



Strategies for Managing a Surge in COVID-19 Cases

The following resource is intended to provide guidance to the state, tribal, local, and territorial (STLT) jurisdictions on how to enhance their healthcare capacities in response to a surge in COVID-19 cases.

Step 1. Enhance healthcare workforce to manage a surge in healthcare provider demand and preserve personal protective equipment (PPE).

Staff and PPE shortages may become a primary challenge in the management of patient surge during the COVID-19 pandemic. STLT jurisdictions can consider adopting the following strategies to optimize healthcare workforce assets and implementing PPE preservation strategies before and during a PPE shortage.

- Assess current and future healthcare workforce needs using the following planning calculator/tools:
 - [COVID-19 Health Workforce Surge Planning*](#)
 - [COVID-19 Clinical Staff Projection Calculator*](#)
 - [COVID-19 Staffing Needs Calculator*](#)
- Implement [Policies and Practices to Maximize Existing Workforce and Mitigate Healthcare Personnel Staffing Shortages](#)
 - Consider [practices](#) to optimize clinical staff capacity (e.g., up-train staff with similar skillsets to those needed for specialized care)
 - Consider [policies](#) to increase staff ability and availability (e.g., access to [self-care resources](#))
- Supplement Healthcare Workforce Staff

Actions to Address Health Care Worker (HCW) Shortages

[HRWG HCW Staffing Playbook](#)



Healthcare Facilities and EMS Agencies

- Implement Surge Capacity Strategies
- Use Mitigation Guidance for HCW Absenteeism
- Access [EMS Resources](#)
- Quantify Future HCW Needs
- Supplement HCW Staffing through Local Hire, Staff Sharing, Hiring Underutilized Staff, etc.

Submit Formal Request for Assistance to STLT



State, Tribal, Local, and Territorial Jurisdictions

- Reassign Staff under [Section 319 the Public Health Service Act](#)
- Leverage Alternate Sources of HCW Staff, like National Guard, [EMAC*](#), [MRC](#), [NVOAD*](#)
- ... Use [Registered Volunteers](#), [State & Regional EMS Teams](#)
- Utilize the [VA's Federal Supply Schedule Service for HCW Contractors](#)

Prepare to Submit Staffing Request to HHS/FEMA



Federal Resources

- Record Past Efforts to Address Healthcare Worker Shortages
- Consider and Submit [Federal Reimbursement of Medical Care Costs Eligible for FEMA Public Assistance](#) (for States Utilizing Contractors)
- Request [FEMA Medical Staffing](#)

Process Complete

NOTE: This resource was published in 2020 and is not being maintained. While information contained within was current when published, it may be outdated, and some links may not work.

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- Plan and implement PPE preservation strategies for conventional, contingency, and possibly crisis capacity standards.
 - [Personal Protective Equipment Preservation Best Practices](#): guidance on how to sustain PPE while ensuring the protection of workers (**Reduce – Reuse – Repurpose**)
 - [PPE Preservation Planning Toolkit](#): dynamic estimator tool to evaluate the impact of PPE preservation
 - [Elastomeric Respirators and PAPRs in a Healthcare and Emergency Medical Setting](#)
 - [Respirators: Authorized Use & Avoiding Fraudulent Products](#)

