Residential Care

Winter 2011 Edition

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Message from the Regional Manager for Community Care Licensing

Greetings from the Northern Health Licensing team. We are pleased to provide you with this fall newsletter. In this edition, we have included information about a training program developed by the Parkinsons Society of BC. We have also included information from the Provincial Infection Control Network. Health care professionals with an interest in infection control have developed a resource which sets out the current best practices for preventing and control infections in residential care settings.

In this issue you can read about a Coroner's investigation into a choking related death. As noted in the coroner recommendations, we have also included a copy of a St John's Ambulance poster. This poster has basic information regarding choking and has been endorsed as a suitable example of the type of information that the coroner is expecting to be posted in adult residential care facilities.

I have also included a copy of a new standard of practice that has been created by the Director of Licensing regarding the reporting of incidents of aggressive/unusual behaviour. This standard places greater emphasis on the immediacy of reporting incidents of aggression between residents and expands on the definition of aggressive/unusual behaviour. If you have any questions about this standard, please do not hesitate to contact your licensing officer.

I hope you enjoy this newsletter and if you have ideas for future editions, please let me know.

Sharlene Lively
Regional Manager, Community Care Licensing

INCIDENT REPORTING OF AGGRESSIVE OR UNUSUAL BEHAVIOUR IN ADULT RESIDENTIAL CARE FACILITIES

Prior to the creation of this standard, aggressive or unusual behaviour that had not previously been identified or appropriately assessed in a resident's care plan, would need to be reported to the licensing officer.

This new Standard of Practice has enhanced the reporting requirements for incidents of aggressive or unusual behavior. Even if the behaviour was identified and assessed in their care plan, the licensee is now required to report aggressive/unusual behaviour if it is between residents and as a result of the incident, a resident is harmed, either physically or emotionally.

In addition to sending an incident report, the licensee must also immediately contact the Community Care Licensing Program as well as the funding program, and make them aware of the incident. The resident's representative or contact person (typically a family member) must also be notified immediately. If the aggressive/ unusual behaviour is of a criminal nature, police must also be notified.

Incident reports should be completed by the staff member who witnesses the incident and should not be altered by other staff of the facility.

A copy of this Standard is included with this newsletter. If you have any questions, please contact your licensing officer.

PREVENTING CHOKING IN RESIDENTIAL CARE FACILITIES.

A Coroner's Report published on February 2011, outlined the findings of an investigation into the choking death of a senior in a long term care facility. In response to this incident, the following preventative actions were implemented by the care facility operator.

- Annual training is now being provided to all staff on choking recognition and the abdominal thrust manoeuvre, in accordance with the American Heart and Stroke Guidelines.
- Safety posters were displayed in all service areas to reinforce the recognized methods of assessment and first aid performed in the event of a choking incident.
- The provision of 'cut up' food for the residents was changed to a 'diced' food protocol that would consist of cubes of approximately 1 centimetre in size. The changes were being adapted into the facility orientation and annual training protocols.
- Prior to each meal, the cook and the server debrief to ensure that the food service staff are clear on the content of the meals and aware of all resident's allergies and diet restrictions. This protocol was designed to increase accuracy through communications, and would become part of the orientation and annual training.

In addition to these preventative measures, the Coroner also recommended that posters which outline the correct procedure for airway assessment, abdominal thrusts and CPR be displayed in the common service areas and staff lunch rooms of all licensed Community Care Facilities in the province. It is hoped that frequent exposure to this visual cue will reinforce the correct method of assessment and first aid so when required in the emergency setting, the responses will be familiar and standardized.

We have included copies of the recommended poster with this newsletter. Please post these in your facility as recommended by the Coroner. Your Licensing Officer will be noting that your facility has followed through on this recommendation on your next routine facility inspection report.

