



ASSISTED

LIVING

REGISTRY

PROJECT

Consultation Document 2

**DISCUSSION PAPER
ON HEALTH AND SAFETY
STANDARDS**

WORKING DRAFT OCTOBER 1, 2003 – FOR DISCUSSION ONLY

PREAMBLE

Assisted living residences provide housing and support services while allowing occupants maximum freedom, dignity, autonomy and choice. In this housing model, occupants are able to make personal choices about the level of support and risk they wish to accept in order to maintain their independence. As in any community setting, an occupant may not engage in behaviours that place others at risk.

The *Community Care and Assisted Living Act* will protect consumer interests by requiring the registration of assisted living residences. In order to register a residence, the Registrar must be satisfied the residence's housing, hospitality services and prescribed services do not jeopardize the health or safety of the occupants [25(1)¹, 26(5)²]. In order to make this determination, operating standards are required.

The Act establishes that health and safety standards at an assisted living residence can be set out in regulation [34(3)(e)³]. It is expected an operator will respect and respond to individual occupant's preferences, needs and values in practices, protocols and the delivery of services.

¹ **25(1)** Subject to this Act and the regulations, the Registrar may register an assisted living residence if the Registrar is satisfied that the housing, hospitality services and *prescribed services* will be provided to occupants in a manner that will not jeopardize their health or safety.

* *prescribed services* are defined in regulations [34(4)]

² **26(5)** A registrant must ensure that the assisted living residence is operated in a manner that does not jeopardize the health or safety of its occupants.

³ **34(3)** Without limiting subsection (1), the Lieutenant Governor in Council may make regulations respecting assisted living residences as follows:
(e) prescribing the health and safety standards that must be met in the delivery of services at an assisted living residence.

This discussion paper provides draft minimum health and safety standards for registered assisted living residences. They were developed based on the following principles:

1. *Duplication with requirements in other legislation will be kept to a minimum.*
2. *The focus of the standards will be limited to health and safety. Other consumer protection needs will be addressed through the tenancy and service protection review being conducted by the Ministry of Community, Aboriginal and Women's Services.*
3. *Standards will be based on the minimum level of intrusiveness necessary to ensure the operation of assisted living residences does not jeopardize occupant health and safety.*
4. *Standards will be outcome based (i.e. "what" needs to be achieved) where possible and appropriate, with detailed structure and process standards prescribing "how" being kept to a minimum.*

The following standards documents were reviewed and considered in the development of these draft standards:

- Supportive and Assisted Living Association (S.A.L.A.);
- Okanagan Private Supportive Living Association Guidelines (OPSLA);
- Ontario Residential Care Association (ORCA);
- Alberta – Standards for the Operation of Senior Citizens' Lodges;
- Calgary Regional Health Authority – Designated Assisted Living Standards; and
- Ministry of Health Services – Model standards for Continuing Care and Extended Care Services, April 1999.

The *Report of the Assisted Living Working Group to the United States Senate Special Committee on Aging*, released very recently (April 2003), was also considered. The B.C. Ministry of Health Services document, *Personal Assistance Guidelines* (January 1997), was reviewed and used in the standards.

DRAFT HEALTH AND SAFETY STANDARDS

INTRODUCTION

Assisted living health and safety standards are the minimum standards operators must meet to register and maintain registration as an assisted living residence. These standards apply directly to the health and safety of occupants in assisted living residences.

The operator of an assisted living residence will ensure that housing, hospitality services and personal assistance, including “prescribed services”, are provided to occupants in a manner that does not jeopardize their health or safety, while safeguarding the autonomy and independence of occupants.

OPERATOR REQUIREMENTS

An assisted living operator is responsible for the delivery of services and must ensure the site manager directing day-to-day operations has demonstrated experience relevant to the needs of their occupant population. For example, depending on the occupant population, experience may include working with:

- seniors or adults with physical and/or cognitive disabilities; or
- adults with mental disorders and/or substance abuse disorders.

STAFFING

- The operator ensures all staff (whether directly employed or contracted) have the necessary knowledge, skills, abilities and training to meet the health and safety needs of the occupants in the context of assisted living – that is, with the intent of supporting the independence and autonomy of occupants to the greatest degree possible. The operator does this by:
 - providing appropriate orientation and training for new staff; and
 - providing ongoing in-service training to ensure staff have the necessary knowledge, skills and understanding to meet occupants’ evolving needs.

