

STANDARDS MANUAL

Nursing Home Services

Department of Social Development
May 2025

Introduction

Act and Regulations

Nursing Homes in New Brunswick are established in accordance with the [Nursing Homes Act](#), the [New Brunswick Regulation 85-187 under the Nursing Homes Act \(O.C. 85 – 967\)](#), the [New Brunswick Regulation 2001-59 under the Nursing Homes Act \(O.C. 2001-375\)](#) and the [New Brunswick Regulation 2009-75 under the Nursing Homes Act \(O.C. 2009-303\)](#).

Administration of the *Nursing Homes Act*. The Minister is responsible for the administration of the Act and may designate one or more persons to act on the Minister's behalf [*Act 2(1)*]. A Director of Nursing Home Services shall be appointed in accordance with the *Civil Service Act* [*Act 2(2)*].

Definition of an Act: A written law formally debated, ordained or passed only by the legislative power of a province/territory or the parliamentary power of New Brunswick. Also known as a statute.

- Distinguishing characteristics
 - Represents provincial law
 - The highest level of decision making
 - Mandatory adherence

Definition of a Regulation: A subordinate legislation enacted under statutory authority by the legislative power of a provincial/territorial or the Lieutenant-Governor-in-Council (cabinet).

- Distinguishing characteristics
 - Represents the rules under a particular act

Standards

The Standards Manual is divided into four sections.

- A. Administration
- B. Resident Services
- C. Human Resources
- D. Environment

Definition of a Standard: Standards are the mandatory rules, minimum level measures of performance, or restrictions that may be prescribed by a regulation and therefore must comply with the act and regulations. They are essential to attaining the objectives or to meet the compliance requirement of a particular service and/or program. They

define an official or approved method of service delivery and assist centrally to monitor overall provincial performance of a program.

Standards specify the functions or tasks to be done by people delivering a program or service. Written standards must be followed and are not subject to arbitrary or discretionary action by anyone. Standards can exist at two levels: internal (departmental) and external (legislative).

- Distinguishing Characteristics:
 - Must be consistent with the act, regulations
 - Objective and measurable statements
 - Strict and mandatory application
 - Require updating
 - Stated in detail

Guidelines

The manual also contains Guidelines. These are reference materials that provide information relevant to nursing homes.

Definition of a Guideline: Guidelines are strongly recommended steps or suggestions that should be followed as written but may be modified to meet the requirements of the situation or user needs. They may provide context, clarification and/or flexibility to a standard or a management directive. Guidelines can be considered as optional procedures.

- Distinguishing Characteristics:
 - Optional steps or suggestions
 - No requirement for application
 - Address minor operational issues
 - Performance measures of indicator

Guidelines in this manual are identified by a number as per applicable section and the letter G.

Up-Keep of the Manual

Periodically new or revised standards or guidelines will be distributed. It is recommended that one individual within the nursing home be assigned to maintain the manual to ensure that it is kept current.

Note: Please note that the masculine or feminine form used in this manual refers to both women and men. Both forms are used without discrimination and the sole purpose of brevity.

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A. Administration

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A. ADMINISTRATION

TITLE: APPLICATION FOR ANNUAL RENEWAL OF NURSING HOME LICENCE	NUMBER: A-I-I
SECTION: I. LICENSING	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 4(3) of the *Nursing Homes Act* which states: “On application in accordance with the regulations, the Minister may renew a licence.”

MEASURE OF COMPLIANCE

1. All nursing homes must apply annually to renew their nursing home licence.
2. The board chair must complete the “Application for annual renewal of Nursing Home Licence form” and send it to the Regional Liaison Officer sixty (60) calendar days prior to the expiration of the current licence. The nursing home retains a record of the sent correspondence.

REFERENCE: [Application for annual renewal of Nursing Home Licence form](#)

Application for annual renewal of Nursing Home Licence form



The board chair must complete the “Application for annual renewal of Nursing Home Licence form” and send it to the Regional Liaison Officer sixty (60) calendar days prior to the expiration of the current licence. The nursing home retains a record of the sent correspondence.

Facility Name:	Facility ID Number:
Geographical Address: Mailing Address: City, Province, Postal Code:	Telephone Number: Fax: E-mail Address:
Number of licenced beds _____ Number of approved specialized beds _____ Number of approved relief care beds _____ Number of approved DVA beds _____	Any current exemptions (ex: portable oxygen) <input type="checkbox"/> No <input type="checkbox"/> Yes Number of exemptions on licence _____ If yes, state:
Expiry date of current licence _____	Have all previously identified areas of non-compliance been resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state:

Name of Board Chair _____ Address _____ Telephone: _____ Fax: _____ Email: _____	I certify as the Board Chair of _____ (name of nursing home) that I have read and understand the provisions contained in the <i>Nursing Homes Act</i> and I commit to promote and support all provisions of the Act. Date: _____ _____ (Signature)
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TITLE: PUBLIC DISPLAY OF NURSING HOME LICENCE	NUMBER: A-I-2
SECTION: I. LICENSING	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 5 of the *Nursing Homes Act* which states: "A licensee shall at all times display his licensee's licence in a conspicuous place within the nursing home."

