



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

October 19, 2021

AL TSA: AFH #2021-058
AL TSA: ALF #2021-058
AL TSA: CCRSS #2021-053
AL TSA: ESF #2021-052
AL TSA: ICF/IID #2021-049
AL TSA: NH #2021-083

CRITICAL STAFFING MANAGEMENT IN LONG TERM CARE SETTINGS

Dear Administrator/Provider/Superintendent:

This letter is to notify you of procedures to manage resources and avert crisis when facing critical staffing levels.

During the COVID-19 pandemic, many Long-Term Care (LTC) settings have struggled with limited resources and staffing shortages. Management of staffing shortages should be done according to emergency preparedness plans. When faced with critical staffing shortages, LTC settings will activate emergency plans to adjust resources along a conventional, contingent and crisis continuum.

Providers should work with the Department of Social and Health Services, residents/clients, families, and LTC support systems to ensure that care needs are met.

This letter addresses the following:

1. Guidelines for critical staffing management and use of emergency preparedness plans;
2. Department response, procedures, and assistance with critical staffing management; and
3. Regulatory requirements for emergency preparedness in various LTC settings

1. GUIDANCE FOR CRITICAL STAFFING MANAGEMENT AND USE OF EMERGENCY PREPAREDNESS PLANS

LTC settings are required to have emergency plans in place to address a range of possible emergencies. Plans should include critical staffing management and protocols to monitor and manage staffing resources. The primary goal of implementing critical staffing management according to emergency plans is to avoid the need for urgent or emergent transfer of resident/clients from their homes due to the staffing crisis. Communication with residents/clients, families, hospitals, community partners, and the department are an essential component of emergency management. Emergency plans must be consistent with all applicable regulatory requirements.

RESOURCES:

Centers for Disease Control

- [Preparedness Checklist for Nursing Homes and Other LTC Settings](#)
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

Centers for Medicare and Medicaid Services (specific to Nursing Homes)

- [Long Term Care Requirements CMS Emergency Preparedness Final Rule Updates Effective March 26, 2021](#)

Department of Health (DOH)

- [Interim Recommendations to Mitigate Health Care Worker Staffing Shortage During the COVID-19 Pandemic](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)

Residential Care Services

- [Continuum of Care Decisions for Critical Staffing Management in Long-Term Care Settings Guide](#)

LTC Setting Procedure:

The emergency plans for LTC settings will include continuum of care decisions for critical staffing management. LTC settings will activate emergency plans to substantially change usual operations or levels of care when they identify:

- Resources are exceeded by demand or depleted AND
- Functionally equivalent care is no longer possible to address all requirements AND
- There is a risk to patient/resident or provider

LTC Setting providers are encouraged to contact the RCS Field Manager to discuss options for adjusting operations and standards of care to preserve and effectively allocate limited resources.

All LTC settings can use the RCS document “Continuum of Care Decisions for Critical Staffing Management in Long-Term Care Settings Guide” to track which contingency and crisis standards have been put into effect by the setting. The document contains possible decisions or protocols LTC settings can use when faced with critical staffing shortages.

All LTC settings must seek help and notify the department when contingency care levels are not sufficient to meet resident/care needs and any crisis standards to manage critical staffing shortages are initiated. This request for assistance and department notification will be done using the established rapid response team email and process:

- Complete a [Revised Rapid Response Request form](#) (DSHS 02-716)
- Email request to rapidresponse@dshs.wa.gov.

2. DEPARTMENT RESPONSE, PROCEDURES, AND ASSISTANCE WITH EMERGENCY PREPAREDNESS PLANS AND CRISIS MANAGEMENT.

Upon receipt of a provider’s email, RCS will activate a multi-agency response to focus on resources needed to keep residents/clients safely in their home. (If the facility is concerned that relocation of residents is required, the facility must contact CRU immediately).

RCS will follow these 4 steps:

STEP 1: The Rapid Response team will contact providers within 24 hours to discuss requests, staff availability and resources needed.

STEP 2: The Rapid Response team will notify the Regional Administrator and the Field Manager to consider staffing needs and coordinate a Rapid Response process and to identify possible

emergency resources. For example, if there are no delegated staff to give medications – the department response will focus on medication support.

STEP 3: RCS will continue communication with the LTC setting as needed until the emergency intervention is no longer required. Scheduled surveys may be delayed until LTC settings critical staffing management situation has stabilized.

STEP 4: If evacuation or relocation is required, then:

- a. The provider must notify the Complaint Resolution Unit (CRU).
- b. RCS will notify and coordinate with agencies and resources as needed (Home and Community Services, Developmental Disabilities Administration, Long Term Care Ombudsman, Rapid Response Team or Department of Health Contracted Resources) to facilitate communication and continuity of care.
- c. Providers will follow their emergency plans for evacuation or relocation of residents.

3. REGULATORY REQUIREMENTS FOR EMERGENCY PREPAREDNESS

Nursing Homes and ICF/IID

The Centers for Medicare and Medicaid Services (CMS) established Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers. The CMS Emergency Preparedness Requirements include 4 core elements:

- Risk assessment and emergency planning
- Policies and procedures
- Communication plan
- Training and testing

Regulation Reference

- ICF/IID - [42 CFR § 483.475](#)
- Skilled Nursing Facilities - [42 CFR §483.73](#)
- Nursing Facilities - [42 CFR §483.73](#), [WAC 388-97-1740 \(1\)\(2\)\(3\)](#)

Residential and Community Settings

- Adult Family Homes - [WAC 388-76-10830](#) (2)
- Assisted Living Facilities - [WAC 388-78A-2700](#) (1)(g)(i- vi)
- Enhanced Services Facilities - [WAC 388-107-1600](#) (1)(2)(3)
- Supported Living - Supported Living regulations are not specific to emergency preparedness, but do outline care and services to be provided, regardless of any emergency. [WAC 388-101D-0160](#) Nurse delegation (2), [WAC 388-101D-0170](#); Physical and safety requirements (2)(a)(4), [WAC 388-101D-0295](#); Medication services—General, [WAC 388-101D-0630](#) What must a group training home consider when providing nutritional services?

Thank you for your continued commitment to resident health and safety. If you have any questions, please contact Katherine Ander, Interim Infection Preventionist/Project Support Katherine.Ander@dshs.wa.gov

Sincerely,



Mike Anbesse, Director
Residential Care Services

DSHS: “Transforming Lives”