# Residential Care Services

## Continuum of Care Decisions for Critical Staffing Management in Long-Term Care Settings Guide

In times of emergent situations or widespread disasters leading to staffing shortages, long-term care (LTC) settings may activate emergency plans to manage staffing and resources across a continuum. These emergency plans allow LTC settings to adapt care and referral procedures based on the available resources within the broader health care system. Relevant references supporting this guidance are provided at the end of the document.

**PURPOSE AND USE OF THIS DOCUMENT:** The primary goal of critical staffing management emergency plans is to manage staff and resources in events where emergent transfers of residents/clients from their homes are not feasible because of acute emergencies or widespread disasters. Communication with residents/clients, families, hospitals, community partners and the department are an essential component of emergency management. Modification of care for critical staffing management does not exempt the LTC setting from meeting resident/client basic care needs or prevention and reporting of abuse/neglect. This document is a tool to help LTC settings consider options when faced with critical staffing crises related to an emergency, disaster, or public health emergency. It is not mandated or required by RCS.

**WHAT ARE EMERGENCY PREPAREDNESS PLANS?**

Emergency Preparedness plans are written documents on how the LTC setting will meet the needs of each resident or client during emergencies and disasters. This includes plans outlining the response to natural and man-made emergencies and disasters that may reasonably occur, including infectious illness pandemic and/or public health emergencies. **Emergency plans are *not activated* for chronic low or temporary staffing shortages unrelated to a natural or man-made emergencies or disaster.**

**EXAMPLES OF CARE MODIFICATION:**

**General Care Guidelines:** LTC settings should have a plan for prioritizing care with a focus on:

- Providing essential supportive services including eating/drinking, personal hygiene, and safety.
- Administering only essential medications and treatments.
- Comfort care, including fluids and pain management.

**Medications:** Focus on medical interventions and therapies necessary to treat medical conditions.

- Optimize medication management by requesting medical providers de-prescribe any unnecessary medications (e.g., multivitamins), simplifying medication regimens or their delivery (e.g., consolidating delivery times or changing timing for doses).
- Reduce nursing care requirements by adjusting the frequency of prescribed medical orders (e.g., routine yearly TSH orders for resident with stable hypothyroidism) or extending the interval between administration (e.g., extended-release preparation of antihypertensive instead of multiple doses of short acting medication)

- Monitor for changes if dosage intervals change.

**Nutrition:** Emphasize nutrition, hydration, skin and mouthcare.

- Promote nutrition modifying and liberalizing diets if necessary and offering liquid caloric supplements.
- Combine multiple tasks in one interaction—for example, monitoring of pulse oximetry, offering beverages, and repositioning the resident can all be done in one visit with proper infection control measures.

**Critical Staffing Management Strategies:** Emergency plans should include protocols to monitor and manage staffing resources under critical staffing conditions. Strategies should be implemented in order. For example, implement contingency strategies before crisis strategies. The table on pages 2-5 outlines regulations, care and services that could be delayed, decreased, stopped, or modified during contingency and crisis staffing conditions. LTC settings should suspend only the items that would help lessen the burden on staff or operations during the emergency. LTC settings should resume conventional care as soon as the critical staffing shortage is resolved.

| **Regulations/Care services that could be delayed/decreased/stopped or modified** | **Contingency**<br>Demand for healthcare resources begins to exceed supply but adaptations are possible to still deliver functionally equivalent care | **Crisis**<br>Resources are exceeded by demand or depleted; functionally equivalent care is no longer possible to address all requirements and there is a risk to resident/client or provider |
|---|---|---|
| Showers | ☐ Decrease (resident/client preference) | ☐ Primarily bed baths/wash ups-showers as able |
| Nailcare | ☐ Reduce | ☐ Stop with exception of Diabetic nail care |
| Restorative programs (including toileting programs) | ☐ Reduce | ☐ Stop with exception of independent programs |
| Outings-facility arranged/organized | ☐ Medically Necessary only | ☐ Request family to assist with medically necessary appointments |
| Activities | ☐ Reduce frequency | ☐ Stop-focus on res care needs |
| Visitations | ☐ Reduce times allowed | ☐ Reduce times allowed |
| Resident council meetings | ☐ Reduce frequency | ☐ Stop-address grievances individually |

