Action Plan Template Guidelines

Audit Element/Audit Recommendation:

* List the audit element(s) and audit recommendation(s) linked to the Action Plan project.

Action Plan Project with Milestones or Significant Activities to Complete Project:

* List the title of the Action Plan Project (a short description may be included). Projects should be organization wide and not department specific.
* List milestones or significant activities to complete the project

Activity Assigned To:

* Name the individual responsible for completion of the deliverable for each milestone or significant activity.

Relative Weighting of Activity:

* The employer assigns a point value corresponding to the relative importance of each of the projects within the Action Plan (out of 100 total points) for each year. Within each project, the points are further allocated to each milestones or significant activity.
* Factors to consider in assigning points include:
* the impact the project will have on making the health and safety management system effective,
* the amount of work involved in the project, and
* the comprehensive nature of the project.
* This assignment of points will be discussed and agreed to with the Continuing Care Safety Association (CCSA) prior to the Action Plan being approved.
* Evaluation of successful completion of the Action Plan, and the subsequent awarding of points for each of the projects listed, will be based on the submission of deliverables to the CP.

Deliverable Submitted to CCSA as Evidence of Completion:

* The employer indicates the deliverables that will be submitted to the CCSA for each item to demonstrate completion.
* All deliverables must be submitted to the CCSA no later than November 30. (NOTE: we recommend submitting deliverables as they are completed.)
* Deliverables must be submitted to the CCSA COR Team, [COR@ab-ccsa.ca](mailto:COR@ab-ccsa.ca)

Target Date for Completion:

* A projected completion date is indicated for each activity listed in the Action Plan.

Action Plan Score (Completed by CCSA):

* This column is for the exclusive use of the CCSA for evaluating the successful completion of each project.
* Full points are awarded to all completed projects. This will be based on a review of the deliverables submitted. Partial points may be awarded based on the relative completeness of the deliverable.

**One-Year Action Plan Template**

**EMPLOYER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFICATE OF RECOGNITION EXPIRY DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFYING PARTNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE ACTION PLAN SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **Audit Element/Audit Recommendations** | **Action Plan Project with**  **Milestones or Significant Activities to Complete Project** | **Activity Assigned To** | **Relative Weighing of Activity** | **Deliverables submitted to CCSA as evidence of completion** | **Target Date for Completion** | **Action Plan Score – (Completed by CCSA)** |
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|  |  | **Grande Total** | **100** |  | **Grande Total** |  |

**Example One-Year Action Plan Template**

**EMPLOYER NAME: ABC Inc. CERTIFICATE OF RECOGNITION EXPIRY DATE: November 15, 2021 CERTIFYING PARTNER: CCSA**

**YEAR: 2019 DATE ACTION PLAN SUBMITTED: March 31, 2019**

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| **Audit Element/Audit Recommendations** | **Action Plan Project with**  **Milestones or Significant Activities to Complete Project** | **Activity Assigned To** | **Relative Weighing of Activity** | **Deliverables submitted to CCSA as evidence of completion** | **Target Date for Completion** | **Action Plan Score – (Completed by CCSA)** |
|  |  |  | **2019** |  | **2019** | **2019** |
| Audit Elements:5 – Qualifications, Orientation & Training9 – Incident InvestigationAudit Recommendation:Ensure all managers & supervisors receive accident & incident investigation training. | Health & Safety Training modules developed and delivered for managers & supervisors  1. Identify health and safety training needs for mgrs & supervisors 2. Develop course outline for training modules 3. Develop course contents/materials for training modules | M. Smith and  T. Anderson  T. Anderson  M. Smith | 10  10  40 | Needs Assessment document  Course content outline  Course materials | Apr 15/19  Jun 15/19  Nov 15/19 | 10  10  35 |
|  |  |  | 60 |  |  | 55 |
| Audit Element:  1 – Management Leadership & Organizational Commitment  Audit Recommendation:  Develop a system to evaluate the health and safety performance at the manager level. | Health & Safety indicators developed and implemented to measure the performance of facility managers.   1. Identify and develop organizational Health & Safety performance indicators for managers at all facilities 2. Develop audit form for measuring health & safety performance of managers 3. Develop quarterly report outlining health & safety ranking of the different facilities | R. Jones  B. Thomas  B. Thomas | 5  10  5 | Document listing indicators  Audit form  Document describing ranking system | Mar 31/19  Jun 30/19  Oct 31/19 | 4  8  3 |
|  |  |  | 20 |  |  | 15 |

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| **Audit Element/Audit Recommendations** | **Action Plan Project with**  **Milestones or Significant Activities to Complete Project** | **Activity Assigned To** | **Relative Weighing of Activity** | **Deliverables submitted to CCSA as evidence of completion** | **Target Date for Completion** | **Action Plan Score – (Completed by CCSA)** |
|  |  |  | **2019** |  | **2019** | **2019** |
| Audit Element:  7 – Inspections  Audit Recommendation:  Ensure consistent format for conducting inspections across facilities. | Inspection check sheet developed and implemented at all eight facilities  1. Set up X-functional team with representation from the Inspection Teams from each of the 8 facilities 2. Collect any existing inspection check sheets used at the 8 facilities 3. Use information received to develop check sheet and format for conducting inspections | Inspection Team  Inspection Team  Inspection Teams  B. Clarke  B. Clarke | 7  7  6 | Terms of Reference  Submitted inspection check sheets  Inspection check sheet & format | Feb 25/19  Apr 10/19  Sep 15/19 | 7  7  6 |
|  |  |  | 20 |  |  | 20 |
|  |  | **Grande Total** | **100** |  | **Grande Total** | **90** |