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# Registrant Handbook

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# Registrant Handbook

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## POLICY 4

### Health and Safety Standards

#### 4.1 Policy statement

A registrant must ensure that the assisted living residence is operated in a manner that does not jeopardize the health or safety of its residents.<sup>1</sup>

#### 4.2 Introduction

This policy contains health and safety standards for assisted living residences. The standards are high level and outcome-based. This means that, rather than prescribe how to do something, the standards will state the outcome to be achieved. This policy elaborates on the desired outcomes for each of the proposed standards. Examples of compliance are also included to provide further guidance to registrants.

The health and safety standards are:

- #1 Registrants must provide a safe, secure and sanitary environment for residents.
- #2 Registrants must ensure hospitality services do not place the health or safety of residents at risk.
- #3 Registrants must ensure sufficient staff is available to meet the service needs of residents and that staff has the knowledge and ability to perform their assigned tasks.
- #4 Registrants must ensure residents are safely accommodated in their assisted living residence, given its design and available hospitality and prescribed services.
- #5 Registrants must develop and maintain personal services plans that reflect each resident's needs, risks, service requests and service plan.
- #6 Registrants must ensure personal assistance services are provided in a manner that does not place the health or safety of residents at risk.

This policy contains the six standards, followed by a table that contains the related policies in the left-hand column and examples of compliance in the right-hand column.

A multi-stakeholder work group, including a number of registrants, developed the examples of compliance. These examples are *not* intended to limit or dictate how registrants will achieve the desired outcomes. Registrants are encouraged to adopt other innovative approaches and procedures that produce the desired outcome. The applicability of the examples will vary depending on the setting (such as the size of residence) and the resident population. What is appropriate in a large residence may not work in a smaller one. Registrants can use the examples as a guide to determining how they will comply with each of the standards.

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<sup>1</sup> *Community Care and Assisted Living Act*, SBC 2002, c. 75, section 26(5).

## Registrant Handbook

**POLICY 4**  
**Health and Safety Standards**

### 4.3 Health and safety standards

**Standard #1:**

Registrants must provide a safe, secure and sanitary environment for residents.

Outcome	Examples of compliance <sup>2</sup>
<p><b>1.1 Environment</b></p> <p><b>1.1.1</b> Registrants must ensure that building design, construction and occupancy comply with the requirements of applicable legislation, regulations, bylaws and codes.</p>	<ul style="list-style-type: none"> <li>• Records showing all required approvals and permits to operate are in place. Examples:               <ul style="list-style-type: none"> <li>– occupancy permit;</li> <li>– food premises permit;</li> <li>– approval of hair salon.</li> </ul> </li> <li>• Records of inspections by various authorities. Examples:               <ul style="list-style-type: none"> <li>– fire authority;</li> <li>– environmental health.</li> </ul> </li> </ul>
<p><b>1.1.2</b> Registrants must ensure the design of common areas and resident units accommodates the special needs of their resident population.</p>	<ul style="list-style-type: none"> <li>• Building design allows freedom of movement and provides a barrier-free environment for persons with disabilities. Examples:               <ul style="list-style-type: none"> <li>– elevator for multi-story residence;</li> <li>– wheelchair accessibility;</li> <li>– bathrooms designed for persons with disabilities;</li> <li>– adequate space for the safe mobility of persons using walkers and/or other mobility aids;</li> <li>– adequate space for attendants to assist residents with mobility and/or activities of daily living;</li> <li>– adaptable design, such as adaptable doorways for wheelchair accessibility, or alternate faucet handles and door handles.</li> </ul> </li> <li>• Spot checks of residents' units demonstrate that the design is appropriate to their needs.</li> </ul>
<p><b>1.1.3</b> Registrants must provide adequate and appropriate social and recreational space for residents.</p>	<ul style="list-style-type: none"> <li>• Common space for social and recreational activities is:               <ol style="list-style-type: none"> <li>(a) proportionate to the number of residents, and</li> <li>(b) appropriate for the resident population.</li> </ol> </li> </ul>

<sup>2</sup> Please see introductory comments on page 1. These examples are provided only as a guide. Registrants are encouraged to adopt other innovative approaches and procedures that will produce the desired outcomes.

# Registrant Handbook

**POLICY 4**  
**Health and Safety Standards**

**Standard #1:**

Registrants must provide a safe, secure and sanitary environment for residents.

Outcome	Examples of compliance <sup>2</sup>
<p><b>1.2 Building maintenance</b></p> <p><b>1.2.1</b> Registrants must maintain buildings and grounds in a good state of repair and a safe and sanitary condition and in compliance with the requirements of applicable legislation, regulations, bylaws and codes.</p>	<ul style="list-style-type: none"> <li>• All required permits are current.</li> <li>• Documentation that applicable inspections have been conducted at required intervals.</li> <li>• Documentation that any orders have been acted upon to the satisfaction of the regulatory body.</li> <li>• Scheduled building maintenance and equipment replacement is consistent with industry practice.</li> <li>• Pest control program in place.</li> <li>• Housekeeping schedules and quality checks of common areas<sup>3</sup> (e.g., inspections, audits) are consistent with industry practice.</li> <li>• Spot checks of different areas demonstrate the building and grounds are in good repair and sanitary. Examples:               <ul style="list-style-type: none"> <li>– furnishings and equipment are in good repair;</li> <li>– no obvious odours;</li> <li>– no build up of dirt;</li> <li>– no pests;</li> <li>– no obvious build up of garbage on the grounds;</li> <li>– no obvious hazards for residents due to poor maintenance (e.g., tripping hazards);</li> <li>– no safety hazards such as frayed cords or plugs or unsafely placed electrical extension cords.</li> </ul> </li> <li>• Survey results show resident satisfaction with building maintenance and housekeeping (common areas).</li> </ul>
<p><b>1.3 Security</b></p> <p><b>1.3.1</b> Registrants must provide building security that protects residents from intruders.</p>	<ul style="list-style-type: none"> <li>• Security measures are appropriate to building design, environmental risk factors and the resident population.</li> <li>• Spot checks suggest ease of access for residents.</li> <li>• There is a 24/7 response capacity to breaches of security, (e.g., alarm linked to security company, link to the 24/7 resident emergency response service).</li> <li>• Staff is trained to deal with breaches of security. Examples:               <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> <li>• Residents and families have been oriented to the importance of building security.</li> </ul>

3 Housekeeping services for resident units are addressed in the hospitality services section, Standard #2.

## Registrant Handbook

**POLICY 4**  
**Health and Safety Standards**

**Standard #1:**

Registrants must provide a safe, secure and sanitary environment for residents.

