HealthCap
RISK MANAGEMENT SERVICES

STAFFING DURING AN EMERGENCY

Policy

During normal operations, the facility complies with the laws and regulations for staffing. During an emergency, including a pandemic, the facility may experience staffing shortages (potentially severe) and, under specific emergency conditions, will implement staffing strategies with minimal resident risk.

Staffing Guidelines

The facility has a plan for expediting the credentialing and training of non-facility staff from other locations to provide resident care when a staffing crisis is realized.

A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.

A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during a pandemic outbreak.

Legal counsel and state health department contacts will be consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law.

The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.

During a disaster, staff may not be able to report to work, may be ill, or may need to take care of family members during the emergency. Staff are notified by the staffing liaison that there is an emergency and off-duty staff are called in as needed/available.

A detailed staff emergency contact list is in the emergency preparedness plan.

Daily meetings are conducted to include a review of staffing for the current and following shift.

Staffing liaison will communicate with absentee staff daily for updates on their situations.

Documentation of all attempts to obtain staffing resources will be maintained as well as the reporting status to the appropriate oversight agencies and local health department as directed.

Surge Strategies:

1. Rely on existing staff
    a. Increase number of work hours per week
    b. Call in off duty or PRN staff

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   c. Reassign licensed administrative staff to resident care duties
   d. Reassign existing personnel to provide essential services outside their current job description
      i. May need to involve collaboration with labor unions if applicable.
   e. All approved Paid Time Off (PTO) days during an event may be cancelled.
   f. Employees who do not provide direct patient care and whose departmental functions can be placed on hold until the emergency situation is over will be designated to a labor pool.
2. Call on external sources for temporary staff
   a. Nursing agency staffing
      i. Agreements are reviewed annually and are included in the emergency preparedness plans to assist the facility in preparing for possible staffing challenges
   b. Retired healthcare professionals may be recruited to assist with non-patient care duties
3. Request additional staffing resources through the Emergency Management System
   a. Waivers or flexibility for regulatory requirements for hiring staff may be available
4. Identify essential functions that can be performed by
   a. Trained unlicensed personnel
   b. Private contractors
   c. Volunteers
   d. Family members
   e. Community – based organizations

   ** Supervision of volunteers and temporary healthcare personnel will be accomplished through initially pairing them with experienced staff to determine their competency and reliability and oversee their work. Restriction of visitors at the onset of a pandemic may prevent use of volunteers/family members until visiting restrictions are lifted.

Staff preservation:

Providing essential care to residents cannot be done without able-bodied staff. The infectiousness of a pandemic-causing influenza strain could result in a loss of 20-50% of staff during an outbreak. Anxiety and concern may result in increased absenteeism. In addition, local public health departments may choose to close schools, which could further exacerbate absenteeism of employees with children.

The facility will be prepared to preserve staff with policies to protect them and strategies to provide essential care with fewer available staff.

- Education and information will be provided to staff to provide support and decrease anxiety/fear.

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- Staff, families, and residents will be educated on how the emergency/pandemic planning addresses their needs and how essential services will continue to be provided.
- The facility will be transparent and honest about what the facility plans to do in an effort to ensure that all participants in your facility's daily function (staff, residents and families) have the information they need to protect themselves and maintain their roles.

Minimizing absenteeism and its consequences during a Pandemic:

- Review attendance/leave policies.
- Suspend requirement for a doctor's note
- Encourage ill workers to stay home
- Isolate/send home symptomatic employees
- Reassign employees at higher risk for complications (i.e. Immunocompromised, pregnancy)
- Provide cross-training/universal caregivers
- Increase inter-facility communication
- Consider hardship of unpaid time off that could discourage ill workers from staying home.
    - Allow to exhaust PTO and go into negative balances
    - Advance sick time
    - Provide special time off allotment for the pandemic
    - Allow employees to donate time off to others.
    - Provide information on FMLA

Cross Training:

Staff are cross trained to perform essential functions to enable the facility to operate if key staff are not able to report to work. These critical functions include:

- Essential resident care
- Food service
- Housekeeping (especially environmental disinfection)
- Laundry
- Essential administrative functions including billing and payroll

*Training can be in advance or with brief checklists.

http://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/Pandemic_Workbook_2010.pdf

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Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ _____

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