

ANNEX J: NON-TRADITIONAL SITES

J.1. Introduction

During an influenza pandemic, it is predicted that 15-35% of the population will become clinically ill. The majority of illnesses and death will tend to occur over a six to eight week period in any locality. Consequently, the number of outpatient visits and hospitalizations will rise well beyond our current capacity. Estimates of the health and economic impact of a pandemic in Canada and British Columbia have been performed using a model developed by Meltzer and colleagues, CDC Atlanta (see [Annex B](#)).

Due to the large number of patients who will require medical services during an influenza pandemic, communities and healthcare organizations must put in place guidelines to follow if/when healthcare organizations are overwhelmed. The use of non-traditional sites (NT sites) for the provision of medical care and the need for additional human resources must be considered as strong possibilities and planned for accordingly.

Human Resource issues must be addressed when considering plans for the use of non-traditional settings. HR planning should include: spectrum of practice for both HCWs and volunteers; staff mobility between sites and/or jurisdictions; and compensation.

J.2. Definition of a Non-Traditional Site (NT Site)

A non-traditional site is a site that is:

- Currently not an established healthcare site; or
- Is an established healthcare site that usually offers a different type or level of care.

The functions of a non-traditional site will vary depending on the needs of the community but will focus on monitoring, care and support of influenza patients during an influenza pandemic.

J.3. Use and Selection of Non-Traditional Sites

The role of any NT site will depend on the needs of the community and the resources available. It is expected that NT sites will be used during the pandemic for several purposes:

- Extensions of overloaded hospitals and clinics, for the care of influenza patients that are not critically ill or not well enough to return home.
- Domiciliary care, for individuals unable to care for themselves at home.
- Triage Settings: Upon declaration of the Pandemic in BC, triage settings will be established to facilitate efficient and consistent assessment for those with influenza like illness.
- Temporary Influenza Hospitals: Upon declaration of the Pandemic in BC, triage settings will be established to provide care for patients who are unable to be cared for at home and not ill enough for an acute care hospital.

- ❑ Self Care Settings: Care is provided at home by family members, neighbors, volunteers or individuals themselves.

See the Canadian Pandemic Influenza Plan Annex J (<http://www.phac-aspc.gc.ca/cpip-pclcpi/pdf-cpip-03/cpip-appendix-j.pdf>) for infection control guidelines for all non-traditional settings.

The following issues should be considered when selecting a NT site:

- ❑ Patients in these settings will either be ill with the pandemic strain of influenza or will have recovered from the pandemic strain of influenza; thus patient to patient transmission of influenza will not be a concern.
- ❑ Care at NT sites should be limited to supportive or palliative care for influenza patients. Critical care would likely not be possible within these sites and should remain in acute care settings.
- ❑ Persons with immunosuppressive illness or other communicable diseases (e.g. tuberculosis, chickenpox) should not be admitted to these sites.
- ❑ In communities with a high proportion of elderly or high risk persons, the role of the NT site may need to be expanded to include the provision of health care services specifically related to dealing with the exacerbation of co-morbidities.

J.4. Administrative Options for Non-Traditional Sites

NT sites may be established as a “satellite site” of an acute care facility or other health care facility (also known as the parent organization), or as a “free-standing site”. The “satellite site” model is advantageous since it does not require establishment of a separate administrative structure. Linkage with an existing acute care facility or other health care facility would facilitate the following:

- ❑ Prompt implementation of an administrative structure.
- ❑ Ordering, tracking and maintenance of equipment and supplies.
- ❑ Implementation of record keeping and patient tracking systems.
- ❑ Implementation/establishment of nursing protocols and patient care guidelines.
- ❑ Sharing of expertise and human resources between sites.
- ❑ Access to services such as sterilization, laboratory services, pharmacy services, laundry, food services.
- ❑ Establishment of triage, transfer and transport agreements between the NT site and the affiliated health care facility or referral hospital.
- ❑ Extension of liability, workers compensation and other site insurance.

Free-Standing Sites

Where it is not possible to set-up a “satellite site” the establishment of “free-standing sites” will be necessary. Planning for the administration of “free-standing sites”, including how the issues listed above will be dealt with at the site, will need to be completed during the inter-pandemic period.

Designating an Administrator

Regardless of the administrative structure of the site, an individual or team needs to be designated to oversee the care provided in each NT site. This person/team should:

- monitor patient flow,
- maintain a log of patient activity including patient outcomes, and
- monitor availability of supplies.

Delegation of these responsibilities to ensure ongoing and consistent administration of the site needs to be planned for in advance.

