Tuolumne County Healthcare Coalition

Transition from Recovery to Normal Operations

Information & Resource Guide

Recovery phase – the effort to restore infrastructure and the social and economic life of a community (or healthcare facility) to normal and incorporates mitigation* as a goal.

*Mitigation – actions that involve lasting, often permanent exposure to, or potential loss from hazard events. Mitigation plans are hazard specific.

Reference: Tuolumne County Public Health HEPReP Section VIII - Recovery

Normal Operations = Day to Day Operations

The activities that an agency or facility and its employees engage in on a daily basis to effectively and efficiently provide services.

After responding to an emergency or disaster of some sort, such as patient surge or wildfire, your agency or facility will transition back to normal or day to day operations. Review the indicators listed below so that you will be able to recognize when your agency or facility is returning to standard operations.

Hospital

Surveillance

- Surveillance streams show decline in activity
- Improvement in regional/community ED volumes/wait times/boarding times
- Favorable epidemiologic curves
- Restoration of critical systems
- ED/outpatient volumes decreasing

Space (Infrastructure)

- Patients able to be matched to appropriate level of care

Staff

- Staff impact reduced, school is back in session, damage repaired
- Staff absenteeism reduced
- Specialty staff demand obtained or reduced demand
- Staff to patient ratios achieved on medical floor

Supplies (Resources)

- Reduced use of PPE or other supplies
- Reduced caseload or demand for care and services
- Improved delivery of supplies
- Able to provide contingency ventilation and critical care strategies to all that require them

Tactics

- Transitional movement of sickest patients back to ICU
- Broaden admission criteria
- Reduce/eliminate care in nontraditional space

Hospital (continued)

- Shift towards normal hours
- Shorten shifts
- Adjust staff to patient ratios towards normal
- Transition toward usual staff
- Resume care routines
- Resume administration (supervisory) duties
- Shorten shifts, adjust staffing
- Re-triage patients as resources become available
- Broaden indications for interventions as conditions improve
- Transition back from reallocations and reuse to safer adaptive and conservation strategies

Out-of-Hospital Care (Home Health, Clinics, Assisted Living & Skilled Nursing)

Surveillance

- Normal census and length of stay at hospitals
- Decreasing burden based on surveillance/epidemiological data
- Demand for services lessons and availability of resources improves

Space (Infrastructure)

- Communications return to normal
- Utility restoration allows technology-dependent patients to return to their usual care
- Evacuation residents returning to facility
- Home Health and Hospice able to make home visits

Staff

- Staff available for work
- Schools are reopened
- Sufficient staff available so family members no longer need to provide care
- Home and hospice personnel are able to make home visits
- Staffing hours and routines return to conventional operations

Tactics

- Ability to use standard patient care records and reporting reestablished
- Demobilize alternate care facilities
- Outpatient clinics return to normal operating conditions
- Reestablish normal supply chain
- Centralized equipment distribution discontinued

Behavioral Health

Space (Infrastructure)

- Psychiatric units no longer at capacity
- Admission of and services to BH patients admitted increases (This marker involves increasing admits because it is relative to the ability to admit vs. prior lack of bed).
- Decreasing numbers of BH patients being maintained in ED
- Healthcare facilities require less alternative space usage
- Care and consultation resume being face-to-face
- Psychiatric unit census return to baseline
- Admission and services return to baseline

Behavioral Health (continued)

Staff

- BH staff become more able to provide patient evaluations and services
- Staff resources increase and exhausted staff are able to rotate out of deployment
- Absenteeism declines
- Requests for psychological fitness-for-duty assessments of staff decline
- Reports of stress-related sequelae in other systems decline
- BH staff are able to meet needs for patient evaluations and services
- EAPs begin to accept new referrals
- Decrease in formal personnel complaints

Supplies

- Demand for psychiatric medications and medications used to treat substance abuse disorders is returning toward baseline
- Supply increases
- Self-medication becomes a declining factor
- Health care organizations see a declining number of patients experiencing/exhibiting withdrawal symptoms
- Demand for psychiatric medications/substance abuse treatment medications subsiding
- Supply adequate

