HOTEL TO HEALTHCARE CONCEPT (H2HC)

22 March 2020

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THREE PRODUCTIONS





US Army Corps of Engineers ®











And and an other state



H2HC – CONCEPT OF THE OPERATION



PHASES

- 1. <u>SITE STATE Responsibility</u>
- Identify existing, available facility and obtain rights/ownership (via lease, other)
- Assess for suitability
- Technical advice/assistance from USACE under FEMA MA Critical Public Facilities PRT
- Existing utilities and infrastructure (electric, power, water, HVAC, IT,...)
- Lease facility
- Transfer authority to USACE to convert and retrofit facility

2. <u>BUILD</u> – USACE Mission (MA from FEMA)

- Convert/Retro-fit existing code-compliant structure
- Hotel, dorm, or apartment building
- Enable conversion of facility to support an ICU-like capability
- Main Functions supply power (+ auxiliary), remove carpet, modify HVAC for negative pressure, install nurse's station, enable/configure IT infrastructure, etc...
- Stafford Act emergency contracting authorities, utilizing local, capable business(es); Construction contracts. Cost per Patient = ~\$145K or ~\$35M total for 250 beds hotel. \$15M is the USACE portion for construction and \$20M for medical equipment (to be provided by others. Costs are ROM estimates and do not include lease costs).

3. <u>SUPPLY</u> – FEMA/HHS/OTHER Mission

- Procure, Install, and Configure medically unique equipment
- Meets end-state requirements
- FEMA would task to either HHS or DLA to procure and install

4. <u>STAFF</u> – STATE Responsibility

- Clearly a state function with available staff
- Expect to be critical path

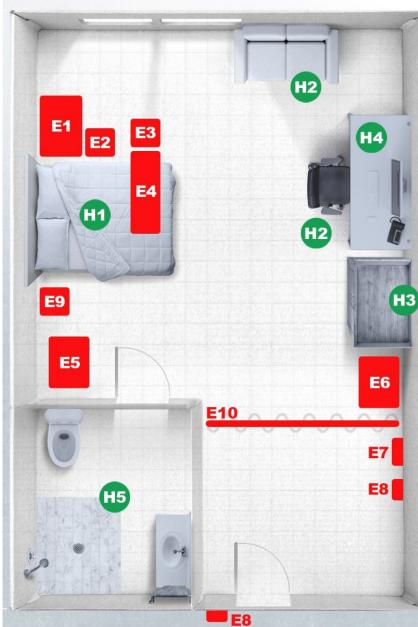
BUSINESS RULES

- Proximity to existing, permanent medical hospital (10 mile/30 min)
- Readily available (10 mile/30 min) HazWaste disposal, linen/laundry, pharmacy
- Will not be fully ADA compliant; only to extent of existing facility
- USACE Cost estimates do not include real estate or lease acquisition, nor restoration costs post-medical use.
- USACE costs for renovation/construction work and IO&T are minimum costs. Actual cost must be developed when site adapting actual facility
- Facility templates and standards are adapted from DoD UFC criteria.
- Local municipality/county/state standards should be discussed and agreed upon by municipality and the Construction Agent.
- State or City Owned Property Preferred...eases leasing and permitting.
- Built/Renovated after 1990 to mitigate lead paint/asbestos.
- Already has redundant power or emergency power
- Building already Sprinklered and meets Fire Code
- Should be Single Room with attached Bathroom
- Meet Modern Power 3-Phase, 3-Wire
- · Utilize exterior wall to install exhaust if needed



H2HC - HOTEL ROOM to HEALTHCARE ROOM





HOTEL PROVIDED

H1. HOTEL BED
*WITH MEDICAL LINENS
H2. HOTEL/RECLINING CHAIR
H3. HOTEL DESK
H4. HOTEL WARDROBE
H5. HOTEL PLUMBING FIXTURES

ENGINEERING CHANGES

- 1. REMOVE CARPET
- 2. INSTALL VINYL FLOORING OR EPOXY
- 3. *REVISE HVAC DUCTING AND HEPA FILTERING*
- 4. ADD EMERGENCY BACK-UP POWER & UPS
- 5. ADD ELECTRICAL OUTLETS
- 6. ADD PRIVACY CURTAIN

