

8A. Health Human Resources Planning Tools

Contents

1. Influenza Care Competencies
2. Key Questions for Planners
3. List of Controlled Acts (Regulated Health Professions Act)
4. Influenza Care Competencies Self-Assessment:
How Can I Assist In An Influenza Pandemic?
5. RHPA Profession / Influenza Care Competencies Matching
6. Sample Framework for Using Competency Assessments to Plan Team-based Care for
People with Influenza
7. Volunteer Position Description Template
8. Sample Request for Volunteers
9. Sample Volunteer Application Form
10. Directory of Ontario Volunteer Centres

Influenza Care Competencies

Domain	Competencies
A. Administrative/Support	<p>a. Management/leadership/innovation:</p> <ul style="list-style-type: none"> i Ability to respond to crises, develop strategies for response ii Care site management (care clinic, immunization clinic, ED, home care): iii Organization, staffing, response to changing situations for particular setting, iv Assessment of staff competencies, and matching to needs, and v Scheduling and deployment: staff (physician, employees, and volunteers), beds, and sites. vi Succession and contingency planning, and vii Coordination of triage and rationing decisions, ethics. <p>b. Coordination of patient flow:</p> <ul style="list-style-type: none"> i Answering patient questions, and ii Receiving and directing patients. <p>c. Communication</p> <ul style="list-style-type: none"> i Coordination with other levels of care, public health ii Internal communication: status of pandemic, changes. <p>d. For hospitals and alternate care sites:</p> <ul style="list-style-type: none"> i Pharmacy ii Laboratory service iii Radiology iv Supplies (clean/sterile, as well as office) v Health records vi Information infrastructure management: telephones, email, hospital information system, surveillance infrastructure vii Food services viii Laundry ix Parking x Security xi Housekeeping xii Disposal of waste (including handling and disposal of biohazardous waste) xiii Facility management (ventilation, creation of isolation space, etc.) xiv Ability to prepare bodies for burial/cremation, and store pending transport.
B. Transportation	<p>a. Patients including assessment and provision of care to patients during transport</p> <p>b. Laboratory specimens</p> <p>c. Waste</p> <p>d. Dangerous goods (e.g., oxygen)</p> <p>e. Staff.</p>
C. Education	<p>a. Ability to educate health care professionals about</p> <ul style="list-style-type: none"> i Provincial emergency and pandemic preparedness ii Individual preparedness (e.g. wills, stockpiling OTC meds, etc.) iii Influenza and pandemic influenza iv Self screening for influenza illness and for stress/ability to continue working v Assessment, triage, management protocols (patient with and without co-morbidities): within healthcare settings, within community/PHC settings (e.g., pharmacy, teletriage, schools) vi Infection control and occupational health and safety. <p>b. Ability to educate the general public about</p> <ul style="list-style-type: none"> i About influenza including self care ii Pandemic preparedness. <p>c. Ability to respond to questions about influenza and self care (phone, web, in person)</p>

D. Infection control/occupational health and safety	<ul style="list-style-type: none"> a. Ability to screen staff for illness. b. Ability to identify staff who through other illness or burn out, need assistance/rest. c Ability to develop surveillance programs <ul style="list-style-type: none"> i For disease ii For adverse events of immunization and therapy. d. Ability to implement surveillance programs <ul style="list-style-type: none"> i For disease ii For adverse events of immunization and therapy. e. Ability to monitor workplace and patient safety <ul style="list-style-type: none"> i Identify hazards/problems ii Provide on-going education and training iii Rectify hazards. f. Provision of support for staff <ul style="list-style-type: none"> i Psychosocial ii Logistic (food, gas, care for pets, care for family).
E. Care for well persons	<ul style="list-style-type: none"> a. Immunization <ul style="list-style-type: none"> i Ability to screen for eligibility for immunization ii Ability to obtain consent for immunization iii Ability to prepare vaccine for injection iv Ability to inject vaccine. b. Prophylaxis <ul style="list-style-type: none"> i Ability to screen persons for eligibility for antiviral prophylaxis ii Ability to obtain consent for antiviral prophylaxis iii Ability to prescribe antivirals for prevention of influenza iv Ability to dispense antivirals for prevention of influenza (public health or hospital supply).
F. Care for Ill patients	<ul style="list-style-type: none"> a. Competencies Across Care Settings <ul style="list-style-type: none"> i Taking a medical history ii Examining the chest iii Performing a complete physical exam iv Interpreting the results of history, physical exam, chest x-ray, laboratory and point of care testing v Prescribing medication vi Triaging patients to appropriate location: in community, to care location; in ED to level of care vii Deciding to refer patient for assessment by staff with greater competency viii Discharging patient home or to another care setting ix Deciding on palliative care/ withdrawal of care x Certification of death xi Designing and implementing rehabilitation programs xii Psychosocial support. b. Supports Across Care Settings <ul style="list-style-type: none"> i Activities of daily living ii Delivery of food etc (community only) iii Care for dependents (community only). c. Technical skills by Care Setting: <ul style="list-style-type: none"> i Community/PHC: measuring temperature, pulse, blood pressure, taking blood, obtaining NP swabs, other cultures (e.g. skin swabs, urine), O2 sats ii ED/ Acute Care/LTC: Community/PHC skills PLUS ECG, Chest x-ray, performing IM injections, starting intravenous lines, maintaining intravenous lines (site and tubing), setting up oxygen for administration; checking oxygen administration sets, administering oral, inhaled, iv and IM medication, suctioning non-intubated and trachea patients, insertion, maintenance of Foley catheters iii Critical Care: ED/ Acute Care/LTC skills PLUS intubation, ventilation, central and arterial line insertion and maintenance, administration of medication by continuous infusion, suctioning, ACLS, management of inotropes and vasopressors, management of insulin infusions, management of dialysis.

