

Staffing Contingency Plan Guide

DURING COVID-19



PREPARED BY:

ONTARIO RETIREMENT COMMUNITIES ASSOCIATION

Note: Must be made site specific.

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COVID-19 Staffing Contingency Plan Guide

Introduction

This resource has been developed to support retirement homes in the preparation of a contingency plan to be ready for a COVID-19 outbreak and how best to manage and mitigate risk to residents due to staff shortages. It is important to note that homes in a COVID-19 outbreak have seen between a 20-50% reduction in staff, and in some cases even higher. There are many factors contributing to this staff reduction including withdrawal of external care providers, illness, fear and refusal to work. Whether your home is in outbreak or not, it is essential that you develop a staff contingency plan to prepare for the potential impact of a COVID-19 outbreak.

This guide consists of components from ORCA resources related to COVID-19 and pandemic preparedness, and focuses on a contingency plan for staffing shortages. The related ORCA resources include, and can be found on ORCA's Learning Centre (TLC), in the Operations Manual:

- Pandemic Preparedness and Response (I 4.5) to ensure COVID-19 has been incorporated into emergency management planning and templates to identify essential service response/staffing allocations
- Business Continuity Plan – addresses how an organization will continue to function during or after a pandemic and provides a sample template of a Nursing Department, showing how, due to staff shortages, operators can make adjustments to provide essential services while ensuring safety.
- ORCA COVID-19 Policy and COVID-19 Response Guide – covers all aspects of operating during the pandemic and encompasses key directives from Ministry of Health, etc.

The components and templates from these resources relating to a Staff Contingency Plan are integrated in the guide.

Please note procedures in this guide may vary depending on the evolution of MOH directives. All procedures that homes adopt should be made site-specific and should not necessarily be limited to the procedures or strategies provided. Please also note that this guide should not be used as a compliance/ measurement tool. It is an operational resource to assist members with the development of a contingency plan.

Purpose of the Guide

- To incorporate components of ORCA resources to assist operators in developing and implementing a Staffing Contingency Plan
- To ensure the safety of residents, a Staffing Contingency Plan addresses how to manage staff shortages that may arise due to COVID-19 and strategies to mitigate risk to residents.
- To comply with the Ontario Government emergency order “that health care providers shall and are authorized to take, with respect to work deployment and staffing any reasonably necessary measure to respond to, prevent and alleviate the outbreak of the coronavirus (COVID-19) ...”

Note: Must be made site specific.

COVID-19 Regulatory Requirements and Directives

All retirement homes should refer to the Ministry of Health (MOH), Public Health (PH) and the Retirement Homes Regulatory Authority (RHRA) for direction on prevention and management of COVID-19. ORCA has a full repository of all directives and policies issued by authorities that can be accessed at any time. It is important to keep up to date and reference these during COVID-19 as they continually evolve.

For your information, there are several key areas relating to staff requirements and practices that are important to understand. We have set these out in [Addendum A](#). For a full repository of directives and ORCA resources, please see [Addendum B](#). ORCA has also summarized a repository of important signage making it easy for operators to access necessary signage when required – see link in [Addendum C](#).

As per [O. Reg 118/20 \(s.3\)](#), licensees shall and are authorized to do the following:

“3. 1. *Identify staffing priorities and develop, modify and implement redeployment plans, including the following:*

- *Changing the assignment of work, including assigning non-bargaining unit employees or contractors to perform bargaining unit work.*
- *Changing the scheduling of work or shift assignments.*
- *Deferring or cancelling vacations, absences or other leaves, regardless of whether such vacations, absences or leaves are established by statute, regulation, agreement or otherwise.*
- *Employing extra part-time or temporary staff or contractors, including for the purposes of performing bargaining unit work.*
- *Using volunteers to perform work, including to perform bargaining unit work.*
- *Suspending, for the duration of the emergency, the requirement to conduct screening measures required by section 64 of the Retirement Homes Act, 2010, including the requirement to conduct a police record check, if other screening measures that ensure the care and safety of residents are conducted before hiring staff and accepting volunteers to work in the retirement home. All screening measures related to the Virus shall continue to be conducted.*
- *Providing appropriate training or education as needed to staff and volunteers to achieve the purposes of a redeployment plan and to ensure the care and safety of residents.*

2. Conduct any skills and experience inventories of staff to identify possible alternative roles in priority areas.

3. Require and collect information from staff, contractors or volunteers about their availability to provide services for the licensee.

