



## **PANDEMIC PLAN**

### **HOMES and SENIOR SERVICES**

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## LIST OF ACRONYMS

EMG	Emergency Control Group
EOC	Emergency Operations Centre
ERP	Emergency Response Plan
I & IT	Information and Information Technology
MOH	Medical Officer of Health
WHO	World Health Organization
LTC	Long Term Care
OMT	Outbreak Management Team

# **PANDEMIC PLAN**

## **PART ONE: Preface**

### **1.1 Definition of Pandemic**

The World Health Organization (WHO) defines influenza pandemic as a global epidemic of influenza and it occurs when a new influenza virus (i.e. an influenza virus subtype that is not circulating widely in human beings) emerges and starts spreading in a similar way to normal influenza - through coughing and sneezing. Because the virus is new, the human immune system will have little or no pre-existing immunity. People who contract pandemic influenza are thus likely to experience more serious disease than that caused by normal influenza.

The words pandemic and epidemic are easily confused.

To clarify, epidemic refers to a contagious, infectious or viral illness that spreads to many people in one geographic region that occurs in excess of the numbers of cases that would usually be expected.

A pandemic refers to a contagious, infectious or viral illness that spreads, and may include millions of people in many areas across the globe.

### **1.2 Goals of Pandemic Planning:**

1. To minimize serious illness and deaths through appropriate management
2. To minimize disruption of care and services
3. To Maintain Critical Services during an Emergency/Pandemic
4. To Protect Employees
5. To Support Health Authorities
6. To Minimize Net Financial Impacts

### **1.3 Planning Assumptions:**

1. A pandemic will affect the entire health care system and community. LTC will not be able to rely on the same level of support from their suppliers, other health care systems or community services.
2. The pandemic plan must be coordinated with other organizations in the community and be consistent with the Ontario Health Plan for Influenza Pandemic (OHPIP)
3. The number of health care worker available to provide services could be reduced as much as one third due to personal illness; family commitments.
4. Usual sources of supplies could be disrupted or unavailable.
5. To meet resident and Home's needs, staff may need to be reassigned or reallocated.
6. Existing care protocol may need to be changed or adapted.
7. LTC must provide communication to staff, residents and families.
8. Ontario Health & Safety mandates a duty to provide reasonable precautions to protect workers.

### **1.4 Steps to Pandemic Plan:**

1. Establish an outbreak management team (OMT). The team will include a Chair, Coordinator, Media Spokesperson, Infection Control Professional, Co Chair of H&S committee and Secretary as per Home's Infection Control Policy. This team will direct/implement the pandemic plan. Each position will require an alternate. This team will be responsible for staff training in conjunction with the Public Health Unit and will be guided by the Ministry of Health and WHO.
2. Assess resident care needs. (Appendix A.)
3. Identify essential and non-essential services and staff.
4. Prioritize residents and staff for antiviral/vaccine.
5. Implement the surveillance program – influenza-like illness. I.e. line listing ( \*2cases of acute respiratory tract illness within 48hours in one unit is suspect of an outbreak)
6. Notification of Unions that, under the direction of a Department Manager, employees that are employed in a service rated non-essential might be deployed to assist with a service rated as critical.

## 1.5 Pandemic Response:

1. If the Pandemic is in the Community:
  - i. Activate the pandemic plan
  - ii. Activate the surveillance system *as per policy*
  - iii. Assess essentials stores/supplies of – chemicals; protective equipment (masks/gowns, gloves; hand sanitizer)
  
2. If the Pandemic is IN the Home:
  1. Notify the Medical Officer of Health
  2. Implement infection prevention and control policies and procedures
  3. Notify appropriate individuals( Appendix B)
  4. Conduct a OMT meeting immediately
  5. Monitor outbreak – surveillance program
  6. Implement control measures and support for residents, staff and visitors/families
  7. Distribute antiviral/vaccine
  8. At conclusion – Investigate and review outbreak

## PART TWO

### 2.1 Staffing Inventory

#### Current Staffing

##### Elgin Manor

Position	Full Time	Part Time	Casual
RN	5	5	3
RPN	7	4	1
PSW	26	30	
Housekeeping	5	6	
Dietary	6	9	
Maintenance	1		
Recreation	2	3(incl.hairdressing)	
Admin/Management	5	1	

##### Terrace Lodge

Position	Full Time	Part Time	Casual
RN	5	3	1
RPN	9	4	7
PSW	29	30	1
Housekeeping	5	7	
Dietary	7	10	
Maintenance	1		
Recreation	3	4	
Admin/Management	7		

##### Bobier Home

Position	Full Time	Part Time	Casual
RN	4	0	4
RPN	5	4	1
PSW	19	18	
Housekeeping	3	4	
Dietary	4	6	
Maintenance	1		
Recreation	2	2	
Admin/Management	1	3	

## **PART THREE**

### **Pandemic Plan**

#### **3.1 Communications**

1. Communications (community, staff, families, residents) will be directed through the Director of Home or designate (Media Spokesperson, OMT). The CAO of the County of Elgin / County Media Coordinator stationed at the EOC will have direct communication with the Director of Home/designate.
2. Media and News Release inquiries will be deferred to the Warden/CAO as per policy. It is recommended that media inquiries specific to the Pandemic be deferred to the local Public Health Unit. Information that is Home specific can be addressed by the Director of Home with adherence to the Privacy Act.
3. Key contacts- local Public Health Unit & Ministry of Health- will be in direct contact with the CAO and Director of Home or designate.

The Public Health Unit will continue to communicate with the LTC Homes and community partners through electronic Outbreak Alerts and newsletters.

4. Upon receipt of a Pandemic Alert from the Medical Officer of Health, the OMT, Director and Dept. Managers immediately meet (within the first 24 hours). Notification of appropriate individuals is completed. ( Appendix B)
5. The Pandemic information is shared and the Pandemic Plan is initiated.
6. An information and screening station is set up at the main entrance to the building. If Pandemic is in the community, the station is "manned" throughout business hours; if the Pandemic is in the Home the station is "manned" 24 hours. The OMT Chair is responsible to ensure the station is "manned" appropriately. A bulletin board with press releases; Outbreak Alerts, newsletters will be maintained at this location.
7. The OMT and staff meet regularly and more frequently as the level of Pandemic changes or new information is received. All meeting are documented by the Secretary, OMT.
8. A Pandemic Information Letter will be sent to all resident families. The letter will provide information as to the possibility of family members caring for their family member at home. (Appendix A – assessment and letter)

9. Phone and email greetings will be changed to alert public of Pandemic status.
10. Pandemic information/direction for staff will be posted on the Web Site.  
Staff will be responsible to sign on from their homes for staff deployment.  
Fan out lists will be used to provide staff with information.
11. County of Elgin web site will have links to WHO; Public Health; Ministry of Health.

### **3.2 OMT Chair – or Designate**

Given that the estimated attack rate will be 35% and the resulting increased absenteeism, regular staffing patterns will need to be revised. The Priority Tasks Templates will assist with the deployment of staff. The OMT Chair/designate will ensure the information and screening station is manned and that job priority/deployment of staff to essential positions is completed. ALL non essential and essential staff will report for work for deployment. On arrival to the Home all employees, trained volunteers and trained visitors will report to the screening station. Job priority/deployment of staff will be to designated essential positions and duties as described on the Priority Task Templates.

