**Mitigating Staff Shortages Flow Chart**

Providers must understand their staffing needs and the minimum number of staff needed to provide a safe work environment and safe patient care. When staffing shortages occur, providers must document efforts to maintain minimum staffing levels to provide resident care and services. This flow chart describes strategies when minimum staffing levels cannot be met and implementation of contingency and crisis capacity staffing measures to mitigate shortages. It is imperative that providers establish and routinely review emergency staffing plans.

Healthcare Providers (in collaboration with risk management) should inform residents/tenants and healthcare staff when utilizing contingency and crisis capacity strategies, specify the changes in practice that should be expected, and describe the actions that will be taken to protect residents/tenants from exposure to COVID-19 if healthcare professionals with suspected or confirmed COVID-19 infection are requested to work to fulfill staffing needs.

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| **Conventional Capacity Strategies** |
| **Mitigation Measure** | **Date****Implemented** | **Notes** |
| Ensure any COVID-19 vaccine requirements for HCP are followed, and where none are applicable, encourage the HCP to remain up to date with all recommended COVID-19 vaccines.  |  |  |
| Understand the normal staffing needs and the minimum number of staff needed to provide a safe work environment and safe patient care under normal circumstances.  |  |  |
| Understand the local epidemiology of COVID-19 related indicators (such as community transmission levels). |  |  |
| Communicate with local healthcare coalitions and federal, state and local public health partners to identify additional HCP (hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed.  |  |  |

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| **Contingency Capacity Strategies** |
| **Mitigation Measure** | **Date****Implemented** | **Notes** |
| Cancel all non-essential tasks.  |  |  |
| Shift HCP who work in these areas to support other resident care activities. Ensure these HCP receive appropriate training to work in these areas.  |  |  |
| Identify the potential for non-COVID-19 related reasons why staff are not reporting to work and address any factors that are contributing to this.  |  |  |
| Identify additional HCP to work in the facility. This could include therapy staff, agency staff, staff from other entities within your organization.  |  |  |
| Consider limiting non-essential time off work. \*Mitigate potential mental health risks of not allowing time off work.  |  |  |
| Develop plans to identify designated healthcare providers that can accept transfer of residents in the event relocation is required.  |  |  |
| Allowing HCP with COVID-19 infection who are well enough and willing to work to return to work as follows: * HCP with mild to moderate illness who are not moderately to severely immunocompromised:
* At least 3 days have passed since symptoms first appeared (day 0), and
* At least 24 hours have passed since last fever without the use of fever-reducing medications, and
* Symptoms have improved.

\*See guidance for prioritizing and adherence to recommendations to minimize potential transmission on page 4.  |  |  |

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| **Crisis Capacity Strategies** |
| **Mitigation Measure** | **Date****Implemented** | **Notes** |
| Implement regional plans to transfer residents with COVID-19 to alternate care sites with adequate staffing.  |  |  |
| As a last resort, consider allowing HCP with suspected or confirmed COVID-19, who are well enough to work, but have not met criteria in the contingency strategies above. \*See guidance for prioritizing and adherence to recommendations to minimize potential transmission on page 4.  |  |  |
| If HCP are requested to work before meeting all criteria, they should be restricted from contact with patients who are moderately to severely immunocompromised and providers should consider prioritizing their duties in the following order: |
| If not already done, allow HCP with suspected or confirmed COVID-19 infection to perform job duties where they do not interact with others.  |  |  |
| Allow HCP with confirmed COVID-19 infection to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.  |  |  |
| Allow HCP with confirmed COVID-19 infection to provide direct care only for patients with suspected COVID-19 infection.  |  |  |
| As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19. If this is being considered, this should be used only as a bridge to longer term strategies that do not involve care of uninfected patients by potentially infectious HCP. Strict adherence to all other recommended infection prevention and control measures is essential.  |  |  |

**Considerations for determining which HCP could be allowed to return to work early:**

* Determine the type of HCP shortages that need to be addressed (i.e. department).
* Determine where the HCP are in the course of their illness. Viral shedding appears to be higher earlier in the course of illness, so those HCP who are farther along in their illness should be considered first.
* Determine the types of symptoms the HCP is experiencing, and triage based on symptoms and severity. For example, a HCP that continues to have a fever should not be considered.
* Determine the degree of interaction with residents and other HCP.
* Determine the type of residents the HCP will be caring for.

**If an HCP is returning to work early, they must**:

* Wear a respirator or well-fitting facemask even when in non-resident care areas such as a breakroom.
* Physically distance from others, to the extent possible.
* If they must remove their source control, they should separate themselves from others.
* Continue to self-monitor symptoms and report worsening of symptoms immediately.
* Patients (if tolerated) are encouraged to utilize well-fitting source control while interacting with these HCP.

Resources:

CDC. (2022, Sept. 23). *Strategies to Mitigate Healthcare Personnel Staffing Shortages.* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>.