CDC Foundation
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EMERGENCY RESPONSE

SURGE STAFFING TOOLKIT

Response, Crisis and Preparedness Unit
December 2020

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

PURPOSE

In 2018, the National Foundation for the Centers for Disease Control and Prevention, Inc. (CDC Foundation) was awarded funding by the Centers for Disease Control and Prevention (CDC), Cooperative Agreement number CDC-RFAOT18- 1804: Technical Assistance for Response to Public Health or Healthcare Crises, to assist state health departments in building capacity to combat the rapid increase of deaths related to opioid overdoses across the country. The CDC Foundation created a surge staffing model and quickly hired 80 field employees and 16 contractors among various specialties to place across 13 states with a demonstrated need for surge staffing. The CDC Foundation created this toolkit to contribute to public health knowledge by providing an emergency response surge staffing process model. The purpose of this toolkit is to contribute the following:

- Experience with developing and implementing a surge staffing model for the opioid crisis response;
- Considerations for using this model to hire surge staff in future emergency responses based on feedback from stakeholders and field staff, as well as a reflection of our experience; and
- Provide a recommended surge staffing checklist, hiring tracker and an equipment tracker for future emergency responses.

INTRODUCTION

The CDC Foundation is a 501(c)(3) organization that helps CDC save and improve lives by unleashing the power of collaboration between CDC, philanthropies, corporations, organizations and individuals to protect the health, safety and security of America and the world. The CDC Foundation is the sole entity authorized by Congress to mobilize philanthropic partners and private-sector resources to support CDC's critical health protection mission. Since 1995, the CDC Foundation has raised over $1 billion and launched more than 1,000 programs impacting a variety of health threats from chronic disease conditions including cardiovascular disease and cancer, to infectious diseases like rotavirus and HIV, to emergency responses, including COVID-19 and Ebola. The CDC Foundation managed hundreds of CDC-led programs in the United States and in more than 140 countries last year. When responding to emergencies, the CDC Foundation: mobilizes resources and personnel quickly; manages project needs with the speed and flexibility of a nonprofit; takes to scale proven public health interventions and innovates with new proof of concept models.

In 2017, drug overdose deaths in the United States exceeded 70,000 with approximately two-thirds of those deaths involving an opioid.[1] Synthetic opioids, including illicitly manufactured fentanyl (IMF), have been the main driver for the current wave of overdose related deaths since 2013.[2] Intensified and timely comprehensive response measures were urgently needed to prevent these deaths. States across the country facing the highest burden of these deaths emphasized that capacity building assistance would adequately support their opioid overdose prevention efforts.

In 2018, the CDC Foundation was awarded a cooperative agreement to hire personnel across various specialties such as administration, communications, emergency program management, data analytics and medicolegal death investigators, to build capacity during the opioid crisis. Through increasing staff capacity for states, the CDC Foundation was optimistic that states would be able to implement prevention and response activities and programs more efficiently to combat the opioid epidemic. This toolkit offers a recommended model on the process for increasing staff capacity during a public health emergency.

BACKGROUND: SURGE STAFFING MODEL

Based on a needs assessment CDC received from states facing the highest opioid crisis burden, there was an immediate need for capacity building assistance through increased staffing to adequately support states' efforts. Through the support of the cooperative agreement, the CDC Foundation hired and placed 80 employees and 16 contractors within 13 states including Arizona, California, Illinois, Maryland, Missouri, Mississippi, North Carolina, Ohio, Oklahoma, Rhode Island, Washington, Wisconsin and West Virginia. The overarching objective was to increase capacity for states to implement opioid overdose prevention and emergency response interventions.

The CDC Foundation's process for surge staffing has proven to be effective in building capacity on a large scale. The surge staffing process included the following steps:

