



Strategies to Mitigate Healthcare Personnel Staffing Shortages

Due to COVID-19

The medical/technical team of the Unified Health Command, comprised of representatives from Billings Clinic, St. Vincent Healthcare, and RiverStone Health, offers the following recommendation to assist healthcare facilities to mitigate healthcare personnel staffing shortages that might occur because of COVID-19.

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for healthcare personnel (HCP) and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including communicating with HCP about actions the facility is taking to address shortages, maintaining patient and HCP safety, and providing [resources](#) to assist HCP with anxiety and stress.

There are Contingency and Crisis Capacity Strategies that healthcare facilities should consider. For example, if HCP staffing shortages occur, healthcare systems, facilities, and the appropriate state, local, territorial, and/or tribal health authorities might determine that a plan to allow asymptomatic HCP who have had an [unprotected exposure to](#) COVID-19, but are not known to be infected, to continue to work. This plan may include:

- HCP reporting temperature and absence of symptoms each day before starting work.
- HCP wearing a medical grade facemask (for source control) while at work for 14 days (this is the time period during which exposed HCP might develop symptoms,) after the exposure event. A medical grade facemask, instead of a cloth face covering, should be used by these HCP for source control during this time period while in the facility. After the 14-day incubation period, HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
 - A medical grade facemask, worn for source control, does not replace the need to wear an N95 or equivalent or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19.
- When testing is readily available, performing post-exposure testing during the 14-day post-exposure period can be considered to more quickly identify pre-symptomatic or asymptomatic HCP who could contribute to COVID-19 transmission.

- Facilities that elect to perform post-exposure testing of HCP should be aware that testing might be logistically challenging and has limitations. For example, testing only identifies the presence of virus at the time of the test. It is possible that HCP can test negative because they were very early in their infection when their sample was collected. HCP could become infectious at a later date and transmit the virus to others; for this reason, repeat testing could be considered. Also, when there is COVID-19 transmission occurring in the community, positive tests in HCP do not necessarily indicate transmission due to exposures in the workplace.
- If testing of exposed HCP is instituted, test results should be available rapidly and there should be a clear plan to respond to results.
- If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or employee health prior to leaving work. These individuals should be prioritized for testing.

If HCP are tested and found to be infected with COVID-19, they should be excluded from work until they meet all [Return to Work Criteria](#). [HCP with suspected SARS-CoV-2 infection should be prioritized for testing](#), as testing results will impact when they may return to work and for which patients they might be permitted to provide care.

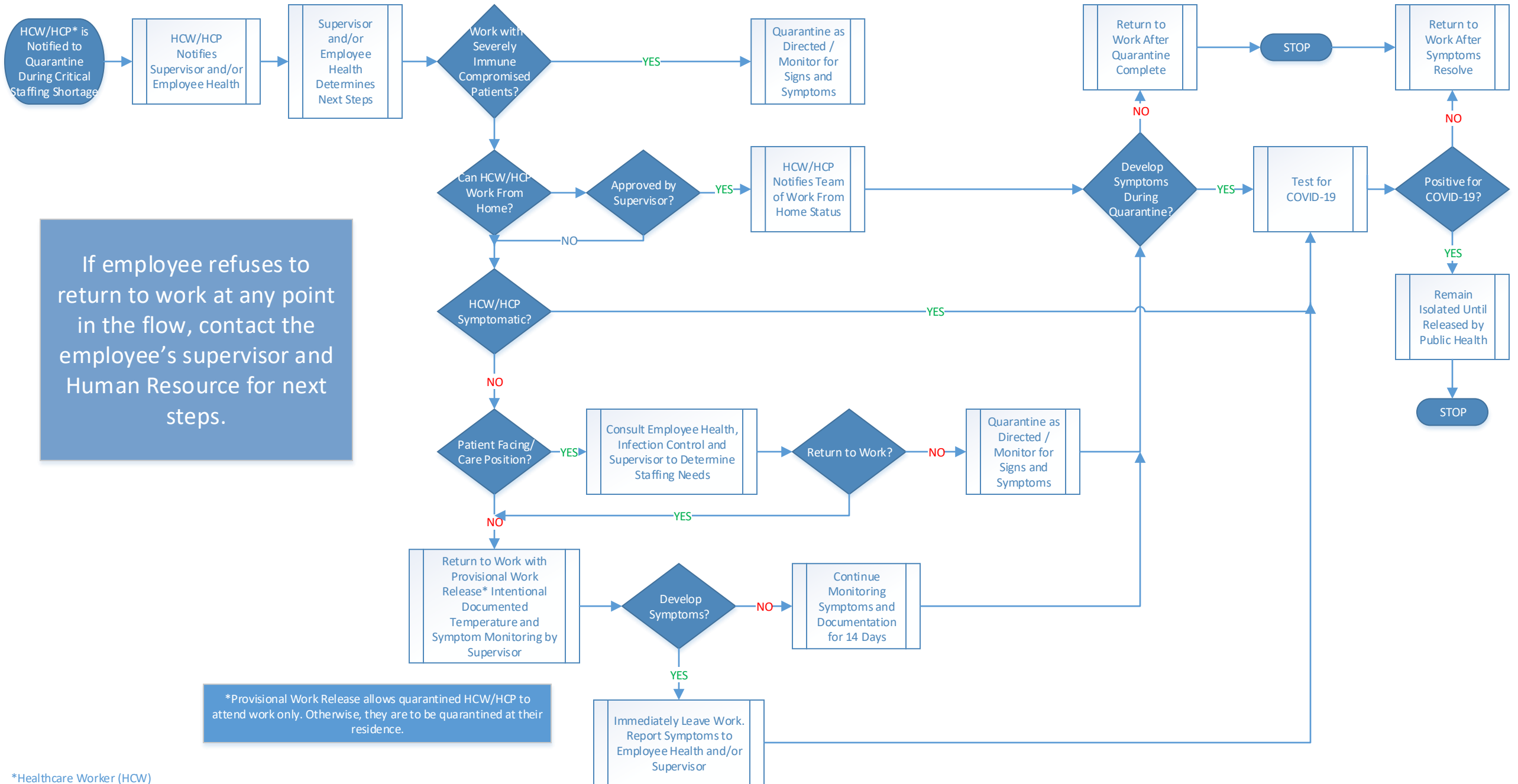
Healthcare facilities in collaboration with risk management, infection control, employee health, and RiverStone Health Public Health Services should inform HCP when the facility is operating under its mitigation strategies for staffing shortages.

The flow chart on page 3 of this guidance can assist in decision-making during staffing shortages.

If you have questions about mitigating HCP shortages due to COVID-19, please call the RiverStone Health Public Health Information Line at 406.651.6415 and leave a message. Calls are returned on weekdays between 8 a.m. and 5 p.m.

Centers for Disease Control and Prevention (CDC) provides further recommendations at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>





If employee refuses to return to work at any point in the flow, contact the employee's supervisor and Human Resource for next steps.

*Provisional Work Release allows quarantined HCW/HCP to attend work only. Otherwise, they are to be quarantined at their residence.

*Healthcare Worker (HCW)
*Healthcare Professional (HCP)