



Strategies for Managing Healthcare Worker Shortages

With continuing COVID-19 cases across the state of Texas, healthcare worker (HCW) staffing shortages are likely to occur. Having plans in place that address times of staff illnesses and fatigue may help facilities run more smoothly and mitigate any staffing shortages through the COVID-19 pandemic. Facilities should:

- Evaluate existing surge plans and consider appropriate timing for deployment of those plans. Existing plans likely outline strategies, such as reorganizing staff within the facility and contracting with external staffing entities.
- Work to bring back any staff that have been previously furloughed.

The U.S. Centers for Disease Control and Prevention (CDC) also provides guidance to help mitigate staffing shortages. Their recommendations include the following:

Canceling non-essential procedures and visits.

- Hospitals and healthcare facilities should consider steps that can be taken to increase capacity in space and staffing by decreasing or cancelling non-essential procedures and visits.

Developing plans to allow asymptomatic HCWs who have had an exposure to SARS-CoV-2 (the virus that causes COVID-19) but are not known to be infected to continue to work.

- These HCWs should report temperature and absence of symptoms each day before starting work and should wear a facemask (for source control) while at work for 14 days after the exposure event.
 - o A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19.
- If a HCW develops even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work.

Utilizing the time-based or symptom-based strategy to discontinue isolation for HCWs with suspected or confirmed COVID-19 to allow them to return to work.

- Except for rare situations, a test-based strategy (i.e., requiring two negative SARS-CoV-2 PCR tests spaced at least 24 hours apart) is no longer recommended to determine when to allow HCP to return to work. CDC previously preferred the test-based strategy, but they have since removed the preference for that strategy based on new data that show that there is unlikely to be transmission of infectious virus from COVID-19 patients once 10 days have passed since symptom onset.

- Return to work criteria for HCWs are as follows:
 - o HCWs with *mild to moderate* illness who are not severely immunocompromised:
 - At least 10 days have passed since symptoms first appeared; **and**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications; **and**
 - Symptoms have improved
 - o HCWs with *severe to critical illness* or who are severely immunocompromised:
 - At least 20 days have passed since symptoms first appeared; **and**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications; **and**
 - Symptoms have improved
 - o HCWs with laboratory-confirmed COVID-19 who have not had any symptoms, the time-base strategy allows the HCW to return to work if:
 - At least 10 days have passed since the date of their first positive COVID-19 test.
 - If the HCW develops symptoms, then the symptom-based strategy described above should be used.

If staffing shortages persist despite use of the above strategies, the facility may consider:

Developing criteria to determine which HCWs with suspected or confirmed COVID-19 (who are well enough to work) could return to work in a healthcare setting before meeting all criteria to discontinue isolation and return to work.

- Considerations include:
 - o The type of HCW shortages that need to be addressed.
 - o Their interactions with patients and other HCWs in the facility.
 - o The type of patients they care for (e.g., immunocompromised patients).

DSHS recognizes that the COVID-19 pandemic presents unique challenges to hospitals and other healthcare facilities. We appreciate all of your efforts to take care of Texans during this unprecedented time.

Resources:

CDC Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance). Available at: www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html

CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>