**Staffing considerations**

Inter- and Intra- Health Authority Relocation

Staffing requirements will differ during the various phases of evacuation and repatriation. These requirements are determined by context, including the pre-existing staffing models of sending and receiving sites, the volume and acuity of patient/client/residents, and the timing and urgency of relocation. The following is a summary of key staffing considerations for each phase of evacuation.

**Evacuation preparedness**

* Each sending site should have a designated Evacuation Coordinator with enough administrative staff to assist in preparation activities.
* Increased administrative staff will also be required to complete the *Sending Site List* which outlines the patient/client/residents who require evacuation. Note, it is recommended that this list be pre-filled prior to the start of a hazard season and checked at routine intervals in order to decrease the staffing demands of completing it while preparing for evacuation.
* Increased clinical staff will be required to complete the *Preparation for Relocation Checklist*, prepare the patient/client/resident for transport, and pack their belongings and equipment. Exact staffing requirements will depend on the volume of patient/client/residents requiring evacuation.
* Increased pharmacy support leading up to evacuation will be essential to prepare medication transport.
* Increased dietary services will be required leading up to evacuation to prepare meals or snacks to accompany residents.
* Increased allied staff, i.e. social work, physiotherapy, and occupational therapy, will be required leading up to evacuation to support with patient/client/resident movement.
* Arrange accommodations for staff who are planning on travelling with patient/client/residents. See *Mobilized Staff Form* and *Mobilized Staff Tracker*.
* Consider utilizing external resources to provide clinical and non-clinical support (e.g. travel agency nurses, student nurses, St. John Ambulance volunteers, Red Cross volunteers, etc.) to assist with evacuation preparation if unable to meet staffing demands with usual pool of employees.
* Consider utilizing staffing resources that do not reside in the community at risk or on alert.

**Transportation**

* Increased clinical and allied staffing will be required for loading patient/client/residents and their belongings into a vehicle (e.g. bus, wheelchair accessible vehicle, taxis, etc.). Consider the volume, acuity, and mobility of residents along with the amount of equipment to determine number of staff.
* If available, increased physiotherapy and occupational therapy staff are especially helpful during the loading of patient/client/residents.
* Consider utilizing external resources (travel agency nurses, student nurses, St. John Ambulance volunteers, Red Cross volunteers, etc.) to assist with loading and unloading if unable to meet staffing demands with usual pool of employees.
* Each vehicle transporting patient/client/residents will require a transport team, which includes a designated leader and clinical staff. Ratio of clinical staff to patient/client/residents during transit should be greater than or equal to usual ratio for provision of care (suggested 1:4).
* The transport team must be a complement of physicians, nurses, care aids, and allied staff who work for the sending site.

**Reception preparedness**

* Each receiving site should have a designated Receiving Coordinator with enough supporting administrative and clinical staff to assist them in the reception of residents.
* A reception team will be required for each vehicle that is arriving. This team should have a high ratio of clinical and allied staff to incoming patient/client/residents (suggested 1:2) to help offload and settle evacuees. Occupational therapists and physiotherapists will be especially helpful during the unloading portion of transport.
* Consider need for additional staff to assist with offloading and transporting equipment and other personal belongings.
* Additional registration staff will be needed to register all incoming patient/client/residents into receiving site’s system.
* Increased dietary support will be required leading up to reception to have hydration, meals and snacks ready for incoming patient/client/residents and staff.
* Do not account for any staff that may be arriving from the sending site in the reception planning; these staff may be too tired to assist with the reception activities after providing a patient hand-off report and should only be considered supernumerary.
* Be prepared to offer psychosocial support to evacuated patient/client/residents and staff in the days and weeks following their arrival. Keep in close contact with patient/client/resident family members or next of kin and the sending health authority’s human resources department.
* Due to unforeseen circumstances, evacuees may arrive late in the day or evening hours. Due to the length of the reception process, staff need to be aware that they may need to stay late or work longer to complete the offloading and settling of evacuated patient/client/residents and sending site staff. Refrain from scheduling staff to work on both the day of reception and the day following the reception in order to allow for a rest period.
* Consider utilizing external resources (e.g. travel agency nurses, student nurses, St. John Ambulance volunteers, Red Cross volunteers, etc.) to assist with the reception process if unable to meet staffing demands with the usual pool of employees.