

# LONG-TERM CARE CONTINGENCY STAFFING PLAN

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Paramedic and Seniors Services

**1-877-464-9675**

**TTY 1-866-512-6228**

**york.ca**



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# 1 INTRODUCTION

York Region's Long-Term Care Homes (the Homes) shall ensure that all emergency plans related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics or pandemics also include staffing contingency plans during an emergency for all programs required under the [Fixing Long-Term Care Act, 2021](#) (FLTCA), Ontario Regulation 246/22 and the Homes' accreditation body.

This plan is organized by the following sections:

- Contingency Staffing Plan Overview
- Critical Functions
- Delegation of Authority
- Staffing Contingency Plan

## 2 CONTINGENCY STAFFING PLAN OVERVIEW

### 1. Purpose

The goal of the plan is to ensure each resident in the Home is cared for by sufficient staff to provide the daily essential care and needs. To ensure the safety of residents, a Staffing Contingency Plan addresses how to manage staff shortages that may arise due to an outbreak, epidemic or pandemic of infectious disease and strategies to mitigate risk to residents.

### 2. Background

During an outbreak, epidemic or pandemic of infectious disease, the Home may face staffing shortages for a variety of reasons—staff may not be able to get in to work, may be ill, or may need to take care of their own families during the emergency.

This plan cannot work without additional supporting plans, guidelines, and policies, including the following:

- A communication plan to notify staff about the emergency. See **LTC Emergency Communication Plan**
- A process to request off-duty staff attend the Home. See **Written Staffing Plan (Policy and Procedures)**
- A process to cross-train staff to fulfill different roles in case the primary person responsible for a given function is not available
- An emergency plan for outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics. See **Outbreak**

## Preparedness and Management Plan and Epidemic and Pandemic Emergency Preparedness Management Plan

### 3. Authority

[Ontario Regulation 246/22](#) section 269(1)(c) outlines the requirement for each emergency plan for infectious diseases to have a staffing contingency plan.

**269.** (1) In addition to the requirements in section 268, every licensee of a long-term care home shall ensure that an emergency plan related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics or pandemics also,

(c) includes staffing contingency plans during an emergency for all programs required under the Act and this Regulation.

In May 2022, the Ministry of Long-Term Care issued an [Emergency Preparedness Manual](#) that aims to ensure a smooth roll out of emergency plans by requiring Homes to develop “staff roles and responsibilities for staff during emergencies (ss. 268(5) paragraph 4 of O. Reg. 246/22).”

Roles should be assigned by position, not by person, to ensure that the plans are not outdated. All departments should understand the roles and responsibilities they will have in each type of outcome, and what contingency plans they can make use of if there is a staff shortage. When developing roles and responsibilities for staff, LTCHs may want to:

- Review essential services list to identify who is best to complete these roles,
- Determine how many staff will be assigned to these core functions and from where,
- Ensure staff tasked with these functions are well trained on requirements,
- Consider determining backups to core roles,
- Create “floating” roles that can work dynamically and fill in gaps, as needed,
- Consider how tasks may change based on whether the residents will shelter in place or evacuate, or based on different types of emergencies,
- Determine whether there are staff that can be drawn from partner organizations, if needed, and
- Consider what roles and responsibilities need to be prioritized if there is a staffing shortage and service is limited to core functions.

### 4. Plan Maintenance

The program lead (Assistant Director of Care) in collaboration with the Director of Care, Supervisor of Scheduling, Administrators, Medical Director, and Director, Seniors Services review this document annually or sooner if required. See **Annual Program Evaluation Policy and Procedures**.

All emergency plans are evaluated at least annually to assess for potential changes as required by the **Emergency Planning Evaluation and Quality Improvement Plan**.

## 5. Document Control

This document is maintained in the learning management software which is the corporately approved official repository for long-term care documents. Access to this document for maintenance is limited to the PSS Policy Team. All versions shall be stored in accordance with York Region documentation retention policies.

# 3 RESPONSE

During an emergency the following procedures will be used to help maintain the critical functions (essential services) in the Home.