- The operator ensures staff involved in the development of personal services plans have appropriate training and skills for this activity, within the context of assisted living.
- The operator maintains documentation on staff screening, training, skills and abilities and has this documentation available for review, upon request, by the Registrar.

REQUIREMENTS UNDER OTHER LEGISLATION

As related to the health and safety of occupants, the operator must ensure the assisted living residence complies with the requirements of all applicable legislation, regulations, bylaws and codes related to the design, construction, maintenance and occupancy of the residence, as determined by the appropriate authorities. This includes, but is not limited to, the:

- *Health Act*⁴ and Regulations, including:
 - Food Premises Regulation (B.C. Reg. 210/99);⁵
 - Health Act Communicable Disease Regulation (B.C. Reg. 4/83);⁶
 - Personal Service Establishments Regulation (B.C. Reg. 202/83);⁷
 - Public Place Sanitary Facilities Regulation (B.C. Reg. 94/82);⁸
 - Sanitary Regulations (B.C. Reg. 142/59);⁹
 - Sewage Disposal Regulation (B.C. Reg. 411/85);¹⁰ and
 - Swimming Pool, Spray Pool and Wading Pool Regulations (B.C. Reg. 289/72).¹¹
- *Local Government Act*¹² – British Columbia Building Code Regulation¹³ or, for the City of Vancouver, the City of Vancouver Building Bylaw.
Note: In areas of the province where the building code does not apply, the operator will provide an engineer's certification to confirm that the building conforms with building code requirements.

⁴ http://www.qp.gov.bc.ca/statreg/stat/H/96179_01.htm

⁵ http://www.qp.gov.bc.ca/statreg/reg/H/Health/210_99.htm

⁶ http://www.qp.gov.bc.ca/statreg/reg/H/Health/4_83.htm

⁷ http://www.qp.gov.bc.ca/statreg/reg/H/Health/202_83.htm

⁸ http://www.qp.gov.bc.ca/statreg/reg/H/Health/94_82.htm

⁹ http://www.qp.gov.bc.ca/statreg/reg/H/Health/142_59.htm

¹⁰ http://www.qp.gov.bc.ca/statreg/reg/H/Health/411_85.htm

¹¹ http://www.qp.gov.bc.ca/statreg/reg/H/Health/Health289_72/289_72.htm

¹² http://www.qp.gov.bc.ca/statreg/stat/L/96323_00.htm

¹³ http://www.qp.gov.bc.ca/statreg/reg/L/LocalGovernment/295_98.htm

- *Fire Services Act*¹⁴ – British Columbia Fire Code Regulation.¹⁵
- *Local Government Act*¹⁶ – Zoning bylaws of the authority having jurisdiction.
- *Elevating Devices Safety Act*¹⁷ and Regulation.¹⁸
- *Gas Safety Act*¹⁹ – BC Natural Gas and Propane Code Regulation²⁰ and Gas Safety Regulation.²¹
- *Power Engineers and Boiler and Pressure Vessel Safety Act*²² – Power Engineers, Boiler, Pressure Vessel and Refrigeration Regulation.²³
- *Electrical Safety Act*²⁴ – BC Electrical Code Regulation.²⁵

In relation to the above, the operator will ensure that:

- all required inspections are conducted at the prescribed intervals;
- all orders and other requirements of the applicable authorities are complied with in a thorough and timely manner; and
- copies of inspection reports, orders and correspondence with applicable authorities are retained and available to the assisted living Registrar upon request.

¹⁴ http://www.qp.gov.bc.ca/statreg/stat/F/96144_01.htm

¹⁵ http://www.qp.gov.bc.ca/statreg/reg/F/FireServices/285_98.htm

¹⁶ http://www.qp.gov.bc.ca/statreg/stat/L/96323_00.htm

¹⁷ http://www.qp.gov.bc.ca/statreg/stat/E/96110_01.htm

¹⁸ http://www.qp.gov.bc.ca/statreg/reg/E/28_90.htm

¹⁹ http://www.qp.gov.bc.ca/statreg/stat/G/96169_01.htm

²⁰ http://www.qp.gov.bc.ca/statreg/reg/G/GasSafety/202_2002.htm

²¹ http://www.qp.gov.bc.ca/statreg/reg/G/GasSafety/95_83.htm

²² http://www.qp.gov.bc.ca/statreg/reg/G/GasSafety/202_2002.htm

²³ http://www.qp.gov.bc.ca/statreg/reg/P/PowerEngineers/82_99.htm

²⁴ http://www.qp.gov.bc.ca/statreg/stat/E/96109_01.htm

²⁵ http://www.qp.gov.bc.ca/statreg/reg/E/Electrical%20Safety/330_98.htm

HOUSING (BUILDING/ENVIRONMENTAL STANDARDS)

Maintenance and Security

The operator of the assisted living residence will provide a safe and secure environment for occupants:

- The building is maintained in a sanitary condition and in a good state of repair to protect the health and safety of occupants.
- An organized program for building security is in place that protects occupants from intruders.
- The building maintenance and security system does not curtail the independence of occupants going about their daily activities.

