

Crisis Staffing Guidelines

In the event of a major disaster, as designated by local, state or federal officials, healthcare demands may challenge our capacity to treat an overwhelming number of patients. If this happens, there must be a **plan of caregiver resource allocation** ready to be enacted. A widely accepted goal is to adopt a plan that promotes the safety and wellbeing of the patients in our care.

In a true crisis, it is appropriate and necessary to have flexibility in staffing that makes it possible to increase the number of people who can receive care.

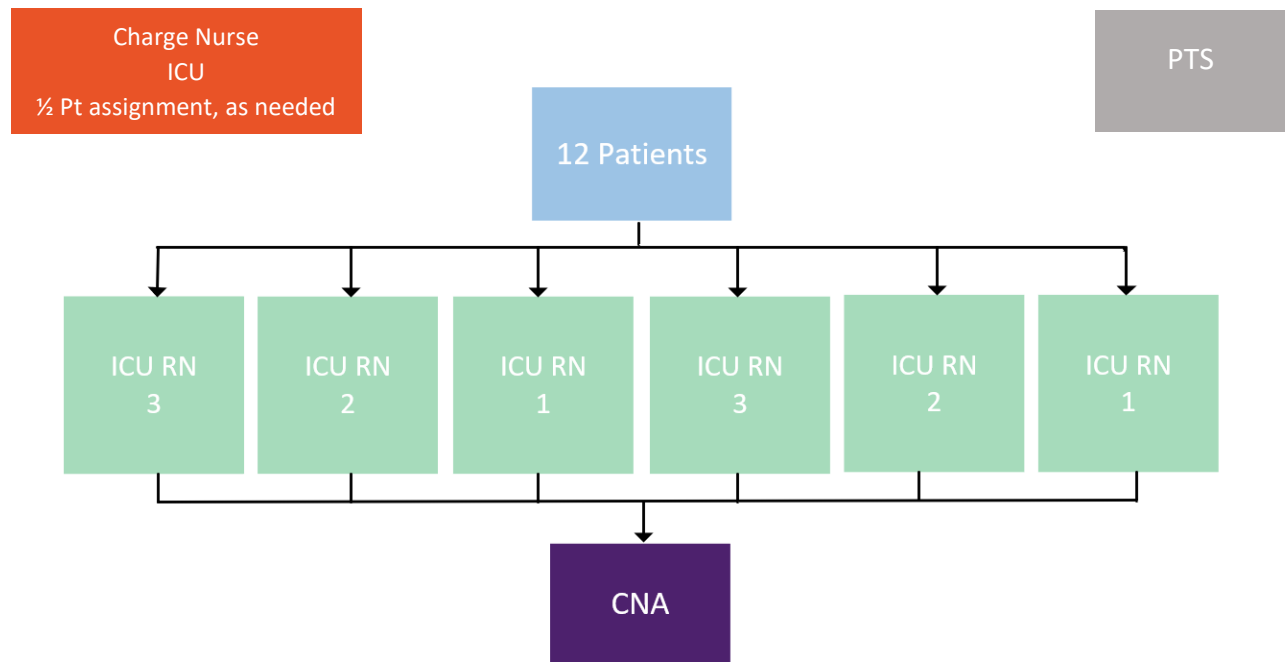
This document serves as a guideline to inform staffing decision during a crisis and is alignment with “Washington Guidelines for Allocation of Critical Care and Limited Medical Resources During COVID-19 Pandemic” framework.

Modified staffing will be instituted if deemed essential by Incident Command and the Chief Nursing Officer.

INTENSIVE CARE UNITS

CONTINGENCY STAFFING – TIER 1

[Exceeding normal minimal staffing in the presence of a declared crisis or disaster]



One (1) Charge Nurse for entire unit

One (1) PTS for the entire unit

One (1) ICU RN for every one to three (1-3) patients

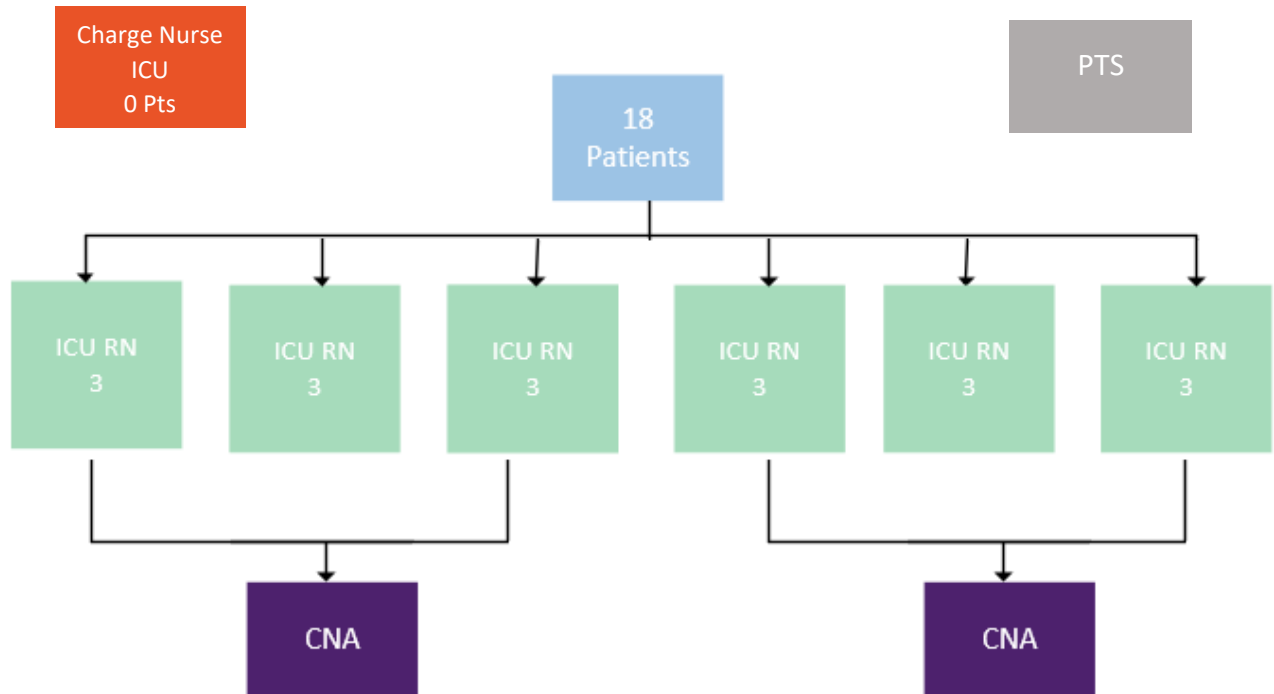
One (1) Certified Nursing Assistant for the entire unit

Care and documentation standards remain unchanged

INTENSIVE CARE UNITS

CONTINGENCY STAFFING – TIER 2

[COVID-19 (or patient population specific)]