Outcome	Examples of compliance <sup>2</sup>
	<ul style="list-style-type: none"> <li>• Emergency numbers for breaches of security are posted.</li> <li>• Incidents where security is breached are documented and appropriate action is demonstrated.</li> <li>• Survey results show resident satisfaction with building security.</li> </ul>
<p><b>1.3.2</b> Registrants must maintain the privacy of residents' personal information in accordance with applicable legislation, using it only as required in the delivery of services.</p>	<ul style="list-style-type: none"> <li>• Policies detail the circumstances under which residents' personal information may be accessed and who may access the information.</li> <li>• Staff orientation includes maintaining the privacy and confidentiality of resident personal information.</li> <li>• Staff discussions regarding residents are held in private areas.</li> <li>• Resident files and personal information are stored in a secure manner. Examples:               <ul style="list-style-type: none"> <li>– locked file cabinets;</li> <li>– locked room;</li> <li>– computer security.</li> </ul> </li> </ul>
<p><b>1.3.3</b> Registrants must respect resident privacy, provide lockable doors to resident units and a lockable cabinet within each resident unit for valuables.</p>	<ul style="list-style-type: none"> <li>• Resident privacy is respected. Examples:               <ul style="list-style-type: none"> <li>– written policies respecting resident privacy;</li> <li>– staff request permission prior to entry;</li> <li>– staff prearrange access wherever possible;</li> <li>– progressive follow up is used, starting with least intrusive, when a resident does not appear when expected;</li> <li>– emergency access to resident units is undertaken, only when all other options for verifying the safety of the resident have failed.</li> </ul> </li> <li>• Staff is trained to respect resident privacy. Examples:               <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> </ul>

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**POLICY 4**  
**Health and Safety Standards**

**Standard #1:**

Registrants must provide a safe, secure and sanitary environment for residents.

Outcome	Examples of compliance <sup>2</sup>
<b>1.4 Emergency preparedness and fire safety</b>	
<p><b>1.4.1</b> Registrants must provide services and/or facilities that enable residents to self-preserve in the event of fires or other emergencies.</p>	<ul style="list-style-type: none"> <li>• Emergency alarm systems are appropriate to the needs of the resident population. Example:               <ul style="list-style-type: none"> <li>– visual system to alert people who are deaf.</li> </ul> </li> <li>• The unique needs of residents are recorded in their personal services plans.<sup>4</sup></li> <li>• The emergency plan documents the support each resident requires to self-preserve. Examples:               <ul style="list-style-type: none"> <li>– degree of direction required;</li> <li>– degree of physical assistance required.</li> </ul> </li> <li>• Documentation that residents have been educated regarding emergency protocols. Examples:               <ul style="list-style-type: none"> <li>– documentation of drills;</li> <li>– emergency plan is posted showing exits, emergency shut off valves and location of fire extinguishers.</li> </ul> </li> </ul>
<p><b>1.4.2</b> Registrants must ensure that staff is trained to respond appropriately to emergencies.</p>	<ul style="list-style-type: none"> <li>• An emergency plan is in place covering all types of emergencies (e.g., bomb threat, earthquake, forest fire, flood, presence of firearms or other weapons) and includes an evacuation plan and linkages to the community emergency response plan.</li> <li>• Staff is trained to use safety equipment and respond to emergencies. Examples:               <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> <li>• Documentation shows that, where staff is not on site 24/7, residents have been trained to respond appropriately to emergencies.</li> </ul>
<p><b>1.4.3</b> Registrants must ensure the fire safety requirements of the local fire authority are met.</p>	<ul style="list-style-type: none"> <li>• Fire safety plan submitted to, and reviewed with, the local fire authority.</li> <li>• Fire authority inspection reports, orders and correspondence demonstrate compliance with all requirements. Examples:               <ul style="list-style-type: none"> <li>– fire drills;</li> <li>– maintenance of fire detection and safety equipment.</li> </ul> </li> </ul>

<sup>4</sup> The personal services plan is an agreement between the individual resident and the registrant and includes the nature of the resident's needs and service requests, the risks the resident is facing and a plan for the delivery of services. The plan is developed at the point of entry to the residence and is updated on a regular basis.

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**POLICY 4**  
**Health and Safety Standards**

**Standard #1:**

Registrants must provide a safe, secure and sanitary environment for residents.