J.5. National Emergency Stockpile System (NESS)

In the event of a pandemic, specific kits or units from the stockpile could potentially be used to facilitate reception, intake, triage and provision of medical and social services at a NT site. The National Emergency Stockpile System (NESS) was developed primarily for use in crises such as natural disasters, earthquakes, or other emergencies in which there is a sudden need for supplies and equipment to deal with a large number of people with varying medical needs. The program involves the purchase, packaging, shipping and storing of supplies and equipment organized into kits designed to meet specific emergency medical needs. The components of the kits are packaged and stored in warehouses across Canada to facilitate timely distribution. The NESS should not be confused with provincial emergency stockpiles that may exist within each province or territory.

In the event of a local emergency that overwhelms municipal resources, the municipality must contact the provincial/territorial emergency management authorities to access the NESS program. Release of equipment or supplies must then be coordinated through the Provincial/Territorial Ministry of Health Emergency Management Branch, or Manager of Emergency Social Services Office. In certain cases the distribution of drugs is directed by the provincial Chief Medical Officers of Health.

J.6. Pre-Pandemic (Inter-Pandemic) Period

The following activities should take place during the inter-pandemic period.

Review Emergency Legislation

Emergency preparedness legislation makes many provisions for the management of a crisis including obtaining and accessing materials and other resources, as well as implementation of a crisis plan and a crisis management structure. Pandemic Planning should be integrated with the emergency plans of the jurisdiction in order to make best use of existing plans and resources.

IMPORTANT NOTE Regional Pandemic Plans should not assume that a National or Provincial Emergency will be declared, as this may not occur during a pandemic

Identify Triggers for Implementation

Since it is unlikely that the pandemic will start in Canada, the first trigger for the consideration of establishing NT sites may be reports of the severity and epidemiology of the pandemic from other countries. This will likely be the first indicator of what to expect when the pandemic reaches Canada in terms of demand on traditional health services.

Once the Provincial Health Officer has declared the pandemic in British Columbia, it will be up to each health authority and health care organization/facility to activate its emergency health services plan which includes the establishment of NT sites.

Assess Locations for Potential NT Sites

It is strongly recommended that a multi-disciplinary team approach be used to assess potential NT sites in a jurisdiction, to ensure suitability of a potential site. Ideally, the assessment team (see [Appendix J-1](#)) should include:

- emergency personnel, including police, fire and ESS;
- health care personnel, including public health, infection control, etc.;
- engineering, maintenance, public works staff; and
- others as required.

Possible Sites

This team should conduct a community-wide space and site inventory to determine the location and availability of potential sites for NT hospitals. This assessment should be repeated at regularly scheduled intervals during the inter-pandemic period to ensure the identified sites remain suitable. Potential NT sites include, but are not limited to:

- schools;
- hotels;
- banquet facilities;
- arenas;
- churches and temples;
- closed hospitals; and
- daycare centers.

For each location, assess the feasibility of its use and its role as a NT site based on the information below and the intended use for the facility. Locations which are not suitable for inpatient care may be considered for another purpose such as triage or education/counselling services.

Because the agencies or companies which own these facilities must be aware of and may assist in this process, planners are encouraged to develop and maintain relationships with school boards, religious organizations and community businesses. This will help to ensure a smooth transition if and when these facilities are required. *Do not assume that other agencies maintain these relationships – contact your Health Authority Emergency Planner, local Emergency Social Services, Ministry of Health Emergency*

Management Branch, Ministry of Health Services, Ministry of Education and others to determine what protocols or plans have been made to use local facilities.

Characteristics and Services Required for an Inpatient Setting

Each building under consideration for a NT site must meet the National Building Code standards for its currently designated building type. Once building codes have been assessed, the following issues need to be considered:

- ❑ Adequacy of external facilities:
 - public accessibility (including public transport, parking, directions);
 - off-loading;
 - traffic control;
 - disabled access; and
 - other as needed.

- ❑ Adequacy of internal space:
 - washrooms and sinks, amenities, function;
 - kitchen, refrigerator, dishes, dishwashing capability, food prep areas etc.;
 - secure space for administration/patient records;
 - space for reception, waiting, patient care, patient family education, counselling/support;
 - secure storage capability for pharmacy and other supplies;
 - mortuary space (contact local funeral directors); and
 - ability to maintain a 1 meter separation between inpatient beds.

- ❑ Adequacy of critical support systems for site to provide patient care:
 - ventilation systems (adequate air flow, air conditioning, heating);
 - physical plant/building engineering;
 - electricity – power for lighting, sterilizers, refrigeration, food services;
 - natural gas supply – e.g., for heating or electricity or cooking;
 - water supply; and
 - sanitation (including number of toilets, showers or washing facilities).