MEASURE OF COMPLIANCE

1. The official nursing home licence must be displayed in a prominent place for public viewing.

TITLE: BOARD COMPOSITION	NUMBER: A-II-1
SECTION: II. BOARD OF DIRECTORS	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 40.2(1) of the Regulation 85-187 which states: “A board of directors of a nursing home that is operated on a non-profit basis shall have a minimum of ten to a maximum of fifteen members.”

To comply with section 40.2(2) of the Regulation 85-187 which states: “No person shall serve more than nine consecutive years as a member of a board of directors of a nursing home that is operated on a non-profit basis.”

To comply with section 40.2(3) of the Regulation 85-187 which states: “A person who has served nine consecutive years as a member of a board of directors of a nursing home that is operated on a non-profit basis is not eligible to serve again as a member of the board of directors until one year after the person ceased to serve as a member of the board of directors.”

To comply with section 40.2(4) of the Regulation 85-187 which states: “The following persons are not eligible to serve as members of a board of directors of a nursing home that is operated on a non-profit basis:

- (a) an employee of the nursing home.
- (b) the spouse, child, parent, brother or sister of an employee of the nursing home.
- (c) an employee of the Department of Social Development.
- (d) a member of the Legislative Assembly of New Brunswick; or
- (e) a health care professional delivering health care services to the residents of the nursing home or receiving a retainer from the nursing home.”

To comply with section 40.2(5) of the Regulation 85-187 which states: “A member of the board of directors of a nursing home that is operated on a non-profit basis shall not vote on any matter considered by the board in which the member has a financial or other interest, and the member shall declare such interest before a vote is taken.”

To comply with section 40.3 of the Regulation 85-187 which states: “A person who selects or appoints a member to a board of directors of a nursing home that is operated on a non-profit basis shall attempt to ensure that the selection or appointment results in the composition of the board of directors of the nursing home generally reflecting the composition of the population of the area in which the nursing home is situated.”

To comply with section 6(2) of the *Nursing Homes Act* which states: “When a licensee is a corporation, the licensee shall notify the Director in writing of a change in the officers or directors of the corporation within 15 days after the change.”

MEASURE OF COMPLIANCE

1. There is a written policy approved by the Board of Directors defining the composition of the Board which reflect sections 40.2 and 40.3 of the Regulation 85-187.
2. The nursing home must notify the regional liaison officer in writing of any changes of board members within 15 days which reflect section 6(2) of the *Nursing Homes Act*.

TITLE: BY-LAW APPROVAL	NUMBER: A-II-2
SECTION: II. BOARD OF DIRECTORS	PAGE: 1 of 1
ORIGINAL SIGNED BY: RASHMI HAWLEY Director, Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: August 12, 2020

PURPOSE

To comply with section 26 of the *Nursing Homes Act*, which states: “No by-law of a nursing home operated on a non-profit basis that pertains to a matter in relation to which the Lieutenant-Governor in Council is authorized to make regulations under this Act has any effect until it is approved by the Minister.”

MEASURE OF COMPLIANCE

1. The nursing home has a letter signed from the Minister that indicates that the Minister has approved the conditions by which the regulations affect the by-laws.

Note:

Pursuant to sections 26 and 31(k) to (o), inclusive, of the *Nursing Homes Act*, the Minister’s approval is limited to certain aspects related to the Boards of non-profit nursing homes, as outlined in regulation. Sections 40.2 and 40.3 of Regulation 85-187 under the *Nursing Homes Act* outline the requirements that the Minister has for such boards. These requirements relate to the following:

- The minimum and maximum number of board members (section 40.2(1))
- The maximum length of time that a board member can serve (section 40.2(2))
- When a person is eligible to serve as a board member again if they have already served for the maximum length of time (section 40.2(3))
- Individuals who are not eligible to serve as board members (section 40.2(4))
- Conflicts of interest (section 40.2(5))
- Composition of the board (section 40.3)

The Minister’s approval of an organization’s by-laws is limited to the above noted items.

TITLE: RESIDENT INFORMATION STATEMENT OF HOME POLICIES/RULES	NUMBER: A-III-1
SECTION: III. NURSING HOME INFORMATION	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 13(a) (ii) of the *Nursing Homes Act*, which states: "An operator shall provide to each person approved for admission to a nursing home and to his or her next of kin or legal representative a written statement of policies governing the nursing home."

MEASURE OF COMPLIANCE

1. The nursing home identifies all the policies and procedures governing the nursing home, directly affecting the resident's living conditions.
2. On admission these policies and procedures are provided to the resident and/or his next of kin or legal representative.
3. The policies and procedures of the nursing home must comply with the *Nursing Home Act*, Regulations, Standards and Management Directives.

TITLE: RESIDENT INFORMATION- STATEMENT OF SERVICES	NUMBER: A-III-2
SECTION: III. NURSING HOME INFORMATION	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: June 30, 2004

PURPOSE

To comply with section 13(a) (i) of the *Nursing Homes Act*, which states: “An operator shall provide to each person approved for admission to a nursing home and to his or her next of kin or legal representative a written statement of the services provided by the nursing home, any additional services that will be provided, if needed, and any additional costs associated with them.”

MEASURE OF COMPLIANCE

1. Written information is provided to a resident or their next of kin, or legal representative, outlining what the resident can expect from the following services:
 - medical
 - nursing
 - dietary
 - activity
 - rehabilitation
 - psycho-social
 - spiritual
 - accommodation and options
 - laundry
 - housekeeping
 - maintenance and preventative maintenance
 - financial
2. Written information is provided to a resident or their next of kin, or legal representatives of any additional services normally provided to residents including any additional costs associated with these services.
3. If the resident, or next of kin or legal representative agrees to pay for any additional costs, written consent is obtained.

