



HOSPITAL EPIDEMIOLOGY AND INFECTION
CONTROL:
COMMUNICABLE DISEASE EXPOSURE RESPONSE
POLICY

POLICY 7.1
Issued: 12/06
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Appendix XI

Alternate Care Location Checklist

Date: _____

Location: _____

Person in Charge/Contact Information: _____

ASSESSMENT ELEMENT		COMMENTS/NOTES/ FOLLOW-UP
1.	Anticipated Number of Patients	
2.	Number of Rooms in Location to be Used for Patients	
3.	Number and Types of Beds	# of Hospital Beds: # of Cots: # of Mattress on Floor: # of Bare Floor Spaces:
	<ul style="list-style-type: none"> • Bed/Cot Placement Allows at least 3 feet Between Patients? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<ul style="list-style-type: none"> • Are there portable or other barriers that can be erected/used to prevent droplet spread? (Describe) 	If No: Consider another location for cases
	<ul style="list-style-type: none"> • Are there other methods that can be used (e.g. placing patients beds head-to-toe)? (Describe) 	
4.	Number of Patients Per Bathing Location (Tubs or Showers)	
	<ul style="list-style-type: none"> • If inadequate, what alternatives will be used? (Describe) 	
5.	Number of Patients Per Toilet	
	<ul style="list-style-type: none"> • If inadequate, what alternatives will be used? (Describe) 	
6.	Number of Sinks for Handwashing	
	<ul style="list-style-type: none"> • If inadequate, what alternatives will be used (e.g. alcohol hand rinse)? (Describe) 	
7.	Fresh/Potable Water Supply (e.g. well, city water, etc.): (Describe) <i>[If necessary, contact Facilities: 353-1120]</i>	
	<ul style="list-style-type: none"> • If inadequate, what alternatives will be used? (Describe) 	
8.	Storage for clean or sterile Supplies: (Describe)	
	<ul style="list-style-type: none"> • If inadequate, what alternatives will be used? (Describe) 	
9.	Storage for soiled linen, garbage, contaminated articles: (Describe)	
	<ul style="list-style-type: none"> • If inadequate, what alternatives will be used? (Describe) 	
10.	Methods and Schedules to Clean or Maintain Surfaces: (Describe)	
	Floors:	
	Walls:	
	Beds (Describe for both Covering and Frame):	
	Other Furniture:	
11.	Ventilation System and Type of Air Heating/Cooling/Humidification: (Describe) <i>[if necessary, contact Facilities: 353-1120]</i>	
	<ul style="list-style-type: none"> • Describe required modifications to current system: 	
12.	Food Storage and Refrigeration: (Describe)	
	<ul style="list-style-type: none"> • Describe required modifications to current system: 	
13.	Medication/Vaccine Storage and Monitoring: (Describe)	
	<ul style="list-style-type: none"> • Describe required modifications to current system: 	
14.	Sterilization/Disinfection Capability: (Describe)	
	<ul style="list-style-type: none"> • Describe required modifications to current system: 	
15.	Dish/Utensil Cleaning: (Describe)	
	<ul style="list-style-type: none"> • Describe required modifications to current system: 	
16.	Temporary Morgue Capability (if needed):	
	<ul style="list-style-type: none"> • Describe required modifications to current system: 	

NOTE: In a disaster, the physical space (e.g. laboratory, patient care area, entire hospital) for the facility may be unusable. Alternate locations (e.g. portable building) may need to be reviewed by HEIC for use suitability.