COVID-19

Checklist for the Management of Health Workers in Response to COVID-19

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3rd edition

INTRODUCTION

In order to address health emergency situations, such as that declared by the COVID-19 pandemic, countries and health institutions must have the capacity to respond with human resources for health (HRH)[1] that are sufficient in quantity and possess the skills and capacities necessary to meet the needs of the population in a timely, relevant, efficient, and effective manner. Effective management of health workers will allow health systems to respond in a timely manner, improve health care outcomes, rationalize the use of resources, and reduce the stress on staff.

Health emergencies, such as the COVID-19 pandemic, present challenges to ensure the availability of health workers in areas of high demand with the necessary capacities to respond adequately to increased demand and expansion of services as well as the possible reduction in available personnel due to, among other things, illness, risk situations, and personal or family issues.

Planning and management of human resources for health is essential to ensure preparedness for response, enhance surge capacity, maintain essential health services, and ensure a sufficient and continual supply of health workers that are more efficient and productive, providing them with the training, protections, rights, recognition, and tools necessary to undertake their roles. The following actions should be prioritized:

1- Establish a process to forecast human resources' staffing needs and the possible mobilization and reorganization of human resources;
2- Protect health personnel and support workers in health institutions, including consideration for their mental health and psychosocial, personal, and family needs;
3- Provide appropriate and up-to-date training and maintain communication with health workers;
4- Activate or strengthen the health services network, communication, and community participation in countries.

This checklist is designed to complement the actions and interventions related to the management of human resources for health described in the document, *Framework for the response of integrated health services delivery networks to COVID-19*.

It is intended for use by PAHO/WHO Health systems and services advisors, PAHO/WHO incident command members, national health authorities (including HRH directors and managers), and directors of health services

[1] The World Health Organization (WHO) considers human resources for health to be "all people engaged in actions whose primary intent is to enhance health" The World Health Report 2006 – Working Together for Health. This group includes people from different professions and occupations, trained and working in health, whether as paid staff or as volunteers in the public or private sector, working full- or part-time, regardless of whether they deliver health services, manage health system services, or address the social determinants of health. They form part of a complex intersectoral field and are committed both to health and the population they serve. Pan American Health Organization. Strategy on Human Resources for Universal Access to Health and Universal Health Coverage. For the purposes of this document, human resources for health and health workers are used interchangeably.

and networks. It is important to note that not all items will be applicable to all countries, contexts, levels or functions; respondents can skip items or mark not applicable (N/A) as appropriate. A detailed explanation of the items presented is provided after the checklist.

CHECKLIST FOR THE MANAGEMENT OF HEALTH WORKERS IN RESPONSE TO COVID-19

Mapping availability, needs and gaps in health workforce capacity				
	Yes	**No**	**In progress**	**N/A**
1. Mapping of essential health worker needs, including for scaling up health services				
2. Mapping of health worker availability according to levels of care				
3. Establishment of a unified roster or database of all available health workforce by level of care and geographic distribution				
Recruitment of additional health workers				
	Yes	**No**	**In progress**	**N/A**
1. HRH information systems strengthened to provide valid, reliable, up-to-date, and easily accessible information				
2. Regulatory measures instituted to streamline deployment of additional health workers				
3. Temporary deployment of health workers from private to public sector facilities				
4. Activation of other health provider networks				
5. Establish pathways for accelerated training and early licensing of medical and nursing graduates				
6. Deployment of recent health care graduates as support personnel in community activities, home visits, patient orientation, data collection, and general examinations				
7. Outreach to retired health workers and/or health workers working outside the health sector				
8. Training and repurposing of government and other workers from non-health sectors, and volunteers to undertake support tasks and functions in health facilities				
9. Establish incentives and domestic support measures to enhance staff flexibility for shift work				
10. Provide indemnity for health workers conducting COVID-19 interventions				
11. Consider licensing or certification of health professionals who were trained abroad				
12. Consider establishment of agreements with other countries for additional health workers				