One (1) Charge Nurse for entire unit

One (1) PTS for entire unit

One (1) ICU RN for every three (3) patients

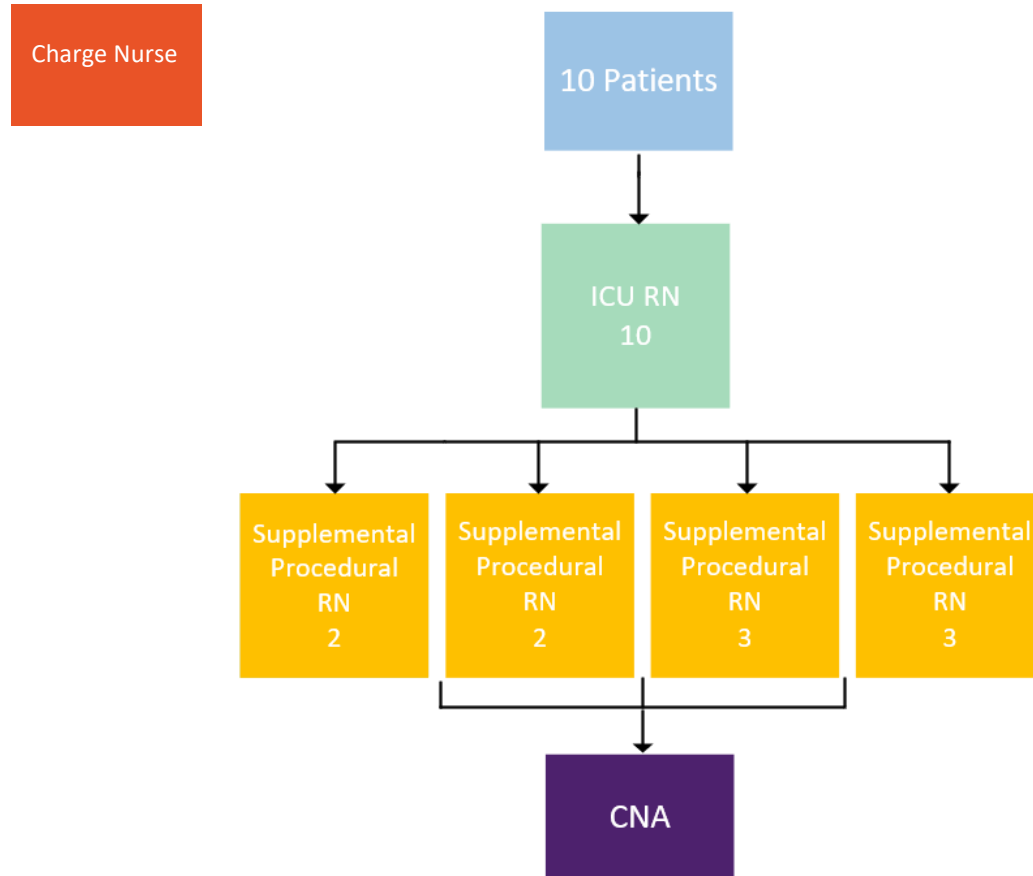
One (1) Certified Nursing Assistant for every nine (9) patients

Certified Nursing assistant will perform duties as assigned.

Modified Patient Care Standards and Reduced Documentation Procedures Implemented

INTENSIVE CARE OVERFLOW TO PACU

TIER 3 FOR TEAM NURSING - NON-COVID-19 CRITICALLY ILL/INTUBATED PATIENTS



One (1) Charge Nurse for the entire unit

One (1) ICU RN for every ten (10) patients

One (1) SUPPLEMENTAL PROCEDURAL RN for every two (2) to three (3) patients

One (1) Certified Nursing Assistant for the entire unit

ICU RNs will complete assessments, documentation, titrate pressors, communicate with care team and families.

Supplemental RNs will administer oral medication, intravenous medications as directed, provide daily care, lab draws, point-of-care testing, assist with assessments and other basic nursing tasks.

Certified Nursing Assistant will perform duties as assigned.

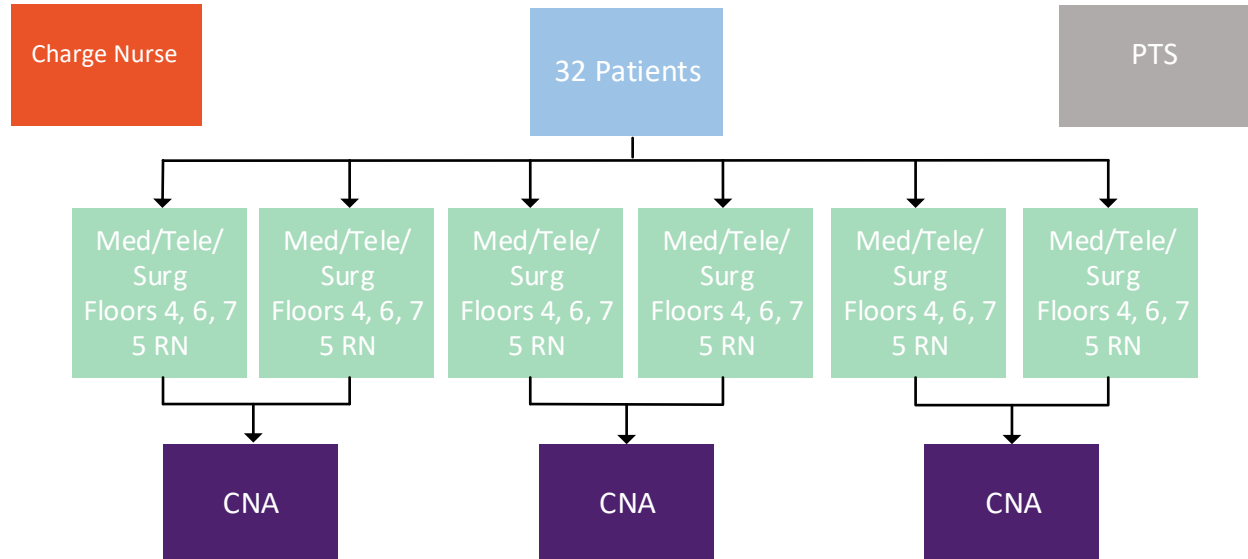
Modified Patient Care Standards and Reduced Documentation Procedures Implemented

MED/TELE/SURG UNITS

CONTINGENCY STAFFING – TIER 1

[Exceeding normal minimal staffing in the presence of a declared crisis or disaster]

(assumes 30 patients + 2 in ISO)



