



**US Army Corps  
of Engineers®**



Alternate Care Sites (ACS)

Implementation Support Materials

March 22, 2020

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### Attachments:

1. Facility Diagrams
  2. General Scope of Work for Facility Conversion
  - 3A. Specifications for Open Configuration (General care)
  - 3B. Specifications for Hotel Configuration (General care)
  - 3C. Specifications for Open Configuration (Acute care)
  - 3D. Specifications for Hotel Configuration (Acute care)
  4. Sample Template for Site Assessments
  - 5A. Sample FEMA DFA Mission Assignment for an ACS
  - 5B. Sample Breakout of Mission Assignment Task Orders
  6. Notes on the Administration of Cost Contracts
  7. ACF Security Preparation Guidelines
  - 8A. Inventory- General Care 250 Bed Facility (Medical)
  - 8B. Inventory- High Acuity Cache
  9. Sample Scope of Work for Medical and Support Personnel
  10. Sample Scope of Work for Wraparound Services
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## Purpose

These materials have been developed by medical and construction experts from the US Army Corps of Engineers (USACE) and the US Department of Health and Human Services (HHS) to help States and municipalities address potential shortages in medical facilities during the 2020 COVID-19 pandemic. They are intended to assist in assessing and developing potential facilities for suitability as alternate care sites and to rapidly engage contractors to convert and prepare them for medical use. States are encouraged to use these documents without USACE or HHS involvement where possible.

## Disclaimer

This information has been developed in response to the COVID-19 Pandemic, a Federally-declared National Emergency. The facilities described do not meet all established code requirements for hospitals or other permanent medical facilities, and will only be ADA compliant to the extent that the original facility is already compliant. The intent is to enable rapid construction of minimally suitable facilities that will provide essential care for a select subset of non-critical patients and reduce the burden on fully accredited medical facilities, should they become overwhelmed. Use of these materials or related follow-up information provided implies an agreement to hold the Federal Government harmless for any negative impacts that may result from implementation of the recommended solutions.

## Applicability of Alternate Care Sites

### I. General (non-acute) care

Alternate Care Sites (ACS) may be best suited to provide general, low-level care for mildly to moderately symptomatic COVID-19 patients. This includes patients that may need oxygen (less than or equal to 2L/min), who do not require credentialed nursing care, and who can generally move about on their own. The level of care will be determined by the local jurisdiction based on the availability of medical personnel and supplies.

ACS sites are intended to reduce unnecessary burden on hospitals and other healthcare facilities, help infected patients maintain isolation, and allow low acuity patients to be monitored, minimally treated and quickly transferred to other facilities, as required, if their condition deteriorates.

## II. Acute care

While it is possible to renovate/ convert an existing facility to accommodate patients with acute conditions (e.g., those requiring ventilators), municipalities may wish to consider the following:

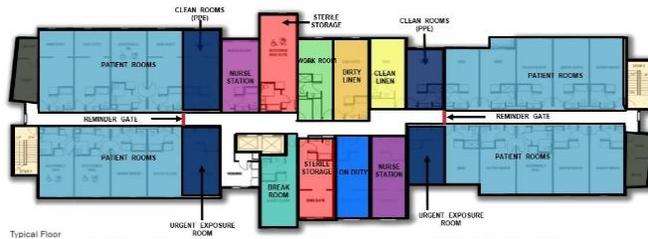
1. The construction timeframe will take significantly longer, primarily due to the recommended renovations of the Heating, Ventilation, and Air Conditioning (HVAC) system.
2. It is anticipated that most (if not all) municipalities during a major pandemic will fully utilize all credentialed providers (nursing, physicians, allied health professionals) to staff existing healthcare facilities. It is unlikely that most jurisdictions will have additional healthcare personnel available to treat patients with acute symptoms in an ACS.
3. In the same way, it is anticipated that supplies and equipment needed to treat patients with acute symptoms (e.g. high flow oxygen, ventilators, and PPE) will be fully utilized in existing healthcare facilities.

## ACS Configurations

These materials describe two general configurations of ACSs that may be adapted to a wide variety of situations. Please see Attachment #1 for facility diagrams.

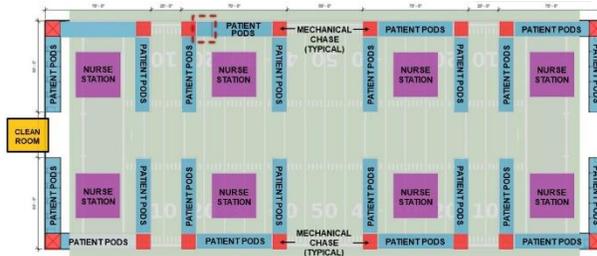
### I. Hotel

For conversion of facilities with individual rooms, such as hotels, dorms, or barracks.



### II. Open

For use in open spaces such as football stadiums or convention centers. Individual pods provide a barrier around each patient.



# Implementation Concept

## I. Offer Support

The USACE District Commander and senior staff may meet with State EM offices or governors under the National Mission Assignment to identify the State's expectations regarding their medical requirements and USACE's role and responsibilities for the mission. The meeting could be done in person or virtually.

