

<b>TITLE:</b>	<b>Staff Contingency Assignment - Sample</b>	<b>POLICY #:</b>	<b>XVIII-Q-10.00(h)</b>
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MANUAL	Emergency Management	APPROV. AUTH:	Administrator
ORIGINAL ISSUE:	July 2022	SCOPE:	Sun Parlor Home
PAST REVISIONS:	January 2023		
CURRENT REVISION:	January 2024		

**STAFFING CONTINGENCY ASSIGNMENT – SAMPLE – Policy # XVIII-Q-10.00(h)**

Use the Assignment template below as needed to provide to staff as a reference for what to do on their shift where some additional guidance is needed to ensure efficient workflows (may be especially useful for Agency staff, support teams from other locations, volunteers).

Use Priority Tasks-Staffing Shortage for reference and add/delete tasks by priority of completion on shift and as applicable for role.

Role:

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Assignment:

<b>Activities/Tasks</b>	
<input type="checkbox"/>	Medication Pass
<input type="checkbox"/>	Dressings
<input type="checkbox"/>	Vital signs (affected residents with active illness)
<input type="checkbox"/>	Vital signs – stable residents with no active illness
<input type="checkbox"/>	Falls assessments
<input type="checkbox"/>	Documentation
<input type="checkbox"/>	Medication Errors
<input type="checkbox"/>	Receiving/signing in of medications
<input type="checkbox"/>	Labs
<input type="checkbox"/>	Transcribing orders
<input type="checkbox"/>	Ordering medications
<input type="checkbox"/>	PTAC numbers and transfer records
<input type="checkbox"/>	Answering phones
<input type="checkbox"/>	Shift report
<input type="checkbox"/>	Filing/chart thinning Faxing/delivering reports
<input type="checkbox"/>	fluid intake lookback
<input type="checkbox"/>	Bowel list
<input type="checkbox"/>	Call in for staffing

<input type="checkbox"/>	Screening
<input type="checkbox"/>	Care Planning/Plan of Care/Service Plan
<input type="checkbox"/>	Nebulizers
<input type="checkbox"/>	Rx creams
<input type="checkbox"/>	PASD monitoring
<input type="checkbox"/>	Restraint – 8 hour review
<input type="checkbox"/>	Filling O <sub>2</sub> tanks
<input type="checkbox"/>	Stocking of supplies
<input type="checkbox"/>	Ordering supplies
<input type="checkbox"/>	IV Monitoring
<input type="checkbox"/>	Suctioning
<input type="checkbox"/>	Catheterization
<input type="checkbox"/>	Emptying the catheter bag
<input type="checkbox"/>	Intake and Output
<input type="checkbox"/>	G or J tube
<input type="checkbox"/>	Nursing Assessments
<input type="checkbox"/>	AM care
<input type="checkbox"/>	PM care
<input type="checkbox"/>	Bath
<input type="checkbox"/>	Toileting
<input type="checkbox"/>	Transferring/turning and repositioning
<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Nourishment/snack pass
<input type="checkbox"/>	Dining Room Monitoring
<input type="checkbox"/>	Answering call bells
<input type="checkbox"/>	Bed Making
<input type="checkbox"/>	Cleaning Equipment
<input type="checkbox"/>	Emptying laundry bins and delivery
<input type="checkbox"/>	Portering
<input type="checkbox"/>	Serving in the dining room
<input type="checkbox"/>	Meal assistance
<input type="checkbox"/>	Clearing of dishes
<input type="checkbox"/>	Tray Service
<input type="checkbox"/>	Calling Families with residents with changing condition
<input type="checkbox"/>	Calling families with non-clinical updates
<b>AM/PM Personal Care/Services</b>	
<input type="checkbox"/>	Hands, face, mouth – q am
<input type="checkbox"/>	Washing body – bed bath
<input type="checkbox"/>	Peri-care

<input type="checkbox"/>	Tub Baths, showers, bed baths
<input type="checkbox"/>	Toileting
<input type="checkbox"/>	Incontinence Care
<input type="checkbox"/>	Dressing
<input type="checkbox"/>	Turning/Repositioning
<b>Documentation (use printed flow sheet as needed)</b>	
<input type="checkbox"/>	Food/fluid
<input type="checkbox"/>	Snacks
<b>Dining</b>	
<input type="checkbox"/>	Portering
<input type="checkbox"/>	Serving in dining room
<input type="checkbox"/>	Meal assistance
<input type="checkbox"/>	Clearing of dishes
<input type="checkbox"/>	Tray Service
<input type="checkbox"/>	Recording intakes
<b>Recreation/Resident Engagement/Therapies</b>	
<input type="checkbox"/>	Communication – residents
<input type="checkbox"/>	Communication – family members
<input type="checkbox"/>	Support residents with responsive behaviours
<input type="checkbox"/>	Physiotherapy Referrals
<input type="checkbox"/>	1:1 Physiotherapy Interventions
<input type="checkbox"/>	Sanitization of iPads and portable devices
<input type="checkbox"/>	Sanitization of leisure supplies and resources
<input type="checkbox"/>	Sanitization of rehab equipment and resources