

KINGSWAY LODGE RESIDENT CARE CONTINGENCY PLAN

**Resident Care Contingency Plan**

	<b>Routine Services</b> At baseline to 10% below baseline	<b>Non-Critical Services Reviewed/Optional</b> (11-25% below baseline)	<b>Non-Critical Services Optional</b> (26-50% below baseline)	<b>Critical Services Only</b> (More than 50% below baseline)
<b>Safety</b>				
<b>Passive/Active Screening</b>	✓	Utilize after hours process (doorbell system) to allow redeployment to resident's care within scope	Utilize after hours process (doorbell system) to allow redeployment to resident's care within scope	Utilize after hours process (doorbell system) to allow redeployment to resident's care within scope
<b>Emergency Cope Response Per Protocol</b>	✓	✓	✓	✓
<b>Infection Prevention and Control Screening, PCRA, additional precautions</b>	✓	✓	✓	✓
<b>Specialty Care</b>				
<b>Renal Dialysis</b>	✓	✓	✓	MD order required for altered diet, fluid intake, medications to extend periods between dialysis (in collaboration with dialysis unit)
<b>Enteral Feeding (J-Tube, G-Tube)</b>	✓	✓	✓	✓
<b>Medication Administration</b>				
<b>Medication Administration</b>	✓	Medication given as prescribed. Engage NP, Doctors and/or Pharmacy for medical reviews with the goal	Consult with NP, MD to prioritize medication for chronic/acute pain management, insulin dependent diabetes,	Consult with NP, MD to prioritize medication for chronic/acute pain management, insulin dependent diabetes,

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		being to decrease med passes and the number of medications. Medication optimization	essential medication, and treatment for chronic disease management and behavioural management	essential medication, and treatment for chronic disease management.
<b>Respond to Acute Medical Events</b>	✓	✓	✓	✓
<b>Medical Appointments</b>	✓	Routine appointments if operationally able. Consult with NP, MD to identify and prioritize medically essential appointments	Routine appointments if operationally able. Consult with NP, MD to identify and prioritize medically essential appointments	Routine appointments if operationally able. Consult with NP, MD to identify and prioritize medically essential appointments
<b>Medical Investigation (Lab, x-rays)</b>	✓	Consult with NP, MD to identify priority routine investigations and medically essential investigations  For outside services	Consult with NP, MD to identify priority routine investigations and medically essential investigations  For outside services	Medically essential investigations only  For outside services
<b>Physical Assessment</b>	✓	✓	Consult MD	Deferred
<b>Care of Resident</b>				
<b>Hydration and Nutrition</b>	Regular scheduled meals and nutritional carts (hydration requirements included)	Regular scheduled and catered meals, snacks optional (unless diabetic or supplementary nutrition included as part of care plan). Shift to tray services from dining room services if needed in affected areas. Hydrations also included	Regular scheduled and catered meals, snacks optional (unless diabetic or supplementary nutrition included as part of care plan). Shift to tray services from dining room services. Hydrations also included	Regular scheduled meals. Tray services, hydration, and catered meals.
<b>Assistance with Meals</b>	✓	Ratio of staff to residents may be decreased	Ratio of staff to residents may be decreased	Ratio of staff to residents may be decreased

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		<p>Review seating plans to group residents together who require assistance or monitoring with meals.</p> <p>Identify those who have essential visitors in place to support with meal services. Look to volunteers.</p> <p>Capture documentation by other care team members on paper or electronically</p>	<p>Review seating plans to group residents together who require assistance or monitoring with meals.</p> <p>Delegate monitoring and portering to alternative providers.</p> <p>Assistance with meals delegated to care team and leaders with tray service.</p> <p>Essential care givers and visitors will provide assistances to specific resident as needed and within their care plan</p> <p>Alter and shift team members within all departments breaks around resident's peak mealtimes. Volunteers will assist with low-risk residents</p>	<p>Review seating plans if applicable</p> <p>Delegate monitoring and portering to alternative providers.</p> <p>Assistance with meals delegated to care team and leaders with tray service.</p> <p>Essential care givers and visitors will provide assistances to specific resident as needed and within their care plan</p> <p>Alter and shift team members within all departments breaks around resident's peak mealtimes. Volunteers will assist with low-risk residents</p>
<b>Personal Hygiene</b>	Bathing twice a week or as per care plan.	<p>Peri-care, hand, and face washing</p> <p>Identify and prioritize need for tub baths – shift to bed baths if needed</p>	<p>Peri-care, hand, and face washing</p> <p>Identify and prioritize need for tub baths – shift to bed baths if needed</p>	<p>Peri-care, hand and face washing</p> <p>Identify and prioritize need for tub baths – shift to bed baths if needed</p>