Reorganization and role distribution of health workforce				
	Yes	No	In progress	N/A
1. Assign roles based on the organization of care delivery in response to the emergency				
2. There is clear definition of the roles and functions for each professional (protocols and procedures)				
3. Temporary re-distribution of staff to other areas of the country where they are most needed				
4. Redistribute personnel to other areas or functions within the same health facility where they are most needed				
5. Training, repurposing, and utilization of professionals in different capacities (task-sharing)				
6. Assign generalist health workers to: a. address the needs of those with minor symptoms in health facilities, ambulatory or home-based settings, or congregate care facilities; and/or b. address CNCDs and other non COVID-19 conditions.				
7. Evaluation of alternative models for delivery of care that would facilitate safe task-sharing and expansion of scope of practice				
8. Strengthen the functions of basic health teams and family health teams to identify vulnerable, at-risk populations and follow up infection containment and control through information, education, and promotion				
9. Community health workers adequately trained and equipped to support COVID-19 response efforts, as appropriate				
10. Staff identified and trained to support and maintain non-clinical and essential support services				
11. Coordination of shifts to provide coverage and allow for sufficient staff downtime				
12. Additional shifts and other staff scheduling arrangements implemented with necessary considerations given to occupational safety and health				
13. Utilization of cohort methodology to ensure coverage for COVID-19 patients				
14. Staff rotation plans between COVID-19 y non COVID-19 units developed and implemented				
15. Consider the potential consequences of health professionals engaging in multiple employment (total hours worked, risk of transferring infection between institutions, etc.) and possible strategies for its reduction				
16. Utilization of telemedicine, telehealth, and other web-based platforms to address needs of those with mild COVID-19 symptoms				
17. Utilization of telemedicine, telehealth, digital apps, and other innovative technologies to maintain provision of essential health services				
18. Measures implemented to reduce burdens on prescribers (i.e., pharmacist waivers, therapeutic substitutions)				
19. Call centers or hotlines established				

Contractual, legal, administrative and other considerations to enable rapid response				
	Yes	**No**	**In progress**	**N/A**
1. Determine profiles of health workers most needed				
2. Determine categories of health workers best targeted for the measures under consideration				
3. Review previous country experience with the measures under consideration				
4. Review existing legal frameworks, norms, agreements, or mechanisms and feasibility for adaptation according to current need				
5. Review existing administrative procedures and contractual mechanisms, and adapt as needed				
6. Ensure that policies and regulations are in place to allow health workers to deliver COVID-19 interventions and for liability coverage				
7. Review legal implications of the different contractual mechanisms under consideration				
8. Review requirements for licensure and certification of professionals (specialized and non-specialized personnel)				
9. Review norms for any existing limitations to the exercise of certain professions or their scope of practice				
10. Review liability, insurance, and clinical indemnity arrangements required for changes of assignment across medical sub-specialties and/or task sharing or substitution measures being considered				
11. Review training requirements to support measures under consideration				
12. Review the ethical implications of the measures under consideration and take action to ensure ethical guidelines are met				
13. Review and implement actions as needed to ensure measures address the safety and security of all health workers, including their mental health and psychosocial wellbeing				
14. Implement appropriate coordination and supervision mechanisms				
15. Financial resources available and accessible				
16. Establish processes to ensure timely payment of services				
17. Financial and/or non-financial incentives identified				
18. Review regulations regarding provision of care by health personnel from other countries and possible establishment of agreements with other countries				
19. Policies and regulations to manage volunteer workers are in place				
20. Cultural and/or linguistic competencies are taken into account				
21. Consider and make provisions for possible extension of measures if needed				