Stakeholder engagement 2

Job posting 4

Candidate selection & offer 6

Field staff management 8

1 **Building the internal team**

3 **Job description creation**

5 **Interviews**

7 **Onboarding**

9 **Offboarding & Sustainability**
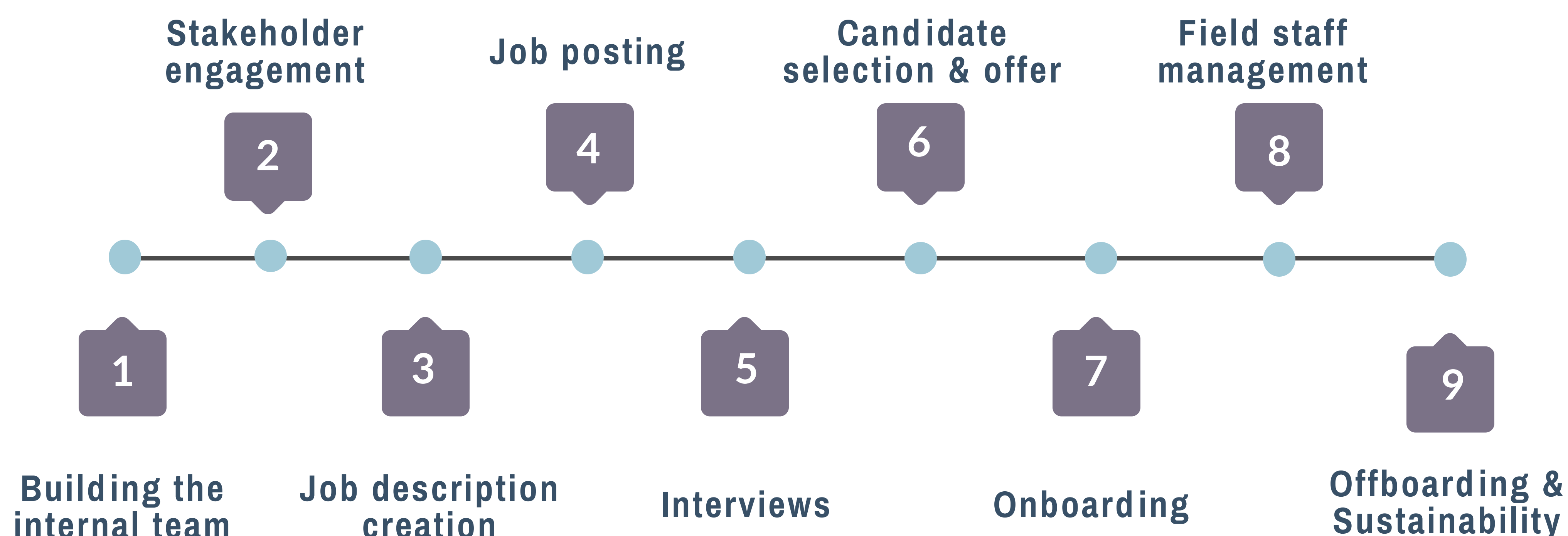
SURGE STAFFING MODEL

1 BUILDING THE CDC FOUNDATION TEAM

The CDC Foundation's Response, Crisis and Preparedness (RCP) Unit was established in the fall of 2018 and one of the first tasks was to lead the effort in managing the cooperative agreement awarded by CDC. Collaboration between the RCP Unit and the Human Resource (HR) Department was essential given that the central deliverable for this cooperative agreement was to hire, onboard and manage staff. Additionally, the CDC Foundation hired a team of recruiters to lead all postings, sourcing and initial screening of the state positions.

2 STAKEHOLDER ENGAGEMENT

The RCP Unit began outreach to public health partners in the respective 13 states to build partnerships and understand needs. During this process, the CDC Foundation highlighted the awarded cooperative agreement and large organizational capacity to quickly hire and place staff. The RCP Unit worked with these state public health partners to identify areas of need for capacity building assistance. It was a collaborative effort between all partners to finalize the position types desired in each state. Once the positions were identified by the CDC Foundation through feedback from each state, a tracking spreadsheet was developed to monitor the hiring process and key metrics, such as the number of positions posted, candidates interviewed, and staff hired. These key metrics were reported to CDC Foundation leadership daily.

3 JOB DESCRIPTION CREATION

Once the positions were finalized, the CDC Foundation worked with the state partners to develop the job descriptions, which included identifying the position responsibilities and technical requirements for the needed position(s). After several iterations and discussions, the CDC Foundation finalized the job descriptions and prepared for posting.

4 JOB POSTINGS

The final job descriptions were then sent to the CDC Foundation recruiters for posting. The three recruiters posted the positions on the CDC Foundation's Career Page, utilizing the human resources management software, Automatic Data Processing, Inc. (ADP), as well as cross-listed with other job advertising sites for specific positions to attract qualified candidates. These sites included:

LinkedIn Posted all positions	**Indeed** Posted all positions
Dice Data Linkage Consultants, Systems Analysts and Data Architects	**SOFT** Laboratory Scientists and Forensic Analysts
ABMDI Medicolegal Death Investigators, Forensic Pathologists and Forensic Analysts	**AEA** Evaluators
NFDA Autopsy Technicians and Morgue Technicians	**CSTE** Data Architects, Forensic Pathologists, Epidemiologists, Forensic Analysts, Informatics Specialists and System Analysts

The HR recruiters reviewed the candidates' resumes daily and if the candidate met the qualifications outlined in the job description, a recruiter would conduct a pre-screening call. If the candidate did not meet the qualifications, a recruiter would send a notification via ADP that the candidate had been removed from consideration. The recruiters then sent resumes of candidates who were qualified for the first round of interviews to the RCP Unit daily. The RCP Unit reviewed resumes to ensure all candidates were qualified and sent them to the state partners daily for interview consideration. If the candidate was not selected for an interview, the HR recruiters would be notified and would send the candidate a notification in ADP they had been removed from consideration.

5 INTERVIEWS

The RCP Unit created a generic interview question guide and shared it with the state representative to provide feedback or pose any additional questions. Additionally, state partners could choose to be on the interview calls to ask any additional technical questions related to the position. In most cases, state partners wanted to be on the call and the RCP Unit coordinated available dates and time slots. To schedule an interview, the RCP Unit sent out a calendar invite to the candidate and state partners with the resume attached for reference.

The first round of interviews typically consisted of four to six candidates and were each 30-minute conference calls. An RCP Unit team member led the interview and conducted a brief roll call of all participants. The interviewer then provided an overview of the CDC Foundation, what it is like to be a CDC Foundation field employee, position term and the office location. The state point of contact (POC) would then introduce themselves and provide an overview of the position and project needs. Next, the interviewer would begin asking the candidate questions from the interview guide. Towards the end of the interview, the candidate had the opportunity to ask any questions to the interview team. Lastly, the interviewer would discuss next steps.

