

### Temporary Permission for Program Flexibility and for Emergencies

When the Medical Health Coordination Center (MHCC) is activated, Providers and District Offices (DOs) will submit requests to [CHCQDutyOfficer@cdph.ca.gov](mailto:CHCQDutyOfficer@cdph.ca.gov)

This form is to be used ONLY for program flexibility requests when providers temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Providers are required to submit a program flexibility request to the California Department of Public Health (CDPH), Center for Health Care Quality for approval. This form is a mechanism to expedite the request directly to the Medical Health Coordination Center (MHCC) for approval in emergency situations. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

Facility Name		Date of Request	
<input type="text" value="Arrowhead Regional Medical Center"/>		<input type="text" value="11/4/2020"/>	
License Number		Facility Phone	Facility Fax Number
<input type="text" value="240000197"/>		<input type="text" value="909-580-2726"/>	<input type="text" value="909-580-2499"/>
Facility Address			
<input type="text" value="400 North Pepper Ave"/>			
City	State	Zip Code	
<input type="text" value="Colton"/>	<input type="text" value="CA"/>	<input type="text" value="92324"/>	
E-Mail Address		<input type="text" value="[REDACTED]"/>	
<input type="text" value="[REDACTED]"/>		<input type="text" value="[REDACTED]"/>	

#### Approval Request

Complete one form total per facility

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Staffing                       | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Tent use (High patient volume)            | <input type="checkbox"/> Bed Use      |
| <input type="checkbox"/> Space Conversion<br>(other than tent use) | <input type="checkbox"/> Over bedding |

#### Duration of Request

Start Date	<input type="text" value="11/4/2020"/>
End Date	<input type="text" value="2/4/2021"/>

#### Program Flex Request

What regulation are you requesting program flexibility for?

#### Justification for the Request

- A disease outbreak (verifiable through sources such as the local emergency medical service agency (LEMSA), local Public Health Officer, CDPH Division of Communicable Disease Control, the Centers for Disease Control and Prevention) is present in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include: Increased cases of seasonal influenza, onset of a severe acute respiratory syndrome-type or other highly contagious virus requiring acute care, an epidemic/pandemic, a bioterrorism agent, or a declared public health emergency.
- An emergency resulting in the need for increased patient accommodations has occurred in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include: A natural or human-caused disaster, a crime incident or transportation accident resulting in numerous mass casualties, an emergency causing the evacuation of patients or diversions from another hospital (LEMSA diversion has been implemented).

If you are seeking a staffing waiver, has your facility laid off any clinical staff within the previous 60 days? If so, please explain (**Note:** Attach supporting documentation if necessary)

**Justification for the Request**

Other:

**Exhausting Available Alternatives**

The provider must exhaust available alternatives before requesting increased patient accommodations. Check all that apply:

- Rescheduling non-emergent surgeries and diagnostic procedures.
- Transferring patients to other beds or discharge as appropriate.
- Setting clinics for non-emergency cases (if possible).
- Requesting ambulance diversion from LEMSA, if appropriate.

Other:

**Adequate Staff, Equipment and Space**

The provider must make arrangements for adequate staffing, equipment and space for increased patient accommodations. Check all that apply:

- A plan is in place for staff if the request is for use of alternate space.
- A plan is in place for equipment if the request is for use of alternative space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.

Other:

**Additional Information**

Provide a brief description of your conditions and explain the need for program flexibility. Provide a brief description of the alternative concepts, methods, procedures, techniques, equipment or personnel to be used, and the conditions under which this program flexibility will be used. Attach additional supporting documentation as needed.

Arrowhead Regional Medical Center (ARMC) strives to maintain compliance with the nurse-to-patient ratios at all time. However, due to the upward trending COVID-19 cases in October-November of 2020 along with staff exposures (either at work or in the community) has presented daily challenges in maintaining required nurse-to-patient ratios at this time. As of November 4, 2020, ARMC has 24 positive COVID-19 inpatients and 2 PUIs with a census of 383. Arrowhead Regional Medical Center would like to renew the temporary 90 day approval that ended on October 13, 2020 and is requesting a Program Flex for Section 70217(a)(1) thru (12), Nursing Service Staff, of the California Code of Regulations, Title 22, Division 5, Chapter 1.