Building Design

- Buildings will be designed to provide suitable accommodation, ranging from private lockable rooms to self-contained suites with bedroom, living room, kitchenette and full bathroom. Buildings will be designed to accommodate any disabilities occupants may have.
- The operator will ensure a person moving into the residence is not accommodated in a unit that places their health and safety at risk due to inadequate design.
- The following document may be used for guidelines in determining the suitability of occupant accommodation for people with disabilities:
 - "Housing for Persons with Disabilities", published by Canada Mortgage and Housing Corporation.

Fire Safety

The operator of the assisted living residence will ensure fire safety requirements are addressed to protect occupants in the event of fire:

- A written fire safety plan is in place and has been submitted to the local fire authority.
- Fire drills are conducted in accordance with the fire safety plan and are documented.
- Inspection and maintenance of fire detection and safety equipment is carried out in accordance with fire authority requirements. Records of inspection and maintenance activities are maintained and copies of inspection reports are kept on file.

- Prospective occupants are given information about the life safety features of the building and the fire safety plan. Where a prospective occupant requires assistance to self-preserve (evacuate or move to a safe zone in the building), this requirement is discussed with the operator to ensure the person's needs can be met and they can safely reside in the residence.

HOSPITALITY SERVICES

Laundry

- Hospitality laundry services, e.g., linens (in-house or contracted out), will ensure clean and sanitary products to protect the health and safety of occupants.
- Where provided, laundry equipment for occupant use will be maintained in a safe and sanitary condition.

Housekeeping

- Housekeeping services provided in occupants' units will ensure a clean and sanitary environment is provided to protect the health and safety of occupants.

Meals

- Nutritious meals are served. Meals are based on *Canada's Food Guide to Healthy Eating*. Menu rotations are used to provide balanced nutrition and incorporate occupant choices and preferences.
- Occupants will be given the opportunity upon entry, and as changes occur, to identify their nutritional needs, requirements for special or therapeutic diets and food allergies/intolerances. The occupant and operator will negotiate arrangements to meet the occupant's special nutritional or dietary requirements. Needs identified by the occupant, along with the agreed upon plan, will be recorded in the occupant record.
- The operator will avail themselves of appropriate professional advice to ensure proper planning and preparation of special and therapeutic diets, including food allergy/intolerance diets.

- Where meals are normally provided in a common dining area, to ensure adequate occupant nutrition, provisions will be made for meals to be served in an occupant's room on a time-limited basis for periods of temporary illness. *Note:* This is not intended to limit meals being served in occupants' rooms.
- Food handling²⁶ and storage practices will be managed in accordance with the *Health Act* and Food Premises Regulations.

24-Hour Emergency Response

- The operator of the assisted living residence will provide a 24-hour emergency response system appropriate to the needs of occupants that will alert staff to the location of an occupant when that person needs assistance.

PERSONAL ASSISTANCE

Seven service areas are identified for personal assistance, which may be provided at either a less intensive *support* level or a more intense *prescribed service* level. These service areas are:

1. Activities of daily living.
2. Medication administration and monitoring.
3. Central storage and distribution of medication.
4. Maintenance or management of occupant cash resources or property.
5. Monitoring of food intake or therapeutic diets.
6. Structured behavioural program.
7. Psychosocial rehabilitation or intensive physical rehabilitation.

Assisted living operators must provide at least one service at the prescribed service level, but not more than two, plus any number of services at the support level.

²⁶ The Food Premises Regulations – Food safe training. 10(1) Every operator of a food service establishment must hold a certificate, issued by a health official, for the successful completion of the food handler training program known as FOODSAFE or its equivalent. (2) Every operator of a food service establishment must ensure that, while the operator is absent from the food service establishment, at least one employee present in the establishment holds the certificate referred to in subsection (1).