4. Require and collect information from staff, contractors or volunteers about their likely or actual exposure to the Virus, or about any other health conditions that may affect their ability to provide services.

Note: Must be made site specific.

Staff Contingency Plan

Staffing and Redeployment Measures

Maintaining appropriate staffing is essential to providing a safe work environment for staff, and safe resident care. As the COVID-19 pandemic progresses, substantial staffing shortages have occurred due to a reduction in external care providers, staff exposures, illness, need to care for family members at home and refusal for work due to fear. Retirement Homes must be prepared for potential staffing shortages and have plans and processes in place to mitigate these. Communication of plans to staff is important to ensure a clear understanding of the key principles of containment of the virus and thus resident and staff safety. This plan provides homes with the ability to adjust the location of affected residents, staffing schedules and assignments proactively, should an outbreak occur. Cohorting and surge staffing (additional hours) are key components in homes' staffing contingency plans.

Cohorting

Resident cohorting may include one or more of the following: alternative accommodation in the home to maintain physical distancing of 2 meters at all times, resident cohorting by COVID-19 status, utilizing respite and palliative care beds and rooms, or utilizing other rooms as appropriate.

Key considerations include:

- Designate a unit or an area within a home for COVID-19 positives cases
- Placing two or more residents with COVID-19 in a multi-room
- Consider utilizing areas that have more single-bed rooms
- Determine how residents with confirmed or probable COVID-19 will be identified and potentially moved to units
- Units/areas may be designated as COVID-19 positive only, or COVID-19 positive and suspect positive based on home infrastructure, and local decision making.
- Units/areas which house both suspect and confirmed COVID-19 residents should use designated staff cohorting to minimize the risk of transmission (e.g. work only with positive residents)

In smaller retirement communities or in homes where it is not possible to move positive residents to one area or maintain physical distancing of staff or residents from each other, all residents or staff should be managed as if they are potentially infected, and staff should use droplet and contact precautions for all residents.

Staff Cohorting

Staff cohorting practices should be used during outbreaks to reduce the potential for cross-infection between residents by limiting the number of staff interacting with individual residents. It will also reduce or limit the number of staff exposed to infected cases.

This includes:

- Designating staff to work in specific areas/units in the home as part of preparedness
- Designating staff to work only with COVID-19 positive residents in the event of a suspect or confirmed outbreak
- Designating other staff to only work with COVID-19 negative residents

Note: Must be made site specific.

- Separate staff groups to look after specific resident assignments to minimize exposure
- During outbreaks, if staffing levels cannot support the above, care should be done in a sequential fashion (care for negative residents first then move to suspected and confirmed residents).

Key Components

- a) Staffing Teams: Create teams by grouping floors, units or suites together (e.g. team of nurse, PSWs and utility staff members (can be a server, housekeeper or activity staff). Assign a lead to each team.
- b) Shift changes: Stretch wellness shifts to 12-16 hrs/day for 3-4 days/week with 4-5 consecutive days off and stretch utility team members to 10-12 hrs. shifts
- c) Cross training: Assign some of your back of house staff (i.e. prep cook, dishwashers, concierge and laundry) to teams serving residents and assign back of house work to new COVID-19 temporary contract staff; utilize UCPs to support medication management
- d) Outbreak volunteers: Prepare a list in advance and reach out to community members & families. The ability to use volunteers will depend on restrictions imposed by directives.
- e) Review essential services tasks and have this prepared

(See [Attachment 1: Sample Cohorting Schedule](#))

Benefits of Cohorting:

- Reduces potential transmission between staff and residents
- Optimizes labour when number of staff is decreased
- Dedicated staff will be able to identify changes in a resident's condition (i.e. faster identification of potential COVID-19 infection)

Policies and procedures regarding staffing in Environmental Services (ES) departments should allow for surge capacity (e.g., additional staff, supervision, supplies, equipment). See PIDAC's [Best Practices for Prevention and Control Infections in all Health Care Settings](#) for more details.

