Strategies to Mitigate Healthcare Staffing Shortages

When there are no longer enough staff to implement crisis capacity strategies to continue to provide patient care.

1. Strategic Staffing
   - Prioritize critical patient care areas
   - Recruit retired HCP, using students or volunteers, when needed
   - Identify additional HCP (e.g., hiring additional HCP, increasing hours of current HCP, cross-training personnel)

2. Hospital Care Framework
   - Mitigate staffing shortages that might occur because of COVID-19.

3. Crisis Capacity Strategies to Mitigate Staffing Shortages
   - Facilities must be prepared for potential staffing shortages occur, healthcare systems, facilities, and the appropriate authorities to mitigate, including:
   - Evaluating the staffing needs and the minimum number of staff needed to continue to provide patient care.
   - Determining the clinical care situations that will be taken to protect them from exposure to SARS-CoV-2 if HCP with COVID-19 could return to work before the full period of isolation has ended.
   - Refer to and implement relevant Crisis Capacity Strategies to Mitigate Staffing Shortages.

4. Considerations include:
   - The type of patients they care for (e.g., immunocompromised patients).
   - The type of facilities they work in (e.g., acute care hospitals, long-term care facilities).
   - The type of personal protective equipment (PPE) they are dependent on HCP wearing a facemask for source control while at work.

5. Self-monitoring for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.

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   - Determining the clinical care situations that will be taken to protect them from exposure to SARS-CoV-2 if HCP with COVID-19 could return to work before the full period of isolation has ended.
   - Refer to and implement relevant Crisis Capacity Strategies to Mitigate Staffing Shortages.

6. Considerations include:
   - The type of patients they care for (e.g., immunocompromised patients).
   - The type of facilities they work in (e.g., acute care hospitals, long-term care facilities).
   - The type of personal protective equipment (PPE) they are dependent on HCP wearing a facemask for source control while at work.

7. A respirator is a personal protective device that is worn on the face, covering the mouth and nose, and is a type of negative pressure breathing apparatus. It is designed to provide source control of respiratory or bodily fluids.

8. 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 universal source control.

9. Of note, N95 or other respirators with an exhaust valve might not provide source control.

10. equipped to work such as transportation or housing if HCP live with vulnerable individuals.

11. Attempt to address social factors that might prevent HCP from reporting to work in these areas that are new to them.

12. to ensure these HCP have received appropriate orientation and training to areas to support other patient care activities in the facility. Facilities will need recruiting retired HCP, using students or volunteers, when needed.

13. Shift HCP who work in these areas to support other patient care activities in the facility. Facilities will need recruiting retired HCP, using students or volunteers, when needed.

14. Cancel all non-essential procedures and visits. Shift HCP who work in these areas to support other patient care activities in the facility. Facilities will need recruiting retired HCP, using students or volunteers, when needed.

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