



Ottilie W. Lundgren Memorial Field Hospital Guidelines for Use

At any time, Connecticut could be faced with a man-made or natural disaster that results in an overwhelming number of sick or injured people or hospital infrastructure failure. The Ottilie W. Lundgren Memorial Field Hospital (mobile field hospital) is a 100-bed hospital designed to support the state's health care system in response to such an emergency.

Deployable as a flexible configuration of 10 or 25-bed units that operate jointly or independently, the mobile field hospital can provide triage and treatment anywhere in the state in the event of a mass casualty. It can also support an acute care hospital after a catastrophic structural or mechanical failure.

The mobile field hospital assembles in hours and can be ready to triage and treat hundreds of patients during a public health emergency. In 2006, it was named in honor of a Connecticut woman who died from inhalational anthrax in 2001.

Guidelines for Use

Pursuant to Connecticut General Statutes Sec.19a-187, the mobile field hospital can be deployed at the discretion of the Governor or Governor's designee for the following purposes:

- 1) For the provision of medical services at a mass gathering;
- 2) For the purpose of training or in the event of a public health or other emergency for isolation care purposes or triage and treatment during a mass-casualty event, or
- 3) For providing surge capacity for a hospital during a mass-casualty event or infrastructure failure.

Connecticut hospitals may operate the mobile field hospital subject to the Regulations of Connecticut State Agencies [19a-487b-1](#). Key requirements include the following:

1. Hospitals shall be responsible for operation of the mobile field hospital with logistical support from the Department of Public Health (DPH).
2. An appropriate site to deploy the mobile field hospital must be approved by DPH.
3. Hospitals must have policies and protocols governing the operation of the mobile field hospital including, but not limited to compliance with infection control principles and procedures for credentialing and staffing the mobile field hospital.
4. Hospital operations within the mobile field hospital shall be under the general hospital license issued by DPH to the hospital.

Hospitals requesting the mobile field hospital must complete the following Mobile Field Hospital request form and submit it to the DPH Office of Public Health Preparedness and Response (OPHPR). By completing the form, the hospital shall request authorization from DPH to operate

the mobile field hospital as a satellite under the hospital's license issued by the DPH Facility Licensing and Investigations Section (FLIS). Note, this form replaces the Hospital Satellite Information Form.

If the request is approved, the FLIS will issue a general hospital license identifying the use of the mobile field hospital as a satellite of the general hospital. Before standing down, the general hospital should notify FLIS at rose.c.mclellan@ct.gov and a new general hospital license will be issued to the hospital without the mobile field hospital satellite identified.

Once all information has been received and reviewed by DPH, the hospital will receive a written response within five business days or a verbal response in the case of an emergency.

For more information about the Otilie W. Lundgren Memorial Field Hospital, please contact the DPH Office of Public Health Preparedness and Response at (860) 509-8282.



Ottile W. Lundgren Memorial Field Hospital Request Form

Name of Requesting Hospital: _____

Address: _____

Contact Person at the Requesting Hospital (Name/Title):

Telephone Number: _____

REASON FOR DEPLOYMENT

1. Provision of medical services at mass gathering
2. Training event
3. Public health or other emergency for isolation care purposes or triage and treatment during a mass-casualty event
4. Surge capacity for a hospital during a mass-casualty event or infrastructure failure

DESCRIPTION OF PROPOSED USE OF MOBILE FIELD HOSPITAL

1. Location of Deployment: _____

Is this Location on the Hospital's Campus? Yes No

2. Dates and Times of Deployment: _____

3. Description of How Mobile Field Hospital will be Used (Use separate sheet if needed):

4. Describe Medical Services to be Provided (if applicable)

5. Provide Titles of Licensed and Credentialed Staff Assigned (e.g. Registered Nurses, Physicians.)

6. List All Medications Onsite:

7. Will Laboratory Services be Available? If So, What Testing will be conducted?

8. Will the MFH be used for Training? Yes No If Yes, Please Describe the Training and the Number of Trainees

9. Days and Hours of Operation:

Signature of Authorized Hospital Representative:

Name and Title of Representative:

Date:

Submit completed form to hcc.dph@ct.gov

For DPH Completion

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| 1. | DPH Commissioner Approval | Yes | No |
| 2. | Has a site assessment for the proposed location of the MFH been completed and approved by OPHPR? | Yes | No |
| 3. | Does the hospital have policies and protocols governing the operation of the mobile field hospital including, but not limited to, compliance with infection control standards and procedures for credentialing and staffing of the mobile field hospital? | Yes | No |
| 4. | Does the hospital have policies and procedures for requesting the Mobile Field Hospital? | Yes | No |
| 5. | Can DPH provide logistical support? | Yes | No |
| 6. | MFH added as a satellite to hospital license by the DPH Facility Licensing and Investigations Section | Yes | No |