

Continuing Care Strategy



Living well in a place you can call home.

Nova Scotia Department of Health

**Long Term Care
Residential Care Facility
Program Requirements**

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APPENDIX C**

DRAFT

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1. INTRODUCTION

In May 2006, the Nova Scotia Department of Health (the Department) announced the Continuing Care Strategy for Nova Scotia - Shaping the Future of Continuing Care. In the Strategy, a commitment was made to build new long term care homes to support the vision of living well in a place you can call home. The Long Term Care Program and Facility Requirement documents complement one another and were created to provide direction for the development of new long term care facilities from the perspectives of care and service, as well as physical environment.

Fundamental to the Continuing Care Strategy are the concepts of choice, empowerment, community, flexibility, and independence. These concepts are well described in recent international and national research on continuing care trends and leading practices. In addition, much has been written on the importance of autonomy, privacy, and the trend of moving away from the institutional model of care

A key feature to the success of this innovative approach to long term care (LTC) is the reduction in the number of residents living in the 'household' or 'neighbourhood'. Smaller numbers of individuals encourage relationship building between and amongst residents, families, and staff members. Staff members have the opportunity to get to know and understand each resident and their unique needs and to respond appropriately.

The clear trend is the creation of vibrant, nurturing environments for residents through the creation of central 'households' with residential features such as private bedrooms with private bathrooms, a living room with a central fireplace and adjacent kitchen and dining room. The emphasis is on organizing care and activities around the resident and not the institutional schedule.

Anecdotal experience from new LTC facilities built in Nova Scotia have indicated that smaller household size and private bedrooms promote a more restful sleep for residents. There have been reports of fewer outbreaks of infection, as well as the ability to quickly limit its spread by containing the outbreak to the smaller unit.

The following minimum program requirements must be met and /or exceeded in order to obtain and maintain a license to operate a Residential Care Facility in Nova Scotia. These requirements are intended to support the Continuing Care Strategy in achieving its vision for new long term care facilities – to create an environment where residents live well in a place they can call home.

2. VISION OF CONTINUING CARE IN NOVA SCOTIA

Living well in a place you can call home

3. LONG TERM CARE PROGRAM PRINCIPLES

3.1 Long Term Care Facility and Environment Principles

Resident and family focused:

The long term care program requirements will:

- 1 Help residents to maintain choice and self-determination even as their need for support increases.
- 2 Encourage residents and families to be partners in care.
- 3 Support a holistic approach to resident-centered care – addressing physical, social, mental and spiritual well-being.
- 4 Enable flexible scheduling of activities of daily living.
- 5 Provide opportunities for meaningful relationships, interactions and companionship with residents, family, staff members and the community.
- 6 Be designed to maximize resident's abilities.
- 7 Provide a clean, accessible, comfortable, and secure homelike environment for residents and family.

Staff focused:

The long term care program requirements will:

- 8 Support occupational and organizational health and the well-being and safety of staff members through effective ergonomic design.
- 9 Support innovative and alternative models of care delivery through the provision of resident-centered care.
- 10 Provide a workplace for staff that is pleasant, safe and efficient.

4. FUNDAMENTALS

This document complements the Long Term Care Facility Requirements (2009). Both documents are based on the fundamental principle that the fewer number of residents per household supports a more residential living environment that enhances the LTC experience for residents.

Service providers of DOH licensed long term care facilities shall meet or exceed requirements of current and future legislation applicable to them from authorities such as, but not limited to:

- Department of Health
- Department of Health Promotion and Protection
- Department of Labour
- Office of the Fire Marshal
- Occupational Health and Safety
- Department of Agriculture

5. GLOSSARY

Abuse means any of the following:

- a) the use of physical force resulting in pain, discomfort or injury, including slapping, hitting, beating, burning, rough handling, tying up or binding
- b) mistreatment causing emotional harm, including threatening, intimidating, humiliating, harassing, coercing or restricting from appropriate social contact
- c) the administration, withholding or prescribing of medication for inappropriate purposes
- d) sexual contact, activity or behaviour between a service provider and a patient or resident;
- e) non-consensual sexual contact, activity or behaviour between patients or residents
- f) the misappropriation or improper or illegal conversion of money or other valuable possessions;
- g) failure to provide adequate nutrition, care, medical attention or necessities of life without valid consent. (As defined by the Protection for Persons in Care Regulations, Section 3 (1)).

Advance care directive means a document allowing a resident to give directions about future medical interventions.

Adverse event means an unexpected and undesired incident directly associated with the care or services provided to the client or the environment in which care is provided, resulting in harm and/or death.

Aesthetic integrity means having no visible soiling, staining, discolouration or physical damage.

Assessment means a process for collecting and interpreting information obtained through various reliable sources for the purposes of determining resident abilities, needs, and potential for maintaining or improving their health.

Audit means systematic and critical analysis of the quality of service.

Business continuity plan means the arrangements and procedures that enable an organization to respond to a significant event that affects normal operations and to return to normal operational functions after the interruption.

Complaint means the expression of concern or dissatisfaction to the service provider, either verbally or in writing.

Confidential means information that shall be safeguarded from disclosure and that has defined parameters for distribution.

Consent means voluntary and informed agreement by a resident who is competent and understands the information and its implications.

Corrective action means the plan that is developed, implemented, and evaluated in response to an identified issue of concern to mitigate its risk.

Credential means the issuance by an authority of documentation to attest to the individual's possession of the requisites for a specific designation.

Critical Incident means a serious event, affecting either the client, staff of service providers or the public including, but not limited to:

- a) the actual or potential loss of life, limb or function related to a health service provided by, or a program operated by, a service provider
- b) an event that has or may have a negative impact on service operations
- c) an event that poses a threat to public health or;
- d) an event that may have a negative impact on the public trust in the health care system.

Department means the Department of Health.

Designated representative means a person who has been authorized by the resident or a court of law to act on behalf of the resident.

Disclosure means the imparting, by care workers to residents of information pertaining to any adverse event affecting the resident's interests.

Emergency power system means an electrical generator, its switchgear, fuel system, and in some cases its own storage building.

Environmental services mean housekeeping and laundry functions.

Ethics mean moral principles and values.

Evaluation means the measurement of the degree of achievement toward the desired outcome.

Evergreen model means a plan that will continue to be improved and updated annually with additional detail and information as it becomes available.