### **3.3 Essential Staffing Plan**

Key positions will need to be secured for the safe care of the residents and the operation of the Home. Included in the Priority Task Templates are charts for each dept. which state the number of essential staff required to complete essential duties as well as a number of available staff for deployment.

Due to increased absenteeism, to fill each essential position staff with the essential skills from other Homes/County Depts. may need to be deployed.

Essential Services are: OMT Committee members

Director

Charge RN (a minimum of 1 x 24 hours/day)

RPN

MRC/MSS

Nursing staff – PSW

Dietary staff

Housekeeping staff

Maintenance

I & IT

MDS RAI Coordinator

Non Essential Services are: Clerical  
Therapy  
Hairdressing  
Recreation  
Ward Clerk  
Volunteers/ Auxiliary

### **3.4 Triage Plan**

Transfers to hospitals are likely to be restricted during a Pandemic. The Homes will need to work with local hospitals to develop protocols and criteria for transferring residents.

The Homes Infection Control Policies and Procedures for outbreak will be implemented unless otherwise directed by Public Health/WHO.

The Home will need to ensure they have a stock pile of:

- High Intensity Need products
- Dressings
- Oxygen
- masks; gowns; gloves

The Homes' policy for co-horting ill residents will adhere to as per Infection Control unless directed otherwise by Public Health/WHO. In Homes where rooms are private, regular outbreak policy will be implemented.

### **3.5 Supplies and Equipment (Appendix C.)**

During a Pandemic traditional supply chains may be disrupted. Regular communication with suppliers and sharing of their Pandemic Plans is essential. Quantities of supplies needed during an outbreak will be established. The MOHLTC recommends that at least 4 weeks of all necessary supplies be maintained. It is recommended that quantities for personal care supplies be based on 25 staff encounters per resident per day X 31 days a month. During the preparedness phase each department should meet with their suppliers about their plans during a Pandemic. A secondary local supplier for each supplier should be established. Letters of commitment from present suppliers need to be received and retained by each department. (Appendix D)

### **3.6 Control & Support Measures for Staff; Volunteers**

Each Home will be responsible for the deployment of staff within their own Home. If more assistance is required County staff from other departments will be deployed. Administrative and non-patient care staff will be surveyed prior to outbreak as part of a contingency plan, to assess any essential skills which may be required during the outbreak (i.e. a librarian who is also a PSW). A list of staff with transferable skills will be important during a Pandemic and recorded on the Staff Data Base.

Supporting Staff with:

- accommodation – due to transportation issues; staff availability issues- staff may be required to stay in the workplace for prolonged periods. There will be designated staff areas:

Elgin Manor: Community Space; Family Room; Multi purpose room.

Terrace Lodge – Day Program; Tuck shop.

Bobier Villa – Multi Purpose Room; Family Room.

Housekeeping dept will secure supplies such as linens; mattresses; toiletries to accommodate staff needs. Staff laundry can be done on site in the laundry dept.

- meals – staff meals will be provided by the Home if/when staff are required to stay past their scheduled shift.
- staff that work at other facilities – follow Homes’ Infection Control Policy until direction is given by Public Health/WHO.
- restriction of visitors as per Homes’ policy may be revised during the Pandemic in order to meet the needs of the resident and/or Public Health/WHO direction. i.e. If the family member is in good health (anti viral) and can assist with the ADLs of their loved one they could be deployed into the Home.

### **3.7 Food Services: Nutrition**

Pandemic Menus developed by supplier (Sysco) will be implemented. (Appendix E). These menus assume that hydro and water is available.

In a situation where hydro and water have been affected, menus developed for Y2K will be implemented. (Appendix F).

The Priority Task Templates will outline what dietary tasks are essential and the number of staff required completing the essential tasks.

### **3.8 Housekeeping/Laundry: Environmental Cleaning**

In a Pandemic the same infection control and cleaning procedures will be used as in an influenza outbreak unless otherwise specified by the Local Public Health Unit. Reducing the spread of the Pandemic is dependent on good environmental cleaning and sanitizing practices. The Priority Tasks must be completed in order to reduce/eliminate the spread of the disease. Where possible housekeeping staff will be increased in order to ensure all components of an effective cleaning process are completed i.e. twice daily cleaning of affected rooms

A log sheet will be developed to record personal effects of deceased in the event family are unable to retrieve them due to Pandemic. An area in the basement will be designated to store these items.

### **3.9 Nursing**

The Priority Task template will be implemented to ensure adequate staff are available to meet the needs of the residents. For each Resident Home area a minimum number of staff will be required at all times, with additional support needed on the night shift from current level. As per Ministry Standard a priority will be to ensure a minimum of one Registered RN on site 24 hours/7days/week. Registered Practical Nurses will assume responsibility for other floors/Home areas where the Charge RN has not been deployed.

Staffing compliments for PSW's will be maintained as close to normal patterns as possible. In Home areas affected by the Pandemic increased PSW staff will be deployed to ensure adequate care for ill residents.

The practice of co-horting nursing staff to Home areas as per infection control policy will be implemented as long as physically possible. Deployment of staff from other departments with the essential skill sets (i.e. RN/RPN,PSW,HCA) will be initiated.

Protocol/arrangements for special services and life sustaining treatments i.e. dialysis/chemotherapy will be established with community partners. Infection Control Policies will be implemented as per protocol and revised as needed in response to direction from the Local Public Health Unit and WHO.

### **3.10 Maintenance**

A minimum of one maintenance person to ensure supplies are received and delivered to appropriate areas in a timely fashion. Maintenance will be responsible to do all receiving in order to limit access of suppliers to the building.

Maintenance will be required to maintain and repair equipment that might otherwise have an outside contract company.

### **3.11 Security**

Access to the building will be restricted to the main entrance. All other exits/entrances will be locked down.

### **3.12 Morgue**

Local Funeral Homes will need to partner with the Homes for the safe care and removal of the deceased. In the event that local morgues/Funeral Homes cannot accommodate the deceased, a temporary morgue can be set up in the:

Elgin Manor: garbage room  
Terrace Lodge: Adult Day Program room  
Bobier Villa: resident storage room

Signage will be appropriately posted to prevent unauthorized personnel from entering and to respect the deceased. Air conditioners will be installed where necessary to keep rooms at appropriate temperature.

OR a refrigerated truck will be leased/rented/loaned from a present supplier (i.e. Sysco) or local truck company (Sterling)

### **3.13 Education Plan: Pre Pandemic**

In order to provide continuity of care in a staff shortage crisis, "cross-training" staff with appropriate skill sets will be required.

For example:

Feeding residents  
Basic Housekeeping Skills  
Laundry  
Food service – dishes, clearing tables, serving tables  
Portering residents

Due to the Homes union contracts/agreements, staff may not work in these capacities or replace staff unless a letter of understanding for emergency situations is drafted and accepted. Notify the Unions that staff rated as non-essential may be deployed to assist with a service rated as critical provided they are given appropriate training.

Staff will be advised to carry a Preparedness Kit with them in the event they are required to complete extended shifts at the Home. (i.e. toiletries, change of uniform, sleeping bag, pillow)

### **3.14 Staff – Work Restrictions during a Pandemic**

The County/Homes exclusion policy will be adhered to during a Pandemic. The Public Health Unit will determine the length of time an ill worker will be excluded from the workplace based on the epidemiology of the pandemic strain.

