

Bioterrorism and Other  
Public Health Emergencies

Reopening Shuttered Hospitals  
to Expand Surge Capacity

# Surge Tool Kit and Facility Checklist



Agency for Healthcare Research and Quality

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to Expand Surge Capacity

# Surge Tool Kit and Facility Checklist

**Prepared for:**

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**IDSRN Task Order No. 8**

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## **Suggested Citation**

Hassol A, Zane R. *Reopening Shuttered Hospitals to Expand Surge Capacity: Surge Tool Kit and Facility Checklist*. Prepared by Abt Associates Inc. under IDSRN Task Order No. 8. AHRQ Publication No. 06-0029. Rockville, MD: Agency for Healthcare Research and Quality. February, 2006.

Funding to support *Reopening Shuttered Hospitals to Expand Surge Capacity: Surge Tool Kit and Facility Checklist* was provided by the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality under IDSRN Task Order No. 8.

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## **Acknowledgements**

### *Abt Associates Inc.*

Deborah Klein Walker, EdD, Project Quality Advisor  
Donna Hurd, RN, MSN  
Hilary Eustace MS  
Matthew Amsden, MBA  
Louisa Buatti, MHS  
Darcy Carr, MBA  
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SURGE TOOLKIT



# Contents

<b>How to Use This Tool Kit.....</b>	<b>1</b>
<b>Management .....</b>	<b>5</b>
1. Team Development and Partnering .....	5
2. Designation of Authority .....	6
3. Facility Assessment and Selection.....	3
4. Periodic Readiness Review.....	8
5. Ramp-up.....	9
6. Ongoing Operations.....	10
7. Closure .....	11
8. Review/Replanning.....	12
<b>Legal .....</b>	<b>15</b>
<b>Facilities .....</b>	<b>19</b>
1. Preplanning .....	19
2. Ramp-up.....	20
3. Opening Day .....	22
4. Ongoing Operations.....	23
5. Closure .....	24
<b>Staffing .....</b>	<b>27</b>
1. Preplanning .....	27
2. Ramp-up.....	29
3. Opening Day .....	31
4. Ongoing Operations.....	32
5. Closure .....	34
6. Review/Replanning.....	35
<b>Security.....</b>	<b>39</b>
1. Preplanning .....	39
2. Ramp-up.....	41
3. Opening Day .....	42
4. Ongoing Operations.....	43
5. Closure .....	44
<b>Equipment and Supplies .....</b>	<b>47</b>
1. Preplanning .....	47
2. Ramp-up.....	49
3. Ongoing Operations.....	50
4. Closure .....	51
5. Review/Replanning.....	52
<b>Patient Transport .....</b>	<b>55</b>
1. Preplanning .....	55
2. Ramp-up.....	56
3. Opening Day and Ongoing Operations.....	57
4. Closure .....	58



# How to Use This Tool Kit

Re-opening a closed (“shuttered”) hospital to expand surge capacity in an emergency requires significant planning. This Tool Kit is a step-by-step guide to assist staff responsible for management, legal, facility, staffing, security, materials management, and transportation planning. The kit includes sections for each staff type/responsibility. The sections address:

- Planning.
- Re-opening a closed hospital within 3 to 7 days.
- Operating the facility.
- Closing the facility down again.





# Management

1. Team Development and Partnering
2. Designation of Authority
3. Facility Assessment and Selection
4. Periodic Readiness Review
5. Ramp-up
6. Operations
7. Closure
8. Review/Replanning



# Management

## 1. Team Development and Partnering

**Description:** As part of overall homeland security and disaster response planning at the local, county, or State level, the need for additional hospital surge capacity may be an identified issue. If response planners choose to pursue use of area shuttered hospitals for surge capacity, key local authorities will need to come together to make these plans a reality. Local authorities should seek guidance from the Federal Government as part of this process.

**Timeframe:** As soon as a decision is made to pursue the use of area shuttered hospitals for surge capacity.

### Action Checklist

- Identify all authorities/agencies/organizations having interest in and/or jurisdiction over hospital surge capacity planning in the region. Examples include: major hospitals, public health departments, homeland security officials, emergency management authorities, emergency medical system authorities, fire departments, and police officials.
  - Contact these entities and enlist participation.
  - Collect, review, and assess existing homeland security and disaster response plans for the area. Identify any overlap or restriction on the efforts to create surge capacity readiness at a local shuttered hospital.
- Identify Federal authorities having jurisdiction over hospital operations and emergency planning.
  - Contact these entities to seek guidance on interpreting Federal requirements.
  - Seek waivers when Federal rules would prevent the creation or operation of a surge facility.
- Identify what can be provided by each entity.
  - Expertise.
  - Participation on surge facility planning and management team.
  - Direct management of surge facility operations.
  - Staff and equipment for use at the surge facility.
  - Funding.
- Formalize a surge facility planning and management team. Expertise in the following areas is needed, with preference for those with knowledge about operating under emergency conditions.
  - Disaster response/emergency management coordination (management, coordination of work with involvement of multiple entities).
  - Hospital staffing.
  - Facilities.
  - Security.
  - Patient transport.
  - Patient information management.
- Designate a team leader with responsibility for maintaining contact with the team, arranging meetings, and representing the team as needed (with press, at larger scope emergency planning meetings, etc.).

# Management

## 2. Designation of Authority

**Description:** A critical component of the surge facility planning will be to determine who will be in charge of operating the surge facility when it is needed. Ideally, a major hospital in the area will have this responsibility so that the surge facility acts as a temporary satellite of the major hospital with the benefits of use of hospital contracts, staff, equipment, and expertise. This may not be feasible in all cases, so an alternate plan must be developed. Also, a reporting structure and chain of command must be formalized so that coordination between the organizations involved occurs smoothly.

**Timeframe:** This should be the first order of business for the newly assembled surge facility management and planning team.

### Action Checklist

- Review the identified level of involvement of the various management team members and partner organizations.
- Outline and achieve consensus on the details and specific scenarios for the intended surge facility use based on the surge capacity needed in the region (i.e., number of beds needed, non-critical medical/surgical patients only, isolation/quarantine facility, etc.).
- Designate who will have authority over surge facility management and operations when the facility is open (e.g., local major hospital manages and operates the facility, or public health department oversees the facility with use of various external providers for staff, equipment, and services).
- Establish a chain-of-command and reporting hierarchy for the surge management team.
- Review available information on surge facility organization systems and staffing.
- Develop an organizational structure and reporting hierarchy for line area management of surge facility operations and staff while the facility is open.
- Work with local regulators or legislative bodies if any of the surge facility plans are not in compliance with current regulations.
- Formalize arrangements with surge facility partners not serving on the management team.
- Notify all affected authorities, agencies, and organizations not serving as partners about the general plans for the surge facility.

# Management

## 3. Facility Assessment and Selection

**Description:** Shuttered hospitals in the region will need to be identified and then assessed for potential surge use. Ideally, one or a few of the shuttered hospitals will then be selected for surge capacity use readiness preparations.

**Timeframe:** As soon as the surge facility management team has been assembled and organized.

### Action Checklist

- Obtain a list of all shuttered hospitals in the area (likely available from State departments of public health).
- Select best candidates for surge use from list of shuttered hospitals. Preferred characteristics include:
  - Shortest time since closure as in-patient facility.
  - Not fully shuttered, some active uses, medically-related optimal.
  - Adequate structural integrity for safe use.
  - Relatively close to metropolitan area to facilitate patient transport.
  - Not targeted for teardown, conversion, or sale immediately or soon.
- Contact current facility owners to discuss possible surge use and obtain permission for facility walkthrough.
- Assemble facility inspection team:
  - Surge facility management/planning team representative.
  - Physician (emergency or field set-up experience preferred).
  - Nurse.
  - Facility expert(s) (hospital knowledge preferred, HVAC-licensed, general knowledge of multiple facility issues, structural, plumbing, etc.).
  - Medical gas system verifier (locate at [www.mgpho.org](http://www.mgpho.org)).
  - Security expert.
  - Hospital equipment and supplies procurement expert.
- Conduct facility walkthroughs.
- Select potential facility or facilities for surge use.
- Management team experts begin readiness preparations in their area of focus: staffing, security, facility, etc.).

# Management

## 4. Periodic Readiness Review

**Description:** Once readiness activities—such as arrangement of contracts and partner agreements, identification of providers, and procurement of limited equipment—have been completed, a periodic review must be conducted to ensure that readiness is maintained.

For example, over time staff or ownership of key partners or vendors may change, the target facility may be sold, or regulatory changes or technological advancements may have occurred that affect readiness plans. For this reason, surge facility plans and prearrangements must be reviewed periodically to ensure that they are active and appropriate.

**Timeframe:** Once surge facility preparedness plans and arrangements are finalized, they should be reviewed every 6 months. The management team should meet once a year to reassess the surge facility plans compared with current surge capacity needs and broad-scope regional emergency planning efforts.

### Action Checklist

- The management team leader contacts the target surge facility owners to check the facility status (any changes in condition, use, plans for the facility, or ownership).
- If a new target surge facility or facilities are needed, the team will reassess the list of shuttered facilities and conduct new facility walkthroughs as needed.
- The management team leader contacts each team member to check on plans for their focus area.
- Each team member conducts a status check with all vendors or other providers for every advance contract or formal arrangement under their focus area. Partner organizations are contacted for a status check.
- The team meets annually to review the overall surge facility plans and scenarios and assess the fit with current regional needs and broader emergency planning efforts.
- Management team members are replaced as needed if a member changes jobs, is unable to fulfill his or her duties, etc.

# Management

## 5. Ramp-Up

**Description:** Once the catastrophic event occurs, facility opening efforts will be under way through the efforts of individual management team members overseeing their area of focus (staffing, security, supplies, etc.). However, there should also be big-picture management team oversight to ensure that nothing is missed and to provide extra assistance as needed.

**Timeframe:** As soon as the catastrophic event occurs, through implementation of planned arrangements for opening the facility and the facility opening day.

### Action Checklist

- Management team leader checks in with each team member to ensure that facility opening activities are under way.
- Management team leader assists with troubleshooting or procuring additional assistance or resources as needed.
- The full management team (or designates) meets on-site at the beginning of opening day.



# Management

## 6. Ongoing Operations

**Description:** Once needed staffing, equipment, and supplies are in place, and the facility has accepted patients, efforts will be needed to maintain fully operational status. Management team members will continue to oversee their area of focus. However, there should also be big-picture management team oversight to ensure that smooth operations are maintained, and to provide extra assistance as needed.