After the first round of interviews, there would be a scheduled debrief call with the interview team to determine which candidates should proceed to the second round. If a candidate was selected, the RCP Unit interviewer would notify the candidates and schedule a second interview by sending a calendar invite to the candidate and state partners with the resume attached. If a candidate was not selected to continue to the second round, the RCP Unit would notify the recruiter to send the candidate a notification via ADP.

The second round of interviews typically consisted of two to three candidates and were each a one-hour video call. The RCP Unit interviewer led with a brief roll call and began by asking the candidate if they had any questions from the first interview. The interviewer then proceeded to ask questions from the interviewer guide created for the final candidates. Towards the end of the interview, the candidate had another opportunity to ask questions to the interview team. Lastly, the interviewer would discuss next steps. The second round of interviews was followed by a debrief call with the interview team to receive feedback on which candidate was the best fit for the position.
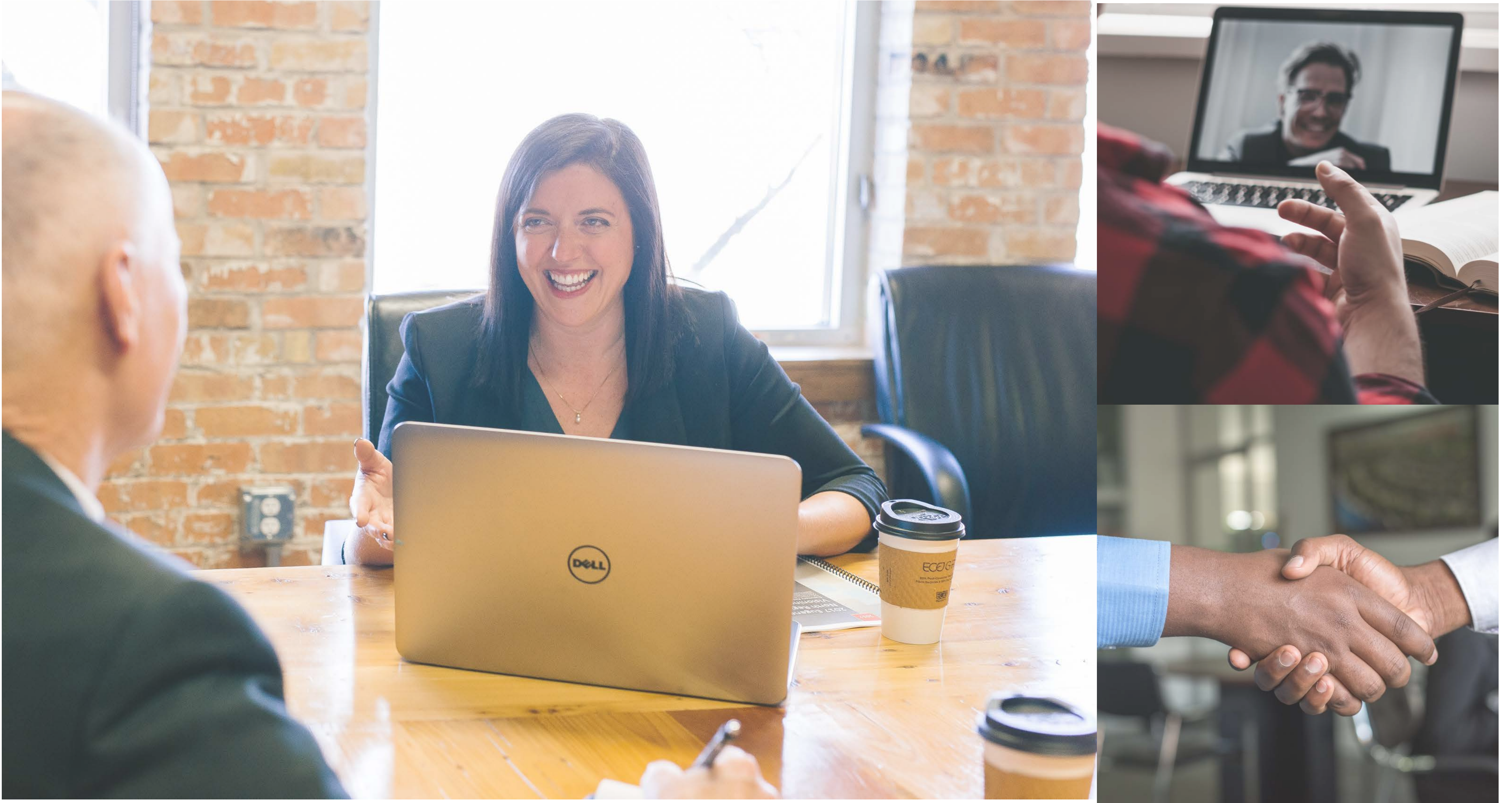
6   CANDIDATE SELECTION & OFFER

Once a final candidate was identified, three references were checked. The RCP Unit would reach out to the references listed on the candidate's application or request references to complete a standard reference document, which typically took about two to three days to receive responses.

