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: to	**Shift type and number of expected hours per shift**		
	☐ Day Shift Hours:	☐ Evening Shift Hours:	☐ Night Shift 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)	

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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.)?	☐	☐		
2. Has the Health Care Coalition been notified?	☐	☐		
3. Has the agency or facility brought in all available staff? (i.e., furloughed, recently retired staff)	☐	☐		
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.)	☐	☐		
5. Has the agency or facility utilized medical and healthcare graduates prior to board or final exams?	☐	☐		

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?	☐	☐		

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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?	☐	☐		
2. Has the HCF recalled all furloughed staff to return to work?	☐	☐		
3. Has the HCF reinstated retirees for those that retired within the past 5 years?	☐	☐		

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?	☐	☐		
2. Will the additional staff focus directly on COVID patient care?	☐	☐		
3. Would you be able to provide a staff evaluation at 25 and 50 days of deployment? (DOH provides the evaluation criteria)	☐	☐		
4. Does the facility receiving healthcare staff agree to transfer in additional patients and therefore create further capacity for the region or the state?	☐	☐		
5. Do you have awareness if the EMS agencies have the capabilities to assist with transferring patients?	☐	☐		

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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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