**Timeframe:** The operations activities listed below will begin on opening day and continue until the facility is closed.

### Action Checklist

- Management team leader conducts periodic checks with each team member to ensure continuation of effective facility operations. This should occur every few days at the beginning, and once a week as the facility continues operations.
- Management team leader assists with troubleshooting or procuring additional assistance or resources as needed.

# Management

## 7. Closure

**Description:** Shutdown of the surge facility will require removal of equipment and termination of ongoing contracts or arrangements. Management team members will oversee shut-down activities in their area of focus. However, there should also be big-picture management team oversight to ensure that facility shutdown occurs smoothly and quickly and to provide extra assistance as needed.

**Timeframe:** Once all patients can be discharged or transported back to the major hospital for continued care, and there is no ongoing surge capacity need, the facility can be closed. The shutdown should be expedited so that the facility can be returned to the control of the existing owners quickly and should be possible within a matter of days.

### Action Checklist

- Management team leader checks in periodically with each team member to ensure initiation and completion of shutdown activities in that member's area of focus.
- Management team leader assists with problem troubleshooting or procuring additional assistance or resources as needed.
- Management team leader or designate conducts a facility walkthrough with the facility owner when shutdown activities are completed to ensure that removal of equipment and supplies, cleaning, and other surge closure activities have been completed to the owner's satisfaction.

# Management

## 8. Review/Replanning

**Description:** In the unfortunate event that a terrorist incident or disaster occurs, and the facility must be opened for surge use, valuable lessons will be learned during operations. This information should be captured so that surge facility readiness and operation plans can be improved in preparation for any future surge use.

**Timeframe:** Immediately following surge use of the facility.

### Action Checklist

- Conduct debriefs with line managers to identify any problems or suggested improvements.
- Review usage of equipment and supplies to identify needed vendor contract modifications.
- Review effectiveness of medical staffing levels to identify needed modifications.
- Review patient transport problems or suggested improvements.
- Review security problems or suggested improvements.
- Review facility problems or suggested improvements.
- Review outsourced services (food preparation, laundry, laboratory) for problems or suggested improvements or to see if in-house capacity should be developed for future surge use.

**Legal**



# Legal

This table summarizes the most important Federal and State regulations and identifies those that may require waivers and those that probably do not.

ISSUE	GUIDANCE/WAIVER LIKELY NEEDED	RESPONSIBLE ENTITY	
		Federal Government	State/Local Government
<b>Hospital Administration</b>		•	•
Compliance with Federal, State and Local Laws		•	•
Governing Body	•	•	•
Quality Assessment Performance Improvement Program	•	•	
<b>Services</b>		•	•
Pharmaceutical Services		•	•
Radiologic Services		•	•
Laboratory Services	•	•	•
Food and Dietetic Services		•	•
Utilization Review	•	•	•
Physical Environment		•	•
Infection Control		•	•
Discharge Planning	•	•	•
Organ, Tissue, and Eye Procurement	•	•	
Surgical Services	n/a		
Anesthesia Services	n/a		
Nuclear Medicine	n/a		
Outpatient Services	n/a		
Rehabilitation Services	n/a		
Respiratory Care Services	n/a		
<b>Staffing</b>		•	•
Medical Staff		•	•
Nursing Services		•	
Medical Services	•	•	•
Pharmaceutical Services	•	•	•
Radiologic Services		•	•
Laboratory Services	•	•	•
Food and Dietetic Services		•	•
<b>Long-term Care Staffing</b>		•	
Nursing		•	
Dietary		•	
Social Services		•	
<b>Patient Rights</b>		•	•
Notice of Rights		•	•
Exercise of Rights		•	•
Confidentiality of Patient Records		•	•
Restraint for Acute Medical and Surgical Care		•	
Seclusion and Restraint for Behavior Management		•	

ISSUE	GUIDANCE/WAIVER LIKELY NEEDED	RESPONSIBLE ENTITY	
		Federal Government	State/Local Government
<b>Patient Information and Privacy Standards</b>		•	•
Organization and Staffing		•	•
Form and Retention of Records	•	•	•
Health Information Privacy	•	•	
<b>Other Issues</b>		•	•
Status of a New Hospital	•		•
Determination of Need	•		•
Construction Plan Approval and Renovations	•		•
Public Safety and Fire Certificates	•		•
Obtaining a License	•		•
Medical Personnel Credentialing	•		•
Complaints and Incident Reports			•
Sharps and Disposal of Medical Waste			•
Reportable Diseases			•
Authority to Open a Surge Facility	•		•
Operation and Control of a Surge Facility	•		•
Liability	•	•	•
Medical Personnel, Crossing State Lines	•		•
Physician Back-up by Other Healthcare Providers		•	•

For an extensive discussion of the legal and regulatory issues surrounding reopening a shuttered hospital, see Appendix D in the *Reopening Shuttered Hospitals to Expand Surge Capacity* report.

# Facilities

1. Preplanning
2. Ramp-up
3. Opening Day
4. Ongoing Operations
5. Closure





# Facilities

## 1. Preplanning

**Description:** Certain equipment, services, or staffing required for surge use of the shuttered hospital will necessitate advance arrangements, including identification of providers, contracts, specifications, and protocols.

**Timeframe:** As soon as a potential surge facility or facilities have been selected based on the inspection of shuttered hospitals, these preparedness arrangements should be initiated. Once finalized, these arrangements should be reviewed every 6 months to ensure that readiness is maintained.

### Action Checklist

#### Advance Contracts or Formal Arrangements Needed

- Bulk and portable medical gas supplier. Specify response time.
- Fire safety equipment supplier.

#### Identification of Providers Needed

Advance contracts are not required for these providers, but advance contact is recommended. Also, identification of more than one provider is recommended as a backup.

- Commercial or disaster reparation cleaning services.
- Moving companies.
- Mechanical services temporary staffing agency (if major hospital cannot provide such staff).
- Refrigerated truck rental or leasing companies.
- Medical gas system verifier.
- Medical gas system parts supplier.
- Medical gas regulator and mask supplier.

#### Advance Notification/Communication Recommended

- Local fire department should be notified if target facility fire suppression system is not functional, and a fire watch will be needed. Local fire department should also be notified regarding emergency fire inspections prior to surge facility opening if needed.

# Facilities

## 2. Ramp-Up

**Description:** As necessitated by a catastrophic event, the surge facility must progress from the planning phase into an operating facility. The steps listed below must occur to complete this process.

**Timeframe:** As soon as the catastrophic event occurs, planned arrangements for the surge facility should be activated so that it can be opened as a functioning hospital within 7 days.

### Action Checklist

- Ask the facilities workers to report to the surge facility as soon as possible to conduct facility upgrade activities. These staff may be from the following sources:

- Ask facilities staff from the major hospital to report to the surge facility.

#### Or

- Contact the identified mechanical services temporary agency, and request temporary employees.
- Facilities workers must conduct the following activities:
  - Restore water and conduct fixture repair as needed so that toilets and sinks are functional in all areas of the facility that will be occupied.
  - Bring the hot water system up to full capacity.
  - Check the HVAC system for each area and modify as necessary.
  - Restore heat or air conditioning as needed to all areas of the facility that will be occupied.
  - Convert rooms or spaces to negative pressure as identified by medical staff for the isolation/quarantine scenario.
  - If it is feasible to use the centralized medical gas system, have medical gas system verifier test system and oversee needed repair activities.
  - As determined by security expert, partition off areas of the facility that will not be used.
  - Conduct other building access control modifications as determined by the security expert.
  - If possible, bring nurse call and code call systems up to functional status. If call systems cannot be made functional, install manual alternatives such as portable bells by beds for nurse call and bells above doors for code call.
  - If possible, bring telephone and other communications systems up to functional status.
  - Once repairs, upgrades, and ramp-up are completed, test all systems in all areas to be occupied.
- Ensure that back-up power fuel supply is full, and order fuel if needed.
- If elevator certificates are not current, contact the elevator company for an elevator inspection.
- If public safety licensure is not current, contact the local fire department for an inspection.

- Contact the identified moving company and have them report as soon as possible to conduct move-out of desks or other items in spaces to be used for patient care.
- Contact the identified cleaning company and have them conduct facility cleaning as soon as the move-out is completed.
- Activate the contract with the fire safety equipment company, and have them check automated fire suppression systems. If these systems are not functional, have them provide fire extinguishers. Ask them to conduct needed fire extinguisher training for employees.
- Procure a refrigerated truck if supplemental morgue storage space is needed.

# Facilities

## 3. Opening Day

**Description:** On the day the facility first accepts patients and begins operation, the security expert or designate(s) and key providers should be on-site to ensure that security equipment and staff are in place and functioning effectively for access control and other security functions.

### Action Checklist

- Inspect all occupied areas in the facility and all facility systems such as plumbing, hot water, HVAC, and electrical.
- Retain facilities staff on-site to troubleshoot facilities issues and make any needed systems modifications.
- Check with supervisory medical staff to see if there are any facilities issues relative to patient care.
- Check with supervisory security staff to see if there are any facilities issues relative to security.

# Facilities

## 4. Ongoing Operations

**Description:** Once needed staffing, equipment, and supplies are in place, and the facility has accepted patients, efforts will be needed to maintain fully operational status.

**Timeframe:** The operations activities listed below will begin on opening day and continue until the facility is closed.

### Action Checklist

- Retain at least one facilities staff person on-site to conduct any needed facility repairs or modifications.
- Monitor levels of fuel, medical gasses, and other supplies, and reorder as needed.
- Maintain communications with supervisory medical staff on facilities issues relative to patient care.
- Maintain communications with supervisory security staff on facilities issues relative to security.

# Facilities

## 5. Closure

**Description:** Shutdown of the surge facility will require removal of equipment and termination of on-going contracts or arrangements.

**Timeframe:** Once all patients can be discharged or transported back to the major hospital for continued care, and no on-going surge capacity is needed, the facility can be closed down. The shutdown should be expedited so that the facility can be returned to the control of the existing owners quickly and should be completed within days.