The RCP Unit then notified HR of the selected candidate and details, including the proposed start date, salary and where the position would be located to initiate the verbal offer, which included sharing the CDC Foundation's benefits package. Upon verbal acceptance of the offer, HR initiated the official offer letter for both the CDC Foundation leadership and the candidate to sign. Next, an email was sent to the candidate notifying them to complete the background check consent form in ADP, which typically took about one to two weeks to complete. Once cleared, HR then communicated to the RCP Unit the candidate was ready to start.

7 ONBOARDING

As soon as the staff cleared the background check and were hired, the RCP Unit sent an introduction email to formalize the relationship between the newly hired CDC Foundation field employee and the state POC. This email included pertinent information such as the start date arrival time and address of the office where the employee was to start work. This email also served as an opportunity to define staff management expectations and informed the employee to defer to their state POC about daily activities and project needs, and contact their CDC Foundation supervisor for any employment related needs.

On the field employee's first day of work, they reported to the site location office and met with their state POC. The RCP Unit conducted a welcome call with the field employee and the state team. The welcome call served as an opportunity to provide personal introductions and to discuss the project and deliverable goals. Additionally, this was an opportunity to discuss any logistics of equipment, email address or business cards needed.

HR conducted a new hire orientation on the first day to go over new hire paperwork and provided the ADP portal access link. All field staff were offered a robust benefits package they could choose to enroll in through the ADP portal. If needed, the CDC Foundation was able to provide the employee with a laptop, work cell phone and office supplies as requested and if allowable, allocable and reasonable based on the cooperative agreement.

8 FIELD STAFF MANAGEMENT

The delineation of the CDC Foundation supervisor versus the state POCs was made clear in the email introduction and reinforced through the welcome call as well as other touch bases. The delineation of roles was imperative for all parties to understand, as this cooperative agreement did not serve the purpose of co-employment. The CDC Foundation supervisors scheduled monthly check-in calls with assigned field staff to discuss items such as work environment, project status updates, supply requests and any other administrative needs once most of the staff were hired. The CDC Foundation supervisor was also available for any questions or concerns that came up and worked to resolve issues the employee may have been facing. The state POC assigned projects and daily activities to the field employee and was available for any technical questions related to projects or daily activities; however, no recurring calls were set up with the state POCs.

9 OFFBOARDING AND SUSTAINABILITY

The CDC Foundation strived for sustainability in building state capacity to create a long-term impact on opioid overdose prevention and emergency response interventions after the cooperative agreement ended. Throughout the first year of the cooperative agreement, the RCP Unit worked with state POCs to inquire about openings in state positions for the field employees to transition into. The RCP Unit encouraged the field employees to apply to a state position to transition and continue their work after their employment with the CDC Foundation had ended. For the offboarding process, the CDC Foundation supervisor completed required HR documents to initiate the employment termination process, collected any issued equipment, ensured timecards were complete and reimbursement requests were processed. Additionally, the field employee completed an impact gathering survey and the supervisor scheduled a final touch base call to gather impact of their work, discuss major successes and challenges and request feedback on areas needed for improvement related to the surge staffing process. Lastly, HR personnel conducted an exit interview with the field employee.
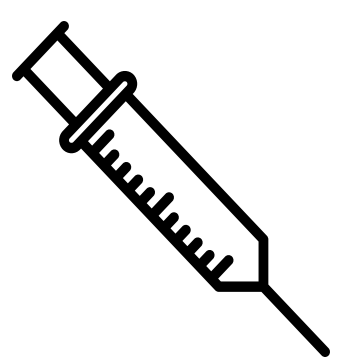
IMPACT

Hiring field staff to support and build public health capacity within states allowed for significant impact on daily activities, reaching goals and achieving major successes on opioid prevention and response efforts. The field staff lent their expertise and helped achieve impact on internal operations, resources, training and communications, data, reporting and sustainability, to name a few. In this section we will highlight successes that occurred within these states as a result of having a larger capacity to respond to the opioid epidemic within their state.
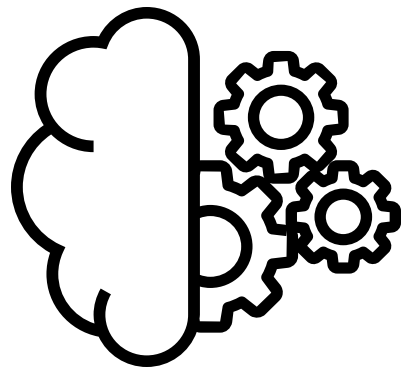
Operational Impact

CDC Foundation field staff impacted internal operations within state agencies through a variety of ways, from supporting project operations daily activities to creating new guidance documents or processes. State partners shared that increasing capacity contributed to general operations and ancillary duties being completed with greater efficiency. For example, within some state agencies the full-time state-employed forensic pathologists had a case backlog of more than 400 cases. However, with the additional capacity of five hired forensic pathologists through the CDC Foundation, the backlog decreased to a manageable 25 cases. Additionally, the increased capacity in the number of medicolegal death investigators within one state contributed to the ability to conduct death scene investigations for the first time, and minimized the burden of administrative duties. In turn, this development reduced the amount of time to provide closure to the loved ones left behind. More importantly, stakeholders highlighted they had been able to accomplish much more during this time than they would have otherwise due to the distribution of workload, which allowed them to strive for greater goals for future work.