Outcome	Examples of compliance <sup>2</sup>
<b>1.5 Accidents, deaths and medical emergencies</b>	
<p><b>1.5.1</b> Registrants must respond immediately and appropriately to missing residents, accidents, medical emergencies or deaths.</p>	<ul style="list-style-type: none"> <li>• There are written policies to guide the response to missing residents, accidents, medical emergencies or deaths.</li> <li>• Staff is trained to respond to missing residents, accidents, medical emergencies or deaths. Examples:               <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> <li>• Where staff is not available 24/7, residents are trained to respond appropriately in the event of missing residents, accidents, medical emergencies or deaths.</li> <li>• One staff person with valid first aid certification is on the premises or in close proximity at all times.</li> <li>• Serious incidents are documented and investigated. Actions taken to adjust procedures are noted.</li> <li>• A well-equipped first aid kit is kept in a convenient location and staff is aware of the location.</li> </ul>
<b>1.6 Infectious outbreaks</b>	
<p><b>1.6.1</b> Registrants must have a plan in place to prevent, contain and report infectious outbreaks.</p>	<ul style="list-style-type: none"> <li>• Written policies and procedures provide guidance for:               <ul style="list-style-type: none"> <li>– preventing and containing infectious outbreaks;</li> <li>– reporting infectious outbreaks to the local health authority and medical health officer.</li> </ul> </li> <li>• Registrant has received advice on appropriate policies/procedures from the local health authority or the BC Centre for Disease Control.</li> <li>• Staff is trained to respond to infectious outbreaks and the use of “universal precautions.” Examples:               <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> </ul>

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**POLICY 4**  
**Health and Safety Standards**

**Standard #1:**

Registrants must provide a safe, secure and sanitary environment for residents.

Outcome	Examples of compliance <sup>2</sup>
<b>1.7 Resident abuse, neglect and self-neglect</b>	
<p><b>1.7.1</b> Registrants must protect residents from abuse and neglect and respond promptly and effectively to allegations of abuse or neglect.</p>	<ul style="list-style-type: none"> <li>• Written policies provide guidance for:               <ul style="list-style-type: none"> <li>– preventing abuse and neglect by residence staff;</li> <li>– identifying potential abuse and neglect by family, friends or other parties;</li> <li>– reporting allegations of abuse and neglect;</li> <li>– protecting resident health and safety during abuse/neglect investigations;</li> <li>– co-ordinating with other agencies such as the police, funding agency, Office of the Public Guardian and Trustee and local abuse and neglect designated agency;</li> <li>– co-ordinating with local licensing officers where the building houses both registered and licensed units and staff is shared.</li> </ul> </li> <li>• Documentation of abuse and neglect complaint follow up shows compliance with the residence's policies.</li> <li>• Staff is trained in the prevention of, and response to, resident abuse, neglect and self-neglect. Examples:               <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– staff training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> </ul>
<p><b>1.7.2</b> Registrants must maintain a record of incidents that occur within the residence and report serious incidents<sup>5</sup> to the Registrar in accordance with <i>Serious Incident Reporting</i>.<sup>6</sup></p>	<ul style="list-style-type: none"> <li>• Written policies provide guidance to staff for documenting all incidents, including injuries that require emergency care or transfer to hospital.</li> <li>• Copies of all incident reports are retained at the residence.</li> </ul>

5 Serious incidents include attempted suicide by a resident; unexpected deaths reported to the coroner; disease outbreaks reported to the local medical health officer; abuse or neglect by staff reported to the local abuse and neglect designated agency or the Public Guardian and Trustee; medication error by staff that requires emergency intervention or transfer to hospital; and fire that caused personal injury or building damage.

6 See Policy Tab 8.

## Registrant Handbook

**POLICY 4**  
**Health and Safety Standards**

**Standard #2:**

Registrants must ensure hospitality services do not place the health or safety of residents at risk.

Outcome	Examples of compliance <sup>2</sup>
<b>2.1 Laundry services</b>	
<p><b>2.1.1</b> Registrants must provide sanitary, non-allergenic flat linens and sanitary personal laundry, where a personal laundry service is offered.</p>	<ul style="list-style-type: none"> <li>• Where laundry services are provided on-site: <ul style="list-style-type: none"> <li>– documentation shows detailed procedures, consistent with infection control practices, for producing sanitary and non-allergenic flat linens;</li> <li>– documentation shows staff is trained on laundry procedures. Examples: <ul style="list-style-type: none"> <li>○ orientation materials;</li> <li>○ training modules;</li> <li>○ records of staff participation in orientation and training;</li> </ul> </li> <li>– maintenance records show regular monitoring of laundry equipment and repairs, as required;</li> <li>– a spot check demonstrates that laundry practices meet generally accepted industry practices, (e.g., separate areas for clean and soiled laundry);</li> <li>– documentation shows that laundry staff is trained in infection control practices.</li> </ul> </li> <li>• Where laundry services are provided off-site, quality control standards are documented.</li> <li>• Survey results show resident satisfaction with laundry services.</li> </ul>
<p><b>2.1.2</b> Registrants must store clean laundry in a manner that prevents contamination.</p>	<ul style="list-style-type: none"> <li>• A spot check of the linen storage area demonstrates that there are no apparent unsanitary conditions.</li> </ul>
<p><b>2.1.3</b> Registrants must change linens at time intervals necessary to avoid health issues.</p>	<ul style="list-style-type: none"> <li>• Written policies set out when linens are to be changed and provide flexibility to ensure this service is appropriate to individual resident needs.</li> <li>• The unique needs of residents are recorded in their personal services plans.<sup>4</sup></li> <li>• Service schedules demonstrate that laundry services have been adjusted to meet individual resident needs.</li> <li>• There is no indication of stains, dampness or odor associated with flat linens that are in use.</li> <li>• The inventory demonstrates there is an adequate supply of linens to maintain scheduled changes.</li> </ul>
<p><b>2.1.4</b> Registrants must provide residents with access to safe and sanitary personal laundry equipment (or provide a personal laundry service).</p>	<ul style="list-style-type: none"> <li>• Cleaning and maintenance records demonstrate that laundry equipment provided for resident use is maintained in a safe and sanitary condition.</li> <li>• A spot check demonstrates that laundry equipment meets generally accepted industry practices.</li> </ul>

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**POLICY 4**  
**Health and Safety Standards**

**Standard #2:**

Registrants must ensure hospitality services do not place the health or safety of residents at risk.