	Yes	No	In progress	N/A
Communication and coordination				
	Yes	**No**	**In progress**	**N/A**
1. Communication mechanisms established to ensure a notification system is in place to keep health workers informed				
2. Communication mechanisms established with professional associations and others				
3. Communication and cooperation facilitated between management, health workers, and/or their representatives				
Training and skills enhancement for health workers				
	Yes	**No**	**In progress**	**N/A**
1. All health workers are provided appropriate COVID-19 training (online, or in designated community training facilities)				
2. Training plan developed and adopted, including provisions for ongoing training, updating skills, and competencies				
3. Health workforce is trained and up to date in basic life support according to WHO Basic Emergency Care				
4. Rapid training mechanisms and job aids for key capacities are in place and/or available				
5. Access to existing web-based training courses and digital learning apps related to COVID-19 are available to healthcare workers				
6. Adequate supervision structures and capacity to reinforce and support rapidly acquired knowledge and skills are in place				
7. Systems established to monitor and ensure the proper acquisition and application (practice) of the knowledge, skills, and competencies needed to respond to COVID-19				
Safety and protection of health workers				
	Yes	**No**	**In progress**	**N/A**
1. Preventive and protective measures, including administrative controls, taken to minimize occupational safety and health (OSH) risks				
2. Information, instruction, and training on OSH provided				
3. Secure and allocate PPE to health workforce providing frontline services (in hospitals and communities), considering risk of exposure				
4. Health workforce is properly trained in the rational use and disposal of PPE				
5. Appropriate work hours and enforced rest periods ensured and space made available for the same				
6. Optional accommodation arrangements made available for hospital-based health workers to reduce time spent travelling to/from home and protect health workers' families from indirect exposure				
7. Health workers in high-risk categories for COVID-19 complications are reassigned to tasks/settings that reduce risk of exposure				
8. Partnering more experienced with inexperienced colleagues is included in plan				

Safety and protection of health workers (cont'd)				
	Yes	**No**	**In progress**	**N/A**
9. WHO document, *Coronavirus Disease (COVID-19) Outbreak: Rights, roles and responsibilities of health workers, including key considerations for occupational safety and health* has been made available to all health workers				
10. Protocols for the management and monitoring of suspected and confirmed cases among the human resources involved in the COVID-19 response have been activated				
11. Mechanisms for reporting of incidents and symptoms by health workers are in place				
12. All health workers are aware of how to identify and report any symptoms				
13. Health workers understand when they must self-isolate				
14. Protocols established to assure safe return to work of health workers following quarantine or sick leave				
Mental health and psychosocial support for health workers				
	Yes	**No**	**In progress**	**N/A**
1. A dedicated hot line for psychological support to health workers has been established and health workers are informed				
2. Work schedules and working hours have been reviewed to enable flexibility and workload distribution				
3. Supervisors encourage and monitor breaks				
4. Monitoring of health workers for illness, stress, and burn-out implemented				
5. Psychological first aid training is available for volunteers and community members to support health staff in high stress areas				
6. Childcare and other family care support options for health workers are in place				
7. Buddy system to provide support, monitor stress, and reinforce safety procedures is encouraged				
8. Health workers are aware of and access is facilitated to mental health and psychosocial support services				
9. Responders receive training and orientation on how best to provide basic emotional and practical support				

DETAILED EXPLANATION

Mapping availability, needs and gaps in health workforce capacity:

1. Map health worker requirements and availability (including profile, level of care, critical tasks) according to transmission scenarios, utilizing tools that are available from PAHO, WHO, and/or other reputable sources. Utilize available information (registries, databases) on human resources for health in the country. To the extent possible, this information should be organized according to profile, specialty, training, current status (active, retired, etc.), demographics (sex, age), location, and potential availability. This will enable the identification of qualified candidates and potential recruitment of additional health workers. Potential sources of the above information are HRH databases, registration and certification records, professional associations, etc.
2. Consider setting up a unified roster or database of all available health workforce according to level of care and geographic distribution (municipal/district/parish, provincial/state, regional, national) and designating a function/person for updating contact information and potential health care service capacity of all people willing and capable to serve.

Recruitment of additional health workers: Countries may wish to consider the following sources for temporary health workforce surge capacity and other essential health care services:

