Coronavirus (COVID-19) Pandemic:

Medical Staffing Requests

State, Tribal and Territorial (STT) governments across the Nation are still fighting the battle against rising COVID-19 cases and hospitalizations, resulting in strains on medical personnel availability. FEMA and our interagency partners are working to support requests for additional medical staff but recognize there are more robust solutions than the federal government alone can provide. Given the scarcity of medical personnel resources needed to respond to the Coronavirus Pandemic, the federal government is asking states, tribes and territories to consider the following items prior to requesting direct federal assistance.[1]

While FEMA and HHS interface with STT governments, hospitals and other healthcare facilities like nursing homes as well as local communities (village/town/city or parish/county/township, etc.) should work through their established processes for emergencies and disasters. Typically, this will involve local communities, healthcare facilities, and medical associations interfacing with their state department of public health and state emergency management agency for any unmet needs. Such needs can only be identified by FEMA and HHS through this process of communication.

When ready to submit a medical staffing request, STT will work through their assigned FEMA/HHS regional leadership. For a request to be processed, the STT must first address STT actions for the following:

1. **Decompressing Hospitals:** STT has taken action to decompress hospitals in the impacted area, executing only the most critical patient procedures and ceasing all elective procedures.

2. **Cross leveling and augmenting staff:** STT has taken action to maximize coordination of healthcare providers internal to the state to balance patients and staff. This includes (1) STT putting a call out to other hospital systems nation-wide to solicit for medical professionals to deploy to their hospitals; and (2) identifying opportunities to consolidate outpatient surgery center capabilities and reassign staff to facilities treating COVID-19 patients.

3. **Expanding the use of Telemedicine:** STT has taken action to expand the use of telemedicine to (1) screen patients who may have symptoms of COVID-19 and refer as appropriate, and (2) provide low-risk urgent care for non-COVID-19 conditions, identify those persons who may need additional medical consultation or assessment, and refer as appropriate.

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[1] This document contains references and links to non-federal resources and organizations. This information is meant solely for informational purposes and is not intended to be an endorsement of any non-federal entity by FEMA, U.S. Department of Homeland Security or the U.S. government.

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4. **Recalling Retirees and Activating the Medical Reserve Corps:** STT has asked public and private hospitals to recall medical professionals and actively pursued augmentation from retirees, Medical Reserve Corps and medical schools.

5. **Extending Department of Labor Support via State Workforce Agency Coordination:** STT has communicated key staffing shortages and priority workforce needs to relevant partners, including the state workforce agency and the state unemployment Insurance office. Where appropriate, STT has posted these job opportunities on state workforce job boards or similar platforms.

6. **Expanding Delivery of Care:** STT has modified the delivery of care to increase use of organic staff through restructured staffing models, staff-to-patient ratios, and licensing practices.

7. **Pre-Hospital Care:** STT has considered how pre-hospital programs can triage COVID-19 patients at home to reduce in-hospital demand. STT has considered and implemented expanded scope of practice for pre-hospital care providers to support emerging COVID-19 care requirements.

8. **Eliciting Support from the National Governors Association (NGA) & Volunteers:** STT has asked other state governors, through NGA, to solicit for medical volunteers (e.g., National Voluntary Organizations Active in Disasters) that are willing to deploy to support the STT. STT has leveraged state-registered healthcare provider volunteers to fill staff shortages.

9. **Utilizing Emergency Management Assistance Compacts (EMAC):** STT has requested to receive augmentation of healthcare providers via EMAC.

10. **Executing Contracts:** STT has maximized the use of Stafford Act and supplemental funding to hire contractors that can provide medical professionals. STT has utilized GSA State and Local Disaster Purchasing including the VA Schedule 621 - Professional & Allied Healthcare Staffing Services.

11. **Employing the National Guard:** STT directed their state National Guard Adjutant General (TAG) to request additional medical professionals from fellow TAGs across the region.

12. **Requesting Support from the Veterans Affairs (VA):** STT maximizes local utilization of VA for hospital assistance based upon existing agreements.

13. **Temporary Reassignment of State and Local Personnel:** After the HHS Secretary issues authorization under Section 319 of the Public Health Service Act, the requesting STT Governor has considered and/or reassigned state and local public health department or agency personnel funded in whole or in part through programs authorized under the Public Health Service Act to immediately address a public health emergency in the STT during the period of the emergency.

14. **Extending Support from Department of Health and Human Services (HHS):** If already augmented by HHS healthcare providers (e.g., National Disaster Medical System and Public Health Service), the STT has requested an extension of the current assets.

If you have any questions, please contact FEMA Office of External Affairs, Congressional and Intergovernmental Affairs Division:

- Congressional Affairs at (202) 646-4500 or at FEMA-Congressional-Affairs@fema.dhs.gov
- Intergovernmental Affairs at (202) 646-3444 or at FEMA-IGA@fema.dhs.gov

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