ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 26 March 2020
Response Date: 31 March 2020
Type of TA Request: Complex

Request:

The requestor asked for ideas/recommendations for alternate care site (ACS) staffing solutions for COVID-19 medical surge (i.e., where to recruit/ find additional staff for these sites assuming there is little/ no federal staffing or available Emergency Medical Assistance Compact [EMAC] support). The requestor also asked for examples of states that have implemented ideas/ practices for creative medical surge staffing.

Response:

The ASPR TRACIE Team reviewed existing resources, including those on our Coronaviruses, Influenza Epidemic/Pandemic, Training and Workforce Development, Healthcare-related Disaster Legal/Regulatory/Federal Policy, and Volunteer Management Topic Collections, and Novel Coronavirus Resources page. We also sent a request for recommendations from our ASPR Medical Reserve Corps (MRC) colleagues and regional ASPR staff. Additionally, we conducted a search online for relevant materials. Considerations and lessons learned from these materials are gathered and provided as points for consideration in this document.

This document from the Federation of State Medical Boards (dated March 31, 2020) provides a snapshot of **states that are currently waiving licensure requirements and renewals in response to COVID-19**. The chart includes a description/note and the link to the citation/ executive order/press release.

Please refer to the Centers for Disease Control and Prevention's Coronavirus Disease 2019 webpage for the most up-to-date clinical guidance on COVID-19 outbreak management.

Considerations and Lessons Learned

- The requestor noted that their organization has thought of the following areas to potentially recruit additional healthcare staff:
    - Medical residents
    - Senior year nursing students
    - Ancillary medical professionals as extenders (e.g., physical and occupational therapists, dentists, veterinarians)
    - Personnel from community healthcare facilities such as federally qualified health centers, ambulatory surgery centers, private clinics
    - Retired, yet still licensed, nurses and physicians

- ASPR MRC provided the following occupations, individuals, and groups to consider for medical surge staffing:
    - Veterinarians and Veterinary Technicians
    - Dentists, Orthodontists, Dental Assistants, and Dental Technicians
    - Ophthalmologists
    - Optometrists
    - Dermatologists
    - Podiatrists
    - Orthopedic doctors/doctors of sports medicine
    - Radiologists
    - Plastic surgeons
    - School nurses
    - Paramedics and Emergency Medical Technicians (EMTs)
    - Medical students
    - Nursing students
    - Pharmacy students
    - Respiratory therapy students
    - Physician Assistant students
    - Medical assistants
    - Certified Nursing Assistants (CNAs)
    - Licensed home health care workers
    - Occupational therapists
    - Chiropractors
    - Holistic clinicians
    - Nurse midwives
    - Certified athletic trainers (knowledge of anatomy/physiology and first aid)
    - Speech therapists
    - Substance abuse counselors
    - Mental health counselors and behavioral specialists
    - HOSA students (CNAs and EMTs may be licensed at 16 in some states)
    - People who have expired healthcare licenses, but who may still be in good standing
    - Retired healthcare professionals (please note: these individuals may be at higher risk due to their age, i.e., 60+)
    - Non-profit medical groups (e.g., Heart to Heart International, Doctors without Borders, etc.)
    - Medical professionals in private practice
- ASPR MRC provided the following healthcare licensing and regulations considerations:
    - Early graduation and/or accelerated licensing of students in the health professions (e.g., medical, nursing, pharmacy, etc.)
    - Temporary licensing through open call or recall of former military health professionals