1. Strengthen human resources for health information systems to provide policymakers, planners, researchers, and others with valid, reliable, up-to-date and easily accessible information on the health workforce. Efforts should be made to align required data and definitions to coordinate data collection between government ministries, professional councils and training institutes.
2. Institute regulatory measures to streamline deployment of additional workers.
3. Establish agreements with the private sector for temporary deployment of health workers to public sector.
4. Activate other provider networks such as national medical reserve corps, military and veteran health care providers – as appropriate to national and sub-national context – and medically-certified EMTs from non-governmental organizations and the International Federation of the Red Cross and Red Crescent (IFRC).
5. Where appropriate, consider establishing pathways for accelerated training and early licensing of medical and nursing graduates.
6. Deploy recent graduates awaiting internship and students in their final undergraduate year (professional practice or social service) as support personnel in community activities, home visits, patient orientation, data collection, and general examinations.
7. Call on retired health workers and/or health workers working outside the health sector for specific tasks. For example, intensivists or specialists could be used to provide virtual consultations to limit their exposure.
8. Train and repurpose government and other workers from non-health sectors, and volunteers to undertake support tasks and functions in health facilities that may be compromised (e.g., administration, maintenance, facility security, data collection, hotline response, infection prevention and control, other support services for staff and patients, etc.).
9. Establish economic and non-economic incentives and domestic support measures (e.g. travel, childcare, care of ill, disabled or elderly family members) that could enhance staff flexibility for shift work. Some incentives that have been implemented by some countries in the region include, but are not limited to: salary increases; bonuses; increased opportunities for professional development; protection measures for those with precarious or no contract; extended contracts; expanded opportunities for permanent employment; official declaration of COVID-19 as an occupational disease; life and disability insurance coverage; health insurance coverage for selves and family members; paid sick leave; health care; payment in case of disease or death; and provision of food, housing, transportation, feminine hygiene products.
10. Provide indemnity for health workers conducting COVID-19 interventions based on available public health guidance.

11. Consider establishing pathways for the licensing or certification of health professionals residing in the country that were trained abroad and are awaiting validation of their degrees. This can include temporary measures for the recognition of titles that allows these professionals to practice.
12. Where appropriate, consider the establishment of agreements with other countries to bring in additional health workers.

Reorganization and role distribution of health workforce

1. Review overall organization of care delivery to appropriately assign roles. Health workers with the credentials, skills, and training for higher level care should be assigned to roles according to their capacity.
2. Ensure that there is clear definition of the roles and functions for each professional (protocols and procedures).
3. Redistribute staff temporarily from non-affected or less-affected national and sub-national areas to other health services, districts, or areas of the country where they are most needed.
4. Redistribute personnel from one area of the health facility to another area or to other functions where they are most needed.
5. Consider training, repurposing, and utilization of professionals in different capacities (task-sharing):
    a. Enhance the capacities of pediatric intensivists and emergency care physicians for the management of adults to assist and support under the supervision of adult intensive care physicians.
    b. Reorient certain specialties, such as internists, anesthesiologists, surgeons, nurses, and other health professionals to manage specific treatments for critical COVID-19 patients (intubation, ventilation, respiratory therapy, others).
    c. Redistribute functions among health professionals and specialist doctors that are not on the first line of COVID-19 control (occupational therapists, otorhinolaryngologists, ophthalmologists, dermatologists, and other specialties) to the first level of care or second-level hospitals to boost capacity in these facilities for non-COVID-19 patients.
6. Assign health workers with more general skill sets, those repurposed from other health delivery settings, community health workers, community first aid responders, and recent medical graduates under appropriate supervision to: (1) address the needs of those with minor symptoms in health facilities, ambulatory or home-based settings, or congregate care facilities designed to isolate all cases; and/or (2) address chronic noncommunicable diseases (CNCD) and other non COVID-19 conditions.
7. Evaluate alternative models for delivery of care, including identification of simple high-impact clinical interventions for which rapid up-training would facilitate safe task-sharing and expansion of scope of practice.
8. Strengthen the functions of basic health teams and family health teams to identify vulnerable, at-risk populations and follow up infection containment and control through information, education, and promotion.
9. Train and equip community health workers, including providing them with adequate infection prevention and control (IPC) skills and personal protective equipment (PPE) as needed, to support case identification; collect materials to be tested (as appropriate to context and regulatory environment); conduct home visits, including delivery of food, oxygen and medicines; conduct contact tracing; and provide public health promotion messaging and hygiene demonstrations to the public.
10. Identify and train staff to support and maintain non-clinical (data management, record keeping, patient intake) and essential support (laundry, cleaning, waste management, dietary services, and security) services.
11. Coordinate shifts of health workers to ensure adequate coverage and allow sufficient downtime for overworked personnel.
12. Consider increasing the shifts of part-time staff to full-time or additional hours, balancing occupational safety and health to ensure quality care and prevent infection.
13. Utilize a cohort methodology whereby staff teams are assigned to specific units (i.e.: cohort 1 works with patients who tested positive for COVID-19; cohort 2 works with those whose clinical assessments suggests COVID-19 but have not yet received definitive results; cohort 3 works with those who do not have clinical symptoms suggestive of COVID-19 and who tested negative).

