The conversion of existing facilities into Alternate Care Sites involve four categories of action.

- The site/facility selection is a local or state responsibility, and technical guidance is provided for the selection of sites suitable for conversion.
- The building conversion is the subject of this brochure, and may be implemented by local, state, or federal authorities.
- The medical equipping of the site is a local or state responsibility, and technical guidance for the interface of equipment and building systems (e.g. electrical, mechanical, IT) is provided.
- The medical staffing of the ACS is a local, state, or federal responsibility; and not addressed in this information. However, facilities necessary for use by medical staff are described.
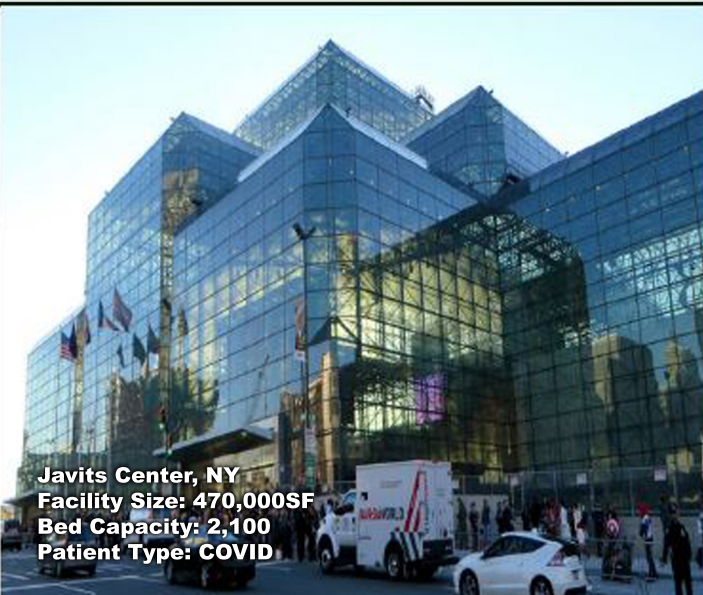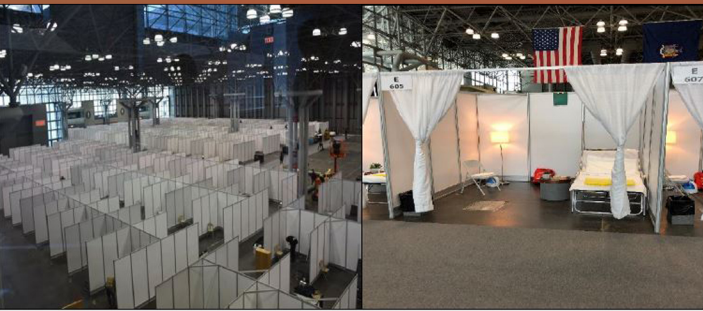
Javits Center, NY
Facility Size: 470,000SF
Bed Capacity: 2,100
Patient Type: COVID

USACE COVID-19 Response Information

USACE has developed information resources, technical solutions, and implementation processes to prepare existing facilities for conversion into Alternate Care Sites (ACS) in order to assist FEMA, public health officials, State and Local Authorities in rapid, emergency response to the COVID-19 pandemic. These technical solutions have been developed in coordination with FEMA and the Department of Health and Human Services and may be implemented directly by State and Local authorities or by USACE under FEMA Mission Assignments. More detailed information is available on the public website:

https://www.usace.army.mil/Coronavirus/Alternate-Care-Sites

Available Resources Include:
- Detailed Implementation Process
- Site Assessment Templates
- FEMA Program Fact Sheet
- Performance Work Statements
- Alternate Care Site Concepts
- Wraparound Services Checklist
- Wraparound Services Sample Statement of Work
- ACS Security Preparation Guidelines
- Medical and Support Personnel Sample Scope of Work
- Inventory and Equipment Guidance
- Sample Patient Forms

Informational brochures are available for three other ACS types:
- Hotel to Alternate Care (H2HC)
- Closed Hospital to Alternate Care (CH2HC)
- Containerized Medical Solutions (CMS) for Alternate Care Sites

Essayons!

COVID-19

U.S. Army Corps of Engineers (USACE)

SITE
01
Alternate Care Sites
BUILD
02
SUPPLY
03
STAFF
04

COVID-19 Emergency Response

Facility Resources

Arena to Alternate Care (A2HC)

SITE CONVERSION CONSIDERATIONS

- Converted facilities will be ADA compliant only to the extent of the existing facility
- Site templates and standards are adapted from DoD Unified Facilities Criteria, which govern military construction requirements
- Local municipality/county/state standards should be discussed and agreed upon by municipality and the Construction Agent

ARENA ALTERNATE CARE SITE CRITERIA

Alternate care sites should meet these criteria to the greatest extent possible

- Proximity to an existing, permanent medical hospital (10 mile/30 min)
- Readily available critical services (10 mile/30 min):
  - Hazardous Waste Disposal
  - Linen/Laundry
  - Pharmacy
- State- or city-owned property preferred to facilitate leasing and permitting
- Existing redundant or emergency power supplies
- Existing Sprinkler and Fire Alarm Systems
- Space in facility or surrounding perimeter for temporary facilities (including medical waste, sanitary, soiled linen, hand washing, med supply/pharmacy)
- Closed arena with conditioned air and lighting

ARENA SITE MODIFICATIONS

- Access control and perimeter fencing
- Construct patient areas from following options
  - Open partitioned spaces
  - Prefabricated negative-pressure soft-shell tents
  - Prefabricated negative-pressure hard-shell isolation units
  - Retrofit hard-shell packing containers (Containerized Medical Solutions)
- HVAC negative pressure by patient area, hall, or floor
- HEPA or MERV filtering on exhaust
- Compartmentalized Infection Control
  - Clean/dirty areas
  - PPE donning/doffing areas
- Additional power outlets in patient areas
- Use existing Wi-Fi or LANs
- Eye/Hand wash stations
- Medical Gas (portable, piped or combination)
- Plumbing – sinks and toilets in accordance with patient acuity

Alternate Care Sites Implementation Process

Identify Potential Sites → Conduct Site Assessments → Secure Funding → Secure Property → Convert Site to Alternate Care → Secure Wraparound Services → Staff, Equip, and Supply Site → Operate Site → COVID-19 Case Peak

Site Assessment Team Picture

Patient Spaces Detroit Novi Center

COVID Patient Tents Chicago McCormick Center

Medical Gas Manifold