

Staff Type	Med/Surg Scenario	Infectious Disease Scenario	Discussion	ACF (Level 1)	ACF (level 2,3)
Medical Care Director, CMO	1, D	1, D	One person responsible for medical care 24 hours per day/7 days per week. Physically on site 8 hrs/day M-F, available off shift & weekends	1,D	1,D
Internist	D, 3-7 FTE 0700-1900; 1 FTE 1900-0700	D, 3-7 FTE 0700-1900; 1 FTE 1900-0700	Each MD, assuming 10-15 minutes per patient, could see 48-72 patients over 12 hours (7A-7P) plus at least one person for night coverage (7P-7A).	A, AS NEEDED	D, 2 FTE 0700-1900, 1 FTE 1900-0700
Radiologist	A, As Needed	A, As Needed	Adjust according to patient acuity. May be an increased need with an infectious disease population.	A, AS NEEDED	A, AS NEEDED
Infectious Disease Specialist	A, As Needed	A, As Needed	Likely needed only for infectious disease population.	A	A, AS NEEDED
Nurse Practitioner/Physician Asst	D, As needed to supplement internists or nurses	D, As needed to supplement internists or nurses	Must work under the supervision of an MD, could supplement internist coverage if adequate number of physicians not available or supplement nursing coverage (supervisor or RN).	D, 1-2 FTE 0700-1900; 1 FTE 1900-0700	D, 2-3 FTE 0700-1900; 1 FTE 1900-0700
Psychiatrist	A, As Needed	A, As Needed	Adjust according to patient acuity and event. May be an increased need with an infectious disease population.	A, AS NEEDED	A, AS NEEDED

Nursing							
Nursing Director	D, 1 RN	D, 1RN	One person responsible for nursing care 24 hours per day/7 days per week. Physically onsite 8 hours/day, M-F, available off-shift and weekends.	D, 1 FTE RN	D, 1 FTE RN		
Supervisor	O, 1 RN per shift	O, 1 RN per shift	Prefer RN supervisor, but if none available, an experienced LVN would suffice.	O, 1 RN PER SHIFT	O, 1 RN PER SHIFT		

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Registered Nurse	O, 1:5-1:15 RN:pt ratios	O, 1:5-1:15 RN:pt ratios	Could go as high as 1:40 with adequate LVN, nurse aide and ancillary staff coverage, but highly dependent on patient acuity. Precaution procedures in an infectious disease scenario would require increased staffing levels to accommodate the additional time needed for gowning, disposal of medical waste, etc.	O, 1:15 RN:PT RATIO, (ALL SHIFTS); Suggested LTC Facility Staffing	O, 1:5 RN:PT ratio (0700-1900); 1:7 RN:PT ratio (1900-0700)
Licensed Practical/Vocational Nurse (LPN/LVN)	O, 1:5 – 1:15 nurse to pt ratio	O, 1:5 – 1:15 nurse to pt ratio	Could go as high as 1:40 with adequate LVN, nurse aide and ancillary staff coverage, but highly dependent on patient acuity. Precaution procedures in an infectious disease scenario would require increased staffing levels to accommodate the additional time needed for gowning, disposal of medical waste, etc.	O, 1:15 LVN:PT RATIO. Depending on PT acuity, may combine with RN levels at 1:40 nursing:pt ratio	O, 1:5-15 LVN:PT RATIO. Depending on PT acuity
Nurse Aide	O, 1:6 (day shift) 1:8 (eve shift) 1:15 (night shift) NA to patient ratios	O, 1:6 (day shift) 1:8 (eve shift) 1:15 (night shift) NA to patient ratios	Adjust nurses up or down according to licensed nurse coverage and ancillary staff support. Precaution procedures in an infectious disease scenario would require	O, 2 per 30 bed nursing unit (0700-1900); 1per nursing unit (1900-0700)	O, 1:8 NA:PT (0700-1900); 1:15 NA:PT ratio (1900-0700)

			increased staffing levels to accommodate the additional time needed for gowning, disposal of medical waste, etc.		
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Allied Health					
Dietitian	D, 1 FTE	D, 1 FTE	Dependent on the level of supervision needed in Dietary Department, number of admissions and discharges, level of patient acuity.	D, 1 FTE monitor contracted food services	D, 1 FTE monitor contracted food services
Discharge Planner	D, 2-4 FTE's (M-F normal business hours) Discharge planners or social workers	D, 2-4 FTE's (M-F normal business hours) Discharge planners or social workers	Adjust as needed according to number of admissions and discharges. Assumed one SW per two units (80 beds).	D, 2-4 FTE's (M-F normal business hours) Discharge planners or social workers	D, 2-4 FTE's (M-F normal business hours) Discharge planners or social workers
EKG Technician	D, 1 FTE 0700-1500 M-F	D, 1 FTE 0700-1500 M-F	If no EKG tech available, EKGs may be done by nurses, NP/PAs, physicians, EMTs. Interpretation done by physician or interpretive software program if available.		