14. Explore the feasibility and potential effectiveness of developing a plan for the rotation of staff between COVID-19 and non-COVID-19 units to reduce burnout and ensure continuous coverage, taking care to ensure that all staff are properly trained, equipped, willing and committed to deal with COVID-19 patients.
15. Consider the potential consequences of health professionals engaging in multiple employment (total hours worked, risk of transferring infection between institutions, etc.) and possible strategies for its reduction, such as inter-institutional agreements, etc.
16. Consider the use of telemedicine, telehealth, and other web-based platforms to provide direct clinical services to patients and clinical decision support to service providers who address the needs of individuals who have mild COVID-19 symptoms.
17. Consider the use of telemedicine, telehealth, digital apps, and other innovative technologies in order to maintain provision of essential health services (prescriptions, monitoring of chronic conditions, etc.) while reducing the need for in-person contact.
18. Consider the implementation of pharmacist waivers to provide early and multi-month refills and apply therapeutic substitutions without provider consultation, in order to reduce burdens on physicians and other prescribers.
19. Establish a call center and/or emergency hotline to respond to COVID-19. Personnel should be duly trained to provide direction and respond to community questions, concerns, and doubts. This function can be undertaken by university students in health careers, health professionals and specialists (active or retirees), among others.

Contractual, legal, administrative and related issues to enable rapid response
Decisions will be based on the situation, context, and experience of each country as well as the characteristics of its health system. In reviewing options, the country may wish to consider the following questions:

1. What ***profiles*** of health workers are most needed?
2. Which ***categories*** of health workers are best targeted for the measures under consideration?
3. Has the country had ***previous experience*** with the above measures and what was the outcome of the same?
4. What ***legal frameworks, norms, agreements, or mechanisms*** exist in relation to the various options? Are they likely to facilitate or hinder the option(s) under consideration? Can they be adapted if necessary?
5. What ***administrative procedures and contractual mechanisms*** are currently available or can be adapted as necessary to facilitate the hiring and/or mobilization of personnel, and/or changes in the worker profile (task sharing, role expansion)?
6. What ***policies and regulations*** must be in place to allow health workers to deliver COVID-19 interventions and for liability coverage?
7. What are the ***legal implications*** of the different contractual mechanisms under consideration (both for the institution and for the health worker)?
8. What are the requirements in terms of ***licensure and certification*** of professionals? For specialized/non-specialized personnel?
9. Are there norms regarding the ***scope of practice*** permitted according to different professions?
10. What ***liability, insurance, and clinical indemnity arrangements*** should be considered as regards changes of assignment across medical sub-specialties and/or in line with agreed task-sharing or substitution measures?
11. What ***type of training*** and ***amount of time*** is needed to implement the measures being considered?
12. What are the ***ethical implications*** of the measures under consideration? What measures must be put into place to ensure ethical guidelines are met? In considering these, we suggest reviewing Chapters 13 and 14 of the WHO document, *Guidance for managing ethical issues in infectious disease outbreaks.*
13. What measures must be implemented to ensure the ***security and safety of all health workers***, including their mental health and psychosocial wellbeing, in implementing the measures being considered?
14. What type of ***coordination and supervision*** mechanisms need to be in place? Is the system equipped to implement these?
15. What ***financial resources*** are available or can be accessed?
16. What processes exist or need to be put into place to ensure ***timely payment*** of services?

17. What ***financial and/or non-financial incentives*** can be utilized?
18. Do any regulations exist regarding provision of care by health personnel from ***other countries***? Can ***agreements*** be established with other countries for the mobilization of human resources?
19. What ***policies or regulations*** exist or need to be in place for ***volunteer workers*** (vetting, accepting, rejecting, liability issues, etc.)?
20. Are ***cultural and/or linguistic competencies*** a consideration, particularly when deploying to other areas or regions?
21. What is the proposed ***duration*** of the measures under consideration? Have provisions been made for their extension if necessary?