Prior to entering an assisted living residence, an operator will inform a prospective occupant of the personal assistance services the residence offers. The operator will involve the prospective occupant in an assessment of their needs and preferences and, based on the information, develop a personal services plan for approval by the person. Occupants will be supported to maintain their independence to the greatest possible extent by having personal assistance provided only in areas where they require and request help. The circumstances under which an occupant will need to arrange for other accommodation will be explained and detailed in the occupant agreement.

The following standards apply where the operator has undertaken to provide supports and/or prescribed services at the request of the occupant.

General Requirements

- The personal services plan will include: A description of the occupant's needs; the services requested by the occupant and agreed to by the operator; identification of risks the occupant may be facing and the strategies for addressing those risks; and a plan for the delivery of services. Where risks for the occupant have been identified, the operator will accommodate occupant choices and preferences, while taking measures to ensure the health and safety of other occupants and/or staff are not placed in jeopardy.
- Where an occupant has some impairment of cognitive function, the personal services plan will address safety and security issues specific to this impairment. Family members will be consulted where appropriate.
- Where an occupant is accommodated who is at risk of falling, fall prevention strategies will be incorporated into the occupant's personal services plan to minimize the risk of injury.²⁷
- Occupant records will include a record of next of kin and emergency contact information.
- Occupant records will be available to the occupant and, upon request, the Registrar.

²⁷ The use of restraints is not considered acceptable practice.

- The operator will ensure all staff assigned to provide personal supports and/or prescribed services for occupants have college home support/ care aide certification or an equivalent combination of education and experience.
- Where professional tasks are delegated to nonprofessional assisted living residence staff, the operator will ensure appropriate professional coverage is in place for:
 - assessment of needs associated with the delegated task;
 - education/training of the nonprofessional staff to which the task is being delegated;
 - overseeing the implementation of the delegated tasks; and
 - monitoring the delivery of the delegated tasks.
- Staff practices in delivering service to an occupant will be consistent with the personal services plan and the preservation of occupant autonomy and choice.
- There is a system in place to recognize indicators of changing occupant condition and/or needs and to respond accordingly, with the occupant and operator agreeing to any necessary adjustments to the occupant's personal services plan. This will ensure service needs do not exceed the capacity of the residence to maintain safety and deliver the required services. Where service needs exceed the capacity of the assisted living residence, the operator will develop an exit plan in conjunction with the occupant. The exit plan will define the management of any risks the occupant may face in remaining in the assisted living residence and facilitate transfer to an alternate setting.

Activities of Daily Living

For the purpose of these standards, activities of daily living includes dressing, bathing, grooming, using the toilet, eating and moving around (mobility/transfer). In certain circumstances, other tasks listed in the Ministry of Health Services *Personal Assistance Guidelines*²⁸ may be undertaken.

²⁸ *Personal Assistance Guidelines* (January 1997), Community Support, Continuing Care Division, Ministry of Health. Copies can be obtained from the Ministry of Health Services.

These guidelines, with minor edits to adapt them to assisted living, are included in Appendix A of these standards.

- Where assistance with activities of daily living is provided for occupants at either the support or prescribed services level:
 - Written policies, procedures and practice guidelines are developed consistent with the guidelines contained in Appendix A.
 - Policies, procedures and practices related to the delegation of professional tasks to nonprofessional staff conform to the applicable professional practice standards and guidelines.

Medication Administration and Monitoring

- The operator will ensure there are written policies and procedures:
 - supporting the self-administration of medications by occupants;
 - describing the scope and level of medication services offered to occupants;
 - detailing the requirements for training and/or certification for staff involved with medication administration and monitoring; and
 - providing practice guidelines which provide direction to staff in the delivery of these services.

These policies and procedures will be consistent with the guidelines contained in Appendix A of these standards.

- Occupants will be provided with a secure place within their suites to keep their medications.
- Where medication administration and monitoring is provided at the prescribed services level for any occupant on a continuous basis, a system is developed and maintained for the provision of this service:
 - Written policies and procedures for the medication administration and monitoring system are developed and maintained. Current practice within the residence reflects these policies and procedures.
 - The medication administration and monitoring system for the residence is reviewed and approved by a licensed pharmacist. Documentation of the pharmacist's review and approval is available for review by the Registrar upon request.
 - Signed physician's orders are in place for all medications administered by residence staff to occupants who are unable to determine the correct medication for a given time.