### Action Checklist

#### Restoring Facility to Pre-surge Use Condition

- Ask cleaning services contractor to conduct a full cleaning of all areas used after surge operations cease and all equipment and supplies have been removed.
- Ask moving company to return furniture or other items to original locations as needed for normal non-surge use of the facility. If the centralized medical gas system was used, have the medical gas system verifier conduct system close-down procedures to preserve system integrity for future use.
- Shut off water to areas of the facility closed during normal use of the facility.
- Shut off heat (or reduce temperature to minimum level to prevent freezing) or air conditioning to areas of the facility closed during normal use of the facility.
- Ramp down hot water system to levels needed during normal use of the facility.
- Restore mechanical ventilation system to operating conditions for normal use of the facility.

#### Termination of Agreements and Equipment Return

- Decontaminate refrigerated truck used for morgue storage, return to provider, and terminate rental/lease agreement.
- Terminate mechanical services temporary staffing agency agreement.
- Terminate fire safety supplier agreement and have the supplier pick up fire extinguishers.
- Terminate agreement with portable medical gas supplier, and have the supplier pick up all bottles.
- Terminate agreement with medical gas accessories supplier, and return any returnable equipment.

# Staffing

1. Preplanning
2. Ramp-up
3. Opening Day
4. Ongoing Operations
5. Closure
6. Review/Replanning





# Staffing

## 1. Preplanning

**Description:** During this phase, the Planning and Management Team will identify expert(s) in the area of hospital staffing, who will in turn recruit and formalize a surge facility staffing team. The staffing team will, based on information and direction from the Planning and Management Team, define types and numbers of staff needed, identify sources for each type of staff, develop procedures for the verification of credentials, and prepare training and orientation materials.

**Timeframe:** As soon as a decision is made to pursue the use of area shuttered hospitals for surge capacity, and the Planning and Management Team is formed.

### Action Checklist

#### Identifying Staff Types

- Receive direction from the Planning and Management Team regarding potential patient types and staff skills needed.
- Receive direction from the Planning and Management Team regarding hospital services to be provided (e.g., meal service, laboratory, X-ray, and pharmacy services.)
  - Identify potential vendors.
  - Execute agreements for any contracted services.

#### Identifying Sources for Staffing

- Review Federal Government resources (e.g., disaster medical assistance teams (DMATs), urban search and rescue teams, Public Health Service, VA).
- Review State government resources (e.g., public health departments). Determine numbers of people, skills, and availability.
- Identify non-government resources for staffing.
  - Review mutual aid agreements with surrounding area hospitals.
  - Identify temporary staffing agencies in the area with available local and non-local staff. Establish agreements for supplemental staffing.
  - Identify nursing, medical, dental, veterinarian, and allied health professions schools as potential sources for student and instructor volunteers. Meet with appropriate individuals and establish agreements and procedures to be followed in the event of a disaster.
- Identify volunteer programs as sources for potential clinical and non-clinical staff.
  - Check Web site listings for State agencies for community service and the Corporation for National Community Service.
  - Identify local programs (e.g., Community Emergency Response Teams, Medical Reserve Corps, SeniorCorps, AmeriCorps). Meet with leadership for information on group size, skills, availability, response time, and ongoing activities.
  - Research funding/grant opportunities to support local volunteer teams.

## **Licensing, Credentials and Privileging Issues**

- Verify credentials.
  - Investigate the State's licensing/certification verification systems for all relevant staff types.
  - Determine if State is part of a mutual recognition system. If not, initiate discussion on advantages, disadvantages, and processes involved.
  - Investigate the existence of agreements between neighboring States for waiving license verification in a disaster situation.
- Establish a database of potential staff (if not already in place).
  - Create a database structure or obtain software to hold relevant information.
  - Identify or select desired fields (contact information, specialty area, schedule, employment, etc.).
  - Enter information into database, and establish a policy for updating database.
- Review State and Federal regulations.
  - Review existing regulations on hospital staffing requirements and identify regulations for which a waiver will be needed.
  - Identify waivers in place for declared disaster situations.
  - Work with legislators, boards of medicine, nursing societies, medical societies, and others to initiate changes to existing regulations.
- Investigate and select a badge/ID system (if not already in place).

## **Orientation, Training, and Support**

- Provide training on Incident Command System (or another organization system) for key leadership staff.
- Develop and present mock disaster training exercises for key leadership staff.
- Develop orientation procedures for each staff type.
- Identify resources for providing support to workers.

# Staffing

## 2. Ramp-Up

**Description:** When the decision has been made that a surge facility will be required, final decisions on the types of patients to be cared for and services provided will need to be made. Notification to potential staff will go out, and staff will begin arriving. Clinicians will need credentials verified and all workers will be issued surge facility ID badges.

**Timeframe:** These activities will begin after the disaster has been declared and the decision made that a surge facility will be needed.

### Action Checklist

#### Finalizing Identification of Staff Types and Numbers

- Finalize staff skills needed based on patient types to be cared for.
  - Determine if any additional specialty areas will be needed.
- Finalize hospital services to be provided.
  - Notify vendors of need for services.
- Finalize staff numbers needed.

#### Identifying Sources for Staffing

- Notify Incident Command (or Management Team Leader) of staffing needs potentially provided by Federal, State, and non-government sources.
  - Activate any mutual aid agreements with surrounding area hospitals.
  - Contact temporary staffing agencies under agreement with staffing needs.
  - Contact identified nursing, medical, dental, veterinarian, and allied health profession schools with staffing needs.
- Contact identified volunteer programs with staffing needs.

#### Licensing, Credentials, and Privileging Issues

- Using the database, contact all potential staff with information on where and when to report.
- Verify current status of regulations waiving licensing requirements.
- Verify credentials.
  - For in-State clinicians, check photo ID, record licensure information, and issue surge facility ID badge.
  - For out-of-State clinicians, determine legal status (i.e., Federalized, from a mutual recognition State, or waived State license requirement due to disaster declaration). Check photo ID, record licensure information, and issue surge facility ID badge.
- Verify hospital privileges for physicians and nurse practitioners.

- For all non-clinical workers and volunteers, verify and record identification and issue surge facility ID badge.

### **Orientation and Training**

- Provide tour of building as workers arrive.
- Provide orientation to specific units as workers arrive.

# Staffing

## 3. Opening Day

**Description:** Staffing-related activities on opening day will center on verifying staffing needs and the processing and orientation of workers.

**Timeframe:** Opening day.

### Action Checklist

#### Licensing, Credentials, and Privileging Issues

- Using the database, continue contacting potential staff with information on where and when to report.
- Continue verification of credentials process for newly arriving workers.
  - For in-State clinicians, check photo ID, record licensure information, and issue surge facility ID badge.
  - For out-of-State clinicians, determine legal status (i.e., Federalized, from a mutual recognition State, or waived State license requirement due to disaster declaration). Check photo ID, record licensure information, and issue surge facility ID badge.
  - For all non-clinical workers and volunteers, verify and record identification and issue surge facility ID badge.
  - Verify hospital privileges for physicians and nurse practitioners.

#### Orientation and Training

- Provide tour of building as workers arrive.
- Provide orientation to specific unit as workers arrive.

#### Updating Sources for Staffing (Based on Patient Population at the End of Opening Day)

- Update Incident Command (or Management Team Leader) on any additional staffing needs potentially provided by Federal, State or non-government resources.
  - Update hospitals with mutual aid agreements regarding daily staffing needs
  - Update temporary staffing agencies with daily staffing needs.
  - Update the identified nursing, medical, dental, veterinarian, and allied health professions schools with daily staffing needs.
- Update identified volunteer programs with daily staffing needs.

# Staffing

## 4. Ongoing Operations

**Description:** Staffing-related activities during days of operation will center on continuously updating and verifying staffing needs, processing and orienting of any newly arrived workers, assessing staff for stress, and providing support as needed.

**Timeframe:** Includes the days after opening until the facility shuts down.

### Action Checklist

#### Daily Review of Staff Types and Numbers Needed

- Verify that staff skills and numbers identified as needed remain appropriate.
  - Determine if any additional specialty areas are needed.
- Update vendors providing hospital services.

#### Daily Update of Sources for Staffing

- Update Incident Command (or Management Team Leader) of any changes in staffing needs provided by Federal, State and non-government resources.
  - Update hospitals with mutual aid agreements regarding daily staffing needs.
  - Update temporary staffing agencies with daily staffing needs.
  - Update the identified nursing, medical, dental, veterinarian, and allied health profession schools with daily staffing needs.
- Update identified volunteer programs with daily staffing needs.

#### Licensing, Credentials, and Privileging Issues

- Using the database, continue contacting potential staff with information on where and when to report.
- Continue the verification of credentials process for newly arriving workers.
  - For in-State clinicians, check photo ID, record licensure information, issue surge facility ID badge.
  - For out-of-State clinicians, determine legal status (i.e., Federalized, from a mutual recognition State, or waived State license requirement due to disaster declaration). Check photo ID, record licensure information, issue surge facility ID badge.
  - For all non-clinical workers and volunteers, verify and record identification and issue surge facility ID badge.
  - Verify hospital privileges for physicians and nurse practitioners.
  - Collect surge facility ID badges from workers whose service is ending.

**Orientation and Training**

- Provide tour of building as workers arrive.
- Provide orientation to specific unit as workers arrive.

**Staff Support**

- Identify individual(s) skilled in assessing and providing support to stressed workers.
- Assess staff stress and fatigue levels.
- Offer support/relief as needed.
- Identify outside sources for staff support if needed post-event.
- Debrief with individuals not returning.



# Staffing

## 5. Closure

**Description:** Staffing-related activities at the point of facility closure center on notifying all staffing sources of closure, and preserving all staffing-related records.

**Timeframe:** When all patients have been discharged or transported back to the major hospital for continued care and staff is no longer needed.

### Action Checklist

#### Informing All Staffing Sources and Vendors of Closure

- Update Incident Command (or Management Team Leader) to communicate closure to Federal, State, and non-government resources.
  - Notify hospitals with mutual aid agreements.
  - Notify temporary staffing agencies.
  - Notify identified nursing, medical, dental, veterinarian, and allied health professions schools.
- Notify the volunteer programs.
- Notify the vendors providing hospital services.

#### Updating and Preserving Records

- Update the database to include information on all those who worked at the surge facility.
- Transfer the database to appropriate management team member or sponsoring hospital.
- Organize and transfer all paper staffing records (e.g., copies of licenses and certificates, schedules, personnel records) to appropriate management team member or sponsoring hospital.

# Staffing

## 6. Review/Replanning

**Description:** In the event of a disaster requiring the use of a surge facility, it would be useful to review lessons learned during the operation after closure. Even if the surge facility is not used, decisions and agreements made will need to be revisited on a regular basis to determine continued appropriateness.