TITLE: CARE SUPPLIES COVERED BY PER DIEM RATE	NUMBER: A-III-3
SECTION: III. NURSING HOME INFORMATION	PAGE: 1 of 2
ORIGINAL SIGNED BY: RASHMI HAWLEY Director Nursing Home Services	REVIEWED: October 22, 2020 LAST MODIFICATION: October 22, 2020

PURPOSE

To comply with section 21 (1) of the *Nursing Home Act*, which states: “No operator shall demand or accept, or cause or permit a person to demand or accept on behalf of the operator, payment for accommodation and services provided in a nursing home in an amount in excess of that prescribed by the regulations.”

Note: Services include any supplies associated with providing the service.

MEASURE OF COMPLIANCE

1. Nursing Homes must have a written policy listing the care supplies included in the per diem rate and conditions by which products may be substituted. The actual brand names of the care supplies must be included.
2. The minimum care supplies provided to residents must be in accordance with the Nursing Home Services “Care Supplies” listed below, which is covered by the per diem rate.
3. The care supplies provided must be of equal or higher quality than what is provided by the industry, using the current group purchasing standards.
OR
the alternate product provided must be equal to the industry standard and used by the majority of the nursing home residents.
4. The resident must not be charged for care supplies that are included in 2 and 3.
5. A list of care supplies including brand name must be provided to resident/sponsor upon admission.
6. If a resident has a diagnosed allergy or medical identified sensitivity to any of the provided products, the Nursing Home should provide an alternative at no cost or differential cost.

7. Written documentation has been obtained from the resident, to authorize the nursing home to charge the resident for products not listed in 1 or 3 above.

CARE SUPPLIES - Brand name is to be specified for all items with asterisk*

Absorbent Puffs	Minor Medical Equipment
Alcohol (for medical use)	* Mouth Care Supplies; (toothpaste, mouthwash, toothettes)
Antiseptic and Disinfectant Preparations	Nail Care Equipment; (clippers, file, etc)
Applicators, Cotton-tipped	Nebulizer Masks
Bandages	Needles
Basins (bath, emesis, solution)	Ostomy Supplies
Bed Pans	Packs, Hot & Cold
Blood Pressure Cuffs	Paper, Autoclave
Blood Sampling Supplies	Pressure Relieving Devices
Blood Testing Strips	* Razors, Disposable
* Body Lotion	Rectal tubes
Catheter, (Drainage Systems, Tray, Solution)	Saline Solution
	Scissors
Condom Drainage	* Shampoo
* Denture Adhesives	Sharps Disposal Containers
* Denture Cleaners	* Skin Barriers
Denture Cups	* Skin Cleanser
Diabetic Supplies	Specimen Collecting Supplies
Dressing Trays	Spoons (disposable)
Dressings Supplies	Sterile Supplies / Equipment
Droppers, Medicine	Steri-Strips
Enema Kits, Disposable	Stethoscopes
* Facial Tissue	Stockinette
* Feminine Hygiene Products	Straws, Flexible
Foot Care Equipment	Swabs (alcohol & glycerin)
Forceps, Disposable Surgical	Syringes
Gloves, (Sterile/Unsterile)	Tape
* Hand soap/hand sanitizer	Thermometers and supplies
* Incontinence Care supplies; Disposable	Tongue Depressors
Irrigation Solution & Trays	Urinals
Lubricants and Petroleum Jelly	Urine Testing Strips
Medicine Cups (paper and plastic)	Water (sterile & distilled)

TITLE: ADMISSIONS	NUMBER: A-IV-1
SECTION: IV. ADMISSIONS	PAGE: 1 of 3
ORIGINAL SIGNED BY: LIENA ROUSSEL Director Nursing Home Services	EFFECTIVE: September 5, 2023 REVIEWED: September 5, 2023

PURPOSE

To comply with the following sections of General Regulation 85-187 under the *Nursing Homes Act*:

Section 7 which states: “An operator of a nursing home with thirty beds or more shall ensure the establishment of an admissions committee whose responsibility shall be to determine persons to be admitted to the nursing home.”

Section 8 which states: “An admissions committee, established under section 7, shall consist of no fewer than three persons and shall include the administrator and the director of nursing of the nursing home.”

Section 9.03 (2) which states: “An operator or admissions committee shall select prospective residents from the wait list of the nursing home in chronological order for the purposes of regular placement.”

Section 9.03 (3) which states: “Despite subsection (2), an operator or admissions committee may skip the next prospective resident on the waitlist if:

- a) The nursing home is unable to provide services in the official language of choice of the next prospective resident,
- b) The nursing home is unable to meet one or more of the following needs of the next prospective resident:
 - i. The need to be admitted to a specialized unit,
 - ii. The need for peritoneal dialysis treatment,
 - iii. The need for specialized bariatric care, or
 - iv. The need for specialized care dealing with responsive behaviours
- c) A resident of a different gender must be selected due to bedroom or bathroom configurations,
- d) Infection control concerns would be created due to bedroom or bathroom configurations, or
- e) The available bed is located in a room that is configured to meet specialized needs that the next prospective resident does not have.”