Evidence-based practice means practice that is based on a theoretical body of knowledge and that uses the best available scientific evidence.

Family council means a forum for families to have a voice in decisions that affect them and their loved ones and to improve the quality of residents' lives.

Functional integrity means being able to perform and is performing as originally intended.

Holistic means emphasizing the importance of the whole person and the interdependence of body systems.

Home means the residential care facility.

Household or house means a care unit within a facility

Incident means any events, processes, practices or outcomes that are noteworthy by virtue of the hazards they create, or the harms they cause.

Incident report means a document which records an incident, its investigation, and the corrective action taken.

Indicator means a performance measurement tool used to flag specific data that has significance.

Information management describes the means by which an organization efficiently plans, collects, organizes, uses, disseminates, and disposes of its information and through which it ensures that the value of that information is identified and exploited to its fullest extent (Queensland Government Information Management standards glossary of terms).

Interdisciplinary team means a variety of disciplines that participate in the assessment, planning, implementation, and evaluation of a resident's care.

Interdisciplinary care conference means a team meeting focusing on the resident for the purpose of communication, planning, coordination, and evaluation of the resident's care.

Intergenerational programs mean recreational programs that focus on the sharing of experiences between different age groups.

Leading practice means processes, systems, or methods that have been shown to produce superior results.

Maintenance log means a record, maintained daily, of the maintenance, repairs, or adjustments completed on systems and their components.

Mission means a clearly written statement of the home's purpose that focuses the direction and character of its programs and services encompassing a statement of philosophy.

Outbreak means the rapid increase in the amount of infection or disease in a population.

Outcome means the desired end result of the purpose or objective that shall be achieved.

Personal Care means the provision of room, board, and supervision of, and assistance with, activities of daily living of a person who is ambulatory or semi-ambulatory. (As defined by the Homes for Special Care Act, Section 2 (1) (k)).

Plan of care means the documented actions that the interdisciplinary team shall undertake to meet the identified needs of the resident. The plan's rationale, goals, benefits, and expected outcomes are based on the assessment, planning, implementation, and evaluation process.

Policy means a written statement that identifies and interprets the service provider's position on a given issue, providing direction, limits, responsibility, and expectations.

Preventative maintenance schedule means a listing of all components requiring preventative maintenance and their planned frequency of servicing.

Procedure means a written set of instructions conveying the approved and recommended steps for an action or sequence of actions.

Program Requirement means the components or actions necessary to achieve the desired outcome.

Qualified staff means an individual who possesses the capabilities, competencies, skills, and experience necessary to successfully operate within the scope of their position.

Quality improvement means the efforts taken to improve the level of performance of a process through measurement of the current level of performance, identifying ways to improve that performance, and the implementation of new and promising practices.

Resident means a person who lives in the home.

Residential Care Facility means a building or place, or part of a building or place, where supervisory or personal care is provided to four or more persons. (As defined by the Homes for Special Care Act, Section 2 (1) (m)).

Resident Council means a forum for residents to have a voice in decisions that affect them and to improve the quality of life in a home.

Resident values mean a written set of value statements that govern and guide resident and staff relationships.

Restraint means devices, materials, equipment, or medications used to prevent a resident from moving freely to a position of choice.

Risk means potential for harm.

Risk management means a system for the detection, evaluation, prevention, and mitigation of risks.

Safety alerts means hazard, alert, and recall notifications or warning notices that document faults or defects of products and may include recommendations on what corrective action(s) should be taken to reduce the possibility of injury.

Service provider means the owner/operator, administrator, or board of directors.

Supervisory Care means the provision of room, board and guidance or supervision in the activities of daily living or observation or surveillance of the physical well-being of a person who is ambulatory or semi-ambulatory. (As defined by the Homes for Special Care Act, Section 2 (1) (o)).

Surface integrity means the surface material being continuous and sound.

Values mean a fundamental set of beliefs that clearly communicates the vision and how the service provider will operate on a day-to-day basis.

Vision means a clear visualization of a future for which the service provider strives that guides all of the home's activities.

6. FUNDAMENTAL PROGRAM REQUIREMENTS

6.1 Respect, Dignity, and Right to Privacy

1. Outcome

Residents are treated with respect and dignity and their rights to privacy are maintained.

2. Requirements

The Service Provider shall ensure:

- 1 Residents are to be treated with respect, privacy, and dignity, with particular emphasis during:
 - a) personal care activities
 - b) consultation with and examination by professional staff members
 - c) intimacy and
 - d) social contacts with families and friends
- 2 There is a statement of resident values posted in common areas and each resident shall be provided with a copy upon admission to the home.
- 3 Staff members receive information regarding privacy, respect and dignity upon hire and at refresher in-services annually thereafter.
- 4 Residents have their own clothing, of correct size, clean and neat, in good repair, suitable for the climate and appropriate for the resident.
- 5 Staff members address residents using the residents preferred name.
- 6 Residents receive mail unopened.

6.2 Resident Choice

1. Outcome

Residents are supported in exercising choice and control over their lives.

2. Requirements

The Service Provider shall ensure:

- 1 The culture of the home, through its mission, philosophy and provision of care, maximizes residents' abilities to exercise personal autonomy and choice.
- 2 The resident's right to choose is reflected in the individualized plan of care and its implementation.
- 3 Residents' choices regarding care directives are respected.
- 4 Residents are supported by staff to make informed decisions.
- 5 Residents are able to express religious, spiritual, sexual, and cultural beliefs and practices.
- 6 Residents are encouraged to personalize their bedrooms with their personal possessions.
- 7 Residents or their chosen designate, manage their financial affairs.

6.3 Family and Community Relationships

1. Outcome

Residents are supported in maintaining relationships with family, friends and the local community, as they wish.

2. Requirements

The Service Provider shall ensure:

- 1 Upon admission, the resident receives written information about the home's philosophy on supporting and encouraging relatives, friends, and community involvement with residents.
- 2 That each resident provides a designated representative for emergency contact.
- 3 There is no restriction on visitors except:
 - a) when requested by the resident
 - b) when a visitor is deemed, by the service provider, to pose a security risk or negatively impact other residents
 - c) as necessary during an outbreak of infection

7. RESIDENT SUPERVISORY/PERSONAL CARE

7.1 Individual Plan of Care

1. Outcome

The resident has an individualized plan of care based on a holistic assessment focused on maximizing the resident's abilities.