DIRECTOR OF LICENSING STANDARD OF PRACTICE

Number: 01/08/2011 Effective Date: 01/ 08/ 2011

This Standard of Practice is made under the authority of section 4 of the *Community Care and Assisted Living Act* (CCALA), which provides that the Director of Licensing may:

> (e) specify policies and standards of practice for all community care facilities or for a class of community care facilities

INCIDENT REPORTING OF AGGRESSIVE OR UNUSUAL BEHAVIOUR IN ADULT RESIDENTIAL CARE FACILITIES

"reportable incident" means a reportable incident as set out in Schedule D

"aggressive or unusual behaviour" means aggressive or unusual behaviour by a person in care towards other persons, including another person in care, which has not been appropriately assessed in the care plan of the person in care"

Reportable Incidents

Section 77 of the Residential Care Regulation defines reportable incidents as inclusive of the following :

- a person in care is involved in a reportable incident if they are the subject of a reportable incident, or
- in the case of a reportable incident, or an alleged or suspected reportable incident of emotional, physical, financial or sexual abuse, or neglect, or
- if a person in care witnesses a reportable incident

The incident must immediately be reported to the following:

- the representative of the person in care, or the contact person, and
- the medical practitioner or nurse practitioner responsible for the person in care, and
- the medical health officer (Community Care Licensing Program), and
- the funding program (if the facility receives funding)

Record of minor and reportable incidents

Section 88 of the Residential Care Regulation requires operators to keep records of both minor and reportable incidents. For those events that do not require an incident report, but are nonetheless significant, make a record of the event, and ensure that it is readily accessible at the request of your licensing officer.

Policy

Aggressive/unusual behaviour that has not been appropriately assessed in a resident's care plan must be reported (as per Schedule D).

In addition, aggressive/unusual behaviour by a person in care towards another person in care in cases where another person in care is harmed (physically or emotionally) requires an incident report. If a person in care is involved in a reportable incident, the representative or contact person (typically a family member) must also be notified immediately.

In cases where more than one person in care has been seriously injured, or in an incident of resident to resident violence, in addition to sending an incident report, the licensee must also immediately contact the Community Care Licensing Program as well as the funding program, and make them aware of the incident.

If the aggressive/unusual behaviour is of a criminal nature, police must also be notified.

Incident reports should be completed by the staff member who witnesses the incident and should not be altered by other staff of the facility.

For the purposes of incident reporting, health authorities must monitor incident notification and facility record keeping required by the legislation.

- The licensee must retain a record of the incident
- The Community Care Licensing program of the health authority will retain a record of the incident
- The funding program must be notified of the incident (if the facility receives funding)

The following are primary funding programs for subsidized adult residential care facilities:

- Home and Community Care
- Mental Health and Substance Use
- Community Living Authority of BC

If a staff person has been injured in an incident of aggressive/unusual behaviour, a report to WorkSafe BC may also be required.

CRIMINAL RECORD CHECKS - FOR THOSE WORKING WITH CHILDREN AND VULNERABLE ADULTS - MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL

In light of the recent changes to the requirement for Criminal Record Checks (CRC's) in residential care, Licensing would like to provide answers to some common questions. It is important to note that not every scenario in every facility will look the same so we encourage Licensee's and managers to review each employee/volunteers' roles individually.

Are volunteers required to have a CRC? As mentioned in our previous newsletter, Licensees should review the definition of employee in the Community Care and Assisted Living Act. Although Volunteer is included in that definition Licensee's should review the job description and duties of their volunteers. Some may not be required to obtain a CRC based on their access, frequency, supervision and/or role within the facility. Some volunteers may actually be a visitor and in some of these cases may not require a CRC.

What if an employee has a CRC as a result of their registration with a College? Designated professionals registered with a College where a CRC is required as part of ongoing registration, such as RN's and LPN's, can provide proof of current registration as indication that they have a valid CRC. Those Colleges are diligent in ensuring the 5 year re-checks are completed as a condition of registration. Where a school has obtained the CRC for students this is acceptable where the licensee/manager has verified this with the school and has documentation of it . Documentation should either be a letter from the school to this effect, a copy of the CRC result letter itself, or notes that a recognizable individual from the facility has confirmed verbally with the school that the CRC has been completed.

