



Worksheet 2:

x SECTION II: SPACE: Where Will You Put Extra Patients? (Acute Care/Medical/Surgical Unit - Not Critical Care)					
Targets	Conventional Beds (Licensed Beds)	IBA (20% of Licensed Beds)	Contingency Beds (50% of Licensed Beds)	Crisis Beds (Max # of Patients)	TOTAL
Numbers for this Unit					
Traditional Clinical					
Non-Traditional Clinical					
Non-Clinical					
Airborne Infection Isolation Rooms					
Additional Notes on Space					
Identify your preferred expanded supply spaces for your service area					

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SECTION II: SPACE: Where Will You Put Extra Patients?					
Targets	Conventional Beds (Licensed Beds)	IBA (20% of Licensed Beds)	Contingency Beds (50% of Licensed Beds)	Crisis Beds (Max # of Patients)	TOTAL
Numbers for this Unit					
What capabilities should this space have based on what you would store (restricted access, refrigeration, shelving, power outlets)?					
Identify any preferred expanded working areas for your service area.					
What capabilities should this space have based on what you would store (restricted access, refrigeration, shelving, power outlets?)					
Identify a space for a personnel rest area that is NOT your current break room					
What capabilities should this space have? (microwaves, power, dimming lights, cots, table/chairs, showers)?					

Worksheet 2:

Hospital Objective: Increase the ability to maintain staffing levels and/or expand the workforce.

SECTION III: STAFF: What Staff do You Need to Care for Your Patients?					
Targets	Conventional Beds (Licensed Beds)	IBA (20% of Licensed Beds)	Contingency Beds (50% of Licensed Beds)	Crisis Beds (Max # of Patients)	TOTAL
Numbers for this Unit:					
Staffing Ratio					
Additional Nursing Staff Needed from Your Unit					
Additional Staff Needed from Other Units or Sources					
Additional Support					

Worksheet 2:

Hospital Objective: Increase the ability to maintain staffing levels and/or expand the workforce.

SECTION III: STAFF: What staff do you need to care for your patients?					
Targets	Conventional Beds (Licensed Beds)	IBA (20% of Licensed Beds)	Contingency Beds (50% of Licensed Beds)	Crisis Beds (Max # of Patients)	TOTAL
Numbers for this Unit					
What are the MINIMUM clinical skills/ certifications requirements to care for your patients?					
What are the PREFERRED clinical skills/certifications requirements needed to care for your patients?					
What other units may have the skills to care for your unit's patients?					
How does Physician/Provider coverage change with increased patient numbers?					
Any additional staffing concerns?					

Worksheet 2:

Optional: STAFF CALL TREE

Each unit can use this optional staff call list if needed. It is made available for an emergency, and you can add as many additional lines as needed. This tool may not be needed if your institution has the ability to assess employee distance from your hospital, clinical role, and shift.

Unit Management Staff:

Name	Title	Status	Contact Numbers	How far away? (miles)	Contact Status		Arrival Time	Has Family Plan?	Needs Family Care		Incident Assignment
					Left Message	Received Message			Y/N	Y/N	
		FTE/PRN/Union	H: C: W:								

Name	Title	Status	Contact Numbers	How far away? (miles)	Contact Status		Arrival Time	Has Family Plan?	Needs Family Care		Incident Assignment
					Left Message	Received Message			Y/N	Y/N	
		FTE/PRN/Union	H: C: W:								

Worksheet 2:

STAFF CALL TREE: Department Staff Within 30 MINUTES of the Facility.

Name	Title	Status	Contact Numbers	How far away? (miles)	Contact Status		Arrival Time	Has Family Plan?	Needs Family Care		Incident Assignment
					Left Message	Received Message			Y/N	Y/N	
		FTE/PRN/ Union	H: C: W:								

Name	Title	Status	Contact Numbers	How far away? (miles)	Contact Status		Arrival Time	Has Family Plan?	Needs Family Care		Incident Assignment
					Left Message	Received Message			Y/N	Y/N	
		FTE/PRN/ Union	H: C: W:								

Worksheet 2:

STAFF CALL TREE: Department Staff Within 60 MINUTES of the Facility.

Name	Title	Status	Contact Numbers	How far away? (miles)	Contact Status		Arrival Time	Has Family Plan?	Needs Family Care		Incident Assignment
					Left Message	Received Message			Y/N	Y/N	
		FTE/PRN/ Union	H: C: W:								

Name	Title	Status	Contact Numbers	How far away? (miles)	Contact Status		Arrival Time	Has Family Plan?	Needs Family Care		Incident Assignment
					Left Message	Received Message			Y/N	Y/N	
		FTE/PRN/ Union	H: C: W:								

Worksheet 2:

STAFF CALL TREE: Department Staff More than 60 MINUTES from the Facility.

Name	Title	Status	Contact Numbers	How far away? (miles)	Contact Status		Arrival Time	Has Family Plan?	Needs Family Care		Incident Assignment
					Left Message	Received Message			Y/N	Y/N	
		FTE/PRN/ Union	H: C: W:								

Name	Title	Status	Contact Numbers	How far away? (miles)	Contact Status		Arrival Time	Has Family Plan?	Needs Family Care		Incident Assignment
					Left Message	Received Message			Y/N	Y/N	
		FTE/PRN/ Union	H: C: W:								

Worksheet 2:

Hospital Objective: Ensure adequate supplies and equipment are available to support surge needs.

SECTION IV: STUFF: What Supplies/Equipment do You Need to Care for Your Patients in Addition to Your Day to Day Stock/Inventory?					
Targets	Average Daily Census (Conventional)	IBA (20% ADC)	Contingency (50% ADC)	Crisis (Beds to Max License)	TOTAL
Numbers for this Unit:					
What critical supplies/equipment will you need?					
What are the MINIMUM clinical skills/certifications requirements to care for your patients?					
What are the PREFERRED clinical skills/certifications requirements to care for your patients?					
Additional concerns about supplies or equipment?					