	Staffing Contingency Plan Outbreak/Epidemic/Pandemic			
Dept: Administration	Manual: Operations Manual	**New Revised**	**Last Date Revised:**	5-20-2020
			Prev. Date Revised:	
			Creation Date:	3-23-2020
		Review X	**Review Date:**	3/2023; 3/2024; 5/2025; 5/2026
RELATED FORMS:				

Policy:

The purpose of this plan is to establish contingency strategies to staff and operate the facility within the regulations of the DOH and CMS.

Procedure:

1. SITUATION:

During times of Pandemics or other catastrophic situations, the facility is still required to operate and provide life-sustaining care to nursing home residents. It is during such situations that staffing could be depleted due to quarantines and government placed restrictions.

2. CONSIDERATIONS:

This plan factors in the following considerations which were used in the development of the contingency options.

a. Data provided by the DOH and CMS establishing minimum staffing requirements (if state designated) during normal conditions.

b. Data provided by the CDC, Local, State and Federal Government in accordance with Pandemics or other catastrophic situations in which critical staffing shortages could occur.

c. Data provided by the DOH, CMS and any level of government establishing waivers during said situations.

3. AUTHORITY:

Emergency delegation shall be established as the highest-ranking employee on-site during said situation in accordance with Emergency Preparedness Manual. Authority in preparation for said situation would be established in reverse order from Administration down.

4. CONTINGENCIES:

Based on the considerations above, the following contingency options are recommended for implementation to staff and operate the facility during the first 72 hours following declaration of said situation and ongoing as needed when staffing levels go below regulation requirements.

a. Staffing by using PRN and PT employees that are not currently scheduled (overtime bonus offers for full time critical employees)

b. Notify State Knowledge Center, if applicable of unmet needs

c. Staffing from Sister facilities in the same state (preferred)

d. Staffing from Sister Facilities from out of state (seek regulatory approval-waivers) (set up shelter in place provision for meals, rest, and lodging)

e. Staffing from Temporary staffing agency (select a familiar organization with criminal history screening standards).

f. Consider Shelter in Place of all staff

i. Set up a command central as a location for all staff to report needs and to get assignments
ii. Report meal needs to dietary
iii. Report projected lodging needs to environmental services
iv. Set up cots, rest areas, dining areas
v. Notify staff if determination is to go forward

g. Staffing from Emergency nursing staffing programs (contact the appropriate oversight agency for guidance and assistance in accessing volunteers from out of state-waivers)

h. Internal restructuring will occur while waiting for the implementation of contingencies a thru d

This restructuring includes the following:

a. Assigning Administrative nursing to floor assignments
b. Rearranging shifts to provide overlapping coverage
c. Reassigning non-licensed required duties to ancillary non clinical staff

i. Notify DOH of PPD less than established minimum, if required by the State DOH. Document all attempts to obtain staff and report on staff utilization to ensure best coverage possible.

j. Establish pick up and drop off points if/when public transportation is unavailable due to emergent crisis.

a. Pull current transportation drivers to pick up nursing staff as needed
b. Notify staff of availability of transportation