One (1) Charge Nurse for the entire unit

One (1) Med/Tele/Surg RN for every five (5) patients

One (1) Certified Nursing Assistant for every ten (10) patients

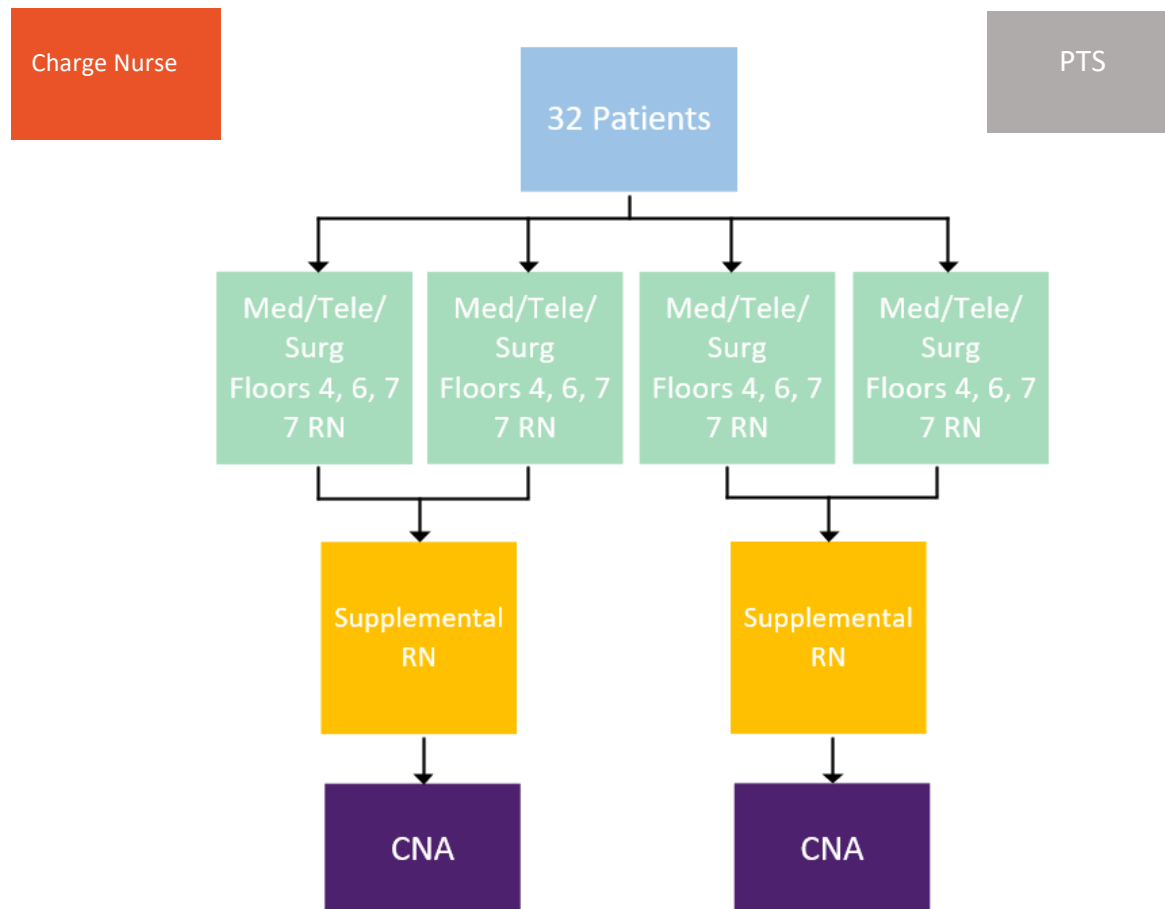
Care and documentation standards remain unchanged

MED/TELE/SURG UNITS

CONTINGENCY STAFFING – TIER 2

[Team staffing implemented]

(assumes 28 patients + 4 in ISO)



One (1) Charge Nurse for the entire unit

One (1) Med/Tele/Surg RN for every seven (7) patients

One (1) Supplemental RN for every seven (7) patients

One (1) Certified Nursing Assistant for every fourteen (14) patients

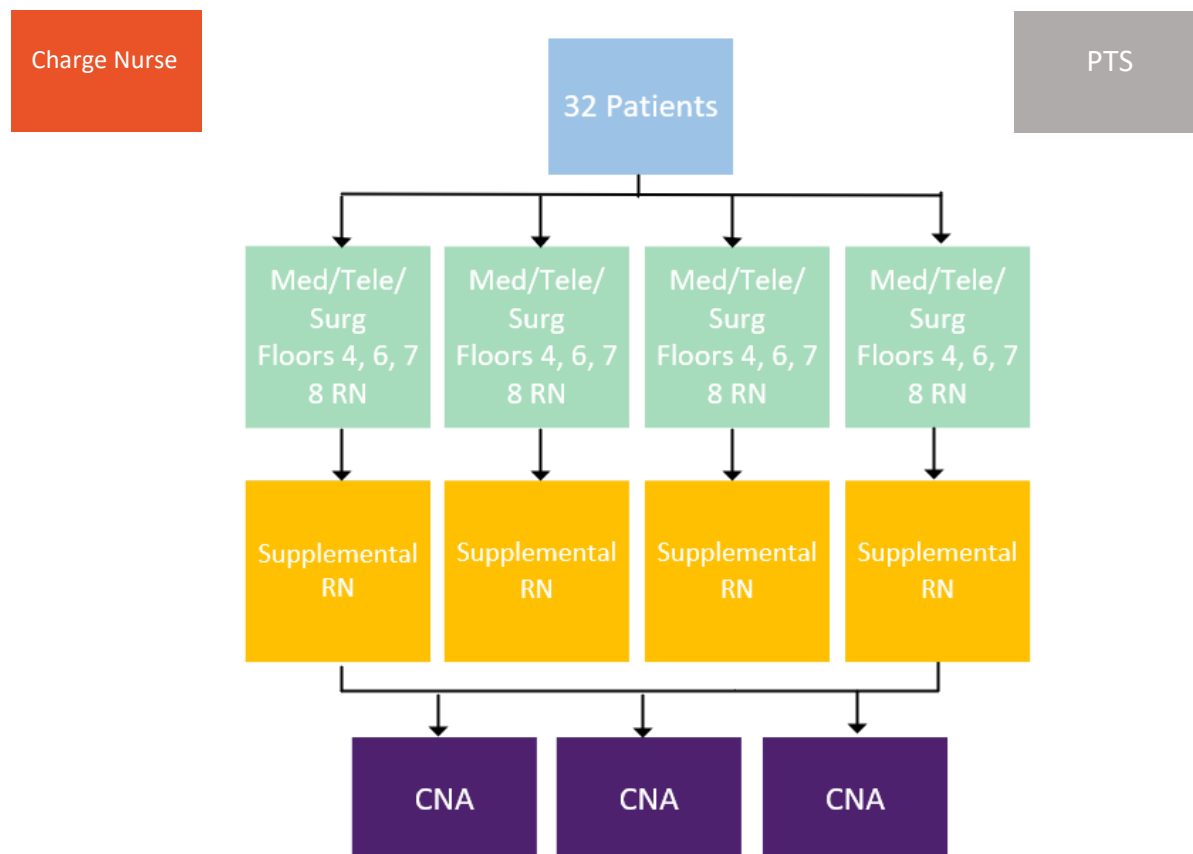
Med/Tele/Surg RNs will complete assessments, documentation, communicate with care team and families.