Key Questions for Planners in a Competency-based Approach to Health Human Resources

Part I

Provider Requirements (i.e., how many providers are required to ensure sufficient 'flow' of health care services to meet the needs of the population?)	Key Questions
<p>Population Size (demography) Refers to the population size by age and sex. Reflects the multiple characteristics of individuals in the population that create the demand for curative as well as preventive health services.</p>	<p>What is the population size of your geographic planning area? What is the population breakdown by age and sex cohorts? What proportion of your population routinely requires care that cannot be provided in your local area (e.g. in tertiary care centers outside of your area)? How geographically dispersed is your population, in particular is your population at high risk of complicated illness, and who may have trouble accessing care? What impact does your geography have on your ability to provide support at home for ill people? Who is responsible for gathering this information? Where would the information be available?</p>
<p>Health Status, Attack Rate, Morbidity and Mortality Rates (epidemiology) Refers to the health status including attack rate by age and sex (i.e., burden of disease). Collect the reportable disease information from the public health unit.</p>	<p>What are the available sources of information in your area concerning up to date information about the likely number of cases of illness and hospitalizations during pandemics of different degrees of severity? How can you use this information for planning purposes? How can you collect actual data during a pandemic to assist in on-going planning? What are the available sources of information in your area concerning up to date information about numbers of cases of reportable diseases? (e.g., pandemic flu)? How would you use this information for planning purposes (i.e., for calculating the attack by age groups or planning areas in your jurisdiction)? Are there geo-mapping resources available to assist in deployment planning? Who would you ask?</p>
<p>Level of Service: Required to cope with the burden of disease and the other health service needs not associated with the influenza pandemic. It is important to consider the distribution of patients by care settings and the associated intensity of care.</p>	<p>What is the expected distribution of patients across care settings (e.g., community clinics/PHC, ED/acute care hospital, ICUs)? What is the most valid way of determining this distribution? How many people will require supportive care at home (e.g. meals, medication delivery)? Who is the designated person responsible for coordinating the organization of health care delivery in each care setting? Who is their back-up should they become ill during the pandemic? Do you know the usual patient volumes by each of these same care settings? What information systems will be required? Who will update them? And how often?</p>
<p>Competencies Required Understanding the variety of competencies (knowledge, skills and judgement) that are required to offer the required level of service in each care setting.</p>	<p>Do you have the list of competencies necessary for the care of both the well and the ill in each of the care settings (i.e., community clinics/PHC, ED/acute care hospital/ ICUs)? With the distribution of influenza patients by care setting, and the list of influenza care competencies by the same care settings, does this help you to understand your planning targets?</p>

Key Questions for Planners in a Competency-based Approach to Health Human Resources

Part II

Provider Supply (i.e., how many providers are or will be available to deliver health care services to the population?)	Key Questions
Health Care Providers Refers to the total number of health care providers in the jurisdiction. This includes all health care professions and providers who are currently registered with a regulatory college as well as those who are not.	Do you know how many of each health care profession are available in your jurisdiction? Can you get the number of those professionals in your jurisdiction from the respective regulatory colleges? What alternative sources of information could be utilized? How reliable will that information be? How will you update provider workforce information during a pandemic influenza crisis? Do you have the list of health care professions that have been matched with the influenza care competencies? Can the regulatory college(s) expedite registration of retired or inactive staff or IMGs who would be qualified to provide influenza care?
Stock of Providers Refers to the number of registered health care providers available to provide health care services (also includes those who left practice for retirement or other reasons but remain registered)	How will you engage local provider leadership to assist you in planning for provider stock information? What mechanism will you employ to update information during a crisis? Who will coordinate this? How many providers are training in your area, and in what professions? How many licensed health care providers live or work in your area? Or adjacent areas? How many are retired or working outside their field but are willing and available? What are the influenza care competencies of your local providers? How will you determine this? Have you considered using a provider self-assessment tool? Whose job will it be to engage providers? Who will be responsible for gathering the self-assessment information? Can you use that information to plan influenza competency training sessions? Who would run these training sessions?
Activity Rates Refers to the number of hours spent in the delivery of patient care service (i.e., worked hours).	How will you maintain activity rate information during a pandemic influenza crisis? Who will be responsible for gathering the information? How many of your providers are working full time, part time or casual? Where will you find the information? Have you engaged provider leaders in pandemic planning? Can you assume most providers will work full-time during a pandemic crisis?
Participation Rates Refers to the proportion of the stock involved in the delivery of patient care.	What percentage of your primary health care workforce is involved in direct patient care? What percentage of your ED/acute care hospital workforce is involved in direct patient care? How will you access this information before a pandemic influenza crisis? What alternative sources of information can you employ during a pandemic influenza crisis? Can you use a provider self assessment tool to determine the level of influenza care competencies among those not involved in direct patient care (i.e., those in administration or research)?
Work and Productivity of Providers Refers to the average rate of	How many vaccines can a public health nurse administer, on average per day? How many possible influenza patients can be assessed each hour in a flu

Provider Supply <i>(i.e., how many providers are or will be available to deliver health care services to the population?)</i>	Key Questions
services per hour of work delivered to people requiring care.	assessment clinic with a particular range of providers? How many people can a family physician assess per day (e.g., 40 per day which is 5 per hour)? How many prescriptions can pharmacist fill per day, in addition to providing communication, education, and advocacy? Who will coordinate human resource scheduling in your area? ICUs? ER/Acute Care Hospitals? Community Clinics? ALC? Homecare? How will you identify and prevent staff burnout? How will you plan for critical skills shortages? How will you identify staff for “up-skilling?” Are there programs, policies or procedures that could be considered and put in place before a pandemic crisis?
Competencies Supplied The variety of competencies that can be supplied by the available stock of providers across care settings. Different health care providers, even within the same profession, will have different levels of competencies.	With the potential stock of providers in your area with the influenza care competencies, and with estimates of productivity of these providers, can you estimate the competencies that could be supplied in your area by care setting? How does this compare with the competencies required in your area by care setting? Give the range of professions that can provide the influenza care competencies (see matching document described below); can you come up with a plan to address the gap in competencies?

List of Controlled Acts

Under the *Regulated Health Professions Act*, the following controlled acts can only be performed by members of specific professions.

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger: beyond the external ear canal, beyond the point in the nasal passages where they normally narrow, beyond the larynx, beyond the opening of the urethra, beyond the labia majora, beyond the anal verge, or into an artificial opening into the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
8. Prescribing, dispensing, selling or (1) of the compounding of a drug as defined in subsection 117 Drug and Pharmacies Regulation Act, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.

Influenza Care Competencies Self-Assessment: How Can I Assist In An Influenza Pandemic?

The purpose of this self-assessment tool is to give health care providers an opportunity to reflect on their own abilities and competencies in the context of the required influenza care competencies. This will help health care providers judge how they may be of assistance in an influenza pandemic.

The tool is comprised of two major components:

- Part I - a three-part assessment of personal abilities as they relate to the influenza care competencies and professional/personal circumstances.
- Part II - an *RHPA* Controlled Act/ICCs Decision Tree which place influenza care competencies within the regulatory context and provides an overview of key questions and consequences in assessing abilities to assist in an influenza pandemic.