Central Storage and Distribution of Medication

- The operator will ensure there are written policies and procedures:
 - supporting the self-management and storage of medications by occupants;
 - describing the nature of central storage and distribution assistance provided for occupants; and
 - detailing the requirements for training and/or certification for staff assisting with central storage and distribution of medication.
- Central storage and distribution assistance is provided at the request of the occupant.
- Where central storage and distribution of medication is provided at the prescribed services level, a system is developed and maintained for the provision of this service:
 - Written policies and procedures for the central storage and distribution system are developed and maintained. Current practice within the residence reflects these policies and procedures.
 - The central storage and distribution system for the residence is reviewed and approved by a licensed pharmacist. Documentation of the pharmacist's review and approval is available for review by the Registrar upon request.

Maintenance or Management of Occupant Cash Resources or Property

- Individual occupant records are maintained of all financial/property transactions that the residence does on behalf of an occupant. These records are available to the occupant upon request.
- When investigating a complaint, financial/property records are available to the assisted living Registrar with consent of the occupant.
- Where maintenance or management of occupant cash resources or property is provided at the prescribed services level, the operator will ensure that a system of accounting is developed and maintained under the supervision of a professional accountant.

Monitoring of Food Intake or Therapeutic Diets

- Where monitoring of food intake or therapeutic diets is provided at the prescribed services level, the operator will consult with a registered dietician nutritionist to ensure:
 - the safe and appropriate implementation of therapeutic diets; and
 - monitoring of the occupant's health and nutritional status.

Structured Behavioural Program

- Structured behavioural programming, if offered, will only be provided as a prescribed service:
 - The operator will accept only occupants who have an external professional behavioural therapist to provide assessment, planning and program design, to instruct and train operator nonprofessional staff and to oversee and supervise implementation and ongoing delivery of services.
 - The operator will ensure there is a written plan in place for each occupant receiving structured behavioural program services.
 - The written service delivery plan will conform to all applicable practice guidelines of the professional association of which the therapist is a member.
 - The written services plan will contain specific instruction with sufficient detail to guide nonprofessional staff in day-to-day service delivery and interaction with occupants.
 - Any related counselling or therapy will be provided only by a professional therapist and not by nonprofessional staff employed by the operator.

Psychosocial Rehabilitation

Where psychosocial rehabilitation is provided at the prescribed services level:

- The operator will accept only occupants who have an external professional case manager/addictions treatment manager to provide assessment, planning and overall coordination of services for the occupant.
- The operator will ensure there is a psychosocial rehabilitation plan for each occupant with a substance abuse disorder, mental disorder and/or concurrent disorders who is receiving psychosocial rehabilitation:

- There will be written assessments of occupant needs for psychosocial rehabilitation.
- Based on the needs identified in these assessments, rehabilitation plans and goals will be established and will include one or more of four life-related domains: Personal life, leisure, education and work.
- These plans will include procedures and methods to be used in meeting rehabilitation goals and monitoring occupant progress toward their goals.
- Operators are responsible for the delivery of services detailed in occupant rehabilitation plans. Operators will ensure staff is familiar with the goals and staff are able to support occupants to achieve their psychosocial rehabilitation goals, using individualized approaches that work best for each occupant.
- The operator will ensure mental health, addictions and related psychosocial rehabilitation services requiring professional training and certification are not provided by staff, except for tasks listed in the Ministry of Health *Personal Assistance Guidelines* (January 1997), as amended from time to time, when delegated under the direction and supervision of a professional.
 - Counselling or psychotherapy for occupants with substance abuse disorders, mental disorders and related mental health issues, including trauma, sexual abuse and marital/family concerns, are provided only by qualified professionals and not by the operator or residence staff.

Intensive Physical Rehabilitation

Intensive physical rehabilitation, if offered, will only be provided as a prescribed service.

- The operator will serve only occupants who have an external physical rehabilitation therapist to provide assessment, planning and program design, to instruct and train operator nonprofessional staff and to oversee and supervise implementation and ongoing delivery of services.
- The operator will ensure there is a written plan in place for each occupant receiving intensive physical rehabilitation services.
- The written service delivery plan will conform to all applicable practice guidelines of the professional association of which the therapist is a member.

- The written services plan will contain specific instruction with sufficient detail to guide nonprofessional staff in day-to-day service delivery and interaction with occupants.

General Health and Safety

Accident, Death or Medical Emergency

- The operator will ensure appropriate responses in the event of accident, death or medical emergency involving an occupant:
 - Written policy and protocols are in place to guide staff where a death is anticipated.
 - Written policy and protocols are in place to direct staff in the event of an accident involving an occupant or an unexpected occupant death.
- A written plan is available to guide staff in the event of a missing occupant or an occupant who is not answering their door.