Review Staffing Plan

Once you have identified your essential services, you must identify what staffing resources/alternatives exist to maintain your operations with a reduction in staffing levels. Key considerations include:

- Identify the essential/core services in priority and the functions that are performed
(See [Attachment 2: Identifying and Maintaining Essential Services](#))
- By priority, identify the minimum staffing levels needed to maintain the services (a possible scenario would be a 35-50% drop)
- Identify and consider various temporary alternatives and sources for maintaining staff levels
- Understand staffing needs and the minimum number of staff needed to provide a safe work environment and resident care
- Reassign staff who work in non-essential areas to support resident care (within scope)
- Ensure that staff are cross-trained and receive orientation and training to work in areas that are new to them

- Address social factors that might prevent staff from reporting to work (e.g. transportation or housing if staff live with vulnerable individuals)
- Contact a local hotel that might make available housing for staff who do not wish to risk exposure to family during outbreak

Review Individual Roles

Take your plan that identifies your essential services for resident care and consider the situation of the current individual employee that performs each critical function. Work up a plan for each person, considering the following alternate service delivery options:

- Does the employee have school-aged children and/or responsibility for elderly parents? If the answer is yes, make contingency plans to cover their position for periods of time when school closed and/or elderly may require assistance
- Does the employee take transit to work? (There may be transit interruptions and taking transit will expose the employee to more people). If the answer is yes, consider whether the employee could carpool and/or adjust shifts times to have the person travel on transit at off-peak periods
- Work with your staff to identify which shift works best for them while still maintaining coverage for essential services. For each employee providing essential service work, outline alternative staffing service delivery options if required.
- Consider degree of interaction with residents – for example, are they providing direct care to residents or working in other areas indirectly (housekeeping etc.)?

(See [Attachment 3: Evaluate Individual Staff Roles](#))

To assist in revising staffing plans, see [Attachment 3A: Guideline for Emergency Staffing Plan](#).

Alternative Staffing Options/Hiring (Surge Staffing)

Once you have identified your current staffing situation and the minimum number of staff needed to provide essential services for resident safety, consider alternative options to supplement staffing shortages. (See [Attachment 4: Sample Template of Nursing Department \(with 30-35% reduction\)](#))

These may include:

- Reassignment of staff who work in non-essential areas to support resident care (within scope)
- Create universal roles (e.g. housekeeping/dietary, porter, etc.)
- Consider whether temporary staff from an agency could perform these services
- Make arrangements with agencies to hire additional staff (See [Addendum D: Hiring Resources](#))
- Consider “staffing up” to address increased care needs and reduction in staff available (e.g. PSW, registered staff). This may involve recruitment of additional temporary staff positions.
- Consider rehiring any former employees recently retired that could perform essential services
- Ensure that staff are cross-trained and receive orientation and training to work in areas that are new to them

Note: Must be made site specific.

Staffing and Single-Site Work

In reviewing your staffing patterns, it is important to note the following directive that as per [O. Reg. 158/20](#) (Limiting Work to a Single Retirement Home)

- Staff must not perform work in another home operated by the same licensee, for another licensee, or for a health service provider (as defined by the Connecting Care Act, 2019). Employees must comply with the Order even if doing so is contrary to the provisions of a collective agreement and they shall not be terminated as a result of complying with the Order.
- The Operator must post a copy of the order in a conspicuous and easily accessible location in the home
- The home must abide by the restrictions around 'essential visitors' and work with **contractors and volunteers to limit the number of work locations they are working at** and make informed decisions
- The home is responsible for working with agency staff to ensure they are not working at other health care facilities and complete a risk assessment to inform decisions

Training

Ensure that all staff are trained to perform these essential services (universal role) and receive appropriate education to achieve the purpose of the contingency plan. These include but are not limited to:

- About COVID-19 and key directives
- Tasks needed to perform essential services
- IPAC requirements: screening, isolation, handwashing and PPE protocols (donning/doffing)
- Staff assignments and schedules
- Contact mapping and cohorting plans, if applicable
- How to access the latest information – e.g. ORCA resources

(See [Addendum E: RHRA Temporary Hiring & Training Exceptions During the COVID-19 Pandemic](#))

Staffing Assignments and Scheduling of Work

It is important to change the assignment of work and adjust work schedules to allow contact mapping and ensure isolation procedures are put in place for COVID-19.

