



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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General Info Re Temporary Structures to Augment ED Screening in Lieu of FGI Guidelines for Hospitals

When hospitals propose to use a temporary structure during the COVID-19 virus duration, following are some informational awareness items that an owner might want to consider during the time when FGI Rules for hospitals would be waived. In red ink are conditions that might not apply if the temporary structure was only configured as a waiting area. Please briefly indicate which of these items are to be provided related to the temporary structure used as an alternate ED service site on the hospital campus.

Access

- If possible, please submit an aerial view (Google Earth) or thumbnail sketch showing where the temporary structure is to be located as related to building entrances/exits and vehicular areas.
- No exit from the hospital to the public way can be blocked. This includes blockage created by the location of the structure itself or any services or utilities that may be provided to connect the hospital building and the temp. structure. Exits from the hospital buildings (including a temporary service structure) have to be maintained clear to the public way else an immediate jeopardy condition can occur.
- Signage clarifying who goes in the temporary structure and who proceeds to ED entrance.
- If the temp. structure is located in the parking lot across from the ED entrance doors, provide patient and staff security, traffic control and adequate lighting for patients crossing the driving lane if they then have to go into the building.
- Some thought to covering patients from inclement weather if they have to go from the temp. structure to the hospital building would be prudent.
- Emergency vehicular access to the ED for patient drop off has to be maintained.
- Other emergency response vehicle access like fire/police to be maintained.
- Any power, water or other utility cords or services stretched across sidewalks or paved areas would have to be securely covered to avoid trip hazards and to protect those services going to the temp. structure.
- Is there any means to secure or “lock” the door of the temp. structure? ED access control and security is of constant importance these days.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

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The Structure Itself

- To ensure any code requirements to withstand wind conditions, the local building code authority should be consulted.
- The temp. structure is not likely to be sprinklered so is it fire retardant? The NC Building and Fire Codes will have certain requirements for temporary structures and the local code authority should be consulted very early before any assumptions about the structures are made.
- Physical protection for the structure must be considered if located in or near vehicular parking/driving areas.

Inside the Temp. Structure

- A means for patient privacy should be maintained, in triage bays, exam rms, etc. **May not apply if no triage or exam rooms.**
- Public toilet accommodations with hand washing/sanitizing immediately accessible to the waiting area should be important. Even if hospital rules are waived (including the 105 – 120 degrees hot water temp. req'mt.), hot water may still be desirable for effective hand washing for this type virus.
- Hand washing/sanitizing for any triage bays may be considered.
- If hospital rules are waived for the temporary structure the hospital may need to do a Patient Handling Risk Analysis to determine the appropriate size of these spaces. **May not apply if no examining of patients done in the temp. structure.**
- Lighting for the temp. structure - If wiring from emergency circuits from within the hospital cannot be provided to the temporary structure for use at night, it is possible portable generators, fuel supply and manpower for their operation may be considered.
- Consider whether heat capability and ventilation would be provided. (Possibly generator power as above). [General Note - Current hospital rules require 12 air changes per hour for ED waiting areas and 6 air changes per hour for exam and treatment spaces.]
- Waiting area air should be exhausted to the outdoors and not recirculated to other areas where there is a potential for contamination due to airborne infectious patients.
- Consideration should be made for where exhaust air is directed – passersby should not walk through the air stream.
- Noxious fumes from generator or vehicular exhaust would have to be anticipated and a means to minimize determined. This may involve cordoning off additional area proximate to the structure.
- The NC Fire Code has space separation requirements for how close chairs, tables, mechanical equipment and devices, etc. can be to the walls inside the structure.

- Consider any planning to accommodate “patients of size” – chairs, etc. depending on the service intended.
- Depending on the service intended, consider if any nurse call or code blue between the temp. structure and the building is to be provided. This is commonly done for mobile MRI units, etc. that are brought on site. Communication means from triage bays may also be provided.
- Overall communication connection with EMS to be maintained.
- Consider whether any amount of portable oxygen or suction is to be provided for the planned services.
- Provision for drinking water may wish to be considered.
- For a temporary structure to be used for virus screening purposes, the hospital may want to do a risk analysis to determine if/how many receptacles would be required.
- Space for clean supplies and soiled holding may be needed. This would be determined by the hospital functional program for this temporary use facility.

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