<u>SPECIAL MEDICAL EQUIPMENT – TO BE PROVIDED BY OTHERS</u> (NON-USACE)

- E1. VENTILATOR CAPABLE; STORAGE CABINET
- E2. TELEMETRY/PUMP ON IV STAND
- E3. STOOL
- **E4. OVER BED TABLE**
- **E5. MOBILE WORK STATION**
- E6. LINEN HAMPER
- E7. SHARPS/GLOVES
- **E8. HAND SANITIZER STATION**
- **E9. INFECTIOUS WASTE**
- **E10. CUBICLE CURTAIN**

STANDARD DESIGN

PHASES

SITE (State)

BUILD (USACE)

SUPPLY (FEMA)

STAFF (State)

1.

2.

3.

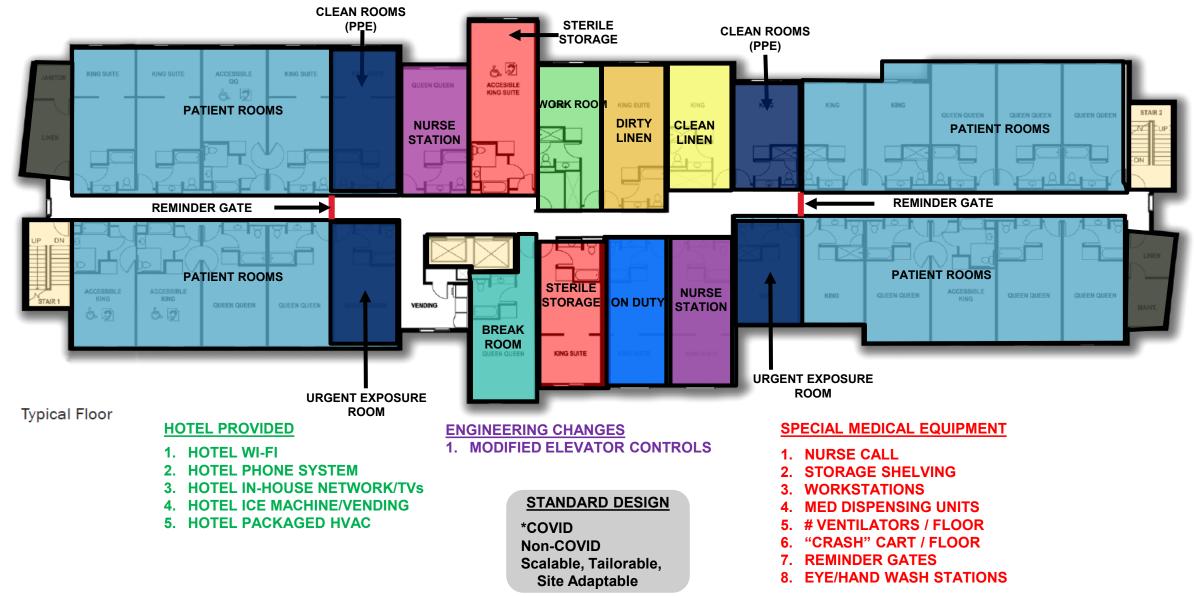
4.

