Provider Guidance: Contingency and Crisis Staffing for Long Term Care Facilities

January 24, 2022

The current public health emergency has resulted in a rapidly changing environment. One key goal is to protect the safety of long-term care facility (Provider) personnel, residents, and the families of both, with prevention remaining a top priority. We continue to strongly encourage all people living or working in this setting to get fully vaccinated and boosted, and well as to remain up-to-date with future vaccination recommendations from the Centers for Disease Control and Prevention (CDC).

The recent rise in new COVID-19-positive cases across the state has strained the ability of both acute and post-acute providers to maintain sufficient staffing levels. Staffing has become critical due to the spread of the extremely contagious Omicron variant.

The recommendations included in this document are based on what is currently known about the transmission and severity of COVID-19, and align with the following guidance issued by the CDC:

DEFINITIONS

**Contingency Capacity Strategy:** Preparing for – and responding to - staffing shortages through actions such as adjusting staff schedules, hiring additional staff, rotating assignments, partnering with peer Providers, (adhering to CDC guidance) utilizing exposed-but-asymptomatic personnel or other relevant measures.

**Crisis Capacity Strategy:** The Provider has activated its contingency capacity staffing plan and has exhausted all options to effectively address staffing needs.

**Crisis Standards of Care:** a substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic) or catastrophic (e.g., earthquake or hurricane) disaster.
RECOMMENDATIONS FOR PLANNING RESPONSE

To successfully manage the effective care of residents during the ever-changing pandemic, it is important to modify operations based on the current needs of both the Provider and the community it serves. It is also important to collectively manage as a *continuum of care* to ensure each resident receives needed services in the most appropriate and beneficial setting.

To develop a plan for either “Contingency Capacity Strategies” or “Crisis Capacity Strategies,” a Provider should consider how to address the following questions before reaching a decision to pause admitting (or re-admitting) a resident:

- Has the Provider reached out for support from peer providers or a staffing agency?
- Is there a space to which current COVID-19+ residents could be moved to isolate them from the other residents? If so,
  - does the Provider have sufficient quarantined staff who are both asymptomatic and willing to work in that unit?
  - the unit should include:
    - Separate entrance and exit;
    - Separate break room for staff;
    - Separate meal service (in resident’s room, if necessary);
    - Dedicated med carts and med room; and
    - Limited staff assignments on multiple units during the same shift.
- Has the Provider engaged its HAI Regional Infection Preventionist? [HAI homepage](#)
- Is the Provider engaging in a steady cadence with referral sources to provide updates on admitting status?
- Has the Provider notified the following?
  - Local Health Department: [https://chfs.ky.gov/agencies/dph/dafm/LHDInfo/AlphaLHDListing.pdf](https://chfs.ky.gov/agencies/dph/dafm/LHDInfo/AlphaLHDListing.pdf)
  - LTC Ombudsman: [https://chfs.ky.gov/agencies/dail/Pages/ltcomb.aspx](https://chfs.ky.gov/agencies/dail/Pages/ltcomb.aspx)
- Has the Provider developed its policy and procedure for proactively communicating with resident families and responsible parties concerning its staffing challenges and responses?

The Cabinet for Health and Family Services (CHFS) will continue to provide information and updates to LTCF Providers.

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