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~~Healthcare organization management — Pandemic response~~

~~— — Temporary medical facility~~

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by ISO/TC 304, *Healthcare Organization Management organization management*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Field Code Changed

Introduction

Governments undertook various initiatives to liberate, to expand, or to build capacity to treat ~~eovid~~COVID-19 patients, to isolate infected individuals, to quarantine contacts, and to protect workers and vulnerable populations, such as homeless people. These structures may have taken a variety of forms including purpose-built (~~eg,e.g.~~ hospitals), requisitioned (~~eg,e.g.~~ hotels), and temporary (tents). Some of these facilities were used extensively, some saw little use, and some were not needed.

This ~~standard~~document focuses on the operation of temporary isolation and quarantine facilities. They may be operated separately or as a combination facility; some may also be used to treat mild cases while serious cases are transferred to hospitals. ~~This document~~ does not address collateral interventions necessary to mobilize the personnel needed to staff them, nor the equipment, supplies, and other resources needed to operate them. The success of all such initiatives, when actually needed, hinges on the availability of qualified personnel and other resources. Further, this ~~standard~~document does not address aspects of pandemic preparedness planning pertaining to policies and preparations to cope with a possible rapid increase in the number of pandemic cases, contacts, etc. Pertinent policies, which may vary by jurisdiction, include ~~1~~:

- a) ~~design of facilities, including construction or conversion plans,~~2);
- b) ~~empowerment to requisition land, facilities, etc,~~3);
- c) ~~ability to contract for or to arrange construction or conversion,~~and 4);
- a)d) rapid licensing of facilities to operate.

Similarly excluded is decommissioning, including facilities' re-purposing, re-conversion, deactivation, or demolition. Appropriate pandemic response management depends, in part, on the characteristics of the infectious agent. Necessarily, this ~~standard~~document assumes a future pandemic agent with ~~eovid~~COVID-19-like characteristics in a similar contextual background to that which existed during the ~~eovid~~COVID-19 pandemic.

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Healthcare organization management — Pandemic response Temporary medical facility

1 Scope

~~Temporary medical facility (TMF) is an isolation and treatment facility with defined infrastructure also known as temporary hospital for mild or asymptomatic confirmed cases. The TMF is made for those who find it difficult to gain medical support and care at home.~~

This document describes the requirements, operational principles, and procedures of ~~TMF~~ the temporary medical facility (TMF) regarding:

- a) ~~planning~~;
- b) ~~staffing~~;
- c) ~~patient management~~;
- d) discharge and termination of isolation for patients with infectious diseases in the context of ongoing widespread community transmission.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

- ~~ISO~~ Online browsing platform: available at <https://www.iso.org/obp>
- ~~IEC~~ Electropedia: available at <https://www.electropedia.org/>

3.1 confirmed case

person confirmed to be infected with the pathogen of the infectious disease according to the testing criteria for diagnosis, irrespective of clinical signs and symptoms

[SOURCE: ISO 5472:2022, 3.2]

3.2 isolation

~~separation of people with a contagious disease from population~~

~~[SOURCE:~~

3.3 information technology

IT resources (especially computers and telecommunication) used to acquire, process, store, and disseminate information

[SOURCE: ISO/IEC 38500:2015, 2.12], ~~modified — "(especially computers and telecommunication)" has been added.~~

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3.4.3

pandemic

worldwide spread of a new infectious disease

[SOURCE: Emergencies preparedness, response, WHO, available at]

3.5

[SOURCE: ISO/PAS 45005:2020, 3.5, modified — "a disease" has been changed to "an infectious disease".]

3.4

personal ~~protect~~protective equipment

PPE

equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses

[SOURCE: Personal Protective Equipment – Overview | Occupational Safety and Health Administration (osha.gov), Personal Protective Equipment – Overview |]

device or appliance designed to be worn by an individual for protection against one or more health and safety hazards

Note 1 to entry: PPE includes, but is not limited to, gowns, gloves, masks, goggles, face shields, and gowns, as well as items for specific procedures and respirators, safety glasses, helmets and goggles.

3.6

suspected case

case that is compatible with the clinical description and has an epidemiological link to a confirmed or suspected case

[SOURCE: World Health Organization, Department of Communicable Disease Surveillance and Response, WHO Recommended Surveillance Standards. Second edition, available at]

3.7

Note 2 to entry: While generally not considered PPE, masks (and other face coverings) can provide a level of protection for the user, in addition to their primary purpose as a public health measure to control the spread of transmission and infection.

