

## ACS Staffing Plan

### Purpose

The purpose of the ACS Staffing Plan is to outline a process for identifying and obtaining initial staff and maintaining adequate staffing levels for the operation of an Alternate Care Site, as well as to ensure proper support, protections, and training to staff and volunteers.

### Policy

1. ACS HICS Structure
  - a. The ACS shall utilize the modified Hospital Incident Command System (HICS) organization structure and Job Action Sheets.
  - b. The ACS Management Team shall appoint a Medical Care Branch Director, Infrastructure Branch Director, and Security Services Branch Director to assist in identifying needed personnel and resources to effectively operate the ACS.
  - c. The ACS Management Team shall appoint a Labor Pool & Credentialing Unit Leader to obtain and inventory available staff.
  
2. Staffing Requests
  - a. The ACS Management Team, in cooperation with the MHOAC, shall determine the appropriate sources for obtaining needed personnel. Consider utilizing the following:
    - i. Shared Resources from Local Health Facilities
    - ii. Temporary Staffing Agencies
    - iii. Statewide Medical/Health Mutual-aid System (MHOAC) (Cal-MAT, DMAT, National Guard, Mobile Hospitals)
    - iv. California Medical Volunteer database
    - v. Health Professional Schools
    - vi. Recruitment of local medical personnel/volunteers
  - b. The Labor Pool & Credentialing Unit Leader shall determine the number and type of personnel needed, utilizing the Matrix for ACS Estimated Staffing Levels
  
3. Emergency Credentialing of Medical Staff
  - a. The Labor Pool & Credentialing Unit Leader shall utilize the Volunteer Application Tool to document all emergency credentialing activities.
  - b. Licensed independent practitioners (such as physicians, advanced practice nurses, and registered nurses) who request temporary disaster privileges during a period of officially declared emergency must be currently licensed.
  - c. Identification requirements for those practitioners requesting disaster privileging, include at a minimum:

- i. identification should include a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:
  - A current picture hospital identification card.
  - A current license to practice and a valid picture identification issued by a state, federal, or regulatory agency.
  - Identification indicating that the individual is a member of the California Medical Assistance Team (CalMAT) or of a Disaster Medical Assistance Team (DMAT).
  - Documentation indicating that the individual has been granted authority to render patient care in disaster circumstances, such authority having been granted by a federal, state, or municipal entity.
  - Presentation by current hospital or medical staff member(s) with personal knowledge regarding the practitioner's identity.
- d. Following disaster credentialing, the practitioner shall be provided and maintained on his or her person written verification of said privileges. The medical staff bylaws, rules and regulations require that his or her notations in the medical record reflect that the practitioner is working under disaster privileges.
- e. For quality review purposes, a list of all patient encounters shall be kept, if practical.
- f. Allied Health Professionals (AHP) shall be similarly considered for temporary privileges, and shall be subject to the same general conditions of supervision except that supervision may be performed by an AHP with current like privileges.
- g. Emergency temporary privileges may be rescinded at any time, and there shall be no rights to any hearing or review, regardless of the reason for such termination.
- h. Temporary disaster privileges are terminated at the end of the declared disaster.

#### 4. Medical Staff Bylaws

*In case of an emergency, any member of the medical staff, house staff, and any licensed health practitioner, limited only by the qualifications of their license and regardless of service or staff status, shall be permitted to render emergency care. Any Licensed Health Practitioner acting in an emergency or disaster situation shall be exempt from the usual requirements of supervision to the extent allowed by state law in disaster or emergency situations.*

#### 5. Maintaining Personnel

##### a. Safeguarding Personnel Health and Safety

The Labor Pool Unit Leader shall ensure that all workforce personnel are informed of any potential hazards and provided with any necessary personal protective equipment (PPE) or vaccinations as may be required by the event.

b. Providing Support Provisions

- i. The ACS Management Team shall consider the need to appoint a Support Branch Director or Family Care Unit Leader to enhance the ability to recruit staff that may require childcare or dependent care. (refer to the Family Care Directory).
- ii. The Support Branch Director or Family Care Unit Leader shall consider and make provision for:
  - Behavioral Health needs of staff
  - Dependent Care (children/adults) needs of staff
  - Pet Care needs of staff
  - Personal Hygiene and rest area needs of staff

6. Scope of Practice and Professional Liability

a. Waivers of Current Standards

- i. Government Code §8659, under the California Emergency Services Act states that any physician or surgeon (whether licensed in this state or any other state), hospital, pharmacist, nurse, or dentist who renders services during any state of war emergency, a state of emergency, or local emergency at the express or implied request of any responsible state or local official or agency shall have no liability for any injury sustained by any person by reason of such services, regardless of how or under what circumstances or by what cause such injuries are sustained; provided, however, that the immunity herein granted shall not apply in the event of a wilful act or omission.
- ii. The Good Samaritan Statutes under Business & Professions Codes §2395, 2395.5, 2396 and 2398 state that no licensee, who in good faith renders emergency care at the scene of an emergency, shall be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency care. "The scene of an emergency" as used in this section shall include, but not be limited to, the emergency rooms of hospitals in the event of a medical disaster. "Medical disaster" means a duly proclaimed state of emergency or local emergency declared pursuant to California Emergency Services act.

b. Scope of Practice/ Non-traditional Roles

The Licensing Boards of each of licensed practitioners shall be contacted to determine if flexibility currently exists within their scope of practice or may be drafted for approval.

c. Financial Liability

Financial liability: The recipient healthcare facility will likely reimburse the donor healthcare facility for the salaries and benefits of the donated

personnel at the donated personnel's rate as established at the donor healthcare facility if the personnel are employees being paid by the donor healthcare facility. The reimbursement will be made within ninety days following receipt of the invoice.