The Home will work with the Public Health unit to determine if staff can return to work prior to being fully recovered if the availability of staff does not provide safe, adequate care for the residents. If this becomes necessary, these staff will be restricted to non-direct care or to residents with symptoms of ILI with appropriate use of personal protective equipment.

The OMT will review, in conjunction with the Public Health, any issues that arise regarding compliance with work exclusions.

### **3.15 Immunization and Antiviral**

*As per the Guide to Pandemic Influenza Management in LTC Homes:  
Dec. 2005*

During a Pandemic, the Ministry of Emergency Operations Center will be responsible for the distribution of antiviral and vaccine across the province. Public Health Units will be responsible for the coordinating the distribution of antiviral and vaccines among LTC at the local level.

LTC will continue to maintain on site supplies of antiviral for use during the influenza season.

During a Pandemic the Home must have the capacity to safely store antiviral and monitor distribution.

Homes will continue to obtain annual informed consents from the residents or their POA for care. At each resident's annual multidisciplinary care conference, information about pandemic planning and possible additions to routine influenza consent will be reviewed/attained.

### **3.16 Personal Protective Equipment and Handwashing**

*As per the Guide to Pandemic Influenza Management in LTC Homes:  
Dec. 2005*

*As per Home's Policies: Infection Control Manual*

Access to personal protective equipment (PPE) required for droplet and contact precautions will continue to be available to staff and to follow regular practices. Ordering of supplies will continue to be through the Home's and will be stored on site at each Home.

PPE availability throughout a pandemic are expected to reach critical levels therefore some experts suggest that masks will only be appropriate for providing direct care to infected individuals.

**Handwashing** is the most important measure in preventing the spread of influenza. Proper handwashing techniques need to be reviewed with staff, volunteers, and visitors when they report to the screening station. Signage depicting proper handwashing techniques should be posted at all sinks bulletin boards and resident /staff bathrooms.

Waterless alcohol- based hand sanitizer should be readily available for use if hands are not visibly soiled. If hand are soiled handwashing with soap and water must be completed prior to using alcohol-based hand sanitizer.

Resident hand hygiene is essential at all times.

### **3.17 Masks**

*As per the Guide to Pandemic Influenza Management in LTC Homes:  
Dec. 2005*

*As per Home's Policies: Infection Control Manual*

Mask = a good quality surgical mask/N95 as directed by Public Health/WHO.

Staff must wear a mask covering the nose and mouth when providing care within one meter of a resident with influenza. For the care of a resident with influenza, put a surgical mask on the resident if tolerated, whenever the resident is not in his/her room ( i.e. transferring to hospital).

Mask should be changed if they become wet or contaminated by secretions.

Staff wearing masks must remove their masks before caring for another resident and when leaving the resident designated space. I.e. room.

Masks should be changed according to manufacturers' recommendations.

Hands should be washed after removing mask.

### **3.18 Eye Protection**

*As per the Guide to Pandemic Influenza Management in LTC Homes:  
Dec. 2005*

*As per Home's Policies: Infection Control Manual*

Eye protection includes safety glasses, goggles and face shields, It does not include personal glasses.

Eye protection should be worn when providing direct care within one meter of a resident with influenza.

Safety glasses, goggles and face shield should be carefully removed to prevent contamination.

If reused eye protection must be cleaned and sanitized according to manufacturers recommendations with a minimum of a disinfectant.

To prevent self contamination, staff should avoid touching their eyes during care of a resident with influenza.

Hand washing must occur after removing eye protection.

### **3.19 Gloves**

*As per the Guide to Pandemic Influenza Management in LTC Homes:  
Dec. 2005*

*As per Home's Policies: Infection Control Manual*

Staff and volunteer should wear gloves when they are likely to have contact with bodily fluids or contaminated surfaces.

Gloves are an additional protective measure but not a substitute for proper handwashing.

Gloves should be put on prior to entering and removed prior to leaving a residents room.

Gloves should fit the wearer to prevent cross contamination through contact.

Gloves should be changed between dirty and cleaner procedures on the same resident.

Hands should be washed immediately after removing gloves.

When a gown is worn, the gloves must cover the cuff of the gown sleeves.

### **3.20 Gowning**

*As per the Guide to Pandemic Influenza Management in LTC Homes:  
Dec. 2005*

*As per Home's Policies: Infection Control Manual*

Long sleeve gowns should be worn during procedures and patient care where clothing might be contaminated.

Gowns should be removed before leaving residents room.

## **Appendix A**

### Assessment of Residents Essential Care Needs

*A process needs to be established to assess each residents care needs in the context of a Pandemic. Suggest using a "colour code" system similar to hydration risk.*

#### **Resident Care Needs**

Each residents' care needs will be assessed in the context of a Pandemic. Each resident will be identified into one of the following four categories:

1. Those who can be discharged to family members in the event of an outbreak.
2. Those who must continue to be cared for in the LTC Home.
3. Those who will likely require acute care.

This process will need to be reviewed and updated at each residents quarterly multidisciplinary care conference. This information will need to be recorded on each residents care plan Those residents identified at high risk of complications during a Pandemic will need action plans included in their charts in the event of a Pandemic

## Appendix B

### Sample Letter to be Sent to Families

Dear Family/Friends,

An Influenza Pandemic is a worldwide outbreak of flu disease that occurs when a new type of influenza virus appears that people have either never been exposed to or have not been exposed to in a long period of time. A Pandemic can affect the number of people working within the healthcare system and the community, resulting in fewer numbers of health care providers being able to give care to your loved-ones.

During the time of a Pandemic, Elgin County Homes for Seniors is asking for the assistance of families that are able to care for their loved-ones in their home to consider this option for the duration of the Pandemic. The County Homes staff will work with families to ensure that continued care for our residents is maintained and to keep you informed of information regarding the Pandemic. Elgin County Homes for Seniors will ensure the provision of medication and treatment supplies for the families to maintain care in their home.

If there is a possibility of your loved one being cared for in your home during such an emergency, please contact.....

Elgin County Homes for Seniors will continue to look at innovative ways to ensure the level of care for our residents is not affected during times of emergency such as a Pandemic. Please feel free to share any suggestions you have with .....

We thank you for your continued support. We will continue to work together to provide an exceptional level of care to your loved-one.

## **Appendix C**

### Notification of Appropriate Individuals

- Medical Director/Physicians
- Manager of Resident Care
- Director
- CAO
- Warden
- Manager Support Services
- OMT Members
- Pharmacist
- Corporate Facilities Officer

## Appendix D

### Supplies and Equipment

<b>Category</b>	<b>Item</b>	<b>Par Level</b>	<b>Inventory</b>	<b>Order</b>
Hand Hygiene	Liquid Soap			
	Alcohol Hand Rinse			
	Paper Towels			
PPE	Surgical Masks			
	N95 Masks			
	Washable/reusable yellow gowns			
	Disposable Gowns			
	Non-latex Gloves			
	Safety Glasses			
Temperature & BP Supplies	Thermometers			
	Probe Covers			
	Stethoscopes			
	Blood Pressure Cuffs			
Disinfectants	Disinfectant Wipes			
	Computer Wipes			
	Surface Cleaner and Disinfectant			
Paper	Garbage Bags			
	Kleenex			
Respiratory Care	O2			
Disposable Briefs	Incontinence Pads/Briefs			
Body Bags				
Government Stock	Medications			
	Supplies- rubbing alcohol/cough suppressant/Tylenol/toothpaste			
Vaccinations	Syringes			
	Alcohol Swabs			
	Antivirals			
	Needles			
High Intensity Needs				

## Appendix E

### **SAMPLE LETTER OF INTENT FOR EMERGENCY SUPPLIES FROM PROVIDER TO FACILITY**

TO: (Facility) \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

FROM: **(Provider Name)**

### **LETTER OF INTENT**

In the event of a community disaster, **(food vendor's name)** will attempt to provide bottled water, food, and other necessities to your facility.