Individual circumstances will vary depending upon a health care provider's profession, practice setting and the nature of his/her professional practice. The assessment tool attempts to be as inclusive as possible. There are no "right" or "wrong" answers; instead, it provides an opportunity for health care providers to understand the skills and competencies needed during an influenza pandemic and judge how best to be of assistance.

Part I: Professional/Personal Circumstances – Part I

I Practice Setting

I have clinical experience in the following practice settings:

A. Patient Care

I have clinical experience

I am competent to practice in

Hospital

Neonatal ICU	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paeds ICU	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult ICU	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stepdown unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ward	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rehab	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Palliative Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Out-Patient Clinics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Long-Term/Chronic Care

Chronic care hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residential	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Day care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Community Clinic/

Private Office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B. Other health care settings

Public Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pharmacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laboratory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rural/Isolated Areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No

II Influenza Care Competencies Assessment

Once you've identified your practice setting experience, consider the competencies you currently use or previously have used. For example:

- If those competencies are Administrative/Supportive in nature, consider the competencies in Domains 1, 2 and 4;
- If those competencies are Education, Infection Prevention or Occupational Health and Safety in nature, consider the competencies in Domains 2, 3 and 4.
- If those competencies are direct patient care, consider the competencies in Domains 2, 4 and 5.

Alternatively, you might want to consider all the competencies regardless of your practice experience. When you are thinking about the competencies, remember that the RHPA permits delegation of controlled acts. Therefore, think about both what you are able to do, what could be delegated to you during the crisis.

Influenza Care Competencies Domain #1: Administrative/Support

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?	If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2	Q3	Q4
A. Administrative/Support				
a. ability to manage care site (care clinic, immunization clinic, ER, home care.....)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
b. Co-ordination of Patient Care (all settings)				
i. answering patient questions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. receiving and directing patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
c. Assessing of Staff competencies needs matching	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?		If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2		Q3	Q4
d. Scheduling and deployment of staff, beds and sites	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
e. for hospital alternate care sites (that is, for newly opened sites to care for patients who cannot care for themselves at home, but for whom there is not enough space in hospitals) the following key departments will need to be functional. Think about your ability to contribute to these departments.					
i. Pharmacy (e.g., compounding and/or dispensing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. Laboratory services (e.g., processing specimens, maintaining lab equipment, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 6 months <input type="checkbox"/> 6m- 2yrs ago <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iii. Radiology (e.g., ordering and/or applying prescribed forms of energy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 6 months <input type="checkbox"/> 6m- 2yrs ago <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iv. Supplies (e.g., clean/sterile, as well as office)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
v. Health records	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
vi. Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?		If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2		Q3	Q4
				With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	
vii. Food services (consider experience in providing food for large numbers, and knowledge of public health aspects of food preparation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
viii. Hospital/commercial laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ix. Healthcare housekeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
x. Ability to prepare bodies for burial/cremation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
B. Transportation					
i. Patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 10 yrs <input type="checkbox"/> >10 years ago	Do you have appropriate commercial license? <input type="checkbox"/> Yes <input type="checkbox"/> No	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. Laboratory specimens	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	Do you have appropriate commercial license? <input type="checkbox"/> Yes <input type="checkbox"/> No	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iii. Biohazardous waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago	Do you have appropriate commercial license? <input type="checkbox"/> Yes <input type="checkbox"/> No	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?		If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2		Q3	Q4
		<input type="checkbox"/> >10 years ago	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	
iv. Dangerous goods (e.g. oxygen)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	Do you have appropriate commercial license? <input type="checkbox"/> Yes <input type="checkbox"/> No	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Influenza Care Competencies Domain #2: Education

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?		If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2		Q3	Q4
a. Ability to educate health care professionals about					
i. Provincial emergency outbreak preparedness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. Influenza and pandemic influenza	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 6 months <input type="checkbox"/> 6m- 2yrs ago <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iii. Assessment, triage, management protocols (patient with and without con-morbidities)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> last 6 months <input type="checkbox"/> 6m- 2yrs ago <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iv. Infection control and occupational health & safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> last 6 months <input type="checkbox"/> 6m- 2yrs ago <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?	If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2	Q3	Q4
b. Ability to educate the general public about				
i. Ability to educate about influenza, including self-care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. Ability to respond to questions about influenza and self-care (phone, web, in person)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Influenza Care Competencies Domain #3: Infection Control/ occupational health/ surveillance

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?	If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2	Q3	Q4
A. Ability to screen staff for illness.				
a. Ability to screen staff for illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
B. Ability to develop and implement surveillance programme (design data forms/databases, coordinate data collection and submission to MOHLTC)				
i. For disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. For adverse events of immunization and therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?	If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2	Q3	Q4
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Ability to monitor work place and patient safety related to risks from influenza.				
1. Identify hazards/problems <i>(e.g., inappropriate use PPE, inadequately ventilated areas, staff burn out, inadequate screening practice)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
2. Provide on-going education and training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
3. Rectify hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Influenza Care Competencies Domain #4: Care for Well Persons

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?	If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2	Q3	Q4
a. Immunization				
i. Ability to screen for eligibility for immunization	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. Ability to obtain consent for immunization	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iii. Ability to dispense vaccine for	<input type="checkbox"/> Yes	<input type="checkbox"/> last 2 yrs	By myself	<input type="checkbox"/> Yes

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?	If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2	Q3	Q4
injection	<input type="checkbox"/> No	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	<input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Uncertain
iv. Ability to inject vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 5 yrs <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
b. Prophylaxis				
i. Ability to screen persons for eligibility for antiviral prophylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. Ability to prescribe antivirals for prevention of influenza	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iii. Ability to dispense antivirals for prevention of influenza (public health or hospital supply)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
c. Psychosocial support				
Psychosocial support for staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Influenza Care Competencies Domain #5: Care for Ill Patients

