Crisis Care Continuum Guidelines

STAGE 1: Contingency Capacity Strategies:

Triggers for Contingency:

1. **Space:** All beds are occupied at capacity with need to accommodate up to 2 additional beds.
2. **Staff:** More than 1 licensed nursing staff has patient assignments above stated mandated ratios (one additional patient).
3. **Supplies:** No back up ventilators available. Limited availability of commonly used Covid-19 medications/critical therapeutics. Less than 500 N95 masks available and less than 20 PAPR hoods.
4. **Level of Care:** ≥ 3 Covid positive patients in isolation.

Space (Contingency) - Vibra Hospital of Northern California has 3 private rooms that can be converted into negative pressure rooms in the 250s hallway. This is our designated COVID unit and will be isolated from the rest of the hospital with a barrier.

Staff (Contingency) - Vibra Hospital of Northern California does not have emergency services (ER), which is the typical route for sur

ge patients coming into traditional acute care hospitals. Our highest vulnerability during a surge lies in staffing shortages due to higher level of COVID in the community and/or outbreak at the hospital. We have laid out a detailed plan for managing staffing shortages during the contingency phase.

VHNC has determined the number of minimum staff required to provide a safe work environment and safe patient care during a crisis standard. If a sustained staffing shortage is anticipated/identified we will:

1. VHNC will communicate with local and state officials to notify them of our staffing shortage and request for staffing waiver, initiated due to the inability to meet California staffing guidelines (AFL 20-26), and will submit CDPH form 5000A.
2. Cancel any scheduled outpatient therapy treatments.
3. Shift HCP who work in these areas to support other patient care activities in the facility.
4. Just in Time training to be provided to any HCP for appropriate orientation and training to work in these areas that are new to them.
5. Any elective time off from work may be suspended. However, there will be consideration for the mental health benefits of time off.
6. The Command Center will consider Activation of our Continuity of Operations Plan for Disaster management.
7. Request Case Management to investigate alternate care sites with adequate staffing to care for patients.
8. Fully vaccinated HCPs with an exposure to someone with suspected or confirmed COVID-19 are NOT required to quarantine if they meet ALL of the following criteria:
    - Are fully vaccinated (i.e., >2 weeks following receipt of the second dose in a 2-dose series, or >2 weeks following receipt of one dose of a single-dose vaccine)
    - Are within 3 months following receipt of the last dose in the series
    - Have remained asymptomatic since the current COVID-19 exposure

9. **Implement plan for allowing our HCP's who have not been fully vaccinated, are asymptomatic and have had an unprotected exposure to COVID 19 but are not known to be infected to continue to work:**

*Guidelines outlined below reflect the most current CDC recommendations based on the best information available and reflect the realities of an evolving pandemic. Hospital will continue to closely monitor the evolving science for information and update practice based on all CDC recommendations.

a. Hospital command center will be notified of employee's exposure.
b. Command center will determine if HCP is an essential worker and can continue to work if critical need is established.
c. Command center will contact HCP essential worker to determine if they are asymptomatic and meet criteria to come back during critical shortage.
d. HCP quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.
e. When diagnostic testing resources are sufficient and available then quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7. If negative COVID 19 test result then HCP worker will be able to return to work. HCP will be placed on command center exposure log and monitored daily when at work during the post exposure period.
f. HCP will continue monitoring at beginning of each shift that includes reporting and documenting temperature and absence of symptoms.
g. HCP will remain compliant with hospital PPE pandemic requirements while at work.
h. HCP will use a N95 mask during the post exposure period.
i. If HCP develops even mild symptoms consistent with COVID-19 while at work, they must cease patient care activities and notify their supervisor, and this HCP will be tested prior to going home.
j. If the HCP that is tested is COVID 19 positive in the initial test or any time during the post exposure period they will be excluded from work and will follow CDC quarantine guidelines until they meet all return to work criteria.

Vibra Hospital of Northern California will share the contingency plan with patients and HCP.

Supplies (Contingency): We will take the following steps for supply management during contingency:

1. Maintain par level of vents set for the facility to meet demand and cover all patients needing ventilator support.
2. Continue to order 100% of the allocation allowed from our vendors monthly. Use all existing vendors to purchase supplies needed and exhaust all options.
3. Use shipping containers in back parking lot to store appropriate PPE supplies for first 2 quarters of 2021.
4. Keep a stock of at least 500 N-95 masks for use for isolated patients.
5. Keep 3 PAPRS in working order and 50 PAPR hoods in stock.
6. Use PPE conservation strategies based on CDC guidance for supplies.
7. Connect with other hospital within Vibra healthcare to ship needed supplies urgently.
8. Submit request to local MHOAC for resupply, if needed.