This shipment will depend upon road conditions, availability of vehicles, products and supplies.

Hospitals, short and long term care nursing facilities, correctional facilities and/or public service utility entities may receive priority support at their direction.

This letter of intent will be valid for one year from date of issue, however, if the partnership between **(food vendor's name)** and \_\_\_\_\_ should be terminated for any reason, this agreement will also terminate at that time.

### **ACCEPTED BY: ACCEPTED BY:**

Food Vendor Date Facility Representative

Date

Adapted from information provided by Sysco Corporation, Mississippi. Used with permission.

*Dietary Disaster Plan 26*

©2006 Becky Dorner & Associates, Inc. (800) 342-0285

## **SAMPLE DISASTER CONTINGENCY AGREEMENT**

### **FROM THE PROVIDER TO THE FACILITY**

Dear **(Customer/Business Name)**:

This agreement will document **(food vendor's name)** commitment to your *facility*, as a loyal customer, to service your account. Should we be unable to service your account, we will do our best to make arrangements with another food vendor to deliver food, water and supplies, until we are capable of resuming normal operations.

Your *facility* agrees to pay a normal and reasonable fee for all goods and services rendered.

In case of emergency or natural disaster that disrupts the normal operation of the foodservice department of your *facility*, we will make every attempt to satisfy the needs of your *facility* by delivering food, water and supplies as soon as local authorities allow for safe travel to the affected area. (This may not be your normal delivery day).

As much advance notice as possible should be provided by the facility so the *facility's* needs can be met. This includes specific requests for amounts and types of food, water, paper products, and other products as designated by your *facility*. The *facility* should supply us with a list of potential emergency food supply needs in advance so we can prepare for a potential emergency.

We recognize our commitment to service you with food, water, and non-food requirements. If we are unable to service your facility because of a disaster, we will arrange for other vendors or subsidiaries to provide distribution services to your *facility* as soon as local authorities allow travel into the affected area.

We will make terms and conditions of this statement and agreement known to all/any partners who might have to respond and make such information, as contact names and phone numbers, available to assure that the necessary goods and services will be reasonably available at any time.

Sincerely,  
**(Name/Title)**

**ACCEPTED BY: ACCEPTED BY:**

Support Agency Date Facility Representative  
Date

Adapted from information provided by Sysco Corporation, Mississippi. Used with permission.

*Dietary Disaster Plan 27*

## Appendix F Regular Menu

DAY 1		DAY 2		DAY 3	
B R E A K F A S T	Choice of Juices  Choice or Cold Cereal <u>or</u> Hot Cereal with Milk  Choice of Muffin  Toast <u>or</u> Bread served with Margarine & Jelly  Choice of Scrambled Eggs <u>or</u> Cheese	B R E A K F A S T	Choice of Juices  Choice or Cold Cereal <u>or</u> Hot Cereal with Milk  Choice of Scone,  Toast <u>or</u> Bread with Margarine & Jelly  Choice of Omelet <u>or</u> Cheese	B R E A K F A S T	Choice of Juices  Choice or Cold Cereal <u>or</u> Hot Cereal with Milk  Choice of Waffles & Syrup,  Toast <u>or</u> Bread with Margarine & Jelly  Choice of Yogurt <u>or</u> Cheese
L U N C H	Vegetable Beef Soup & Crackers  Ham Sandwich  <u>or</u> Baked Fish & Rice  Sliced Beets  Vanilla Pudding or Pineapple Tidbits	L U N C H	Chicken Noodle Soup & Crackers  Corned Beef Sandwich  <u>or</u> Macaroni & Cheese  Mixed Vegetables  Butterscotch Pudding or Fruit Cocktail	L U N C H	Creamy Broccoli Soup & Crackers  Chicken Salad Sandwich  <u>or</u> Quiche  Bean Medley Salad  Rice Pudding or Peaches
D I N N E R	Turkey Roast, Gravy  <u>or</u> Shepherds Pie  Mashed Potatoes  California Mixed Vegetables <u>or</u> Corn  Dinner roll and Margarine  Tropical Fruit Salad or Lemon Cake	D I N N E R	Beef Stew  <u>or</u> Baked Chicken  Mashed Potatoes  Green Beans <u>or</u> Carrots  Dinner roll and Margarine  Pears or Strawberry Shortcake	D I N N E R	Lasagna  <u>or</u> Roast Pork  Mashed Potatoes  Peas or Squash  Dinner Rolls & Margarine  Apricots or Chocolate Brownie

- ▶ Offer coffee, tea, milk, juice and water at all meals and snacks
- ▶ SYSCO cannot guarantee that inventory will be available on all items listed for this menu

## Appendix G Shelf Stable Menu

DAY 1		DAY 2		DAY 3	
B R E K F A S T	Juice Assort Cold Cereal Milk Cheese Whiz or Peanut Butter Bread* or Rice Cakes Jelly	B R E K F A S T	Juice Assort Cold Cereal Milk Cheese Whiz or Peanut Butter Bread* or Rice Cakes Jelly	B R E K F A S T	Juice Assort Cold Cereal Milk Cheese Whiz or Peanut Butter Bread* or Rice Cakes Jelly
DAY 1		DAY 2		DAY 3	
L U N C H	Juice Water Tuna Salad Sandwich or Peanut Butter Sandwich Six Bean Salad Mandarin Oranges	L U N C H	Juice Water Chili or Cheese Sandwich Green Peas with Italian Dressing Tropical Fruit Salad	L U N C H	Juice Water Salmon Sandwich or Peanut Butter Sandwich Green Bean Salad Peaches
DAY 1		DAY 2		DAY 3	
D I N N E R	Milk Water Beans in Tomato Sauce Sliced Beet Salad Bread Fruit Cocktail & Cookie	D I N N E R	Milk Water Ravioli Chick Pea Salad Bread Pears & Cookie	D I N N E R	Milk Water Refried Beans with Salsa & Nachos Kernel Corn Bread Pineapple & Vanilla Wafer

- ▶ \*Bread is frozen however can be kept for 7 days shelf stable after being thawed
- ▶ SYSCO cannot guarantee that inventory will be available on all items listed for this menu

## **Appendix H**

### **Connecting to Citrix from Home**

#### County of Elgin Email

1. Turn on computer, connect to Internet and open web browser.
2. In the address bar type (<https://mail.elgin-county.on.ca/exchange>).
3. You should see the Outlook Web Access login screen. Enter your username and password in the appropriate boxes.
4. Click the Log On button.

