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Guidance and Protocol for Assisted Living and Nursing Facilities Experiencing Staffing Shortages due to the COVID-19 Public Health Emergency

This checklist provides guidance for Assisted Living Facilities (ALFs) and Nursing Facilities (NFs) facing staffing shortages related to the COVID-19 public health emergency. This checklist incorporates CDC guidance with state and federal staffing requirements. ALFs and NFs facing staffing shortages must use this checklist before requesting emergency staffing resources. The CDC's mitigation strategies are meant to be implemented sequentially (i.e., *contingency* strategies before *crisis* strategies). The *conventional* strategies must be followed when the facility has adequate staffing.

As a reminder, ALFs and NFs are required to cohort residents based on their COVID-19 status: COVID-19 negative (COVID-negative), COVID-19 positive (COVID-positive), and unknown COVID-19 status (COVID-unknown).[1]

Healthcare personnel (HCP) are considered "up to date" if they have received *all* COVID-19 vaccine doses, including any booster dose(s) when eligible, as recommended by CDC.

Staffing Contingency Checklist

At baseline, ALFs and NFs must be in communication with local healthcare coalitions and federal, state, and local public health partners to identify additional HCP when needed.

Facilities should also attempt to address social factors (ex. lack of transportation, childcare) preventing staff from working. Providers may request staff postpone elective time off from work, while also considering mental health benefits of time-off and prevention of staff burnout.

Facilities facing staffing shortages should attempt each list item in the order provided.

Refer to CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages:

[1] 26 TAC §554.2802(d). *See also* 26 TAC §553.2001(g) (relating to assisted living facilities) and 26 TAC §551.46(f) (relating to intermediate care facilities for individuals with an intellectual or developmental disability).

☐ Attempt to recruit additional HCP. This may include contact with staffing agencies, nearby healthcare facilities, partners, volunteers or local colleges to identify supplemental staff. See Sharing Staff.

☐ Share staff between different COVID-19 cohorts.

☐ Identify alternate facilities, if available, with adequate staffing to care for residents with COVID-19.

☐ Follow CDC guidance in Interim Guidance for Managing HCP with COVID-19 Infection or Exposure to COVID 19 for *Work Restrictions for HCP with COVID-19 Infection and Exposure to COVID-19*.

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

☐ Request emergency staffing from LTCR after all other checklist items have been attempted. This is only available on an emergency basis and as a temporary measure. See Requesting Emergency Staffing.

Sharing Staff

Sharing staff among different COVID-19 Cohorts: The CDC recommends identifying HCP to work only in the COVID-19 positive cohort area, when it is in use, although this is not required in state or federal rules. If possible, HCP should avoid working on both the COVID-19 positive cohort area and on other units during the same shift.

Use of supplemental staff: Facilities must develop and implement a policy regarding staff working with other LTC providers that limits the sharing of staff with other LTC providers, unless required, in order to maintain adequate staffing at a facility.

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. Facilities 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 and QSO 20-38 (NFs only) for information on testing for COVID-19.

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 recommended Return to Work Criteria in extreme situations, this is not typically permitted in long-term care facilities. Federal and state laws prohibit potentially infectious staff from working in long-term care facilities[2].

However, in certain crisis situations, a facility could use COVID-19 positive staff to care for COVID-positive residents. Facilities 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 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.

Requesting Emergency Staffing from LTCR

HHSC LTCR offers emergency staff for facilities facing severe critical shortages. Emergency staffing is only approved for facilities that can't provide necessary care to residents due to staffing shortages. Emergency staffing is temporary while facilities get alternative staffing resources.

[2] 42 CFR §483.80, 26 TAC §554.1601, 26 TAC §554.2802(c)(3), 26 TAC §553.2001(f), and 26 TAC

Facilities may only request emergency staffing from HHSC if **all** the strategies from the Staffing Contingency Checklist have been exhausted. If a facility has implemented or attempted each item in the Staffing Contingency Checklist and still does not have adequate staff to meet critical staffing levels, the facility must contact the Regional Director for their LTCR Region to request emergency staffing.

Note: All requests for emergency staffing may not be fulfilled. Requests are prioritized by level of need.

If approved for emergency staffing, facilities must submit a transition plan for addressing shortages that includes the following:

- Forecasted timeline for when COVID-19 positive staff will return to work, using the CDC's Return to Work criteria;
- Forecasted timeline for when emergency staff can be released;
- Acquiring temporary staff or recruiting new hires; and
- All other strategies for ensuring critical staffing shortages are fulfilled as soon as possible.

Resources:

- Interim Guidance for Managing Healthcare Personnel with COVID-19 Infection or Exposure to COVID-19 (CDC)
- Staff Shortages (CDC)
- Interim Clinical Considerations for use of COVID-19 Vaccines Currently Approved or Authorized in the United States (CDC)
- Stay Up to Date with Your Vaccines (CDC)
- COVID-19 Vaccine Booster Shots (CDC)