Region 5 HCID Staffing Model

Nursing staffing model is based on nurse working 8-hour shift, with no more than 4 hours in level 2 PPE. Nurses are expected to be ICU nurse.

Nurse staff model:

* Nurse A – Patient care nurse (approx. 4 hours)
* Nurse B – Anteroom partial PPE for approx. 4 hours – Nurse B goes to full PPE to serve as buddy to assist with doffing PPE of Nurse A. Nurse B then becomes Nurse A.
* New nurse coming on duty every 4 hours. Total of 7 nurses per 24 hours.
* Daily cleaning tasks will be performed by nurse. Environmental services will not perform daily cleaning of EID patient room. EVS will perform terminal cleaning of room.
* Blood draws will be performed by nurse. Phlebotomy staff will not perform blood draws in EID patient rooms.
* Hospitals need to be prepared to increase to 2 patient care nurses based on patient needs.
* Reader/observer will work 12 hour shift and must be present for staff donning and doffing of PPE. The reader/observer is not required to be a nurse. The reader must have demonstrated competency with donning and doffing PPE in a training environment. (The group decided that posters were no longer needed to support the donning and doffing process with a reader/observer.)
* 1 MD Intensivist and 1 respiratory therapist will work 12-hour shifts. During their shift they are present to provide direction on patient care and are to be prepared to don level 2 PPE if needed inside patient room.
* Hospitals need to plan to have other subject matter experts (SME) available upon activation of their incident command system for EID response and patient care. Other SMEs include: Infection Prevention, Emergency Preparedness, Life Safety, Hospital Epidemiologist, Pharmacy, Employee/Occupational Health, Engineering/Maintenance, Security, Environmental Services Management, and Waste Management.