Scenario:

Assumption: Remove 50% of full-time and 50% of part-time staff

Assumption: 20% of residents have tested positive for COVID-19 and have to be isolated in their rooms or move to a COVID-19 area previously set aside)

- Make new schedules with reduced staff for:
 - departments and staff who do not need to have direct resident contact (screeners, dietary, etc.),
 - those who need to provide service in resident rooms (nursing, housekeeping, maintenance)
- Cohort staff: 1 cohort to care for residents isolated; and one for residents who have tested negative for COVID-19
- Decide which services, if any, can be reduced to free up staff for essential services

- Reduce number of staff entering the suite and the number of times they enter (assign to complete multiple tasks at each entry point)
- If there are insufficient staff to provide essential services, decide how to fill these staff needs (agency, hire casual, agreement with hospital) or transfer ill residents to hospital, 12-hour shifts, cross training, etc.

(See [Attachment 5: Sample COVID-19 Staff Line Listing Form](#))

Contact Mapping

It is important to put a Contact Mapping procedure in place and go through this exercise with your staff as part of your contingency plan: Once you have a confirmed positive case:

- Complete contact mapping exercise for all staff members and residents to reduce spread and catch any potential new cases immediately
- Create a timeline of events to stay organized. Document your key actions. If you have multiple cases, this will be an important reference to stay organized.
- Treat each case independently and complete a full contact mapping for each case
- Contact map 72 hours prior to onset of symptoms - start with direct contacts
- Call each staff member and walk through their shift. If you have electronic health records, e-MAR, call bell, maintenance/housekeeping requests or other sources of documentation - check those
- Isolate residents and send staff members off duty (all should be tested)
- To assist with tracking, consider using a clipboard with log sheet for each suite so that anyone entering and leaving can be tracked
- Questions you may wish to ask are (contact mapping):
 - Have you had close contact as defined as:
 - Direct contact (e.g. care, or within 6 ft of person)?
 - Have you had direct contact with any secretions (e.g. coughed on or in close contact with confirmed or suspected case)?
 - Did you take any breaks with other staff members?
 - Do you carpool or live together?
 - Close contact without wearing the appropriate PPE (ask specifically what PPE)?
 - Do you disinfect any tools or equipment you use before or after?

(See [Attachment 6: Sample Contact Mapping and Timeline Tool](#))

Contact Mapping Drill

- Pick a resident and staff member (one that receives care services and medications) and let your team know you are running a drill. They are now hypothetical positive.
- Ask your staff to conduct the contact mapping exercise going back 72 hours and report back to you on what they found.
- Practicing the ability to quickly and effectively complete contact mapping is helpful and provides a good understanding of your situation. You may pick up on:
 - Vulnerabilities in current staffing assignments (could have up to 15-20 staff members off if not cohorted)

Note: Must be made site specific.

- Vulnerabilities caused by improper use of PPE & handwashing and inadequate screening protocols
- Failure to complete a Point of Care Risk Assessment

Communication

It is important to have regular communication with staff, family and residents. Daily updates are helpful in reducing the fear factor and to avoid rumours from developing.

- Create a family e-mail distribution list. Identify who will lead communication and what you will communicate ongoing during the outbreak. Updates will dispel fear and help them to understand the steps you are taking to keep their loved one safe.
- Email for staff distribution – focus on education and eliminating “fear” factor. Discuss processes in place to mitigate transmission in an effort to reduce the number of staff who might refuse to work
- Set up a schedule of regular communication especially with those residents who are positive and those who are in isolation due to contact mapping/positive test.

Education

Sample Tabletop Exercise: COVID-19 Outbreak

For a comprehensive review of all aspects that a home should review with staff for a COVID-19 outbreak and to ensure that they understand and are educated on the contingency plan, refer to the sample Tabletop Exercise, listing task, actions and who it is assigned to.

(See [Attachment 7: Sample Tabletop Exercise: COVID-19 Outbreak](#))

For attachments, addendums, other ORCA Resources, please see below.