Section 9.03 (4) which states: “An operator or an admissions committee may select for admission to a nursing home a person who is not the next prospective resident on the wait list if:

- c) The available bed is identified and funded for priority access by a veteran and the nursing home has been selected by a veteran whose name is registered on the

waitlist.”

Section 9.03 (5) which states: “An operator or an admissions committee relying on a factor referred to in subsection (3) or (4) to select a prospective resident who is not the next prospective resident on the waitlist shall make a request to the Minister in writing with reasons.”

Section 9.03 (6) which states: “If a nursing home is unable to meet the needs referred to in paragraph (3)(b) of the next prospective resident, the operator or admissions committee shall develop a plan to accommodate the next prospective resident or future prospective residents with similar needs, if possible, and shall send the plan to the Minister with the request referred to in subsection (5).”

MEASURE OF COMPLIANCE

Admission Committee

1. The nursing home must have an admissions committee consisting of no fewer than three persons and will include the administrator and the director of nursing of the nursing home.
2. The nursing home must maintain minutes of Admissions Committee meetings which include:
 - A. The date and names of the committee members present.
 - B. Acceptance or bypass of a client on the Nursing Home Waiting List, and documentation related to required action planning, as applicable.

Preferred List

3. The operator or admissions committee of the nursing home must select prospective residents from the nursing homes preferred wait list within the electronic waitlist system in chronological order for the purposes of regular placement.
4. The operator or admissions committee of the nursing home may only skip the next prospective resident on their preferred waitlist in alignment with the allowable reasons outlined within the *General Regulation 85-187*.

Interim List

5. When the operator or admissions committee has exhausted their preferred waitlist, they will be able to access the interim list, selection must be made in chronological order.
6. The operator or admissions committee of the nursing home may only skip the next prospective resident in alignment with the allowable reasons outlined within the *General Regulation 85-187*.

Veterans

7. The operator or admissions committee of nursing homes who have beds funded for priority access by veterans may select for admission a person who is not the next prospective resident on the wait list if the available bed is for priority access by a veteran and the nursing home has been selected by the veteran. The four nursing homes who have beds funded for priority access by veterans are: Lincourt Manor, Manoir de Grand Sault, Villa Chaleur, and Bridgeview Hall.

Bypassing

8. When the operator or admissions committee determines that they must bypass the next prospective resident, following the allowable circumstances, they shall select the reason for bypass when prompted in the electronic wait list system and enter an action plan that will be reviewed by the Department. At minimum the action plan shall:
 - identify what steps must be taken to facilitate the admission or one similar to it in the future.
 - clarify what resources are required; and
 - indicate a timeline for when the specified tasks will be completed.

REFERENCES:

Vacant bed recovery.

[Eligibility Criteria for Nursing Homes and Extended Care \(Standard A-IV-2\)](#)
Specialized/Enhanced Care Units (MD-A-20)

TITLE: ELIGIBILITY CRITERIA FOR NURSING HOMES AND EXTENDED CARE	NUMBER: A-IV-2
SECTION: IV. ADMISSIONS	PAGE: 1 of 11
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 9.1 of the Regulation 85-187 which states: "No operator or admissions committee established for a nursing home shall refuse to admit a person to a nursing home where the person has been determined to be eligible for admission to a nursing home by the Minister, the person has applied for admission to the nursing home and the nursing home has a vacancy for a resident."

MEASURE OF COMPLIANCE

1. Eligibility criteria have been developed to assist with assessment and identification of candidates for nursing home or extended care (general hospitals), and to promote their appropriate placement.

REFERENCE: [Eligibility Criteria for Nursing Homes and Extended Care](#)

Department of Social Development

**ELIGIBILITY CRITERIA FOR NURSING HOMES
AND EXTENDED CARE**

Revised May 2015

**ELIGIBILITY CRITERIA FOR NURSING HOMES
AND EXTENDED CARE**

The eligibility criteria for Nursing Homes and Extended Care have been developed with the participation of representatives of user groups including hospital services, mental health services, long term care and nursing home services.

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Purpose

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2. Medical Status
3. Psychosocial Status
4. Activities of Daily Living
5. Physician Services
6. Nursing Services
7. Other Services
8. Special Conditions Requiring Nursing Intervention

Department of Social Development

**ELIGIBILITY CRITERIA for NURSING HOMES and
EXTENDED CARE**

Purpose:

To assist with assessment and identification of candidates for nursing home or extended care (general hospitals), and to promote their appropriate placement based on:

- holistic needs (physical, psychological, social, spiritual),
- health needs (medical, therapeutic, palliative)
- requirements for service.

Note: In the process of assessing eligibility for admission to or continued stay in a nursing home or extended care, consideration of the **total needs** of an individual is required so that the level of care will be appropriate.

At times, collaborative efforts from the hospital and the nursing home will aim at allowing stable clients who are eligible for extended care to transfer to a nursing home. This will require extensive planning from both parties with approval from Nursing Home Services.

1. DEFINITIONS

Nursing Home Care :

a. is required by persons with **medically stabilized chronic physical and/or mental illness or functional limitations** who have little need for diagnostic and therapeutic services of a hospital.

b. is professional supervision and **holistic care on a 24 hour basis that cannot be provided in the community with available support services.**

Extended Care (General Hospitals):

a. is required by **chronically ill and disabled persons** whose disease processes have resulted in a state of **medical complexity and functional dependency** which can **only be met by hospital staff and facilities.**

b. is **restorative care** with a **rehabilitative** focus; **or supportive care** directed toward **stabilization** of the medical condition and maintenance of the physical and mental condition of the individual whose hospitalization is likely to be indefinite.