Resource Impact

One of the main successes was the amount of naloxone distributed throughout communities with a demonstrated need. For example, one field employee distributed 15,000+ Naloxone kits in communities within the state. Additionally, more resources surrounding harm reduction were provided to communities such as syringe exchange programs and educational materials. Another success from the increased capacity was that states were able to receive additional grant funding for opioid overdose prevention and emergency response interventions.
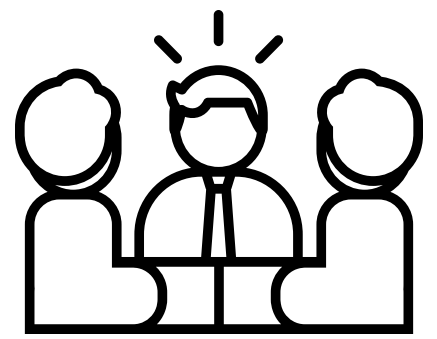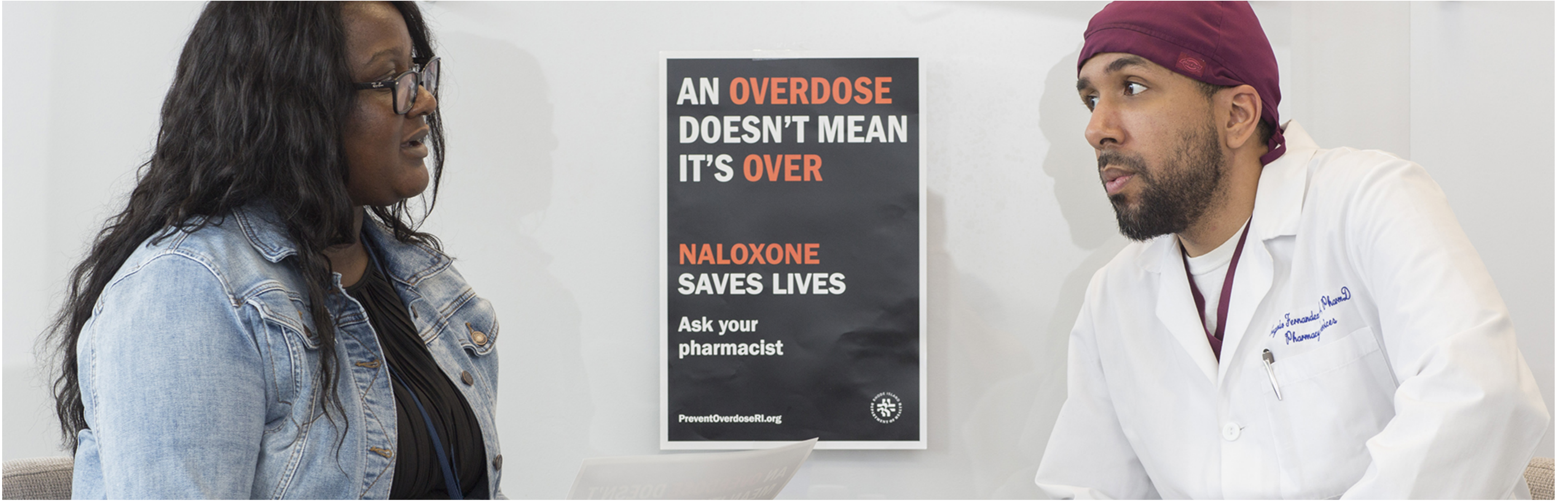
Training and Communications Impact

With additional capacity, more time was allocated for training health professionals and educating the general public on overdose prevention strategies. For example, a CDC Foundation field employee created an algorithm for managing pain and educated providers on best practices for managing postoperative acute pain to ensure patients were receiving adequate therapy. Additionally, this individual created Naloxone educational documents that are used by organizations around the state. In an emergency response, tasks must be prioritized, and trainings are often not a high priority. However, having a CDC Foundation field employee allowed the state to have a larger team capacity and greater bandwidth to devote more time, resources and expert personnel to provide educational trainings. In another state, the CDC Foundation supported contractors to develop a risk communications toolkit and a health communications campaign targeted towards opioid misuse among individuals age 50 and above. The health communications campaign was named a Merit Winner as part of the 37th Annual Health Advertising Awards.
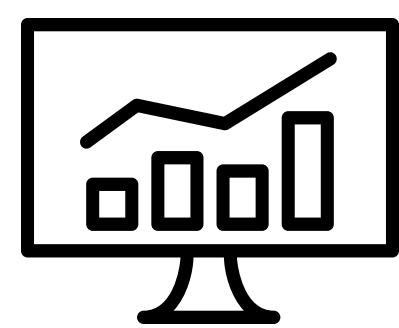
Data Impact

Data successes included building databases, standardizing data and conducting analyses to use results to drive opioid overdose prevention strategies. For example, a state agency had not been able to answer questions from legislators who had asked how the opioid crisis was affecting their district. However, the CDC Foundation field employee created new geocoding methods and was able to provide overdose death rates within each district and compared them to state averages. This allowed the state to better understand the landscape of overdose death rates and use the knowledge to target prevention strategies. The increased capacity expanded quality assurance processes to improve data quality with the goal of informing prevention efforts designed to reduce the burden of opioid-related morbidity and mortality.