Do paid companions (arranged by a residents family) require a CRC? Some families have paid companions spend time with their relatives. Where the licensee has no involvement in this arrangement and this type of relationship is not with the Licensee a criminal record check is not required.

What happens if a staff and/or volunteer has a criminal record in their distant past?
If the criminal record check reveals a relevant and / or specified offence an adjudication process will take place. A number of factors are considered depending on the risks involved regarding any past charges or convictions.

Please note: RCMP criminal record checks do not meet the requirement and are not acceptable. All CRC's must be obtained through the Ministry of Public Safety and Solicitor General. For more information please refer to their website at: http://www.pssg.gov.bc.ca/criminal-records-review/index.htm

DIETITIANS: GETTING HELP WHEN YOU NEED IT

Ever wondered whether you should get the help of a dietitian? Perhaps you have a resident who has lost or gained a lot of weight, having difficulties with chewing and/or swallowing, recently been put on tube feeds or been diagnosed with diabetes? Or has your licensing officer told you that you must hire a dietitian? If you have, you know it is not always an easy task. This article will explore what a dietitian is, what one could do for you and when and where to find one.

Due to their unique training in human health and nutrition and food science, dietitians are best suited to support the food and nutritional health of individuals, families and populations.

In British Columbia, all dietitians must be registered with the College of Dietitians of BC. This ensures that individuals calling themselves Registered Dietitians (RD), which is a protected title, meet standards for education, experience and continuing professional development. For a list of RDs registered with the College of Dietitians of BC, visit: https://pacific.alinity.com/cdbc/webclient/publicregister.aspx

As a result of their training and experience, RDs are well suited to a variety of roles and settings, including in hospitals, long-term care facilities, public health, universities, food industry and in private practice. In the north, nearly all RDs work for Northern Health.

What you need from a dietitian will determine where you seek help. For example:

- For answers to simple nutrition questions, call HealthLink BC at 811 and ask to speak to an RD, Monday to Thursday from 8 am to 8 pm and Fridays from 8 am to 5 pm.
- For nutrition care for residents who can meet the hospital dietitian at her office, ask the doctor for a referral.
- For food services and/or nutrition support at your facility, you will need to hire a contract RD. A contract dietitian can:
  - support the development and implementation of facility menus, standardized recipes and quality improvement processes
  - develop, deliver and evaluate training to increase staff's knowledge, skills and capacity regarding food services and nutrition care
  - assess nutritional needs of individuals and groups
  - develop, implement and evaluate nutritional care plans and therapeutic diets
  - support employee wellness initiatives
  - support relevant grant application processes to enhance program funding and resultant services

To find a contract RD, visit Dietitians of Canada's website: http://www.dietitians.ca/find If you cannot locate one in your community, call the RD at your local hospital or public health unit, as they may know of someone. While there isn't a standardized fee schedule, most contract dietitians charge an hourly rate between $50 and $150. Cost will depend on the type of service (e.g. education session vs. menu revision vs. client assessment and counseling), amount of behind-the-scenes work required, costs of associated materials and travel and the years of experience the contract RD has.

Finding and paying for RD services may seem like barriers but the benefits to your facility and the health of your clients is invaluable.

PROVINCIAL INFECTION CONTROL NETWORK

In BC, we have a Provincial Infection Control Network (PICNet) which brings together health care professionals with an interest in infection control. Membership includes Infection Control Professionals and Physicians, Medical Health Officers, Nursing and many others. Their overarching goal is to build capacity within the infection control community of practice. They work together to providing advice, knowledge and support on matters relevant to infection control.

In their recent newsletter, PICNet announced that they have developed an Infection Control Manual for use by residential care facilities who are operated privately and do not have access to Health Authority Infection Prevention and Control programs and services. The Residential Care Infection Prevention and Control Manual is now available on the PICNet website. http://www.picnetbc.ca/home.htm

PARKINSON SOCIETY

The Parkinson Society British Columbia is here to help people with Parkinson's and the people who care about them by providing support services including information and resources, education and consultation. The Parkinson Society British Columbia recognizes that you are essential in the treatment and care of people with Parkinson's disease.