2. Requirement

The Service Provider shall ensure:

- 1 There are written policies and procedures that are followed related to resident care.
- 2 Each resident will have a comprehensive assessment, including assessment of any risk, initiated within 24 hours of admission to a home and completed within one week, which becomes the basis for the care to be delivered.
- 3 A care conference, including the resident and/or representative as determined by the resident, is conducted within six weeks of admission to the home and annually thereafter or as the resident's individual needs require. The care conference shall result in a mutually agreeable, documented plan of care.
- 4 The plan of care sets out the actions that the team shall undertake to meet the identified needs of the resident. The plan's rationale, goals, benefits, and expected outcomes are communicated to team members and the resident.
- 5 Resident access to specialized health care services is facilitated, according to the resident's individualized care need, e.g. dietitian, physiotherapist, occupational therapist, medical specialists.

- 6 The plan of care includes measurable, achievable goals, and identified time frames for evaluation. The goals will be reviewed quarterly and as the resident's individual needs require and documented accordingly.
- 7 Staff encourages and supports the resident to maximize independence in the activities of daily living, to enhance quality of life.
- 8 The resident's health status is regularly monitored and there is a system in place to recognize indicators of changing resident's needs and to respond accordingly.
- 9 The resident's next-of-kin or designated representative is advised as soon as possible of changes in the resident's health status, as determined by the resident.
- 10 The resident's weight is taken on admission and monitored on a regular basis, according to the home's policy and as the resident's needs require.
- 11 Residents are under the care of a physician of choice, who agrees to provide service in the home.
- 12 Pharmaceutical services are provided to ensure that the medication needs of the resident are met.
- 13 Staff members document information clearly, concisely, and completely on the resident record.

7.2 Recreational Services

1. Outcome

Residents' range of leisure programming matches their expectations and preferences and satisfies their social, cultural, spiritual, and recreational interests and needs.

2. Requirements

The Service Provider shall ensure:

- 1 Recreational programs are in keeping with the residents' needs, preferences, abilities, and strengths.
- 2 Recreational activities, programs, and schedules are flexible, innovative, and varied to respond to the residents' leisure needs.
- 3 Recreational activities and programs, with resident participation, are planned at a minimum of one month in advance and posted in all public and resident areas.
- 4 Resident participation records of individual and group programs shall be accurately maintained.
- 5 Community linkages are encouraged, nurtured, and facilitated.
- 6 Intergenerational programs and linkages are encouraged, nurtured, and facilitated.

8. ADMINISTRATION

8.1 Management of the Home

1. Outcome

Residents live in a home that is effectively and efficiently managed and that promotes quality of life.

2. Requirements

The Service Provider shall ensure:

- 1 There is a designated administrator responsible for the over-all management of the home.
- 2 When the administrator is absent, on-site administrative authority is delegated to an appropriate individual.
- 3 The operation is in compliance with the Homes for Special Care Act and Regulations, Department of Health Long Term Care policies and standards, facility and program requirements, and other applicable legislation.
- 4 That staff are informed of, and comply with, applicable requirements, reports, and legislative updates.
- 5 The development of a statement of the home's mission, vision, values, philosophy of care, code of ethics, and range of services.
- 6 That the necessary operational policies and procedures are developed, documented, implemented and are reviewed/revised annually. Required operational policies shall include but are not limited to:
 - a) Complaints
 - b) Critical Incident Reporting
 - c) Disclosure of Adverse Events
 - d) Extremes of Internal Temperature
 - e) Integrated Quality Improvement
 - f) Management of Resident Funds
 - g) Protection of Residents from Abuse
 - h) Smoking (Staff & Residents)
 - i) Safety Alerts
 - j) Safer Needles in the Workplace
 - k) Refusal of Cardio-Pulmonary Resuscitation
 - l) Personal Directives
 - m) Risk Management
- 7 Staff members are knowledgeable about and demonstrate the home's mission, vision, and values, philosophy of care, code of ethics, policies and procedures, and range of services.
- 8 The resident is given written information about the services provided by the home.
- 9 That residents are notified that facility staff are not permitted to be involved in their personal affairs.

- 10 The development and implementation of a process for the receipt, investigation, resolution, and reporting of complaints. On admission, the resident is informed in writing of the complaint process.
- 11 There is a system in place to advise and notify the resident of alternative care options if their needs change and take whatever action is necessary to have the resident moved to an appropriate environment.
- 12 The development, implementation, and evaluation of a risk management policy and program.
- 13 Required inspections are completed and documentation is maintained to demonstrate compliance with requirements, e.g. sprinkler system, water testing, fire alarm inspection, and propane.
- 14 Attendance of the administrator or designate at resident council meetings on a quarterly basis.
- 15 Staff and management meetings occur on a quarterly basis and minutes are taken and made available to staff.
- 16 General staff assemblies are hosted twice a year.
- 17 The annual Statistics Canada Residential Care Facilities Survey is completed.

8.2 Resident Councils

1. Outcome

Residents are provided a regular opportunity to meet with management to discuss the operations of the home as it relates to their care and well being and the safety and security of the home.

2. Requirements

The Service Provider shall ensure:

- 1 There are written policies and procedures that are followed for the establishment and functioning of the resident council, including a process for managing funds raised through resident council activities.
- 2 Resident council meetings are held monthly. Residents and their guests shall be notified in advance and encouraged to participate.
- 3 A resident chairs the resident council meeting. Minutes shall be maintained, posted prominently in common areas, and include resolution or action on identified concerns or issues.

8.3 Staff and Management Meetings

1. Outcome

Staff members are provided a regular opportunity to meet with management to discuss the operations of the home as it relates to the care and well-being of the residents and the safety and security of the home.

2. Requirements

The Service Provider shall ensure:

- 1 There are written policies and procedures that are followed describing the roles and responsibilities of a formalized staff and management committee.
- 2 Minutes for the staff and management meetings are maintained, posted in staff areas, and include resolution or action on identified concerns or issues.

8.4 Liability Insurance

1. Outcome

Each home shall carry adequate liability insurance.