Communication and coordination

1. Establish or reinforce communication mechanisms to ensure a notification system is in place to regularly and frequently inform health workers of changes in demands, service delivery arrangements, referral pathways, training opportunities, etc.
2. Work with professional associations and others to maximize communication 'reach'.
3. Facilitate communication and cooperation between management, health workers, and/or their representatives.

Training and skills enhancement for health workers

1. Ensure that all health workers (health care providers, public health professionals, technicians, community health workers, support workers, among others) are provided with appropriate COVID-19 training (online, or in designated community training facilities).
2. Develop and adopt a training plan to address COVID-19, including making provisions for ongoing training, and updating skills and competencies as needed.
3. Ensure that all of the health workforce is trained and up to date in basic life support according to WHO Basic Emergency Care.
4. Initiate rapid training mechanisms and job aids for key capacities, including diagnosis, triage, clinical management responsibilities, and essential infection prevention and control.
5. Provide workers with access to existing web-based training courses on COVID-19, including on the Open WHO platform https://openwho.org/?locale=en and PAHO's Virtual Campus for Public Health https://www.campusvirtualsp.org/en/covid-19, as well as to digital learning apps such as the WHO Academy mobile learning app https://www.who.int/about/who-academy/the-who-academy-s-covid-19-mobile-learning-app.
6. Mobilize adequate supervision structures and capacity to reinforce and support rapidly acquired knowledge and skills.
7. Establish systems to monitor and ensure the proper acquisition and application (practice) of the knowledge, skills, and competencies needed to respond to COVID-19.

Safety and protection of health workers

1. Ensure necessary preventive and protective measures, including administrative controls, taken to minimize occupational safety and health (OSH) risks.
2. Provide information, instruction, and training on OSH, including infection prevention and control (IPC), and use, putting on, taking off, and disposal of personal protective equipment (PPE).
3. Secure and allocate PPE for the health workforce providing frontline services (in hospitals and communities), considering risk of exposure.
4. Ensure the health workforce is properly trained in terms of the rational use and disposal of PPE.
5. Ensure appropriate work hours and enforced rest periods, including provision of appropriate space for the same during shift.

6. Consider optional accommodation arrangements for hospital-based health workers to reduce time spent travelling to/from home and to protect health workers' families from indirect exposure.
7. Consider reassignment of health workers in high-risk categories for COVID-19 complications to tasks/settings that reduce risk of exposure, including back-filling arrangements to support continuity of essential health care services, while releasing other health workers less at risk to provide care for patients with the virus.
8. Partner more experienced with inexperienced colleagues.
9. Ensure health workers are aware of the WHO document, *Coronavirus Disease (COVID-19) Outbreak: Rights, roles and responsibilities of health workers, including key considerations for occupational safety and health.*
10. Implement protocols and systems for the management and monitoring of suspected and confirmed cases among the human resources involved in the COVID-19 response.
11. Encourage reporting of incidents and symptoms by health workers by providing a blame-free environment and support as needed (psychosocial, financial, sick leave, other).
12. Ensure all health workers are aware of how to identify and report any symptoms.
13. Ensure health workers understand when they must self-isolate.
14. Establish protocols to assure safe return to work of health workers following quarantine or sick leave.

Mental health and psychosocial support for health workers

1. Establish a dedicated hot line for psychological support and inform workers regarding the same.
2. Review work schedules, permit flexible working hours, and ensure distributed workload to the extent possible.
3. Initiate, encourage, and monitor breaks.
4. Monitor health workers for illness, stress, and burn-out.
5. Consider introducing psychological first aid training for volunteers and community members to support staff in high stress areas, using digital and other platforms.
6. Consider childcare and other family care support options (care of ill, disabled, or elderly family members) for health workers.
7. Use buddy system to provide support, monitor stress, and reinforce safety procedures.
8. Ensure that health workers are aware of and facilitate access to mental health and psychosocial support services.
9. Orient responders on how best to provide basic emotional and practical support.

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