

Clarification of Staffing Options for Congregate Care Facilities Experiencing Staff Shortages

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Background

Health care workers (HCW) who have experienced a high-risk exposure to a person with COVID-19, or who themselves have a confirmed case of COVID-19, need to be excluded from work. HCW can return to work following the Minnesota Department of Health (MDH) guidelines.

- [MDH: COVID-19 Recommendations for Health Care Workers](https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf)
(<https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf>)

HCW provide essential care that must occur, around the clock every day. When multiple HCW experience high-risk exposures or test positive in a single health care facility, acute and extreme staffing shortage can develop. Centers for Disease Control and Prevention (CDC) guidance outlines suggested contingency and crisis capacity strategies for addressing staffing shortages. Existing Minnesota guidance outlines when and how to appropriately implement components of the CDC guidance. Congregate-care facilities must refer to the MDH guidance, and to their facility contingency staffing plan when responding to staffing shortages and crises.

- [MDH: Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19](https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html)
(<https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html>)
- [CDC: Strategies to Mitigate Healthcare Personnel Staffing Shortages](https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>)

This document summarizes the options available to facilities experiencing an acute staffing shortage.

Progression of Staffing Options during Shortage Situations

Existing guidance outlines the progression that a facility should follow to address extreme staffing crises. These options may be considered only as a last resort when a staffing crisis persists even after all other normal means of filling shifts (bonuses, leadership assisting with direct resident care, 12-hour shifts vs. 8-hour shifts, hazard pay, etc.) have been attempted:

1. Call back asymptomatic quarantined staff. See the Options for Quarantined Health Care Workers section below for more information.
2. Contact related facilities or partners including sister facilities and hospital partners.
3. Contact supplemental nurse staffing agencies.

4. Contact other nearby health care facilities, partners, or local university/college health career centers.
5. Contact trade association to assist in obtaining staff.
 - LeadingAge of MN (www.leadingagemn.org)
 - Care Providers of MN (www.careproviders.org)
6. Contact your Regional Health Care Preparedness Coordinator for assistance.
 - MDH: Regional Health Care Preparedness Coordinators (RHPCs) (<https://www.health.state.mn.us/communities/ep/coalitions/rhpc.html>)
7. Contact the local Medical Reserve Corps (MRC) coordinator.
8. Explore emergency management options through your county.
 - [Homeland Security and Emergency Management: County Emergency Managers](https://dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx) (<https://dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx>)
9. If all the options listed above have been exhausted, contact the State Healthcare Coordination Center Minnesota Healthcare Resource Call Center at 1-833-454-0149 (toll free) or 651-201-3970 (local). See the Options for Health Care Workers with Confirmed COVID-19 section below for additional information.

Options for Quarantined Health Care Workers

If a facility is experiencing an acute staffing shortage, asymptomatic HCW who have experienced a high-risk exposure but have not tested positive for COVID-19 can be asked to return to work during the HCW 14-day quarantine period, taking the following tiered approach.

1. HCW should take on a non-direct patient care role (e.g., telemedicine, phone triage), when feasible.
2. If it remains necessary for the HCW to provide direct patient care during this 14 day period, they should:
 - a. Avoid seeing high-risk patients (e.g., elderly and immunocompromised persons and those with co-morbidities).
 - b. Practice diligent hand hygiene and wear a surgical face mask at all times.
 - c. Monitor themselves closely for any new symptoms associated with COVID-19 (i.e., measured or subjective fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell), and measure their temperature daily before going to work.
 - d. Remain at home and notify their supervisor if they develop respiratory symptoms OR have a measured body temperature of $\geq 100^{\circ}\text{F}$.
 - e. If at work when fever or respiratory symptoms develop, the HCW should immediately notify their supervisor and go home.
 - f. Notify their supervisor of other symptoms (e.g., fever $< 100^{\circ}\text{F}$, nausea, vomiting, diarrhea, abdominal pain, runny nose, fatigue), as medical evaluation might be recommended.

Additional MDH guidance regarding HCW and exposure risk assessment is available.

- [MDH: COVID-19 Recommendations for Health Care Workers](https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf)
(<https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf>)
- [MDH: Responding to and Monitoring COVID-19 Exposures in Health Care Settings](https://www.health.state.mn.us/diseases/coronavirus/hcp/response.pdf)
(<https://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 to demonstrate that the facility is having a recognized *staffing crisis* and must obtain approval from the MDH Commissioner before asymptomatic HCW who have tested positive for COVID-19 can be asked 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 are outlined in [MDH: Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19](https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html>) and 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 residents internally or transfer positive residents to COVID-19 care sites.
- The only remaining approach to ensure adequate resident care and safety is to evacuate the facility.

If the facility is designated to be in an acute staffing crisis by the SEOC, the MDH Commissioner may grant the facility the ability 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 MDH 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.**

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Contact health.communications@state.mn.us to request an alternate format.

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