2. MEDICAL STATUS

A nursing home resident/applicant:

- a. is chronically ill and/or has a functional disability which is **stable** including postoperative convalescence;
- b. is **medically stable**
- c. has **varying need for therapeutic services** and **limited need for diagnostic services** ;
- d. as a **current resident** may be **dying** with need for comfort measures;
- e. may have a **stabilized chronic mental health problem** and is not a risk to others.
- f. may have a stabilized chronic psychogeriatric disorder well maintained on a medical regime and is not a risk to others.

A candidate for extended care:

- a. is chronically ill and/or has a functional disability and may be **recovering from the acute phase of an illness**;
- b. may have varying degrees of **medical instability** and/or frequent recurring **complications** and/or a **variable prognosis**;
- c. may need a **range of** diagnostic and therapeutic services;
- d. may require **frequent and/or complex nursing procedures** and comfort measures;
- e. may have a **chronic mental health problem** and is not a risk to others;
- f. may have a stabilized chronic psychogeriatric disorder well maintained on a medical regime and is not a risk to others.

3. PSYCHOSOCIAL STATUS

A nursing home resident/applicant:

- a. may have cognitive impairment;
- b. may have problems with communication, including impairment in vision, hearing, expressive communication, and/or receptive language;
- c. may present problems due to wandering;
- d. may have hoarding or rummaging behaviours;
- e. may exhibit anxiety or depression that is **chronic but stable**;
- f. has sexual behaviour that does not cause risk or discomfort to others.

A candidate for extended care:

- a. may have cognitive impairment;
- b. may have problems with communication including impairment in vision, hearing, expressive communication, and/or receptive language;
- c. may present problems due to wandering;
- d. **may have** hoarding or rummaging behaviours;
- e. may exhibit **stabilized mild to moderate anxiety or depression** requiring **assessment and management**;
- f. has sexual behaviour that does not cause risk or discomfort to others.

Note: the conditions/behaviours listed above may **occasionally** require services from mental health professionals including:

- assessment, treatment, behaviour management, monitoring, and follow up,
- 24 hour crisis and emergency services,
- consultation,
- education.

Note: the conditions/behaviours listed above may require monitoring or consultation from mental health professionals.

4. ACTIVITIES OF DAILY LIVING

A nursing home resident/applicant:

a. will require varying amounts of assistance with bathing, dressing, grooming, toileting, transfer, and foot care;

b. may have varying degrees of bowel/bladder incontinence;

c. may need:
- assistance with eating,
- to be fed, or
- feeding through a **well-established gastrostomy** or **jejunostomy** tube

d. may have **occasional episodes of choking**, usually associated with oral intake and **generally** recovers on own **without intervention**.

e. may require human/mechanical aid for mobility.

A candidate for extended care:

a. will require varying amounts of assistance with bathing, dressing, grooming, toileting, transfer, and foot care;

b. may have varying degrees of bowel/bladder incontinence;

c. may need:
- assistance with eating,
- to be fed, or
- feeding by **gastrostomy, jejunostomy,** or **nasogastric tube**.

d. during oral intake, may be at **risk of choking frequently/easily** requiring **suction**.

e. may require human/mechanical aid for mobility.

5. PHYSICIAN SERVICES

In nursing home:

Periodic physician and/or nurse practitioner's visits, and may require **occasional** consultation/services/ education dependent on needs

In extended care

Regular and **continuing** medical management.

6. NURSING SERVICES

In nursing home:

Nurse on duty on the premises on a 24 hour basis for **a.** assessment, and management; **b.** supervision of care **the majority of which is provided by auxiliary staff**; and **c. provision of skilled nursing interventions** (see section 8).

In extended care

Nurses available on a 24 hour basis for **a.** provision of **skilled nursing interventions**; **b.** assessment and management; and **c.** supervision of care provided by auxiliary staff.

7. OTHER SERVICES

A nursing home resident/applicant:

a. may have need for **restorative care** to maintain or restore an optimal level of functioning through **access** to consultation, education, and assessment from physiotherapists, occupational therapists, speech language pathologists and audiologists, and **limited treatment provided by auxiliary personnel**.

b. has ongoing need for an activation program provided by an activity coordinator/recreationist.

c. may require **occasional** consultation/ services/education from mental health personnel, dietitian, pharmacist, respiratory therapist, social worker, medical specialists, etc.

A candidate for extended care:

a. may have **intermittent** or **ongoing** need for **rehabilitative care** to maximize functional ability through **provision** of assessment and **treatment** provided by physiotherapists, occupational therapists, speech language pathologists, and audiologists.

b. has ongoing need for an activation program provided by an activity coordinator/ recreationist.

c. may have **intermittent** or **ongoing** need for **services** from mental health personnel, dietitian, pharmacist, respiratory therapist, social worker, medical specialists, etc

8. SPECIAL NURSING INTERVENTIONS

In nursing home:

a. indwelling catheter care, including care of a suprapubic catheter;

b. occasional bladder irrigations;

c. care of an **established, well functioning** elimination ostomy;

d. treatment of **Grade I and II** pressure sores;

e. simple sterile dressing changes, **maximum three times/day**;

f. occasional suctioning;

g. oxygen by concentrator;

h. diabetic testing including use of a blood glucose monitoring device;

i. medication topically, orally, subcutaneously, intramuscularly, by aerosol, or **intravenously with Extra Mural Hospital (EMH), e.g. IV antibiotics**;

