

**INFECTIOUS DISEASE/PANDEMIC EMERGENCY
POLICY AND PROCEDURE MANUAL**

**SUBJECT: CONTINGENCY STAFFING PLAN DURING INFECTIOUS
DISEASE/PANDEMIC EMERGENCY**

POLICY: Each department has developed a contingency staffing plan that identifies minimum staffing needs and prioritizes critical and non-essential services, based upon resident needs and essential facility operations. The plan includes collaboration with local and regional DOH and CMS to address widespread healthcare shortages during a crisis.

PROCEDURE:

- In an emergency situation, the Administrator and key staff shall meet for briefing on staffing needs and develop an action plan.
- Staffing needs will be fulfilled in a step-wise fashion:
 - a. On-duty staff and scheduled staff
 - b. Off-duty staff and on-call staff, including department managers
 - c. Part-time, Per Diem and on-call staff
- Facility staff are expected to adhere to the emergency staffing plan when there is an identified emergency or disaster in the facility or community:
 - a. During an emergency, staff will not be permitted to leave until appropriate coverage for the next shift has been secured. Staff will be mandated based on position and seniority on a rotational basis. Management has the final say in determining who is mandated.
 - b. Per-diem, on-call and part-time staff will be contacted for availability to cover openings.
 - c. Overtime will be utilized to cover open shifts if necessary.
 - d. All staff members are advised to develop an emergency plan with their family in the event they are required to remain at work during an emergency.
 - e. Staff are expected to make every effort to arrive to work for their regularly scheduled shift.
 - f. Staff may be assigned to an alternate unit as needed to ensure the safety and welfare of the residents.
- Every effort shall be made to ensure that no staff work greater than 16 consecutive hours (temperature recheck will be done if an employee works more than 12 hours). Staff may be required by the immediate supervisors to remain on-site at the facility after completing their assigned shift to be on-call and immediately available. Emergency staff will report to a single person (i.e. Staffing Supervisor) for allocation of roles and duties based on their credentials and expertise.
-

- Non-medical staff, including employees from non-clinical departments, will be assigned to the units and perform non-medical tasks during an emergency.
- Clinical staff including, but not limited to, rehab aides, finance nurses, admissions nurses, QA nurse, clinic staff, adult day care staff, unit receptionists, therapists, social workers and TR staff, may be reassigned to other clinical roles during an emergency.
- Every effort will be made to continue to recruit new staff during an emergency including:
 - Use of Agency Staff
 - Hiring temporary staff to fill vacancies
 - Hire new classification of non-certified/licensed staff to perform non-clinical functions (i.e. Resident Care Assistants)
 - Establish account with New York State Health Professional Portal to search for available staff.
- Job orientation shall be provided for all emergency staff to acquaint them with the immediate needs of residents, the physical facility, the disaster plan, and specific duties and responsibilities.
- To ensure optimal staffing, vacation requests will not be granted during an emergency.
- All efforts will be made to dedicate staff for each cohort group.
- Staff may not be floated to the other teams unless the Department Head/Designee is notified and all other staffing measures have been exhausted including, but not limited to
 - a. Use of per-diems and on-call staff, additional hours for part-time staff and overtime.