- ❑ Arrangements to provide essential support services required for in-patient care:
 - security;
 - communications capacity;
 - maintenance;
 - laundry/environmental services;
 - sterilization services—trained and experienced personnel using certified equipment should be responsible for sterilization of equipment. Appropriate arrangements for sterilization services e.g., with a hospital, may be required;
 - pharmaceutical services;
 - medical waste disposal/storage;
 - mortuary funeral services;
 - food services; and
 - facilities for staff lodging and feeding.

Infection Control

(See [Annex I](#))

- ❑ When planning for a NT site it is important to establish whether the site will focus only on the care of influenza patients or whether other types of patients will be receiving services at these sites. Infection control issues will be greater if transmission of influenza to other patients is a possibility.
- ❑ All patients should be separated by at least one meter, as is the norm for patients with any medical condition.
- ❑ If non-influenza patients will be seen at these sites, separate waiting areas should be considered for potential influenza patients.
- ❑ For NT sites focusing on influenza, there appears to be no infection control basis for segregating people at various stages of illness.
- ❑ In either situation healthcare workers and visitors to the site will need to be educated regarding appropriate infection control practices.
- ❑ Infection Control Guidelines for this setting can be found in the Canadian Pandemic Influenza Plan (Appendix J, Part C Sections 1 and 3).

Security and Safety

- ❑ Safety of buildings will be based on the National Building Code and CSA Standards.
- ❑ Security includes security of access, security of medications, and the security of patients and staff.
- ❑ Security must be considered in choosing sites as well as when planning staff needs.

Plan for Critical Equipment and Supplies

(Also see General Health Service Planning Principles, [Annex E](#))

- ❑ During the inter-pandemic period planners should identify critical equipment and supplies necessary for the establishment and operations of NT sites. Sources of supplies need to be identified; expected needs during a pandemic and the ability to meet those needs should be discussed with all possible suppliers. Potential access to the NESS should also be addressed.
- ❑ A pandemic will likely result in shortages of medications, medical supplies and potentially operational supplies. Since other jurisdiction - including other countries - will potentially be affected by these shortages, the response plan should NOT rely heavily on outside assistance in terms of the provision of supplies and equipment.

Transportation and Supply Logistics

Each health authority and health care organization (facility) needs to plan how supplies will be managed. Transportation planning for NT sites should include consideration of the types of supplies and products that will need to be transported to and from the NT sites, who will provide these services and whether the site has appropriate delivery access.

Stockpiling

- ❑ Each region and local health authorities may wish to review the possibility of rotating stockpiles of supplies for NT sites within their own jurisdiction, e.g. beds, ventilators. An assessment should be made of the maintenance and training required to ensure the safety and effectiveness of any older equipment that is stored.
- ❑ Stockpiling of antiviral drugs will be addressed on a national level.
- ❑ The feasibility of stockpiling critical medications for the care and management of patients with influenza and secondary pneumonia should also be explored.

Equipment and Supplies

(See other Annexes of this plan, and Annex J of the Canadian Pandemic Influenza Plan: <http://www.phac-aspc.gc.ca/cpip-pclcpi/pdf-cpip-03/cpip-appendix-j.pdf>)

The services offered at each NT site will dictate equipment and supply needs. The following is a preliminary list for NT sites:

- ❑ beds, bedding;
- ❑ lights;
- ❑ intravenous equipment;
- ❑ sterilizers;
- ❑ sphygmomanometer, stethoscopes, thermometers;
- ❑ miscellaneous supplies (e.g., dressings, antiseptics, bandages, steristrips, gloves, alcohol based hand sanitizers, alcohol sponges, gauze sponges, arm boards, pulse oximeter, batteries, flashlights, scissors, tongue blades, portable lamps);
- ❑ emergency drugs;
- ❑ airway supplies (masks, ambu-bags, oxygen equipment, oral airways);
- ❑ suction equipment;
- ❑ patient identification tools;
- ❑ privacy screens;
- ❑ communications (telephone, fax, cell, radio or alternatives for isolated communities); and
- ❑ computer and internet access.

Plan for the Triage Process

Triage is defined as a process whereby a group of casualties or patients is sorted according to the seriousness of their illness or injuries, so that treatment priorities can be allocated among them. In emergency situations it is designed to maximize the number of survivors.

In order to reduce demand on hospital emergency departments and, potentially, on family physicians and walk in clinics, it may be necessary to perform triage at NT sites during the pandemic. The use of such a system requires a significant public awareness campaign since ill people tend to seek services from their usual healthcare providers.

Designation of NT sites as triage centres specifically for influenza-like illness has the added advantage of potentially reducing exposure of other patients to influenza. It also ensures consistent

application of current recommendations through the use of patient care protocols and controls the number and type of other services, such as laboratory testing and chest x-rays that are being ordered. Non-traditional sites may be established at public health clinics/units, specifically identified walk-in clinics, or triage centres adjacent to or associated with acute care institutions.

