

Staffing Playbook:

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

NOTE: This resource was published in 2020 and is not being maintained. While information contained within was current when published, it may be outdated, and some links may not work.



As healthcare systems experience significant patient surge resulting in near or exceeding maximum capacities in staffed beds, worker 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 healthcare facilities (HCFs), emergency medical services (EMS) agencies, and state, tribal, local, and territorial (STLT) jurisdictions will explore and utilize, in a step-wise fashion, to maximize all available healthcare workforce (HCW) resources.



Healthcare Facilities and EMS Agencies

- Implement Surge Capacity Strategies
- Use Mitigation Guidance for HCW Absenteeism
- Access EMS Resources
- 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 Staff, like National Guard, EMAC¹, MRC², NVOAD³
- Use Registered Volunteers, State & Regional EMS Teams
- Utilize the VA⁴ Federal Supply Schedule Service for HCW Contractors



Federal Resources

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

Submit Formal Request for Assistance to STLT Jurisdiction

Prepare to Submit Staffing Request to FEMA/HHS

Process Complete

¹ Emergency Management Compact

³ National Voluntary Organizations Active in Disaster

² Medical Reserve Corps

⁴ United States Department of Veterans Affairs

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 well-being issues

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

- ❑ EMS organizations accessed resources

[NHTSA EMS.gov](#)

- ❑ 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. References are for factual purposes only and do not constitute an endorsement by the U.S. government or 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 has considered reassigning 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 PHE](#)

- ❑ 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 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 leveraged state-registered healthcare provider volunteers

[ESAR-VHP Website](#)

- ❑ STLT has leveraged use of State & Regional EMS Teams

[EMS Compact Website](#)

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

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

- ❑ STLTs prepared to submit a medical staffing request through FEMA/HHS regional leadership by first addressing the following:

- Decompressing hospitals;
- Cross leveling and augmenting staff;
- Expanding the use of telemedicine;
- Recalling retirees and activating MRC;
- Extending DOL Support
- Expanding delivery of care;
- Considering pre-hospital care;
- Eliciting support from NGA & Volunteers;
- Utilizing EMAC;
- Executing Contracts;
- Employing National Guard;
- Requesting Support from VA;
- Reassigning State & Local Personnel;
- Extending Support from HHS.

[FEMA Advisory](#)

- ❑ States that have utilized HCW contractors have submitted a request for Federal reimbursement of medical costs eligible for FEMA public assistance, if applicable

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

- ❑ STLTs request Federal Medical Staffing

[COVID-19: Medical Staffing Requests](#)