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?	If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2	Q3	Q4
A. Competencies to care for patients ill with influenza				
Consider your competence to care for patients with influenza specifically, remembering that care plans will be available, but also that patients may have co-morbidities and complications.				
i. Taking a medical history	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. Examining the chest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iii. Performing a complete medical exam, including ordering of tests	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No In some, but not all care settings <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iv. Interpret results of history, physical exam, chest X-ray, and laboratory tests leading to a diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No In some, but not all care settings <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
v. Prescribing medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
vi. Triage patients in the community to care sites	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
vii. Triage patients in the emergency department to levels of care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
vi. Deciding to refer patient for assessment by staff with greater competency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?	If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2	Q3	Q4
		<input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No In some, but not all care settings <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Uncertain
vii. Discharging patient home or to another care setting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No In some, but not all care settings <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
viii. Deciding on palliative care/withdrawal of care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago	<input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ix. Designing and implementing rehabilitation programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
x. Assistance with activities of daily living, (e.g., feeding, personal hygiene, skin care [prevention of pressure ulcers])	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
B. Support				
i. Assistance with activities of daily living, (e.g., feeding, personal hygiene, skin care [prevention of pressure ulcers])	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. Community support – shopping delivery of food, medication etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?	If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2	Q3	Q4
iii. Care for dependents (community only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
C. Technical Skills				
I. COMMUNITY/PRIMARY HEALTH CARE				
i. Measure temperature	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 10 yrs <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. Take pulse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 10 yrs <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iii. Take blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 10 yrs <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iv. Take venous blood samples	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> 6m- 2yrs ago <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
v. Obtain nasal/NP swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 10 yrs <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
vi. Obtain throat swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 10 yrs <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
vii. Obtain other cultures (e.g., skin swabs, urine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 10 yrs <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
viii. Order appropriate lab tests	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ix. Measure O2 saturation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 10 yrs <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?	If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2	Q3	Q4
II. EMERGENCY DEPARTMENT/ACUTE CARE/LONG TERM CARE: Community/Primary Health Care Skills as above, plus:				
i. Obtain ECG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. Order Chest X-rays and CT scans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iii. IM Injections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 10 yrs <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iv. Starting intravenous lines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> 6m- 2yrs ago <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
v. Maintain intravenous line	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
vi. Setting up oxygen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
vii. Checking oxygen administration setups	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
viii. Administer medications by inhalation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ix. Administer medications by injection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?		If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2		Q3	Q4
x. Administer medications orally	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
xi. Administer medications by IV	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
xii. Suctioning non-intubated patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
xiii. Insertion, maintenance of Foley catheters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
III. CRITICAL CARE: Emergency Department/Acute Care/Long Term Care and Community/Primary Health Care Skills as above, plus:					
i. Intubation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> within 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6m-2 years ago	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ii. Ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> within 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6m-2 years ago	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
iii.(a) Central line insertion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> within 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6m-2 years ago	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
(b) Central line maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> within 3 months <input type="checkbox"/> 3-6 months ago	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Competency Domain	Have I ever done it?	If Yes to Q1, how long ago?		If 'Yes' to previous questions, I feel competent to perform those activities:	If 'No' to Q1, is the necessary education and/or training available?
Major Competency	Q1	Q2		Q3	Q4
		<input type="checkbox"/> 6m-2 years ago			
iv.(a) Arterial line insertion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> within 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6m-2 years ago	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
(b) Arterial line maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> within 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6m-2 years ago	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
v. Administration of medication by continuous infusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> within 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6m-2 years ago	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
vi. Suctioning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> last 2 yrs <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> 5-10 years ago <input type="checkbox"/> >10 years ago		By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
vii. Advanced Cardiac Life Support ACLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> within 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6m-2 years ago	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
viii. Management of inotropes and vasopressors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> within 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6m-2 years ago	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
ix. Management of insulin infusions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> within 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6m-2 years ago	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
x. Management of dialysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> current <input type="checkbox"/> within 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6m-2 years ago	<input type="checkbox"/> 2-5 years ago <input type="checkbox"/> >5 years ago	By myself <input type="checkbox"/> Yes <input type="checkbox"/> No With a Team <input type="checkbox"/> Yes <input type="checkbox"/> No With supervision <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

III *Personal Circumstances*

Have you given consideration to the following questions:

1. Do I work in a sector or for an employer that will allow me to be available to assist in a pandemic situation?

2. Do I require family support because of dependent child or children, spouse or parent(s)?

3. Do I have plans to care for family members who may become ill during a pandemic?

4. Does my family have a personal home pandemic plan?

5. Does my employer offer any family support?

6. Have I discussed my participation with family members?

7. Do I have Critical Illness Insurance?

8. Are my Will and Estate planning arrangements current?

9. Am I available to travel within the province?

- 10 How would I be able to travel to and from work? (Car? Public Transit? Air? Train? Bus?)

11. Do I have language skills, other than English, that would be helpful to health care delivery during an influenza pandemic?

The Next Steps

As a general rule of thumb, the more “Yes” responses, the greater the ability to lend assistance. For “No” responses, the self-assessment tool prompts you to consider education/training possibilities to update your competency sets.

Once you have assessed your abilities and determined how best you can assist during an influenza pandemic, consider what steps you can take to ensure that your assistance will be utilized to the fullest:

- education upgrading?
- college/professional association notification?
- notify local health human resource planners?

For more information regarding Ontario’s Health Pandemic Influenza Plan visit http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_mn.htm

For profession-specific planning information, check with your regulatory body and/or professional association.

Summary

Health care providers are encouraged to talk with their colleagues, employers, regulatory colleges and the volunteer sector about the province’s pandemic planning process and to discuss how they might contribute to both planning and the pandemic response. Providers with influenza care competencies will be in great demand during a pandemic. Providers are therefore encouraged to give thought to their own personal preparation and how they might contribute their skills and competencies to the health care system during a pandemic.