In extended care

a. indwelling catheter care, including care of a suprapubic catheter;

b. intermittent or **continuous** bladder irrigations;

c. elimination ostomy care, including treatment of **acute/chronic management problems**;

d. treatment of **Grade I, II, III and IV** pressure sores;

e. frequent and/or extensive sterile dressing changes;

f. frequent suctioning;

g. oxygen therapy;

h. diabetic testing including use of a blood glucose monitoring device;

i. medication topically, orally, subcutaneously, intramuscularly, by aerosol, or **intravenously**;

8. SPECIAL NURSING INTERVENTIONS.

(cont'd)

In nursing home:

j. intravenous therapy with Extra Mural Hospital (EMH) up to 72 hours for temporary conditions, e.g. dehydration;

k. care of an established tracheostomy;

l. Haemodialysis upon prior arrangements with family/significant other or a responsible adult for transportation, as needed.

Peritoneal dialysis upon prior arrangements for training of staff

m. TPN not applicable.

n. infection control procedures, including wound and skin precautions.

Note: No person suffering from a "notifiable" disease shall be admitted or transferred to a nursing home except under conditions determined by a district medical health officer. (see Regulation 88-200 under the Health Act & Regulation 85-187 under the Nursing Homes Act)

In extended care

j. intravenous therapy;

k. care of an established tracheostomy;

l. haemodialysis if located in a facility with an **approved chronic care dialysis program;** or **peritoneal dialysis;**

m. long term Total Parenteral Nutrition (applies only in those facilities with a TPN program and an established extended care unit).

n. infection control procedures, up to and including reverse isolation.

Note: The following are not eligible for extended care:

- persons with a notifiable disease under the *Health Act*, Regulation 84-283;
- mentally alert pediatric patients;
- those requiring cardiac or other high technology monitoring.

TITLE: RELIEF CARE BED PROGRAM	NUMBER: A-IV-3
SECTION: IV. ADMISSIONS	PAGE: 1 of 14
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 9(1) of the Regulation 85-187 which states: “No operator shall admit or permit to be admitted or transferred to a nursing home a person

- (a) suffering from a notifiable disease except under conditions determined by a district medical health officer, or
- (b) who has not had a physical examination and nursing care assessment before the date of admission.”

To comply with section 9(2) of the Regulation 85-187 which states: “Notwithstanding subsection (1), an operator may admit for temporary residence in a nursing home for the purpose of providing relief care a person who has given a complete medical history and has received a physical examination and a nursing care assessment prior to admission.”

MEASURE OF COMPLIANCE

1. Nursing Home Services may permit the use of one or more existing nursing home beds for relief care if requested by the board of directors of the nursing home, and provided that a 75% annual bed occupancy rate is maintained.
2. The Board of Directors of a nursing home must apply to the Director of Nursing Home Services for approval of each bed designated for relief care use.
3. All services provided to the person occupying the relief care bed must meet the requirements of the *Nursing Homes Act*, Regulations and Standards.
4. The utilization of the relief care bed is to be reported on the monthly Resident Revenue Report.
5. Funding will be provided by Nursing Home Services as follows:
 - Occupied Bed - Per Diem rate minus relief care bed charge
 - Unoccupied Bed - Per Diem rate

REFERENCE: [Relief Care Bed Program](#)

RELIEF CARE BED PROGRAM

CONTENTS

- I. Program Description
- II. Program Objectives
- III. Target Population
- IV. Responsibilities of Program Participants
- V. Criteria of Eligibility for the Program
- VI. Process for Admission to the Program
- VII. Admission Procedure
- VIII. Accommodation
- IX. Funding
- X. Monitoring

Appendix

- A- Medical Status and Physical Examination Form
- B- Agreement of Admission to Relief Care
- C- Model Announcement
- D- Brochure Explaining the Service
- E- Application for Admission to the Relief Care Program

I. PROGRAM DESCRIPTION

Relief Care refers to the provision of a planned period of relief to a family unit or other identified persons who care for a dependent individual in the home. Under this Program, temporary accommodation for the dependent individual is provided in a nursing home for a specified period not to exceed thirty days, following which the dependent individual returns to his/her former living arrangement.

II. PROGRAM OBJECTIVES

The objectives of the Relief Care Bed Program are:

- to provide a period of relief for family units or individuals who care in the home for a person who requires assistance with personal care, activities of daily living and/or needs supervision on a daily basis.
- to provide individuals who have a relatively stabilized chronic illness or functional disability with temporary accommodation in a nursing home for a specified period of from seven to thirty days, following which the individuals return to their former living arrangements;
- to delay or prevent institutionalization of persons with chronic illnesses.

III. TARGET POPULATION

- The Program is intended for individuals with a relatively stabilized chronic illness or functional disability, who do not have specific requirements for diagnostic and therapeutic services, but who require assistance and supervision with activities of daily living and personal care on a daily basis.
- The relief care beds in the nursing home setting are reserved primarily, but not exclusively, for persons 65 years of age and over with chronic or long-term physical or mental disabilities.
- Those persons may or may not be in receipt of long-term care services in their home

IV. **RESPONSIBILITIES OF PROGRAM PARTICIPANTS**

The responsibilities of the client/family, nursing homes and Department Social Development are outlined below.