#### Citrix

1. Turn on computer, connect to Internet and open web browser.
2. In the address bar type (<http://citrix.elgin-county.on.ca>).
3. If you see an Exclamation mark on the screen you may need to install the Citrix web client. To do so:
  - a. Click on the link "Download the Citrix Presentation Server client for 32-bit Windows"
  - b. Click the Run button.
  - c. A new window should appear, click the Run button.
  - d. Click OK
  - e. Click Next
  - f. Select the radio button beside "I accept the license agreement" and click Next.
  - g. Click the down arrow beside "Program Neighborhood Agent" and select "Entire feature will be unavailable"
  - h. Click the down arrow beside "Program Neighborhood" and select "Entire feature will be unavailable".
  - i. Click Next.
  - j. Click Next.
  - k. Click Next.
  - l. Click Next. The application should now install.
  - m. Click Finish.
  - n. Close your web browser, reopen it and goto step 2.
4. Enter your username and password in the appropriate boxes.
5. Click the Log In button.
6. Click the application you wish to run.

**Appendix I  
Priority Tasks- Staff Templates**

**Planning Tool: Priority Tasks Template Dietary Services**

**2009**

<b>TABLE 1: DIETARY</b>					
<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical activities cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>MEDIUM PRIORITY "C"</b> Services that can be discontinued for a short period of time (i.e. 4 weeks)	<b>LOW PRIORITY "D"</b> Services that can be discontinued during entire emergency. Can be brought back when the Emergency is over
<b>Manager of Support Services (MSS)</b>	<b>Prepare and serve meals, nourishments and supplements to the residents</b>	√			
<b>MSS</b>	<b>Prepare and serve meals to the clients at Day Programs</b>				√
<b>MSS</b>	<b>Prepare meals for MOW clients</b>				√
<b>MSS</b>	<b>Prepare snacks for resident social functions</b>				√
<b>MSS</b>	<b>Set dining room for meal service and clear after meals</b>	√			
<b>MSS</b>	<b>Clean and sanitize resident dishes</b>	√	√ In an outbreak situation with reduced staff disposable dishes may be used		
	<b>Clean and sanitize pots and pans :dishes used in meal prep</b>	√			
<b>MSS</b>	<b>Clean and sanitize Kitchen – equipment/areas/surfaces</b>	√			
	<b>Provide tray service for residents isolated to rooms</b>	√			
<b>MSS</b>	<b>Clean and sanitize dishmachine</b>	√ if regular services being used			√if paper service being implemented
<b>MSS</b>	<b>Receive and store goods</b>	√			

**TABLE 2 : DIETARY**

1	2	3	4	5	6	7
<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical services cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>Minimum Number of Staff Required</b>	<b>TYPE OF STAFF</b>	<b>CAN ACTIVITY/TASK BE COMPLETED FROM HOME? "YES" OR "NO"</b>
<b>MSS</b>	<b>Prepare and serve meals, nourishments and supplements to the residents</b>	√		4	1 Cook 3 Dietary Aides	No
<b>MSS</b>	<b>Set dining room for meal service and clear after meals</b>	√		Same staff as above can do this task to	Same staff as above can do this task to	
<b>MSS</b>	<b>Clean and sanitize resident dishes</b>	√	In an outbreak situation with reduced staff disposable dishes may be used	2	Dietary Aide preferred but can train others to perform the task	No
<b>MSS</b>	<b>Clean and sanitize pots and pans :dishes used in meal prep</b>	√		1	Dietary Aide preferred but can train others to perform the task	No
<b>MSS</b>	<b>Clean and sanitize Kitchen – equipment/areas/surfaces</b>	√		1	Dietary Aide preferred but can train others to perform the task	No
<b>MSS</b>	<b>Provide tray service for residents isolated to rooms</b>	√		2	Dietary Aide preferred but can train others to perform the task	No
<b>MSS</b>	<b>Clean and sanitize dishmachine</b>	√		1 if using regular service	Dietary Aide preferred but can train others to perform the task	No
<b>MSS</b>	<b>Receive and store goods</b>	√		1 on delivery days	Dietary Aide preferred but can train others to perform the task	No

**TABLE 1: HOUSEKEEPING**

<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical activities cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>MEDIUM PRIORITY "C"</b> Services that can be discontinued for a short period of time (i.e. 4 weeks)	<b>LOW PRIORITY "D"</b> Services that can be discontinued during entire emergency. Can be brought back when the Emergency is over
<b>Manager of Support Services (MSS)</b>	<b>Cleaning of individual resident rooms (see below for breakdown of tasks)</b>				
	<ul style="list-style-type: none"> <li>• <b>Dry dusting &amp; washing of resident room floor</b></li> </ul>		√		
	<ul style="list-style-type: none"> <li>• <b>Dusting of resident furniture</b></li> </ul>		√		
	<ul style="list-style-type: none"> <li>• <b>Cleaning and sanitizing of bathroom/spas</b></li> </ul>	√			
	<ul style="list-style-type: none"> <li>• <b>Cleaning and sanitizing of hand contact surfaces i.e. bedside tables/door knobs/bedrails/toilet flushers/light switches/telephones/call bells/remotes</b></li> </ul>	√			
	<ul style="list-style-type: none"> <li>• <b>Cleaning of mirrors, windows and other glass surfaces</b></li> </ul>			√	
	<ul style="list-style-type: none"> <li>• <b>Emptying of garbage cans</b></li> </ul>	√			
	<ul style="list-style-type: none"> <li>• <b>Restocking of paper towels, toilet paper, soap, etc.</b></li> </ul>	√			
	<ul style="list-style-type: none"> <li>• <b>Stripping/waxing of floors, floor polishing</b></li> </ul>				√

<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical activities cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>MEDIUM PRIORITY "C"</b> Services that can be discontinued for a short period of time (i.e. 4 weeks)	<b>LOW PRIORITY "D"</b> Services that can be discontinued during entire emergency. Can be brought back when the Emergency is over
<b>MSS</b>	<b>Cleaning of core resident home areas i.e. nursing station, lounges, activity space</b>	<b>√ Want to avoid cross contamination</b>			
<b>MSS</b>	<b>Cleaning of general public areas</b>				
	<ul style="list-style-type: none"> <li><b>Cleaning and sanitizing of hand contact surfaces i.e. hand rails, door knobs, telephones, etc. in corridors and main entry</b></li> </ul>	√			
	<ul style="list-style-type: none"> <li><b>Cleaning and sanitizing of washrooms /change rooms – office/visitor/staff</b></li> </ul>	√ if areas are being used			√ if areas locked off to staff/visitors/residents
	<ul style="list-style-type: none"> <li><b>Cleaning of common areas such as auditorium, chapel ,tuck shop, hair dressing</b></li> </ul>			√ This area can be locked out to residents and staff until there are sufficient workers to clean. This priority would change if it is decided to use this area as a command centre.	
	<ul style="list-style-type: none"> <li><b>Cleaning of offices</b></li> </ul>			√ Staff working in the area responsible for keeping area clean i.e. removal of garbage, wipe down of surfaces as required	
	<ul style="list-style-type: none"> <li><b>Cleaning of Staff lounge and change rooms</b></li> </ul>	√			