Attempts to maintain required staffing levels through the following methods will be utilized prior to the start of the shift and during the shift to prevent the need to increase nurse-to-patient ratios:

- 1) Exhausting the on-call list of nurses and the charge nurse
- 2) Exhausting current nurse registry staff

Documentation of these attempts will be maintained in the staffing office.  
 If we are unsuccessful in our attempts to find staffing, we are requesting the following increase to the nurse-to-patient ratios without notification to CDPH:

Critical Care Unit Requesting a nurse-to-patient ratio of 1:3 or fewer at all times instead of 1:2 or fewer at all times if staffing is unable to meet current patient needs.

Post Anesthesia Care Unit Requesting a nurse-to-patient ratio of 1:3 or fewer at all times instead of 1:2 or fewer at all times if staffing is unable to meet current patient needs.

Emergency Services Requesting a nurse-to-patient ratio of 1:6 or fewer at all times instead of 1:4 or fewer at all times if staffing is unable to meet current patient needs.

[Redacted Signature]

Healthcare Program Administrator - Regulatory Compliance

Title

[Redacted Name]

Printed Name

**NOTE:** Approval for tent use, space conversion, bed use and over-bedding will be time limited and dependent on the facts presented that substantiate the emergency. Initial approval may be given verbally by the local DO; however, a signed written approval must be distributed (faxed) to the facility and filed in the facility's folder.

**For CDPH Use Only**

**Center for Health Care Quality Approval:**

Permission Granted from: 11/18/2020 to 02/18/2021

Permission Denied: Briefly describe why request was denied in comments / conditions below:

Comments / Conditions:

APPROVED: 70217(a)(1)ICU-CCU; (3)L&D; (4)Post-Partum; (7)PACU; (8)EMS; (9)Step Down Unit; (10)Telemetry; (11)Med-Surg; (12)Specialty Unit

CONDITIONS: Facility will continue to actively look for additional staffing. Facility must resume mandatory staffing levels as soon as feasible. Please see next page for other conditions specified in AFL 20-26.3.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

[Redacted Signature]

CDPH CHCQ L&C  
San Bernardino District Office

11/18/2020

L&C District Office Staff Signature

Title

Date

CDPH Form 5000 A  
Arrowhead Regional Medical Center  
70217(a)(1)(3)(4)(7)(8)(9)(10)(11)(12) - Staffing  
11/18/2020

Reference: AFL 20-26.3

**Staffing**

Hospitals shall bring staffing levels into state ratio compliance within two weeks of this AFL issue date. Only those hospitals experiencing a COVID-19 related surge of patients or staffing shortages resulting from COVID-19 impacts including; increasing community spread, increasing need to meet demand for surge either by regional surge or incoming transfers, daycare or school closures, COVID-19 staffing absenteeism for multiple reasons, or an emergency such as a fire or public safety power shutoff, may request a waiver of minimum nurse-to-patient ratios. A hospital seeking a staffing waiver must submit a [CDPH form 5000A](#) (PDF) and provide supporting documentation to the CHCQ Duty Officer at [CHCQDutyOfficer@cdph.ca.gov](mailto:CHCQDutyOfficer@cdph.ca.gov) and copy the local district office. CHCQ is able to respond quickly to urgent requests from hospitals seeking a waiver 24/7 and should only mark urgent if needed approval within 8 hours. Pursuant to the [Proclamation of Emergency](#) (PDF), all staffing waivers will be posted on the CDPH website. Hospitals must resume mandatory staffing levels as soon as feasible during the waiver period to minimize the need for additional waivers. Temporary staffing waivers will only be approved for 90-days. A hospital may reapply for a waiver if the conditions necessitating the waiver still apply.

**This statewide waiver is approved under the following conditions:**

- Hospitals shall continue to comply with adverse event and unusual occurrence reporting requirements specified in HSC section 1279.1 and Title 22 California Code of Regulations section 70737(a).
- Hospitals shall report any substantial staffing or supply shortages that jeopardize patient care or disrupt operations.
- Hospitals shall continue to provide necessary care in accordance with patient needs and make all reasonable efforts to act in the best interest of patients.
- Hospitals shall follow their disaster response plan.
- Hospitals shall follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) related to COVID-19.
- Hospitals shall comply with directives from their local public health department, to the extent that there is no conflict with federal or state law or directives or CDPH AFLs.



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CHCQ Licensing & Certification Unit  
San Bernardino District Office