

Staffing Playbook:





Actions to Address Healthcare Worker (HCW) Shortages during COVID-19



As healthcare facilities (HCF) experience significant patient surge resulting in near or exceeded maximum capacities in staffed Intensive Care Unit (ICU) beds, HCW shortages also occur due to illness, fatigue, and/or other factors. This guide consolidates several references aimed at addressing staffing challenges, focusing on actions that HCFs, EMS Agencies, and State, Tribal, Local, and Territorial (STLT) jurisdictions will explore and utilize, in a step-wise fashion, to maximize all available resources.







Healthcare Facilities and EMS Agencies

-  Implement Surge Capacity Strategies
-  Use Mitigation Guidance for HCW Absenteeism
-  Quantify Future HCW Needs
-  Supplement HCW Staffing through Local Hire, Staff Sharing, Hiring Underutilized Staff, etc.





State, Tribal, Local, and Territorial Jurisdictions

-  Reassign Staff under Section 319 of the Public Health Service Act
-  Leverage Alternate Sources of HCW Staff, like National Guard, EMAC, MRC, NVOAD
-  Leverage State-Registered HCW Volunteers
-  Utilize the VA's Federal Supply Schedule Service for HCW Contractors



Federal Resources

-  Record Past Efforts to Address Healthcare Worker Shortages
-  Consider and Submit Federal Reimbursement of Medical Care Costs Eligible for FEMA Public Assistance (for States Utilizing Contractors)

Submit Formal Request for Assistance to STLT Jurisdiction

Prepare to Submit Staffing Request to FEMA/HHS

Process Complete

Step 1: Actions and Resources for HCFs and EMS Agencies

- ❑ HCFs experiencing staffing shortages in the face of increasing patient surges have implemented contingency and crisis capacity strategies to mitigate staffing shortages

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

- ❑ HCFs used mitigation guidance for HCW absenteeism due to HCW psychological health and well-being issues

[Mitigate Absenteeism by Protecting Healthcare Workers' Psychological Health and Well-being during the COVID-19 Pandemic](#)

- ❑ HCFs have quantified future HCW needs

1. [COVID-19 Health Workforce Surge Planning](#)
2. [Visier® Staff Demand Calculator for COVID-19 Surge Planning](#)
3. [COVID Staffing Project: COVID-19 Staffing Needs Calculator](#)

- ❑ HCFs began supplementing HCW staffing through
 - Local hiring;
 - Health Care Coalition (HCC) staff sharing plans;
 - Hiring furloughed or underutilized staff from other local providers

[Healthcare Resilience Working Group \(HRWG\) Strategies for Managing a Surge in Healthcare Provider Demand](#)

NOTE: This document contains references and web links to non-federal resources and materials. Such references are for factual purposes only and do not constitute an endorsement by the U.S. government or any of its employees.

Step 2: Actions and Resources For STLT Jurisdictions

- ❑ STLT has received HCFs' formal requests for assistance to address staffing shortages

[See State Resources](#)

- ❑ STLT considered and reassigned staff under Section 319 of the Public Health Service Act allowing Governor, Tribal Leader or Designee to request temporary assignment of State and Local public health personnel to address public health emergency

[Guidance for Temporary Reassignment of State and Local Personnel during a Public Health Emergency](#)

- ❑ STLT considered and leveraged National Guard to fill non-clinical positions at HCFs to assist in staffing shortfalls

- ❑ STLT has utilized Emergency Management Assistance Compact (EMAC®) for other States to assist with staffing shortages

[EMAC® Website](#)

- ❑ STLT has leveraged state-registered healthcare provider volunteers to fill staff shortages

[The Emergency System for Advance Registration of Volunteer Health Professionals](#)

- ❑ STLT has leveraged Medical Reserve Corps (MRC)

[MRC Website](#)

- ❑ STLT has leveraged use of National Voluntary Organizations Active in Disaster (NVOAD) and other volunteer resources

[NVOAD Website](#)

- ❑ STLT has reviewed and utilized the Veterans Administrations (VA) Federal Supply Schedule Service (FSS) for seeking HCW contractors to fill staffing shortages under COVID-19 National Emergency Declaration

1. [VA Federal Supply Schedule Service](#)
2. [VA National Acquisition Center \(NAC\) Contract Catalog Search Tool \(CCST\)](#)
3. [GSA Federal Acquisition Service eLibrary](#)

Step 3: Request for Federal Resources

- ❑ Jurisdictions prepared to submit a medical staffing request through assigned FEMA/HHS regional leadership by first addressing the following:
 - Decompressing hospitals;
 - Cross leveling and augmenting staff;
 - Recalling retirees and activating MRC;
 - Extending DOL Support via state workforce agency coordination;
 - Expanding delivery of care;
 - Eliciting support from National Governors Association + Volunteers;
 - Utilizing EMAC;
 - Executing Contracts;
 - Employing National Guard;
 - Requesting Support from VA;
 - Extending Support from HHS

[FEMA Advisory – Coronavirus Pandemic Response: Medical Staffing Requests](#)

- ❑ States that have utilized HCW contractors to address staffing shortages have considered, submitted Federal reimbursement of medical costs eligible for FEMA public assistance

[Coronavirus \(COVID-19\) Pandemic: Medical Care Costs Eligible for Public Assistance \(FEMA Policy FP 104-010-04\)](#)