<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical activities cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>MEDIUM PRIORITY "C"</b> Services that can be discontinued for a short period of time (i.e. 4 weeks)	<b>LOW PRIORITY "D"</b> Services that can be discontinued during entire emergency. Can be brought back when the Emergency is over
	<ul style="list-style-type: none"> <li>• <i>Cleaning of basement</i></li> </ul>				✓
	<ul style="list-style-type: none"> <li>• <i>Cleaning of receiving area</i></li> </ul>		✓		
	<ul style="list-style-type: none"> <li>• <i>Floor maintenance such as waxing, buffing etc.</i></li> </ul>				✓
<b>MSS</b>	<b><i>Collection of garbage from all areas</i></b>	✓			
<b>MSS</b>	<b><i>Purchasing of Supplies</i></b>		✓		

**TABLE 2 : HOUSEKEEPING**

1	2	3	4	5	6	7
<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical services cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>Minimum Number of Staff Required</b>	<b>TYPE OF STAFF</b>	<b>CAN ACTIVITY/TASK BE COMPLETED FROM HOME? "YES" OR "NO"</b>
<b>MSS</b>	<b>Cleaning of individual resident rooms (see below for breakdown of tasks)</b>		<b>Dry dusting &amp; washing of resident room floor</b>	1 staff per Home Area to keep risk of cross contamination to a minimum	Housekeeping Aide preferred but others can be trained in proper practices if required	No
<b>MSS</b>			<b>Dusting of resident furniture</b>	Assign 1 staff per Home Area to keep risk of cross contamination to a minimum	Housekeeping Aide preferred but others can be trained in proper practices if required	No
<b>MSS</b>		<b>Cleaning and sanitizing of bathroom/spas</b>		Assign 1 staff per Home Area to keep risk of cross contamination to a minimum	Housekeeping Aide preferred but others can be trained in proper practices if required	No
<b>MSS</b>		<b>Cleaning and sanitizing of hand contact surfaces i.e. door knob/bedrails/toilet flusher/light switch/telephones/call bells/remotes</b>		Assign 1 staff per Home Area to keep risk of cross contamination to a minimum	Housekeeping Aide preferred but others can be trained in proper practices if required	No
<b>MSS</b>		<b>Emptying of garbage cans</b>		Assign 1 staff per Home Area to keep risk of cross contamination to a minimum	Housekeeping Aide preferred but others can be trained in proper practices if required	No

<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical services cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>Minimum Number of Staff Required</b>	<b>TYPE OF STAFF</b>	<b>CAN ACTIVITY/TASK BE COMPLETED FROM HOME? "YES" OR "NO"</b>
<b>MSS</b>		<b>Restocking of paper towels, toilet paper, soap, etc.</b>		Assign 1 staff per Home Area to keep risk of cross contamination to a minimum	Housekeeping Aide preferred but others can be trained in proper practices if required	No
		<b>Cleaning of core resident home areas i.e. nursing station, lounges, activity space</b>		Assign 1 staff per Home Area to keep risk of cross contamination to a minimum	Housekeeping Aide preferred but others can be trained in proper practices if required	No
	<b>Cleaning of general public areas</b>					
<b>MSS</b>		<b>Cleaning and sanitizing of hand contact surfaces i.e. hand rails, door knobs, telephones, etc. in corridors and main entry</b>		1	Housekeeping Aide preferred but others can be trained in proper practices if required	No
		<b>Cleaning and sanitizing of washrooms /change rooms – office/visitor/staff</b>		1	Housekeeping Aide preferred but others can be trained in proper practices if required	No
<b>MSS</b>		<b>Cleaning of Staff lounge and change room</b>		1	Housekeeping Aide preferred but others can be trained in proper practices if required	No
<b>MSS</b>			<b>Cleaning of receiving area</b>	1	Housekeeping Aide preferred but others can be trained in proper practices if required	No

<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical services cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>Minimum Number of Staff Required</b>	<b>TYPE OF STAFF</b>	<b>CAN ACTIVITY/TASK BE COMPLETED FROM HOME? "YES" OR "NO"</b>
<b>MSS</b>	<b>Collection of garbage from wings</b>	<b>Collection of garbage from wings</b>		1	Housekeeping Aide preferred but others can be trained in proper practices if required	No

Note: In a pandemic outbreak situation ideally there would be 4 housekeeping staff on working 8 hours each to ensure that all surfaces are sanitized to minimize cross contamination. Others can do housekeeping duties but need to be instructed on proper procedures to ensure that cross contamination is not an issue.

<b>TABLE 1: LAUNDRY</b>					
<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical activities cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>MEDIUM PRIORITY "C"</b> Services that can be discontinued for a short period of time (i.e. 4 weeks)	<b>LOW PRIORITY "D"</b> Services that can be discontinued during entire emergency. Can be brought back when the Emergency is over
<b>MSS</b>	<b>Laundry of resident's personal clothing</b>	√			
<b>MSS</b>	<b>Outsourced Laundry (bedding, towels etc)</b>	√ <b>Depending on the ability of the current supplier to be able to meet demand of linens, these items may need to be done in house</b>			
<b>MSS</b>	<b>Labeling of resident clothing</b>				√
<b>MSS</b>	<b>Ironing and mending of resident clothing</b>				√
<b>MSS</b>	<b>Delivery of personal clothing</b>		√ <b>as long as returned within 72hrs</b>		
<b>MSS</b>	<b>Delivery of clean laundry to home areas</b>	√			
<b>MSS</b>	<b>Clean and Sanitize laundry room</b>	√			

**Table 2 : Laundry**

1	2	3	4	5	6	7
<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical services cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>Minimum Number of Staff Required</b>	<b>TYPE OF STAFF</b>	<b>CAN ACTIVITY/TASK BE COMPLETED FROM HOME? "YES" OR "NO"</b>
<i>MSS</i>	<i>Laundry of resident's personal clothing</i>	✓		1	<i>Laundry/housekeeping aide would be ideal, but others can be trained to complete this task</i>	<i>No</i>
<i>MSS</i>	<i>Outsourced Laundry (bedding, towels etc)</i>	<i>Outsourced Laundry (bedding, towels etc)</i>		<i>1 additional staff if laundry needs to be done in house.</i>	<i>Laundry/housekeeping aide would be ideal, but others can be trained to complete this task</i>	<i>No</i>
<i>MSS</i>	<i>Delivery of personal clothing</i>		<i>✓ as long as within 72hrs</i>	<i>2 ( 1 laundry and 1 housekeeper)</i>	<i>Laundry/housekeeping aide would be ideal, but others can be trained to complete this task</i>	<i>No</i>
<i>MSS</i>	<i>Delivery of clean laundry(linen) to home areas</i>	✓		1	<i>Laundry/housekeeping aide would be ideal, but others can be trained to complete this task</i>	<i>No</i>
<i>MSS</i>	<i>Clean and Sanitize laundry room</i>	✓		1	<i>Laundry/housekeeping aide would be ideal, but others can be trained to complete this task</i>	<i>No</i>

**TABLE 3 BOBIER – DIETARY AND HOUSEKEEPING STAFFING**

1	2	3	4
<b>Type of Staff</b>	<b>Number of staff required to maintain essential services</b>	<b>TOTAL NUMBER OF STAFF AVAILABLE</b>	<b>Number of Staff Available to be Re-deployed</b> Subtract column two from column three
<i>Cook/Dietary Aide</i>	1		
<i>Dietary Aide</i>	4	11	6
<i>MSS</i>	1	1	0
<i>Housekeeping Aide</i>	4	6	2
<i>LaundryAide</i>	1	1	0

