### Checklist for Moving from Conventional to Contingency Staffing

**Contingency strategies augment conventional strategies and are meant to be considered and implemented sequentially (i.e., implementing contingency strategies before crisis strategies).**

**UNIVERSAL:** This guide should be used for all COVID patients regardless of Ministry COVID Levels

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**Before** moving to Contingency Staffing:

- Regional Incident Command has regular meetings scheduled to continuously evaluate need to move from one level to another
- Review the Effective Use of All Available Colleagues for strategies to optimize staffing
- Regional Incident Command completes documentation to substantiate move to Contingency Staffing
- Review/understand any state-wide emergency guidance and notification requirements that may differ from CDC guidelines
- Confirm COVID-19 vaccine requirements for HCP are being followed
- Identify normal staffing needs and minimum number of staff required to provide a safe work environment and safe patient care
- Review local epidemiology of COVID-19 related indicators (e.g. community transmission levels)
- Notify Trinity Health FirstChoice Staffing of staffing needs
- Assure local Emergency Operations Plan is in effect and addresses staffing needs
- Assure key stakeholders at the Ministry are aware of planned move from conventional to contingency staffing (e.g. Human Resources, Employee Health, Infection Prevention)
- Notify Trinity Health’s COVID Response Team of planned move to contingency staffing

**During** contingency staffing standards:

- Adjust staff schedules, hiring additional HCP and rotating HCP to positions that support patient care activities.
- Apply Workplace Removal & Return to Workplace Guide After COVID-19 Infection or Close Contact Exposure
- Leverage staffing pools, mobile resources
- Cohort patients, units, staff to ease workload burden
- Evaluate and address, where possible, social factors that might prevent HCP from reporting to work (e.g. transportation, housing to allow physical distancing from others in the household)
- Evaluate and implement local rapid staffing response team (e.g. SWAT) if applicable to your ministry.
- Implement alternative care models
- As appropriate, request that HCP postpone elective time off from work. Consideration for the mental health benefits of time off should be considered before implementing.
- Stop non-essential meetings and reallocate staff for support
- Develop regional plans to identify designated health care facilities or alternate care sites with adequate staffing to care for patients with SARS-CoV-2 infection

**As contingencies are exhausted and staffing is moving toward crisis:**

- Stop, cancel or decrease all non-essential procedures and visits
- Shift HCP who work in areas where work has stopped to support patient care activities in the facility.
- Ensure baseline orientation and training occurs for any re-assigned or external personnel.