Reporting Impact

With a larger capacity, there was an increase in data reporting within the state. For example, a CDC Foundation field employee was able to help a state that was behind in reporting by entering 1,200+ death investigation cases that were made immediately available to requestors. The field employee also entered in hundreds of codes into reporting systems, to more quickly and efficiently close autopsy cases, which in turn provided closure to the loved ones left behind. Additionally, by having a CDC Foundation field employee on board, states were able to more readily collect data reports from local health departments and other agencies more readily. For example, a state faced compliance issues with 25% of agencies failing to report to the state. The CDC Foundation field employee reached out to these specific agencies to understand barriers to submitting data reports and created an incentive of an analytics platform that compliant agencies could access. By removing barriers and creating an incentive, the percentage of agencies failing to report to the state decreased to eight percent. Increases in reporting, both internally and externally, allowed states to have more comprehensive and timely data to inform prevention and response efforts.
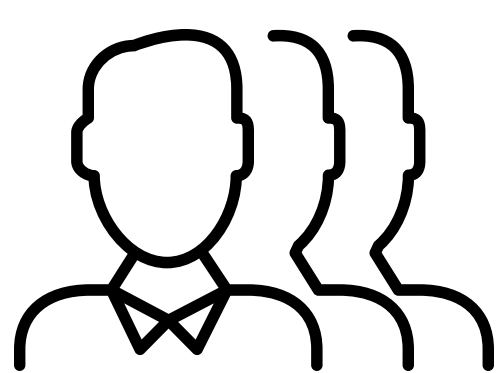
Sustainable Impact

Many stakeholders expressed that partnering with the CDC Foundation allowed for an expedited hiring process that was urgently needed. Several state agencies shared it can take months for a position to be created with an even longer time for recruiting and hiring. With this partnership, the CDC Foundation was able to quickly post jobs, recruit, interview and onboard field staff. Additionally, stakeholders expressed that the CDC Foundation was able to reach a pool of talent for complicated hires that they would not have been able to recruit themselves. Several state partners benefited from the position term by undergoing state approval processes and reallocating budget funds for salary and benefit costs to hire the field employee as a state employee at the end of the term. The CDC Foundation values the sustainability component of surge staffing and 35% of field employees transitioned into full-time state employees by the end of the cooperative agreement.

CONSIDERATIONS FOR FUTURE SURGE STAFFING

Throughout the cooperative agreement timeline, the CDC Foundation collected and compiled notable successes and challenges that contributed to the lessons learned. To ensure feedback was received from all involved parties, the RCP Unit created a survey for field staff to complete that asked a variety of questions pertaining to their role. Additionally, the RCP Unit conducted key informant interviews with state stakeholders that worked in partnership with the CDC Foundation on the cooperative agreement. This section highlights feedback for each of the previously mentioned nine steps, while incorporating those lessons learned. Supplemental materials to assist with emergency response surge staffing in the future are also provided as a resource.

RECOMMENDED
SURGE STAFFING MODEL

STEP 1 — BUILD TEAM & SET UP PROJECT

STEP 2 — STAKEHOLDER ENGAGEMENT & PLANNING PERIOD

STEP 3 — JOB DESCRIPTION CREATION

STEP 4 — JOB POSTING

STEP 5 — INTERVIEWS

STEP 6 — CANDIDATE SELECTION

STEP 7 — ONBOARDING

STEP 8 — STAFF MANAGEMENT

STEP 9 — OFFBOARDING & SUSTAINABILITY

01 BUILD TEAM & SET UP PROJECT

This step provides an opportune time to assign roles and responsibilities to the team members involved in the surge staffing process. From our experience, it is recommended to identify a Project Director or similar position, with the authority to make final decisions from the start of the project. Establishment of this position will help streamline decision-making to efficiently resolve issues. Another action item recommended is a repository to collect and measure successes and challenges. If surge staffing is needed internally for the project implementation, use this time to connect with Human Resources about the hiring process and identify any barriers or obstacles to ensure the new hire does not have a delayed start date. Other imperative topics to discuss during the planning period include recruitment, background check process, budget allocations for salary, travel reimbursement policies, paid time-off (PTO) and other topics that are likely to arise when onboarding a new employee into an organization. Together these efforts will lay the groundwork for the project to proceed.

02 STAKEHOLDER ENGAGEMENT & PLANNING PERIOD

This step in the surge staffing model heavily involves partnership building. In order to cultivate and maintain strategic partnerships, we recommend meeting with all stakeholders to develop a shared purpose and vision among partners. Use this time to set expectations and responsibilities for all parties involved, as well as discuss the cooperative agreement, goals for the project and the tentative timeline for the surge staffing process. During this stage, we suggest outlining the timeline and providing a Frequently Asked Questions (FAQ) document that partners can reference throughout the project as needed. Additionally, this would be the time to have a Memorandum of Understanding (MOU) or other business agreements reviewed and signed by the stakeholders to formalize the relationship and expectations of all partners.

Additionally, ensure the stakeholders have sufficient time (if possible) to prepare for the new hires assigned to their office. By incorporating a planning period, a strategy and roadmap can be developed on how to approach deliverables and deadlines, begin tracking metrics to measure success and identify any challenges from the beginning of the project. A planning period of at least 30 days is recommended prior to posting the position to ensure all stakeholders align on the project scope and priorities.