Outcome	Examples of compliance <sup>2</sup>
<p><b>2.2 Housekeeping services<sup>7</sup></b></p>	
<p><b>2.2.1</b> Registrants must provide housekeeping in resident units that maintains a safe, clean and sanitary environment.</p>	<ul style="list-style-type: none"> <li>• Written policies and procedures cover a range of housekeeping practices. Examples:               <ul style="list-style-type: none"> <li>– routine and spot cleaning;</li> <li>– storage of cleaning supplies and equipment;</li> <li>– resident safety while cleaning is in progress;</li> <li>– move in/move out cleaning.</li> </ul> </li> <li>• Housekeeping policies set out frequency of service and provide flexibility to ensure service is appropriate to individual resident needs.</li> <li>• The unique needs of residents are recorded in their personal services plans.<sup>4</sup></li> <li>• Cleaning schedules and records demonstrate that service is provided according to residence policy.</li> <li>• Staff is trained in housekeeping procedures for resident units. Examples:               <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> <li>• Spot checks of residents' units demonstrate that:               <ul style="list-style-type: none"> <li>– housekeeping services meet acceptable industry standards;</li> <li>– there are no safety hazards such as frayed cords or plugs or unsafely placed electrical extension cords.</li> </ul> </li> <li>• Survey results show resident satisfaction with housekeeping services provided in resident units.</li> </ul>

<sup>7</sup> Applies to resident units only. Housekeeping services for common areas is addressed under building maintenance.

## Registrant Handbook

### POLICY 4 Health and Safety Standards

#### Standard #2:

Registrants must ensure hospitality services do not place the health or safety of residents at risk.

Outcome	Examples of compliance <sup>2</sup>
<b>2.3 Meal services</b>	
<p><b>2.3.1</b> Registrants must offer meals in accordance with <i>Meal and Dietary Services</i><sup>8</sup> and that provide balanced and adequate nutrition for residents.</p>	<ul style="list-style-type: none"> <li>• Menus for the past year demonstrate that: (a) meals are based on <i>Canada's Food Guide</i>,<sup>9</sup> (b) menu rotations are used to provide balanced nutrition, and (c) menu options are available to ensure adequate nutrition for residents with a variety of health conditions.</li> <li>• Staff is trained to deliver meals according to menus. Examples: <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> <li>• A spot check demonstrates that: (a) meals are nutritious, (b) meals follow <i>Canada's Food Guide</i>,<sup>9</sup> and (c) menu options are available to residents as required for their health conditions.</li> <li>• Survey results show resident satisfaction with: (a) the nutritional value of meals provided, and (b) the variety and choice in meal selections.</li> </ul>
<p><b>2.3.2</b> Where registrants agree to accommodate residents' special dietary needs<sup>10</sup> (special or therapeutic diets, food allergies or intolerances, and/or special needs associated with chewing or swallowing), registrants must establish an individual dietary plan<sup>10</sup> as part of the residents' personal services plan.</p>	<ul style="list-style-type: none"> <li>• Documentation shows that residents have an opportunity to: (a) identify their need for special or therapeutic diets and/or diets to address food allergies or intolerances, (b) identify needs associated with chewing and swallowing ability, and (c) provide input to menu planning to meet these needs. Examples: <ul style="list-style-type: none"> <li>– policies and procedures;</li> <li>– resident handbook.</li> </ul> </li> <li>• The unique dietary needs/plans of residents are recorded in their personal services plans.<sup>4</sup></li> <li>• A spot check demonstrates that meals are offered in accordance with individual resident dietary plans.</li> <li>• Survey results show resident satisfaction with: (a) their involvement in menu planning, and (b) the residence's response to their special dietary needs.</li> <li>• Where resident involvement in meal planning and preparation is required for the resident population (e.g., mental health program), this is reflected in the personal services plan.</li> </ul>

8 See Policy Tab 10.

9 See [http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index\\_e.html](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html).

10 A 'dietary plan' is a written plan defining the requirements for producing food to meet the resident's individual dietary needs. It includes special instructions where needed (e.g., low sugar diet for diabetes). Where a registrant offers the prescribed service, *monitoring of food intake or of adherence to therapeutic diets*, the dietary plan should also describe relevant indicators of health status for the resident and activities undertaken to monitor the resident's health outcome.

## Registrant Handbook

### POLICY 4 Health and Safety Standards

#### Standard #2:

Registrants must ensure hospitality services do not place the health or safety of residents at risk.

Outcome	Examples of compliance <sup>2</sup>
<p><b>2.3.3</b> Registrants must ensure that residents can access meals.</p>	<ul style="list-style-type: none"> <li>• Policies make provision for:               <ul style="list-style-type: none"> <li>– meals being available in resident units when residents are temporarily confined to their units for medical reasons;</li> <li>– adaptive dishes, cups and cutlery are accommodated (e.g., where provided by resident) or provided as required;</li> <li>– residents are assisted in getting to the dining room, as required.</li> </ul> </li> </ul>
<p><b>2.3.4</b> Registrants must obtain professional advice from a Registered Dietitian or food service supervisor/diet technician<sup>11</sup> to plan menu rotations for their regular menu plan, as well as menu rotations designed to address individual resident's special or therapeutic diets, and food preparation to accommodate chewing and swallowing abilities.<sup>12</sup></p>	<ul style="list-style-type: none"> <li>• Documentation shows that appropriate professional advice and instruction has been obtained to: (a) ensure proper planning of menus to address special or therapeutic diets, and (b) provide direction to staff regarding needs associated with chewing and swallowing ability (e.g., texture modification).</li> <li>• Contract for dietitian or food service supervisor services.</li> </ul>
<p><b>2.3.5</b> Registrants must adopt safe practices for the obtaining, storage, preparation and serving of meals.</p>	<ul style="list-style-type: none"> <li>• Documentation shows compliance with requirements of environmental health officers in relation to safe food practices. Examples:               <ul style="list-style-type: none"> <li>– food premises permit;</li> <li>– correspondence;</li> <li>– inspection reports;</li> <li>– staff has FOODSAFE training.</li> </ul> </li> <li>• Where residents are involved in the preparation of meals, documentation demonstrates that residents receive the necessary guidance and monitoring to ensure safe practices. Examples:               <ul style="list-style-type: none"> <li>– resident orientation materials;</li> <li>– instruction sheets;</li> <li>– posted signs with instructions;</li> <li>– resident education modules.</li> </ul> </li> <li>• Staff is oriented and trained on the safe handling, preparation and serving of food. Examples:               <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– training modules;</li> <li>– training specific to residents with special needs such as blindness or arthritis;</li> <li>– training specific to residents with needs associated with chewing and swallowing abilities (e.g., need for food cut up, texture modification);</li> <li>– records of staff participation in orientation and training (e.g., FOODSAFE).</li> </ul> </li> </ul>

