PORTERVILLE DEVELOPMENTAL CENTER Porterville, California

GACH POLICY #114

TO: All Medical Services Personnel

SUBJECT: Crisis Care Continuum Guidelines for SARS-CoV-2 Pandemic

REFERENCE: CDPH California SARS-CoV-2 Pandemic Crisis Care Guidelines

Porterville Developmental Center (PDC) Emergency Preparedness and Disaster Plan

I. General:

In June 2020, California Department of Public Health (CDPH) published the California State SARS-CoV-2 Crisis Care Guidelines, with the intent of providing a framework designed to help health care facilities plan for the COVID-19 pandemic. Each healthcare facility needed to establish its own policy and procedure on how to implement crisis care in a coordinated and thoughtful manner should the need arise.

II. **Definition:**

In the California State SARS-CoV02 Crisis Care Guidelines, a spectrum of care continuum was outlined with the end goal of maximizing surge capacity strategies that mitigate the crisis while minimizing the risks associated with deviations from conventional care. During Conventional Care, services are provided through standard operating procedures. During contingency care, care provided is functionally equivalent to routine care but equipment, medications, and even staff may be used for different purpose or in a different manner than typical daily use. The demands of most incidents can be met with conventional or contingency care. Crisis care falls at the far end of the spectrum when resources are scarce and the focus changes from delivering individual patient care to delivering the best care for the patient population.

III. Policy:

During normal times, customary routine services are provided through standard operating procedures. As resources become constrained, from facilities to supplies to staffing, systems shift from conventional care into contingency care. Crisis care falls at the far end of the spectrum when resources are scarce and the focus changes from delivering individual patient care to delivering the best care for the patient population.

IV. PDC Pandemic Continuity Team:

The following individuals comprise the PDC Pandemic Continuity Team:

- 1. Executive Director
- 2. Commander Office of Protective Services
- 3. Assistant to Executive Director Public Information Officer / Recorder
- 4. Clinical Director
- 5. Administrative Services Director
- 6. Chief of Plant Operations III
- 7. Quality Assurance Director
- 8. Human Resources Director
- 9. Coordinator of Nursing Services
- 10. Public Health Physician
- 11. Supervising Registered Nurse for GACH
- 12. Medical Director

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V. Procedure:

Assess operations. The PDC Pandemic Continuity Team will assess: 1) the ability to provide regular services with available human and material resources; 2) increases and decreases in demand of existing services; and 3) the need for new or alternative services.

Reallocate resources. As needed, resources (e.g. staffing) will be allocated to provide services that are essential, in high demand, and/or new or alternative.

Essential operations. As human resources (staffing) become limited, all non-essential operations may be suspended and/or material resources may be rationed.

Absenteeism. Daily, Service Chiefs/Program Directors will identify absent employees, their job functions, and report absence (with job classification) to the PDC Pandemic Continuity Planning Team, and track when ill employees will be expected to return to work.

Reassign employees. The PDC Pandemic Continuity Planning Team will reassign personnel to essential or prioritized job functions and provide clear instructions for performing duties. Additionally, just-in-time training or refreshers will be provided to alternate staff taking over new job functions.

Inform employees. Will provide regular (e.g. daily, weekly, bi-monthly) updates to staff on the pandemic status and any applicable policy changes, infection control measures, job reassignments, illness reporting etc. that may apply during Crisis Care. All employees will again be reminded of infection control measures to prevent infection at home and at work (e.g. hygiene measures, PPE, social distancing).

Re-use. As supplies become limited, normally single-use items may be reused after appropriate disinfection/sanitation.