Response covers the continuum of care, from **routine services**, transitioning to **non-critical services**, and finally **critical services only**.

## 1. Routine Services

This phase includes activation of the facility's normal day-to-day protocols to fill staffing gaps, including utilizing on-call staff and leveraging resources from facility partners. The quality of care provided to the residents is the highest practicable level of care to meet the needs of the residents. See Procedures A, B and C of the **Written Staffing Plan** for more details

The Director, Seniors Services will be notified of any anticipated shortage due to an emergency and will determine when and which parts of this plan to activate, including an assessment of critical functions (essential services) and cohorting. See procedures D and E of the **Written Staffing Plan** for more details

## 2. Non-Critical Services (Minimal and/or Moderate Compromise)

This phase occurs when the Home's existing staffing plan resources are exhausted.

It may include canceling events or activities to balance workloads; readjusting Home schedules to allow for maximization of in-house staff; adding incentives for staff who take on additional shifts; redeploying staff from the Region; and using volunteers to serve nonclinical roles to assist with critical daily tasks. See **Tables 1, 2 and 3** below for more detail

## 3. Critical Services Only (Extreme Compromise)

This phase occurs when there are significant staffing shortages and consists of implementing large-scale changes to the way the facility provides care and conducts business.

Activities include leveraging community, provincial and federal resources. Staff must consider altered standards and do the best they can with the resources available. See **Tables 1, 2 and 3** below for more detail

#### 4. Cohorting

If staff cohorting is required, optimized schedule base minimums will be adjusted as required.

### 4 CONTINGENCY STAFFING PLAN

Critical functions (essential services) are the programs, care and services that the Home carries out on a normal, daily basis to deliver care to long-term care residents at the Region’s Homes. Delivery of these services must continue without interruption or resume quickly following a disruption.

An emergency or disaster may impact the ability of a Home to provide critical functions (essential services) for required programs as part of routine services.

Appendix A describes how a critical function of resident care is affected in four staffing level scenarios.

### 5 DELEGATION OF AUTHORITY

The positions listed below will succeed to the key position in the order listed, in any emergency in which the key individuals are unavailable to perform their duties.

Delegation of authority is split into three sections: 1) Management Roles; 2) Legislatively Required Positions (Non-Management); and 3) Non-Management Roles

#### 1. Management

<b>Key Position</b>	<b>Delegation of Authority</b>
Director, Seniors Services	Administrator. If not available, General Manager, Paramedics and Seniors Services
Administrator	Manager of Production and Support Services
Director of Care	Assistant Director of Care
Assistant Director of Care	Charge Nurse
Manager of Production and Support Services	Supervisor, Food Services
Program Manager, Education and Wellness	Education Programs Specialist

<b>Key Position</b>	<b>Delegation of Authority</b>
Supervisor of Scheduling and Administrative Services	Administrator
Supervisor, LTC Maintenance and Security	Manager, Infrastructure Asset Manager
Supervisor, Food Services	Opposite Home position
Supervisor Programs & Services	Opposite Home position

## 2. Legislatively Required Positions (Non-Management)

<b>Key Position</b>	<b>Delegation of Authority</b>
Medical Director	Attending Physician
Attending Physician	Other Attending Physician
Registered Dietician	Nutrition Manager
Nutrition Manager	Registered Dietician
Infection, Prevention and Control Lead	Assistant Director of Care
Cook	Other Cook
Food Service Worker	Other Food Service Worker

## 3. Non-Management Positions

<b>Key Position</b>	<b>Short-Term</b>
Social Worker	Opposite Home position
Volunteer Coordinator	Supervisor Programs & Services
RAI Coordinator	Opposite Home position
Nursing Clerk	Assistant Director of Care
Admission Coordinator	Social Worker
Education Programs Specialist	Opposite Home position
Administrative Assistant	Opposite Home position
Team Leader Environmental Services	Opposite Home position
Scheduling System Specialist	Redeployment

## **6. RECOVERY**

Once the emergency is declared over, the Director, Seniors Services, Administrator, Supervisor of Scheduling and Administrative Services and Director of Care (or designate) will work together collaboratively to resume normal operations (routine services).