

**Implications of H1N1 for ONA's Nurse Staffing Committees in Acute Care
9/2/09 Reviewed and approved by Oregon Nurse Staffing Collaborative (ONA/OAHHS)**

- I. How is Oregon's Nurse Staffing Law viewed under the conditions of a disaster/epidemic?**
- A The Oregon Nurses Staffing Law recognizes that there may be unforeseen factors that will affect nurse staffing.
 - B The factors are described in 333-510-0045 (14)(a)(b)(A)(B)C(c) and include

“..In the event of a national or state emergency or circumstances required the implementation of a facility disaster plan....” and

“...an infectious disease epidemic of staff.”
- II. When disaster/epidemic occurs, sections of the nurse staffing law are suspended. These sections include**
- A. Suspends the requirement to make reasonable effort to find additional staff 333-510-0045(10)
 - B. Suspends the ban on mandatory overtime 333-510-0045(11)(a)(b)(c)
 - C. Suspends the requirement to document of mandatory overtime 333-510-0045(13)(a)
 - D. Suspends counting as hours worked time spent attending hospital-mandated meetings, and hospital-mandated education and/or training. 333-510-0045(13)(a)
 - E. Suspends counting as hours worked any time spent on call or on standby when the registered nurse, licensed practical nurse, or certified nursing assistant is required to be on the premises.....” 333-510-0045(13)(c)
 - F. Suspends counting as hours worked time spent attending hospital-mandated meetings, and hospital-mandated education and/or training.
- III. Is your Hospital Nurse Staffing Committee viable in a disaster/epidemic?**
- A. The provisions of the Oregon nurse staffing law provide for continued activity of the Hospital Nurse Staffing Committee under the circumstances of disaster/epidemic or infectious disease epidemic of nursing staff (to name two) to assure that safe patient care is sustained in acute care facilities in Oregon.
 - B. The Hospital Nurse Staffing Committee, under the circumstances of disaster, epidemic or and infectious disease epidemic of nursing staff could respond in two ways.

1. The Hospital Nurse Staffing Committee, since it is given authority and accountability for nurse staffing under the law, could be the entity that works on staffing plans for anticipated surges in patient admissions, and/or for reductions of nurse staffing available to provide care due to H1N1.
2. Alternatively, a staff nurse and nurse manager from the Hospital Nurse Staffing Committee could become a part of the hospital's disaster planning leadership committee to work on the nurse staffing component of its agenda.
3. Neither of these options have been piloted, therefore there is no evidence-based recommendation of one over the other approach from the Oregon Nurse Staffing Collaborative.

IV. What is “surge planning”? (Source: Department of Human Services, June, 2007)

- A. Surge planning refers to a process of estimating hospital resources needed to treat patients that arise from biological (anthrax, smallpox, pandemic flu), chemical, or radiological attacks. A model has been developed at the Agency for Healthcare Research and Quality and is used by hospitals to prepare.
 1. A Level One Surge is a surge in patients presenting in an Emergency Department resulting in significant stress to hospital resources, not requiring waivers for normal patient care services.
 2. A Level II Surge is a surge in patients affecting all local medical providers, requiring regularly scheduled planning sessions or conference calls to strategize, coordinate, collaborate and communication among all community medical/health providers, EMS, Public Health, Fire and OES representatives.
 3. A Level III Surge is a surge in patients countrywide and in neighboring counties, resulting in a lack of capacity to provide impacted service or services. State of emergency has been declared or is being sought. Regional coordination is necessary in order to meet the medical and health needs of the public.
 4. Level IV Surge is a surge in patients requiring EMS and hospital standards of care to be recalibrated using pre-approved alternate care protocols, and less-acute hospital patients be triaged from hospitals to appropriate alternative care providers. Regional/statewide coordination is necessary.
- B. The triggers, activation, internal alerts, nurse staffing, communication of the ED/hospital status, acceleration of discharge is identified for each level of surge.
- C. Other resources related to surge are:

<http://www.hhs.gov/pandemicflu/plan/sup3.html>

Hospital surge model

<http://hospitalsurgemodel.ahrq.gov/>

Altered Standards of Care in Mass Casualty Events

<http://www.ahrq.gov/research/altstand/>

- D. Your Hospital Nurse Staffing Committee and unit level staffing committees (if you have them) should clarify two things:
1. When does your hospital declare disaster/epidemic?
 2. What model will be used to work collaboratively with the HNSC when these circumstances occur?