STAY SAFE MN

# Staffing Options for Acute Care Facilities With Staff Shortages

12/18/2020

## Background

Health care workers (HCW) provide essential care that must occur around the clock every day. When multiple workers experience high-risk exposures or test positive for COVID-19 in a single health care facility, acute and extreme staffing shortages can develop. Facilities are encouraged to work with their health care system, regional partners, and health care workers unions to develop strategies to address staffing.

Centers for Disease Control and Prevention (CDC) guidance outlines suggested contingency and crisis capacity strategies for addressing staffing shortages. This document outlines when and how to appropriately implement components of the CDC guidance. Acute care facilities must refer to Minnesota Department of Health (MDH) guidance and to their facility contingency staffing plan when responding to staffing shortages and crises.

HCW who have experienced a high-risk exposure to a person with COVID-19, or who themselves have a confirmed case of COVID-19, should be excluded from work. As part of a contingency staffing response, HCW who have had a high-risk exposure, but have not tested positive for COVID-19, can return to work, following MDH guidelines.

- COVID-19 Recommendations for Health Care Workers (www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf)

## Progression of staffing options during shortages

This guidance outlines the progression that an acute care facility should follow to address staffing shortages and extreme staffing crises. These options may be considered only as a last resort when a staffing crisis persists even after trying all other normal means of filling shifts (for example: bonuses, leadership assisting with direct patient care, 12-hour shifts versus eight-hour shifts, hazard pay, etc.) have been attempted. The following approaches are not outlined in a strictly ranked order. Efforts should be made to plan for these approaches, before staffing shortage occurs.

## Contingency capacity strategies

1. Cancel all procedures and visits that are not time sensitive. Shift staff from these areas to support other patient care activities.
2. Call back asymptomatic quarantined staff. See the "Options for quarantined health care workers" section below for more information.
3. Contact related facilities or partners, including sister facilities and hospital partners.
4. Contact supplemental nurse staffing agencies.
5. Contact other nearby health care facilities, partners, or local university/college health career centers.
6. Contact the Minnesota Hospital Association COVID-19 Resources (www.mnhospitals.org) for help getting staff.
7. Contact your Regional Health Care Preparedness Coordinators (RHPCs) (www.health.state.mn.us/communities/ep/coalitions/rhpc.html) for assistance.
8. Contact the local Medical Reserve Corps (MRC) coordinator.
9. Explore your county emergency management options at Homeland Security and Emergency Management: County Emergency Managers (https://dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx).

## Crisis capacity strategies

10. Transfer patients with COVID-19 to health care facilities with adequate staffing
11. Review and use health care system-specific strategies for staffing crises.
    - National Academies of Sciences, Engineering, and Medicine: Rapid Expert Consultation on Staffing Considerations for Crisis Standards of Care for the COVID-19 Pandemic (www.nap.edu/catalog/25890/rapid-expert-consultation-on-staffing-considerations-for-crisis-standards-of-care-for-the-covid-19-pandemic-july-28-2020)
12. If all the options listed above have been exhausted, contact the State Healthcare Coordination Center's Minnesota Healthcare Resource Call Center at 1-833-454-0149 (toll free) or 651-201-3970. See the "Options for health care workers with confirmed COVID-19" section below for additional information.

## Options for quarantined health care workers

Health care facilities experiencing acute staffing shortage should have a systemic crisis staffing plan in place that systematically addresses all other options (for example, bonuses, leadership assisting with direct patient care, 12-hour shifts versus eight-hour shifts, hazard pay, reducing non-time sensitive procedures) to obtain staff prior to considering the return of HCW who are in quarantine after experiencing a high-risk exposure to a person with COVID-19, as long as these HCW are not experiencing symptoms and are not infectious (i.e., have not recently tested positive) with COVID-19. These HCW should be brought back to work using the following standards. **This information does not pertain to**

**asymptomatic SARS-CoV-2-positive HCW, who should be excluded from the workplace until they meet return to work criteria for individuals with COVID-19.**