Abuse

- As part of occupant orientation, the occupant is advised of their rights and how to address any concerns of abuse.
- There is a written policy and procedure to deal with suspected occupant abuse. Provisions will be included to protect personal and property safety during an investigation.

Incident Reports

- For the purpose of harm reduction and quality improvement, a system will be in place to document and track serious incidents.

Infection Control

- The operator will ensure a written infection control policy is in place and all staff are familiar with the policy. The policy will include a plan for prevention, reporting and containing infectious outbreaks.

Emergency Preparedness

- A written plan is in place to direct staff in how to respond in an emergency situation, e.g., bomb threat, fire, earthquake, missing occupant, unexpected death due to an accident. This plan will include an emergency evacuation plan.
- All staff will have training in the operation of all applicable safety equipment, e.g., fire safety equipment, security systems, occupant alarm systems.
- Staff attendance at fire drills is recorded. In order to demonstrate their knowledge of the fire drill procedures, each staff person will participate in at least one fire drill per year.

First Aid

- A well-equipped first aid kit is kept in a convenient location on the premises.
- All staff are familiar with the location of the first aid kit.
- There is at least one staff person on the premises or in close proximity at all times who has first aid certification in good standing. First aid training should be appropriate to the occupant population.

COMPLAINTS

- On entry, the operator provides each occupant and their contact person or family with a clearly identified process for registering complaints regarding the assisted living residence.
- The complaint process is posted in readily accessible areas of the residence.
- The operator has established an internal complaint resolution process. The operator will encourage occupants to use this process when they have concerns.
- The operator undertakes to give priority to resolving complaints locally within the residence when:
 - raised with the operator directly by an occupant or family member; or
 - contacted by the assisted living Registrar or designate.

APPENDIX A

*Extracted and Adapted²⁹ from:
"Personal Assistance Guidelines"³⁰
Community Support, Continuing Care Division, Ministry of Health
January 1997*

INTRODUCTION

Assisted living residence staff provide support and assistance to occupants who require personal assistance with activities of daily living. The staff providing these services shall have college certification or equivalent.

Personal assistance tasks are divided into two areas:

Section I – Standard practice tasks.

Section II – Professional tasks delegated to a nonprofessional staff person (also categorized as delegated tasks).

Section I, **Standard Practice Tasks**, may be performed by a trained nonprofessional staff person without a requirement for delegation or supervision by a health care professional.

Section II, **Professional (Delegated) Tasks**, requires the involvement of the appropriate health care professional, usually a registered nurse, as follows:

- assessment of needs associated with the delegated task;
- orientation and training of the nonprofessional staff person;
- overseeing the implementation of the delegated task; and
- monitoring the delivery of the delegated task.

²⁹ The original document was written from the perspective of tasks being delegated from home and community care to a service provider. The edits adapt the guidelines to assisted living residences, where the delegation of professional tasks may be from any health care professional to a nonprofessional staff person.

In addition, references to "client" have been changed to "occupant". Appendices in the original document are not included.

³⁰ Available from the Ministry of Health Services.

If the residence does not employ the health care professional, the residence will either contract for the professional services or obtain the services from their local health authority.

PURPOSE

These guidelines provide direction to clarify the boundaries of practice for nonprofessional staff in assisted living residences and the responsibilities for operators of these residences. The guidelines:

- outline the standard care tasks routinely performed by a nonprofessional staff person with the appropriate training and the professional tasks which may be delegated to a nonprofessional staff person;
- define the circumstances under which criteria are used to determine when a delegation of task from a professional to a nonprofessional staff person may occur;
- explain the process involved in a delegation of task; and
- define the responsibilities of all parties involved in a delegation of task.

SECTION I – STANDARD PRACTICE TASKS

CRITERIA FOR STANDARD PRACTICE TASKS

- Section I tasks are standard practice tasks that may be performed routinely by a nonprofessional staff person who has college certification as a home support worker, personal care attendant or equivalent.
- Standard practice tasks require training, knowledge and skills.
- Standard practice tasks are performed in accordance with the written plan for these tasks included in the occupant's personal services plan.
- In most cases, standard practice tasks are routine personal assistance tasks and are not occupant specific.

- Standard practice tasks may have additional complex practice components and, therefore, may require a registered nurse, occupational therapist, physiotherapist or nutritionist consultation to provide direction in the development of an occupant's care plan.