<sup>11</sup> Eligible for membership in The Canadian Society of Nutrition Management.

<sup>12</sup> Routine modifications to the regular menu plan (e.g., low sugar; low sodium; cut up, minced or pureed to make eating easier due to loose dentures) may be implemented without seeking professional advice.

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**POLICY 4**  
**Health and Safety Standards**

**Standard #2:**

Registrants must ensure hospitality services do not place the health or safety of residents at risk.

Outcome	Examples of compliance <sup>2</sup>
	<ul style="list-style-type: none"> <li>• Spot checks show that residents' special meal service needs are accommodated (e.g., adaptive plates or cutlery).</li> <li>• Survey results show resident satisfaction with the delivery of meal services.</li> </ul>
<b>2.4 24-hour emergency response system</b>	
<p><b>2.4.1</b> Registrants must provide a 24-hour response to personal emergencies that is appropriate to the needs of the resident population.</p>	<ul style="list-style-type: none"> <li>• There is a 24-hour response service that incorporates the following:               <ul style="list-style-type: none"> <li>– a means for residents to call for help;</li> <li>– protocols defining response time and the type of response to be provided;</li> <li>– coverage for 24/7.</li> </ul> </li> <li>• There is a system that: (a) alerts staff to a resident calling for help, and (b) provides a protocol for locating the resident.</li> <li>• Documentation shows that the emergency response system is regularly tested.</li> <li>• An emergency response plan shows that the following are readily available to staff on all shifts: (a) directions, appropriate to the resident population, for responding to emergency situations, (b) emergency phone numbers (e.g., police, fire, ambulance), and (c) family contact information.</li> <li>• Documentation shows that staff is oriented and trained on the use of the emergency response system and their responses to various situations. Examples:               <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– staff training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> <li>• Documentation shows that residents are trained in how to use the emergency response system. Examples:               <ul style="list-style-type: none"> <li>– resident orientation materials;</li> <li>– resident handbook;</li> <li>– resident education modules.</li> </ul> </li> <li>• For residences where staff is not available 24/7, documentation shows that residents are taught to respond appropriately to emergencies when staff is not on the premises. Examples:               <ul style="list-style-type: none"> <li>– resident orientation materials;</li> <li>– resident handbook;</li> <li>– resident education modules.</li> </ul> </li> <li>• A spot check confirms that the activating devices for the call system are readily accessible to residents.</li> <li>• Survey results show resident satisfaction with the emergency response service.</li> </ul>

# Registrant Handbook

**POLICY 4**  
**Health and Safety Standards**

**Standard #2:**

Registrants must ensure hospitality services do not place the health or safety of residents at risk.

Outcome	Examples of compliance <sup>2</sup>
<p><b>2.5 Social and recreational opportunities</b></p>	
<p><b>2.5.1</b> Registrants must ensure safe transportation to and from social and recreational outings.</p>	<ul style="list-style-type: none"> <li>• Documentation shows compliance with the <i>Motor Vehicle Act</i><sup>13</sup> and regulations (e.g., driver's license classification).</li> <li>• Documentation shows that staff providing resident transportation are oriented and trained for this activity. Examples: <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– staff training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> <li>• Survey results show resident satisfaction with the transportation service provided for social and recreational outings.</li> </ul>
<p><b>2.5.2</b> Registrants must offer social and recreational programs that promote the mental well-being of residents.</p>	<ul style="list-style-type: none"> <li>• Documentation shows that a variety of social and recreational opportunities are provided for residents on an ongoing basis. Example: <ul style="list-style-type: none"> <li>– posted program of social and recreational events.</li> </ul> </li> <li>• A spot check confirms that organized social and recreational activities are occurring with residents. Example: <ul style="list-style-type: none"> <li>– activity room.</li> </ul> </li> <li>• Documentation shows that staff is oriented and trained in the planning and implementation of social and recreational programs for residents. Examples: <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– staff training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> <li>• Survey results show resident satisfaction with the social and recreational programs offered by the registrant.</li> </ul>

<sup>13</sup> RSBC 1996, c. 318.

## Registrant Handbook

### POLICY 4 Health and Safety Standards

**Standard #3:** Registrants must ensure sufficient staff is available to meet the service needs of residents and that staff has the knowledge and ability to perform their assigned tasks.

