**What’s New:** Added additional detail on enhanced precautions colleagues with either exposure or infection need to use after returning to the workplace. Consolidated overview and strategies under contingency and crisis condition into a single guide rather than separate guides for each condition. Added link to return to workplace guide.

Having appropriate staffing in health care facilities is essential to providing a safe work environment for health care personnel (HCP) and for safe patient care. The following describe and compare contingency and crisis staffing conditions for leaders and colleagues to use when changes in conditions is needed.

**Overview: Comparison of Contingency & Crisis Staffing Conditions:**

<table>
<thead>
<tr>
<th>Contingency</th>
<th>Crisis</th>
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<td><strong>Definition:</strong> Contingency standards involve providing functionally equivalent usual care in novel ways, such as turning a PACU into a med/surg unit.</td>
<td><strong>Definition:</strong> Crisis standards of care are extreme conditions under which supplies, or staffing are not sufficiently available to provide the usual care to all patients.</td>
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<td>• The spaces, staff, and supplies used are not consistent with daily practices, but provide care that is <em>functionally equivalent</em> to usual patient care. These spaces or practices may be used temporarily during a major surge of patients or on a more sustained basis during an emergency (when the demands of the incident exceed community resources).</td>
<td>• Crisis conditions of care are implemented when a facility is operating under extreme conditions and supplies or staffing are not available to provide usual care to all admitted patients.</td>
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<td>• Crisis standards of care requires that the following has already happened:</td>
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<td>○ Alternative care delivery models have been implemented, nonurgent procedures have been delayed and any remaining alternatives have been escalated</td>
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Regional plans were implemented to transfer patients with COVID-19 to designated health care facilities or alternate care sites with adequate staffing.

If shortages continue despite other mitigation strategies, allow staff to work even if they have suspected or confirmed SARS-CoV-2 infection, if they are well enough and willing to work.

Contingency Strategies:

- Adjust staff schedules, hiring additional HCP, and rotating HCP to positions that support care needs.
- Follow return to work criteria under contingency condition; guidance-for-colleagues-returning-to-work-post-covid-19.pdf (trinity-health.org)
- Leverage staffing pools, mobile resources, etc.
- Cohort patients, units, staff to ease workload burden.
- Address, as possible, social factors that might prevent HCP from reporting to work, e.g., dependency on public transportation or housing where physical distancing is limited, particularly if HCP live with individuals with underlying medical conditions or older adults.
- Awareness that social factors disproportionately affect persons from some racial and ethnic groups, who are also disproportionately affected by COVID-19 (e.g., African Americans, Hispanics and Latinos, and Native Americans).
- Identify additional HCP to work in the facility.
- Implement alternative care models, deployment of trained, just in time teams to assist with surge in volume of patients.
- As appropriate, request HCP postpone elective time off from work. However, there should be consideration for the mental health benefits of time off and that care-taking responsibilities may differ greatly among staff.
- Suspend non-essential meetings and reallocate staff for support.
- As contingencies are exhausted and staffing is moving toward crisis: Stop, cancel or decrease all non-essential procedures and visits. Shift health care personnel who work in these areas to support other patient care activities in the facility.
  - Facilities will need to ensure these personnel have received appropriate orientation and training to work in these areas that are new to them.

Crisis Strategies:

- Follow return to work criteria under crisis condition; guidance-for-colleagues-returning-to-work-post-covid-19.pdf (trinity-health.org)
- Colleagues who have clinical expertise or qualifications may be moved from non-clinical roles into clinical roles.
- Inform patients and HCP that crisis condition is in effect, specify the changes in practice that should be expected, and describe the actions that will be taken to protect patients and staff from exposure to COVID-19 if staff with suspected or confirmed COVID infection are requested to work to fulfill critical staffing needs.
- Situational awareness might include:
  - Insufficient supply of available beds in the hospital or in the emergency department
  - Provision of care in unusual locations such as tents and hallways
  - Insufficient HCP to care for patients
  - Limits in the care provided
  - Potential need to or expedite transfer of patients to a facility that is better able to meet needs.
Staffing

What does this mean for colleagues?

- All available colleagues are needed to keep our hospitals and care delivery locations in operation; therefore, return to work criteria for colleagues with exposure or positive COVID-19 may be modified, under certain guidelines and per CDC guidelines, as a last resort to ensure delivery of safe patient care. See guidance-for-colleagues-returning-to-work-post-covid-19.pdf (trinity-health.org) for additional details.
- In general, there are no work restrictions for colleagues with close contact exposure. For colleagues with infection there are some additional considerations such as types of patient assignments.
- Prioritization considerations are in place.
- Colleagues who have clinical expertise or qualifications may be moved from non-clinical roles into clinical roles.

What precautions are taken for colleagues who do work and are COVID-19 positive or have experienced close contact exposure (most instances of infection from exposure fall within 5-7 days after date of exposure, but can range up to 14 days)?