03 JOB DESCRIPTION CREATION

Constant communication is crucial while creating the various job descriptions for the roles that will be filled. We recommend meeting with all stakeholders up front to discuss their requirements and deliverables for the position, as well as the recommended salary ranges that may be equitable to similar positions within the assigned location. Collaboration in this step will ensure the new hire's expertise aligns with the needs of the organization, as well as outlines clear and precise language on responsibilities for the position(s). It is imperative that the job descriptions are accurately depicted because the job description will be used to display the expected job duties and responsibilities to the potential candidates. While recognizing the fluidity of positions in emergency responses, we received feedback from a few field employees that there was a discrepancy between the expectation of job duties from the job description and the work assigned to them. Therefore, we strongly recommend that the final draft of the job description be sent out to all stakeholders for feedback and customizations. Ensuring all involved persons agree to the job description will be the key to success in this step. Additionally, we recommend setting up touch points throughout the field employee's employment between the CDC Foundation supervisor and state POC to ensure expectations are met and to discuss any changes to the original agreed upon scope of work.

04 JOB POSTING

Once the job description is created, post the position in outlets that will attract the most suitable candidates as suggested by one of our interview participants. For example, if an organization is looking to hire an epidemiologist, consider posting the position to the Council of State and Territorial Epidemiologists' (CSTE) website to attract applicants with epidemiological backgrounds and experience. Some positions may take longer to receive traction so build in additional time in the work plan.

05 INTERVIEWS

A notable success in our surge staffing model was the interview process. Each stakeholder emphasized the ease and fluidity of this stage in the cooperative agreement timeline. To replicate our process, spend some time planning the interview questions, flow and scheduling. Here are some questions to consider while planning this phase — Where will the interview take place? Will there be more than one round of interviews? Who will conduct the interviews? What questions will be asked? After answering these questions, create an interview guide that provides the general flow to all interviewers. By doing so, the interviewers should be well-equipped to carry out the interviews and find a satisfactory candidate for the role.

06 CANDIDATE SELECTION

Our stakeholders provided positive feedback on the candidate selection process; within this step, we want to identify a few key factors that allow the candidate selection process to be successful. Following the completion of the interviews, work with all stakeholders to identify the best candidate for the position. Requesting feedback from all partners will ensure the best candidate is chosen for the role. Make sure to establish a deadline for when a decision needs to be made based on the overall workplan. After selecting the preferred candidate, send out the offer letter with a deadline for a response. Make sure this step does not impede the hiring process from progressing as the candidate may want to negotiate some parts of the offer.

07   ONBOARDING

Onboarding should begin as soon as the new hire accepts the offer. Work internally to coordinate with the HR department and begin gathering documents as needed. If the HR department can provide the offer letter as well as the onboarding process through an online portal, this step will likely move forward without issue. Due to the fast-paced nature of surge staffing, we recommend allowing access for the hiring manager or supervisor to track the onboarding process. Accessibility to track the process will ensure automated notifications are provided for consistent communication. Additionally, timely communication and support by the HR staff will allow the new hire to begin their assignments and any needed training quickly, without the burden of completing onboarding procedures simultaneously. We received notable feedback from field staff employees about the need for more training from the site location on their role and expectations during the onboarding process. Consider hosting a welcome session, along with a few training and orientation sessions, to quickly get the new employees up to speed on the current emergency response. Additionally, take note of the necessary technical trainings the employee will need to complete at the site location and request to receive feedback from the site POC to ensure the training was completed. It will be helpful to know training was provided if there are any performance issues that arise during the employment period.

08   STAFF MANAGEMENT

While considering ways in which to manage the new employees, we offer some suggestions as a part of our lessons learned. It will benefit the team to create an Incident Reporting Structure during the planning stage of this process, especially if the new hires work in locations outside of the main office. Within this structure, incidents such as injuries, illnesses, or any adverse events in the workplace should have a reporting process identified before the field staff onboards. Consider the course of actions that the employee and their manager should take following an incident, including who should be notified, what procedures should be followed and what departments should be involved in the process (i.e. Human Resources). As previously mentioned, we also recommend that the staff supervisor hosts monthly check-in calls with the field employee to discuss topics such as work environment, project status updates, supply requests and any other administrative needs. It will be beneficial to frequently check-in with the site POC to ensure their expectations are being met, as well as to receive feedback on how the CDC Foundation can further support the field staff.

09 OFFBOARDING & SUSTAINABILITY

To conclude our considerations for surge staffing during an emergency response, we believe it is imperative to mention the sustainability of these new staff members. Often in emergency response, staff are hired for short timeframes to work on an immediate need but may not be retained once the cooperative agreement ends or the response is over for various reasons, such as funding. Some notable feedback we received in the key informant interviews is that salaries need to be equitable for states to be able to transition staff from CDC Foundation employees to state full-time staff members within state agencies. We highly recommend developing a sustainability plan and discussing the plan throughout the life of the project.

To provide further guidance about the surge staffing process, we have included supplemental materials.

Appendix A provides our recommended surge staffing checklist, inclusive of the major actions and inputs needed for each step in the surge staffing model.

Appendix B includes our surge staffing hiring tracker used to monitor key metrics such as the number of positions posted, candidates interviewed and staff hired.

