

Insert  
Nation  
Logo

<insert employer name> – Emergency Closure

## Departmental Workplace Scan and Contingency Planning Worksheet

<b>Date:</b>	
<b>Supervisor:</b>	
<b>Department:</b>	

**Note:** This survey was developed for COVID-19 Planning purposes and may require that Human Resources provide revisions for future Emergency Closure needs. This survey can be used with the Workforce Planning Template.

### **Part One: The following questions relate to employees under your direction only.**

1. List the core competency employees in your department and consider whether they are able to work on-site or remotely during this time, and whether you believe they can work full hours or partial hours. Please list any projects they may be working on, or could work on to maintain full hours. If partial hours, is there any online e-training that they should be engaged in to make up full hours?
2. Consider that if any of these individual core competency employees were to be laid-off now, and later left for work elsewhere, how easy/difficult would it be to replace the roles?
3. What impact would the departure of any core competency employee have on the operations of your department? (List the position and the impact).
4. List non-core employees in your department and consider the same scenario, whether they are able to work on-site or remotely during this time, and whether you believe they can work full hours or partial hours. Please list any projects they may be working on, or could work on to maintain full hours. If partial hours, is there any online e-training that they should be engaged in to make up full hours?
5. Consider that if these non-core employees were to be laid-off now, and later left for work elsewhere, how easy/difficult would it be to replace the roles?
6. What impact would the departure of a non-core employee have on the operations of your department? (List the position and the impact).
7. Which positions in your department are 100% third party funded (i.e.: not funded by the employer's own source revenues)?
8. Which positions are partially third party-funded, and what is the percentage of funding attributed to each position?
9. Which positions are 100% Employer funded?

### **Part Two: Document Feedback you have received from Employees under your direction**

Employee rights under Part II of the Canada Labour Code - Under the Code, employees have 3 basic rights:

- the right to know
- the right to participate, and
- the right to refuse dangerous work

Definition of danger: "any hazard, condition or activity that could reasonably be expected to be an imminent or serious threat to the life or health of a person exposed to it before the hazard or condition can be corrected or the activity altered."

Employees' entitlements and leaves of absence; the Code provides employees in federally regulated workplaces with a number of job protected leaves if they are ill or if they need to take care of their family. This includes, but is not limited to:

Template shared by Fort Nelson First Nation. Please obtain independent legal advice before implementing in your own community.

Insert **<insert employer name> – Emergency Closure**

Nation

Logo

## Departmental Workplace Scan and Contingency Planning Worksheet

- Medical leave
- Personal leave
- Critical Illness Leave
- Compassionate Care Leave

The Code establishes minimum requirements. If an arrangement providing better protections exists, the most favourable provisions apply.

Please note: that at this time there is no federally or provincially legislated Order in place to cease business operations in our sector. However, the employer is responsible to provide a safe work environment which includes physical distancing measures, and the government has asked individuals to stay home wherever possible. These factors must be considered in your planning.

10. Have any employees advised you that they have contracted COVID-19?

11. Have any employee(s) told you that they will not be able to return to work?

a) If so, did the employee(s) list any of the following reasons (list the employees name next to the reason):

- I. Due to being symptomatic and self-isolating (reason: protected leave- sickness/illness)?
- II. Due to domestic or international travel and self-quarantining (reason: protected leave due to Class Order)?
- III. Due to being physically near a symptomatic individual and self-isolating (reason: protected leave due to advice of Provincial Health Office)?
- IV. Due to school closures and need to care for children (reason: protected leave due to requirement to care for dependent)?
- V. Due to need to care for family member (reason: protected leave due to compassionate care)?

12. Have any employees told you that they would like a temporary lay-off due to need for protected leave, or otherwise (i.e.: cannot work from home)? If so, which employees and which reasons were disclosed this to you?

13. Considering the employers return to work date of **<insert date>**, have any of your employees told you that they do not want to/refuse to return to work on **<insert date>**? Who? What is their reason? What did they tell you?

Insert  
Nation  
Logo

<insert employer name> – Emergency Closure

## Departmental Workplace Scan and Contingency Planning Worksheet

14. Have any employees told you that they are available and want to work via flexible work arrangements, staggered shifts, and remote work allowances? Who? Can you accommodate with the necessary flexible work arrangements? Explain.

### **Part Three: Make a Departmental Business Continuity Plan:**

Weathering the storm will be difficult, make sure you have a plan as to how to do it. Restarting your department that has been suspended will take thought and time to bring back to its former level.

1. What are the options for your department to stay open?
2. Can you change your departmental business model to continue to serve our (internal/external) clients?
3. How will your management decisions impact employee workloads and workload distribution?