**Timeframe:** After surge facility closure and/or every 6 months.

### Action Checklist

#### Review of Staff Types and Numbers

- Review patient types treated at surge facility and/or identified as potential patients.
- Review hospital services provided (or planned to be provided) by surge facility.
- Review existing vendor agreements for contracted services.
- Review staff skills used (or planned for use) at surge facility.
- Review staff numbers used (or planned for use) at the surge facility. Establish a policy/procedure for review of staff types, numbers, and services to be provided.

#### Review of Sources for Staffing

- Review the use of Federal, State and non-government resources at the surge facility.
- Establish a policy on how frequently information on Federal, State, and non-government staffing resources should be updated.
- Review any mutual aid agreements provided by surrounding hospitals during surge facility operation. Establish a policy for how frequently mutual aid agreements should be reviewed.
- Review the use of temporary staffing agencies during surge facility operation. Establish a policy for how frequently agreements for supplemental staffing should be reviewed.
- Review the use of nursing, medical, dental, veterinarian, and allied health profession school students and instructors as surge facility workers. Periodically meet with appropriate persons and establish or review agreements and procedures to be followed in the event of a disaster.
- Review the use of local volunteers at the surge facility. Establish a policy for who or which agency will be responsible for reviewing local volunteer resources and at what frequency.

#### Licensing, Credentials, and Privileging Issues

- Review the worker database after surge facility use. Modify based on recommendations.
- Review the process used (or planned for use) during surge facility operation for identifying workers, verifying credentials, and issuing ID badges.
- Establish a policy for how frequently the database should be updated with new contact information, which agency will be responsible, and how often the database software should be reviewed for continued utility.

- Establish a policy and procedure for obtaining and reviewing updated information on current State and Federal regulations on hospital staffing requirements, waivers in place for declared disaster situations, mutual recognition systems, and agreements between neighboring States on waiving license requirements in a disaster.

#### **Review of Orientation, Training, and Support Procedures**

- Obtain feedback from surge facility staff on orientation and training and modify procedures based on comments.
- Develop new mock disaster training exercises for key staff.
- Establish a policy for a periodic review of orientation, training, and support procedures.

#### **Review of Surge Facility Operations**

- Review the process used (or planned) for opening and closing the surge facility. Modify as necessary.
- Review the communication processes used for daily staffing updates with staffing sources, internal surge facility staff, and management team. Modify as necessary.

# Security

1. Preplanning
2. Ramp-up
3. Opening Day
4. Ongoing Operations
5. Closure



# Security

## 1. Preplanning

**Description:** Certain equipment, services, or staffing required for surge use of the shuttered hospital will necessitate the set-up of advance arrangements, including identification of providers, contracts, specifications, and protocols.

**Timeframe:** As soon as a potential surge facility or facilities have been selected based on the inspection of shuttered hospitals, these preparedness arrangements should be initiated. Once finalized, these arrangements should be reviewed every 6 months to ensure that readiness is maintained.

### Action Checklist

#### Advance Contacts or Formal Arrangements Needed

Equipment:

- A portable radio communications advance contract is needed with a radio communications vendor. In advance of facility opening, this vendor must conduct radio penetration testing in the building, apply for a radio frequency, and program the repeater (if needed).
- An advance contract is needed with a security equipment vendor for monitoring and access control devices (remote door controls, door card readers, cameras). Ideally, the vendor will be able to tour the facility in advance and create an equipment plan.
- An advance contract and physical procurement of satellite telephone equipment is needed. A fully satellite-based technology is recommended.

Staff:

- Partner Organization Security Staff. Conduct a review of available security staff from partner organizations on the surge facility team, such as the major hospitals. Outline and formalize arrangements with the partner organizations relative to use of their security staff.
- Temporary Security Staff. An advance contract will be needed with a security firm if partner organizations cannot provide all needed security staff. This contract must specify: response time, staffing level, uniforms, weapons, training, and security protocols (as developed by the security expert). Ideally, supervisors from this firm will be able to conduct an advance walkthrough of the site and facility.

#### Identification of Providers Needed

- Fencing. Area contractor(s) who can install temporary chain-link site fencing must be identified. An advance contract is not required, but advance communication is recommended. The selected contractor should conduct both installation and removal of this fencing. Site fencing may not be required under all scenarios; the security expert must make this determination.
- Traffic Control Devices (Jersey Barriers). Check with local and State highway authorities for availability of this equipment. Identify commercial vendors. Advance contract not required, but advance communication might be useful. Jersey barriers may not be required under all scenarios; the security expert must make this determination.

### **Advance Notification/Communications Recommended**

- Police and Military Personnel. These staff cannot be arranged for in advance (with the exception of police details), but will simply respond to crisis situations. Ideally, the security expert will notify local police and military with details on the planned surge facility and will discuss possible scenarios and responses.

# Security

## 2. Ramp-Up

**Description:** As necessitated by a catastrophic event, the surge facility must progress from the planning phase to an operating facility. The steps listed below must occur to ensure that process.

**Timeframe:** As soon as the catastrophic event occurs, planned arrangements for the surge facility should be activated so that it can be opened as a functioning hospital within 7 days.

### Action Checklist

#### Equipment

- Activate communications firm contract. Test radios on-site.
- Activate security firm monitoring and access control devices contract.
- Remote access controls, such as card readers, must be installed at all entranceways that will not be locked or manned with security staff.
  - Photo-identification badges must be prepared for all staff members, and programmed for compatibility with card readers.
- Transport satellite phones to the surge facility, and test communications back to base.
- Keys must be obtained from current facility owner/operator for use by security staff.

#### Staffing

- Activate security staff loan arrangements with partner organizations.
- Activate security firm staffing contract, including conducting security staff training.

#### Other Needed Actions

- Post security procedures and emergency call information in key building locations.



# Security

## 3. Opening Day

**Description:** On the day the facility first accepts patients and begins operation, the security expert or designate(s) and key providers should be onsite to ensure that security equipment and staff are in place and functioning effectively for access control and other security functions.

### Action Checklist

#### Providers Needed on Site

- Radio communications vendor.
- Security equipment vendor.
- Security staffing firm supervisor.

#### Needed Activities

- Provide identification/access badges to new staff.
- Apprise all non-security staff of building security procedures.
- Review security at all site and building access points.
- Provide supplemental security staff instructions/training as needed.
- Identify any needed modifications to established security protocols.
- Determine whether security is needed for patient transport vehicles.

# Security

## 4. Ongoing Operations

**Description:** Once needed staffing, equipment, and supplies are in place, and the facility has accepted patients, efforts will be needed to maintain fully operational status.

**Timeframe:** The operations activities listed below will occur from opening day until the facility is closed.

### Action Checklist

#### Provider Oversight

Equipment:

- Have the communications vendor troubleshoot radio issues and supply additional hand-held radios as needed.
- Have security equipment vendor supply additional access control and monitoring equipment and maintain existing equipment as needed.
  - Security badges must be provided to new staff.

Staffing:

- Ongoing oversight of security firm staffing contract is required to ensure appropriate staffing levels and observance of protocols.

#### Special Considerations for Extended Facility Duration

- Building access control achieved through staffing or temporary devices might be replaced with fixed technology, such as permanent door card readers.
- Site access control achieved through staffing might be replaced with installation of fixed technology, such as fencing or security cameras.

# Security

## 5. Closure

**Description:** Shut-down of the surge facility will require removal of equipment and termination of on-going contracts or arrangements.

**Timeframe:** Once all patients can be discharged or transported back to the major hospital for continued care, and there is no on-going surge capacity need, the facility can be closed. The shut-down should be expedited, so that the facility can be returned to the control of the existing owners quickly, and should be possible within days.

### Action Checklist

#### Equipment Removal

- Have radio communications contractor remove repeater and take back hand-held radios.
- Have fencing contractor remove site fencing.
- Have local or State highway authority or vendor remove jersey barriers.
- Have security equipment contractor remove portable/temporary access control and monitoring equipment.
- Retrieve staff identification badges.

#### Termination of Contracts/Formal Agreements

- Notify partner organizations that borrowed security staff is no longer necessary.
- Terminate security firm staffing contract. This may require a step-down approach, whereby limited security staff remain until the removal of assets from the facility has been completed.

# Equipment and Supplies

1. Preplanning
2. Ramp-up
3. Ongoing Operations
4. Closure
5. Review/Replanning



# Equipment and Supplies

## 1. Preplanning

**Description:** The equipment and supplies team must lay the groundwork for procurement prior to a surge event. Key decisions include: determining whether to outsource staffing and procurement of the equipment and supplies, deciding which critical items to pre-order and which to create a standby purchase order for, deciding which items to lease and which to buy, and detailing the procurement process (i.e., how much inventory should be held, how often items should be restocked).

**Timeframe:** As soon as the decision is made to pursue the use of area shuttered hospitals for surge capacity and a facility has been selected.

### Action Checklist

- Identify all hospital staff members and any State, local, and Federal public health officials from the following areas who are interested in participating in the surge capacity planning process. Preference should be given to those with knowledge about operating under emergency conditions.
  - Environmental engineering (i.e., cleaning and disinfecting, environmental regulations).
  - Disposable equipment and supplies.
  - Biomedical equipment and supplies.
  - Pharmacy services.
  - Dietary services.
- Refine equipment and supply procurement process in surge situation for all areas.
  - Determine whether equipment will be bought new or used or leased.
  - Determine financing of equipment acquisition.
- Determine outsourcing needs and identify partnering companies. Decide on the following needs in all equipment and supply areas:
  - Staffing.
  - Information technology and inventory management.
  - Equipment and supply procurement.
  - On-site management.
- Team members develop and refine disaster contingency plans, ensuring all contracts with vendors are created and remain up-to-date.
- Team members prepare training materials for staff if surge staffing needs are not outsourced.
- Team determines licensing and certification issues with opening surge facility and identifies relevant government contacts and time needed for certification.
- Team arranges for contracted vendors to tour shuttered facility.
- Each team member conducts a status check with all vendors or other providers for every advance contract or formal arrangement in their area of focus.

- Non-vendor partner organizations are contacted for a status check.
- Team meets annually to review the overall surge facility plans and scenarios and determine whether plans or contracts need updating.
- Team members are replaced as needed if a member changes jobs, is unable to fulfill duties, etc.