Supplemental RNs will administer oral medication, intravenous medications as directed, provide daily care, lab draws, point-of-care testing and other basic nursing tasks.

Certified Nursing Assistant will perform duties as assigned.

Modified Patient Care Standards and Reduced Documentation Procedures Implemented

MED/TELE/SURG UNITS
TIER 3 FOR TEAM NURSING



One (1) Charge Nurse for the entire unit

One (1) Med/Tele/Surg RN for every eight (8) patients

One (1) Supplemental RN for every eight (8) patients

Three (3) Certified Nursing Assistants for the entire unit

Med/Tele/Surg RN will complete assessments, documentation, communicate with care team and families.

Supplemental RNs will administer oral medication, intravenous medications as directed, provide daily care, lab draws, point-of-care testing and other basic nursing tasks.

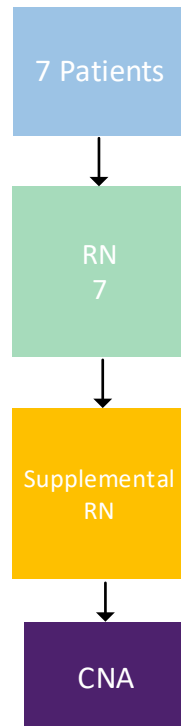
Certified Nursing Assistant will perform duties as assigned.

***If possible, one ICU RN will be assigned to a unit if housing ICU overflow patients. Tasks will include just-in-time education and help management of conditions and devices.*

Modified Patient Care Standards and Reduced Documentation Procedures Implemented

INTERMEDIATE CARE OVERFLOW TO INTERMEDIATE CARE

TIER 3 FOR TEAM NURSING



One (1) RN for the entire unit

One (1) Supplemental RN for the entire unit

One (1) Certified Nursing Assistant for the entire unit

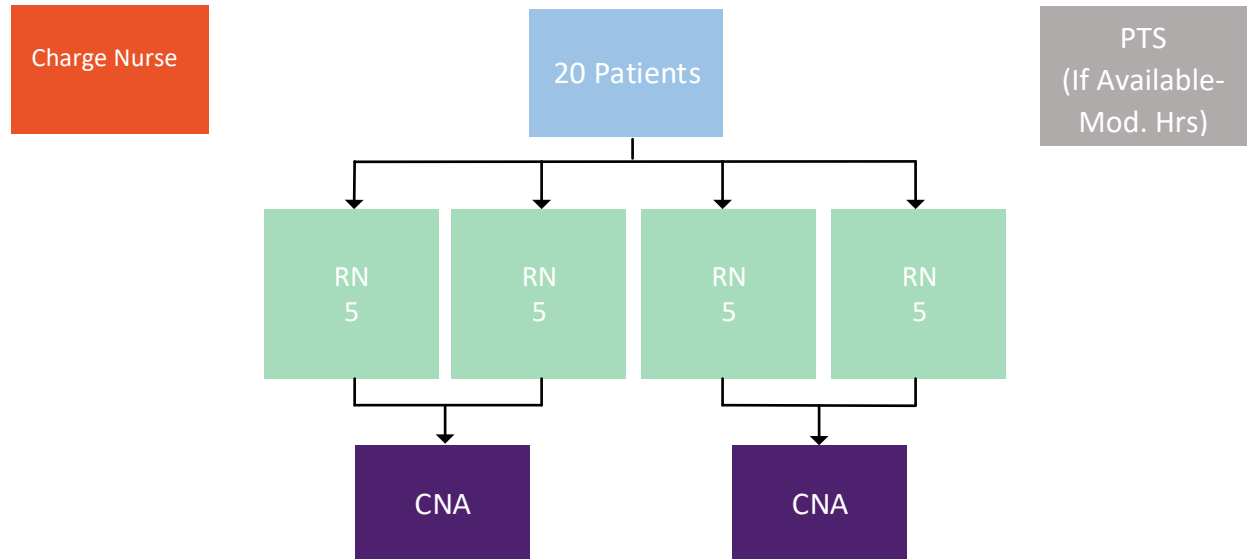
RNs will complete assessments, documentation, communicate with care team and families.

Supplemental RNs will administer oral medication, intravenous medications as directed, provide daily care, lab draws, point-of-care testing and other basic nursing tasks.

Certified Nursing Assistant will perform duties as assigned.

Modified Patient Care Standards and Reduced Documentation Procedures Implemented

MED/SURG OVERFLOW TO ACU
CONTINGENCY STAFFING – TIER 1



One (1) Charge Nurse for the entire unit

One (1) RN for every five (5) patients

One (1) Certified Nursing Assistant for every ten (10) patients

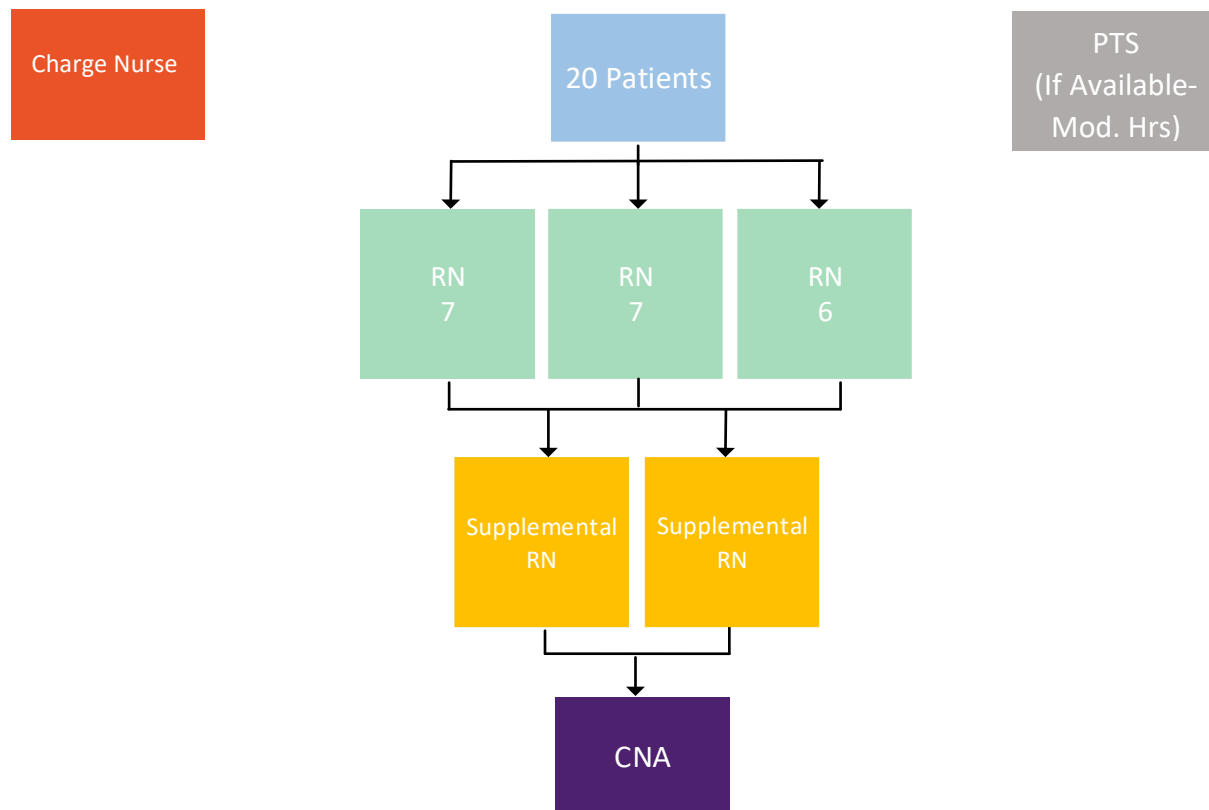
Care and documentation standards remain unchanged

