

### 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

License Number

Facility Phone

Facility Fax Number

Facility Address

E-Mail Address

City

State

Zip Code

Contact Person's Name

#### Approval Request

Complete one form total per facility

- Staffing  Other
- Tent use (High patient volume)  Bed Use
- Space Conversion (other than tent use)  Over bedding

#### Duration of Request

Start Date

End Date

AUG 6 - 2020  
L & C DIVISION  
SAN JOSE

CALIFORNIA DEPARTMENT  
OF PUBLIC HEALTH

#### 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)

No

**Justification for the Request**

- Other:

We are experiencing challenges meeting 3.5/2.4 requirements as the result of implementing CDC and CDPH guidance advising work restrictions for symptomatic employees and actual or suspected COVID-19 exposure instances (explained below); and continued school

**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.

Since entering incident command on March 4, 2020, Pacific Hills has experienced staffing challenges. Overall, we have lost 17 fulltime employees directly related to the fear of contracting COVID-19 including 5 nurses and 10 CNAs. Additionally, we have 4 fulltime CNAs out on FMLA, 1 fulltime CNA on personal leave due childcare issues, 2 employees that have committed to another job, and 2 other essential staff unwilling to work when there is a positive case in building.

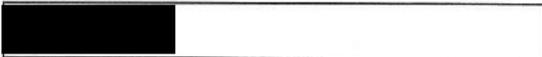
The facility has shifted staff to fill essential COVID management positions and engage in additional activities that are not counted in direct care NHPPDs, such as door screeners, full-time Infection Preventionist, PPE manager, PPE coaches, and those who validate and verify environmental disinfection practices. As a part of our mitigation plan and as outlined in our facility incident action plan (IAP), we have trained non nursing staff to assist with typical

We have 14 CNAs unable to test (who do not count in PPD hours) due to the continued shut down of testing sites. Our staffing rotations throughout the building have varied from 8-12 hour shifts to mitigate clinical and nursing staff exhaustion while continuing to meet patient needs. Our Welcome Unit (Yellow Zone) and the COVID Positive Unit (Red Zone) requires dedicated staff for each unit to prevent the threat of spread of suspected and known cases of COVID-10. Due to weekly baseline testing, we have recognized unexpected staff quarantines and additional isolation burdens. The weekly testing as a result of week over week increase in staff positives is directly correlated to the surge of community-based transmission in our area. With the stress associated with testing and impending results, we have staff who simply do not come to work or abandon their jobs outright. At the moment, we have 69 pending results with 1 positive staff member. In our Welcome Unit and as noted in our Mitigation Plan, all residents are screened for signs and symptoms of COVID-19 and have their vitals monitored, including oxygen saturation and temperature checks at a minimum of two times per day and documented in the clinical record. Residents with any suspected respiratory or infection illness are assessed, including documentation of respiratory rate, temperature, and oxygen saturation at least twice per shift, during the day and evening shifts, to help quickly identify residents who require transfer to a higher level of care. The stress experienced by the staff working in our in our Welcome Unit and with our

  
 Signature of person requesting program flexibility

Executive Director

Title



Printed Name

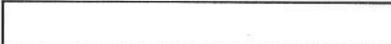
**NOTE:** Approval for tent use, space conversion, bed use and over-bedding will be time limited and dependent on the facts presented that substantiate the emergency. Initial approval may be given verbally by the local DO; however, a signed written approval must be distributed (faxed) to the facility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

For CDPH Use Only

**Center for Health Care Quality Approval:**

Permission Granted from: 7/10/2020 to 10/10/2020

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

CHCQ Printed Name: 

CHCQ Staff Signature: \_\_\_\_\_

Date: 

  
 L&C District Office Staff Signature

HFEHI  
 Title

8/6/2020  
 Date