Level of care/Operations (Contingency):

1. VHNC will use defined triggers for activation of contingency level of care through the COVID command center.
2. During the active contingency period VHNC will conduct COVID command center meetings to oversee use of critical care resources, staffing, and return to work criteria management.
3. During the active contingency period, VHNC will conduct COVID pandemic knowledge huddles and competency/proficiency training, as needed. Huddles will be conducted by members of the command center team.

VHNC has established format for communication with the following partners:

1. Vibra Healthcare Network Hospitals: contact central support center for additional resource allocation and guidance on policies and procedures. Attempt to procure needed supplies through materials management from all Vibra Healthcare facilities.
2. Maintain regular communication with key contacts at LHD and MHOC, including Shasta County Public Health Officer and Public Health Program Coordinators.
3. Keep active communication open with California Hospital Association (CHA) to communicate regarding supplies/bed space availability at any facilities in the Northern California area.

STAGE 2: Crisis Capacity Strategies:

Triggers for Crisis:

1. **Space:** Need for HOU or Medical Surgical beds exceeds current capacity.

2. **Staff:** More than 4 licensed nursing staff has patient assignments above stated mandated ratios (one or more additional patient). Staffing for respiratory therapy and/or providers falls below 75% of conventional level staffing.
3. **Supplies:** More ventilator patients than available ventilators. No additional availability of commonly used critical therapeutics with no suitable substitutions. Less than 250 N95 masks available and less than 10 PAPR hoods.
4. **Level of Care:** >3 Covid positive patients in isolation.

VHNC will notify the local public health department and local CDPH district office via email and phone call immediately on implementation of crisis level of care.

Space (Crisis) - Vibra Hospital of Northern California has 3 private rooms that can be converted into negative pressure rooms in the 250s hallway. This is our designated COVID unit and will be isolated from the rest of the hospital with a barrier. Should the need arise, we will add additional COVID beds within the 250s hallway.

Staff (Crisis)- Vibra Hospital of Northern California does not have emergency services (ER), which is the typical route for surge patients coming into traditional acute care hospitals. Our highest vulnerability during a surge lies in staffing shortages due to higher level of COVID in the community and/or outbreak at the hospital. We have laid out a detailed plan for managing staffing shortages during the crisis phase.

VHNC will communicate with local and state officials to notify them of our staffing shortage and request for staffing waiver, initiated due to the inability to meet California staffing guidelines (AFL 20-26), and will submit CDPH form 5000A.

Additional steps:

1. Ensure all steps from Contingency Capacity Plan have been executed to mitigate staffing.
2. Case Management to follow hospitals Disaster Plan, investigate alternate care sites with adequate staffing to care for our inpatients. If facilities are identified, transfer patients to designated healthcare facilities with adequate staffing.
3. **If shortages continue despite previous contingency mitigation strategies, implement criteria to allow HCP with suspected or confirmed COVID-19 who are well enough and willing to work but have not met all return to work criteria.**

4. Command center will determine if HCP is an essential worker and can continue to work if critical need is established. (*see details below)
5. Command center will contact HCP essential worker to determine if they are well enough and willing to work during critical shortage.
6. If HCP are allowed to work before meeting all criteria, they will be restricted from contact with patients who are on neutropenic precautions.
7. **VHNC will prioritize their duties in the following order:**

    a. If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties remotely.
    b. Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
    c. Allow HCP with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
    d. As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients *without* suspected or confirmed COVID-19.

8. HCP are permitted to return to work before meeting all return to work criteria they should still adhere to all return to work practices and work restrictions and recommendations described below:

These include:

a. HCP will remain compliant with hospital PPE pandemic requirements while at work.
b. Ensure all steps from Contingency Capacity Plan have been executed to mitigate staffing.
c. Wear a N95 mask for source control at all times while in the facility until they meet the full return to work criteria and all symptoms are completely resolved or at baseline.
d. They should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
e. N95 masks should be worn even when they are in non-patient care areas, such as breakrooms.
f. If they must remove their mask, for example, in order to eat or drink, they should separate themselves from others.
g. They should be restricted from contact with neutropenic patients until the full return to work criteria has been met.

h. They should self-monitor for symptoms and seek re-evaluation if respiratory symptoms recur or worsen.