Attachments:

Attachment 1: Sample Cohorting Schedule

<https://orcairetirement.com/members/wp-content/uploads/2020/06/Attachment-1-Sample-Cohorting-Schedule.xlsx>

Attachment 2: Identifying and Maintaining Essential Services

<https://orcairetirement.com/members/wp-content/uploads/2020/06/Attachment-2-Identifying-and-Maintaining-Essential-Services.docx>

Attachment 3: Evaluate Individual Staff Roles

<https://orcairetirement.com/members/wp-content/uploads/2020/06/Attachment-3-Evaluating-Individual-Staff-Roles.docx>

Attachment 3A: Guideline for Emergency Staffing Plan

<https://orcairetirement.com/members/wp-content/uploads/2020/06/Attachment-3A-Guideline-for-Emergency-Staffing-Plan.docx>

Attachment 4: Sample Template of Nursing Department (with 30-35% reduction)

<https://orcairetirement.com/members/wp-content/uploads/2020/06/Attachment-4-Sample-Nursing-Department-template-Staff-Reductions.xlsx>

Attachment 5: Sample COVID-19 Staff Line Listing Tracker

<https://orcairetirement.com/members/wp-content/uploads/2020/06/Attachment-5-Sample-COVID-19-Staff-Line-Listing-Template.xlsx>

Attachment 6: Sample Contact Mapping and Timeline Tool

<https://orcairetirement.com/members/wp-content/uploads/2020/06/Attachment-6-Sample-Contact-Mapping-and-Timeline-Tool.xlsx>

Attachment 7: Sample Tabletop Exercise – COVID-19 Outbreak

<https://orcairetirement.com/members/wp-content/uploads/2020/06/Attachment-7-Sample-Tabletop-Exercise-COVID-19-Outbreak.docx>

Addendums:

Addendum A: Excerpts from Directives Relating to Staff Requirements

Addendum B: Repository of ORCA Resources and External Resources

Addendum C: Signage Repository

Addendum D: Hiring Resources

Addendum E: RHRA Temporary Hiring & Training Exceptions During the COVID-19 Pandemic

Addendum A: Links to Directives Relating to Staff Requirements

It is important for operators to follow all directives from the MOH and Public Health, which is listed in Addendum B below. However, for quick reference, we have identified some key areas relating to staff requirements.

The key areas with links are listed below:

- Active Screening of Staff (e.g. employees, volunteers, agency staff) – [See ORCA COVID-19 policy](#)
- Infection Control Practices – Routine Infection Control Practices – [IPAC Recommendations](#)
- Supplies and Personal Protective Equipment – [ORCA COVID-19 Supplies & Services page](#)
- Appropriate Use of Personal Protective Equipment (PPE) - as per [Directive #5 for Hospitals and Long-Term Care Homes](#)
- Management of a Single Case in a Resident – as per [Directive #3 for Long-Term Care Homes](#)
- Management of a Single Case in Staff - [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance \(November 20, 2020\)](#).
- Testing - see “Guidance for Symptomatic Individuals” in [the Ministry of Health COVID-19 Provincial Testing Guidance Update \(November 20, 2020\)](#).

The latest updates of directives are reflected in the following ORCA resources:

- [ORCA COVID-19 Policy](#)
- [ORCA Response Guide](#)

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Addendum B: Repository of ORCA Resources and External Resources

- Public Health Ontario - [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#) (PHO, July 27, 2020)
- Ministry of Health [COVID-19 Screening Checklist](#) (May 6, 2020)
- Ministry of Health [Directive #1 for Health Care Providers and Health Care Entities](#) (March 30, 2020)
- Ministry of Health [Directive #3 for Long-Term Care Homes](#) (October 14, 2020)
- Ministry of Health [Directive #5 for Hospitals and Long-Term Care Homes](#) (October 8, 2020)
- Ministry of Health [COVID-19 Provincial Testing Guidance Update \(November 20, 2020\)](#)
- Ministry of Health [Outbreak Guidance for LTC](#) (April 15, 2020)

- Public Health Ontario Infection Control Checklist for LTC and RH's - IPAC Checklist – October 9th <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/covid-19-ipack-checklist-ltcrh.pdf?la=en>
- MOH – COVID-19 Reference Document for Symptoms – Version 7.0 – September 21st http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf
- Ontario-Case Definition – Novel Coronavirus (COVID-19) – November 20 http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_case_definition.pdf

Refer to: [COVID-19 Response Guide - Appendix A ORCA Resources and References](#) for full list of updated ORCA resources:

