ARENA TO HEALTHCARE CONCEPT (A2HC)
ALTERNATE HEALTHCARE FACILITY

30 March 2020
A2HC – CONCEPT OF THE OPERATION

PHASES

1. PLAN – STATE Responsibility
   - Identify existing, available facility
   - 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. BUILD – USACE Mission (MA from FEMA)
   - Convert/Retro-fit existing structure
   - Arena or convention center
   - Enable conversion of facility to support an ICU-like capability
   - Main Functions - supply power (+ auxiliary), cover flooring, modify HVAC for negative pressure, install nurse’s station, enable/configure IT infrastructure, temp utilities, etc...
   - Stafford Act – emergency contracting authorities, utilizing local, capable business(es); Construction Contract; beds. (minimum, not including restoration or lease) (Rough Order)

3. SUPPLY – FEMA 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. STAFF – 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
- 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.
- Already has redundant power or emergency power
- Building is provided with Sprinkler and Fire Alarm.
- Temp Facilities will be staged on perimeter, includes med waste, sanitary, soiled linen, hand washing, med supply/pharmacy
- Meet Modern Power 3-Phase, 3-Wire – Temp Power supplemented to patient care areas on floor.
A2HC PATIENT CONTAINMENT OPTIONS

Multiple Options Exist. PWS for A2HC is written in an effort to be adaptable to a variety of options.
ENGINEERING CHANGES

1. ADD HVAC DUCTING AND HEPA FILTERING
2. ADD EMERGENCY BACK-UP POWER
3. ADD ELECTRICAL OUTLETS
4. ADD DATA OUTLETS
5. ADD PLUMBING

NEW EQUIPMENT

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. PATIENT BED
A2HC TYPICAL LAYOUT

FACILITY PROVIDED
• FIELD HOUSE ICE MACHINE

ENGINEERING CHANGES
• ALL TYPICAL FLOOR PLAN ADDITIONS
• ADD GENERATOR

MEDICAL EQUIPMENT
• ALL TYPICAL FLOOR PLAN ADDITIONS
• NURSE CALL

STORAGE
• WORKSTATIONS
• MED DISPENSING UNITS

• 1 NURSE STATION FOR EACH 15 PATIENTS
• TOTAL OF 120 PODS

[Diagram showing typical layout with patient pods, nurse stations, mechanical chase (typical), clean room, and facility provided features.]