A training module has been developed to help you. The Introduction to Parkinson's Disease in-service video is divided into six 10-minute segments covering the following topics:

1. Introduction to PSBC and the facts about Parkinson's
2. Symptoms
3. Treatment Options
4. Cognitive and Mood Aspects
5. Fluctuations in Mobility
6. Issues in Late Stage Parkinson's

If you click on the link above, it will take you to the healthcare professional page of our website where you will find links to the six segments of the presentation. Please note that a limited number of copies of this presentation are available on DVD at a cost of $100 each. To order, please contact the PSBC office.

I sincerely hope you will find this new resource helpful in caring for your patients with Parkinson's disease.

Warm regards,

Jennifer Foster, RSW
Director, Education and Support Programs

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10-450-4019 (IND10/11)

First Aid FOR Emergencies

To handle an emergency situation, use Emergency Scene Management (ESM).

1. **Take charge.**
2. **Call out for help.**
3. **Assess hazards and make the area safe.**
4. **Find out what happened.**
5. **Identify yourself and offer to help.**
6. **If head or spinal injuries are suspected, support the head and neck.**
7. **Assess responsiveness.**
8. **Send or go for medical help.**

Note: Protect yourself and others by wearing non-latex gloves when giving first aid. Use a shield or face mask with a one-way valve when giving CPR.

Cardiopulmonary Resuscitation (CPR – Adult)

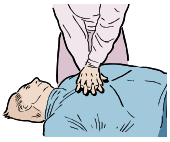
1. Open airway – push back on forehead and lift chin.
2. **Check breathing. If the casualty is not breathing...**
3. Pinch nose and make a tight seal over the mouth. Give 2 breaths.
4. Make sure casualty is on a firm flat surface.
5. Place hands on centre of chest.
6. Position shoulders directly over hands and keep elbows locked.
7. Compress firmly 30 times then give 2 breaths. Push hard - Push fast
8. Continue cycles of 30 compressions and 2 breaths until help arrives.

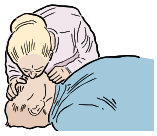

OPEN AIRWAY


CHECK BREATHING


BREATHE INTO CASUALTY TWICE


POSITION YOUR HANDS IN THE CENTRE OF THE CHEST




PRESS DOWN FIRMLY 30 TIMES, THEN GIVE 2 BREATHS. CONTINUE CPR UNTIL HELP ARRIVES

Choking (Adult)

If a choking person can speak, breathe or cough – STAND BY and encourage coughing.

If a conscious person cannot speak, breathe or cough:

1. Stand behind person and find top of the hip bones with your hands.
2. Place a fist midline against the abdomen.
3. Grasp fist with other hand and press inward and upward forcefully.
4. Continue until object is expelled or person becomes unconscious.


FIND TOP OF HIPBONES


PLACE FIST MIDLINE ON ABDOMEN


PRESS INWARD AND UPWARD

If the person becomes unconscious ease him or her to the ground and send for medical help

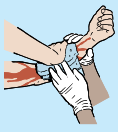
1. Open the mouth and look for obstruction.
2. Open the airway and check breathing. If not breathing…
3. Give two breaths. If air doesn't go in the first time, reposition the head and try again.
4. Begin CPR. Give 30 compressions.
5. Each time you finish 30 compressions, look in mouth before giving the first breath.

Bleeding

To control severe bleeding

Immediately apply direct pressure to the wound over a pad of dressings

Keep the casualty lying down


CONTROL BLEEDING IMMEDIATELY

Unconsciousness

Get medical help. Make certain person is breathing and then place the casualty in the recovery position. If the casualty is not breathing, start CPR


RECOVERY POSITION

Emergency Numbers

Ambulance _____

Fire _____

Police _____

Family Doctor _____

Poison Information Centre _____

NOTE: This poster is a step-by-step guide to what you can do until medical help arrives. These tips do not take the place of first aid training.

St. John Ambulance
SAVING LIVES
at work, home and play

9901/10/00