# Equipment and Supplies

## 2. Ramp-up

**Description:** Once the catastrophic event occurs, facility opening efforts will be underway with management team members overseeing their areas of focus (staffing, security, supplies, etc.). Key activities include: mobilizing staff, maintaining communication with vendors, and troubleshooting.

**Timeframe:** As soon as the catastrophic event occurs, through implementation of planned arrangements to opening the facility, to the facility opening day.

### Action Checklist

- Team identifies and mobilizes staff for each equipment and supplies category.
- Team leader ensures that delivery of equipment and supplies is running smoothly and team contacts vendors if necessary.
- Team leader acts as liaison between vendors and entity leading the surge facility operation.
- Team leader checks in with each team member to ensure that facility opening activities are underway.
- Team leader assists with troubleshooting or procuring additional assistance or resources as needed.
- The complete team meets on-site at the beginning of opening day.



# Equipment and Supplies

## 3. Ongoing Operations

**Description:** Once needed staffing, equipment, and supplies are in place and the facility has accepted patients, efforts will be needed to maintain fully operational status. Management team members will continue overseeing their areas of focus. Members should focus on ensuring that deliveries are made in a timely manner and that equipment and supplies are in working order.

**Timeframe:** The operations activities listed below will occur from opening day until the facility is closed.

### Action Checklist

- Team leader conducts periodic checks with each team member to ensure continuation of effective facility operations.
- Management team leader assists with troubleshooting or procuring additional assistance or resources as needed. Particular attention should be paid to:
  - Inventory management (ensuring that deliveries are being made with appropriate frequency and that equipment and supplies are stocked in a timely manner on patient wards).
  - Quality control (ensuring that equipment is functioning properly).
  - Staffing (ensuring that adequate numbers and type of staff are present).

# Equipment and Supplies

## 4. Closure

**Description:** Shutdown of the surge facility will require removal of equipment and termination of ongoing contracts or arrangements. Key decisions include: disposal or return of leftover equipment and supplies and ensuring that equipment and supplies have been paid for.

**Timeframe:** Once all patients can be discharged or transported back to the major hospital for continued care, and no on-going surge capacity is needed, the facility can be closed. The shut-down should be expedited so that the facility can be returned to the control of the existing owners quickly, and should be possible within days.

### Action Checklist

- The team arranges for return, disposal, or absorption of supplies into the medical system or to vendors. Particular attention should be paid to environmental or pharmaceutical inventory, as special disposal requirements exist.
- The team leader arranges for final payments to vendors.
- An environmental services team member arranges for and oversees cleaning of facility.

# Equipment and Supplies

## 5. Review/Replanning

**Description:** In the event that a terrorist incident or disaster occurs, and the facility must be opened for surge use, valuable lessons will be learned during operations as a surge facility. This information should be captured so that surge facility readiness and operation plans can be improved in preparation for any future surge use.

**Timeframe:** Immediately following actual surge use of the facility.

### Action Checklist

- Team leader conduct debriefs with team members to identify any problems or suggested improvements.
- Team reviews actual usage of equipment and supplies to identify needed vendor contract modifications.
- Team reviews performance of any outsourced services (food preparation, laundry, laboratory) for problems or suggested improvements or to see if in-house capacity should be developed for future surge use.

# Patient Transport

1. Preplanning
2. Ramp-up
3. Opening Day and Ongoing Operations
4. Closure



# Patient Transport

## 1. Preplanning

**Description:** Patient transport services required for surge use of the shuttered hospital will necessitate the set-up of advance arrangements, including identification of providers and contracts.

**Timeframe:** As soon as a potential surge facility or facilities have been selected based on the inspection of shuttered hospitals, these preparedness arrangements should be initiated. Once finalized, these arrangements should be reviewed every 6 months to ensure that readiness is maintained.

### Action Checklist

#### Advance Contracts or Formal Arrangements Needed

- Ambulances: Advance contracts will need to be set up with private ambulance services. If the major hospital is assuming management of the surge facility, the hospital will already have existing contracts with private ambulance services. If another entity is assuming management of the surge facility, new contracts will need to be developed.
  - Determine whether private ambulance staff has been outfitted with appropriate respiratory protection for patient transport under the bioterrorism scenario.
  - Question the service about competing contractual obligations to ensure their availability when needed.
- Buses: In the unlikely event that the local transit authority is unwilling to provide buses, contracts with private bus companies must be set up.

#### Communication or Confirmation of Pre-existing Arrangements Needed

- Buses: The local transit authority will likely have preexisting agreements to provide transportation under emergency/disaster conditions with the local emergency planning authority. Advance communications with the transit authority and the local emergency planning authority are needed to confirm these plans.
- Wheelchair vans: The local quasi-public wheelchair van services will likely have pre-existing agreements to provide transportation with the local emergency planning authority under emergency/disaster conditions. Advance communications with these wheelchair van services and the local emergency planning authority are needed to confirm these plans.

# Patient Transport

## 2. Ramp-Up

**Description:** As necessitated by a catastrophic event, the surge facility must progress from the planning phase to an operating facility. The steps listed below must occur for this process to be successful.

**Timeframe:** As soon as the catastrophic event occurs, arrangements for the surge facility should be activated so that it can be opened as a functioning hospital within 7 days.

### Action Checklist

- Notify all patient transportation service providers of the planned date(s) for patient transport and the expected number of patient transports needed.
- Notify discharging hospitals of patient transport date(s), and coordinate patient discharge activities with this hospital.

# Patient Transport

## 3. Opening Day and Ongoing Operations

**Description:** Once the surge facility is ready for operations, patients must be transported from the major hospitals to the surge facility. Most or all patients will be transported within the first few days, but continued patient transport to the facility may occur, and discharged patients may also require transport.

### Action Checklist

#### Opening Day and First Days of Operation

- Portable medical records and instructions for each patient must be prepared at the discharging facility.
- The discharging facility must ensure that necessary medications and equipment are available at the surge facility prior to transport.
- The discharging facility must determine the level of transport needed for each patient (bus, wheelchair van, basic life support, advanced life support, etc.).
- The security expert must determine whether security escorts are needed for patient transport vehicles.
- Vehicle drivers with maps and route information must be provided to the surge facility.
- Vehicle drivers must be apprised of communications protocols.
- Necessary medical staff must be at transport vehicles to assist in patient boarding and must be on board during patient transport.
- Vehicle trips are conducted until transport of all patients is completed.

#### Ongoing Facility Operations

- Limited additional patient transport may be needed on an ongoing basis. All patient transport will follow the steps outlined above.



# Patient Transport

## 4. Closure

**Description:** Shut-down of the surge facility will require transport of patients requiring continued care back to major hospitals or to other facilities. Also, ongoing contracts or arrangements must be terminated.

**Timeframe:** When it has been determined that the surge facility is no longer needed, all patient transport out of the facility should occur as soon as possible so that the facility can be closed.

### Action Checklist

#### Transport of Patients Requiring Continued Care

- The portable medical records and instructions for each patient must be prepared at the surge facility prior to discharge.
- The surge facility medical staff must determine the level of transport needed for each patient.
- Necessary medical staff must be at transport vehicles to assist in patient boarding and must be on board during patient transport.
- All patients must be transported.

#### Termination of Current Use of Contracts/Formal Agreements

- Notify all transportation providers that their services in response to the current catastrophe are no longer needed.

Reopening Shuttered Hospitals  
to Expand Surge Capacity

FACILITY & CHEMISTRY



# How to Use This Checklist

All staff responsible for preparing and operating an emergency surge expansion facility at a previously closed or partially closed hospital should inspect any candidate facility now. The **Facility Checklist** is intended to help with this inspection, by providing guidance to help determine each facility's strengths and weaknesses.

Using the Checklist will help insure that all aspects of each facility are inspected and all information is recorded. Most items on the Checklist would also apply to other types of facilities under consideration as a surge expansion hospital.

The Checklist is organized into the six **areas of responsibility**, indicated by the tabs.

- Administration (ADMIN)
- Facilities (FAC)
- Medical Personnel (MED)
- Security (SEC)
- Supplies and Equipment (SUPPL)
- Medical Gas and Ventilation (GASV)

Each of the six tab-sections can be removed from the three-ring binder and given to the team member(s) with that responsibility. Team members can take their sections with them to inspect a candidate facility and use the spaces to record what they see.

Alternatively, the Checklist can be divided among team members according to the **aspects of the facility** in the subsections within each section. For example, one team member can inspect the facility's exterior, taking that subsection from each of the six areas of responsibility. Another can inspect advanced patient care areas, etc. The subsections are identifiable by a title page and by the patterns of bars at the bottom of all pages of each subsection. Aspects of the facility include:

- Exterior
- General Interior
- Basement
- Patient Care
- Advanced Patient Care
- Ancillary Services
- Housekeeping and Food Service

**Note:** If your team plans to inspect more than one facility, be sure that the Checklist has been photocopied or more than one Checklist has been ordered from AHRQ.



# Administration

## Chief Administrator

The *chief administrator* is responsible for the strategic vision of the surge facility, so should take the time for a high level overview of the entire facility while allowing specialists to explore more technical aspects in detail.

The *chief administrator* will:

- Explore the external site and neighborhood.
- Inspect the general facility.
- Visit both general and former advanced patient care areas.
- Determine the availability of office space and the other ancillary services.



# Administration

## Surge Capacity Potential

### Partially Shuttered Hospital Facility Walk-through

Date:
Location:
Team Member:
Title:
Affiliation:
<b>Overall Findings and Recommendations</b> <p>For each of the statements below, circle the scenario(s) — if any — for which the statement is true.</p> <p><b>Scenario A</b> = Non-critical medical/surgical patients are moved to this facility to create space for critical patients/incident victims at the major hospitals.</p> <p><b>Scenario B</b> = This entire facility becomes a quarantine/isolation facility for victims.</p> <p>The plan is for the shuttered facility to be brought up to active status within 3 to 7 days of a major terrorist incident or public health emergency. There is no intention to set up surgical facilities at the facility under either scenario.</p> <p>Based on the walk-through, my finding is:</p> <p><b>Scenario</b></p> <p>A    B    No potential for surge capacity use.</p> <p>A    B    Potential for consolidation (i.e., facility may not be returned to full original capacity, but could be made usable for a certain number of beds by consolidating equipment in current space).</p> <p>A    B    Potential for surge capacity use with extensive refitting/renovation.</p> <p>A    B    Potential for surge capacity use with moderate refitting/renovation.</p> <p>A    B    Potential for surge capacity use with limited refitting/renovation.</p>





# **ADMIN/Exterior**



# Site and Surroundings

(Overall site, including surrounding buildings and neighborhood.)