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Laboratory Technician	D, 2.1 FTE's 0700-1900 7 days/wk. Assume no blood bank, no type and cross match needed	D, 2.1 FTE's 0700-1900 7 days/wk. Assume no blood bank, no type and cross match needed	Adjust up according to the number of specimens processed. May not be needed if specimens are sent out. Nursing able to perform certain screens (e.g., dipstick urine, hemocult) on the unit.	C, Majority of Lab will be POC performed by nursing staff. Remainder will utilize contract service with nursing draws	C, Majority of Lab will be POC performed by nursing staff. Remainder will utilize contract service with nursing draws
Medical Records	D, 1 FTE	D, 1 FTE	Adjust up according to the number of admissions and discharges.	D, 1 FTE	D, 1 FTE
Mental Health worker/Social worker	D, 2-4 FTE's (M-F 0800-1600)	D, 2-4 FTE's (M-F 0800-1600)	Adjust up according to patient, family and staff needs. Assumed one social worker per two units (80 beds).	A	D, 2-4 FTE's (M-F 0800-1600)
Pharmacist	D, 2.1 FTE's RPh (0700-1900 7days/wk)	D, 2.1 FTE's RPh (0700-1900 7days/wk)	Adjust up according to patient needs. If drugs were supplied from another location, would not be needed.	D, 2 FTE RPh (0700-1900 7days/wk)	D, 2 FTE R(0700-1900 7days/wk)Ph
Pharmacy Technician	D, 1-2 FTE's certified PT	D, 1-2 FTE's certified PT	Adjust up according to patient needs. Must be supervised by pharmacist.	D, 1-2 FTE's certified PT	D, 1-2 FTE's certified PT
Phlebotomist	D, 1 FTE able to perform venipuncture 0700-1500 M-F	D, 1 FTE able to perform venipuncture 0700-1500 M-F	If not available, some nurses, NP/PAs, physicians and EMTs would be able to draw blood.		

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Respiratory Therapist	A, 1 FTE RT needed primarily to set up, monitor and troubleshoot problems with ventilators	D, 1 FTE RT needed primarily to set up, monitor and troubleshoot problems with ventilators	Adjust according to patient needs. Nurses/physicians/ NP/PAs, and EMTs are able to assess lung sounds, provide chest physical therapy.	A, Dependent on patient needs	D, 1-2 FTE RT
X-Ray Technician	A, 1 FTE	A, 1 FTE	May not be needed on a daily basis, but requires specialized skills. It's likely that coverage would not be available from other staff types.		
*Paramedics/EMT			These specialized Allied health providers are not specifically noted by AHRQ guidance, but possessed a varied background in healthcare that may provide valued service to ACF provision of care.		
Other Staffing					
Administrative support	D, 3-6 FTE's (0800-1600, M-F)	D, 3-6 FTE's (0800-1600, M-F)	Includes payroll (1 person), billing (1 person) and 1-4 people to assist with unit clerk-level work.	D, 3-6 FTE's (0800-1600, M-F)	D, 3-6 FTE's (0800-1600, M-F)
Biomedical Engineering	D, 1 FTE 0700-1500 M-F & on-Call	D, 1 FTE 0700-1500 M-F & on-Call	As needed to deal with problems associated with medical monitoring equipment.	D, 1 FTE 0700-1500 M-F & on-Call	D, 1 FTE 0700-1500 M-F & on-Call

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Central Supply/Materials Mgmt	D, 2-4 FTE's 1-2 people covering 0700-1900 7 days/wk	D, 2-4 FTE's 1-2 people covering 0700-1900 7 days/wk	To oversee ordering, distribution of supplies. Adjust up as needed based on acuity of patients.	D, 2-4 FTE's 1-2 people covering 0700-1900 7 days/wk	D, 2-4 FTE's 1-2 people covering 0700-1900 7 days/wk
Food Service Supervisor	1 FTE (M-F 0800-1600)	1 FTE (M-F 0800-1600)	To oversee the dietary department, order food and supplies, schedule dietary staff.	C	C
Cook	D, 2-4 per meal	D, 2-4 per meal	Food Service Supervisor may also act as cook.	C	C
Food Service Workers	D, 4-6 per meal	D, 4-6 per meal	Increased staff needed at peak meal times.	D, 4-6 per meal	D, 4-6 per meal
Housekeeping	O, 5-9 people 0700-1900; 1-2 people 1900-0700	O, 5-9 people 0700-1900; 1-2 people 1900-0700	Assuming one person per unit (40 beds) plus one person for common areas, trash from 7AM-7PM. 1-2 people 7PM-7AM.	O, 5-9 people 0700-1900; 1-2 people 1900-0700	O, 5-9 people 0700-1900; 1-2 people 1900-0700
Human Resources	A, 1 FTE 0800-1600 M-F	A, 1 FTE 0800-1600 M-F	Assist with staff support/dependent care. May need to recruit dependent care staff/volunteers to cover all shifts as needed.	D, 1 FTE 0800-1600 M-F Required due to dependence on volunteer force	D, 1 FTE 0800-1600 M-F Required due to dependence on volunteer force
Laundry	D, 2-4 FTE's; 1-2 people covering 0700-1900 7 days/wk	D, 2-4 FTE's; 1-2 people covering 0700-1900 7 days/wk	Adjust depending on equipment available and acuity of patients assuming three complete bed changes per day.	C	C

