Appendix D

Health Care Surge Strategies

Key Response and Surge Strategies

Primary goal: To maintain operations and increase capacity to preserve the life and safety of patients and ensure appropriate healthcare delivery to the community.

Indicators: All of the following indicators would need to be met prior to surge strategy implementation:

- All staffed beds are filled appropriately
- Discharges have been expedited
- Elective and outpatient surgeries have been canceled
- Patients have been appropriately downgraded

CHECKLIST OF SURGE STRATEGY IMPLEMENTATION

SPACE - Surge Strategies for Hospitals

Objective: Increase the ability to maintain operations and/or take on additional patients by repurposing the use of space

Strategy/Implementation Steps	Regulatory Considerations
• Utilize licensed space for other types of patients • Use outpatient beds for inpatient care • Use internal skilled beds as acute patient areas • Convert adult space to pediatric space • Convert pediatric space to adult space	• 22 CCR 70811(c): Patient rooms which are approved for ambulatory patients only shall not accommodate non- ambulatory patients • 22 CCR 70805: Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the written approval of CDPH • 22 CCR 70809(a): No hospital shall have more patients or beds set up for overnight use by patients than the approved licensed bed capacity except in the case of justified emergency when temporary permission may be granted by the CDPH Director or designee
• Increase capacity in patient rooms or hallways in patient care areas • 2 patients in a single room	• 22 CCR 70811(a): Patients shall be accommodated in rooms with a minimum floor area {as detailed in 22 CCR 70811 (a) (1) and (a} (2)
• 3 patients in a double room	• 22 CCR 70805: Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the written approval of CDPH • 22 CCR 70809(a): No hospital shall have more patients or beds set up for overnight use by patients than the approved licensed bed capacity except in the case of justified emergency when temporary permission may be granted by the CDPH Director or his designee

SPACE - Surge Strategies for Hospitals

Objective: Increase the ability to maintain operations and/or take on additional patients by repurposing the use of space

Strategy/Implementation Steps	Regulatory Considerations
• Open hospital floors that are vacant	• 22 CCR 70805: Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the written approval of CDPH • 22 CCR 70809(c): Patients shall not be housed in areas which have not been • approved by CDPH for patient housing and which have not been granted a fire clearance by the State Fire Marshall

• Use areas of the hospital for inpatients
  • GI Lab
  • Recovery Room
  • Outpatient Surgery
  • Physical Therapy
  • Other
	• 22 CCR 70805: Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the written approval of CDPH
	• 22 CCR 70809(c): Patients shall not be housed in areas which have not been approved by CDPH for patient housing and which have not been granted a fire clearance by the State Fire Marshall

• Use non-traditional areas of the hospital for inpatients
  • Cafeterias
  • Conference Rooms
  ▪ Parking Structures
• Other
	• 22 CCR 70805: Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the written approval of CDPH
	• 22 CCR 70809(c): Patients shall not be housed in areas which have not been approved by CDPH for patient housing and which have not been granted a fire clearance by the State Fire Marshall

SPACE - Surge Strategies for Hospitals

Objective: Increase the ability to maintain operations and/or take on additional patients by repurposing the use of space

Strategy/Implementation Steps	Regulatory Considerations
• Shut off floor ventilation system to make a cohort of infected patients • Consider additional space for an ante room if designating an area for infected patients	▪ 22 CCR 70823: A private room shall be available for any patient in need of physical separation as defined by the infection control committee • 22 CCR 70855: Heating, air conditioning and ventilation systems shall be maintained in operating condition to provide a comfortable temperature
• Use tents to create additional patient care areas	▪ 22 CCR 70809(c): Patients shall not be housed in areas which have not been approved by CDPH for patient housing and which have not been granted a fire clearance by the State Fire Marshall

STAFF - Surge Strategies for Hospitals

Objective: Increase the ability to maintain staffing levels and/or expand the workforce

Strategy/Implementation Steps	Regulatory Considerations
• Cross-train clinical staff	• Age limits to MD Malpractice Coverage
• Redeploy non-clinical administrative staff to clinical areas	• Non-clinical staff may need to complete a just-in-time onboarding process.
• Contact Nurse staffing agencies {registry) to assist with supplemental staffing needs	

• Use non-conventional staff or expand scope of practice
  • Student nurses
  • Medical students
  • Military licensed staff
	• Regulations to expand clinical professionals' scope of practice may require a CDPH waiver and Governor's order. Need clarification from professional boards.
	• 22 CCR 70217: Nurse-to-patient ratios

• Use of non-conventional staff
  • Volunteers
  • Paramedics
  • Dentists
  • Veterinarians
  • Retired health professionals with an active license
	• Professionals with inactive licenses will need to go through the process to reactivate it.
	• Liability/licensing regulations
	• State laws regarding malpractice coverage for volunteers

• Utilize adult skilled RNs to supervise pediatric RNs to treat a surge of adult patients and vice versa	• Liability regulations and insurance limitations
• Utilize families to render care under direction of a healthcare provider	• Title 22 - Certified nursing assistant to render care
• Implement and/or develop just-in-time training for clinical staff normally assigned to non-direct patient care positions	
• Plan for dependent care for staff	
• Provide respite or sleeping area for staff working alternate schedules	

• Provide vaccination and prophylaxis to healthcare staff and their family member, as appropriate	

STAFF - Surge Strategies for Hospitals

Objective: Increase the ability to maintain staffing levels and/or expand the workforce

Strategy/Implementation Steps	Regulatory Considerations
• Implement and/or develop return to work policies for employees that have recovered from the communicable illness and have immunity	
• Develop procedure to accept and assign volunteers	• Need to review CMS to identify actual standard of primary source verification. Go directly to CMS for clarification
• Request additional staffing resources through the Standardized Emergency Management System (SEMS) structure	
• Request relaxation of nurse/patient ratios to allow occupancy of all licensed beds	• 22 CCR 70217: Nurse-to-patient ratios • Union regulations • AB 294: California RN Staffing Ratio Law, requires Governor's standby order for statutory suspension
• Plan for overtime opportunities for staff	• Union regulations
• Encourage staff to carry their work identification at all times to ensure smooth access through crowd control barriers when they are called in. •	

STUFF - Surge Strategies for Hospitals

Objective: Ensure adequate supplies and equipment

Strategy/Implementation Steps
▪ Conserve resources
▪ Prioritize care functions to maximize the use of resources (e.g., limit/reduce the frequency of patient baths, etc.)
▪ Notify vendors regarding anticipated needs and determine availability
▪ Work with alternate vendors to develop agreements regarding acquiring supplies ▪ Sporting goods stores ▪ Grocery stores ▪ Disaster vendors ▪ Other
▪ Identify streamlined processes for use of PPE, including guidelines for reuse and fit testing
▪ Request resources from LA County EMS Agency to be deployed from Disaster Staging Facility or, if applicable, Disaster Resource Centers (DRC) as a distribution point for umbrella facilities
▪ Find/procure alternate ventilator types/sources (e.g., ventilators from local animal hospitals) ▪
▪ Anticipate specific pediatric equipment and supplies to prioritize, procure or reprocess to accommodate the surge

Additional Resources
WRAP-EM Pediatric Surge Playbook
https://wrap-em.org/index.php/pediatric-surge-resources/94-pediatric-surge-playbook