***[AGENCY NAME]* POLICIES AND PROCEDURES**

# SUBJECT: Emergency Staffing Policy

|  |
| --- |
| Accountability:**References:**State Emergency Operations Center: <https://dps.mn.gov/divisions/hsem/seoc/Pages/default.aspx>CDC: Strategies to Mitigate Healthcare Personnel Shortages:<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>Responding to and Monitoring COVID-19 Exposures in Health Care Settings: <https://www.health.state.mn.us/diseases/coronavirus/hcp/response.pdf> |

#

**POLICY:** To ensure minimal staffing during emergencies, including the COVID-19 pandemic.

**PROCEDURE:**

1. **Conservation of Current Direct Care Staff.** The organization will identify areas where staff are conserved while ensuring resident needs are prioritized and cared for.
	1. Staff will consider the following based upon the staffing situation:
		1. Bundling care and services requiring less frequent visits.
		2. Request orders from the resident’s primary care provider to eliminate or reduce all non-essential medications and treatments.
		3. Reduce bathing practices where residents will receive one bath per week. If staffing reaches a point where providing a weekly bath is an undue strain on resources, will consider no baths and, in place, thorough AM and PM cares.
		4. A designated COVID-19 team will be assigned to care for residents who are quarantined with symptoms, or positive/suspected COVID-19.
	2. Staff will be asked not to take voluntary time off during the pandemic. *[Consider suspending the cap on vacation so staff can continue to accrue vacation even if they cannot spend it down at this time].*
	3. Overtime hours will be approved more readily while mindful of staff health and burnout.
	4. Consider shift changes such as implementing 12-hour shifts.
2. **Non-Direct Care Staff.** The organization will evaluate non-direct care staff and determine areas where non-direct care staff can assist in the direct-care area. If training to perform these duties is required, the organization will provide training to the extent the non-direct care staff member is safe to complete tasks assigned.
*[Consider using trainings available such as the Basic Care Aide, Nursing Assistant Training, or Feeding Assistant Trainings to get more hands on deck]*
	1. Therapy staff, including PT, OT, ST, will perform tasks within their scope of practice. Examples include, assistance with dining, assistance with ADL care, assistance with bathing, etc.
	2. Nurses in administrative roles will participate in direct care**.***[Consider other staff you may train for assistance or re-deploy, such as activity staff, marketing, back office, administration, receptionists, or others]*
3. **Alternative Staffing Resources**. During the COVID-19 pandemic the organization may need to use alternative staffing resources.
	1. New-hires will receive an abbreviated new hire and training process consistent with current state and federal guidance. The community will assure new hires are trained and competent to perform skills for which they were hired.
	2. The community administration will:
		1. Contact supplemental staffing agencies and will have contract(s) with at least one SNSA to assist with filling staff shortages.
		*[Consider monitoring daily mailings regarding displaced workers available for hire from your provider association and Caring Careers Start Here]*
		2. Reach out to related facilities, partners, or local university health career related programs for staffing support.
		3. Reach out to organizations with which we have entered into a Memorandum of Understanding as part of our Emergency Preparedness planning.
		4. Engage the professional trade association.
		5. Contact your area hospitals, clinics, or homecare agencies for staff that may be available;
		6. Reach out to community paramedics;
		7. Reach out to [*insert county name here]* County’s Medical Reserve Corps to assist. 651-201-5700 or minnesotaresponds@state.mn.us
		8. Contact [Regional Health Care Preparedness Coordinators](https://www.health.state.mn.us/communities/ep/coalitions/rhpc.html) or [Public Health Preparedness Coordinators](https://www.health.state.mn.us/about/org/ch/epr/phpc/index.html);
		9. Utilize the SHCC Minnesota Healthcare Resource Call Center (MHRCC) at 1-833-454-0149 (toll free) or 651-201-3970 (local).
		10. Explore [emergency management options through our county](https://dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx); and
		11. The community will reach out to the Minnesota Department of Health when staffing issues start.
4. **Staff removed from the schedule – COVID-19 Concerns**: Staff will be removed from the schedule following state and federal guidelines for staff quarantine and symptom self-monitoring. Self-quarantine periods will be re-considered if the community becomes unable to provide minimal staffing during the pandemic. Employee return to work will be prioritized based upon several factors including who is nearest to their RTW date. Additionally, employees returning to work will follow current PPE guidelines.
	1. If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services.
	2. Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
	3. Allow HCP with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
	4. As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients *without* suspected or confirmed COVID-19.

**Effective Date:**

**Reviewed By: Date:**

**Revised By: Date:**