## II. Identify and Obtain Sites

This is a State responsibility, through States may ask USACE to support their site assessments as described in Attachment #4. The purpose of the assessments is to help prioritize which sites will be selected for use as an ACS. Note that the existing National Mission Assignment (Federal Operational Support) allows for assessments of multiple sites.

Identify existing, available facilities.

Assess suitability and prioritize the list of potential sites.

Lease the facilities (Note that USACE will not lease or manage the sites. USACE can support lease efforts but will not be the signatory on any leases.)

If USACE will be managing the facility conversion contract, provide to USACE a permit providing the right to enter and perform uninterrupted construction.

## III. Build/ Convert the space

Development of specific sites will be initiated at the FEMA Regional level under a Direct Federal Assistance (DFA) (cost shared) mission, based on FEMA-State priorities. See Attachment 5 for a sample Mission Assignment and sample breakout of Mission Assignment Task Orders.

Construction contracts could be managed and executed by the State, municipality, or by USACE if requested. States may use this packet as a tool to execute the work themselves. Alternately, FEMA may provide a mission assignment to have USACE convert the facilities for medical purposes.

If the FEMA construction mission is assigned to a USACE District, the District will use emergency contracting authorities utilizing large or small business in the region which are capable to quickly do the work. Where contractors are not available or not capable, USACE or other prepositioned contracts will be utilized.

## IV. Supply & Equip

This step includes procurement, installation, and configuration of furnishings and medically unique equipment. It takes place after the construction is complete in order to meet end-state requirements.

This work will likely be accomplished under a FEMA DFA Mission. Equipment and logistics contracts may be managed by the State, HHS, or DLA.

Supplying and equipping the facility will not be performed by USACE.

## V. Staff

States will use available personnel to staff the facility.

Staffing may often be the critical path.

## Examples of Current Implementation

### I. California Hotels

As of March 22<sup>nd</sup>, 2020, there are already two hotels in California that are being successfully operated as ACSs. Neither of these hotels were renovated as described in the attached specs, but HHS issued contracts for wraparound and medical care there. The facilities are effectively providing care for a number of COVID-19. The hotels housed positive, asymptomatic to minimally symptomatic patients. Ambulances are kept on site to evacuate patients if they require additional care.



### II. NYC ACS Planning

NYC has considered several options, such as a dorms, a hotel, a high-rise building, and a convention center for use as ACSs. USACE has supported their site assessments. Their initial concept plans for potential use of a convention center illustrate how an open configuration concept may be adapted based on available space and municipal requirements.

## Contract Docs to Support Facility Conversions

The attached Statement of Work and Specifications can be used in conjunction to quickly develop a contract for the facility work. USACE District or State contracting offices will need to add the appropriate Federal or State contract clauses based on the contract mechanism.

Attachment 2– General Statement of Work: This document will support a broad range of contracting mechanisms and may be supplemented by a wide variety of technical specifications.

Attachments 3A, 3B, 3C, and 3D- Performance Specifications: Select the appropriate specifications based on the intended type of care and facility configuration. Note that these standards are based on Department of Defense Unified Facilities Guide Standards. Discrepancies between these standards and Local/ State medical standards should be resolved between the State/ local governments and the construction agent.

## Site Security, Furnishing/ Equipping, Medical Support, and Wraparound Services

Attachment #7, Agency for Children and Families (ACF) Security Preparation Guidelines, are established guidelines that are potentially applicable for security around an ACS site.

Attachment #8A was adapted from HHS's FMS cache and show the Medical, Biomed, Rx, and Lab equipment inventory required at a 250-bed facility for low-acuity patients. Attachment 8B provides increased requirements for a high-acuity site.

Attachments #9 and 10 are Scopes of Work developed by HHS to rapidly support requirements at the two initial ACS hotels in California. The documents are predecisional, but have been included with these materials to help provoke thought regarding some key elements that may be required by HHS or States as they develop future contracts for Medical Support and Wraparound Services. Actual requirements will need to be adapted on a site-specific basis.

(Note: activities described under this section would not be provided through USACE contracts.)

## Contact Info for Technical Inquiries, Variations, & Lessons Learned

USACE Districts and State agencies are encouraged to modify all attached documents required to meet the needs of each municipality. If documents can be improved, please let us know.

- If State regulations or site-specific conditions necessitate significant variations from the technical specifications provided for facilities, local engineers are encouraged to email [CE-UOC@usace.army.mil](mailto:CE-UOC@usace.army.mil) with the subject line “ACS Mission- [State]- [Name of facility].” This will help the Federal Government support uniform implementation of minimum standards and capture lessons learned.
- For Media inquiries, please see <https://www.usace.army.mil/Media/>.

## Distribution and Future Revisions

These documents may be distributed freely. USACE Division and District personnel may immediately use them to assist in engagements with Governors and FEMA regional leads.

The documents will be revised continually based on lessons learned during execution. The most current version will be posted to <https://www.usace.army.mil/Coronavirus/Alternate-Care-Sites/>.