Personal Protective Equipment (PPE) Preservation Strategies and Resource Request Process Guide Action Plan for Current or Anticipated COVID 19 PPE Shortages		
For healthcare facilities (HCFs) and first-responder organizations (FROs), PPE is critical to prevent COVID-19 spread while providers perform life-saving activities. This is a concise guide for organizations to plan and to implement PPE preservation strategies, including information on ways to obtain new PPE supplies, either from commercial vendors or through state, local, tribal, and territorial (SLTT) jurisdictions or through federal channels. Facilities should work through each step until a step leads to a resolution.		
Step 1: Determine and Preserve Current Supply	Step 2a: Implement Contingency Capacity Strategies	Step 4: State, Local, Tribal, or Territorial Resource Requests to Federal Government
<input type="checkbox"/> Determine PPE requirements. <ul style="list-style-type: none"> CDC PPE Burn Rate Calculator EMS PPE Supply Estimator Healthcare Resilience Working Group (HRWG) PPE Preservation Planning Toolkit 	<input type="checkbox"/> Implement contingency strategies when PPE shortages are expected while a greater than three-day supply is on-hand and PPE delivery delays are anticipated. HRWG Contingency and Crisis Strategies to Alleviate PPE Shortages	<input type="checkbox"/> FEMA Regional Office in coordination with HHS/ASPR Regional Office reviews the SLTT Resource Request to clarify the requirement and to approve the request.
<input type="checkbox"/> Receive PPE supplies from commercial vendors as scheduled, when commercial vendors are not reporting any current or anticipated delays.	Step 2b: Request Additional Supplies from External Organizations	<input type="checkbox"/> FEMA, in coordination with HHS, processes Approved Resource Requests.
<input type="checkbox"/> Plan for potential PPE shortages, with awareness of <ul style="list-style-type: none"> national/regional-level delays; Contingency Capacity Strategies; and with implementation of PPE-preserving Conventional Capacity Strategies. 	<input type="checkbox"/> When experiencing PPE critical shortages, <ul style="list-style-type: none"> actively get new commercial suppliers; seek donations from volunteer organizations or from the community; solicit help externally from surrounding communities; implement mutual aid agreements with surrounding HCFs and FROs. 	<input type="checkbox"/> FEMA/HHS delivers PPE to SLTT jurisdictions for delivery to HCFs or FROs in need.
<ul style="list-style-type: none"> CDC Strategies for Optimizing Supply of PPE during Shortages (refer to conventional and contingency capacity strategies) COVID-19: PPE Preservation Best Practices HRWG PPE Preservation Planning Toolkit Elastomeric Half-Mask Respirators and Powered Air-Purifying Respirators Authorized Use and Avoiding Fraudulent Products 	Step 3: Request Additional Supplies from SLTT Health Departments and Emergency Management	Step 5: Implement Crisis Capacity Strategies (only after completing Steps 1-4)
	<input type="checkbox"/> Submit resource requests at the local health department and local emergency management agency.	<input type="checkbox"/> Implement crisis strategies when PPE shortages become critical (3 days or less supply on-hand) and PPE delivery delays are anticipated.
	<input type="checkbox"/> If local jurisdiction cannot fill PPE requirement, submit resource requests to state, tribal, or territorial health department.	<ul style="list-style-type: none"> CDC Strategies for Optimizing Supply of PPE during Shortages (refer to crisis capacity strategies) HRWG Contingency and Crisis Strategies to Alleviate PPE Shortages FDA EUA Devices for N95 Decon & Reuse
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Step 2. Consider setting up the [Medical Operations Coordination Cell \(MOCC\)](#) at regional and state levels to ensure load-balancing across healthcare facilities [when healthcare demand exceeds the surge capacity](#) (e.g., consider monitoring daily inpatient/ICU bed availability and defining ‘triggers’ and thresholds).

- Act as a **single point of contact for requests** from hospitals, hospital associations, public health departments, and healthcare coalitions
- Facilitate **patient movement, healthcare staffing, and resource and supply allocations**
- Identify the **key stakeholders** (e.g., hospitals, long-term care facilities, home care, emergency medical services, governmental partners such as HHS, National Guard) to provide the healthcare personnel and data needed to understand current capacity and gaps in the healthcare system and facilitate load-balancing through [patient transfers](#).
- Funding Sources for MOCC
 - [Office of the Assistant Secretary for Preparedness and Response Hospital Preparedness Program](#)
 - [CDC COVID-19 Crisis Response Cooperative Agreement](#)
 - [FEMA Public Assistance Program](#)

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Step 3. Consider establishing an **Alternate Care Site (ACS)**, which may help alleviate health system stress caused by COVID-19 patient surge events.