- These colleagues should still report temperature and absence of symptoms each day before starting work.
- They should always wear a respirator or well-fitting facemask while in the ministry except while eating or drinking.
- Colleagues with exposure who develop even mild symptoms consistent with COVID-19 should either not report to work or stop working and notify their supervisor or employee / occupational health services prior to leaving work. These individuals should be prioritized for testing.
- Under contingency or crisis staffing condition, if colleagues are tested and found to be infected with SARS-CoV-2, they should ideally be excluded from work until they meet criteria in the guidance-for-colleagues-returning-to-work-post-covid-19.pdf (trinity-health.org). Colleagues/HCP with suspected SARS-CoV-2 infection should be prioritized for testing, as testing results will impact when they may return to work and for which patients they might be permitted to provide care.

  - If a colleague with infection is brought back to work because of crisis condition and has to remove their respirator or well-fitting facemask while at work, for example, in order to eat or drink, they should separate from others and use physical distancing. The ministry must provide a separate break space somewhere within the facility - preferably close to the workspace location of the colleague(s) involved under this situation. Additionally:
    - Colleague’s supervisors should encourage increasing the number of break-time options in order for fewer individuals to be in any breakroom at one time.

What practices do health care staff who do work need to follow?

If staff are requested to return to work before meeting all Return to Work Criteria, they must continue to adhere to all infection control practices applicable to their assigned work area with some special requirements as noted below.
How is [RHM] supporting colleagues and medical staff?

- We know the increased strain has worn on our staff over the last several months and we are doing all we can to help reduce this strain.
- We continue to identify ways to relieve the strain on our frontline staff with increased access to agency staff, redeployment of staff to the frontlines, and providing other needed resources.
- While we know responding to this current state is not easy, we know that we will get through this surge by working together.
- Our leadership teams continue to work on surge plans to ensure we provide the best care possible to our community and partner with other health care systems in this process.
- Colleagues should visit our Live Your Whole Life Colleague Well-being site for resources that continue to be available to support their well-being.

Patient Impact

What does this mean for our patients?

We are required to inform patients and health care staff we are operating under crisis standards, specify the changes in practice that should be expected, and describe the actions that will be taken to protect patients and staff from exposure to COVID-19 if staff with suspected or confirmed COVID-19 infection are requested to work to fulfill critical staffing needs.

It may affect patient care in these ways:

- Not have an available bed in the hospital or in the emergency department
- Have to provide care in unusual locations such as tents and hallways
- Not have enough staff to care for patients
- Have to limit the care we provide
- Have to transfer you to a facility that is better able to meet your needs

Instructions for Colleagues during Crisis Staffing

Will Colleagues be required to work with COVID infection?

Colleagues who are asymptomatic or report mild symptoms may volunteer or be given the opportunity to work are not required to do so. Those with infection should feel well enough to work, ideally at a point in the course of their infection that five days has passed since onset, and:

- At least 24 hours have passed since last fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved.

References:

guidance-for-colleagues-returning-to-work-post-covid-19.pdf (trinity-health.org)

Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC
Messaging for Colleagues who are asked to work during Crisis Staffing

Colleagues who are **asymptomatic, mild to moderate infection with COVID-19** and are working according to CDC guidelines during contingency or crisis conditions:

Thank you **for working** according to the CDC guidelines for contingent and crisis staffing. We so appreciate your dedication during this unprecedented time.

Below you will find some important information designed to assist in providing the safest care possible under pandemic circumstances.

- A respirator or well-fitting facemask must be worn even when you are in non-patient care areas such as breakrooms, and when entering or leaving the facility.
- You should practice physical distancing from coworkers at all times.
- If you must remove your respirator or well-fitting facemask, for example, in order to eat or drink, you should separate yourself from others. A separate breakroom will be provided.
- You should self-monitor for symptoms and seek re-evaluation from employee health immediately if symptoms worsen.
- **For pre-work screening questions that ask if you have COVID-19 infection prior to your shift:**
  - If using remote screening – and answer “yes” to testing positive but have been asked to work due to contingency or crisis staffing conditions, please notify your supervisor and indicate at your ministry’s entrance – Employee Health and your supervisor have cleared you to work because of staffing condition need.
  - If asked during manual screening at your ministry’s entrance – indicate Employee Health and your supervisor have cleared you to work because of staffing condition need.
- You likely will be asked to work on a cohorted COVID-19 unit or assigned to care of those with COVID-19.
- All other Infection Control precautions must be adhered to.

Colleagues who **have been exposed to a person with COVID infection** and are working according to CDC guidelines during contingency or crisis conditions:

Thank you **for working** according to the CDC guidelines for contingent and crisis staffing. We so appreciate your dedication during this unprecedented time.

Below you will find some important information designed to assist in providing the safest care possible under pandemic circumstances.

- A respirator or well-fitting facemask should be worn even when you are in non-patient care areas such as breakrooms, and when entering or leaving the facility.
- You should practice physical distancing from coworkers at all times.
- If you must remove your respirator or well-fitting facemask, for example, in order to eat or drink, you should separate yourself from others. A separate breakroom will be provided.
- You should self-monitor for symptoms and seek re-evaluation from employee health immediately if symptoms develop.
- **For pre-work screening question that ask if you have had close contact exposure to someone with COVID-19 infection prior to your shift:**
  - If using remote screening – verify with your supervisor that you have been cleared to work based on staffing condition of contingency or crisis at your ministry.
  - If asked during manual screening at your ministry’s entrance – indicate Employee Health and your supervisor has cleared you to work because of staffing condition need.