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<b>Dressing</b>	✓	✓	Residents changed into own clothes, change once daily in clothes	Residents remain in personal night clothing, change into easily applied clothing (night gown, etc)
<b>Mouth Care</b>	✓	✓	Frequency may be decreased  Non care team members and volunteers will assist	As needed  Non care team members and volunteers will assist
<b>Toileting</b>	✓	Maintain toileting schedule, change as needed  Identify and prioritize residents at high risk for skin integrity issues	Frequency may be decreased  Identify and prioritize residents at high risk for skin integrity issues	Frequency may be decreased  Identify and prioritize residents at high risk for skin integrity issues
<b>Bowel Care</b>	✓	✓	✓	✓
<b>Wound Care</b>	Pre wound care plan	Complex wound management, consult NP/MD to maximize time between changes where possible	Complex wound management, consult NP/MD to maximize time between changes where possible	Complex wound management, consult NP/MD to maximize time between changes where possible
<b>Mobilization Care</b>	✓	Prioritize residents and manage assistance (unable to turn, wound and skin issued etc).  Review those who require mechanical lift for opportunities to decrease.	Prioritize residents and manage assistance (unable to turn, wound and skin issued etc).  Develop a schedule which includes a reduced number of transfers for all mechanical lifts.	Prioritize residents and manage assistance (unable to turn, wound and skin issued etc).  Residents remain in bed with a turning and positioning schedule in place.
<b>Palliative/End of Life Care</b>	✓	✓	✓	✓
<b>Essential Visitors</b>	✓	Maximize care provided by essential visitors	Maximize care provided by essential visitors	Maximize care provided by essential visitors

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<b>Care Planning</b>				
<b>Kardex</b>	✓	✓	✓	✓
<b>Interdisciplinary Care Plan</b>	✓	Review acuity of residents to prioritize care needs and assignment with staff available	Review acuity of residents to prioritize care needs and assignment with staff available	Review acuity of residents to prioritize care needs and assignment with staff available
<b>Care Conferences</b>	✓	Optional – priority to complex residents or admission care conferences virtual option	Postponed	Postponed
<b>Behavioural Care Planning</b>	✓	✓	Explore volunteers and/or agency for 1:1	Explore volunteers and/or agency for 1:1
<b>Assessments</b>				
<b>Falls</b>	✓	✓	✓	✓
<b>Pain</b>	✓	✓	✓	✓
<b>Behaviour/Cognition</b>	✓	✓	✓	✓
<b>Monitoring of Skin Integrity</b>	✓	Frequency decreased to bathing schedule, priority given to residents at moderate to high risks	Only if clinically necessary. Priority given to immobilized residents	Only if clinically necessary. Priority given to immobilized residents
<b>Routine Weights and Vitals</b>	✓	Routine measurements may be deferred to another shift, priority to clinically necessary measurements	Only if clinically necessary	Only if clinically necessary for acute event
<b>Allied Health</b>				
<b>Physiotherapy/Occupational Therapy/Registered Dietetics</b>	✓	Review care plans and identify high-risk, high-priority residents, maximize use of current care plans	Optional – priority given to those with clinical need	Essential clinical need only

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			Staff may be reassigned descriptions duties within their scope of practice	Staff reassigned descriptions duties within their scope of practice
<b>Recreational Programming</b>	✓	Review programs and identify high attendance, low staff demand activities.  Shift to 1:1 programming	Review programs and identify high attendance, low staff demand activities.  Shift to 1:1 programming  Redeploy staff to assist with resident care directed within their scope.	Review programs and identify high attendance, low staff demand activities.  Shift to 1:1 programming  Redeploy staff to assist with resident care directed within their scope.
<b>Documentation</b>				
<b>Health Record Documentation</b>	✓	✓	Charting by exception	Critical assessments only.
<b>RAI Coding/Observation Week</b>	✓	Quarterly assessments if operationally able  Full assessments required	Priority to full assessments only.	Priority to full assessments only.
<b>Admissions</b>				
<b>Admissions</b>	Based on current directive	Based on current directive	Deferred/at the discretion of the home, MOH and Public Health	Deferred/at the discretion of the home, MOH and Public Health