Outcome	Examples of compliance <sup>2</sup>
<b>3.1 Management</b>	
<p><b>3.1.1</b> Registrants must ensure site management is effective and appropriate for the resident population.</p>	<ul style="list-style-type: none"> <li>• The documented operating philosophy of the residence reflects the principles and values associated with assisted living.</li> <li>• Documentation demonstrates that:               <ul style="list-style-type: none"> <li>– policies and procedures are in place to direct all aspects of the operation of the residence that may impact on resident health and safety;</li> <li>– a quality assurance/quality improvement program is in place;</li> <li>– audits or reviews of residence operations have been conducted;</li> <li>– effective and appropriate hiring practices are in place. Examples:                   <ul style="list-style-type: none"> <li>○ position requirements are defined and appropriate to the role;</li> <li>○ recruitment and selection practices are in place;</li> <li>○ reference checks are documented;</li> </ul> </li> <li>– all staff has job descriptions and have been issued clear instructions and/or statements of expectations regarding their work;</li> <li>– where services are contracted out, the contract stipulates that the contractor must hire qualified and appropriate staff.</li> </ul> </li> <li>• Survey results show resident satisfaction with management of the residence.</li> <li>• The complaint history for the residence does not indicate problems with the management of the residence.</li> </ul>
<b>3.2 Staffing levels</b>	
<p><b>3.2.1</b> Registrants must ensure staffing levels are sufficient to meet the hospitality service needs of residents and deliver the personal assistance services offered.</p>	<ul style="list-style-type: none"> <li>• The staffing plan includes adequate coverage for vacations, illnesses and other absences.</li> <li>• Documentation suggests adequate staffing levels. Examples:               <ul style="list-style-type: none"> <li>– responses to residents' personal emergency calls occur within the time frames set out in residence policy;</li> <li>– scheduled services are provided on time.</li> </ul> </li> <li>• The Registrar's complaint history for the residence does not indicate problems with staffing levels.</li> <li>• Survey results show resident satisfaction with service levels.</li> </ul>
<p><b>3.2.2</b> Registrants must have plans in place to address situations where there is a disruption to the residence's regular work force.</p>	<ul style="list-style-type: none"> <li>• A written contingency plan outlines strategies for dealing with situations where regular staff is not available due to job action, including general strikes, or any other reason.</li> </ul>

## Registrant Handbook

### POLICY 4 Health and Safety Standards

**Standard #3:** Registrants must ensure sufficient staff is available to meet the service needs of residents and that staff has the knowledge and ability to perform their assigned tasks.

Outcome	Examples of compliance <sup>2</sup>
<b>3.3 Staff qualifications and ongoing training<sup>14</sup></b>	
<p><b>3.3.1</b> Registrants must ensure that staff has qualifications consistent with their job responsibilities. Staff providing personal assistance services must have home support/care aide certification from an accredited educational institution or an equivalent combination of education and experience.</p>	<ul style="list-style-type: none"> <li>• Job descriptions, including duties and position qualifications, are in place for each position.</li> <li>• Personnel records show that staff meets the position requirements.</li> <li>• Personnel records, along with staff schedules and work assignments, demonstrate that staff providing personal assistance services has the college home support/care aide certification or an equivalent combination of education and experience.</li> <li>• Documentation demonstrates that staff qualifications and competencies are kept current.</li> <li>• Survey results show resident satisfaction with staff knowledge and skills.</li> </ul>
<p><b>3.3.2</b> Registrants must provide staff orientation and ongoing training to develop and maintain staff knowledge and skills.</p>	<ul style="list-style-type: none"> <li>• Documentation of staff orientation shows that staff has been oriented to all key areas of service delivery. Examples: <ul style="list-style-type: none"> <li>– orientation checklist completed at the time of hiring or major change.</li> </ul> </li> <li>• Documentation shows that staff orientation and ongoing training is appropriate, considering staff responsibilities, and the profile and needs of the resident population. Examples: <ul style="list-style-type: none"> <li>– staff orientation materials;</li> <li>– training modules;</li> <li>– staff education and training records.</li> </ul> </li> </ul>
<b>3.4 Delegated tasks</b>	
<p><b>3.4.1</b> Registrants must ensure appropriate delegation of professional tasks<sup>15</sup> to nonprofessional staff, consistent with the <i>Personal Assistance Guidelines</i>.<sup>16</sup></p>	<ul style="list-style-type: none"> <li>• Documented policies and procedures defining the delegation of tasks: (a) are consistent with the provincial <i>Personal Assistance Guidelines</i>,<sup>16</sup> and (b) set out the delegation process, including requirements for a health professional to: <ul style="list-style-type: none"> <li>– assess needs associated with the delegated task;</li> <li>– educate and train nonprofessional staff;</li> <li>– oversee the implementation of the task and monitor ongoing delivery.</li> </ul> </li> <li>• Documentation shows that delegation occurs according to policies and procedures.</li> <li>• The resident's personal services plan<sup>4</sup> identifies: (a) the delegated tasks, (b) the requirements specific to these tasks, and (c) the professional who delegated the tasks.</li> </ul>

<sup>14</sup> Staff includes employees, practicum students and volunteers performing staff functions.

<sup>15</sup> In addition, licensed practical nurses can assign a task to a non-professional staff member, provided the task is already within the education and knowledge base of the staff member. Licensed practical nurses cannot educate or train nonprofessional staff to perform a task that is not already within their scope of education and knowledge.

<sup>16</sup> See Policy Tab 6, section 6.4.

# Registrant Handbook

## POLICY 4 Health and Safety Standards

**Standard #4:** Registrants must ensure residents are safely accommodated in their assisted living residence, given its design and available hospitality and prescribed services.