RHPA Profession / Influenza Care Competencies Matching

Domain	Competencies	Profession
A. Administrative/ Support	<p>a. Management/leadership/innovation:</p> <ul style="list-style-type: none"> i. Ability to respond to crises, develop strategies for response. <p>b. Care site management (care clinic, immunization clinic, ED, home care):</p> <ul style="list-style-type: none"> iii Organization, staffing, response to changing situations for particular setting, iv Assessment of staff competencies, and matching to needs, and v Scheduling and deployment: staff (physician, employees, volunteers), beds, and sites vi Succession and contingency planning, and vii Coordination of triage and rationing decisions, ethics. <p>c. Coordination of patient flow:</p> <ul style="list-style-type: none"> i Answering patient questions, and ii Receiving and directing patients. <p>d. Communication</p> <ul style="list-style-type: none"> i Coordination with other levels of care, public health ii Internal communication: status of pandemic, changes. 	<p>Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.</p>
	<p>e. For hospitals and alternate care sites:</p> <ul style="list-style-type: none"> i Pharmacy 	<p>Public domain activities; not regulated under the RHPA; may require specific education, training and authorization.</p> <p><i>NOTE: Under the Drug and Pharmacies Regulation Act non-hospital pharmacies must be supervised by a Pharmacist; under that RHPA s.27 (2)8 "supervising the part of a pharmacy where drugs are kept" is a controlled act.</i></p> <p><i>NOTE Dispensing and/or compounding must be done by either a Physician or Pharmacist</i></p>
	<ul style="list-style-type: none"> ii Laboratory service iii Radiology 	<p>Public domain activities; not regulated under the RHPA; may require specific education, training and authorization.</p> <p>Will require Medical Laboratory Technologists.</p>
	<ul style="list-style-type: none"> iv Supplies (clean/sterile, as well as office) v Health records vi Information infrastructure management: telephones, email, hospital information system, surveillance infrastructure vii Food services viii Laundry ix Parking x Security xi Housekeeping xii Disposal of waste (including handling and disposal of biohazardous waste) xiii Facility management (ventilation, creation of isolation space, etc.) xiv Ability to prepare bodies for burial/cremation, and store pending transport. 	<p>Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.</p>

Domain	Competencies	Profession
B. Transportation	<p>a. Patients including assessment and provision of care to patients during transport</p> <p>b. Laboratory specimens</p> <p>c. Waste</p> <p>d. Dangerous goods (e.g., oxygen)</p> <p>e. Staff.</p>	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
C. Education	<p>a. Ability to educate health care professionals about</p> <ul style="list-style-type: none"> i Provincial emergency and pandemic preparedness ii Individual preparedness (e.g., wills, stockpiling OTC meds, etc.) iii Influenza and pandemic influenza iv Self screening for influenza illness and for stress/ability to continue working v Assessment, triage, management protocols (patient with and without co-morbidities): within healthcare settings, within community/PHC settings (e.g., pharmacy, teletriage, schools) vi Infection control and occupational health and safety. <p>b. Ability to educate the general public about</p> <ul style="list-style-type: none"> i About influenza including self care ii Pandemic preparedness. <p>c. Ability to respond to questions about influenza and self care (phone, web, in person)</p>	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
D. Infection control/occupational health and safety	<p>a. Ability to screen staff for illness</p> <p>b. Ability to identify staff who through other illness or burn out, need assistance/rest</p> <p>c Ability to develop surveillance programs:</p> <ul style="list-style-type: none"> i For disease ii For adverse events of immunization and therapy. <p>d. Ability to implement surveillance programs:</p> <ul style="list-style-type: none"> i For disease ii For adverse events of immunization and therapy. <p>e. Ability to monitor workplace and patient safety:</p> <ul style="list-style-type: none"> i Identify hazards/problems ii Provide on-going education and training iii Rectify hazards. <p>f. Provision of support for staff:</p> <ul style="list-style-type: none"> i Psychosocial ii Logistic (food, gas, care for pets, care for family). 	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
E. Care for well persons	<p>a. Immunization:</p> <ul style="list-style-type: none"> i Ability to screen for eligibility for immunization ii Ability to obtain consent for immunization 	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
	<ul style="list-style-type: none"> iii Ability to prepare vaccine for injection 	Physicians, pharmacists
	<ul style="list-style-type: none"> iv Ability to inject vaccine. 	Physicians, registered nurses (extended class), dentists. Authorized under order or regulation: registered nurses (general class), registered practical nurses, chiropody and podiatry (injection only into feet), medical radiation

Domain	Competencies	Profession
		technologists, midwives (within scope), respiratory therapists, advanced care paramedics, critical care paramedics.
	b. Prophylaxis: i Ability to screen persons for eligibility for antiviral prophylaxis ii Ability to obtain consent for antiviral prophylaxis	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
	iii Ability to prescribe antivirals for prevention of influenza	Physicians, registered nurses.
	iv Ability to dispense antivirals for prevention of influenza (public health or hospital supply).	Physicians, pharmacists.
F. Care for Ill patients	a. Competencies Across Care Settings: i Taking a medical history ii Examining the chest	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
	iii Performing a complete physical exam	Physicians, registered nurses (extended class).
	iv Interpreting the results of history, physical exam, chest x-ray, laboratory and point of care testing	Physicians, registered nurses (extended class), critical care paramedics.
	v Prescribing medication	Physicians, registered nurses (extended class), dentists (within scope).
	vi Triage patients to appropriate location: in community, to care location; in ED to level of care vii Deciding to refer patient for assessment by staff with greater competency	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
	viii Discharging patient home or to another care setting	Physicians, registered nurses (extended class) – but not from hospital.
	ix Deciding on palliative care/withdrawal of care.	Physicians, registered nurses (extended class).
	xi Designing and implementing rehabilitation programs xii Psychosocial support.	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
	b. Supports Across Care Settings: i Activities of daily living ii Delivery of food etc (community only) iii Care for dependents (community only)	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
	c. Technical skills by Care Setting: i Community/PHC: measure temperature take pulse take blood pressure	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
	take venous blood samples	Physicians, registered nurses (extended class) Authorized under order or regulation: registered nurses (general class), registered practical nurses, medical laboratory technologists, medical radiation technologists, midwives (within scope), respiratory therapists.
	obtain nasal, NP swabs	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization. May be regarded by some as a “controlled act”, especially if the taking of the swab involves going “beyond the point in the nasal passages where they normally narrow”: <i>RHPA, s. 27(2)6.ii.</i>
	obtain throat swabs obtain other cultures (e.g., skins swabs, urine)	Public domain activities; Not regulated under the RHPA; may require specific education,