***Note – Gurney only**

MED/SURG OVERFLOW TO ACU

CONTINGENCY STAFFING – TIER 2

[Team staffing implemented]



One (1) Charge Nurse for the entire unit

One (1) RN for every six to seven (6-7) patients

One (1) Supplemental RN for every ten (10) patients

One (1) Certified Nursing Assistant for the entire unit

Primary RNs will complete assessments, documentation, communicate with care team and families.

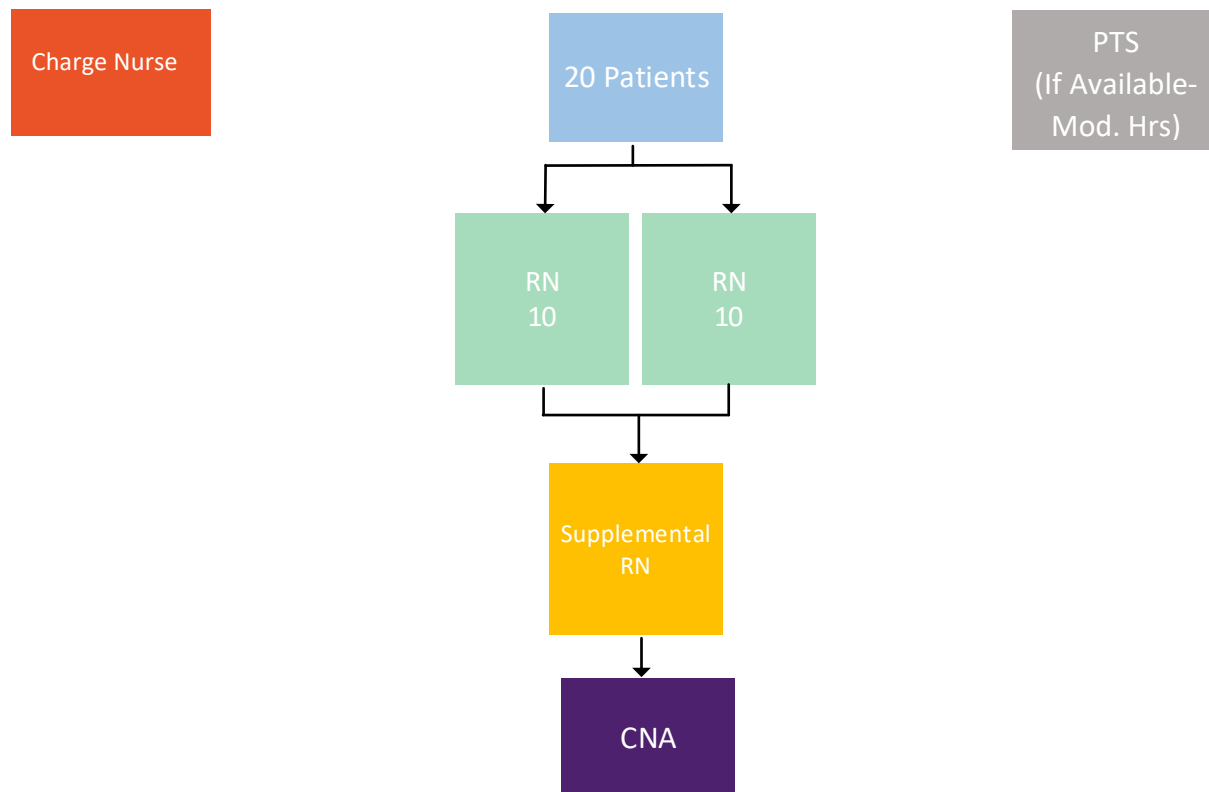
Supplemental RNs will administer oral medication, intravenous medications as directed, provide daily care, lab draws, point-of-care testing and other basic nursing tasks.

Certified Nursing Assistant will perform duties as assigned.

Modified Patient Care Standards and Reduced Documentation Procedures Implemented

MED/SURG OVERFLOW TO ACU

TIER 3 FOR TEAM NURSING



One (1) Charge Nurse for the entire unit

One (1) RN for every ten (10) patients

One (1) Supplemental RN for the entire unit

One (1) Certified Nursing Assistant for the entire unit

Primary RNs will complete assessments, documentation, communicate with care team and families.

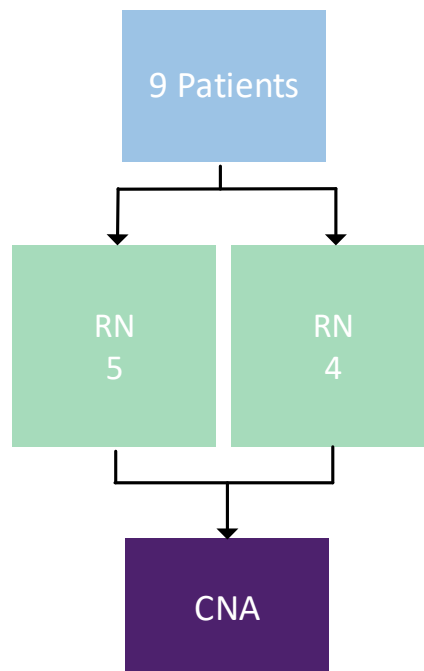
Supplemental RNs will administer oral medication, intravenous medications as directed, provide daily care, lab draws, point-of-care testing and other basic nursing tasks.

Certified Nursing Assistant will perform duties as assigned.