*COVID Non-COVID Scalable, Tailorable, Site Adaptable

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H2HC - TYPICAL FLOOR PLAN

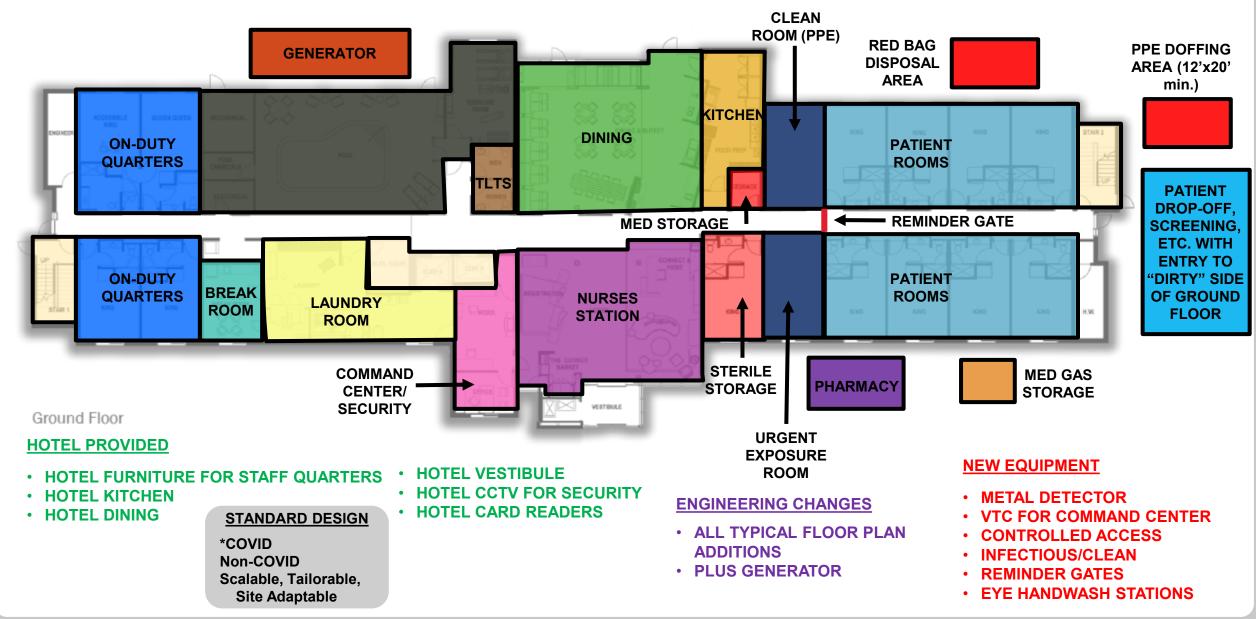




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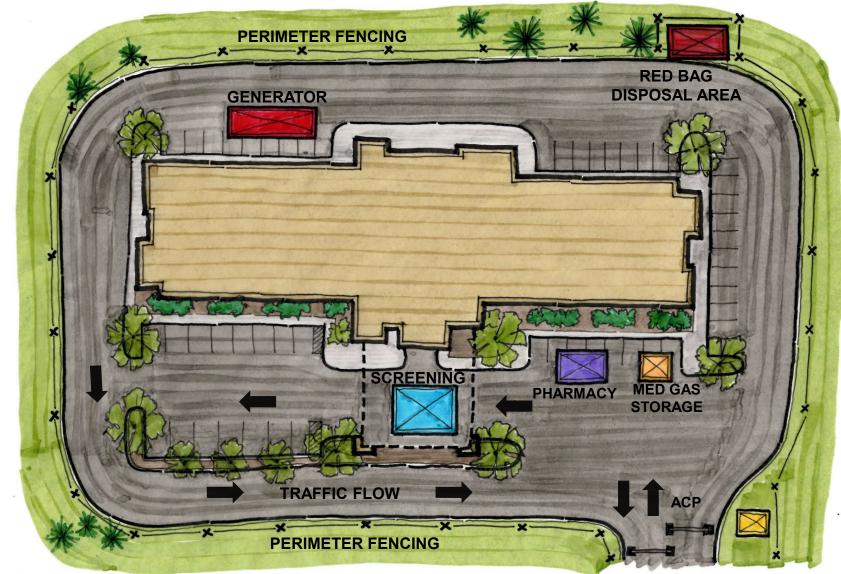
H2HC - GROUND FLOOR PLAN







H2HC – SITE IMPROVEMENT PLAN



ENGINEERING CHANGES

- ADD PERIMETER FENCING
- ADD GENERATOR
- ADD PATIENT SCREENING TENT
- ADD EXTERIOR PHARMACY
- ADD MED GAS STORAGE
- ADD ACCESS CONTROL POINT (ACP)
- ADD RED BAG DISPOSAL AREA