STANDARD PRACTICE TASKS

Standard practice tasks are:

- Activities of Daily Living
 - Bathing – Assist occupant with bed bath, sponge bath, tub bath, shower and perineal care (includes cleaning outside of a catheter from the urinary meatus to the connecting tube).
 - Grooming – Assist client with hair washing, combing and setting, shaving and dressing.
 - Oral Hygiene – Assist occupant to brush permanent teeth, floss and use rubber pick or to remove, clean and insert dentures.
 - Hand Care – Assist occupant with fingernail maintenance, including clipping and filing.
 - Skin Care – Assist occupant to maintain intact skin by washing, drying, applying nonprescription body lotions or creams and observe for changes in skin integrity.
 - Toileting – Assist occupant with toileting, including use of commode, bedpan or urinal and applying or removing incontinence products.
 - Bed Making – Make an occupied bed.
- Care of the Body After Death
 - Follow procedure developed by assisted living residence.
- Lifts and Transfers
 - Assist occupant to transfer from one surface to another or assist to lift the occupant's weight from one surface to another, with or without a mechanical aid (e.g., transfer board, mechanical lift).³¹
- Mobilization and Activity
 - Assist occupant to move around, with or without mechanical aids (e.g., crutches, walkers, canes, wheelchairs).

³¹ Appendix V in the *Personal Assistance Guidelines* document provides guidelines for safe transfers and lifts.

- Nutrition (oral only)
 - Prepare special diets from written instructions.
 - Assist occupants with eating.
- Ostomy Care
 - Empty an ostomy bag.
- Urinary Drainage
 - Empty, clean and change urinary drainage bags attached to condom drainage.

SECTION II – DELEGATION OF PROFESSIONAL TASKS

PREAMBLE

A health care professional is responsible for the decision to recommend delegation of a professional task to a nonprofessional staff person. The residence operator, based on the advice of the health care professional, is responsible for the decision to accept the task.

In decisions related to the delegation of tasks, response to the care needs of occupants able to direct care is fundamentally different from the response to care needs of occupants unable to direct care (which may occur for short-term periods of convalescence or while waiting transfer to a complex care facility).

Section II tasks are occupant specific and, therefore, are not normally transferable between occupants. All Section II tasks require an individualized, written care plan and instructions specific to each occupant.

PROFESSIONAL RESPONSIBILITY

When a registered nurse or other health professional delegates a component of professional care, the health professional is accountable for:

- the decision to delegate the professional task to the nonprofessional staff person;
- assessing the occupant's ability to direct their own care;

- educating the operator regarding the significance of the delegated task and the implications for staff training and ongoing monitoring and supervision;
- teaching the task to the nonprofessional staff for each individual occupant;
- developing the occupant's plan of care for the delegated task;
- supervising the nonprofessional staff performing the delegated task; and
- monitoring an occupant to evaluate the outcomes and effectiveness of the delegated tasks identified in the occupant's care plan.

CRITERIA FOR THE DELEGATION OF A PROFESSIONAL TASK

A nonprofessional staff person may be requested to perform a Section II task when:

- A health care professional has determined the task needs to be done.
- The task cannot be managed by the occupant and there is no other person in the occupant's support system to do the task or the regular caregiver needs respite.
- It is in the occupant's best interest and the occupant (or responsible family member) consents to the delegation of task to a nonprofessional staff person.
- The occupant's health status is stable and/or the occupant's response to the proposed task or procedures is predictable.
- There is adequate supervision available from the health care professional delegating the task.
- The nonprofessional staff person is available and demonstrates the competency to do the specific task.
- Health care professionals are available, as needed, for assistance with training, monitoring and back up.
- The residence has policies and procedures in place to implement Section II task delegations.

TABLE A-1: SUMMARY OF SECTION I AND II TASKS

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
HOT AND COLD PACKS		Assist occupant to apply hot and cold packs as outlined in an established plan of care for occupants whose sensation has been tested by the appropriate health care professional prior to the delegation of task.	

	Section I Standard Practice Tasks	Section II Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
PROSTHETICS AND ORTHOTICS	<p>Assist occupant to apply and remove prosthetic or orthotic device (e.g., slings, hearing aids, artificial limbs, prosthetic eye, braces, corset, splints and support garments, TEDS and JOBST).</p> <p>* Nonprofessional staff DO NOT APPLY TENSORS.</p>	<p>←</p> <p>←</p> <p>←</p>	<p>Apply and remove prosthetic or orthotic devices (e.g., slings, hearing aids, artificial limbs, prosthetic eye, braces, corset, TEDS and JOBST).</p>

	Section I Standard Practice Tasks	Section II Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
VENTILATORY EQUIPMENT		Assist client with ventilation equipment, such as nebulizer or inhaler, as outlined in an established plan of care.	By exception – Assist client with ventilation equipment, such as nebulizer or inhaler, as outlined in an established plan of care.
	Take direction from client to clean oxygen equipment as per established procedures from the oxygen company.	← ←	Clean oxygen equipment as per established procedures from the oxygen company.
		Fill porta packs (respiratory technician may be used for consultation). Assist occupant with pre-set oxygen.	Fill porta packs (respiratory technician may be used for consultation). By exception – Assist client with pre-set oxygen.