2. Requirements

The Service Provider shall ensure:

- 1 General Insurance - Homes for Special Care Act
 - a) At its own expense, purchase and maintain in full force insurances to protect itself, its contractors and sub-contractors, the Province of Nova Scotia, (“the Province”) their successors and assigns and their respective directors, officers, employees, agents and servants involved in the Home for Special Care for the purpose and risk outlined herein.
 - b) The insurance provides coverage for all risks of property damage to the Facility, including loss of use thereof, and protect the Province, their successors and assigns, and their respective officers, directors and employees from all claims arising out of liability for property damage, bodily injury including death and personal injury.
 - c) All policies are issued by financially sound insurers licensed to carry on business in Canada are subject to approval by the Province. Insurers shall not cancel or materially change the policy without 60 days prior written notice to Province of Nova Scotia.
 - d) Certified copies of all insurance policies or related documentation, in form and content acceptable to the Province, are delivered to the Nova Scotia Department of Health prior to the opening of the facility. Certificates of insurance evidencing renewal or replacement insurances, in form and content acceptable to the Province, are provided to the Province no later than fifteen (15) days prior to the expiration of existing policies. Upon request from the Province or its designated representative, certified copies of any policy or policies shall be provided promptly.

- e) All operating insurance policies include a provision whereby the Province (or its nominee) may, but will not be obligated to, assume direction and control of the insurance policy in the event the Service Provider or any of its successors or assigns defaults in its obligations in connection with the project.
 - f) Such insurance provide coverage for all risks of property damage to the Facility, including loss of use thereof, and shall protect the Province, their successors and assigns, and their respective officers, directors, council members and employees from all claims arising out of liability for property damage, bodily injury including death and personal injury.
- 2 All Risks Property Insurance. This includes Flood and Earthquake insurance, for all risks of loss of or damage to the Facility including coverage for the costs of demolition, debris removal, contamination and the increased cost to repair or replace resulting from application of by-laws or ordinances. Coverage shall be at replacement cost value and no co-insurance will be permitted. This insurance will include the following provisions:
- a) Policy limit of liability as per industry standard
 - b) Business Interruption coverage to form part of All Risks Property insurance
 - c) annual aggregate limits permitted for earthquake coverage and flood coverage, separately; no other policy aggregates permitted
 - d) maximum deductible of \$500,000 per occurrence (or \$1.0 million combined Property Damage and Business Interruption)
 - e) primary insurance without right of contribution of any insurance carried by Nova Scotia
 - f) coverage for valuable papers and records
 - g) coverage for expediting and extra expenses (may be sub limit)
 - h) 60 days prior written notice of cancellation or material change from Insurer to Nova Scotia
 - i) waiver of Insurer's rights of subrogation against the Province
 - j) breach of any of the terms or conditions of the policy, or any negligence or willful act or omission or false representation by an Insured or any other person, shall not invalidate the insurance with respect to the Province
- 3 Business Interruption Insurance. This includes insuring the loss of earnings resulting from a peril insured under the All Risks Property insurance. Coverage shall be on an actual loss sustained basis and no co-insurance will be permitted. This insurance will include the following provisions:
- a) To be written on a per occurrence basis of All Risk Property insurance
 - b) maximum deductible of \$500,000 per occurrence (or \$1.0 million combined Property Damage and Business Interruption)
 - c) primary insurance without right of contribution of any insurance carried by the Province
 - d) coverage for loss of use without property damage

- 4 Commercial General Liability Insurance. This includes liabilities arising out of property damage, personal injury and bodily injury including death resulting from any activity connected with the existence, management, maintenance and operation of the Facility. All such policies shall name as the Province of Nova Scotia as an additional insured, their successors and assigns, and their respective directors, officers, council members and employees. This insurance will include the following provisions:
 - a) to be written on a per occurrence basis (can be structured as primary plus supplementary layers or primary plus Umbrella and/or Excess)
 - b) Sudden & Accidental Pollution coverage for all insured perils
 - c) nil deductible for Bodily Injury
 - d) maximum deductible all other occurrences of \$100,000 per occurrence, except Sudden & Accidental Pollution (\$500,000 each claim)
 - e) annual aggregate limits permitted for malpractice exposures
 - f) blanket written and oral contractual liability
 - g) contingent employers liability
 - h) personal injury liability
 - i) broad form occurrence property damage
 - j) fire fighting expense liability
 - k) non-owned automobile liability
 - l) cross liability and separation of interest with respect to each Insured
 - m) Nova Scotia, the Corporation and their respective directors, officers, council members and employees included as Insured
 - n) breach of any of the terms or conditions of the policy, or any negligence or willful act or omission or false representation by an Insured or any other person, shall not invalidate the insurance with respect to Nova Scotia
 - o) primary insurance without right of contribution of any other insurance carried by the Province
 - p) 60 days prior written notice of material change or cancellation from Insurer to the Province

- 5 Blanket Crime Insurance. This includes insuring all employees of the Service Provider, its contractors and sub-contractors associated with the facility. This insurance will include the following provisions:
 - a) policy to be written on policy Form A
 - b) maximum deduction of \$100,000 per occurrence
 - c) primary insurance without right of contribution of any insurance carried by the Province

- 6 Automobile Liability Insurance insuring all licensed vehicles owned, leased or operated by the Selected Respondent. The Service Provider must ensure that evidence of comparable coverage is provided by all contractors, subcontractors and workmen or tradesmen working at the site.

- 7 Umbrella and Excess Liability Insurance. With respect to, and following the form of, the Commercial General Liability or Comprehensive General Liability and Automobile Liability insurances. This insurance will include the following provisions:
 - a) overall limit of liability per occurrence (can be structured as Primary plus supplementary layers and Umbrella and/or Excess, or primary plus Umbrella and/or Excess)

- b) “drop-down” provision for impaired or exhausted aggregates in underlying insurances (automatic reinstatement or aggregate limits in underlying insurance acceptable alternative)
- 8 Directors & Officers Liability Insurance covering the directors and officers of the corporation. This insurance will include the following provisions:
- a) policy limit of liability of \$5 million each claim
 - b) Corporate Reimbursement maximum deductible of \$100,000 per claim
 - c) Nil for directors and officers.

8.5 Labour Disruption Contingency Plan

1. Outcome

Residents continue to receive quality care and services in the event of a labour-management dispute.

2. Requirements

The Service Provider shall ensure:

- 1 Essential services continue to be provided to residents whenever there is a reduction in the number of staff members available to serve the residents as a result of a labour-management dispute.
- 2 A labour disruption contingency plan will be developed including a detailed schedule of staffing.