Appendix C contains our equipment tracker used to track which field employees were issued equipment based on the service tag number for laptops and IMEI numbers for iPhones.

PUBLIC HEALTH SIGNIFICANCE

There were a number of significant benefits as a result of hiring surge staff for overdose prevention efforts at the state level, which demonstrates the effectiveness of building capacity in an emergency response. There have been many lessons learned since the conception and implementation of the CDC Foundation surge staffing model in response to the opioid epidemic. Our surge staffing model and future recommendations can serve as a guide for other departments, agencies or non-profit organizations to use as a reference when an emergency response is activated, and capacity building is needed. Further, the checklist in Appendix A and hiring tracker in Appendix B may serve as useful tools when developing and implementing a surge staffing process.

Within the CDC Foundation, the recommended model and checklist have since been used for the COVID-19 emergency response. Having a model with a process and checklist outlined to reference allowed our departments to quickly and efficiently build capacity nationwide. The recommended surge staffing model was used to hire over 800 field staff to respond to the COVID-19 pandemic.

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CONCLUSION

Overall, the surge staffing model presented was effective in building capacity to address the opioid crisis, and has made significant impacts on data, reporting, training, operations and resources nationwide. This model has displayed great success in emergency response, and we believe it is important to contribute our experience and knowledge on surge staffing to the greater public health community. Our intent is the surge staffing model and checklist proves to be useful and is adapted for future emergency response and preparedness strategies.
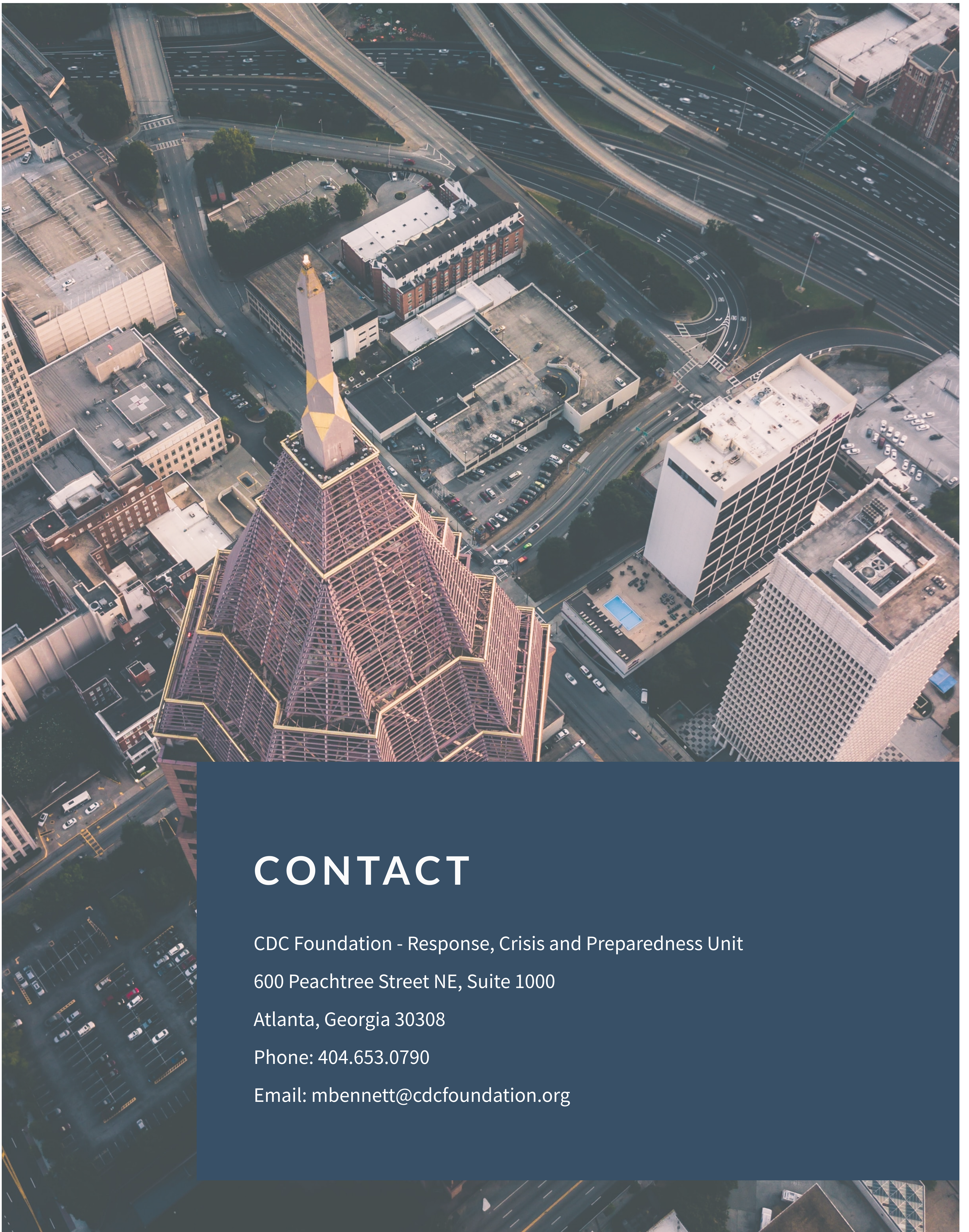
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