**TABLE 3 ELGIN MANOR – DIETARY AND HOUSEKEEPING STAFFING**

1	2	3	4
<b>Type of Staff</b>	<b>Number of staff required to maintain essential services</b>	<b>TOTAL NUMBER OF STAFF AVAILABLE</b>	<b>Number of Staff Available to be Re-deployed</b> Subtract column two from column three
<i>Cook</i>	1	1 ( 4 aides are trained as cook)	0
<i>Dietary Aide</i>	4	14	10
<i>MSS</i>	1	1	0
<i>Housekeeping /Laundry Aide</i>	4	11	7

**TABLE 3 TERRACE LODGE – DIETARY AND HOUSEKEEPING STAFFING**

1	2	3	4
<b>Type of Staff</b>	<b>Number of staff required to maintain essential services</b>	<b>TOTAL NUMBER OF STAFF AVAILABLE</b>	<b>Number of Staff Available to be Re-deployed</b> Subtract column two from column three
<i>Cook</i>	1	1	0
<i>Dietary Aide</i>	4	17	13
<i>MSS</i>	1	1	0
<i>Housekeeping /Laundry Aide</i>	4	12	8

**\*If the number of staff required to maintain essential services is more than 65% of your total staff complement, you may require additional personnel to carry out your essential activities ('Must Do' and 'High Priority').**

**Planning Tool: Priority Tasks: Managers**

<b>TABLE 1: MANAGERS</b>					
<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical activities cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>MEDIUM PRIORITY "C"</b> Services that can be discontinued for a short period of time (i.e. 4 weeks)	<b>LOW PRIORITY "D"</b> Services that can be discontinued during entire emergency. Can be brought back when the Emergency is over
Director	Purchasing of supplies	√			
Director	Staffing <ul style="list-style-type: none"> <li>• supervise</li> <li>• support/direct</li> <li>• assign duties/responsibilities</li> </ul>	√			
Director	Develop policies/procedures				√
Director	Implement, monitor and evaluate dept. goals				√
Director	Quality assurance/risk management	√			
Director	Interdisciplinary meetings	√ if Pandemic related			√
Director	Documentation <ul style="list-style-type: none"> <li>• care plans</li> <li>• reports</li> <li>•</li> </ul>	√			
Director	Budget Control			√	
Director	Union <ul style="list-style-type: none"> <li>• Issues</li> <li>• Grievances</li> </ul>			√	

<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical activities cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>MEDIUM PRIORITY "C"</b> Services that can be discontinued for a short period of time (i.e. 4 weeks)	<b>LOW PRIORITY "D"</b> Services that can be discontinued during entire emergency. Can be brought back when the Emergency is over
<b>Director</b>	<b>Liaison with</b> <ul style="list-style-type: none"> <li>• sales reps</li> <li>• families</li> <li>• affiliate organizations</li> </ul>			✓	

**Planning Tool: Staffing for Essential Tasks : Managers**

<b>TABLE 2: MANAGERS</b>						
1	2	3	4	5	6	7
<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical services cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>Minimum Number of Staff Required</b>	<b>TYPE OF STAFF</b>	<b>CAN ACTIVITY/TASK BE COMPLETED FROM HOME? "YES" OR "NO"</b>
Director	Purchasing of supplies	√		1 per dept	Manager	Yes
Director	Staffing <ul style="list-style-type: none"> <li>• supervise</li> <li>• support/direct</li> <li>• assign duties/responsibilities</li> </ul>	√		1 per dept	Manager	Yes
Director	Quality assurance/risk management	√		1 per dept	Manager	No
Director	Interdisciplinary meetings	√ if Pandemic related	√ if life dependent i.e. dialysis	1 per dept	Manager	No
Director	Documentation <ul style="list-style-type: none"> <li>• care plans</li> <li>• reports</li> <li>•</li> </ul>	√		1 per dept	Manager	No

<b>TABLE 1: RPN/RN</b>					
<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical activities cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>MEDIUM PRIORITY "C"</b> Services that can be discontinued for a short period of time (i.e. 4 weeks)	<b>LOW PRIORITY "D"</b> Services that can be discontinued during entire emergency. Can be brought back when the Emergency is over
<b>MRC</b>	<b>Resident Care</b> <ul style="list-style-type: none"> <li>• <b>Medication Pass</b></li> <li>• <b>Treatments</b></li> </ul>	√			
<b>MRC</b>	<b>DR Visits</b>			√	
<b>MRC</b>	<b>Committee Meetings</b>				√
<b>MRC</b>	<b>Documentation and reports</b> <ul style="list-style-type: none"> <li>• <b>MARS/TARS</b></li> <li>• <b>Resident charts – bld pressure; bld glucose; behaviours</b></li> <li>• <b>Resident Assessments</b></li> </ul>	√			
<b>MRC</b>	<b>Therapy</b> <ul style="list-style-type: none"> <li>• <b>Oxygen</b></li> <li>• <b>inhalation</b></li> </ul>	√			
<b>MRC</b>	<b>Annual and 1/4 care conferences</b>			√	
<b>MRC</b>	<b>Booking app't; transportation</b>		√ if life dependent i.e. dialysis		√
<b>MRC</b>	<b>Sick Call Replacement</b>	√			
<b>MRC</b>	<b>Vaccine fridge and water temps</b>		√		

**Planning Tool: Staffing for Essential Tasks : RN/RPN**

<b>TABLE 2: RPN/RN</b>						
1	2	3	4	5	6	7
<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical services cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>Minimum Number of Staff Required</b>	<b>TYPE OF STAFF</b>	<b>CAN ACTIVITY/TASK BE COMPLETED FROM HOME? "YES" OR "NO"</b>
<b>MRC</b>	<b>Resident Care</b> <ul style="list-style-type: none"> <li>• Medication Pass</li> <li>• Treatments</li> </ul>	√		1 RN per shift 1 RPN for each non-RN Home Area	RN RPN	No
<b>MRC</b>	<b>Documentation and reports</b> <ul style="list-style-type: none"> <li>• MARS/TARS</li> <li>• Resident charts – bld pressure; bld glucose; behaviours</li> <li>• Resident Assessments</li> </ul>	√		1 RN per shift 1 RPN for each non-RN Home Area	RN RPN	No
<b>MRC</b>	<b>Therapy</b> <ul style="list-style-type: none"> <li>• Oxygen</li> <li>• inhalation</li> </ul>	√		1 RN per shift 1 RPN for each non-RN Home Area	RN RPN	No
<b>MRC</b>	<b>Booking app't; transportation</b>		√ if life dependent i.e. dialysis	1 RN per shift 1 RPN for each non-RN Home Area	RN RPN	No
<b>MRC</b>	<b>Sick Call Replacement</b>	√		1 RN per shift 1 RPN for each non-RN Home Area	RN RPN	No
<b>MRC</b>	<b>Vaccine fridge and water temps</b>		√	1 RN per shift 1 RPN for each non-RN Home Area	RN RPN	No

