**POLICY and PROCEDURES, & INFORMATION**

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| ***Page No.:*** | |
| ***Title: Emergency Preparedness; Optimizing utilization of Staff During Pandemic Crisis*** | | | |
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| ***Distribution: Administration, All Department Heads*** | | | |

***OBJECTIVE:***

1. To be able to optimize staffing productivity during staffing shortages as a result of a surge capacity.
2. To understand the different levels of surge capacity and be able to prioritize what tasks are essential to resident care and what tasks can be suspended or modified.

**Staffing Surge Capacity-** the ability to manage a sudden, unexpected increase in resident volume or staff shortages that would otherwise be severely challenged or exceed the present capacity of the facility’s staffing capability.

**Conventional Capacity-** Measures consist of providing resident care without any change in daily contemporary practices. The staff allocated should be based on the facility’s established needs and assessment.

**Contingency Capacity-** Measures may change daily standard practices but may not have any significant impact on the care delivered to the residents or safety of the healthcare provider. These practices may be used temporarily during periods of expected staffing shortages.

**Crisis Capacity-**Measures that are not commensurate with Facility’s standards or care. These measures or combination of measures may need to be considered during periods of known staffing shortages.

**Vital Care-** Care that is required to maintain residents’ physical safety and clinical stability.

**Nonclinical Services-**Services provided by ancillary departments/staff such as Food Service, Housekeeping, Maintenance, Bookkeeping, Admissions, Secretarial Staff, and Security.

**Clinical Services-** Services provided by both contracted or facility employed staff that directly impact the residents clinical care and wellbeing such as; physicians, physician assistance, nurse practitioners, registered and licensed nurses, certified nursing aids, physical, occupational and speech therapist, clinical dietitians, social workers and activity leaders,

**POLICY:** It is the policy of this facility that during emergency situations, that impacts or limit the facility’s staffing patterns, the facility may adopt a series of strategies to optimize the utilization of the staffs’ time and only provide care and treatments that are vital to the residents’ care and wellbeing.

**PROCEDURE*:***

1. When there is an event which results in a surge of utilization of staffing in the facility, the Administrator in conjunction with other designated staff members will meet to determine the following:

* Identify their staffing needs and the facility’s contracted staffing agencies.
* Identify the current staffing patterns and which facility staff can be cross trained in assisting other departments as indicated.
* Establish which local healthcare unions, coalitions/associations, federal, state, and local public health partners (OEM) will be and have been contacted to find out about additional staffing resources that may be available. Keep a log of all efforts/response
* Establish a phone/contact list of all key employees and disseminate information to all department heads
* Check with other healthcare facilities to determine the feasibility of “borrowing” staff.
* Determine which staff in the building will remain on-duty beyond their normal shift schedule.
* Establish a sleeping area for staff.
* Ensure provisions are in place for, adequate of building, as necessary.
* Consult with vendors to determine the availability of necessary goods and outside services.
* Ensure all other guidelines of this procedure are completed.

1. The facility will implement all the following changes to optimize the utilization and availability of staffing.

* Provided employee cross training competencies for specific tasks.
* Redistribute staffing assignments.
* Maximizing use of telemedicine.
* Cohort residents or relocate residents within the facility to maximize utilization of the available staff.
* Determine the need to transfer residents to other facilities, release to responsible party, or otherwise decrease census, if indicated.
* Inservice Education for staff during the emergency on all procedures relating to the emergency.
* Set up Command Post as necessary, and follow the Emergency Incident Commander Job Action Sheet

3. Facility residents and families/representatives will be informed by SW/Designee initially and on an ongoing basis as to the measures being implemented during the emergency event as indicated.

\*During **crisis capacity**, when there are known staffing shortages, the following alternative strategies may be

implemented but are not limited to:

1. **For Non-Clinical Care/Service**
2. Reassign cross trained staff to needed areas.
3. Provide only essential tasks/services. (Tasks that are required to maintain the safety and wellbeing of the residents and staff).

i.e. **Housekeeping staff-** clean resident areas only.

**Dietary**- altering menu to meet staffing demands. Ensure that adequate nutrition is provided, but variety and options are not a priority.

**Maintenance-** maintain the overall plant operation of facility infrastructure. Only conduct repairs to the maintain stability of the facility’s infrastructure.

1. Revise/stagger employees work schedules to meet facility’s needs.
2. Revise employees job breakdowns to accommodate facility’s needs.
3. Request vital employees, who are out ill or unable come into the facility, to be available via phone to provide guidance as indicated.
4. Implement the use of single use, disposable items, as appropriate, to minimize time and staffing constraints.
5. **For Clinical Care Services**
6. Reassign cross trained staff to needed areas.
7. Revise/stagger employees work schedules to meet facility’s needs.
8. Revise employees’ job breakdowns to meet facility’s needs.
9. Suspend non-essential care to residents. (care and treatments that will not impact the overall health and safety of the residents)

Examples include but are not limited to:

1. Discontinue all showers/baths and grooming. Provide bed baths or assistance with bathing on a case by case need. Peri and hygiene care will continue.
2. Discontinuing vitamins, minerals and other non-essential medications.
3. Review and discontinue finger sticks for those residents with history of stable blood glucose levels.
4. Consolidate medication distribution times, as applicable.
5. Discontinue out of and back to bed schedules. All residents to remain in bed/in their room.
6. Discontinue weekly weights and reassess needs for monthly weights for those residents that will negatively be impacted by being taken out of bed for weighing.
7. relocate rehab staff to resident care units to assist with ADL care and ROM as indicated.
8. Alter the locations and the times of the activity services.
9. Provide telemedicine as applicable.

\****All revisions and alterations in the plan of care will be done in direct correlation with each individual resident’s clinical need and facility’s staffing availability. The goal is to continue to provide care and services to maintain residents’ safety.***

During **Crisis Capacity when there is no staffing available to provide the care and services required**, the following alternative strategies may be implemented:

1. Conduct vertical and/or horizontal cohorting of resident and staff, within the facility, to promote/optimize staff to resident ratio and for easy in deliverance of care.
2. Contact State and Local Health Departments for guidance on potential evacuation .
3. Relocate residents to another health care facility that will have the required staffing to meet the residents’ healthcare needs and wellbeing as necessary.