

Staffing Request for Service

COVID-19 positive staff or client/resident:	Yes	No	
The facility has a declared outbreak*:	Yes	No	
FH Home Support Service Staff have access in the facility:	Yes	No	No

FH LTC EOC Site Lead:
 Contact Email:
 Contact Number:

Steps Taken to Mitigate (check all that apply)

Hire Staff
 Overtime
 Agency
 Redeployment of current staff or corporate staff assigned

Request Date	Contact (position & title)
Facility Name	Contact Email
Facility Address	Contact Number
Types of Service	

Clinical Staff Needed**

Number of days needed:
 Number of weeks needed:

<p>RN <i>Date(s) needed:</i></p> <p>Days Shift times:</p> <p>Evening Shift times:</p> <p>Nights Shift times:</p>	<p>LPN <i>Date(s) needed:</i></p> <p>Days Shift times:</p> <p>Evening Shift times:</p> <p>Nights Shift times:</p>
--	---

<p>Care Aide <i>Date(s) needed:</i></p> <p>Days Shift times:</p> <p>Evening Shift times:</p> <p>Nights Shift times:</p>	<p>Other <i>Date(s) needed:</i></p> <p>Days Shift times:</p> <p>Evening Shift times:</p> <p>Nights Shift times:</p>
---	---

Please provide any additional information that may be useful:

*Outbreak is defined as one or more resident or staff of an LTC facility that has a lab-confirmed COVID-19 diagnosis.
 **FH does not provide staffing for cleaning, food, maintenance and security. Please connect with your corporate structure for assistance.