Tactics

- Demobilize and return to normal operating procedures
- Maintain/increase surveillance of BH needs and resources
- Deactivate incident-specific hotlines and alternate care spaces

Emergency Medical Services

Surveillance

- Stabilization or decrease in patient encounters by EMS
- Stabilization or decrease in emergency department and/or hospital census
- Stabilization or decrease in the reports of cases of influenza
- Decreasing frequency of earthquake aftershocks
- Stabilization or decrease in the number of dispatch requests
- Stabilization or decrease in calls with similar signs and symptoms or high patient acuity calls

Space (Infrastructure)

- Demand for ambulances and number of patients better aligned
- Roadways clearing
- EDs beginning to accept patients
- Reduction of EDs on diversion
- Reliable routes established

Staff

- Approaching normal baseline staffing
- Return to normal shift
- Some staff elect to remain off duty due to family
- Number from dispatch and EMS reporting for duty stabilized
- Ill staff recovered

Supplies

- Demand for PPE is subsiding
- Demand for medical supplies or airway management reduced
- Manufacturers improved product availability
- Demand for PPE is subsiding

Emergency Medical Services (continued)

- Emergency departments and hospitals have reduced requests for medications, antidotes, vaccinations, and ventilators
- Manufacturers report return to production

Tactics

- Initiate a gradual return to normal triage, patient treatment and transport guidelines
- Initiate a gradual transition to normal staffing, shifts, and sleep cycles
- Reduce mutual aid resources
- Encourage stress management and personal resilience resources
- Assess current status of supplies
- Request a limited volume to prepare for potential resurgence and begin replenishing normal stock
- Adjust supply allocation toward normal

Emergency Management

Surveillance (slow-onset)

- **Indicators**
  - Event has been stabilized by the facility and the impacted community
  - Resources are returning to adequate levels based against the needs
  - Stabilization or reduction in the number of activated jurisdictional and/or state EOCs to coordinate resources for the crisis
- **Triggers**
  - None specified
- **Tactics**
  - Create demobilization plan for operations and systems monitoring
  - Provide support for documentation of surveillance data, their use, and archiving

Surveillance data (no-notice)

- **Indicators**
  - NWS forecasts
  - Damage assessments
  - Flood crest receding
- **Triggers**
  - Safe conditions exist in evacuated areas
- **Tactics**
  - Establish plan to reopen areas to public
  - Work with public health to protect returning citizens; e.g., communicate needs for water treatment, risk for infections/injury from cleanup, etc.

Communications & Infrastructure

- **Indicators**
  - Restoration of services and transportation access
- **Triggers**
  - Restored electrical service
  - Increased supplies of potable water
  - Decreasing sheltered population
- **Tactics**
  - Scale back tactics or revert to conventional operations
  - Transfer remaining patients with medical and functional needs to skilled nursing or other facilities

Staff

- **Indicators**
  - Decreasing numbers of patients attending vaccination sites, alternate care sites

- **Triggers**
    - Vaccination/alternate care needs can be met with more limited hours/sites/resources
- **Tactics**
    - Close specific sites and restrict hours of operation
    - Augmented and contracted staff can be released
    - Reduce staff hours and plan threshold for site closures

Space

- **Indicators**
    - Evacuated areas opening again
    - Epidemic interventions winding down
- **Triggers**
    - Space needs for patient care can be met at hospitals again
- **Tactics**
    - Support transport of patients back to hospitals
    - Facility space is returned to its pre-event purpose
    - Rented or purchased emergency and auxiliary equipment is removed and taken out of service

Supplies

- **Indicators**
    - Inventory needs become matched to inventory available
    - Procurement and delivery systems have returned to pre-event status
- **Triggers**
    - Supply needs can be met through usual channels/adequate supply available
- **Tactics**
    - Return co-opted supplies
    - Track return and invoicing of leased/loaned supplies