Emergency Resource Requests

Emergency Personal Protective Equipment (PPE)

For LHDs: If your LHD requires additional PPE for staff investigating outbreaks, please request PPE using this link: https://www.ncdhhs.gov/divisions/public-health/covid19/health-care-providers-hospitals-and-laboratories/requesting-ppe.

For LTC Settings: If there is PPE needed in a long-term care setting, please request additional PPE using this link: https://www.ncdhhs.gov/divisions/public-health/covid19/health-care-providers-hospitals-and-laboratories/requesting-ppe.

Emergency Staffing for LTC Settings

In the event of a staffing shortage in a long-term care setting during a COVID-19 outbreak, facilities should explore all other options for temporary staffing before accepting emergency staff. These include:

- Contacting temporary staffing agencies/nursing pools
- Contacting corporate leadership or other sister facilities for temporary staffing support
- Contacting local emergency manager and other local partners for temporary staffing support

If a staffing shortage exists after pursuing the above options, emergency staff may be available through the State Emergency Response Team (SERT). Once an outbreak is identified, the State Emergency Response Team will notify the Regional Healthcare Coalition team to reach out to the facility, local health department, and local EM to ensure awareness of available regional and state support resources (PPE, emergency staffing, outbreak support, etc.). If support cannot be addressed locally, the local emergency manager can request support from the State Emergency Response Team. Available support options include temporary staff coordination from a volunteer team from ECU School of Nursing, emergency staffing through COVID-19 medical volunteers, or outbreak response support from LTC strike teams. Please note that these resources are limited and cannot be rapidly deployed.

Managing Staffing Shortages for LTC Settings

If a healthcare facility is still experiencing staffing issues after taking the above actions, they should implement plans for managing staffing shortages. The checklist on the following page encompasses steps to take in planning and preparation for mitigating this problem. **All strategies outlined in each step should be implemented prior to consideration of the next tier of strategies.**

Please note that asymptomatic HCP who have had an unprotected exposure should only be allowed to work if all other options have been explored and the facility cannot continue to operate safely without their presence.

All HCP with an unprotected exposure should quarantine at home for 14 days unless their presence is absolutely necessary due to staffing shortage that could not be addressed otherwise.

Staffing Shortage Checklist

Step 1: Contingency Capacity Strategies

☐ If you have not already done so, determine the minimum number of staff (each type) needed for safe care.

☐ Communicate with local healthcare coalitions to identify additional healthcare resources or personnel when needed.

☐ Cancel all non-essential procedures and visits and shift HCP to areas where needed.

    ☐ Provide orientation and training to work in these areas in advance, so HCP can cover these shifts when needed.

☐ Attempt to address social issues that may prevent HCP from coming to work (e.g. childcare).

☐ As appropriate, request that HCP postpone elective time off work, keeping in mind mental health needs.

If steps above have been taken and there is still a critical staffing shortage, then you are entering crisis standards of care. This should only be done when all other avenues for staffing have been exhausted and critical staffing needs cannot be met. If you need to implement crisis standards of care, please alert your local health department.

Step 2 (Crisis Standards of Care Step 1)
Asymptomatic HCP who have unprotected exposure (not wearing PPE as recommended in the CDC Guidelines), not known to be infected with COVID-19 may be allowed to work provided all of the following conditions are met:

☐ Report temperature and absence of symptoms daily prior to starting work.

    ☐ Wear a surgical facemask for source control at all times in the facility including in non-patient care areas for 14 days after the last exposure, REGARDLESS of negative test results (see below).

    ☐ Maintain social distancing when removing the facemask to eat or drink.

    ☐ Restrict from caring for severely immunocompromised patients

☐ Perform post-exposure testing when available during the 14-day post-exposure period. Timing of testing should take into consideration the median incubation period and the timing of first and last exposure. **HCP must continue taking the above precautions for the duration of their 14-day post-exposure period, even if they have a negative test result.**

☐ If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, notify their supervisor or occupational health, and leave work immediately.
- Prioritize these HCP for testing.
- Exclude positive HCP from work until they meet the CDC's Return to Work Criteria

☐ Inform patients and HCP that the facility is operating under crisis standards of care, changes in practice should be expected, and what actions will be taken to protect them.

Step 3 (Crisis Standards of Care Step 2)
Consult your local health department before implementing any of these steps.

☐ Implement regional plans to transfer patients with COVID-19 to designated healthcare facilities or alternate care sites.

☐ If staffing shortages continue despite all other mitigation strategies, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough and willing to work but have not met all the Return to Work criteria to work.

☐ Prioritize duties for COVID-19-positive HCP in the following order:

> ☐ Duties where they do not interact with others, such as telemedicine services

> ☐ Provide direct care only for patients with confirmed COVID-19

> ☐ Provide direct care for patients with suspected COVID-19

> ☐ As a last resort, provide direct care to patients **without** suspected or confirmed COVID-19. Exclude from working with severely immunocompromised patients (e.g., transplant, hematology-oncology).

☐ If HCP are permitted to work prior to meeting the Return to Work criteria they should adhere to all the return to work practices and work restrictions recommended in this guidance. These include:

> ☐ A surgical facemask for source control at all times in the facility including in non-patient care areas.

> ☐ Maintain social distancing when they remove the facemask to eat or drink.

> ☐ Restrict from caring for severely immunocompromised patients.

> ☐ Self-monitor for symptoms and seek re-evaluation if symptoms appear or worsen.

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

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