Triage sites will need to be organized to provide streamlined and efficient service. The following table is provided for planning purposes and suggests how a site may be organized.

Table J-1: Suggestions for Triage Site Planning

Zone	Service	Training Required
Registration Zone	register in-coming patients; infection control practices	trained non-medical workers
Waiting Zone	awaiting primary assessment	medical professional with trained non-medical workers
Primary Assessment Zone	vital signs/chest auscultation and assessment	trained non-medical workers, medical professional (physician/nurse)
Secondary Assessment Zone	on-site lab tests/secondary assessment	medical personnel; physicians, nurses, lab workers, x-ray technicians
Advanced First Aid & Transfer Zone	service to patients while they await transfer to emergency department	advanced first aid for trained non-medical workers, ambulance/transport attendants and nurses
Education Zone	education resources/advice	trained non-medical/nurses
Discharge Zone	follow-up/transfer	trained non-medical

J.7. Pandemic Period

The following activities should occur during the pandemic, when there are indications that NT sites will be required:

Re-evaluate plans based on WHO and Public Health Agency of Canada epidemiological projections

Regional and local planners may need to re-evaluate what sites and services are required based on attack rates and the demographics of the groups most affected.

Appoint Site Administrators/Managers or Teams

Each NT site will require a site administrator/manager or team to locate the site, set up, manage adaptations, schedule staff, oversee movement of supplies, maintenance etc. and continue to operate the site. Depending on the size and function of the NT site, this may require on site-management 24 hours a day, 7 days a week for the duration of the epidemic wave. The nature of the task and the fact that anyone may fall ill or be incapacitated requires that all such managers have people to whom they can delegate authority.

Implement Plans to Prepare the Site(s)

The ESS Office, Ministry of Public Safety and Solicitor General, has developed Reception Centre Operational Guidelines for the planning and operation of a Reception Centre. Every ESS team in the province has been provided a copy of these guidelines and are also available on the ESS Program Office website at <http://www.mhr.gov.bc.ca/ess/reception.htm>.

Tasks to prepare the Site(s):

- Contact those currently responsible for the site.
- Conduct a walk through of the site to determine any problems or needed emergency upgrades.
- Ensure heat/light/power/water/telephone is operational.
- Ensure adequate furniture and position.
- Remove any obstructions, tripping hazards, impediments to flow, etc.
- Affix or erect any directional signs.
- Identify various rooms/areas for specific functions (rest, food services, intake, etc.).
- Ensure adequate hand hygiene stations are available.
- Document and report any deficiencies in facilities.
- Arrange to move out and store any equipment that will not be needed (e.g. desks, chairs).
- Clean and disinfect the site.
- Contact any required transportation providers.
- Pre-determined spokesperson will notify media for public direction.
- Determine staff support, e.g. electrician, plumber, public health inspector, public health nurse, Occupational Health and Safety personnel.
- Determine municipal support.
- Address financial implications, ideally using previously established accounts.
- Notify garbage, biomedical waste and recycling removal contractors as required.
- Notify staff, volunteer agencies, and specialty personnel.
- Ensure permit for changing use of the facility has been obtained from the municipality.
- Ensure insurance is in place.

Coordinate Procurement of supplies

- Contact stationary, office and support equipment providers, arrange transportation if required.
- Contact identified food suppliers and transporters (allow as much lead time as possible).

J.8. Post-Pandemic Period

- The possibility of subsequent waves of the pandemic, and the resources that would be required during those waves, will be considered before decommissioning NT sites.
- The PHO will declare when the influenza pandemic is over.
- Direction for the decommissioning of NT sites will come from health authority medical health officers.

Activities at NT sites during the post-pandemic period will focus on:

- Discharging or re-location of patients.
- Redeployment of human and other resources.
- Redistribution of supplies, to be stored or returned to stockpiles.
- Storage of medical records.
- Notifying insurers of the date the site was decommissioned in order to discontinue coverage.

- ❑ Evaluation of the effectiveness of NT sites in a pandemic and revision of the plan accordingly.

APPENDIX J-1: NON-TRADITIONAL SITES ASSESSMENT TEAM

Table J-2: NT Sites Assessment Team

Service	Names	Telephone	E-mail
Health Services, Acute Care			
Health Services, Residential Care			
Health Services, BC Ambulance Services			
Local Government, Emergency Social Services			
Public Health Services			
Environmental Health Services			
Other(s)			

APPENDIX J-2: NON-TRADITIONAL SITE LIST

Table J-3: NT Sites List

Location	Type of Care	Beds & # of Rooms	Storage	Receiving	Waiting area/Triage	Parking & Traffic flow	Communications telephone/fax, data	Administrator(s)