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
BOWEL CARE		<p>Perform bowel care as part of an established regime, including digital rectal stimulation and suppository insertion.</p> <p>Insert rectal suppository, microlax.</p>	<p>By exception – Perform bowel care as part of an established regime, including digital rectal stimulation and suppository insertion.</p> <p>By exception – Insert rectal suppository, microlax.</p>
CONDOM APPLICATION		Apply condom.	

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
FOOT CARE		The provision of basic nursing foot care to occupants whose circulation and sensation has been assessed as normal by a health care professional (e.g., soaking, filing of nails, use of pumice stones).	← ← ←

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
GASTROSTOMY FEEDINGS		Administer gastrostomy feeding as outlined in an established plan of care.	By exception: Primarily authorized as respite if the caregiver routinely performs this task.
MEDICATIONS		Instill prescription and non-prescription eye medication or ear drops.	Instill prescription and non-prescription eye medication or ear drops.
		Insert vaginal/rectal suppository. Instill vaginal medicated ointment.	Insert vaginal/rectal suppository. Instill vaginal medicated ointment.

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
MEDICATIONS continued		Provide assistance with pre-measured nebulizer medication.	Provide assistance with pre-measured nebulizer medication.

	Section I Standard Practice Tasks	Section II Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
MEDICATIONS continued	Provide physical assistance with medications following client direction and established service plan (e.g., open pill bottle, put medications in occupant's hand, apply medicated non-prescription soaps and ointments).	← ← ←	Give pre-measured oral medication. Oral medications should be in a bubble pack prepared by a pharmacist or in a dosette poured by a registered nurse.

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
MEDICATIONS continued		Apply prescription soap and ointment. Apply non- narcotic medicated patches.	Apply prescription soap and ointment. Apply non-narcotic medicated patches.
		Apply non- narcotic medicated patches.	Apply non-narcotic medicated patches.

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
MEDICATIONS continued		Review bubble pack or dosette to determine whether the occupant has taken their medication and follow an established care plan in the event of a missed medication.	
OSTOMY CARE		Assist/change ostomy appliance and monitor skin integrity and stoma condition in an established plan of care.	Change ostomy appliance and monitor skin integrity and stoma condition in an established plan of care.

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
PROTECTIVE PADDING		Assist occupant with the removal and application of protective padding over intact skin.	Remove and apply protective padding over intact skin.
URINARY DRAINAGE/ CATHETER CARE		Empty, change and clean in-dwelling catheter urinary drainage bag and make reportable observation, such as colour and output.	Empty, change and clean in-dwelling catheter urinary drainage bag and make reportable observation, such as colour and output.

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
ACTIVATION AND THERAPEUTIC ROUTINES		Assist with exercise, activation, chest therapy (i.e., deep breathing and coughing as per a pre- established therapeutic routine). Example: Oral motor facilitatory techniques for people with swallowing disorders.	← ← ←

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
ACTIVATION AND THERAPEUTIC ROUTINES continued		Perform assisted range of motion to maintain functional movement as per a pre- established therapeutic routine. May include positioning to improve range of motion.	← ← ←

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
PRESSURE PUMP	Under direction of occupant, apply cuff, connect machine. Occupant's condition must be stable and client knowledgeable of correct equipment settings.	Assist occupant with new or complex equipment to apply cuff and connect and turn machine on/off as per pre-established plan of care. Settings are determined by therapist in consultation with occupant.	

	<u>Section I</u> Standard Practice Tasks	<u>Section II</u> Delegated Task	
Delegated Professional Task	Occupant Able to Direct Care	Occupant Able to Direct Care	Occupant Unable to Direct Care (Short-term convalescent/transition only)
TRANSCUTANEOUS NERVE STIMULATION (TENS)		Assist occupant to apply electrodes of a TENS machine to designated areas as outlined in the plan of care. This may also include turning the machine on and off.	