(*)VHNC has developed criteria to determine which HCP with suspected or confirmed COVID-19 (who are well enough and willing to work) could return to work before meeting return to work criteria –if staff shortages continue despite other mitigation strategies.

Considerations include:

- The type of HCP shortages that need to be addressed.
- Where individual HCP are in the course of their illness (e.g., viral shedding appears to be higher earlier in the course of illness).
- The types of symptoms they are experiencing (e.g., persistent fever).
- Their degree of interaction with patients and other HCP in the facility.
- If frontline staff, the type of patient they will be assigned.

Supplies (Crisis): We will take the following steps for supply management during crisis:

1. Continue all measures implemented during contingency level for PPE conservation.
2. Use alternative models of N-95 masks as needed and fit test just in time.
3. Submit resource request through MHOAC up to the state for resupply.
4. Use the Crisis Triage Team if needed to oversee and review the allocation of critical care resources (critical care, utilization of non-critical care staffing, ventilators, therapeutics) which demonstrate a survival benefit.

Level of Care/Operations (Crisis):

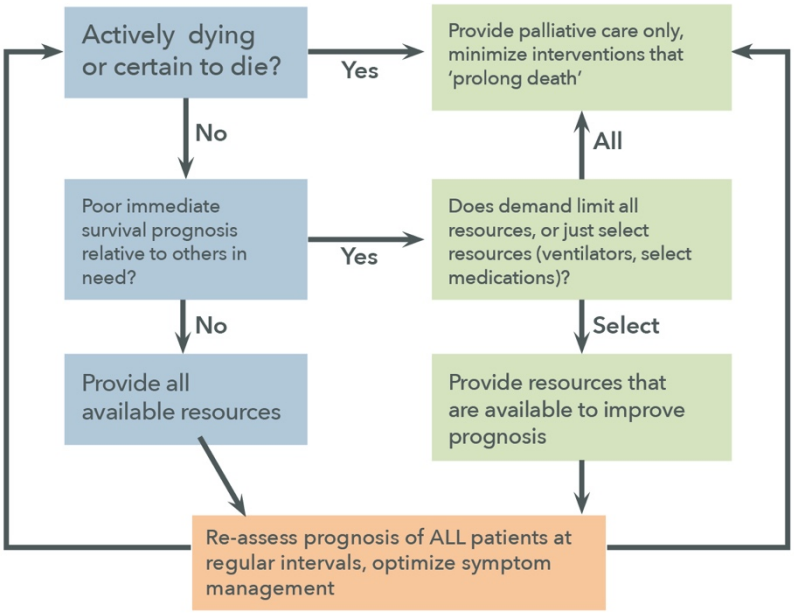
In the event of crisis level of care members of the Crisis Triage Team will manage and triage the allocation of critical care resources. Key members include: Chief of Staff/Medical Director, Critical Care Director, CEO, Chief Clinical Officer, Director of Nursing, Director of Quality management and Director of Case Management. Due to the size of our facility the Medical Director and Critical Care directors will act as the designated Triage officers.

VHNC will connect with the LHD and MHAOC to attempt transfer of patients, if needed, to decompress.

VHNC will appoint an individual as the Disability Accommodations Specialist or ombudsperson who has the responsibility and authority to ensure that older adults

and people with disabilities
receive needed accommodations needed for effective COVID treatment.

VHNC will use the following framework along with the Sequential Organ Failure Assessment, SOFA score for allocation of resources to patients:



Basic biomedical ethical principles will be incorporated in to decision making regarding allocation of healthcare resources. These are: autonomy, beneficence, justice, fair and equitable, transparency, consistency, proportionality and accountability. Ethical principles will be applied in a manner that respects equality and human dignity with attention to the following elements:

- Protection and provisions for vulnerable populations
- Disability and return to previous state of health

Crisis Communication Plan

Vibra Hospital of Northern California will also inform patients, families, and HCP when the facility is operating under crisis standards. They will be informed of the changes in practice and actions are being taken to mitigate the risk of exposure to COVID-19 from HCP that are allowed to come back to work.