Note 3 to entry: In many countries PPE is required to conform to national regulations.

[SOURCE: ISO/PAS 45005:2020, 3.8]

3.5

temporary medical facility

TMF

~~Isolation (3.2)~~isolation facility with defined infrastructure also known as temporary hospital for mild or asymptomatic *confirmed cases* (3.1) which guarantees medical basic support

Note 1 to entry: Mild or asymptomatic confirmed cases are often transferred to the TMF for the purpose of isolation and prevention of widespread community transmission.

Note 2 to entry: The TMF is made for those who find it difficult to gain medical support and care at home.

3.8.6

shared patient information system

system with a standardized information model, accessible by authorized users, that provides patient information

2

2

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3.97

working area

area defined for use by medical ~~or~~ operational personnel, separated from the ~~infection area (3.8 zone (3.10))~~

3.108

infection zone

infection area

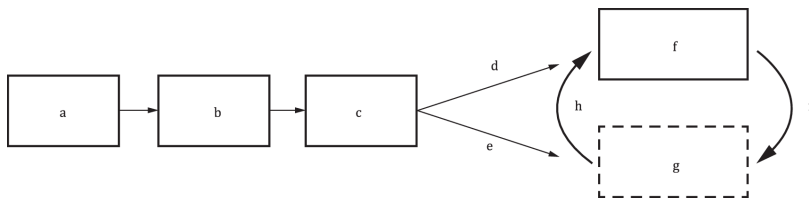
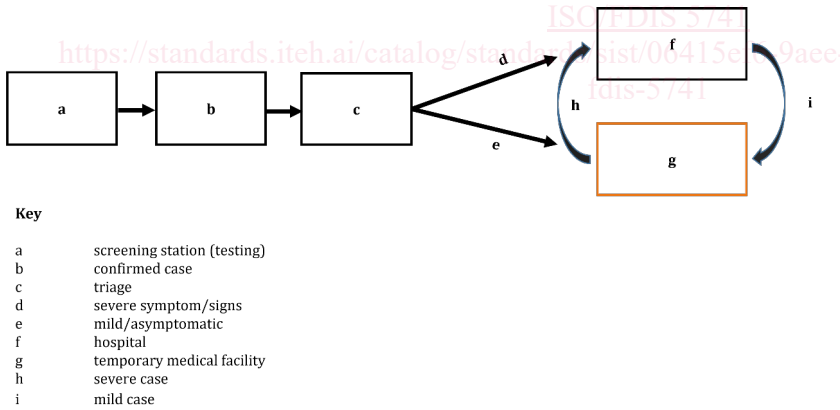
infection zone

area ~~space or~~ building separated physically from ~~the working area (3.7 (3.9))~~

4 Utilization of temporary medical facility

4.1 General

~~TMF an isolation facility with defined infrastructure also known as temporary hospital for mild or asymptomatic confirmed cases which guarantees medical basic support.~~ The TMF may temporarily act as hospitals to alleviate burdens imposed on hospital resources better reserved for severe cases, to prevent disease spreading and to isolate confirmed cases. Patients in the TMF are cared by medical professionals and transferred immediately to a hospital if the symptoms/signs are aggravated (Figure 1 (Figure 1)). When a patient's symptoms/signs improve, he ~~or she~~ is discharged in accordance with the criteria set in place for lifting isolation. The main function of the TMF focuses on monitoring rather than intensive treatment. Existing facilities can be utilized as TMFs, such as idle public ~~centerscentres~~, training ~~centerscentres~~, religious educational ~~centerscentres~~ and resorts, provided that they are inspected and approved by the designated authority according to 4.34.3 list ~~itemitems~~ a) to d). After opening for operations, TMFs ~~willshould~~ be inspected regularly, throughout their lifetime, by the designated authority. Non-~~complianceconformity~~ with requirements laid down in 4.4.4 to 4.18 ~~4.18~~ may result in request of adjustments/modifications in the TMF for ~~complianceconformity~~, temporary or permanent closure of the TMF.



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Key

- a screening station (testing)
- b confirmed case
- c triage
- d severe symptoms/signs
- e mild/asymptomatic
- f hospital
- g temporary medical facility
- h severe case
- i mild case

Figure 1 — Admission route to TMF

4.2 Purpose of operation

The TMF provides temporary medical care and resources in lieu of the regular health system in a massive disease outbreak ~~for the following purposes:~~

- a) ~~a) Prevention~~ prevention of transmission of highly contagious pathogens within the community by providing isolation facilities;
- b) ~~b) Securing~~ securing hospital beds for the treatment of patients with severe symptoms/signs by offering an isolation place for mild cases when the caseload overwhelms in the community;
- c) ~~c) Offering~~ offering patients with the opportunity for timely transfers to hospitals in case of aggravation or medical deterioration of symptoms/signs.