8.6 Inspections

1. Outcome

The home is inspected by all applicable authorities having jurisdiction and meets all requirements.

2. Requirements

The Service Provider shall ensure:

- 1 Compliance with the Homes for Special Care Act and Regulations and that a valid Home for Special Care license to operate that is posted in a conspicuous location.
- 2 Inspection reports and recommendations from legislated authorities having jurisdiction are retained. Compliance with recommendations and requirements are undertaken and evidenced by appropriate documentation. Such documentation is maintained in a common file for access by Department of Health inspectors.
- 3 An annual written request is made, at least once a year that the Fire Marshal inspects the home.

- 4 An annual written request be made, at least once a year that the Nova Scotia Government, Food Safety Specialist inspect the home and that a current registration decal is posted.
- 5 Compliance with relevant and applicable requirements of the Department of Agriculture with respect to the maintenance of animals in the home.
- 6 Compliance with Occupational Health and Safety legislation.
- 7 Compliance with new or revised inspection processes.

9. SERVICES

9.1 Nutritional Balanced Diet

1. Outcome

Residents receive a wholesome and appealing balanced diet in pleasing surroundings at times convenient to them.

2. Requirements

The Service Provider shall ensure:

- 1 There are written policies and procedures that are followed for nutrition services that reflect public health and institutional food production leading practices.
- 2 There are written policies and processes that are followed to identify and appropriately communicate residents' food allergies, therapeutic diets, and food contraindications.
- 3 Diets are provided according to the resident's needs following assessment by the dietitian with consideration for the resident's likes and dislikes, religious beliefs, and culture.
- 4 Menus are balanced according to Canada's Food Guide and provide flexibility to meet nutrition guidelines and interventions as identified for each resident's specific needs and preferences. Additional referencing is referred to the DRI (Dietary Reference Intakes). A registered dietitian will review menus at least twice a year.
- 5 Three meals and two snacks are provided at appropriate intervals throughout the day. The planned menu will offer choices/alternatives based on residents' needs, including entrees, vegetables, desserts and beverages, for regular and therapeutic meals. The meal system provides the flexibility to offer meals/snacks throughout the day.
- 6 Supervision is provided during dining, including meals, snacks and other food-related activities. This supervision will allow monitoring of the residents' safety, comfort, independence, dignity in eating and drinking, the residents' overall response to the dining experience, and each resident's nutritional well being.
- 7 The meal service will provide a relaxed and quality dining experience.

- 8 The dining environment will promote the residents' enjoyment, safety, comfort, independence and dignity, allowing them to socialize and eat at a pace that suits them.
- 9 Mealtimes will focus on a positive and pleasurable dining experience that stimulates the senses, appetite, and conversation, where every effort is made to limit noise and interruptions.
- 10 The residents are encouraged to participate in menu development. The service provider shall ensure that there is an ongoing opportunity to evaluate and improve the dining experience for the residents.
- 11 A policy and process will be in place to permit residents to prepare or reheat their favorite foods with appropriate food safety measures.
- 12 Processes are in place, e.g. Hazard Analysis Critical Control Points (HACCP), to ensure that food and beverages for mealtime and snacks are provided at safe, comfortable and palatable temperatures, according to residents' individual needs.
- 13 There is a written hydration therapy program that is implemented and maintained.
- 14 A calcium and vitamin D supplementation program is in place in accordance with the Department's guidelines.
- 15 Staff is educated on safe food practices upon hire and annually thereafter, with appropriate documentation maintained.

9.2 Environmental Services

1. Outcome

The well-being of residents, staff, and visitors is enhanced by the home's physical environment that is effectively and efficiently cleaned.

2. Requirements

The Service Provider shall ensure:

- 1 There are written policies and procedures that are followed for environmental services.
- 2 Environmental services staff members will incorporate in their work practices, infection prevention and control measures at all times.
- 3 Housekeeping schedules are documented and separated into daily, weekly, monthly, quarterly, and annually schedules.
- 4 Housekeeping schedules are flexible in nature and planned to accommodate the resident's routine, while maintaining a clean and safe environment.
- 5 There is a process to accommodate necessary housekeeping duties outside of regular environmental service hours, e.g. spills.

- 6 Cleaning supplies/chemicals are secured at all times and not accessible to residents. They must be stored and disposed of in accordance with established safety considerations. Cleaning and disinfecting agents should be hospital grade and must be mixed and used according to manufacturers' recommendations.
- 7 There is an effective odour control system.
- 8 There is an organized laundry system with adequate covered laundry receptacles to maintain a clean and safe service.

9.3 Facility Condition

1. Outcome

The facility and site are kept in a condition that provides a comfortable and secure environment that optimizes the quality of life for residents and family and supports the delivery of quality resident accommodation and care.

2. Requirements

The Service Provider shall ensure:

- 1 General
 - a) That alterations are carried out in accordance with the current version of the Department's Facility Requirements.
 - b) That materials, systems, equipment and furnishings are maintained in accordance with the requirements of the manufacturer/supplier of the product.
 - c) That site development and building alterations or change of use of space from that originally intended have prior approval of the Department.
 - d) That root causes of issues related to compromised functionality, surface integrity and aesthetic integrity are corrected.
 - e) That building systems and components perform to originally intended standards for control of water (including vapour and condensation) and air movement.
- 2 Site
 - a) That developed areas of the site are finished in soft landscaping; such as, but not limited to: lawns, ground cover, shrubbery, trees or planting beds, or hard landscaping surfaces; e.g., pavements or pavers.
 - b) The aesthetic, functional and surface integrity of hard surfaced areas.
 - c) The aesthetic integrity and health of lawn areas and plant materials.
 - d) That leaves; branch falls, etc. are removed as they present themselves.
 - e) The aesthetic, functional and surface integrity of all exterior equipment, furnishings and structures; such as, but not limited to: tanks, transformers, outbuildings, lighting, signage, fences and enclosures.

