



NEW RESIDENTIAL CARE REGULATION – In Effect as of October 1, 2009

The new Residential Care Regulation (RCR) came into effect on October 1, 2009 and replaced the Adult Care Regulations and the residential pieces of the Child Care Licensing Regulation. The new RCR may be downloaded from the Community Care Licensing Branch website: <http://www.hls.gov.bc.ca/ccf/>

The Ministry of Healthy Living and Sport has provided the following FAQ's related to the RCR:

Why were these changes made to the regulations? Were they really necessary?

- We regularly review regulations and refresh them to ensure they still meet the needs of our population. When we first introduced the *Community Care and Assisted Living Act* in May 2004, we committed then to regulatory reform, as needed.

Who decided what the changes should be? Were stakeholders or the public consulted?

- An inter-ministry steering committee comprised of all of our funding partners was established to review the regulations and made initial recommendations focused on the unique needs of the people they serve.
- A public consultation tour took place in September and October 2004 and consisted of approximately 30 town hall-type meetings.
- Web consultation was conducted between September 2004 and January 2005. We held focus groups with family members as well as care providers (registered nurses, licensed practical nurses and care aides).
- Stakeholders were engaged in ongoing consultation and worked with the College of Registered Nurses, the Provincial Nutritionist, the College of Pharmacists, the Provincial Health Officer, service delivery arms in addiction, mental health, home and community care, community living and industry associations. We also engaged licensing program representatives.

What do the changes mean for Licensees?

- Licensees are now more accountable for their hiring practices, record keeping, incident reporting, staff orientation, performance reviews and emergency preparedness.
- We are also requiring facilities to have emergency preparedness plans in place and requiring long-term care facilities to carry liability insurance.
- Operators will be required to include falls prevention measures and assess clients for risk of wandering in their facilities. They will be expected to ban smoking by staff on the premises of care facilities and strengthen health and hygiene to prevent communicable disease.

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H1N1 – What Do You Need to Know

To ensure the information provided to the public and health care providers is timely, accurate and consistent with federal and provincial guidelines, H1N1 information will be posted and regularly updated on VIHA's H1N1 web page at www.viha.ca/h1n1. This ensures one convenient source for the most current information.

The web page can be easily accessed from the Internet. It also contains links to federal and provincial web sites for information aimed at the public, identified high-risk groups and health care providers. As information is updated, it will be posted.

The Provincial Government has also released new and updated public information regarding H1N1. These publicly focused materials cover topics such as when to see a doctor, what to do if you have the H1N1 virus, the H1N1 vaccine, antivirals (Tamiflu®) and back-to-school information for parents and children. This information is linked from VIHA's H1N1 web page and is also available at <http://www.gov.bc.ca/h1n1/keyfacts/index.html>



Key messages to share with employees, families and persons in care:

- Practice good handwashing—for at least 20 seconds duration. Wash your hands or clean them with alcohol-based hand rubs frequently, especially after you cough or sneeze and before you eat.
- Cover your nose and mouth with a clean tissue when you cough or sneeze, and throw the tissue in the trash immediately after you use it. Or, cough and sneeze into your sleeve. Avoid touching your eyes, nose or mouth, as infection can spread that way.
- People may become infected by touching something with flu viruses or germs on it and then touching their mouth or nose. Germs on hard surfaces, such as counters and doorknobs, can be picked up on hands and spread to the respiratory system when people touch their mouth or nose. Frequently sanitizing contact surfaces such as doorknobs, etc. can reduce the spread of infections.
- Avoid close contact with people who are sick. (Stay at least 6' away)
- If you get sick, stay at home and limit contact with others to keep from infecting them. If your children are sick, keep them home. Do not send them to school or daycare. People should stay home from school or work until they are feeling better and able to participate in normal activities.
- For facilities where persons in care (and/or employees) may have individuals present with chronic health conditions, below you will find the link to a provincial fact sheet that should be reviewed. Persons in care with a chronic health condition should visit their doctor before they are sick (i.e. now) and get a prescription for an antiviral (e.g. Tamiflu). The facility should hold on to the prescription and in the event the person in care gets sick, fill it and begin administering it immediately to them if they begin to show flu symptoms. Antivirals work best when taken within 24 hours of showing flu symptoms.

http://www.gov.bc.ca/h1n1/attachments/fs_h1n1_info_for_ppl_with_chronic_health_conditions_aug09.pdf

- The symptoms of the H1N1 flu virus are similar to the symptoms of seasonal influenza:
 1. Fever
 2. Cough
 3. Sore throat
 4. Body aches
 5. Headache
 6. Chills and fatigue
 7. Occasionally, vomiting and diarrhea
- Facilities should prepare contingency plans for absenteeism; for example, ensuring that “mission critical” functions can be carried out. For the full checklist of steps all businesses can take to prepare, visit www.health.gov.bc.ca/pandemic/tools.html
- Facilities should be encouraged to review their sick policy with families and employees, and discourage visitors who are ill.



What facilities should do if employees are sick:

- If an employee is sick, it's their responsibility to stay home until they are feeling better. This will help prevent spreading the influenza virus to other people in the workplace.
- If an employee is at work and is sick, the employer should send that person home.

WORKING WITH THE CORONER – The FAQ's

Does the Coroner investigate all deaths that occur in British Columbia?