    - Use of civilian paramedics, EMTs, and former military medics/hospital corpsmen with intermediate level medical training for non-acute duties so as to allow higher level medical clinicians to focus on acute patients and respiratory therapy
    - Extension of healthcare licenses
    - Reinstatement of licenses for retired healthcare professionals
    - Temporary licensing of healthcare volunteers
    - Licensing of healthcare professionals in academia, business and industry, research, etc.
    - Reciprocity and acceptance of healthcare licenses across state lines
    - Expanded use of telehealth/telemedicine
- ASPR MRC provided the attached document that provides examples of how MRC volunteers are being used in the COVID-19 response, number of MRC units that may conduct activities related to the response, and a chart showing the numbers and types of MRC volunteers nationwide.
- Physical therapists are another group of healthcare professionals that could be considered. They are able to mobilize patients, teach and train in breathing strategies, strength train, and can assist with helping a patient transition to home.
- New York City Health + Hospitals, Bellevue, noted that for the current COVID-19 response, they are using healthcare staff as such:
    - Orthopedic Surgeons → Proning Teams
    - Outpatient Nurse Practitioners → Continuous Veno-Venous Hemofiltration (CVVH) Support
    - Anesthesia → Procedure Team (airway, central venous line (CVL), A-line, HD line, OG tube)
    - Ear, Nose, and Through (ENT) Specialist → Intervention Pulmonary Tracheostomy Team
    - Psychiatric/ Palliative Care → Family Contact Team
    - Medical Students → "Write Up Papers" Team

I. Other Resources

American Society of Health-System Pharmacists (ASHP). (2020). Field/Surge Hospital and ICU Bed Expansion Responses to COVID-19.

This document provides consolidated responses from ASHP members between March 25-March 30, 2020 on questions related to preparation for field and surge hospitals. States that responded include: California, Florida, Illinois, Louisiana, Michigan, New Mexico, New York, North Carolina, Ohio, Tennessee, Texas, Virginia, Washington, and Wisconsin. **See Question 6: How are you planning for and staging pharmacy workforce for Filed/Surge Hospitals?**

Simmons-Duffin, S. (2020). States Get Creative to Find and Deploy More Health Workers in COVID-19 Fight. NPR.

This article addresses the potential use of internationally trained physicians living in the U.S. and using medical students.

State of California. (2020). Governor Newsome Announces California Health Corps, A Major Initiative to Expand Health Care Workforce to Fight COVID-19.

California launched an initiative to expand healthcare workforce to address the COVID-19 surge, encouraging healthcare professionals with an active license, public health professionals, medical retirees, medical and nursing students, or members of medical disaster response teams to join the California Health Corps. Outreach will be done to unemployed healthcare workers, and under-employed foreign medical graduates to build the workforce.

Veenema, T., Friese, C. Meyer, D. (2020). The Increasing Demand for Critical Care Beds-Recommendations for Bridging the RN Staffing Gap. Center for Health Security.

This article provides a list of roles and responsibilities expected of nurses during the COVID-19 pandemic and provides the following as examples for surge staffing strategies:

- Pool existing rosters of registered healthcare workers and solicit availability for emergency reactivation.
- Develop rapid cross-training programs so registered nurses can partner with experienced critical care nurses to learn basic nursing care of ventilated patients.
- Reverse triage (discharge) patients to lower level healthcare facilities (rehabilitation hospitals) or home whenever it is safe to do so to create additional hospital beds and to free up nursing staff.
- Cohort COVID-19 patients and staff. Divide unit staff into cohorts and establish a consistent staffing pattern to facilitate strong teamwork. Rotate cohorts of nurses to care for confirmed COVID-19 patients. Schedule cohorts to work together (eg, Monday, Thursday, and Sunday) with standardized rest periods. In the event of workplace exposure, consistent teams may limit the spread of infection across more workers.
- Reduce nonessential checking of vital signs; draw labs once a day or reduce blood draws in stable patients. Reconsider traditional patient assignment procedures or assign only key personnel to care for patients (e.g., assign nursing assistants to specific patients who require their care, not entire cohorts). Deploy extended length intravenous tubing and keep infusion pumps outside of isolation rooms. De-prescribe nonessential medications. Schedule medication administration at specified times. Deploy communication strategies (walkie-talkies, intercoms, baby monitors) to reduce traffic into isolation rooms.