Client/Family

1. The client/family enters into a contract with the nursing home for:
 - the type of supervisory care and service available;
 - the time that the relief-care bed will be utilized by the client;
 - the monetary terms of the agreement
2. Family will have the person medically assessed and ensures that the *Medical Status and Physical Examination Form* is brought to the nursing home.
3. While on the Program, the client is responsible to provide his/her own medications, supplies and/or equipment normally required at home. Medications are to be supplied according to the Nursing Home Regulations.

Nursing Home

1. The Board of Directors of a nursing home must apply to the Director of Nursing Home Services for approval of each bed designated for relief care use.
2. The nursing home advises the designated employee of the regional office of Department of Social Development in their area in writing of the availability of the relief care bed on a quarterly basis.
3. A register of available relief care time and of eligible clients seeking the service is kept in the nursing home and the scheduling of relief care time is coordinated by the nursing home.
4. The nursing home is responsible for determining the eligibility of candidates for the Program, based on the medical and nursing assessments.
5. The nursing home receives the completed *Medical Status and Physical Examination Form* prior to the time that the client is accepted to the Program (Appendix A).
6. The care assessment is the responsibility of the nursing home.

Note: If the client has been assessed by the long-term care program and is an active client, the evaluation document will be shared with the nursing home.

7. When a client is accepted under the Program the nursing home notifies the family of any terms and conditions specific to their nursing home.

8. The nursing home obtains a signed contract from the family prior to admitting a client for relief care (Appendix "B").
9. The nursing home is responsible for the promotion of the Relief Care Bed Program of its establishment (Model announcement attached - Appendix "C").
10. Maintain charting system on the client.
11. Ensure relevant internal policies with regards to the relief care bed are in place.
12. Maintain 75% occupancy to the relief care bed (Standard A-IV-3).
13. Send the Revenue Details to Department of Social Development, Financial Services. (Management Directive MD-A-16)

Department of Social Development

1. The Director of Nursing Home Services is responsible for the approval of a relief care bed.
2. Each Social Development regional director will designate an employee to keep a register of available relief care beds. This register is for the sole purpose of maintaining dates when beds are available in the area.
3. The Department is responsible to maintain a current overview and evaluation of the Relief Care Bed program.

V. CRITERIA OF ELIGIBILITY FOR THE PROGRAM

The following criteria determine who is eligible for admission to a nursing home under the Relief Care Bed Program.

- The client is a New Brunswick resident.
- The client is incapacitated physically and/or mentally requiring care or supervision on a 24-hour basis.
- A short-term admission to the Relief Care Bed Program is the most appropriate means of providing the family with period of relief as well as providing the client with the care and supervision required.
- The family agrees with the nursing home for admission of the client for a specified period not to exceed thirty days, following which the client returns to his/her former living arrangement (Refer to Agreement of Admission to Relief Care - Appendix B).

- The client or family agrees to pay, at the time of admission to the nursing home, the established per diem fee for the time period specified in the Agreement of Admission to Relief Care.
- The client has not received relief care services in a nursing home during the previous six months, except in exceptional or extenuating circumstances.

VI. PROCESS FOR ADMISSION TO THE PROGRAM

The following steps outline the process for admission under the Relief Care Bed Program.

1. Clients and families wishing to utilize the Program register with the nursing home offering this service.
2. The personnel of the nursing home provide the following forms/documents to the client.
 - Application for Admission Relief Care Program (Appendix E)
 - Agreement of Admission to Relief Care (Appendix B)
 - Medical Status and Physical Examination Form (Appendix A)
 - Brochure explaining the service as developed by individual nursing home (Sample as Appendix D)
3. The client obtains a medical examination from his/her physician, who completes the Medical Status and Physical Examination form and forwards it to the nursing home.
4. The nursing home completes a care assessment.
5. Following the review of the completed Physical Examination and History form, the care assessment form and the Application for admission form, the nursing home informs the client of his/her acceptance or non-acceptance into the Program.
6. Once accepted into the Program, the client and the nursing home contract the terms of agreement for participation in the Program (Appendix B).

VII. ADMISSION PROCEDURE

The established admission procedure ordinarily used for the admission of a client in to a nursing home is also used for the admission of a client under the Relief Care Bed Program.

VIII. ACCOMMODATIONS

In order to provide accommodation to either sex, a private room has to be made available for the Relief Care Bed Program.

IX. FUNDING

Nursing Home Services funds the relief care bed in the following manner:

Occupied bed - Per diem rate minus relief care bed charge.

Unoccupied bed - Per diem rate.

The per diem rate to be charged is established on a quarterly basis by the Department of Social Development.

X. MONITORING

Occupancy of the Relief Care bed is to be reported, using the revised Monthly Resident Revenue Report, and this report is forwarded to the Department of Social Development, Financial Services, on a monthly basis. Refer to Management Directive MD-A-16.

