

ONTARIO HEALTH WORKFORCE RESERVE FOR SENIOR SUPPORT (OWRSS)

SECTION A: Resident Support Aid (RSA) Request Form

This form is to be completed by long-term care homes and submitted to the appropriate Ontario Health Region. Long-Term Care homes are eligible to receive RSA staff if they have the following in place: stable staffing, sufficient administrative capacity including on-site supervision, adequate PPE, IPAC policies & procedures, a complete request form, and attestation.

Information About the Home	
Date Completed	
Name of Home	
Address of Home	
Region/LHIN	
Key Contact Name for Home	
Email	
Phone Number	
Name of Person Completing Application	
Number of RSAs Requested	

Profile of the Home (as of date of application)	
The Home's Status Is	
Number of Residents in the Home	
Number of Residents in the Home that are COVID-19 Positive	
Number of Staff/Volunteers in the Home that are COVID-19 Positive	
Anticipated Length of Time RSA role is Required	
Please Select One of the Following About Your Staff Providing Direct Resident Care	

Please Select One of the Following About Your Staff Providing On-Site Leadership	
Percentage of Shifts that CAN be Filled in the Next 48 hours	
The Home has Exhausted Some of/All of the Following to Become 100% Staffed	<input type="checkbox"/> casual, part time, and agency <input type="checkbox"/> return to work protocols for existing staff, and <input type="checkbox"/> support that can be provided through the corporation, including leadership and enhanced staffing (settings owned by private corp.) <input type="checkbox"/> learner

Resident Support Aid Role Request	
I have reviewed the RSA job description	
The Home currently DOES have a Resident Support Aid Role	
The Home DOES have the ability to support external staff with on-site leadership, and policies and procedures	
Please provide the name of the on-site leader who will provide onboarding and orientation support, and who will complete Michener training requirement	<i>Name(s)</i>
Please include any other relevant comments:	

SECTION B: Long-Term Care Home Attestation

The attestation will be used to provide Partner Agency with an overview of the policies and procedures in place for the RSA staff before they begin working at the Home.

INFECTION PREVENTION & CONTROL

OWRSS (RSA) will:

1. Work in an environment with IPAC protocols in place.

VERIFICATION OF PROCEDURES (Please confirm that the following are in place):

PHO Checklist/IPAC assessment completed and attached DATE:

- IPAC/Communicable Diseases Policies and Procedures in place
- Sufficient PPE are available for RSA

LEADERSHIP & OVERSIGHT

OWRSS (RSA) staff will:

1. Have access to a HOME on-site supervisor/manager/leader onsite.
2. Maintain a formal employment relationship with Partner Agency as primary employer and will also have on-site Home supervision.
3. Be paired with an existing Home staff member for peer support.
4. Receive a site-specific orientation from an education coordinator (or similar role) prior to commencing duties to be oriented to residents and relevant policies and procedures.
5. Be shown the location of emergency equipment, emergency exits, washrooms, break rooms
6. Be supported to bring questions and concerns forward to a leader onsite.
7. Have access to an incident reporting process to report incidents and mechanism to report incidents to Partner Agency.
8. Be oriented to electronic systems (if appropriate).

VERIFICATION OF PROCEDURES (Please confirm the following policies and/or procedures):

- On-site leadership is available
- New staff orientation
- Incident Reporting System

GENERAL HEALTH AND SAFETY ORIENTATION

OWRSS (RSA) staff will:

1. Be made aware of the general health and safety rules and responsibilities.
2. Be made aware of the Joint Health & Safety Committee or Health and Safety Representatives present at the site.

VERIFICATION OF PROCEDURES (Please confirm the following policies and/or procedures):

Health and Safety Policy

WORKPLACE VIOLENCE

OWRSS (RSA) staff will:

1. Be made aware of the care plan for any resident on their caseload that is known to be aggressive or have responsive behaviours.
2. Be able to request assistance as required if a resident displays aggressive or responsive behaviours.
3. Be made aware of procedures for workplace violence involving other individuals (staff, visitors, intruders).

VERIFICATION OF PROCEDURES (Please confirm the following policies and/or procedures):

Workplace Violence and Prevention

Supporting residents with responsive behaviours

Workplace Violence Risk Assessment

Working Alone or in Isolation

Workplace Harassment

Emergency codes/procedures related to Workplace Violence (e.g. Code White)

OTHER HAZARDS OR COMMENTS

Are there any other potential hazards that are present that staff should be aware of? Please provide details of the procedures and controls in place for their protection.

I attest to the above: Home delegate name and date (can be electronic signature)

SECTION C: Ontario Health Regional Endorsement

To Be Completed by Ontario Health

OH Endorsement	
Name of person submitting request to Partner Agency	
Position	
Email	
Phone number	
I have reviewed the COVID-19 Home RSA Request document, sections A & B with the home	
Partner Agency Name	
Date Submitted to Partner Agency	