1. Worker protections are established in isolation and quarantine state statute, and HCW who have experienced a high-risk exposure cannot be forced to return to work during the quarantine period. If HCW choose not to return to work, Minnesota Statutes, section 144.4196 protects them from retaliation.
2. Different types of high-risk exposures carry different risks of testing positive for COVID-19. Therefore, facilities should ask exposed HCW to return to work in the following order. All HCW from one group should be asked to return prior to bringing back HCW from the next group. Facilities should also take into account specialty-specific or unit-specific needs when asking HCW with high-risk exposures to return.
    a. HCW with high-risk exposure to a patient, resident, or coworker
    b. HCW with high-risk exposure to a social contact
    c. HCW with high-risk exposure to a household member; HCW with a household exposure should return only if able to isolate from the positive household member.
3. Exposed HCW who return during quarantine should take on a role that does not have direct patient care duties (e.g., telemedicine, phone triage), when feasible.
4. If it remains necessary for the HCW to provide direct patient care during the quarantine period, the HCW should:
    a. Avoid seeing high-risk patients (e.g., older adults, immunocompromised people, and those with co-morbidities), if possible.
    b. Practice diligent hand hygiene and wear a medical-grade face mask at all times.
    c. Avoid sharing a breakroom or lunch room with coworkers.
    d. Monitor themselves closely for any symptoms associated with COVID-19 (e.g., measured or subjective fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell), and measure body temperature daily before going to work.
    e. Remain at home and notify their supervisor if they develop respiratory symptoms OR have a measured body temperature of greater than 100 degrees Fahrenheit.
    f. If at work when fever or respiratory symptoms develop, immediately notify their supervisor and go home.
    g. Notify their supervisor of other symptoms (e.g., fever greater than 100 degrees Fahrenheit, nausea, vomiting, diarrhea, abdominal pain, runny nose, fatigue), as medical evaluation may be recommended.
5. HCW who have had a high-risk exposure and return to work during quarantine should be proactively tested post-exposure (for example: testing on days 3, 5, 7, 10, and 12). Specific testing protocols are dependent on the healthcare facility testing capacity and turnaround time. At a minimum, MDH recommends that exposed HCW who work during the 14-day quarantine period be tested at approximately day 5–7 and day 10–12 following the date of the high-risk exposure.

6. HCW should consider a mid-shift self-assessment for signs and symptoms of COVID-19 while working during quarantine.
7. Facilities should increase audits for masks and other personal protective equipment, hand hygiene, and activity in breakrooms and lunch rooms. Limit the number of HCW in breakrooms to ensure social distancing. HCW working during a quarantine period should take breaks alone in the breakroom, if possible.
8. Facilities should establish a higher level of awareness for potential SARS-CoV-2 spread within the facility, following recommendations from MDH for assessment of clusters of individuals (patients, residents, health care workers) who have symptoms or have tested positive. Maintain a low threshold for investigating increases in staff calling in sick and for observing fatigue in using personal protective equipment in areas such as break rooms.
9. Additional MDH guidance regarding HCW and exposure risk assessment is available.

- COVID-19 Recommendations for Health Care Workers (www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf)
- Responding to and Monitoring COVID-19 Exposures in Health Care Settings (www.health.state.mn.us/diseases/coronavirus/hcp/response.pdf)

## Options for health care workers with confirmed COVID-19

Facilities must work with the State Emergency Operations Center (SEOC) and show that the facility is having a recognized specialty-specific or unit-specific staffing crisis. They must get approval from the health commissioner before asking HCW who do not have symptoms, but who have tested positive for COVID-19, to continue working or to return to work earlier than MDH and CDC guidance dictates. Criteria for meeting an acute staffing crisis and requirements for documentation include:

- The facility has activated its contingency staffing plan and has exhausted all options to address staffing needs, triggering a crisis level of staffing.
- The facility has exhausted all options to cohort COVID-19-positive patients together internally or to transfer COVID-19-positive patients to other acute care facilities or COVID-19 care sites.
- The only remaining approach to ensure adequate patient care and safety is to evacuate the facility.

If the facility is designated by the SEOC to be in an acute staffing crisis, the health commissioner may allow the facility to allow asymptomatic HCW positive for COVID-19 to return to work in roles that include direct care for residents with confirmed COVID-19. **Positive HCW cannot provide direct care or interact with residents or staff who have not been diagnosed with COVID-19. The criteria above must be met and approval from the health commissioner must be given before allowing asymptomatic staff with confirmed COVID-19 to work. Ill or symptomatic COVID-19-positive staff should never enter the facility.**

# Resources

- CDC: Strategies to Mitigate Healthcare Personnel Staffing Shortages (www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)
- Crisis Standards of Care (www.health.state.mn.us/communities/ep/surge/crisis/index.html)
- National Academies of Sciences, Engineering, and Medicine: Rapid Expert Consultation on Staffing Considerations for Crisis Standards of Care for the COVID-19 Pandemic (www.nap.edu/catalog/25890/rapid-expert-consultation-on-staffing-considerations-for-crisis-standards-of-care-for-the-covid-19-pandemic-july-28-2020)

MINNESOTA

Minnesota Department of Health | health.mn.gov | 651-201-5000
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975