<b>Observations</b>	<b>Estimated Area</b>
	<b>General Condition of Grounds (ie, Abandoned Waste, Surface Cover)</b>
	<b>Potentially Useful Surrounding/Auxiliary Buildings</b>
	<b>Sensitive Neighbors/Abutters</b>
<b>Address</b>	<b>Abutters</b>
<b>Site Diagram (Including Building Footprints)</b>	<b>Potential Resources in the Neighborhood</b>



# Site and Surroundings

(Access roads, parking, and public works.)

<p><b>Observations</b></p>	<p><b>Parking Lot/Paved Exterior Area</b></p> <p>Area:</p> <p>Number of Parking Spaces:</p> <p>Bus Access:</p> <p>Visible Utility Connections:</p> <p>Ambulance Access:</p> <p>Helicopter Access:</p>
<p><b>Access Roads</b></p> <p>Transportation Hindrances for Any Vehicle:</p> <p>Vehicle Access from:</p> <p>Possible Traffic Patterns:</p> <p>Other Adjacent Roadways:</p>	<p><b>Public Works</b></p> <p>Dumpsters:</p> <p>Storm Drains:</p>









# **ADMIN/ General Interior**



# General Facility

(Overall facility, including condition of the interior, space, number of rooms, licenses, current uses and age.)

<b>Observations</b>	<b>Current Licensing/Accreditation (If Any)</b>
	<b>Estimated Interior Square Footage</b>
<b>Current Approved Uses</b>	<b>Original Patient Capacity</b>
	<b>Number of Rooms</b> Patient:  Emergency:
<b>Location</b>	OR:
<b>Hours</b>	ICU:



# Communications and IT

(The ability to communicate across the facility and external communication tools and technologies.)

## General Communications

Observations		
Y	N	Facility-wide paging/alarm system?
Y	N	Internal telephone/intercom system?
Y	N	External telephone system?
Y	N	Phone switch?
Y	N	Other external communications methods?
Y	N	Potential for above systems if none exist?

## IT/Computer Systems

Observations
Existing Equipment/Systems:
Data Connections and Wiring:
Wireless Data Connections:
Potential for Electronic Communication with Other Facilities:



# Entrance and Reception

(Accessibility and ease of use of entrance and reception area for patient intake and other general purposes.)

<b>Observations</b>	<b>Signage</b>
	<b>Handicap Accessibility</b>
	<b>Capacity to Evaluate Patients</b>
<b>Rooms/Facilities Listing for Entrance/Reception and Layout</b>	
	<b>Waiting Areas</b>
	<b>Patient Family Areas</b>







# ADMIN/Patient Care

Overview information for the general patient care areas in the surge facility. More detailed information to be collected by medical, facility, and supplies staff.



# Patient Care Areas

<b>Observations</b>	<b>Number of Floors</b>
	<b>Number of Rooms/Floor</b>
	<b>General Layout</b>
	<b>Applicability of Use</b>





# **ADMIN/Advanced Patient Care**

Layout and potential use of former advanced care areas for general surge. To be evaluated for use for general surge capacity, not for original purposes.





# Operating Rooms

<b>Observations</b>	<b>Number of Floors</b>
	<b>Number of Rooms/Floor</b>
	<b>General Layout</b>
	<b>Applicability of Use</b>







# Intensive Care Unit

<b>Observations</b>	<b>Number of Floors</b>
	<b>Number of Rooms/Floor</b>
	<b>General Layout</b>
	<b>Applicability of Use</b>





## Emergency Room Area

<b>Observations</b>	<b>Number of Floors</b>
	<b>Number of Rooms/Floor</b>
	<b>General Layout</b>
	<b>Applicability of Use</b>





# **ADMIN/Ancillary Services**

Information on the existence of ancillary service areas. Availability of other space for ancillary services. Other experts touring the facility will look at these areas in more detail. Special attention to potential office space and staff meeting areas.











## Facilities

### Facilities Experts

The *facilities experts* will tour most of the site and building with special attention to the operational status of systems such as HVAC, hot water, plumbing, cooling, electrical, and communications.

The *facilities experts* will:

- Thoroughly examine the internal and external building and identify usable areas.
- Tour the basement and other areas of the facility that include infrastructure, such as HVAC and hot water, to determine whether they are in working order or predetermine modifications for surge use.



# Facilities

## Surge Capacity Potential

### Partially Shuttered Hospital Facility Walk-through

Date:															
Location:															
Team Member:															
Title:															
Affiliation:															
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# **FAC/Exterior**

Thorough inspection of the external facility to determine structural and operational readiness or to suggest maintenance and repairs to achieve readiness.



# Site and Surroundings

(Overall site, including surrounding buildings and neighborhood.)

<b>Observations</b>	<b>Estimated Area</b>
	<b>General Condition of Grounds (i.e., Abandoned Waste, Surface Cover)</b>
	<b>Potentially Useful Surrounding/Auxiliary Buildings</b>
<b>Address</b>	<b>Sensitive Neighbors/Abutters</b>
	<b>Abutters</b>
<b>Site Diagram (including building footprints)</b>	<b>Potential Resources in the Neighborhood</b>





# Building Exterior

(Outside of facility, including condition of external structure.)

<p><b>Observations</b></p>	<p><b>Accessibility</b></p> <p>Walk-in Entrances:</p> <p>Signage:</p> <p>Ambulance Access:</p> <p>Loading Dock:</p> <p>Fire Escape and Other Means of Egress:</p>
<p><b>General Structural Condition</b></p> <p>Roof:</p> <p>Doorways:</p> <p>Windows:</p> <p>Other Structural Issues:</p>  <p>Signs of Illegal Entry/ Use:</p>	<p><b>Portables Feasibility</b> (Adequate Space, Access for Feeds, Exhaust)</p> <p>Generator:</p> <p>Chiller:</p> <p>Boiler:</p> <p><b>Decontamination Set-up Potential</b></p> <p>Space:</p> <p>Ability to Create a Secure Zone:</p> <p>Water Source:</p> <p>Water Containment Ability:</p>



# **FAC/General Interior**

A thorough inspection of the internal facility to determine structural and operational readiness or to suggest maintenance and repairs to achieve readiness.



# General

(Including condition of interior, space, number of rooms, licenses, current uses, and age.)

<b>Observations</b>	<b>Elevators</b> Locations:  Maintenance Inspection Status:  Certificate Status:
	<b>Alarm System</b>
<b>General Condition of Interior</b>	<b>Fire Suppression</b> System type/description:  Y      N      Pump testing?  Fire Suppression Comments:
	<b>Pests/Mold</b> Description and Location:
<b>Description of Structural Components</b>	



# Communications and IT

(Ability to communicate across the facility and external communication tools and technologies.)

## General Communications

<b>Observations</b>		
Y	N	Facility-wide paging/alarm system?
Y	N	Internal telephone/intercom system?
Y	N	External telephone system?
Y	N	Phone switch?
Y	N	Other external communications methods?
Y	N	Potential for above systems if none exist?

## IT/Computer Systems

<b>Existing Equipment/Systems</b>
<b>Data Connections and Wiring</b>
<b>Wireless Data Connections</b>
<b>Potential for Electronic Communication with Other Facilities</b>





# FAC/Basement

Also includes variety of large-scale building infrastructure inspections. Full exploration of these aspects of operation. Determine readiness or suggest maintenance or changes to create readiness. No other group will explore these aspects of the facility.



# General

<b>Observations</b>	<b>General Condition</b>
<b>Rooms/Facilities Listing for Basement and Layout</b>	<b>Description of Structural Components</b>
<b>Evidence of Flooding</b>	<b>Missing/Damaged Structural Components</b>





# Building Automation and Monitoring Systems

<p><b>Observations</b></p>	<p><b>HVAC</b></p> <p><b>Heating System</b> Type?</p> <p>Functional?</p> <p>Fuel type?</p>
<p><b>Systems Included</b></p>	<p>Fuel source?</p>
<p><b>Control Panels (Location, if functional, and zones for each System)</b></p>	<p><b>Air Conditioning System</b> Type?</p> <p>Functional?</p>
	<p><b>Intake Air /Vent Locations (Check these items beyond basement)</b></p>
	<p><b>Can individual floors be converted to negative pressure?</b></p>



# Oxygen and Medical Gases

<b>Observations</b>	Y	N	Is there an existing centralized set-up?
	Y	N	Was bulk oxygen tank removed?
	Y	N	If yes, were lines capped?
	When was centralized system last used?		
	Name of vendor for medical gas outlets in rooms?		
	Y	N	Based on current system review, is it recommended to go to portable gases?





# Electricity and Gas

## Electricity

<p><b>Observations</b></p> <p>Y      N      On-site Power Plant Functional?</p> <p>Fuel Type/Source?</p> <p>Y      N      Outside Power Source Fuel type?</p>
<p><b>Emergency Generators</b></p> <p>Y      N      Functional?</p> <p>Fuel type/source?</p> <p>Y      N      Emergency shut-offs?</p> <p>Y      N      Emergency connections?</p> <p>Y      N      Self-generating plant?</p>
<p><b>Current Capacity vs. Modern Hospital/Equipment Needs</b></p>

## Gas

<p><b>Observations</b></p> <p>Used for:</p> <p>Outside Source:</p> <p>Connections:</p> <p>Emergency connections?</p> <p>Shut-off:</p>
---



# Steam and Water Supply

## Steam

<b>Observations</b>
<b>System Description</b>
Y      N      Functional?

## Water Supply

<b>Observations</b>
Source:
Back-up Source:
On-site pre-use treatment?





# Waste and Waste Water Management and Containment

## Waste

## Waste Water

<b>Observations</b>		
Y	N	Containment and storage capability?
If Yes, Location and Description:		
Y	N	On-site treatment/management set-ups?
If Yes, Location and Description:		

<b>Observations</b>		
Y	N	On-site waste water treatment plant?
Y	N	Publicly owned treatment works used?
Y	N	Pre-treatment?
Y	N	Containment?



# FAC/Patient Care

Overview information for the general patient care areas in the surge facility. More detailed information to be collected by medical, facility, and supplies experts. Section is divided into sub-sections according to previous patient care purpose. Medical, supply, and administrative experts will also tour this part of the facility.