Modified Patient Care Standards and Reduced Documentation Procedures Implemented

COMFORT CARE UNIT (IN PRE-OP AREA)

TIER 3



One (1) RN for every four to five (4-5) patients

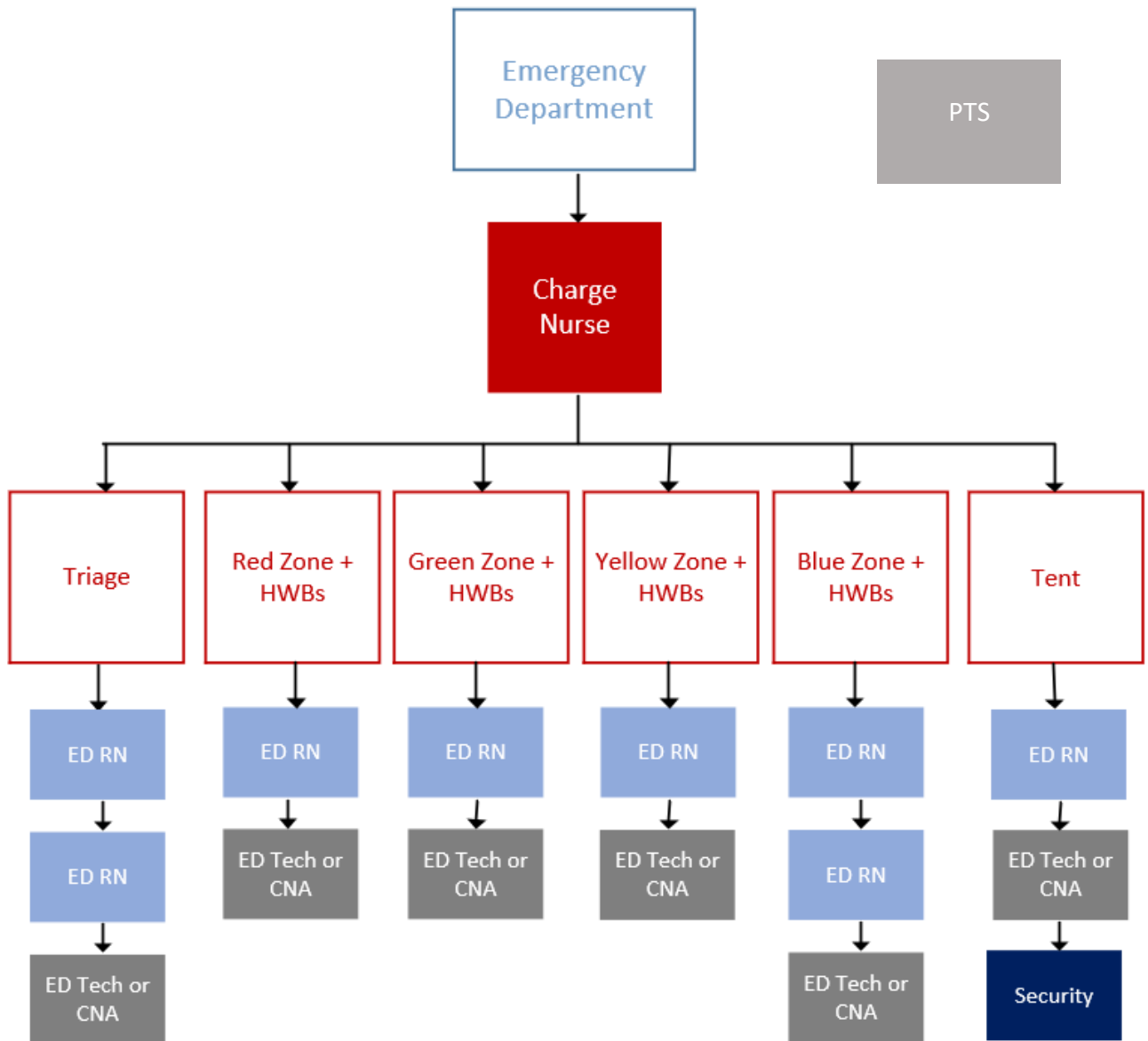
One (1) Certified Nursing Assistant for the entire unit

Care and documentation standards remain unchanged

EMERGENCY DEPARTMENT
CONTINGENCY STAFFING – TIER 1

[Exceeding normal minimal staffing in the presence of a declared crisis or disaster]