- [Sample COVID-19 Policy](#)
- [Sample COVID-19 Visitor Policy](#)
- [Sample COVID-19 Protocols for Resident Absences](#)
- [Reopening Retirement Homes - Recommendations for Visitations](#)
- [Staffing Contingency Plan Guide During COVID-19](#)
- [Sample Business Continuity Plan](#) and [Business Impact Analysis Mitigation Strategies Chart](#)
- [Return to Work: COVID-19 Considerations Guidance Document](#)
- [Sample Cohorting Schedule](#)
- [Sample Contact Mapping and Timeline Tool](#)
- [Organizational IPAC Risk Assessment Template](#)
- [Sample COVID-19 Confirmed Resident or Staff Case Checklist](#)
- [Point of Care Risk Assessment](#)
- [Resident Transfer To/From Hospital During COVID-19 Pandemic](#)

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- [Admissions and Transitions from Hospital Guide](#)
- [RC 1.3 Discharge from Hospital Policy](#)
- [Palliative and End of Life Care Toolkit](#)
- [ORCA's Crisis Communication Toolkit](#)
 - [Crisis Communication - Quick Reference Guide](#)
 - [Crisis Communication - Complementary Tools](#)
- [Infection Control Section Policies](#)
 - [I 1.1 Infection Prevention Control Program \(IPAC\)](#)
 - [I 1.5 Surveillance](#)
 - [I 2.2 Routine Practices](#)
 - [I 2.8 Additional Procedures](#)
 - [I 4.2 Management of Respiratory Outbreak](#)
 - [I 4.5 Pandemic Preparedness and Response](#)
 - [I 5.2 Instructions to Visitors](#)
- [Infection Control Tutorial](#)
- [Sample Emergency Plan](#)
 - [S 5.19 Building System Failure \(includes loss of essential services\) - Code Grey](#)
 - [S 5.22 Deciding Whether to Evacuate or Shelter in Place](#)
 - [S 5.24 Emergency Staffing](#)
 - [S 5.28.1 Emergency Fan Out List](#)
- [Directives Tracker](#)
- ORCA COVID-19 Preparedness & Response Webinar [March 17](#) / COVID-19 Weekly Webinars ([all](#))

Note: Must be made site specific.

Addendum C: Signage Repository

Please note the resource referenced below represents signage identified for operators during COVID-19. It may not represent all the necessary signage.

Refer to: [COVID-19 Response Guide - Appendix B – Retirement Home COVID-19 Sample Signage Links](#)

Addendum D: Hiring Resources

Job Portals/Candidate Sources:

- A [Workforce Matching Portal](#) was launched that can be accessed by retirement homes who would like to request help and be matched with available resources for additional worker support.
- Government of Canada Job Bank ([Fill a position](#))
- [Employment Ontario](#) offers information and resources for employers
Employers can contact Employment Ontario for further information or referral to local service providers by:
 - Phone - 416-326-5656/Toll-free: 1-800-387-5656/TTY: 1-866-533-6339
 - Email: - contactEO@ontario.ca
 - Live Chat - <https://www.ontario.ca/page/employment-ontario-live-chat>
- [YMCA Employment Services](#)
- Goodwill Industries Employment Services ([Post a Job](#))
- [Indeed](#)
- [Monster](#)
- [Charity Village](#)
- [LinkedIn](#)
- [WeRPN \(formerly RPNAO\)](#)
- [RNAO](#) – links to form for organizations requiring staffing help due to COVID-19
- Ontario Personal Support Workers Association (OPSWA) - email info@opswa.com with high priority & include subject line “EMERGENCY PSWS NEEDED”

Frontline Recruitment Tips ([Greenhouse Marketing, 2020](#))

- Visit business and service organizations that are open: grocery stores, pharmacies, health centers, police station, fire hall, LCBO, beer store. Ask if you can post a recruitment flyer to create awareness about the need for staffing at your retirement residence.
- Small communities often have a dedicated Facebook page for local news and events. Contact the page administrator and ask if you can post a recruitment flyer or a message about immediate help wanted
- Consider posting a recruitment flyer on Canada Post Super boxes.
- Residences can email a recruitment flyer to their community contacts like the Chamber of Commerce, Business Improvement Area, Board of Trade, Legion and any service clubs.
- Though local colleges and high schools are closed to students, some staff may be available to discuss how they can help circulate the need for immediate staffing via student online portals
- Communicate to any potential candidates that senior living homes are practicing infection control and will provide PPE (personal protective equipment)

Additional Recruitment Tips

- Look to recruit college/university students, other sectors - hotels, restaurants, etc.
- Leverage your existing volunteers and connections
- Consider expediting your onboarding process (review RHA requirements and exemptions)
- Look at developing universal roles (e.g. housekeeping, tray delivery, etc.)

