

SPACE—Surge Strategies for SNFs

Objective: Increase the ability to maintain operations and/or take on additional patients by repurposing the use of space

Strategy/Implementation Steps	Regulatory Considerations
Cohort Patients: Group like-patient types together to maximize efficient delivery of patient care	<ul style="list-style-type: none"> ● Maintaining all infection control precautions and procedures
Use licensed space for other types of patients, if applicable (use of SNF bed for sub-acute and vice versa)	<ul style="list-style-type: none"> ● 22 CCR 72603: Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the approval of California Department of Public Health (CDPH)
Convert common areas into patient care, add the use of cots, beds, or other sleeping surfaces <ul style="list-style-type: none"> • Cafeterias • Recreation areas • Lounges • Lobbies • Rooms with unlicensed beds • Unused spaces • Other 	<ul style="list-style-type: none"> ● 22 CCR 72607(b): Patients shall not be housed in areas which have not been approved by CDPH for patient housing and which have not been given a fire clearance by the State Fire Marshal
Transfer patients to lower level of care (e.g. RCF) or discharge patients to family residents, temporarily	<ul style="list-style-type: none"> ● Have agreements in place with facilities that provided lower levels of care ● Pre-identify which patients may be able to be temporarily discharged to their families
Increase bed capacity of existing patient rooms <ul style="list-style-type: none"> • Convert single rooms to double rooms • Convert double rooms to triple rooms 	<ul style="list-style-type: none"> ● 22 CCR 72607(a): A facility shall not have more patients or beds set up for use than the number for which it is licensed except in the case of emergency when temporary permission may be granted by the CDPH director or designee
Designate wards or areas of the facility that can be converted to negative pressure or isolated from the rest of the ventilation system for cohorting infectious patients Use these areas for infectious patients to minimize disease transmission to uninfected patients	<ul style="list-style-type: none"> ● 22 CCR 72603: Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the approval of CDPH ● 22 CCR 72321: Prohibits a skilled nursing facility from admitting or treating any patient with an infectious disease unless that patient can be accommodated in a room vented to the outside ● 8 CCR 5199-E: Aerosol Transmissible Disease Standard – Requires use of appropriate PPE

STAFF—Surge Strategies for SNFs

Objective: Increase the ability to maintain staffing levels and/or expand the workforce

Strategy/Implementation Steps	Regulatory Considerations
<p>Rely on existing staff</p> <ul style="list-style-type: none"> • Increase the number of hours per work shift • Call in off duty and/or per diem staff • Reassign licensed administrative staff to patient care roles 	<ul style="list-style-type: none"> • CA Industrial Welfare Commission Order # 4-2001, 3(B) (9)-(10) outlines the number of hours that healthcare personnel may work during a healthcare emergency • 22 CCR Section 72038: "Direct caregiver" means a registered nurse, a licensed vocational nurse, a psychiatric technician, and a certified nurse assistant, or a nursing assistant participating in an approved training program, while performing nursing services as described in sections 22 CCR 72309, 72311 and 72315. A person serving as the Director of Nursing services in a facility with 60 or more licensed beds when giving direct care, not included in nursing hours per patient day
<p>Call upon external sources for temporary staff</p> <ul style="list-style-type: none"> • Nurse staffing agencies 	<ul style="list-style-type: none"> • 22 CCR 72535 states this requirement for skilled nursing and intermediate care facilities. Long-term care health facilities are required to document a health screening, including tuberculosis PPD test, within 7 days of hiring or 90 days prior to an employee's start-date
<p>Request additional staffing resources through the Standardized Emergency Management System (SEMS) structure.</p>	<ul style="list-style-type: none"> • Long-term care health facilities are required to document a health screening, including tuberculosis PPD test, within 7 days of hiring or 90 days prior to an employee's start-date. 22CCR 72535 states this requirement for skilled nursing facilities; 22 CCR 72535 states this requirement for intermediate care facilities. Unless waived or flexed by CDPH Licensing & Certification, this requirement must be met during a healthcare surge and a health screening process should be incorporated into the facility's plan for acceptance and assignment of staff
<p>Identify which functions can be performed by:</p> <ul style="list-style-type: none"> • Community-based organization • Volunteer Staff • Family members • Private contractors 	

STUFF—Surge Strategies for SNFs

Objective: Ensure adequate supplies and equipment

Strategy/Implementation Steps	Regulatory Considerations
Have enough pharmaceuticals to be self-sufficient to operate at or near full capacity for a minimum of 72 hours, with a goal of 96 hours	● CA HSC Sections 1261.5 and 1261.6, 22 CCR 72377, and 22 CCR 73375 limit the number of drugs a skilled nursing facility or intermediate care facility can maintain beyond patients' current supply of medication
PPE: Provide appropriate personal protective equipment and training for all staff: • Identify/streamline process for use of PPE including guidelines for reuse and fit testing	
Request additional supplies and equipment resources through the Standardized Emergency Management System (SEMS) structure	
Contact local vendors for resupply, while utilizing conservation measures in supplies and equipment	
Have enough supplies and equipment to be self-sufficient to operate at or near full capacity for a minimum of 72 hours, with a goal of 96 hours	

Note: the ability to implement strategies is facility-dependent.