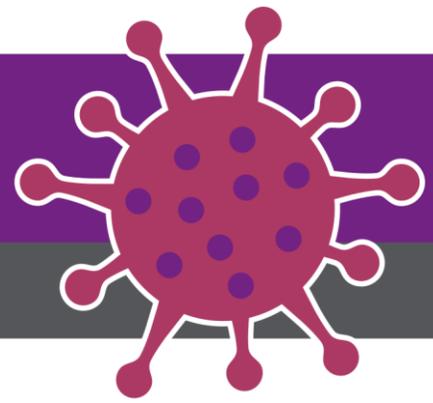


CORONAVIRUS DISEASE 2019 (COVID-19)

Effective Use of All Available Colleagues



Audience: Ministry Nursing and Clinical Leadership

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As the incidence of COVID 19 increases and demand for staffing resource escalates, effective use of ALL available staff is vitally important. Colleagues may effectively re-deployed to other areas, activities, supportive roles through quick just-in-time (JIT) training and/or "repurposing". During the COVID outbreak numerous areas and services may have been temporarily closed or reduced in order to preserve clinical space for COVID-19 ill patient and all other necessary emergent and urgent procedures, prioritizing care that, if delayed, could negatively affect the patient's health outcome, including leading to disability or death. Areas where services have been temporarily halted or slowed may have available or "excess to need" colleagues (i.e. elective surgical services, other elective invasive procedural/diagnostic areas; etc.).

Guidance:

For ministries who have appropriately reduced surgical or other volume; closed areas within the surgical suite; closed/or consolidated surgical floors/other units; closed or consolidated other reduced service delivery areas; etc., prior to sending colleagues home:

1. Check in with clinical executives who have oversight of clinical/operational areas, i.e.: the CNO, CMO, etc. **(note: this work/check-in may be appropriately managed through your local IC structure or IC staffing pool).**
 - Consideration must be given of all areas/services in need of support; and,
 - Potential to "repurpose" the available colleague(s)
2. Areas or Services in "need" of help/support may be identified by (examples only):
 - Known volume surge/areas impacted by heavy admissions, etc.
 - New or increased procedures (direct or non-direct) that require staffing (for example, need to screen all individuals coming into the facility)
 - High use of O.T. in particular areas; or use/need of premium staffing (incentive, agency, etc.)
 - High/unexpected vacancy (for example areas where numbers of colleagues have been taken off work to isolate at home for 14-days)
3. Skill, capability, competency of colleague(s) available for re-deployment must be considered. Redeployed colleagues will not be expected or required to perform tasks/procedures/provide care in areas they lack competency. Re-purposing considerations:
 - Support/assistive/extender type role(s)
 - "Administrative" (non-direct care) role
 - Transport

- Screening support
 - If able to provide direct care, but in an unfamiliar area:
 - JIT/condensed training (may be applicable to the colleague who has had relatively recent similar experience. Modules for re-deployed clinical colleagues has been developed)
 - A "buddy" could be assigned
 - Modified Nursing Team approach to care (the redeployed colleague works as an assistive/care partner/extender to the RN)
4. FirstChoice for centralization redeployment.
- Furloughed colleagues may be appropriately considered for temporary assignment to FirstChoice. The TH FirstChoice Traveler program has national responsibility and oversight of need and appropriate deployment of clinical colleagues.
 - The FirstChoice Traveler program for this purpose is prepared to effectively coordinate and appropriately prepare/deploy pooled colleagues back to the region where there is need identified
 - Or temporary reassignment as a traveler (who is willing to be redeployed)

Examples of colleague repurposing (Note the appropriate level of JIT training may be required):

Provider:

- Train and place in role supporting Zipnosis
- Support to delivery (phone call backs or electronic communication) of test results and communication of next steps to the individual/patient recipient
- Redeployment through FirstChoice

PACE/Community Care:

- Delivery of meals to homes (PACE clients)
- Check-in process of those individuals sent home to recover

Clinical (nursing and other):

- If skill and competency is sufficient could be redeployed to unit team
- Redeployment in Team-delivery role (see above)
- Assistant/Aide
- Transport
- Support with screening, call-backs, etc.
- Redeployment through FirstChoice

Non-clinical Colleagues:

- Screener at entryway of organization
- Cleaning public spaces
- Transport

Other:

- Local IC structures often have a labor pool function. Available staff could be sent to the IC labor pool and redeployed from there.

This unprecedented social, economic, and public-health challenge has called for all of us to employ an "All Hands-on Deck" approach to care, every day. Thank you to all our colleagues for your courage and for your support.

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