Domain	Competencies	Profession
		training and authorization.
	order appropriate lab tests	Physicians, registered nurses (extended class), dentists (within scope), midwives.
	measure O2 saturation.	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
	ii ED/ Acute Care/LTC: Community/PHC skills PLUS	
	obtain ECG	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
	order chest X-rays and CT scans	Physicians, registered nurses (extended class).
	IM injections	Physicians, dentists, registered nurses (extended class), dentist Authorized under order or regulation: medical radiation technologists, midwifery (within scope), registered nurses (general class), registered practical nurses, respiratory therapists, advanced care paramedics, critical care paramedics.
	starting intravenous line	Physicians, registered nurses (extended class), registered nurses (general class) dentists, midwifery. Authorized under order or regulation: registered practical nurses, respiratory therapists, advanced care paramedics, critical care paramedics.
	maintain intravenous line (site and tubing)	Physicians, registered nurses (extended class), registered nurses (general class) dentists, registered midwives, respiratory therapists. Authorized under order or regulation: registered practical nurses, advanced care paramedics, critical care paramedics.
	setting up oxygen	Physicians, dentists, midwives. Authorized under order or regulation: registered nurses (extended class), registered nurse (general class), registered practical nurses, respiratory therapists, advanced care paramedics, critical care paramedics.
	checking oxygen administration set-ups	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization.
	administer medications by inhalation	Physicians, Dentists, Registered Nurses (Extended Class), dentists. Authorized under order or regulation: Medical Radiation Technologists, Midwifery (within scope), Registered Nurses (General Class), Registered Practical Nurses, Respiratory Therapists, Advanced Care Paramedics, Critical Care Paramedics.
	administer medications by injection	Physicians, dentists, registered nurses (extended class). Authorized under order or regulation: medical radiation technologists, midwifery (within scope), registered nurses (general class), registered practical nurses, respiratory therapists, advanced care paramedics, critical care paramedics.

Domain	Competencies	Profession
	administer medications orally	Public domain activities; Not regulated under the RHPA; may require specific education, training and authorization. Presupposes medication has been properly prescribed, compounded and /or dispensed (i.e., controlled acts).
	administer medications by IV	Physicians, dentists, registered nurses (extended class). Authorized under order or regulation: medical radiation technologists, midwifery (within scope), registered nurse (general class), registered practical nurses, respiratory therapists, advanced care paramedics, critical care paramedics.
	suctioning non-intubated patients	Physicians, registered nurses (extended class), respiratory therapists, physiotherapists, dentists. Authorized under order or regulation: registered nurses (general class), registered practical nurses, advanced care paramedics, critical care paramedics.
	insertion, maintenance of Foley catheters	Physicians, Registered Nurses (Extended Class), Dentists, Midwives, (female patients only). Registered Nurses (General Class), Registered Practical Nurses, Critical Care Paramedics.
	iii Critical Care: ED/ Acute Care/LTC skills PLUS:	
	intubation	Physicians, Registered Nurses (Extended Class), dentists. Authorized under order or regulation: Registered Nurses (General Class), Registered Practical Nurse, Respiratory Therapists, Advanced Care Paramedics, Critical Care Paramedics.
	ventilation	Authorized under order or regulation: Respiratory Therapists, Critical Care Paramedic.
	central line insertion	Physicians.
	central line maintenance	Physicians registered nurses (extended class) nurses. Authorized under order or regulation: registered nurse (general class), registered practical nurse, respiratory therapists, critical care paramedics.
	arterial line insertion	Physicians. Authorized under order or regulation: Respiratory Therapists.
	arterial line maintenance	Physicians registered nurses (extended class) nurses. Authorized under order or regulation: registered nurse (general class), registered practical nurse, respiratory therapists, critical care paramedics.
	administration of medication by continuous infusion	Physicians, midwives. Authorized under order or regulation: Registered Nurses (Extended Class) Nurses Registered Nurse (General Class), Registered Practical Nurse, Respiratory Therapists,

Domain	Competencies	Profession
		Advanced Care Paramedics, Critical Care Paramedics.
	suctioning	Physician, Registered Nurses (Extended Class), respiratory therapists, dentists, midwives, Physiotherapists (tracheal suctioning). Authorized under order or regulation: Registered Nurses (General Class), Registered Practical Nurses, Advanced Care Paramedics, Critical Care Paramedics.
	advanced cardiac life support	Physicians, registered nurses (extended class). Authorized under order or regulation: registered nurses (general class) respiratory therapists, critical care paramedics.
	management of inotropes and vasopressors	Physicians, advanced care paramedic, critical care paramedic.
	management of insulin infusions	Physicians. Authorized under order or regulation: Registered Nurse (General Class) with ICU/Critical Care experience, Advanced Care Paramedic, Critical Care Paramedic.
	management of dialysis	Physicians, registered nurses (extended class). Authorized under order or regulation: registered nurses (general class), registered practical nurses.

Sample Framework for Using Competency Assessments to Plan Team-based Care for Patients with Influenza

Role	Competency Domain	Potential for controlled acts	Activities	Competencies required
Screeener	Support	None	-Direct patients to “flu” or “non-flu” triage -Exclude visitors -Ensure hand hygiene and PPE use	Ability to maintain order Ability to use PPE as appropriate Language competencies an asset
Triage (ED only)	Triage	None, except in crisis, when decision making care withdrawal of care for patients arriving at ED might be made by this role	Triage patients to levels of care, assess CTAS category	ED triage competencies (advanced diagnosis capabilities)
Tele-triage (Telehealth only)	Tele-triage	None	Triage patients, provide education	Tele-triage competencies
ADL support (domiciliary only)	Support	None	Assists patients in domiciliary care with basic hygiene, activities of daily living Prepare bodies for morgue / funeral home	Physical ability to assist patients Ability to use PPE Ability to read English Language competencies an asset Ability to assess vital signs an asset
Assistant	Assessment	IM injection, drawing blood, obtain other lab specimens, administer meds, oxygen therapy, iv / Foley catheter insertion and maintenance	Support for assessment – has some or all of technical skills for care, and may be able to take some/all elements of history	As ADL, plus: Some/all of technical skills for non-ICU/resuscitate
Assessor	Assessment	As assistant, plus: • dispense meds, • order lab tests • Interpret tests (to some degree).	Takes history for flu patients, examines chest, assesses patient status within care plan, all technical skills for non-ICU setting Refers on appropriately within care setting	As assistant, but with ability to make diagnosis, order lab tests, recognize impact of modifying factors and comorbidities, determine if patient “fits” in standard treatment algorithms
Critical care assessor (ED only)	Assessment	As assessor plus: some/all ICU technical skills	Monitors, assesses patients with compromised hemodynamic/respiratory status in ED	Ability to monitor patients requiring ICU level care in the ED
Primary decision-maker	Decision-maker	As assessor, plus For uncomplicated patients with influenza: decide on disposition, prescribe medications, order non-care plan lab tests, change therapy	For uncomplicated flu patients and those in clinic settings, decide on disposition, prescribe medications, order non-care plan lab tests, change therapy	All of assessment competencies (except critical care), plus ability to diagnose, recommend treatment plan, prescribe meds, discharge patient to another location as long as patient has uncomplicated influenza and/or while working with supervision
Secondary decision maker	Decision-maker	As primary decision-maker, plus: For complicated patients, decide on disposition, prescribe medications, order non-care plan lab tests, change therapy	As decision-maker, but for acute care in-patients, and those in ED with significant comorbidities/complications	All of assessment competencies (except critical care), plus ability to diagnose, recommend treatment plan, prescribe meds for and discharge patient, for patients with complicated influenza
Critical care decision maker (ED only)	Decision-maker	All technical skills for critical care	Manages/directs management of patients in the ED with compromised hemodynamic and respiratory status	All of other assessment and decision making competencies, plus the ability to diagnose and treat patients requiring ICU level care
Rehab/ discharge planning	Support	None	To direct rehab programs and assess domiciliary patients for suitability for discharge to other care locations/home	Ability to assess ADL capacity and home support Ability to plan and deliver physical rehab
Psychosocial support	Support	None	To provide psychosocial support for patients and families	Ability to provide psych/social support