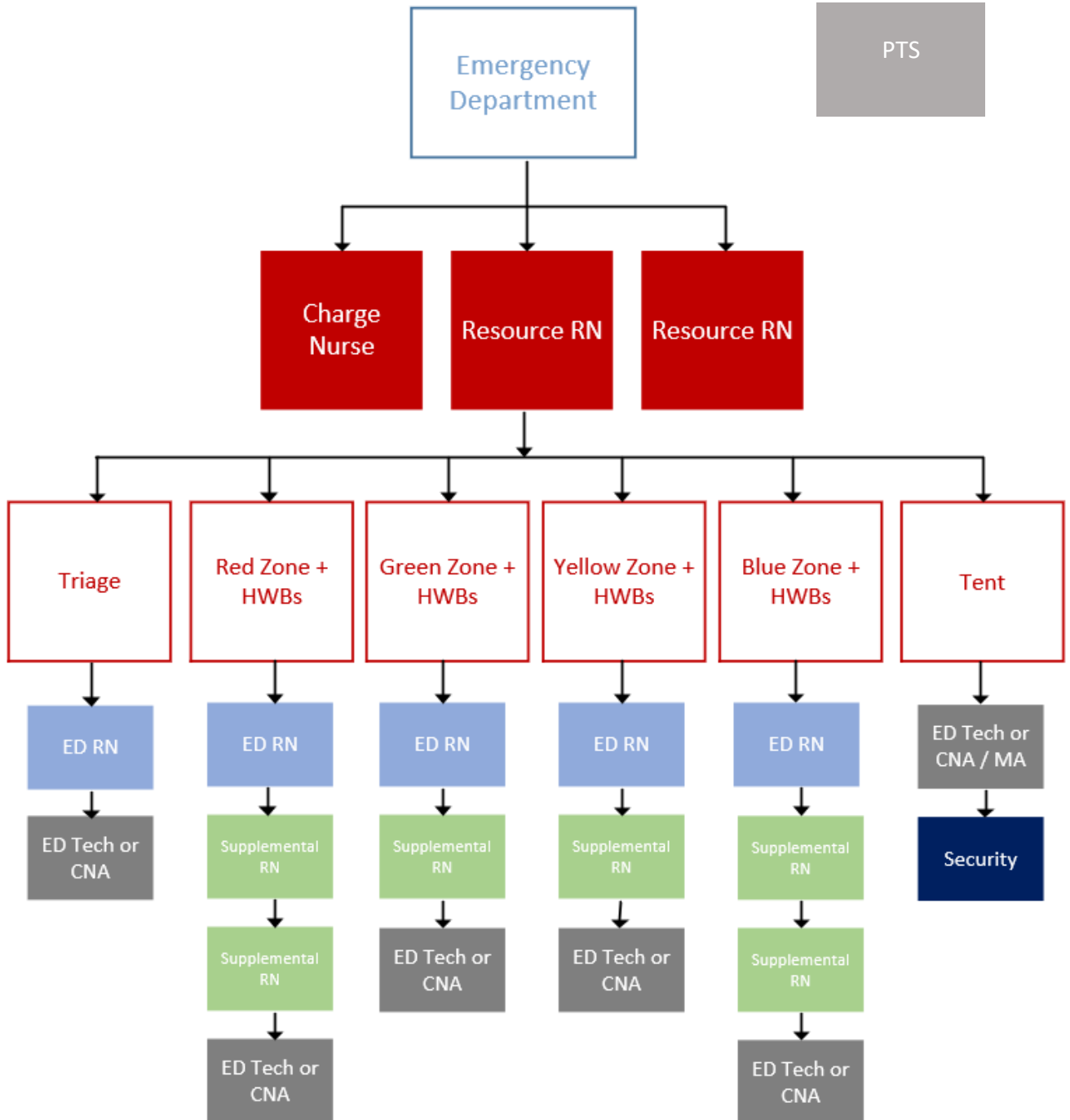
HWB = Hallway Beds



See page 16 for ED Caregiver roles during modified staffing

**EMERGENCY DEPARTMENT
CONTINGENCY STAFFING – TIER 2
[Team staffing implemented]**

HWB = Hallway Beds

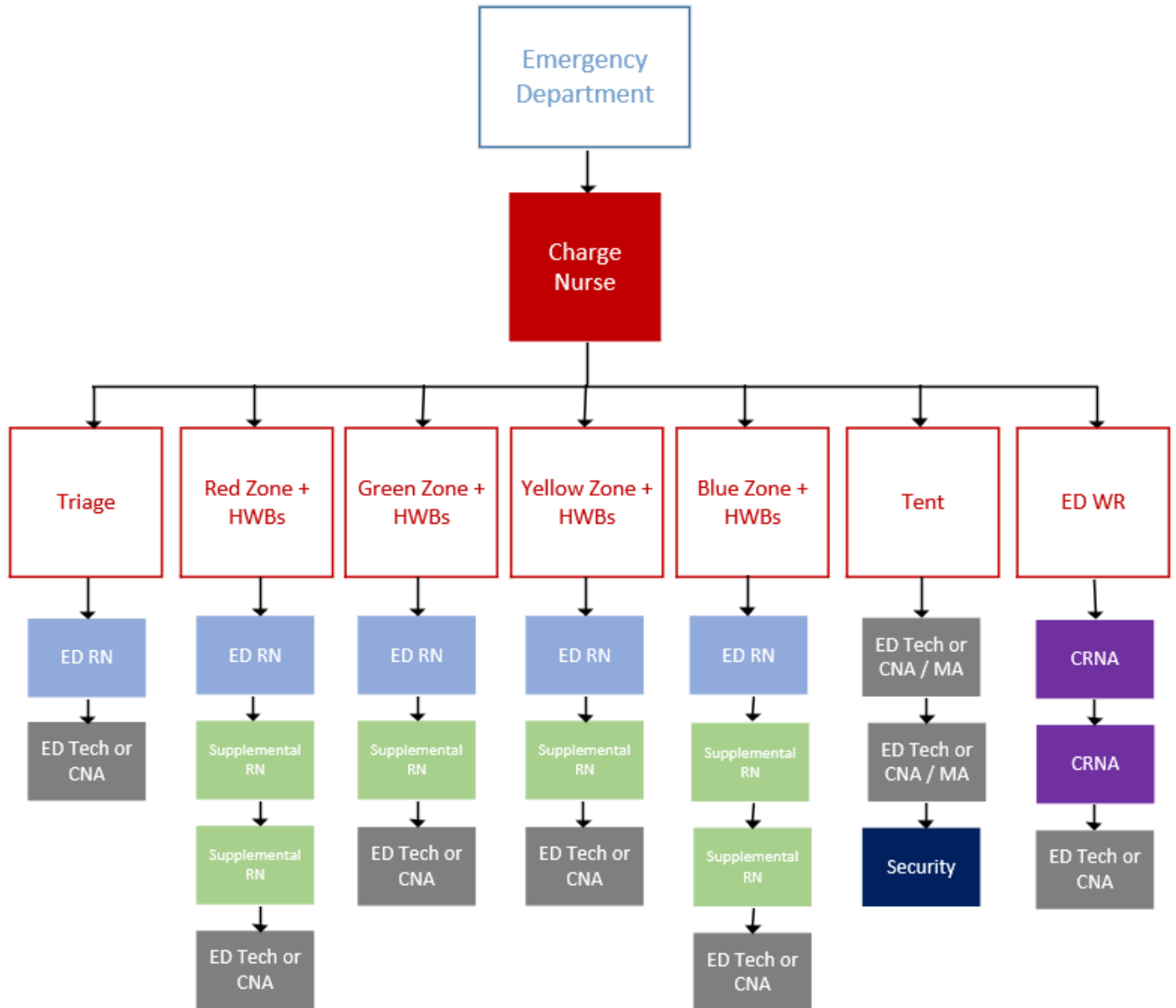


See page 16 for ED Caregiver roles during modified staffing

EMERGENCY DEPARTMENT

TIER 3

HWB = Hallway Beds



See page 16 for ED Caregiver roles during modified staffing

Emergency department caregiver Roles during modified staffing:

ED RNs will coordinate patient care in their assigned hall. They will collaborate with providers on patients, review orders, review lab/imaging results, delegate to the supplemental RNs and ED techs/CNA. ED RNs will triage new patients and assign an ESI level.

ED RNs will work collaboratively with their team to perform focused patient assessments, monitor vital signs, start and monitor IVs and IV therapies, administer medications and IV fluids, and ensure proper disposition of patients from the ED.

Supplemental RNs will assess patients, monitor vital signs, start and monitor IVs and IV therapies, administer medications and IV fluids, and ensure proper disposition of patients from the ED (discharge, admit, or transfer). Supplemental RNs will work collaboratively with their team to ensure patient care is complete.