- 3 Building Envelope
 - a) The aesthetic, functional and surface integrity of the building envelope; such as but not limited to: roofs, walls, windows, doors, gutters, downspouts, coatings and sealants.
- 4 Building Interior
 - a) The aesthetic, functional and surface integrity of interior building components; such as, but not limited to: partitions, ceilings, finish materials, doors, hardware, casework, coatings and sealants.
- 5 Building Systems, Furnishings and Equipment
 - a) The functional integrity of all building systems, furnishings and equipment; such as, but not limited to: plumbing, heating, ventilation, power, lighting, emergency power, fire alarm, voice and data.
 - b) The aesthetic and surface integrity of all furnishings and equipment and exposed mechanical and electrical systems and components; such as, but not limited to: fixtures, trim, devices, enclosures and fabrics.
 - c) That service and access operational clearances required for maintenance are not compromised.

10. QUALITY

10.1 Quality Management

1. Outcome

There is an integrated, comprehensive quality plan that is able to demonstrate leading practices.

2. Requirements

The Service Provider shall ensure:

- 1 A written quality reporting framework is in place, including:
 - a) Operational Standards
 - b) Key quality indicators
 - c) Reporting structure, mechanism and schedule
 - d) Plan that supports continuous improvements

- 2 Written policies and procedures that support a culture of quality improvement and resident safety are in place, including;
 - a) Adverse events and near miss reporting
 - b) Quality review and learning process
 - c) Disclosure of adverse events process
 - d) Apology process

- 3 Resident and family satisfaction surveys are conducted annually, and
 - a) Results are posted in common areas
 - b) Results are provided to the Department of Health inspector and District Health Authority Quality Division
 - c) A process is in place to review results and to develop and implement appropriate changes
- 4 Policies are consistent with professionally recognized standards of practice for regulated health care professionals employed in the home.
- 5 Management and staff members use research-based, evidence-informed approaches to care and service delivery, which are based on leading practices.

10.2 Risk Management Program

1. Outcome

Systems and processes are in place to minimize risk to residents.
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2. Requirements

The Service Provider shall ensure:

- 1 There are written policies and procedures that are followed to minimize risk to residents, staff, and the home, including:
 - a) An active program plan for the assessment, identification, and management of risk.
 - b) An assessment of risks associated with each new resident is conducted within 24 hours of admission and documented as part of the individual plan of care. Residents at risk have an individual risk management plan that is reviewed at least quarterly and revised to ensure the plan continues to mitigate the identified risk.
 - c) A resident identification process is implemented within 24 hours of resident admission and updated regularly to ensure it clearly identifies the resident.
 - d) A process to document and appropriately communicate resident allergies.
 - e) A written procedure to direct staff in the event of a missing resident. The procedure is reviewed and communicated to staff annually.
- 2 A report is completed after each incident including incident review and analysis, reporting and a follow-up process.
- 3 Resident and staff incident reports are analyzed quarterly to identify trends and to ensure that appropriate action is taken to remedy the identified risks.
- 4 Staff members are trained in the safe operation of equipment.

10.3 Protection of Residents from Abuse

1. Outcome

Residents are protected from all forms of abuse and neglect pursuant to the Protection of Persons in Care Act.

2. Requirements

The Service Provider shall ensure:

- 1 Compliance with the Protection of Persons in Care Act (PPCA) by:
 - a) protecting residents from abuse and maintaining a reasonable level of safety for the residents
 - b) promptly reporting to the Minister or the Minister's delegate where it is believed a resident has been abused or is likely to be abused
 - c) permitting, at reasonable times, the entry of an investigator appointed pursuant to the PPC Act to the home
 - d) cooperating with and instructing employees to cooperate with an investigator by:
 - 1) providing requested information
 - 2) producing information as requested by the investigator
 - 3) assisting and facilitating access by the investigator to any person or resident
 - 4) providing assistance as is reasonably required by the investigator
 - 5) complying with any direction received from the Minister with respect to protecting the resident from abuse
 - 6) providing the Minister with a written report describing the action taken or to be taken to comply with the direction
 - 7) ensuring no adverse employment action is taken against employees in the home who, in good faith, make a report of abuse and
 - 8) ensuring there is no altering, interrupting or discontinuing, or threatening to alter, interrupt or discontinue service by anyone in the facility, including any employee, to a resident or any persons who have made a report of abuse or to a relative of either of them who receives services from the home where the report is made in good faith.
- 2 Where any employee is suspected of abusing a resident, that the:
 - a) employee is suspended from duty
 - b) suspicion is reported to the Minister and
 - c) the suspected abuse is investigated and action taken according to facility policy.
- 3 Where the service provider believes an allegation of abuse falls under the jurisdiction of the Criminal Code of Canada, including physical abuse, sexual abuse, misappropriation, improper or illegal conversion of money or other valuables, the service provider shall report the matter to the police.
- 4 The service provider shall provide education to the home's employees with respect to the service provider's policies and procedures related to the PPCA.

10.4 Disaster Preparedness and Emergency Planning

1. Outcome

Residents' safety and well being are maintained during an emergency situation.

2. Requirements

The Service Provider shall ensure:

- 1 There is a documented facility specific disaster preparedness plan to address:
 - a) Emergency evacuation
 - b) Emergency relocation
 - c) Emergency expansion and
 - d) Emergency isolation.
- 2 The disaster preparedness plan is exercised at least once every three years and needed changes are incorporated into the plan. Only planned exercises will meet this requirement. A written record of the exercise, areas for improvement, and remedial actions shall be maintained.
- 3 There is a written Business Continuity Plan and systems that address the operational recovery and continuity of services in relation to legislated emergency responsibilities in the face of a disaster or other major outage.
- 4 The staff callback system is kept current and practiced at least annually. A written record of the exercise shall be maintained and necessary changes shall be incorporated.
- 5 Fire drills are executed on a monthly basis, rotating by shift and documented, including date, time, location, staff attendance, outcome, and debriefing.
- 6 Staff is educated on emergency procedures upon hire and annually thereafter, with appropriate documentation maintained.

10.5 Infection Prevention and Control

1. Outcome

Residents live in a home that is maintained in a sanitary manner by staff members who are knowledgeable in the management of infection prevention and control.

2. Requirements

The Service Provider shall ensure:

- 1 There are written policies, procedures, and guidelines that are followed on the infection prevention and control program, with particular emphasis on proper hand washing techniques.
- 2 Responsibility for infection prevention and control is defined in the policies indicating clear lines of accountability and a designated person is assigned to oversee infection prevention and control throughout the home.