Volunteer Position Description Template

Volunteer Position Description Template¹

Position Title:

Location:

Purpose:

Risk Level:

Time Commitment:

Hours:

Term:

Major Responsibilities:

Reports to:

Competencies required:

Orientation/ Training Required:

Screening Required:

Supervision and Evaluation:

Benefits:

Supporting Policies:

¹ This template is based on a compilation of the templates found in:
Volunteer Canada (2001) *A Matter of Design: Job Design theory and application to the voluntary sector*. Available at <http://www.volunteer.ca/volunteer/pdf/MatterofDesignEng.pdf> p.65.
Cooper,Reva (2002) *Risk Management by Position Design: A guide for community support organizations in Ontario*
Volunteer Canada: Ottawa, Ontario. Available at: <http://www.volunteer.ca/volunteer/pdf/RiskEng.pdf> p.9.
Nonprofit Risk Management Center (2001) *Staff Screening Tool Kit: Building a Strong Foundation Through Careful Staffing Corporation for National Service*: Washington, D.C. Available at:
http://www.nationalservicerresources.org/resources/online_pubs/program_management/staff_screening_toolkit.php?search&search_term=toolkit&m=all p.35.
Mason Ward, Tarra (2001) *Resource Guide: Answers to the most frequently asked questions about volunteerism and the services of Volunteer Victoria* Volunteer Victoria: Victoria, British Columbia. Available at:
http://www.islandnet.com/~volvic/_pdfs/programs_resguide.pdf p.94.

Sample Volunteer Job Description

Position Title: Primary Screener

Location: Entrance to Hospital/Emergency Room

Purpose: To direct patients to the appropriate waiting rooms to be triaged

Risk Level: Low

Time Commitment:

Hours: 8 hour shifts, 7-3, 3-11, 11-7

Term: Duration of the pandemic

Major Responsibilities:

Greet patients that enter the hospital site

Direct patients to the appropriate waiting area

Answer general patient questions

Instruct patients on the use of basic infection control procedures

Reports to: Security Manager

Competencies required:

Ability to deal with patients in a kind and compassionate manner

Ability to deal with patients who will be scared and/or frustrated

Ability to communicate basic infection control procedures

Ability to respond to basic patient questions

Ability to direct patients to waiting rooms based on established medical protocols

Orientation/Training Required:

Basic orientation to the layout of the hospital so as to be able to instruct patients to required facilities

Orientation on the medical directives established

Training on the basic infection control procedures

Screening Required:

Minimal

Application through central volunteer staffing organization

Reference check if time permits

Supervision and Evaluation:

This individual will be supervised by the security staff on duty at the hospital site

Triage nurses will provide feedback as to the appropriateness of the individuals use of the medical directives and advice concerning which waiting rooms incoming patients should be directed to

Benefits:

Personal Protective Equipment

Access to prophylaxis/antivirals if available

Accident/Illness Coverage

Supporting Policies:

See policies on first assessments of influenza patients

See hospital health and safety policy

Sample Request for Volunteers²

Agency:		How Many Volunteers Needed:	
Address:		Work Location:	
Contact Person:	Phone #:	Ext:	
Contact Hours:	Email:		
Title Of Volunteer Position(s) (If Possible Attach Job Descriptions):			
Description Of Position (Tasks To Be Done):			
Other Information:			
Indicate Who Can Do This Job:			
Volunteer Ages Child (Up to 12 years) <input type="checkbox"/> Youth (13-18 years) <input type="checkbox"/> Adult (19-64 years) <input type="checkbox"/> Senior (65+ years) <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Either <input type="checkbox"/>	Vehicle Required License Class____ Background Check Required <input type="checkbox"/>	Does Your Facility Have: Wheelchair Access <input type="checkbox"/> Public Transit Access <input type="checkbox"/>
ICCs The Volunteer Needs To Do This Job:			
Training:		Orientation:	
Reimbursement For:		Other Benefits:	
Indicate Who The Volunteer Will Work With (Complete where applicable):			
Ages To Work With Child (Up to 12 years) <input type="checkbox"/> Youth (13-18 years) <input type="checkbox"/> Adult (19-64 years) <input type="checkbox"/> Senior (65+ years) <input type="checkbox"/>	People May Have Mental Disability <input type="checkbox"/> Emotional Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Influenza <input type="checkbox"/>	Relationship Group <input type="checkbox"/> Individual <input type="checkbox"/> Both <input type="checkbox"/>	
Volunteer Commitment Required (Actual Days/Hours/Duration Of Position):			

² Adapted from Mason Ward, *Resource Guide: Answers to the most frequently asked questions about volunteerism and the services of Volunteer Victoria*, p.104

Sample Volunteer Application Form

First Name:	Last Name:	Please circle Mr. Ms. etc
Languages please check fluency : Speak <input type="checkbox"/> Write <input type="checkbox"/> Both <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Specify other <input type="checkbox"/>		
Address:		
Phone:		
Emergency Contact Information:		
Name:	Phone number:	Relationship:
E-Mail:		
What is the best method/time to contact you:		
Availability:		
<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekends		
Length of time available:		
Do you have any physical or mental conditions or other restrictions that could affect the kind of volunteering service you can provide?		
Current Job Responsibilities and Hours:		
How will your volunteer work affect your family and work responsibilities:		
* In the context of the pandemic you may want to include a question about whether volunteers will require child or elder care in order to lend assistance		
Previous Work Experience:		
Special Competencies, Training, and Hobbies:		
Previous Volunteer Experience:		
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
A valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about the volunteer opportunities at our organization?		
Signature:		Date: _____
* If you were using a central organization for screening your volunteers, you could ask the volunteers to select which job description they were interested in and which ones they had the competencies for, you could also have the central organization include a competency list based on the job descriptions which potential volunteers could check off. They could then be matched to the appropriate job.		
* If you were doing the screening yourself, it might be helpful to include a competency checklist based on the necessary competencies of the positions you are hoping to fill. You can then use this to determine which applicant would be appropriate for which position.		