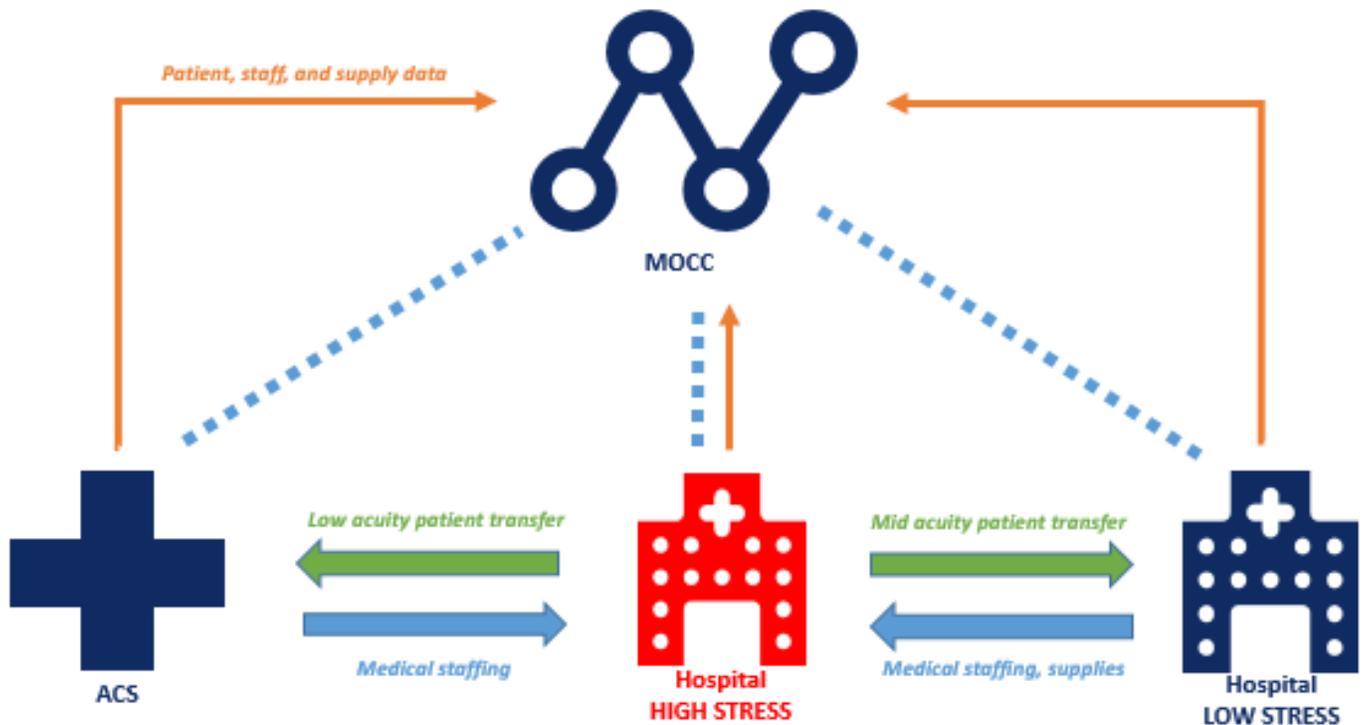
Consider establishing an **ACS** if you answer “YES” to any of the following:

Does your jurisdiction or healthcare system have any of the following elements?

- An anticipated or current need for additional surge capacity or capability
- An anticipated or current need for an additional facility to meet healthcare surge needs that cannot be met by consideration of other healthcare surge options (e.g., telemedicine, targeted patient transfer)
- The ability to support additional non-traditional facilities as part of the healthcare system
- The ability to staff an additional healthcare site using traditional or non-traditional medical providers
- The ability to equip an additional healthcare site
- Mechanisms to transport patients to and from alternate sites

- The decision to establish an ACS should be guided by **available resources, analysis of local, regional, and state-wide trends, and clinical and operational experts’ input.**
- Consider using **hospital capacity metrics** to guide your decision on when to establish the ACS and how to measure the effectiveness of the ACS in addressing the potential capacity and capability gaps in the health care systems.

How Can ACS/MOCC Coordination Support a Comprehensive Response?



MOCC and ACS constructs can be utilized synergistically to **balance patient load** throughout the healthcare system and **improve situational awareness** (blue dotted lines represent situational awareness), thus **enabling clinicians to focus on maximizing quality of care** for each patient.