# **Site Assessments**

**Key Takeaways:**

Most sites that are assessed are not selected for healthcare use.

USACE and HHS work together to provide a joint recommendation.

As of April 10, the time for assessments may be ending. Consider the time needed to prepare the site, if selected.

States are ultimately responsible for determining how, where, and when to establish Alternate Care Sites.

# Alternate Care Site (ACS) Mission

An Alternate Care Site (ACS) is a building that is temporarily converted for healthcare use during a public health emergency to provide additional healthcare capacity and capability for an affected community, outside the walls of a traditional, established healthcare institution.

A site assessment is conducted to determine a site’s potential for healthcare use. States may be considering multiple arenas, convention centers, hotels, or other properties for use, and the site assessments can help prioritize available site options for further development.

Site assessments help determine whether healthcare requirements can be met. Some of the considerations include the number of patients it would support, the proximity to nearby hospitals, utility requirements, air filtration and handling capacities, safety features for emergency response and egress, staging of ambulances, and parking availability.

Before proposing new assessments, States should consider their ability to staff the site and the amount of time required to prepare it for healthcare use. The average timeline for conversion of a site for healthcare use is between 5 days and 2 weeks. The time varies from site to site based several factors, including the level of patient care, number of patient beds, and the extent of work required.

Municipalities seeking support with the Site Assessments should coordinate their requirements with their State Emergency Operations Center. The Federal Emergency Management Agency (FEMA) may task the US Army Corps of Engineers (USACE) and the Department of Health and Human Services (HHS) to support this work based on State-FEMA priorities.

If the Federal Government will be supporting the site assessments, the best practice is to have USACE and HHS assess the site jointly and provide joint documentation, if there is enough time and local personnel to do so. USACE, HHS, FEMA, and State experts should make every effort to synchronize perspectives and provide a joint recommendation for the use of the site.

If tasked by FEMA, USACE Districts can provide a multidisciplinary team to review the site for technical concerns and provide a recommendation as to whether it would be viable for Acute vs. Non-Acute use. They may develop a rough cost estimate for the conversion, which will help in prioritizing available sites and in developing the Mission Assignment Task Order.

HHS medical experts can support assessments by providing recommendations as to what type of patients (COVID vs. Non-COVID) and level of care (Acute vs. Non-Acute) might best meet the State’s medical needs, and provide considerations related to wraparound services, equipping, staffing, and operating the site.

The State is ultimately responsible for determining which sites will be developed, what level of care will be provided, and what kinds of patients they will be treating at the site.