## Procedure

1. Assessment of Workforce Need
  - a. The Labor Pool Unit Leader shall utilize the Matrix for ACS Estimated Staffing Levels to determined levels and numbers of clinical staff needed.
  - b. The Labor Pool Unit Leader shall utilize the Matrix for ACS Estimated Staffing Levels to determined levels and numbers of non-clinical staff needed.
2. Augmenting the Workforce (utilizing SEMS)
  - a. The Labor Pool & Credentialing Unit Leader shall complete the Mission/Request Tasking Form and submit requests for personnel to local healthcare provider agencies, to include:
    - i. The type and number of requested personnel.
    - ii. An estimate of how quickly the request is needed.
    - iii. The location to where personnel are to report.
    - iv. An estimate of how long the personnel will be needed.
3. Receiving and Organizing Personnel
  - a. Sign-in

The Labor Pool Unit Leader or designee shall conduct sign-in for all clinical and non-clinical personnel, utilizing the HICS Form 252 - Section Personnel Time Sheet.
  - b. Credentialing and Verification

The Labor Pool Unit Leader or designee shall ensure that an application for each practitioner shall be completed and maintained on file at the facility, and shall:

    - i. conduct a primary source verification of licensure (if applicable) as soon as the immediate situation is under control and is completed within 72 hours from the time the non-employee or volunteer presents to the organization.
    - ii. determine the duties and area of assignment of those with emergency privileges.
    - iii. distribute temporary I.D. badges that are clearly labeled as a Disaster Volunteer to all emergency credentialed personnel.
  - c. Orientation

The Labor Pool Unit Leader or designee, in cooperation with the Medical Care Branch Director, Infrastructure Branch Director, and Security Services Branch Director, shall ensure that incident-specific materials are prepared for clinical and non-clinical personnel, including:

- i. Training for All Workers
- ii. Department-specific Training
- iii. Training for Ad hoc Counselors
- iv. Information Packets for Handouts
- v. Assignment of Job Duty

4. Incident Command Structure

The ACS shall institute an ACS incident command structure adapted from the existing Hospital Incident Command System (HICS) for the internal operations including, at a minimum,:

- i. Incident Commander. The incident commander assumes overall leadership. He/she is assisted by several advisors/coordinators who deal with the news media, other agencies, security and safety, and physician assignment. The four major section chiefs are assigned by the incident commander. Each chief designates directors and unit leaders to sub-functions.
- ii. Logistics Section Chief. The logistics section chief focuses on operations associated with the physical environment and ensuring adequate levels of food, shelter and supplies. He/she is responsible for power; utilities; sanitation; water; trash; communication systems (telephone, intercom, paging system); transportation of supplies, patients, and staff; and meals for patients and staff.
- iii. Planning Section Chief. The planning section is responsible for compiling information about the current situation and developing long-range planning. He/she is to keep staff up to date regarding the current disaster situation inside the hospital and in the surrounding area, maintain an inventory of available staff and volunteers, organize and coordinate medical and nursing staff, track patient census by location and status, and anticipate needs.
- iv. Finance Section Chief. The finance section is to monitor the utilization of financial assets. He/she is responsible for the accounting and documentation of all resource expenditures, providing cost analysis data, maintaining personnel time records, negotiating and/or issuing contracts to purchase or obtain resources and receiving and investigating all accident/incident claims resulting from an employee action on hospital property.

- v. Operations Section Chief. This is a large section covering the overall delivery of medical care, ancillary services, and staff support. This group is responsible for triage; patient admissions and discharges; planning for short- and long-term staffing and medical resource needs; morgue services; overseeing laboratory, radiology, and pharmacy services; and the social and psychological needs of the staff, patients, and families. This group would also be responsible for sheltering and feeding of staff and volunteer dependents.

5. Demobilization of Personnel

The Planning Section Chief or Demobilization Unit Leader shall develop and coordinate an Incident Demobilization Plan that includes specific instructions for all staff and resources that will require demobilization.

Attachments:

1. Matrix for ACS Estimated Staffing Levels
2. Volunteer Application for Healthcare Practitioners
3. Family Care Directory
4. Mission/Request Tasking Form
5. HICS Form 252 - Section Personnel Time Sheet

### Estimated Staffing Levels for Surge

The following table is presented as a recommendation for staffing levels for an Alternate Care Site of 50 patients.

Staff Type	Staff	Inpatient	Outpatient	Supportive
Physician	Medical Director	1	1	1
	Internist	1	1	1 (on-call)
Nursing	Nursing Director	1	1	1
	Supervisor	1	1	1
	RN/LVN/CNA	10 day shift 5 night shift	5 day shift 2 night shift	3
Allied Health	Dietician	1	-	1
	Discharge Planner	1	-	1
	Phlebotomist	1	-	-
	Respiratory Therapist	1	-	-
Food Service	Food Service Supervisor	1	-	1
	Cook	1	-	1
	Food Service Worker	2	-	2
Environmental Services	Maintenance	1	-	1
	Laundry			
	Housekeeping	2	1	2
Security	Security Personnel	2	2	2