Directory of Ontario Volunteer Centres

ON - Central

Community Link North Simcoe Volunteer and Information Connection
67 Fourth Street
Midland, L4R 3S9
tel: 705-528-6999
fax: 705-528-6990
www.communitylink.ca
volunteer@communitylink.ca

Volunteer Resource Centre for Durham Region
50 Richmond Street, Suite 116
Oshawa, L1G 7C7
tel: 905-436-2035
fax: 905-571-1460
www.volunteerdurham.org
nburke@volunteerdurham.org

Helpmate Community Information & Volunteer Bureau
1 Atkinson Street, 4th Floor
Richmond Hill, L4C 0H5
tel: 905-884-3000 3839
fax: 905-884-4798
www.helpmate.volnetmmp.net
helpmate@volnetmmp.net

ON - Eastern

Volunteer Bureau of Leeds and Grenville
42 George Street P.O. Box 1813
Brockville, K6V 6K8
tel: 613-342-7040
fax: 613-342-7831
www.volunteerleedsgrenville.com
execdir@volunteerleedsgrenville.com

Volunteer and Information Kingston
260 Brock Street, Suite 5, 2nd Floor
Kingston, K7L 1S4
tel: 613-542-8512
fax: 613-542-8216
www.volunteerkingston.ca
blandry@volunteerkingston.ca

Bureau central des Bénévoles de la région de Hawkesbury
331 McGill Street
Hawkesbury, K6A 1P9
tel: 613-632-6901
fax: 613-632-7581
bcbrh@cnwl.igs.net

Volunteer Ottawa / Bénévoles Ottawa
402-2197 Riverside Drive
Ottawa, K1H 7X3
tel: 613-736-5266 226
fax: 613-736-5262
www.volunteerottawa.ca
lsilver@volunteerottawa.ca

ON - Metro-Toronto

Information Markham and Volunteer Centre
101 Town Centre Boulevard
Markham, L3R 9W3
tel: 905-477-7000 6840
www.city.markham.on.ca/infomark/InfoMark-main.htm
inf@markham.ca

Volunteer Centre of Peel
207-160 Traders Boulevard
Mississauga, L4Z 3K7
tel: 905-306-0668
fax: 905-306-8221
www.volunteerpeel.com
progserv@volunteerpeel.com

Volunteer Toronto
344 Bloor Street West, Suite 404
Toronto, M5S 3A7
tel: 416-961-6888
fax: 416-961-6859
www.volunteertoronto.on.ca
dgardner@volunteertoronto.on.ca

ON - North

Elliot Lake Volunteer Resource Centre
1 Washington Crescent, Suite 108
Elliot Lake, P5A 2W9
tel: 705-848-1337
basjess@vianet.ca

Fort Frances Volunteer Bureau
140 Fourth Street West, Suite 1
Fort Frances, P9A 3B8
tel: 807-274-9555
fax: 807-274-5456
haneyk13@yahoo.ca

Volunteer Centre of the Blue Sky Region
183 First Avenue West
North Bay, P1B 3B8
tel: 705-472-0200 22
fax: 705-472-1448
www.volunteernorthbay.on.ca
youthvolunteer@bellnet.ca

Volunteer Sault Ste. Marie
8 Albert Street East
Sault Ste. Marie, P6A 2H6
tel: 705-949-6565
fax: 705-759-5899
www.ssmunitedway.ca
linklaterc@ssmunitedway.ca

Volunteer Sudbury/Bénévolat Sudbury
960 Notre Dame Avenue
Sudbury, P3A 2T4
tel: 705-561-8873
fax: 705-560-2767
www.volunteersudbury.com
office@volunteersudbury.com

Volunteer Thunder Bay
125 South Syndicate Avenue, Unit 13, Victoriaville Mall
Thunder Bay, P7E 6H8
tel: 807-623-8272 225
fax: 807-622-6435
www.volunteerthunderbay.ca
info@volunteerthunderbay.ca

Volunteer Timmins
85 Pine Street South, Suite 07, Lower Concourse
Timmins, P4N 2K1
tel: 705-264-9765
fax: 705-264-9767
www.volunteertimmins.com
timvol@vianet.on.ca

ON - South-Western

Volunteer Halton
860 Harrington Court, Suite 209
Burlington, L7N 3N4
tel: 905-632-1975
fax: 905-632-0778
www.volunteerhalton.ca
acoburn@cdhalton.ca

Volunteer Cambridge
150 Main Street, 2nd Floor
Cambridge, N1R 6P9
tel: 519-623-0423
fax: 519-623-9298
www.cvbinfocam.on.ca
jacki@cvbinfocam.on.ca

Volunteer Hamilton
627 Main Street East, Suite 206
Hamilton, L8M 1J5
tel: 905-523-4444
fax: 905-523-7465
www.volunteerhamilton.on.ca
christopher@volunteerhamilton.on.ca

Volunteer Centre of Guelph/Wellington
46 Cork Street East, Unit 1
Guelph, N1H 2W8
tel: 866-693-3318
fax: 519-822-1389
www.volunteerguelphwellington.on.ca
info@volunteerguelphwellington.on.ca

Volunteer Connections
5017 Victoria Avenue
Niagara Falls, L2E 4C9
tel: 905-356-6580
fax: 905-356-3522
www.informationniagara.com
claire@informationniagara.com

Volunteer Action Centre of Kitchener-Waterloo
and Area
151 Frederick Street, Suite 300
Kitchener, N2H 2M2
tel: 519-742-8610
fax: 519-742-0559
www.volunteerkw.ca
jane@volunteerkw.ca

United Way of Windsor-Essex County Volunteer
Centre
300 Giles Boulevard East, Unit A1
Windsor, N9A 4C4
tel: 519-258-0000 1188
fax: 519-258-2346
www.weareunited.com
nadams@weareunited.com