# General

<b>Observations</b>	<b>Description of Structural Components</b>  Floors:  Ceilings:  Windows:  Doors:
<b>General Condition</b>	<b>Missing, Damaged Structural Components (Note location.)</b>
	<b>Pests/Mold</b> Description and Location:





# Communications, Lighting, and Other Utilities

## Communications

Nurse call system?

Telemetry system?

## Utilities

Observations

## Lighting

Regular:

Emergency:





# HVAC and Air Flow

(Including Ducts, Vents, and Radiators.)

<b>Observations</b>	<b>Air Flow</b>
	<b>Sinks</b>
	<b>Floor Drains</b>
	<b>Shielded Radioactive Storage</b>
	<b>Segregated Hazardous Wastes Storage</b>
<b>General Condition</b>	





# Fire Suppression

<b>Observations</b>	<b>Extinguishers</b>
	<b>Sprinkler Heads</b>











# FAC/Advanced Patient Care

Layout and potential use of former advanced care areas for general surge. Aspects being evaluated for general surge capacity, not for original purposes.





# Operating Rooms

<p><b>Observations</b></p>	<p><b>HVAC and Air Flow</b> (Ducts, Vents, and Radiators)</p> <p>General Condition:</p> <p>Air Flow:</p>
<p><b>General Condition</b></p> <p>Description of Structural Components:</p> <p>Floors:</p> <p>Ceilings:</p> <p>Windows:</p> <p>Doors:</p> <p>Missing, Damaged Structural Components (Note Location):</p>	<p>Y    N    Sinks?</p> <p>Y    N    Floor drains?</p> <p><b>Fire Suppression</b></p> <p>Y    N    Sprinkler heads?</p> <p>Y    N    Extinguishers?</p> <p><b>Waste Management and Hazardous Materials</b></p> <p>Y    N    Containment and storage capability?</p> <p>Y    N    On-site treatment/management set-ups?</p>
<p><b>Pests/Mold</b></p> <p>Description and Location:</p>	<p><b>Hazardous Materials Management (Storage, Use)</b></p> <p>Y    N    Segregated hazardous wastes storage?</p> <p>Y    N    Flammables cabinets?</p> <p>Y    N    Shielded radioactives storage?</p> <p>Y    N    Compressed gases chains?</p> <p>Y    N    Eye washes, drench showers?</p>
<p><b>Communications</b></p> <p>Nurse call system? Other?</p> <p>Telemetry system?</p>	
<p><b>Lighting</b></p> <p>Regular:</p> <p>Emergency:</p>	





# Intensive Care Unit

<p><b>Observations</b></p>	<p><b>HVAC and Air Flow (Ducts, Vents, and Radiators)</b></p> <p>General Condition:</p>
<p><b>General Condition</b></p> <p>Description of Structural Components</p> <p>Floors:</p> <p>Ceilings:</p> <p>Windows:</p> <p>Doors:</p> <p>Missing, Damaged Structural Components (Note Location):</p>	<p>Air Flow:</p> <p>Y    N    Sinks?</p> <p>Y    N    Floor drains?</p>
<p><b>Pests/Mold</b></p> <p>Description and Location:</p>	<p><b>Fire Suppression</b></p> <p>Y    N    Sprinkler heads?</p> <p>Y    N    Extinguishers?</p>
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# Emergency Room Area

<p><b>Observations</b></p>	<p><b>HVAC and Air Flow (Ducts, Vents, and Radiators)</b></p> <p>General Condition:</p> <p>Air Flow:</p>															
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# **FAC/Ancillary Services**

Availability of other space for ancillary services. Examine general condition of facilities. Other experts will look at these areas from a different perspective.









# Pharmacy

<p><b>Observations</b></p>	<p>Y    N    Built-in Storage?</p> <p>Describe:</p>
<p><b>General Condition</b></p>	<p><b>Lighting</b></p>
<p><b>Description of Structural Components</b></p> <p>Floors:</p> <p>Ceilings:</p> <p>Windows:</p> <p>Doors:</p> <p>Missing or Damaged Structural Components (Note Location):</p>	<p>Y    N    Fire Suppression?</p>
<p><b>Pests/Mold</b></p> <p>Descriptions and Location:</p>	<p><b>Hazardous Waste Disposal and Management</b></p>







# Lab

<p><b>Observations</b></p>	<p>Y    N    Built-in storage? Describe:</p>
<p><b>General Condition</b></p>	<p><b>Lighting</b></p>
<p><b>Description of Structural Components</b></p> <p>Floors:</p> <p>Ceilings:</p> <p>Windows:</p> <p>Doors:</p> <p>Missing, Damaged Structural Components (Note Location):</p>	<p>Y    N    Fire suppression?</p> <p><b>Hazardous Waste Disposal and Management</b></p>
<p><b>Pests/Mold</b></p> <p>Description and Location:</p>	





# Morgue

<p><b>Observations</b></p>	<p>Y    N    Body Storage? Capacity:</p>
<p><b>General Condition</b></p>	<p><b>Lighting</b></p>
<p><b>Description of Structural Components</b></p> <p>Floors:</p> <p>Ceilings:</p> <p>Windows:</p> <p>Doors:</p> <p>Missing, Damaged Structural Components (Note Location):</p>	<p>Y    N    Fire Suppression?</p>
<p><b>Pests/Mold</b></p> <p>Description and Location:</p>	





# **FAC/Housekeeping and Foodservice**

Assessment of readiness and needed repairs of laundry, cafeteria, and kitchen. Other experts to review areas from other perspectives.





**Laundry**

Y	N	Installed industrial capacity laundry? Operational?
<b>Observations</b>		
<b>General Condition</b>		
<b>Missing or Damaged Structural Components</b>		
Y	N	Fire suppression?

**Kitchen and Cafeteria**

Y	N	Kitchen?
<b>Observations</b>		
<b>General Condition</b>		
Operational/Missing Equipment:		
Refrigeration:		
Dry Storage:		
Y	N	Cafeteria?
<b>Observations</b>		
<b>General Condition</b>		







# Medical

## Medical Personnel

The *medical personnel* are responsible for the ability to care for patients in the surge facility, so should take the time to consider patient safety, comfort, and quality of care, while allowing other experts to explore other facility aspects in more detail.

The *medical personnel* will:

- Briefly inspect several external parts of the facility.
- Inspect the general facility from the perspective of patient care.
- Visit both general and former advanced care areas for general surge use.
- Determine the possibility of opening support services such as labs and morgue.



# Medical Surge Capacity Potential

## Partially Shuttered Hospital Facility Walk-through

Date:															
Location:															
Team Member:															
Title:															
Affiliation:															
<p><b>Overall Findings and Recommendations</b></p> <p>For each of the statements below, circle the scenario(s) — if any — for which the statement is true.</p> <p><b>Scenario A</b> = Non-critical medical/surgical patients are moved to this facility to create space for critical patients/incident victims at the major hospitals.</p> <p><b>Scenario B</b> = This entire facility becomes a quarantine/isolation facility for victims.</p> <p>The plan is for the shuttered facility to be brought up to active status within 3 to 7 days of a major terrorist incident or public health emergency. There is no intention to set up surgical facilities at the facility under either scenario.</p> <p>Based on the walk-through, my finding is:</p> <p><b>Scenario</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%; padding-right: 10px;">A</td> <td style="width: 5%; padding-right: 10px;">B</td> <td>No potential for surge capacity use.</td> </tr> <tr> <td style="padding-right: 10px;">A</td> <td style="padding-right: 10px;">B</td> <td>Potential for consolidation (i.e., facility may not be returned to full original capacity, but could be made usable for a certain number of beds by consolidating equipment in current space).</td> </tr> <tr> <td style="padding-right: 10px;">A</td> <td style="padding-right: 10px;">B</td> <td>Potential for surge capacity use with extensive refitting/renovation.</td> </tr> <tr> <td style="padding-right: 10px;">A</td> <td style="padding-right: 10px;">B</td> <td>Potential for surge capacity use with moderate refitting/renovation.</td> </tr> <tr> <td style="padding-right: 10px;">A</td> <td style="padding-right: 10px;">B</td> <td>Potential for surge capacity use with limited refitting/renovation.</td> </tr> </table>	A	B	No potential for surge capacity use.	A	B	Potential for consolidation (i.e., facility may not be returned to full original capacity, but could be made usable for a certain number of beds by consolidating equipment in current space).	A	B	Potential for surge capacity use with extensive refitting/renovation.	A	B	Potential for surge capacity use with moderate refitting/renovation.	A	B	Potential for surge capacity use with limited refitting/renovation.
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# **MED/Exterior**

General observations and ambulance entrance. Facilities experts and chief administrator will extensively tour and inspect external facility, site, and surrounding neighborhood.



# General

Observations	Ambulance Entrance





# **MED/General Interior**

Assessment of the ability to receive and queue patients. Facilities experts will inspect structural readiness in detail, and chief administrator will consider capacity issues.



# General

<b>Observations</b>	<b>Estimated Interior Square Footage</b>
	<b>Original Patient Capacity</b>
	<b>Number of Rooms</b> Patient:  Emergency:  Operating Rooms:  Intensive Care Units:
<b>Current Approved Uses</b>	
<b>Location</b>  Hours:	<b>Estimated Surge Capacity</b>
	<b>Current Licensing/Accreditation (If Any)</b>
	<b>Potential Areas for Ward Use</b>



# **MED/Patient Care**

Review of patient care areas to determine suitability for housing patients. Medical staff should note each room's ability to house multiple patients and any furniture or equipment that could be used or should be removed.



# General

<p><b>Observations</b></p>	<p>Applicability of Use:</p>  <p>Existing Fixed and Removable Equipment:</p>  <p>Medical Gas Outlets Description:</p>
	<p><b>Communications</b></p> <p>Nurse call system? Other?</p> <p>Telemetry system?</p> <p>Applicability for Use:</p>
<p><b>Rooms</b></p> <p>Number of Floors:</p> <p>Number of Rooms per Floor by Type:</p> <p>Single:</p> <p>Double:</p> <p>Ward:</p> <p>General Layout:</p>	<p><b>Medical/Patient Care Issues</b></p>
	<p><b>Licensing/Accreditation Issues</b></p>







# **MED/Advanced Patient Care**

Layout and potential use of former advanced care areas for potential general surge use. Evaluation for general surge capacity, not for original purposes.



















