

**BLYTHEDALE CHILDREN’S HOSPITAL &
THE STEVEN AND ALEXANDRA COHEN PEDIATRIC
LONG TERM CARE PAVILION
POLICY AND PROCEDURE**

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SUBJECT: EMERGENCY PLANNING: HOSPITAL STAFFING PLAN		
EFFECTIVE DATE: June 2020	REVISED DATE: -----	SUPERCEDES: -----

POLICY:

This facility has implemented this policy and procedure in order to ensure each patient/resident has sufficient, competent staff to provide the daily essential care and needs for the patients/residents in the facility. This plan establishes contingency strategies to operate this facility within statutory requirements in lieu of staffing shortages occurring during an emergency.

REFER TO:

Medical Staff by Laws: Disaster Privileges

Human Resources Policy: Per Diem Staff Utilization

Nursing Policies: 1b: Staffing and Schedule Policy; 1c: Private Duty Nursing Policy;
1e: Per Diem and Short Hour Nurse Policy

Infection Prevention Policy: Coronavirus: COVID 19 Policy

Hospital Policy: COVID 19: Return to Workplace and Accommodations Policy

PROCEDURES:

1. The facility’s Incident Commander will work with department directors to establish the staffing levels required to meet the needs of the patients/residents during the emerging situation and to ensure adequate staffing is available and provided to care for the needs of each resident and patient within Blythedale Children’s Hospital and The Steven and Alexandra Long Term Care Pavilion.

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2. Each department director will be responsible to ensure that all cares and tasks are assigned/re-assigned to ensure all staff are providing cares consistent with the staff member's level of licensure/certification. Duties/cares that do not require a certification will be assigned to the appropriate and available staff resource(s).
3. The Director of Human Resources will maintain a current and accurate list of all employees and emergency contact numbers for all staff members at all times.
4. Senior Leadership team will identify facility and support staff that may work remotely to limit number of staff in the building to essential staff only.
5. Based upon the staffing needs assessment conducted at the onset (and periodically throughout) the emerging situation, the following may be considered to enhance staffing:
 - a. Activate the facility Emergency Plan to temporarily discontinue some day-to-day services in order to free up staff for clinical operations including but not limited to:
 - i. Transportation to non-essential appointments may be suspended or rescheduled.
 - ii. Suspend Day Hospital operations.
 - iii. Alter hours of operation or suspend outpatient therapies and clinics.
 - iv. Postpone or suspend non-essential environmental re-modeling/construction or maintenance.
6. Notify referring hospitals that a staffing situation has developed and the facility may need to transfer patients/residents to acute care centers or other facilities with staffing capacity in order to provide continuity of care.
7. Collaboration amongst MD/NP; Nursing; Discharge Planners; Parent and Family Educator will assess which patients/residents may undergo an expedited discharge to home or another facility.
8. Admissions work group will analyze our ability to admit patients/residents from outside facilities.

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9. Previously requested and approved time off or vacation time may be modified or cancelled.
10. Department directors will evaluate and revise scheduled shift times as needed to ensure staffing is adequate to meet clinical operational and patient/resident care needs.
11. Physicians, Nurse Practitioners, Nursing and Respiratory Therapy personnel from the Day Hospital, Inpatient and Long Term Care Units will be utilized as staffing resources across all units.
12. The Director(s) or designee of: Nursing; Respiratory Therapy; Physical Therapy; Occupational Therapy; Speech Therapy; Recreational Therapy will review staffing models and adjust as needed. The re-designed care model may reflect a modified patient/resident staff ratio that may include an altered combination of professional and non-professional care providers to meet care needs.
13. Occupational, Physical and Speech Therapists and aides can be utilized as support care providers on all clinical units to provide cares that support basic ADL's; feeding and nutritional needs and transfer, safety and mobility needs.
14. Collaboration of Human Resources and Director of Education will provide an expedited Hospital Orientation program.
15. Supplemental Nursing and Respiratory Therapy Agency Personnel from national and local vendors will be mobilized.
16. Vice President of Operations will evaluate and direct Department Directors of: Engineering; Environmental Services; Dietary and Security to mobilize additional staffing resources from our contracted vendor services.
17. Director of Education and Chief Nursing Officer will collaborate with Schools of Nursing to hire nursing students into Nursing Assistant positions.

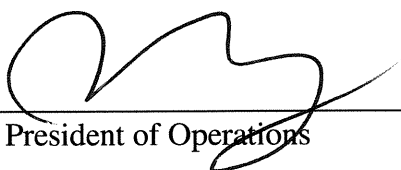
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18. Director of Volunteers will work with Chief Medical Officer (CMO), Chief Nursing Officer (CNO), and Vice President of Operations to evaluate how volunteers may support family; patient/resident and staff needs.
19. Department directors and the Director of Human Resources will work with staff with childcare issues to connect them with community supports and/or alter hours/shifts as needed.
20. During times of the COVID 19 Pandemic, all employees with symptoms or positive cultures consistent with COVID 19, must be cleared by our Director of Infection Control before returning to work (as guided by CDC and DOH guidelines/recommendations).
21. Depending on the level of staffing needs the facility may opt to:
 - a. Offer supplemental stipends for extra hours/shifts worked;
 - b. Implement a Graduate Nurse Exempted Practice rule: Any nurse who has graduated from an accredited program, who has not been able to take the NCLEX exam AND has not been denied a license, would be authorized to practice as a graduate nurse pending the results of their licensing exam.
 - c. Initiate an on-call and/or mandatory overtime policy to ensure critical and essential clinical care needs are met.
 - d. CMO or designee may grant disaster privileges to eligible licensed practitioners to supplement the medical staff.

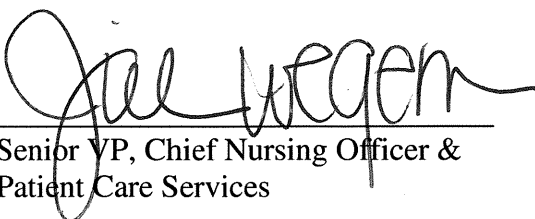
The above Plan has been reviewed and approved by:



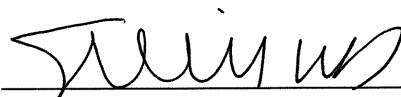
Director of Human Resources



Vice President of Operations



Senior VP, Chief Nursing Officer &
Patient Care Services



Executive VP, Chief Medical Officer
& Chief Operating Officer