Outcome	Examples of compliance <sup>2</sup>
<b>4.1 Entry</b>	
<p><b>4.1.1</b> Registrants must fully inform prospective residents about the hospitality and personal assistance services<sup>17</sup> offered in the residence.</p>	<ul style="list-style-type: none"> <li>• There are written policies related to:               <ul style="list-style-type: none"> <li>– end-of-life arrangements and circumstances where death in place can be accommodated;</li> <li>– the criteria or triggers that indicate the need for an increase, decrease or other change in services;</li> <li>– the criteria or triggers that require development of an exit plan for residents moving to other accommodation.</li> </ul> </li> <li>• There is documentation informing prospective residents of entry and exit criteria, residence policies and available services. Examples:               <ul style="list-style-type: none"> <li>– brochure, resident orientation handbook or other literature;</li> <li>– copy of occupancy agreement.</li> </ul> </li> </ul>
<p><b>4.1.2</b> Registrants must screen residents for suitability in relation to building design features, personal assistance services offered and ability to make decisions on their own behalf.</p>	<ul style="list-style-type: none"> <li>• Documentation demonstrates a screening process is in place to identify suitable residents. Examples:               <ul style="list-style-type: none"> <li>– resident profile;</li> <li>– screening criteria;</li> <li>– pre-occupancy interview checklist.</li> </ul> </li> </ul>
<b>4.2 Exit plans</b>	
<p><b>4.2.1</b> Where a resident's needs exceed the service delivery capacity of the residence or the resident becomes unable to make decisions on their own behalf, a registrant must develop an exit plan in consultation with: the resident; their physician; family and support network; and health authority case manager, if appropriate.</p>	<ul style="list-style-type: none"> <li>• Documentation shows there is a process for developing exit plans in consultation with: the resident; their physician; family and support network; and health authority case manager, if appropriate. Examples:               <ul style="list-style-type: none"> <li>– policies and procedures;</li> <li>– resident manual.</li> </ul> </li> <li>• Where residents are awaiting transfer out of the residence, spot checks show that personal services plans<sup>4</sup> include an exit plan.</li> <li>• Exit plans show resident has applied for and is on wait/access lists for other forms of care/housing.</li> </ul>
<p><b>4.2.2</b> Registrants must ensure that exit plans include strategies for providing increased services to minimize risk and meet the higher care needs of residents awaiting a move out of the residence.</p>	<ul style="list-style-type: none"> <li>• Exit plans show the assessment of increased risk and service response for those awaiting exit from the residence. Examples:               <ul style="list-style-type: none"> <li>– if required, resident and/or family has arranged for registrant to provide increased service;</li> <li>– if required, health authority is providing added community health supports or home support services to residents awaiting placement in a licensed community care facility.</li> </ul> </li> </ul>

<sup>17</sup> See Policy Tab 6.

## Registrant Handbook

**POLICY 4**  
**Health and Safety Standards**

**Proposed Standard #5:** Registrants must develop and maintain personal services plans that reflect each resident's needs, risks, service requests and service plan.

Outcome	Examples of compliance <sup>2</sup>
<p><b>5.1 Personal services plans</b></p>	
<p><b>5.1.1</b> Upon a resident's entry to the residence, registrants must develop a personal services plan<sup>4</sup> in conjunction with the resident. The plan must be reviewed on a regular basis and updated as the resident's needs change.</p>	<ul style="list-style-type: none"> <li>• A qualified person<sup>18</sup> develops the personal services plans.</li> <li>• Documentation shows there is a process to develop and maintain personal services plans. Examples: <ul style="list-style-type: none"> <li>– establishing an initial plan at the point of entry;</li> <li>– monitoring the resident's condition and the ongoing appropriateness of the personal services plan;</li> <li>– updating the plan based on changes to the resident's condition;</li> <li>– residents participate in personal service planning.</li> </ul> Examples:  the resident, family and their support network are involved in the process of developing, reviewing and updating personal services plans; agreement with the plan is obtained from the resident. </li> <li>• Documentation shows that staff is oriented and trained in the use of personal services plans. Examples: <ul style="list-style-type: none"> <li>– orientation materials;</li> <li>– staff training modules;</li> <li>– records of staff participation in orientation and training.</li> </ul> </li> <li>• Documentation shows that education is provided for residents, family and friends aimed at supporting residents to maintain their independence to the degree possible.</li> <li>• Spot checks show that: (a) all personal assistance services or unique hospitality services being provided are addressed in the personal services plan, (b) personal services plans have been approved by the resident, and (c) personal services plans are reviewed at regular intervals.</li> </ul>
<p><b>5.1.2</b> Registrants must respect the personal decisions of residents and accommodate a resident's right to take risks, as long as the risks do not place other residents or staff in jeopardy.</p>	<ul style="list-style-type: none"> <li>• Written policies are in place that balance resident choice with risks to self and others.</li> <li>• Written policies show ways to mitigate risks. Examples: <ul style="list-style-type: none"> <li>– disable appliances;</li> <li>– negotiate appropriate locations for residents to smoke;</li> <li>– negotiate restrictions related to drinking where associated safety issues have been identified for the resident or others.</li> </ul> </li> </ul>

<sup>18</sup> Qualified person refers to an individual who, in the opinion of the registrant, has the necessary experience, training and skills to perform this activity.

## Registrant Handbook

### POLICY 4 Health and Safety Standards

**Standard #6:** Registrants must ensure personal assistance services are provided in a manner that does not place the health or safety of residents at risk.

