

Greenwood House

MANUAL: NURSING- COVID19 plan
FACILITY: Abrams Residence
DATE: Revised August 2020
POLICY: Addressing staffing shortage (including worker absences) due to outbreaks.

POLICY

It is Abrams Residence policy to maintain appropriate staff to provide care to our residents, even in a time of crisis.

Purpose

To maintain appropriate staffing to ensure a safe living environment for our residents. This policy will assist in creating a contingency plan for possible staffing shortages due to virus outbreaks and other times of crisis. When there are no longer enough staff to provide safe patient care- See page 2

Procedure:

- A. Communication with local healthcare coalitions, federal, state, and local public health partners to identify additional staffing help.
- B. Review staffing schedules to potentially adjust working shifts, rotate positions, and delegate non-nursing related tasks to available staff
- C. Cancel all non-essential procedures or visits (prioritize the essential tasks)
- D. Identify additional health care providers to work
 - a. Contact staffing agencies(American, Tri-state, Towne Staffing, Delta-T)
- E. Execute any MOU's in place with facilities not impacted to the same severity
- F. If 1135 waiver is executed, recruit staff from other states or parts of the nation
- G. If need be, contact department of health and request the assistance of the National Guard
- H. Institute the "all-hands-on-deck" mentality and assign non-skilled tasks to any staff member willing and able to execute such tasks
- I. Be proactive and continue to interview and hire appropriate staff.

MANUAL: NURSING - COVID19 plan
FACILITY: Abrams Residence
DATE: Revised August 2020
POLICY: Addressing staffing shortage - When there are no longer enough staff to provide safe patient care- CRISIS

Procedure:

- A. Implement regional plans to transfer residents to designated facilities with adequate staffing
- B. If not already done, allow asymptomatic health care providers who have had an unprotected exposure to the virus that causes COVID-19 to continue to work
 - a. These health care providers should still report temperature and absence of symptoms each day before starting work. These HCP should wear a facemask (for source control) while at work for 14 days after the exposure event. A 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 this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
 - i. A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19
 - ii. Of note, N95 or other respirators with an exhaust valve might not provide source control.
 - iii. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.
 - iv. If shortages continue despite other mitigation strategies, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough to work but have not met all [Return to Work Criteria](#) to work. If HCP are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:
- C. If health care provider is permitted to return to work before meeting all criteria, they should adhere to the following criteria:
 - a. Wear a facemask for source control while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
 - b. A facemask for source control does not replace the need to wear a KN95 or higher when indicated, including when caring for patients with suspected or confirmed COVID-19
 - c. They should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
 - d. Facemasks should be worn even when they are in non-patient care areas such as breakrooms.
 - e. Whenever possible, restrict their contact with severely immunocompromised residents until the full return to work criteria has been met.