- 3 There is an active program for the prevention, control, and investigation of infectious and communicable diseases. This includes the monitoring of infection rates and the sharing of this information, internally, and with the Department.
- 4 Alcohol hand wash and hand washing facilities are prominently situated throughout the home in areas determined by the person designated to oversee infection prevention and control. Paper towels shall be used in hand washing facilities.
- 5 Systems are in place for detecting and responding to outbreaks of infections with clear reporting mechanisms to public health and the Department.
- 6 Provision for influenza immunization and other immunizations or vaccinations are facilitated and recorded, in accordance with provincial requirements and guidelines.
- 7 The infection control program is regularly reviewed and revised to reflect leading practices and provincial direction.
- 8 There are processes and practices in place to ensure staff adheres to the separation of clean and dirty linens/areas.
- 9 There are designated areas for the collection, processing, and disposal of human and hazardous waste to minimize the transmission of infectious diseases.
- 10 There are processes for sanitizing of equipment. Contracted services shall follow established standards for cleaning equipment i.e. foot care equipment.
- 11 Personal protective equipment which includes proper fitting gloves, long sleeve gowns, goggles and procedure masks are provided for all staff, when appropriate.

10.6 Pandemic Preparedness Plan

1. Outcome

Residents' safety and well being are maintained during a Pandemic Influenza emergency.

2. Requirements

The Service Provider shall ensure:

- 1 There is a documented pandemic preparedness plan in place in accordance with the Department's template.
- 2 The pandemic plan is submitted to the Department for approval.
- 3 A pandemic committee for the home is established and daily reports are provided to the Department during a pandemic situation.
- 4 The pandemic plan is an evergreen model, updated and reviewed annually by the home's pandemic committee.
- 5 Pandemic influenza staff education sessions are provided.

10.7 Medication Management

1. Outcome

Residents receive prescribed medications in a safe manner

2. Requirements

The Service Provider shall ensure:

- 1 There are written policies and procedures that are followed for the management and administration of medications and treatments that reflect leading practices.
- 2 Prescription and non-prescription medications and treatments are administered only when ordered by an authorized prescriber.
- 3 Staff verification record is updated annually.
- 4 There is a process in place that ensures verbal orders are signed by a qualified medical practitioner within 72 hours.
- 5 Medications are stored in a secure and appropriate manner, accessible only to persons authorized to administer medications.
- 6 Medications are transported, accounted for, administered, and documented in accordance with federal and provincial legislation.
- 7 Each resident has individual computer generated Medication Administration Record (MAR) accompanied by a current resident photograph.
- 8 MARs are reviewed, double-checked for accuracy and co-signed by two authorized staff members before being utilized.
- 9 Resident allergies are noted on each monthly MAR.
- 10 Preparation of doses for more than one administration time is not permitted.
- 11 There is a current pharmaceutical reference resource available.
- 12 Pharmaceutical services are provided to ensure that the medication needs of the resident are met.
- 13 Discontinued and expired medications are disposed in a safe and appropriate manner.
- 14 Staff are educated on medication awareness upon hire and annually thereafter, with appropriate documentation maintained.

10.8 Ethics

1. Outcome

Resident values are promoted and protected by the consistent application of ethical principles in decision-making.

2. Requirements

The Service Provider shall ensure there are;

- 1 Written policies and procedures that are followed to address ethical issues.

- 2 Documented decision-making processes for dealing with ethical issues.
- 3 Processes to address non-compliance with the home's code of ethics.

11. INFORMATION MANAGEMENT

11.1 Information System

1. Outcome

Adopting an Information Management approach will produce better data, support accountability and quality improvement, through improved performance measurement and it will support evidence-based decision-making.

2. Requirements

The Service Provider shall ensure:

- 1 The home has a system that:
 - a) Supports the principles of client-centric design
 - b) Makes available useful, relevant, quality information to inform decision-making
 - c) Focuses on outcomes related to care provision and service delivery
 - d) Ensures compliance with the Protection of Personal Information and Electronic Documents Act, (PIPEDA) as well as any other applicable legislation
 - e) Is capable of contributing to the Canadian Institute for Health Information's (CIHI) Continuing Care Reporting system (CCRS).
- 2 The home will participate with the Department to create a balanced framework of key performance measures based on strategic objectives and priorities, which are linked to decision-making needs. The framework will include, but is not limited to the following areas:
 - a) Service utilization and access
 - b) Quality, safe care
 - c) Appropriateness of care, clinical characteristics, client outcomes
 - d) Client satisfaction
 - e) Financial
 - f) Efficiency, productivity
 - g) Sustainability
- 3 The home, along with the Department will set a philosophy of continuous improvement, and ensure clear, measurable targets.

11.2 Resident Records

1. Outcome

Resident records are accurate and complete and are maintained in a manner that insures privacy and security.

2. Requirements

The Service Provider shall ensure:

- 1 There are written policies and procedures that are followed for resident records which reflect leading practices with respect to:
 - a) documentation standards
 - b) access, privacy, privacy breach, and security.
- 2 That the resident records shall only be disclosed in a manner that:
 - a) relates to the residents care
 - b) is with the express written consent of the resident or
 - c) is in accordance with applicable legislation, which may include the Freedom of Information and Protection of Privacy Act (Nova Scotia), the Personal Information Protection and Electronic Documents Act (Canada), and Homes for Special Care Act.
- 3 There is a records retention schedule for all resident records.
- 4 The resident records are available to the Department of Health inspectors or investigators, upon request.
- 5 The resident financial records are maintained separately from the resident care records.

11.3 Critical Incident Reporting

1. Outcome

Required reports and information are provided to the Department of Health in a timely manner.

2. Requirements

The Service Provider shall ensure:

- 1 That the procedures identified in the Critical Incident Reporting Policy are followed in the event of a critical incident and reported to the Department of Health.

12. HUMAN RESOURCE MANAGEMENT

12.1 Resident-Centered Care

Decentralization of care into separate self-contained more home like households offers a personal and flexible living experience and is fundamental to the philosophy of small group living. Keeping the household small supports a more residential setting that enhances the LTC experience for residents. This approach supports resident and family participation and decision-making, staff-resident collaboration, and staff teamwork by enhancing resident quality of life and well-being. This approach is focused on providing residents with the opportunity to make choices and to participate in purposeful activities. It provides a home where residents receive assistance and support with activities of daily living, without the assistance and care becoming the focus of their lives. The development of smaller households are supported by the Facility Requirements, and promotes a resident-centered approach to care.