Staff Type	Med/Surg Scenario	Infectious Disease Scenario	Discussion	ACF (Level 1)	ACF (Level 2,3)
Maintenance	D, 3-4 FTE's (1-3 people 0800-1600; 7 days/wk	D, 3-4 FTE's (1-3 people 0800-1600; 7 days/wk	May assist with housekeeping, and security as needed.	D, 3-4 FTE's (1-3 people 0800-1600; 7 days/wk	D, 3-4 FTE's (1-3 people 0800-1600; 7 days/wk
Morgue Worker	D, 1 FTE	D, 1 FTE	As needed. Palliative Care unit may require additional staffing		
Public Information Specialist	D, 1 FTE	D, 1 FTE		D, 1 FTE	D, 1 FTE
Safety Manager	D, 1 FTE	D, 1 FTE safety	May have maintenance responsibilities also.		
Security	O, 8-12 FTE's (1-3 per shift 24 hr/day; 7 days/wk)	O, 8-12 FTE's (1-3 per shift 24 hr/day; 7 days/wk)	Adjust according to scenario, number of entrances, facility location.	O, 8-12 FTE's (1-3 per shift 24 hr/day; 7 days/wk)	O, 8-12 FTE's (1-3 per shift 24 hr/day; 7 days/wk)
Transport	O, 8-12 FTE's (1-3 per shift 24 hr/day; 7 days/wk)	D, 1.5-3 FTE's (1-2 people covering M-F, 0700-1900)	Adjust according to staff availability. All staff capable of transport.	O, 8-12 FTE's (1-3 per shift 24 hr/day; 7 days/wk)	O, 8-12 FTE's (1-3 per shift 24 hr/day; 7 days/wk)
Volunteers	As Available	As Available	Assist with transport, delivery of supplies and meals, administrative/clerical functions, dependent care, etc.		

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<p>Command Staff</p> <p>Command</p>	<p>O, 1 FTE required for each activated position; 6 FTE's identified in a call down list for each position</p>	<p>O, 1 FTE required for each activated position; 6 FTE's identified in a call down list for each position</p>	<p>This includes the command functions such as Alternate Care Site Director, Logistics Section Chief, Planning Section Chief, Operations Section Chief, Finance/Administration Section Chief. The number of FTEs ensures adequate coverage for multiple shifts.</p>

O = Needed on site 24 hours a day, 7 days a week

D = Needed on site for some number of hours daily and available on site or for telephone consultation during off hours

A = Available for telephone or on site consultation

C = Contracted services

It is anticipated that adequate staffing for the ACF will be a primary factor in successful activation and capability. The Code of Federal Regulations¹ (42 CFR 482.22-482.28) sets staffing conditions required for Medicare program participating facilities. Most regulations are not specific, requiring only that staff is qualified and sufficient to meet the needs of the patients. Guidance received from the Agency for Healthcare Research and Quality's (AHRQ) recommendations on Surge Capacity facilities² suggest most staffing models for the acuity of patients expected in these facilities can closely parallel that of a skilled nursing facility/community hospital. Emergency waiver authority from the State of Washington, as in many other states, suggest that there will not be absolute requirements under existing regulations.

Clinical experts have provided guidance on the staffing types needed for surge facilities and these will be considered in the activation of an ACF by PHSKC.

- Physicians and physician extenders (RNP, PA, paramedics)
- Nursing (RN, LPN, Nurse aides, pt care assistants, paramedics/medics)
- Allied health (lab, x-ray, pharmacy, therapy, medical records)
- All others (laundry, housekeeping, food service, supply, security, etc.)

The following charts are intended to provide staffing guidance for planning purposes of ACF's. Staffing levels and disciplines listed should be altered as deemed necessary by the command staff based on level of care provided and available resources.