Outcome	Examples of compliance <sup>2</sup>
<b>6.1 Regular assistance with activities of daily living, including eating, mobility, dressing, grooming, bathing or personal hygiene</b>	
<p><b>6.1.1</b> Registrants must deliver activities of daily living in accordance with the <i>Personal Assistance Guidelines</i><sup>16</sup> and in such a way as to promote the safety and independence of residents.</p>	<ul style="list-style-type: none"> <li>• Policies and procedures are consistent with the <i>Personal Assistance Guidelines</i>.<sup>16</sup></li> <li>• Spot checks show appropriate provision of activities of daily living services in accordance with residence policy and the <i>Personal Assistance Guidelines</i>.<sup>16</sup></li> <li>• Resident and staff surveys indicate satisfaction with the delivery of activities of daily living services.</li> </ul>
<b>6.2 Central storage of medication, distribution of medication, administering medication or monitoring the taking of medication</b>	
<p><b>6.2.1</b> Registrants must deliver medication services in accordance with <i>Medication Services</i><sup>19</sup> and in such a way as to promote the safety and independence of residents.</p>	<ul style="list-style-type: none"> <li>• Documentation and observation show compliance with the standards of practice contained in the <i>Medication Services</i>.<sup>19</sup></li> <li>• Resident and staff surveys indicate satisfaction with the delivery of medication services.</li> </ul>
<b>6.3 Maintenance or management of the cash resources or other property of a resident</b>	
<p><b>6.3.1</b> Where financial services are provided at the support level, registrants must develop and maintain a system of accounting.</p>	<ul style="list-style-type: none"> <li>• Documentation shows that a system is in place to record transactions. Examples: <ul style="list-style-type: none"> <li>– a record of residents requesting service;</li> <li>– a record of transactions/payments;</li> <li>– regular resident statements;</li> <li>– resident authorization for each transaction;</li> <li>– spot checks show appropriate recording of services and transactions.</li> </ul> </li> <li>• Surveys indicate resident satisfaction with the financial services.</li> </ul>

<sup>19</sup> See Policy Tab 7.

## Registrant Handbook

### POLICY 4 Health and Safety Standards

**Standard #6:** Registrants must ensure personal assistance services are provided in a manner that does not place the health or safety of residents at risk.

Outcome	Examples of compliance <sup>2</sup>
<p><b>6.3.2</b> Where financial services are provided at the prescribed services level, registrants must develop and maintain a system of accounting under the supervision of a professional accountant.</p>	<ul style="list-style-type: none"> <li>• Documentation shows that a system is in place to record transactions and keep funds secure and accessible to residents. Examples:               <ul style="list-style-type: none"> <li>– a record of residents receiving this service;</li> <li>– individual resident trust accounts and property records;</li> <li>– annual independent audits;</li> <li>– regular resident statements;</li> <li>– resident authorization for transactions;</li> <li>– property inventory list.</li> </ul> </li> <li>• Spot checks show appropriate handling of resident cash and property. Examples:               <ul style="list-style-type: none"> <li>– secure storage for funds and belongings;</li> <li>– residents have reasonable access to financial records and their funds.</li> </ul> </li> <li>• Surveys indicate resident satisfaction with the handling of their cash and property.</li> <li>• Documentation verifies the involvement of a professional accountant in the development, maintenance and supervision of the accounting system for residents receiving this assistance at the prescribed service level. Examples:               <ul style="list-style-type: none"> <li>– contract with accountant;</li> <li>– correspondence with accountant;</li> <li>– reports from accountant.</li> </ul> </li> </ul>
<b>6.4 Monitoring of food intake or of adherence to therapeutic diets</b>	
<p><b>6.4.1</b> Registrants must ensure that, where the monitoring of food intake or therapeutic diets is provided at the prescribed services level, the service is provided in accordance with <i>Meal and Dietary Services</i><sup>20</sup> and a registered dietitian monitors the resident's health and nutritional status.</p>	<ul style="list-style-type: none"> <li>• Policies and procedures associated with this prescribed service set out the roles of staff and the registered dietitian in: (a) assessing a resident's health/nutritional status and implementing a special or therapeutic diet, (b) monitoring food and fluid intake, (c) determining, charting and monitoring residents' weights, and (d) monitoring the appropriateness of a resident's special or therapeutic diet and modifying the diet where indicated.</li> <li>• Employment of or contract with registered dietitian, or verification of access to community dietitian.</li> <li>• Dietitian consultation reports are available on request.</li> </ul>

<sup>20</sup> See Policy Tab 10.

## Registrant Handbook

### POLICY 4 Health and Safety Standards

**Standard #6:** Registrants must ensure personal assistance services are provided in a manner that does not place the health or safety of residents at risk.

Outcome	Examples of compliance <sup>2</sup>
<p><b>6.5 Structured behaviour management and intervention; psychosocial rehabilitative therapy or intensive physical rehabilitative therapy</b></p> <p><b>6.5.1</b> Registrants must ensure that qualified professionals:<sup>21</sup> (a) assess residents (or potential residents) and develop a written rehabilitation plan for each resident, (b) delegate tasks to nonprofessional staff, (c) train the residence's nonprofessional staff to perform delegated tasks, and (d) co-ordinate and oversee implementation of the plan and the ongoing delivery of rehabilitation or programming services.</p>	<ul style="list-style-type: none"><li>• Policies and procedures associated with these prescribed services set out: (a) how professional services are acquired – by employment, contractual arrangement or delivered separately through an external public or private agency, (b) the respective roles of the professional and the nonprofessional staff of the residence, and (c) restrictions to prevent nonprofessional staff from undertaking professional tasks without appropriate delegation from a professional.</li><li>• The resident's personal services plan contains a rehabilitation plan that is: (a) developed by the professional, and (b) contains sufficient detail to guide nonprofessional staff.</li><li>• Documentation shows that nonprofessional staff has been oriented and trained for the services they are delivering and have received external professional training and oversight on rehabilitation plans. Examples:<ul style="list-style-type: none"><li>– orientation materials;</li><li>– staff training modules;</li><li>– records of staff participation in orientation and training, including individualized training provided by the professional.</li></ul></li><li>• Spot checks show nonprofessional staff is performing tasks according to the rehabilitation plan.</li></ul>

<sup>21</sup> For psychosocial rehabilitation, qualified professional (case manager) includes primary care physician, psychiatrist, professional working from a mental health centre, professional in private practice, professional working from an alcohol and drug clinic and professional employed or contracted by the registrant. For intensive physical rehabilitation, qualified professional includes primary care physician, registered physical therapist or occupational therapist. For structured behavioural programs, qualified professional includes primary care physician, psychiatrist, social worker and rehabilitation professional in public or private practice.