

HEALTHCARE SURGE STAFF SUPPORT REQUEST

			Date:	
Entity Name:				
Address:				
County:				
Primary Point of Contact Name:				
Primary POC Phone Number(s) & Email Address:	Phone:		Email:	
Secondary Point of Contact Name:				
Secondary POC Phone Number(s) & Email Address:	Phone:		Email:	
Work beginning and ending dates:	Shift type and number of expected hours per shift			
to	Day Shift	Evening Shift	Night Shift	
	Hours:	Hours:	Hours:	
Request from Type of Staffing Pool:	WA-SERV Volunteers	Medical Reserve Corps	Contracted Staff	
Has a WebEOC request for staffing beensubmitted to the State EOC?	Yes	No	Unknown	

Please describe how your requests supports these priorities (check all that apply): Preserve and/or improve hospital patient care capacity
 Maintain Disaster Medical Coordination Centers (DMCC) referral capabilities Maximize hospitalized patient throughput

Provide further information how your request supports the priorities above:

Provide the quantity and type of staff being requested.

Staffing Type	Quantity	Staffing Type	Quantity
Physicians		Nurses	
ED		Advanced Registered Nurse Practitioner (ARNP)	
Intensivist (adult/peds)		Registered Nurse (RN)	
Surgeon (describe specialty)		Critical Care (CC)	
Anesthesia		Telemetry (Tele)	

Note: To request assistance, complete the form and work with County Emergency Management to submit the resource request.

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Staffing Type	Quantity	Staffing Type	Quantity
Infectious Disease		Medical Surge (M/S)	
Pediatricians		Pediatrics (Peds)	
Other Physicians		Licensed Practical Nurse (LPN)	
Physician Assistant (PA)		Certified Nursing Assistant (CNA)	
Respiratory Therapist (RT)		Public Health Nurse or Staff (Please specify)	
Paramedic		EMTs	
Other (Please specify)		Other (Please specify)	

Instructions: The next sections are pertaining to specific questions for agencies and facilities. Complete the appropriate section for your setting and the Incident Specific Questions. Click “here” to jump to the next section.

A. Section below pertains to all **healthcare, EMS and local health jurisdictions. Click [here](#) to complete Incident Specific Questions.**

Essential Element of Information	Y	N	Details (When requested, provide supporting documentation)	
			Date(s)	Details
1. Has the agency or facility activated emergency operations plans (i.e., medical surge plan, incident command, contingency plan, COOP, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Has the Health Care Coalition been notified?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Has the agency or facility brought in all available staff? (i.e., furloughed, recently retired staff)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has the agency or facility secured additional staff through local or state temporary staffing contracts? If resources are exhausted, provide further details. (Not available locally, hourly rate too high, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Has the agency or facility utilized medical and healthcare graduates prior to board or final exams?	<input type="checkbox"/>	<input type="checkbox"/>		

B. The section below pertains to **hospital settings. Click [here](#) to complete long-term care facilities section below.**

Essential Element of Information	Y	N	Details (When requested, provide supporting documentation)	
			Date(s)	Details
1. Has the hospital decompressed by discharging all possible patients?	<input type="checkbox"/>	<input type="checkbox"/>		

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Essential Element of Information	Y	N	Details (When requested, provide supporting documentation)	
			Date(s)	Details
2. Has the hospital adopted a tiered staffing model? Design for Implementation of a System-Level ICU Pandemic Surge Staffing Plan (nih.gov)				
3. Have all elective surgeries been suspended? In the details box, briefly describe your criteria how elective surgeries are prioritized or reviewed is not canceled.				
4. Has the hospital expanded its telemedicine consults?				
5. Has the hospital expanded physician oversight of PA/NPs and redistribute the physician extenders to where the need is greatest?				
6. Has the hospital worked through medical societies to bring in foreign HCPs?				
7. Has the hospital considered how pre-hospital programs can triage patients at home to reduce in-hospital demand?				
8. Does the facility have a receiving site for trauma, STEMI, stroke, or other specialty service? In the details box, briefly describe your criteria how the facility has stopped accepting transfers from other facilities.				

Hospital Bed Type:	Total Bed Capacity:	Current Bed Census:	Current Beds Staffed:	RN to Patient Ratio:	Ventilators per Unit:
Licensed Beds:					
Adult ICU Beds:					
Peds ICU Beds:					
NICU Beds:					
Med-Surge Beds:					
ED Beds:					
Peds ED Beds:					

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C. The section below pertains to long-term care settings.

Essential Element of Information	Y	N	Details (When requested, provide supporting documentation.)	
			Date(s)	Details
1. Have all as-needed staff been called in?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Has the HCF recalled all furloughed staff to return to work?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Has the HCF reinstated retirees for those that retired within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>		

Total Bed Capacity:	Current Bed Census:	Current Beds Staffed:	RN to Patient Ratio:

D. Incident Specific Questions:

Essential Element of Information	Y	N	Details (When requested, provide supporting documentation.)	
			Date(s)	Details
1. With additional staff will the facility open a COVID unit?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Will the additional staff focus directly on COVID patient care?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Would you be able to provide a staff evaluation at 25 and 50 days of deployment? (DOH provides the evaluation criteria)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does the facility receiving healthcare staff agree to transfer in additional patients and therefore create further capacity for the region or the state?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Do you have awareness if the EMS agencies have the capabilities to assist with transferring patients?	<input type="checkbox"/>	<input type="checkbox"/>		

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Please describe any additional activities the agency or facility has implemented to manage the response and healthcare surge.

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