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| Dining (including mealtimes) | ☐ Modify mealtimes, allow variation, limit choices | ☐ Focus on 3 meals/day & snacks; alternates may not be available for lunch/dinner meals |
| Menus | ☐ Allow variation | ☐ Stop requirement of following menu. Limit or stop alternate meal choices for lunch/dinner meals. Okay to repeat meal options without 3-week timespan |
| Nutrition (weight loss) | ☐ Allow for simplified menu/meal choices | ☐ Reduce Registered Dietician visits to highest risk only |
| Homelike environment | ☐ None | ☐ Allow for dining variation-allow use of disposable dishes |
| Medications (non-essential meds i.e., Vitamins, supplements) | ☐ None | ☐ Stop all non-essential medications & treatments with approval from Primary Care Provider |
| Laundry Services | ☐ Reduce hours of operation Reduce personal linen and personal laundry times | ☐ Reduce frequency of complete linen change to PRN, reduce personal laundry washing (OK to wear clothing not visibly soiled or smelly) |
| Housekeeping Services | ☐ Reduce hours of operation - Only complete when needed - Implement sanitation of high touch areas. | ☐ Stop requirement to clean after each meal-focus on disinfecting tables, PRN mop floors, emptying garbage, routine room cleaning vacuuming, dusting, carpet cleaning. Stop washing windows, walls, dusting high reach areas |

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| Care conferences | ☐ Reduce to those with sig changes | ☐ Stop. Contact family with changes |
| Minimum Data Sets (Quarterly, Annual, Significant Changes) | ☐ None | ☐ Reduce to annual and sig changes only |
| Quality Assurance | ☐ Reduce focus to critical issues | ☐ Stop QAPI meetings |
| Pharmacy Review | ☐ Reduce to significant meds only | ☐ Stop-with exception of severe/dangerous issues requiring immediate action |
| Psychotropic medication reviews | ☐ Reduce frequency | ☐ Stop dose reduction requirement / AIMS testing |
| Regulations of Participation training (i.e., trauma informed care) | ☐ None | ☐ Stop until staffing improves |
| Food Handler Card | ☐ None | ☐ Stop requirement-focus on handwashing |
| Caregiver training/certification/annual in-services | ☐ Reduce frequency | ☐ Focus on competency and abandon continuing education requirement. Maintain waivers for all formal training and certifications |
| New Admissions | ☐ Limit new admissions | ☐ Prohibit admissions |
| 30 Day Notice of Changes to Services | ☐ Maximize staff by transferring residents to units and wings. | ☐ Close wings/units/hallways and condense residents to localized areas of the facility/home to maximize staff's ability to provide care |
| Transportation (0165) | ☐ Reduce to work or school only | ☐ Stop with exception of Medically Necessary appointments |
| Documentation – IISP (0210, 0215, 0230) | ☐ Reduce to review and revise only as assessed needs change | ☐ Stop until 6 months after end of crisis conditions |

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| Documentation – IISP Accessibility (0225) | ☐ Only when revised (see above) | ☐ Stop until first IISP revision after crisis |
| Documentation – Client records & Client property records (0385 & 0390) | ☐ Stop until 6 months after end of crisis | ☐ Stop until one year after end of crisis conditions |
| Documentation – Client refusal of services | ☐ None | ☐ Stop with exception of prescribed medications (medication name, dosage, and date/time only) |
| Documentation – Disposal of medications (0345) | ☐ None | ☐ Stop with exception of controlled substances |
| Client Services (0145) | ☐ Stop all except employment, health & safety, and exceptional medical/behavioral support needs in IISP | ☐ Stop with exception of health & safety, exceptional medical & behavioral support needs in IISP |
| IISP – Implementation (0220) | ☐ None | ☐ Reduce to only basic health and safety need |

## References


Institute of Medicine 2013. Crisis Standards of Care: A Toolkit for Indicators and Triggers. Washington, DC: The National Academies Press.

National Academies of Sciences, E. a. (2020, March 28). Rapid Expert Consultation on Crisis Standards of Care for the COVID-19 Pandemic (2020). Retrieved from National Academies of Sciences, Engineering, and Medicine.

National Center for Biotechnology Information, U. N. (2012). Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response. Retrieved from Chapter 8 - Out-of-Hospital and Alternate Care Systems: https://www.ncbi.nlm.nih.gov/books/NBK201069/

American Red Cross Disaster Preparedness Plan – How to Prepare


## Emergency Plan Regulatory Requirements

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**Adult Family Homes** WAC 388-76-10830 Emergency and disaster plan—Required. WAC 388-76-10225 Reporting requirement.
**Assisted Living Facilities** WAC 388-78A-2700 Emergency and disaster preparedness (g). WAC 388-78A-2650 Reporting fires and incidents.
**Nursing Homes** WAC 388-97-1740 Disaster and emergency preparedness. WAC 388-97-1640 Required notification and reporting.
**Enhanced Services Facilities** WAC 388-107-1600 Emergency disaster plan. WAC 388-107-0610 Reporting fires and incidents.
**Certified Community Residential Supports & Services** WAC 388-101D-0060 Policies and procedures.
**Intermediate Care Facilities for Individuals with Intellectual Disabilities** 42 CFR § 483.475 - Condition of participation: Emergency preparedness.