4.3 Designation and operation

The TMF shall be designated by authorities and be operated with resources to meet the needs.

- a) ~~a) Adequate human resources and expenses~~ should be in place to designate and operate a TMF by the appropriate authority or jurisdiction (city mayor/provincial governor/private organization's CEO);
- b) ~~b) The TMF designated within a jurisdiction should be inspected to ensure that it is immediately available; and detailed operating plans should be developed;~~
- c) ~~c) The TMF should be provided with human resources, including medical professionals and operational/support personnel necessary for operating the TMF;~~
- d) ~~d) The TMF should support medical devices, healthcare products and other basic materials, such as PPE when necessary. PPE shall be assigned depending on risk analysis and evaluation.~~

4.4 Public notice and communication

Rapid and accurate sharing of information in times of emergency is indispensable for infection prevention and control. This is the reason why IT ~~technology is to~~ shall be utilized in sharing medical resources quickly and accurately among all the parties involved. In this context, the location and operation of the TMF should be announced promptly to screening stations, hospitals, public health ~~centers~~ centres and related organizations using shared communication channels (~~Figure 2~~ Figure 2).

~~Sharing of the~~ The availability of the TMF shall be shared with the stakeholders;

- a) ~~a) Patient information sharing programs shall be operated at national and regional levels, including Centers for Disease Control and Prevention (CDC), national public health agencies, local governments and hospitals;~~

4

4

b) ~~b)~~ If the available IT infrastructure is not sufficient, one may resort to fax and telephone communications.

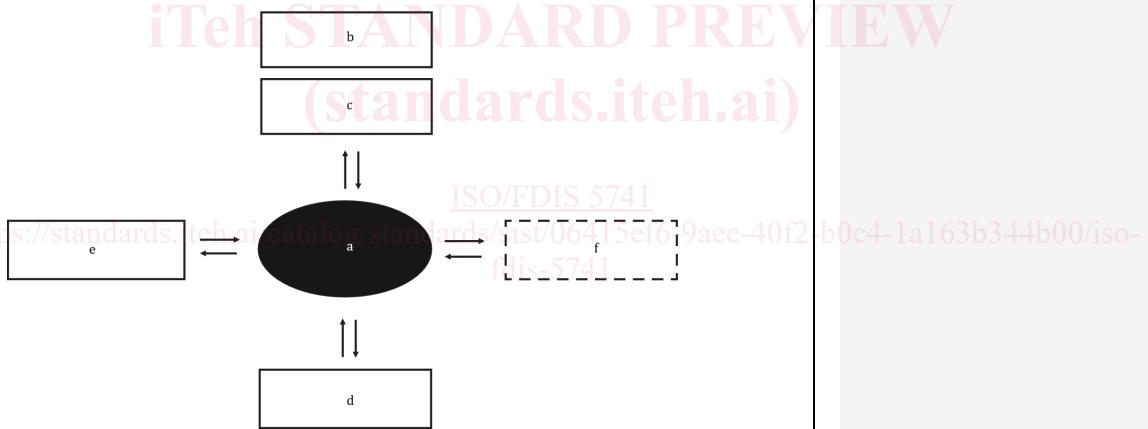
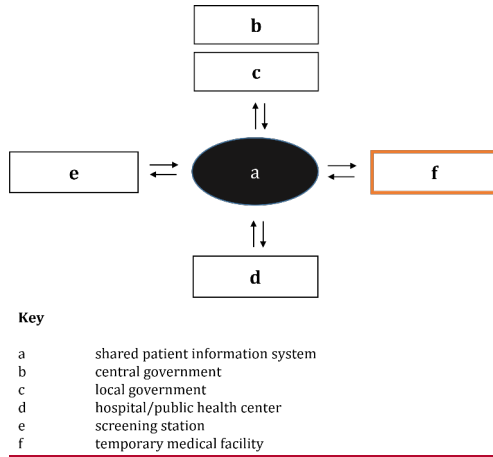


Figure 2 — Public communication schemes for TMF

4.5 Operational principles

The principles enable the TMF to abide by the core operational mandates.