	Multiple
Pack: Hot and Cold	1 box each
Pads: Chux	2 boxes
Paper for making signs and notes	
Paper towels	
Pens - ballpoint and markers for making signs	
Phone +charger - dedicated to medical station	
PPE: Eyewear,Safety Glasses, Isolation Gowns, Fluidshield	
POCT Testing Kits: Urine Dipstick,HCG, and Occult Blood	
Sanitizer: Hand - Multiple Sizes	Multiple
Sterile Urine Collection Kit	
Suction Kit	
Syringes: Multiple Sizes and Types Including Insulin	
Thermometers: Oral and Rectal	
Tubing: IV with Rate Control	
Wheelchair	
	2

DISASTER CRASH CART

CAFP
California Academy of Family Physicians

CALIFORNIA ACADEMY OF
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