Hiring Materials

- Access a sample [customizable recruitment flyer](#) ([Greenhouse Marketing, 2020](#))
- Visit ORCA’s Operations Manual for sample job post template and job descriptions

Addendum E: RHRA Temporary Hiring & Training Exceptions During the COVID-19 Pandemic

On March 15, 2020, the RHRA announced exceptions to several hiring and training requirements during the COVID-19 situation, noting that the length the changes would be in place would be informed by guidance from Ontario’s Chief Medical Officer of Health. On August 27, 2020, RHRA communicated that, as the Ontario government had ended the state of emergency, RHRA would reinstitute its regulatory expectations effective as per the schedule below.

The timelines below apply in cases where required activities were suspended and delayed as a result of the COVID-19 pandemic. For homes that were not required to delay or suspend timelines (for example, if an annual re-training was only required to be completed by the end of November 2020) the original timeline continued to apply. Homes will be required to demonstrate the requirements have been met through RHRA’s inspection processes.

RHRA Practices Affected during Declaration of State of Emergency	What RHRA Communicated	Date RHRA expected homes to demonstrate that requirement have been met
Annual Retraining Requirements	Annual retraining that expires during COVID-19 will have a grace period of one month following the return to normal operations	Annual retraining requirements must be completed by Monday September 28 .
Emergency Plan Completion	Homes would have an additional eight weeks to complete requirements related to Emergency Plans following the return to normal operations	Emergency plan requirements must be complete by Monday October 26 . If a home cannot maintain physical distancing during an evacuation exercise, a tabletop exercise is acceptable. Homes must document tabletop exercise has occurred and outcome of exercise. RHRA considers this acceptable until the CMOH’s physical distancing requirements change. Once physical distancing requirements no longer impact a home’s ability to conduct an evacuation, homes will have 12 months to complete an evacuation exercise.
Abuse Policy Evaluation	Homes have an additional four weeks to complete evaluation of the policy following return to normal operations per Chief Medical Officer of Health.	Abuse policy evaluations must be complete by Monday September 28 .

Individual Complaints	Homes have an additional two weeks to complete records for individual complaints	Records for individual complaints must be completed by Wednesday September 9.
Quarterly Evaluation of Complaints	Homes have an additional four weeks to complete quarterly evaluations following the return to normal operations	Quarterly evaluations of complaints must be completed by Monday September 28.
Deferring Routine Inspections	No date communicated	Restart date of routine inspections is still to be determined. However, once back in field, RHRA will prioritize ongoing compliance inspections and minimizing the routine inspection backlog.
Behaviour Management Training	Have all staff trained on behaviour management as soon as possible and no later than within four weeks of hire. Homes should endeavour to have all staff fully trained as soon as possible.	All staff must be trained on behaviour management by Monday September 28.
Vulnerable Sector Checks	VSCs to be completed within six weeks following the return to normal operations per Chief Medical Officer of Health (may be extended based on backlogs)	VSCs must be completed by Friday October 9.

Additional resources to support staff knowledge and training relating to COVID-19:

See <https://www.gotostage.com/channel/orcacovid19> for recordings for the below listed videos & more

1. Environmental Services/Cleaning

- Hygiene Town Hall (Aramark Canada)

2. Supporting Resident Wellbeing/Mental Health

- Supporting Resident Engagement During COVID-19 (Ashley Sumler, Melanie James)
- Technology & Resident Engagement (Jack York, iN2L)
- Supporting Residents with Dementia through COVID-19 (Al Power, Kyrie Carpenter, Brian LeBlanc, Karen Stobbe)

3. Food Services/Dining

- Food Service: Practice Advice for Retirement Homes During COVID-19 (Seasons Care)