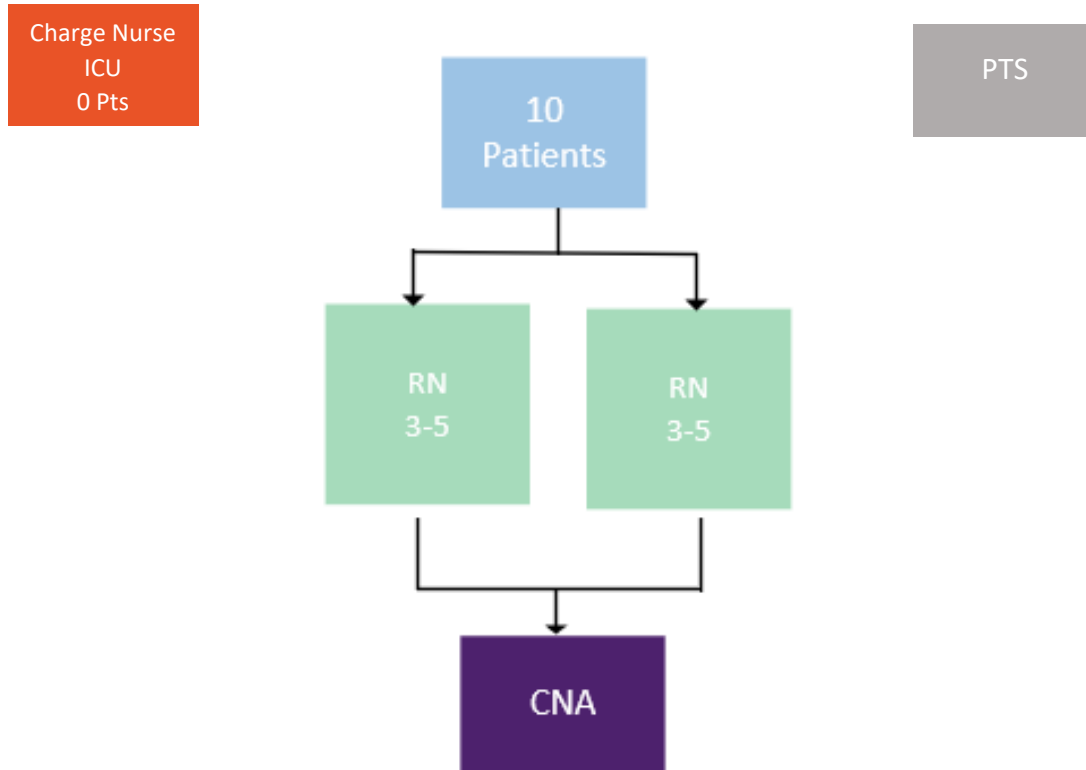
ED Techs/CNAs: will perform duties as assigned including vital signs, transporting patients, procedures that comply with their scope of practice. They will assist patients with changing into a patient gown, toileting needs and other requests. Techs and CNA will assist in environmental hygiene in their hall, this includes cleaning room, beds, ensuring supplies are stocked, trash and linen bins are emptied when full.

ED Tech II will place IVs and draw labs.

MEDICAL COVID UNIT

CONTINGENCY STAFFING – TIER 1

[COVID-19 (or patient population specific)]



One (1) shared Charge Nurse with unit

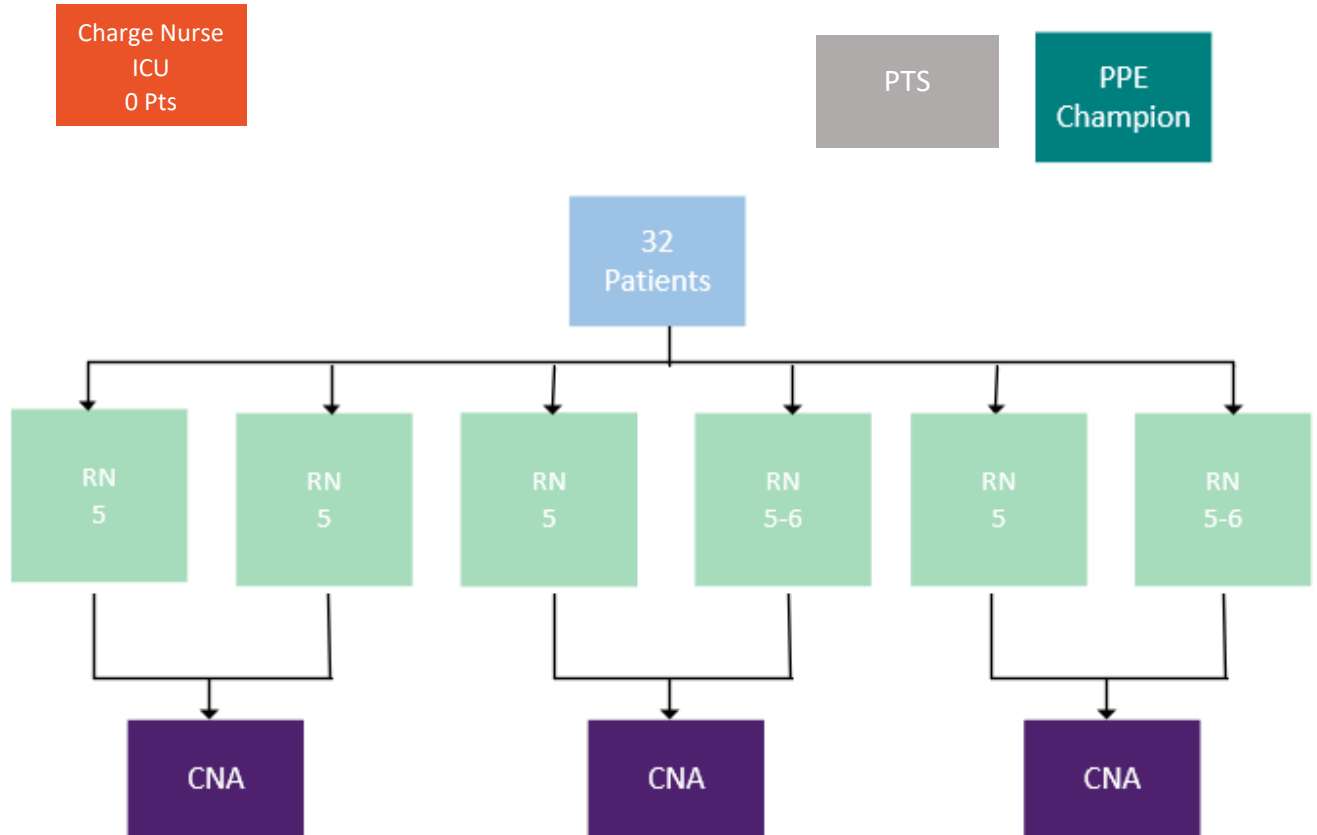
One (1) Med/Tele/Surg RN for every three-five (3-5) patients

One (1) Certified Nursing Assistant for every six-ten (6-10) patients

Med/Tele/Surg RNs will complete assessments, documentation, titrate pressors, communicate with care team and families.

Certified Nursing Assistant will perform duties as assigned.

MEDICAL COVID UNIT - EXPANDED
CONTINGENCY STAFFING - TIER 2
[COVID-19 (or patient population specific)]



One (1) Charge Nurse for entire unit

One (1) Med/Tele/Surg RN for every five-six (5-6) patients

One (1) Certified Nursing Assistant for every ten-eleven (10-11) patients

Med/Tele/Surg RNs will complete assessments, documentation, titrate pressors, communicate with care team and families.

Certified Nursing Assistant will perform duties as assigned.

Modified Patient Care Standards and Reduced Documentation Procedures Implemented