



Long-Term Care Regulatory Provider Letter

Number: PL 2022-08
Title: Mitigation of Staffing Shortages
Provider Types: Home and Community Support Services Agencies (HCSSAs)
Date Issued: February 15, 2022

1.0 Subject and Purpose

This letter provides guidance to HCSSAs for mitigating staffing shortages in a post COVID-19 vaccination environment. This guidance should be used by HCSSAs in determining the appropriateness of allowing a fully-vaccinated and boosted or up-to-date staff member who has had a higher-risk exposure to COVID-19 to continue to work based on CDC guidance. HCSSAs are unique in that services are provided by a mobile workforce in multiple settings, including licensed facilities and congregate living. Thus, safeguards in addition to those recommended by the CDC are appropriate for the HCSSA industry to ensure health and safety for vulnerable clients and the community.

2.0 Policy Details & Provider Responsibilities

Mitigation strategies offer a continuum of options for addressing staffing shortages. Contingency and then crisis capacity strategies are meant to be considered and implemented sequentially (i.e., implementing contingency strategies before crisis strategies).

When staffing shortages are anticipated, HCSSAs should first use contingency capacity strategies to plan and prepare for mitigating this problem, such as implementing back-up services and hiring additional staff.

If staffing shortages are reaching a crisis level, HCSSAs should implement crisis strategies, one of which is described in this provider letter.

2.1 Staffing Shortage Crisis Strategy

For HCSSAs experiencing crisis-level staffing shortages, the [Centers for Disease Control and Prevention \(CDC\) has provided guidance](#) to allow asymptomatic, fully vaccinated staff who have had a higher-risk exposure to COVID-19 but are not known to be infected to continue to work throughout their 14-day post-exposure period. If permitted to work, the CDC recommends implementing the following transmission-based precautions.

- The staff should continue to report temperature (or that they have a “well” feeling of being afebrile (not feverish) for staff in personal assistance services agencies) and absence of symptoms each day before starting work (i.e., staff screening).
- If staff develop even mild symptoms consistent with COVID-19, they should either not report to work or stop working and remove themselves from close proximity with clients. and they should then notify their supervisor or administrator prior to leaving work in accordance with strategies on the staffing contingency checklist and where the agency is in implementation of mitigation strategies.
- The staff should be tested and, if found to be infected with COVID-19, should be excluded from work until they meet all [Return to Work Criteria](#).

If a HCSSA chooses to follow the CDC guidance above, then the HCSSA must also take *additional transmission-based precautions*, which include the following.

- The staff must use full PPE, including a surgical or N95 mask throughout the 14-day post-exposure period.
- The HCSSA must implement COVID-19 testing strategies for such staff.

2.2 HCSSA Policies

The HCSSA should consider human resources policies that allow for staff to not work when risks cannot be mitigated and if staff become symptomatic.

The agency may also have specific policies regarding provision of dedicated staffing to clients where services require a specialized

workforce. This will include policies for an HCP who may have shared exposure with the individuals in a homecare assignment when it is the only assignment for the HCP.

3.0 Staffing Contingency Checklist

HCSSAs facing staffing shortages that impact the provision of essential care and services should attempt each list item in the order provided below. Each list item contains a link to supplemental information located in this document.

Refer to CDC's [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#):

- Attempt to address social factors preventing staff from working.
- Attempt to categorize staff into vaccinated, vaccinated and boosted, and unvaccinated or unknown status.
- Request staff postpone elective time off from work, as appropriate.
- Ensure all scheduled visits are essential on the days and times scheduled. If the visits can be rescheduled without negative impact to a client, do so.
- Consult the agency's back up policies and procedures¹. The agency administrator and governing body, as applicable, should review the back-up policies to ensure they capitalize on the following strategies:
 - Share staff between different COVID-19 cohorts and teams, if used to categorize staffing needs.
 - Use nearby health facilities, partners, or local colleges to identify qualified supplemental staff.
 - Identify alternate HCSSAs and healthcare facilities with adequate staffing to care for client with COVID-19.
 - When sharing staff among different COVID-19 Cohorts, the CDC recommends identifying HCPs to work only with the COVID-19 positive cohort clients, when it is in use. If possible, HCP should avoid working with both the COVID-19 positive cohort clients and on other clients during the same shift or same care and visit period.
- Contact staffing agencies.
- Follow CDC guidance on: [Work Restrictions for Asymptomatic HCP with Exposure to COVID-19](#)
- Follow CDC guidance on: [Work Restrictions for HCP with COVID-19 Infection](#)

¹ [26 TAC §558.290\(a\)](#)

Note: LTCR may request documentation showing that all mitigation strategies have been exhausted before agencies resort to allowing staff who have been exposed to COVID-19 or infected with COVID-19 to return to work early.

Before resorting to allowing HCPs who have been exposed to COVID-19 or infected by COVID-19 to return to work early, refer to the CDC's [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#).

4.0 Allowing Asymptomatic Staff Who Have Had COVID-19 Exposure to Work

The CDC provides a detailed and comprehensive table on [Work Restrictions for HCP with COVID-19 Infection and Exposures](#). HCSSAs must refer to this guidance when assessing if/when it may be appropriate to allow asymptomatic staff who have been exposed to COVID-19 but are not known to be infected to continue to work. While HHSC does not recommend using staff who have had unprotected exposure to COVID-19 prior to the end of their [quarantine](#), we understand that there may be certain situations which require this practice.

Asymptomatic staff who had unprotected exposure to COVID-19, are not known to be infected, and have been approved to work must:

- take a non-direct care role whenever feasible;
- be diligent in monitoring their symptoms; and
- be prioritized for testing.

Refer to the CDC's [Antigen Testing in Long-Term Care](#)

5.0 Allowing Staff with Suspected or Confirmed COVID-19, Who Are Well Enough and Willing to Work, But Have Not Met All Return to Work Criteria

Please note, while the CDC includes strategies to allow healthcare workers with suspected or confirmed COVID-19 to work before meeting the [Return to Work Criteria](#) in extreme situations, this is not typically permitted in long-term care facilities and agencies. Federal and state laws prohibit potentially infectious staff from working in long-term care facilities and agencies.

However, in certain crisis situations, a HCSSA could use COVID-19 positive staff to care for COVID-positive residents. HCSSAs must refer to the CDC's guidance on [Work Restrictions for HCP with COVID-19 Infection and Exposures](#) when assessing if/when it may be appropriate to allow staff to

return to work before meeting all [Return to Work Criteria](#). This is only permitted on a case-by-case basis in an emergency and is not permitted for extended periods of time, but only for as long as is needed to get emergency staffing in place.

COVID-19 positive staff who have been approved to work must:

- take a non-direct care role whenever feasible;
- only work in COVID-19 positive cohorts if providing direct care becomes necessary;
- be diligent in monitoring their symptoms; and
- be prioritized for testing.

6.0 Background/History

The CDC provides new and updated guidance for the general public and for health care personnel. In some situations, HHSC has determined that postadditional or clarifying guidance should be included to accommodate the unique operations of HCSSAs as well as the clinical and nonclinical categories of services provided by HCSSAs.

7.0 Resources

- [Potential Exposure at Work](#) (CDC)
- [Staff Shortages](#) (CDC)
- [Interim Clinical Considerations for use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#) (CDC)
- [COVID-19 Vaccine Booster Shots](#) (CDC)

8.0 Contact Information

If you have any questions about this letter, please contact the Policy and Rules Section by email at LTCRpolicy@hhs.texas.gov or call (512) 438-3161.