A resident-centered care model encourages staff to work with the residents as a team to determine what works best for them. Team members learn collaborative problem solving and share responsibility, as well as accountability, for resident outcomes.

A resident-centered care model:

- Supports residents and families to be partners in care by promoting choice, empowerment, autonomy, and independence in every day life;
- Provides a clear statement of role expectations where team work is emphasized;
- Encourages decision-making as close to the resident as possible;
- Enables flexible scheduling of activities of daily living without set schedules; and
- Enables staff to consistently work with the same residents.

12.2 Staffing

Facility staffing is divided into protected and unprotected funding envelopes.

1. Protected Funding Envelope:

Health care costs are defined as salaries, benefits, and operational costs related to the provision of resident care in the household setting including professional nursing, Residential Care Worker (RCW) and program supports i.e. dietician and recreation.

The policy can be located at the following link;

<http://www.gov.ns.ca/health/ccs/ltc/Protected%20Envelope%20Funding%20Policy.pdf>

2. Unprotected Envelope:

Accommodation services costs are defined as salaries, benefits and operational costs of: administration; maintenance; management; dietary and environmental services.

The policy can be located at the following link;

<http://www.gov.ns.ca/health/ccs/ltc/Unprotected%20Envelope%20Funding%20Policy.pdf>

The following table defines the protected staffing that will be funded for a 22 bed RCF.

<i>Position</i>	<i>FTE</i>
<i>LPN</i>	<i>0.40</i>
<i>RCW</i>	<i>9.90</i>
<i>Dietician</i>	<i>0.05</i>
<i>Recreation</i>	<i>0.50</i>
<i>Total</i>	<i>10.75</i>

12.3 Staff

1. Outcome

The staff complement will support the achievement of the outcomes in all program areas.

2. Requirements

The Service Provider shall ensure:

- 1 The development of a written human resource plan. The plan will include anticipated human resources required to deliver consistent services.
- 2 There are written policies and procedures that are followed related to recruitment, hiring, and orientation of staff members.
- 3 Written processes regarding employee and volunteer involvement in residents' personal affairs will address:
 - a) Accepting gifts from residents
 - b) Involvement in financial affairs, including Power of Attorney, wills, and estates and
 - c) Involvement in non-financial affairs including personal directives and guardianship.
- 4 Staff members individually and collectively have the skills and experience to deliver the services and care which the setting offers to provide.
- 5 The verification of the current licensure, certification, registration or other credentials of staff members and volunteers prior to the staff members assuming job responsibilities and that proof of verification is maintained.
- 6 The maintenance of documentation of pre-employment criminal background checks for staff members and volunteers.
- 7 The allocation of staff members is appropriate in number and qualifications, reflecting the needs of residents and the layout of the home, and governments funded direct care hours are utilized, as intended.

- 8 There is a current job description for each position that is reviewed annually, which clearly defines the role, responsibilities, and scope of position.
- 9 There is a formalized performance management process in place, which evaluates the staff member's performance annually and more frequently, as necessary.

12.4 Education Requirements

1. Outcome

Staff members have an appropriate educational level that supports program outcomes.

2. Requirements

The Service Provider shall ensure:

That key staff have the minimal education and experience required as listed below.

1 Minimum Education Requirements and Experience – Residential Care Facility

<i>Administrator</i>	<i>A combination of education and experience necessary to achieve the required outcomes.</i>
<i>Licensed Practical Nurse (LPN)</i>	<i>Current registration with the College of Licensed Practical Nurses of Nova Scotia.</i>
<i>Residential Care Worker (RCW)</i>	<i>Completion of the five mandatory core competences:</i> <i>1. First Aid & CPR</i> <i>2. Personal Care</i> <i>3. Fire & Life Safety</i> <i>4. Medication Awareness</i> <i>5. Non Violent Crisis Intervention</i>
<i>Recreational</i>	<i>A combination of education and experience necessary to achieve the required outcomes.</i>
<i>Dietician</i>	<i>Current Registration with the Nova Scotia Dietetic Association (NSDA)</i>

- 2 New employees complete a timely orientation to the home, including but not limited to the following topics:
 - Body mechanics
 - Confidentiality
 - Continuous quality improvement
 - Diversity
 - Emergency procedures including fire safety and the facility's disaster plan

- Ethics
 - Facility policies and procedures
 - Food handlers course
 - Heimlich maneuver
 - Infection prevention and control, including proper hand washing technique
 - Information on abuse, neglect, and misappropriation of funds
 - Occupational health and safety
 - Organizational values
 - Protection of Persons in Care Act
 - Resident values
 - Specific job duties and responsibilities
 - Team work
 - Workplace Hazardous Materials Information Systems (WHMIS)
- 3 An orientation checklist, indicating which orientation components have been completed by the employee, is signed, dated and maintained in the employee's personnel file.
 - 4 Volunteers receive orientation, are supervised and supported in their role, and do not replace paid staff members.
 - 5 Ongoing education to meet the needs of the resident population is provided to staff members by qualified individuals.
 - 6 Contracted personnel (e.g. agency staff) will work under the policies and procedures of the service provider.
 - 7 Contracted personnel (e.g. agency staff) responsibilities and communication processes are clearly defined by written policy.

12.5 Mandatory Continuing Education

1. Outcome

<p>Staff and volunteers have the necessary knowledge, skills, and abilities to provide quality care and service.</p>

2. Requirements

The Service Provider shall ensure:

- 1 Staff members receive at a minimum, annual in-service education regarding upgrading of required skills, with respect to:
 - Confidentiality
 - Continuous quality improvement
 - Emergency procedures including fire safety and the facility's disaster plan
 - Infection and their roles in preventing and managing infection, emphasizing proper hand washing technique
 - Resident values
 - Team work
 - Medication Awareness
 - Food Handlers Course
 - Workplace Hazardous Materials Information Systems (WHMIS)

- 2 There is a policy for ongoing education for staff members that includes, at a minimum:
 - Identified learning needs of staff
 - New equipment
 - Changing resident needs
 - CPR and First Aid as per the issuing authority
- 3 Maintenance of annual attendance records for individual staff participation in education sessions, which includes the date of the sessions.
- 4 There is an appropriate volunteer orientation plan that provides the volunteer with the necessary information that supports residents in a safe manner and improves the residents' quality of life.

13. ACKNOWLEDGEMENTS

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