No. Under the *Coroners Act*, the Coroner has a mandate to investigate deaths, which are sudden, unexpected, unnatural or unexplained. The Coroner will normally NOT investigate deaths in which someone dies of their natural disease process while under the care of a physician.

How does that impact us as Community Care facilities?

Deaths that should be reported to the Coroner are normally only those, which meet the criteria above. Most deaths in care facilities do not need to be reported.

Can you provide some examples of deaths that should be reported?

- Deaths which possibly involve accidental injury – e.g. the person has had a recent fall with injury, the person was witnessed to have choked shortly before death.
- Sudden deaths, which cannot be explained by a person's known disease processes.
- Deaths which may involve drugs – e.g. medication overdoses or errors.

What about someone who was injured many years ago, maybe even as a baby or small child, but dies decades later of complications of those injuries?

There is no statute of limitations for the *Coroners Act*. If the event that caused an injury that eventually led to death was a non-natural event (e.g. a motor vehicle incident, a near-drowning), then the classification of death would still be Accidental and the Coroner should be notified.

What about deaths in which you are worried something suspicious may have occurred?

These cases must be reported to the police department with jurisdiction as well as to the Coroner.

How about examples of deaths that do not need to be reported?

Deaths in which someone succumbs to a natural disease process for which they have been treated by a physician. This is true whether or not they have been formally made palliative by their physician, and whether or not their physician has seen them personally in the day or two before death.

Should someone's age be taken into account when deciding whether to contact the Coroner?

No. The manner of death is what counts, not the person's age. Someone in their 90's is quite likely to suffer an "Accidental death" in a fall, and the Coroner needs to be contacted just as much as if they were 50 years younger.

Is it the Coroner's job to notify the next of kin that their family member has died?

No, that remains the job of the care facility whether or not it is a death in which the Coroner is contacted. Facility staff are encouraged to tell families that the Coroner will be calling them in cases in which the Coroner is involved.

What is the best way to contact a Coroner on Vancouver Island?

Phone the BC Coroners, Island Region, paging service at 1-866-232-0002, 24 hours a day, 365 days a year. A live human will answer, not a machine. Ask them to page the Coroner-on-call for the area where your facility is located. You should receive a callback within 15 minutes. Even if you have been given a private pager number for a Coroner previously, do not use it to report a new death as the same Coroner is not likely to be on call.

Questions? Feel free to give us a call at the BC Regional Coroners office at 250-952-4150.

— Submitted by Rose Stanton, Regional Coroner, Island Region BC Coroners Service and Barb McLintock, Coroner, Island Region BC Coroners Service.

Fire Doors in Long Term Care (LTC) Facilities

In response to concerns raised in a number of LTC facilities, the following links provided by the Office of the Fire Coordinator address the issue of fire doors that close too quickly and have resulted in injuries to residents. In a study of falls in LTC, one resident was reported as having broken her shoulder by being flung across the hall by a fire door that closed too quickly when she pushed down on the bar on the door for support.

Routine maintenance is needed on all fire doors in LTC to ensure that the hydrolytic fluid is not depleted, as this is the main cause of doors that close too quickly. Also, that release mechanisms need to be adjusted to ensure that the doors do not 'trigger' to close too easily.

<http://hubpages.com/hub/Door-Closer-Adjustment>

On this web site, under the heading "Adjusting the Door Closer" it says that, "Ideally a non-delayed action door closer will close and latch the door in 7 to 8 seconds."

http://www.rixson.com/library/troubleshooting/pdf/Troubleshooting_the_Product.pdf

Page 5 of this manufacturers sheet says, "Door should close from 90° to 0° in 3 to 6 seconds or longer."

For more information on fire and life safety in residential care facilities, please follow the attached link to a new provincial resource entitled, "Assisted Living and Residential Care Fire and Life Safety". The purpose of the information in this document is to clarify the fire and life safety provisions established for assisted living residences and residential care facilities, particularly small group homes.



HSCL Nutrition and Dysphagia Team – North Island

The Fall 2008 issue of this newsletter included contact information for the South Island HSCL Nutrition and Dysphagia Team, and the Spring 2009 issue included contact information for the Central Island team. This issue, the contact information for

North Island is highlighted:

Contact VIHA (Vancouver Island Health Authority) intake at:

Campbell River 1 866 928 4988

Comox Valley 250 898 2255

Remember anyone can refer to HSCL, including persons needing service, their family members or caregivers. HSCL Staff are usually available Monday-Friday. HSCL is not an emergency service.

For VIHA Region-wide Updates:

South Island – Gateway Village

#201-771 Vernon Ave, Victoria, BC V8X 5A7, PH: 250-475-2235, FAX: 250-475-5130

Training:

Orientation to Licensing for New and Pending Managers of Residential Care Facilities

Dates: Call for information on dates for fall 2009 and spring 2010.

Space is limited to 15 participants.

[What's New in Nutrition: Considerations for Menu Planning](#)

Dates: Call for information on dates for fall 2009 and spring 2010.

Call 250-475-2235 for more information on or to register for these sessions.

Central Island

#29 - 1925 Bowen Road, Nanaimo BC, V9S 1H1, PH: 250-739-5800, FAX: 250-751-1118

Training:

Call 250-739-5800 for more information on upcoming Manager Orientation sessions and What's New in Nutrition: Considerations for Menu Planning sessions or to register.

North Island

#200-1100 Island Highway, Campbell River, BC V9W 8C6, PH: 250-850-2110, FAX: 250-286-3486