# MED/Ancillary Services

Availability of space for ancillary services. Information on existence of ancillary service areas and, very generally, possibility of operation when surge facility opens. If the medical personnel determine that locations such as pharmacy or lab could be operational, additional specialized inspections may be necessary.





# Lab

<b>Observations</b>	<b>General Layout</b>
	<b>Licensing Issues</b>
<b>General Condition</b>	<b>Applicability of Use</b>
<b>Existing Fixed and Removable Equipment</b>	
Condition:	





# Pharmacy

<b>Observations</b>	<b>General Layout</b>
	<b>Licensing Issues</b>
<b>General Condition</b>	<b>Applicability of Use</b>
<b>Existing Fixed and Removable Equipment</b>	
Condition:	





# Morgue

<b>Observations</b>	<b>General Layout</b>
	<b>Refrigeration</b>
	<b>Capacity</b>
<b>General Condition</b>	<b>Body Disposal Capacity</b>
	<b>Applicability of Use</b>
<b>Existing Fixed and Removable Equipment</b>	
Condition:	







# Security

## Security Experts

The *security experts* will inspect facility site and structure to access control, monitoring, and tracking of staff, patients, and visitors.

The *security experts* will:

- Explore the site and neighborhood to identify potential security and safety issues.
- Inspect site and building to ensure proper security standards, monitoring, and alarm systems are in place or can be installed.



# Security Surge Capacity Potential

## Partially Shuttered Hospital Facility Walk-through

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Location:															
Team Member:															
Title:															
Affiliation:															
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# **SEC/Exterior**

Inspect outside of proposed surge facility, including condition of external structure. Also inspect surge facility site, including external buildings, parking, and neighborhood. Special considerations include vehicle access and issues presented by the neighborhood.



# Building Exterior

<p><b>Observations</b></p>	<p><b>Accessibility and Security</b></p> <p>Walk-in Entrances:</p> <p>Signage:</p> <p>Ambulance Access:</p> <p>Loading Dock:</p> <p>Fire Escape and Other Means of Egress:</p>
<p><b>General Structural Condition</b></p>	<p><b>Electronic Access</b></p> <p>Card Readers:</p> <p>Cameras/Monitoring Devices (Note Locations):</p>
<p><b>Control of Building Access</b></p>	<p><b>Decontamination Set-up Potential</b></p> <p>Ability to Create Secure Zone:</p>
<p><b>Doors and Windows</b></p> <p>Keyless Access:</p> <p>Security guards?</p> <p>Locks:</p> <p>Keys Available:</p> <p>Currently monitored?</p>	
<p><b>Signs of Illegal Entry/Use</b></p>	





# Site and Surroundings

## Overall Site and Surroundings

<p><b>Observations</b></p>
<p><b>Address</b></p>
<p><b>Surroundings</b></p> <p>Potentially Useful Surrounding/Auxiliary Buildings:</p> <p>Sensitive Neighbors/Abutters:</p> <p>Abutters:</p> <p>Potential Resources in the Neighborhood:</p>
<p><b>Nearest Public Safety Resources</b></p> <p>Law Enforcement:</p> <p>Fire:</p>

## Access Roads, Parking, and Public Works

<p><b>Observations</b></p>
<p><b>Access</b></p> <p>Transportation Hindrances for Any Vehicle:</p> <p>Vehicle Access from:</p> <p>Controlled Access:</p> <p>Possible Traffic Patterns:</p> <p>Other Adjacent Roadways:</p> <p>Ambulance Access:</p> <p>Helicopter Access:</p>
<p><b>Fencing</b></p>
<p><b>Exterior Lighting</b></p>
<p><b>Other Security</b></p>



# **SEC/General Interior**

Evaluate securing fixed assets and maintaining safety of patients and staff by inspecting access control and monitoring issues and equipment such as alarm systems, door locks, card readers, and security camera systems.













# Supplies

## Supplies and Equipment Experts

The *supplies and equipment* experts will tour the facility to determine if some necessary goods are already available and determine the storage and receiving capacity for additional supplies.

The *supplies and equipment* experts will:

- Examine external loading docks and access to facility.
- Review patient intake and reception areas for waiting area furniture. Tour patient care areas to determine needs, both material that must be removed and furniture that must be procured. Take inventory of available usable equipment and potential storage areas.
- Tour food preparation, laundry, and other service areas to determine if outsourcing will be needed.



# Supplies

## Surge Capacity Potential

### Partially Shuttered Hospital Facility Walk-through

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Location:															
Team Member:															
Title:															
Affiliation:															
<b>Overall Findings and Recommendations</b> <p>For each of the statements below, circle the scenario(s) — if any — for which the statement is true.</p> <p><b>Scenario A</b> = Non-critical medical/surgical patients are moved to this facility to create space for critical patients/incident victims at the major hospitals.</p> <p><b>Scenario B</b> = This entire facility becomes a quarantine/isolation facility for victims.</p> <p>The plan is for the shuttered facility to be brought up to active status within 3 to 7 days of a major terrorist incident or public health emergency. There is no intention to set up surgical facilities at the facility under either scenario.</p> <p>Based on the walk-through, my finding is:</p> <p><b>Scenario</b></p> <table><tr><td>A</td><td>B</td><td>No potential for surge capacity use.</td></tr><tr><td>A</td><td>B</td><td>Potential for consolidation (i.e., facility may not be returned to full original capacity, but could be made usable for a certain number of beds by consolidating equipment in current space).</td></tr><tr><td>A</td><td>B</td><td>Potential for surge capacity use with extensive refitting/renovation.</td></tr><tr><td>A</td><td>B</td><td>Potential for surge capacity use with moderate refitting/renovation.</td></tr><tr><td>A</td><td>B</td><td>Potential for surge capacity use with limited refitting/renovation.</td></tr></table>	A	B	No potential for surge capacity use.	A	B	Potential for consolidation (i.e., facility may not be returned to full original capacity, but could be made usable for a certain number of beds by consolidating equipment in current space).	A	B	Potential for surge capacity use with extensive refitting/renovation.	A	B	Potential for surge capacity use with moderate refitting/renovation.	A	B	Potential for surge capacity use with limited refitting/renovation.
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# **SUPPL/Exterior**

Review of hospital accessibility to delivery vehicles and available loading dock space.









# **SUPPL/General Interior**

Search of entire facility for available equipment and furniture. In this section, focus on identification of necessary equipment and supplies for a reception and intake operation.



# Reception

<b>Observations</b>	<b>Available Office Equipment</b>
<b>Freight Elevator</b>  Capacity:	<b>Available Furniture for Waiting Area</b>
<b>Stair Access</b>	





# SUPPL/Basement

Tour of the basement and other non-patient areas to determine storage capacity and discover any available equipment.



# General

<b>Observations</b>	<b>Available Storage Area (Facility-wide)</b>
	<b>Available Unused Equipment</b>







# **SUPPL/ Patient Care**

Tour general patient care areas to discover existing equipment, determine goods currently in the space, and help calculate needs for additional equipment.



# General

<b>Observations</b>	<b>Existing Removable Equipment</b>
	<b>Current Goods That Must Be Removed</b>
<b>Existing Fixed Equipment</b>	<b>Potential Number of Patients Housed</b>





# **SUPPL/Advanced Patient Care**

Tour the former advanced patient care areas to discover existing equipment, determine goods currently in the space, and help calculate the needs for additional equipment. These areas will not be equipped for their original service but refitted to provide additional general patient surge capacity.





## Emergency Room Area

<b>Observations</b>	<b>Current Goods That Must Be Removed</b>
<b>Existing Fixed Equipment</b>	<b>Potential Number of Patients Housed</b>
<b>Existing Removable Equipment</b>	







# Operating Rooms

<b>Observations</b>	<b>Current Goods That Must Be Removed</b>
<b>Existing Fixed Equipment</b>	<b>Potential Number of Patients Housed</b>
<b>Existing Removable Equipment</b>	





# Intensive Care Unit

<b>Observations</b>	<b>Existing Fixed Equipment</b>
	<b>Existing Removable Equipment</b>
	<b>Current Goods That Must Be Removed</b>
	<b>Potential Number of Patients Housed</b>





# **SUPPL/Ancillary Services**

Availability of supplies and equipment for ancillary services and possibility of operation when surge facility opens.





# General

<p><b>Lock-up/Control of Equipment/Valuables</b></p> <p>Prevention of Vandalism of Equipment:</p>	<p><b>Laundry</b></p> <p>Existing Equipment:</p>
<p><b>Administrative Space</b></p> <p>Electronic Equipment:</p> <p>Office Furniture:</p> <p>Office Supplies:</p>	<p><b>Housekeeping</b></p> <p>Storage:</p>
<p><b>Pharmacy</b></p> <p>Existing Shelving:</p>	<p><b>Food Service:</b></p> <p>Existing Kitchen Equipment:</p>
<p><b>Labs</b></p> <p>Existing Equipment:</p>	<p><b>Cafeteria</b></p> <p>Dining Furniture:</p> <p>Dining China:</p>







# Gas and Ventilation

## Medical Gas System Verifier

The *medical gas system verifier* will inspect the existing installed medical gas system in the proposed surge facility.

The *medical gas system verifier* will:

- Inspect the medical gas system components and lines and determine if usable or if cleaning and repairs are needed.
- Inspect medical gas outlets in patient care areas such as rooms, OR, and ICU.
- Determine whether portable gases should be used if centralized gases are not usable.



# Gas and Ventilation

## Surge Capacity Potential

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# **GASV/Basement**

Inspect to determine whether to use existing or portable system.





# General

Observations	Oxygen and Medical Gases
	<p data-bbox="878 472 1295 541">Y      N      Is there an existing centralized set-up?</p> <p data-bbox="878 636 1333 705">Y      N      Was bulk oxygen tank removed?</p> <p data-bbox="878 800 1373 835">Y      N      If yes, were lines capped?</p> <p data-bbox="878 930 1344 966">When was centralized system last used?</p> <p data-bbox="878 1157 1406 1260">Y      N      Based on current system review, is it recommended to use portable gases?</p>







# **GASV/Patient Care**

Inspect for number and brand of medical gases.



# General

Observations	Medical Gas Outlets
	<p data-bbox="883 856 961 886">Brand:</p>





# **GASV/Advanced Patient Care**

Inspection of medical gas outlets in operating room,  
intensive care unit, and emergency room.













AHRQ Pub. No. 06-0029-A  
February 2006

ISSN: 1559-7938  
ISBN: 1-58763-259-4