

Leamington Mennonite Home
Long Term Care

**EMERGENCY MANAGEMENT
POLICY AND PROCEDURE**

CATEGORY: Staffing Contingency Planning	SUBJECT: Staff Shortages – Contingency Planning	SECTION: Q POLICY: 1
DATE: June 27, 2022	Administrator's Signature: 	

STAFFING SHORTAGES – CONTINGENCY PLANNING

POLICY:

To address staffing shortages, in addition to preparing and implementing contingency plans, the Home's leadership team will:

- Work closely with all departments to understand hiring needs and ramp up hiring
- Work with all departments to implement cohorting
- Accelerate onboarding processes while maintaining quality
- Actively manage return to work
- Prevent work refusals through education, training, and enablement of staff

PROCEDURE:

The Administrator or designate will:

- 1) Develop/review contingency plan to:
 - a. Identify minimum staffing needs for each department
 - b. Prioritize critical and essential services based on resident population needs
 - c. Identify backup for each shift and role and ensure training provided
- 2) Create contingency plan for leadership if several critical roles can no longer attend work due to illness or other reasons and critical leadership gaps exist.
 - d. Identify staff who could potentially take on a leadership role.
- 3) Recruit and train for as many vacancies as possible and hire to fill gaps across all areas as established in contingency plan. Prioritize RN/RPN, PSW/HCA, and Dietary.
- 4) Monitor government directives that impact staff, compensation, schedules, etc., as well as any other programs that offer staff support (e.g. emergency childcare). Communicate as appropriate.
- 5) Review staffing schedules, availability of alternate staff, and emergency contact numbers for staff.
- 6) Provide guidelines for staff cohorting and train department leads.
- 7) Limit part-time and casual resources to one home area/floor as much as possible.
- 8) Work with Department managers/schedulers to:
 - e. Increase staffing to support additional requirements/surge capacity
 - f. Create contingency plans
 - g. Implement staff cohorting
 - h. Determine who should work from home
 - i. Ensure schedule is in compliance with latest orders (e.g. no staff work in more than one location)

- j. Improve staff engagement and morale
- 9) Work with department leads to identify backup schedulers.
- 10) Redeploy staff who work in non-essential/suspended services (e.g. community programs for PPE sourcing).
- 11) Align with union reps on pandemic/emergency needs and procedures, for example, to review compensation from hourly to salaried pay for the pandemic/emergency response period, discuss standard PPE provided, etc.
- 12) Closely monitor absenteeism, execute contingency plans as needed, and adjust staffing plans accordingly.
- 13) Identify all available options to meet staffing needs, including:
 - k. Health Workforce Matching Portal
 - l. Volunteers
 - m. Agency contracts
 - n. Health Unit support
 - o. Local healthcare facilities (e.g. hospital)
 - p. Emergency services (e.g. army)
 - q. Recruit college/university students, individuals from other sectors (e.g. hotels, restaurants)
 - r. Cross-training/universal roles (e.g. housekeeping and tray delivery)
 - s. Look at staff history (e.g. PSWs who were housekeepers) and how to leverage cross-skilling
- 14) Review plans to offer staff hotel accommodation, transportation subsidy, grocery delivery, etc. Ensure initiated and communicated as indicated.
- 15) Consider having the Staff Liaison Supervisor handle all training, onboarding admin work, benefits, time tracking, etc.
- 16) Consider adding scheduling staff to support outbreak needs.
- 17) Discuss with health authorities/hospital partners thresholds for requesting external staffing help and determine contact person.
- 18) Place enhanced focus on staff engagement and morale as difficult situations arise (e.g. death of resident, staff).
- 19) If using emergency staffing (e.g. army, hospital staff), discuss timeline for availability, create a plan to self-sustain staffing needs, and continue recruiting.
- 20) Implement Return to Work protocols.

The Staff Liaison Supervisor or designate will:

- 1) Collect information from staff, contractors, and volunteers about:
 - a. Availability
 - b. Skills (including cross training)
 - c. Likely or actual exposure to disease at home (as applicable)
 - d. Health conditions that may affect their availability to provide services
- 2) Implement initiatives to increase staff engagement and empowerment and prevent high absenteeism in the event of an outbreak including:
 - a. Recognize staff's hard work often
 - b. Check in with staff
 - c. Organize engagement activities (e.g. sidewalk chalk messages, team video, etc.)
 - d. Ensure staff are aware of EAP and other resources available for their wellness
 - e. Mitigate staff fears by communicating protection measures taken/to follow
- 3) Discuss with staff ahead of time to understand whether they plan on attending work in anticipation of rapidly changing situations i.e. outbreak, weather that limits travel, etc.
- 4) Track additional employment locations of staff and monitor those locations for outbreaks (as applicable).

The Human Resources Specialist will:

- 1) Support the Home's leadership team as required to address staffing shortages and plan for contingencies.
- 2) Support conversion of as much casual and part-time staff as possible to full-time to facilitate cohorting and increase capacity.