<b>TABLE 1: PSW</b>					
<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical activities cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>MEDIUM PRIORITY "C"</b> Services that can be discontinued for a short period of time (i.e. 4 weeks)	<b>LOW PRIORITY "D"</b> Services that can be discontinued during entire emergency. Can be brought back when the Emergency is over
MRC	<b>Resident Personal Care</b> <ul style="list-style-type: none"> <li>• Toileting/peri care</li> <li>• Feeding</li> <li>• Bathing/washing</li> <li>• Dressing</li> <li>• Positioning/transferring</li> <li>• Mouth care</li> </ul>	√		√ decrease baths to one per week	
MRC	<b>Meal Service</b>	√			
MRC	<b>Daily Reports- intake records; documentation ;flow sheets</b>	√			
MRC	<b>Answer call bells; resident needs</b>	√			
MRC	<b>Transporting residents – to dining room; spas</b>	√			
MRC	<b>Delivering snack carts</b>	√			
MRC	<b>Removing soiled linens/clothing and taking to laundry</b>	√			
MRC	<b>Bed changes – strip and make</b>		√ on an as needed basis		
MRC	<b>Equipment cleaning</b> <ul style="list-style-type: none"> <li>• Bedpans/urinals</li> <li>• Wheelchairs</li> <li>• Geri chairs</li> <li>• Commodes</li> </ul>	√	√ transportation equipment could wait to be cleaned on as "as needed" basis		
MRC	<b>Tray Service</b>	√			

TABLE 2: PSW						
1	2	3	4	5	6	7
Manager Currently Responsible	ACTIVITIES/TASKS	MUST DO "A" Critical services cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	HIGH PRIORITY "B" Do not defer if possible or bring it back as soon as possible	Minimum Number of Staff Required	TYPE OF STAFF	CAN ACTIVITY/TASK BE COMPLETED FROM HOME? "YES" OR "NO"
MRC	Resident Personal Care <ul style="list-style-type: none"> <li>• Toileting/peri care</li> <li>• Feeding</li> <li>• Bathing/washing</li> <li>• Dressing</li> <li>• Positioning/transferring</li> <li>• Mouth care</li> </ul>	√	√ decrease baths to one per week	Minimum 2 PSW per 30 residents	PSW RPN	No
MRC	Meal Service	√		As above	PSW Dietary Aide Recreation Aide	No
MRC	Daily Reports- intake records; documentation ;flow sheets	√		As above	PSW RPN	No
MRC	Answer call bells; resident needs	√		As above	PSW RPN	No
MRC	Transporting residents – to dining room; spas	√		1 per Home area	PSW Recreation Aide Hskping Aide	No
MRC	Delivering snack carts	√		1 per Home area	PSW Dietary Recreation Aide	No
MRC	Removing soiled linens/clothing and taking to laundry	√			PSW Hskping Aide Recreation Aide	No

<b>Manager Currently Responsible</b>	<b>Activities/Tasks</b>	<b>Must Do "A"</b> Critical services cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>High Priority "B"</b> Do not defer if possible or bring it back as soon as possible	<b>Minimum Number of Staff Required</b>	<b>TYPE OF STAFF</b>	<b>CAN ACTIVITY/TASK BE COMPLETED FROM HOME? "YES" OR "NO"</b>
<b>MRC</b>	<b>Bed changes – strip and make</b>		√ on an as needed basis	<b>1 per Home area</b>	PSW Hskping Aide Recreation Aide	No
<b>MRC</b>	<b>Equipment cleaning</b> • Bedpans/urinals • Wheelchairs • Geri chairs • Commodes	√	√ transportation equipment could wait to be cleaned on as "as needed" basis	<b>1 per Home area</b>	PSW Hskping Aide	No
<b>MRC</b>	<b>Tray Service</b>	√		<b>1 per Home area</b>	PSW RPN Dietary Aide Recreation Aide Hsking	No

**TABLE 3 : STAFFING : PSW: BOBIER**

1	2	3	4
Type of Staff	Number of staff required to maintain essential services	TOTAL NUMBER OF STAFF AVAILABLE	Number of Staff Available to be Re-deployed Subtract column two from column three
PSW		56	
RPN		11 ( plus 1 casual)	
RN		10 (plus 3 casual)	
MDS RAI	1	1	0
MRC	1	1	0

**TABLE 3 : STAFFING : PSW: ELGIN MANOR**

1	2	3	4
Type of Staff	Number of staff required to maintain essential services	TOTAL NUMBER OF STAFF AVAILABLE	Number of Staff Available to be Re-deployed Subtract column two from column three
PSW	6 per shift x 3 shifts = 18	56	38
RPN	2 non RN home areas x 3 shifts = 6	11 (plus 2 casual)	5
RN	1 per shift x 3shifts	10 ( plus 3 casual)	7
MDS RAI	1	1	0
MRC	1	1	0

**TABLE 3 : STAFFING : PSW: TERRACE LODGE**

1	2	3	4
Type of Staff	Number of staff required to maintain essential services	TOTAL NUMBER OF STAFF AVAILABLE	Number of Staff Available to be Re-deployed Subtract column two from column three
PSW		65	
RPN		19	
RN		9	
MDS RAI	1	1	
MRC	1	1	0

**\*If the number of staff required to maintain essential services is more than 65% of your total staff complement, you may require additional personnel to carry out your essential activities ('Must Do' and 'High Priority').**

**TABLE 1: : RECREATION/HAIRDRESSING**

<b>Manager Currently Responsible</b>	<b>ACTIVITIES/TASKS</b>	<b>MUST DO "A"</b> Critical activities cannot be deferred or delegated. Services that must be maintained throughout staffing shortages (legislated)	<b>HIGH PRIORITY "B"</b> Do not defer if possible or bring it back as soon as possible	<b>MEDIUM PRIORITY "C"</b> Services that can be discontinued for a short period of time (i.e. 4 weeks)	<b>LOW PRIORITY "D"</b> Services that can be discontinued during entire emergency. Can be brought back when the Emergency is over
<b>MPT</b>	<b>Provide Therapies</b> <ul style="list-style-type: none"> <li>• physio</li> <li>• occupational</li> <li>• speech</li> </ul>			√	
<b>MPT</b>	<b>Implements resident activity plans</b>			√	
<b>MPT</b>	<b>Community Liaison</b>				√
<b>MPT</b>	<b>Documentation and reports</b> <ul style="list-style-type: none"> <li>• care plans</li> <li>• initial assessment</li> <li>• statistics</li> </ul>			√	
<b>MPT</b>	<ul style="list-style-type: none"> <li>• <b>Auxiliary/Volunteer Liaison</b></li> </ul>				√
<b>MPT</b>	<b>Annual and 1/4 care conferences</b>			√	
<b>MPT</b>	<b>Program Planning</b>				√
<b>MPT</b>	<b>Residents and Family Councils</b>				√
<b>MPT</b>	<b>Provide spiritual support</b>			√	
<b>Hairdressing</b>	<b>Provide hair care for residents</b> <ul style="list-style-type: none"> <li>• Hair services</li> <li>• billing</li> </ul>				√

**TABLE 3 : STAFFING : RECREATION/HAIRDRESSING**

1	2	3	4
<b>Type of Staff</b>	<b>Number of staff required to maintain essential services</b>	<b>TOTAL NUMBER OF STAFF AVAILABLE</b>	<b>Number of Staff Available to be Re-deployed</b> Subtract column two from column three
Recreation Aide		5	
Hairdressing			
	1		