Appendix A

[Medical Status and Physical Examination Form Link](#)

Appendix B

AGREEMENT OF ADMISSION TO RELIEF CARE

_____ (hereinafter called the Agency) and _____
(name of agency) (name)

(hereinafter called Responsible Party) hereby agree to the following terms for the care of
_____ (hereinafter called the Client)

RESPONSIBILITIES OF AGENCY

1. The Agency shall admit _____ to the Relief Care Program
(name of client)
for the period of _____ to _____.
2. The Agency agrees to furnish room and board including assistance with personal care, activities of daily living and housekeeping.
3. In the event of a change in the health of the Client the Agency shall advise a designated physician _____
(name of physician)
4. The Agency shall, when indicated, admit the Client to acute care and ensure that the necessary services are provided.
5. The Agency will obtain authorization from the Responsible Party prior to initiating cost related treatment for the Client.
6. Where the Agency determines that there is a likelihood that the Client shall endanger himself or others, appropriate steps may be taken for the immediate discharge of the Client.

RESPONSIBLE PARTY

7. Prior to admission the Responsible Party shall pay the Agency the sum of \$ _____ for each day that the Client is to reside at the agency.
8. In the event that the Client is discharged prior to the termination date shown above, the Agency will reimburse the Responsible Party, any unused funds.
9. Prior to discharge supplementary expenses incurred by the Client in the Relief Care Program will be paid to the Agency by the Responsible Party.

10. At the termination of the period agreed to in Item 1. above, the Responsible Party or their designate shall accept responsibility for the care and supervision of the Client and the Client shall be discharged from the Agency.

11. In the event of an emergency (if the Responsible Party is unavailable) the Agency is authorized to notify _____.

Dated at _____ this _____ day of _____, 20____.

(Witness)

(Agency)

(Witness)

(Responsible Party)

(Witness)

(Client)

Appendix C

MODEL ANNOUNCEMENT

RELIEF CARE BED AVAILABLE

_____ is pleased to announce that
(name of Nursing Home)

starting _____, it will offer a relief care bed service.
(date)

This program offers temporary relief, up to 30 days, for families, by providing residential and support services to dependent adults.

A daily fee will be charged.

For more information contact: _____ at
Director of Nursing

(phone number)

(address of Nursing Home)

Appendix D

(Sample of Brochure)

Name of Nursing Home


RELIEF CARE PROGRAM

A. (Insert paragraph describing the services offered).

Note: May wish to add your nursing home information booklet or brochure)

- B. To be admitted to our nursing home under the Relief Care Bed Program, follow the steps listed below.
1. Have your physician complete a physical examination form entitled "[Medical Status and Physical Examination Form](#)". Bring the completed form to the Nursing Home seven days prior to tentative admission date.
 2. Complete the form entitled "Application for Admission to Relief Care" ensuring that you answer all the questions on the form. Return this form to the nursing home.
 3. After the Nursing Home has received the "Medical Status and Physical Examination Form" and the "Application for Admission to Relief Care", a representative from the nursing home will contact you to discuss care and services requirements.
 4. Read carefully the document entitled "Agreement to Admission to Relief Care ". You will be required to sign this agreement prior to being admitted to the program.
 5. If you qualify for admission to our nursing home under the Relief Care Bed Program, you will be notified to confirm admission date.

Appendix E

<p>APPLICATION FOR ADMISSION RELIEF CARE PROGRAM SOCIAL DEVELOPMENT</p>	 35-3292 (11/14)	<p>DEMANDE D'ADMISSION PROGRAMME DE SERVICES DE RELÈVE DÉVELOPPEMENT SOCIAL</p>
Name / Nom _____		Date of Birth / Date de naissance D/J M/M Y/A
Present Address (where you are presently living) / Adresse actuelle (où vous demeurez présentement)		Telephone / Téléphone _____
Permanent Address (where you usually live) / Adresse permanente (où vous demeurez habituellement)		Telephone / Téléphone _____
Sex / Sexe <input type="checkbox"/> Male / Masculin <input type="checkbox"/> Female / Féminin	Marital Status / Statut <input type="checkbox"/> Single / Célibataire <input type="checkbox"/> Married / Marié	<input type="checkbox"/> Widowed / Veuve <input type="checkbox"/> Divorced / Divorcé
		Blue Cross No. / N° de la croix bleue _____
Medicare No. / N° d'assurance-maladie	Social Insurance No. / N° d'assurance sociale	N.B. Prescription Drug number (if applicable) N° de la carte du plan de médicaments sur ordonnance du N.-B. (s'il y a lieu)
Name of Family Physician / Nom du médecin de famille _____		Telephone / Téléphone _____
THE NAME OF THE PERSON WHO WILL ASSUME RESPONSIBILITY IN ALL MATTERS CONCERNING THE CLIENT NOM DE LA PERSONNE QUI ASSUMERA LA RESPONSABILITÉ DANS TOUTES LES AFFAIRES RELATIVES AU CLIENT		
Name / Nom _____		Relationship / Lien de parenté _____
Address / Adresse _____		Telephone / Téléphone _____
OTHER PERSONS TO BE CONTACTED IN CASE OF EMERGENCY AUTRES PERSONNES À AVISER EN CAS D'URGENCE		
Name / Nom _____		Relationship / Lien de parenté _____
Address / Adresse _____		Telephone / Téléphone _____
Reason for request / Motifs de la demande _____		

Have you used the Program before? / Avez-vous déjà participé au programme? <input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non		How many times? / À combien d'occasions? _____
Where used? / Endroits? _____		
When used? / Quand? _____		

Date _____		Signature _____

TITLE: CRITICAL STATE ADMISSION PRIORITIZATION	NUMBER: A-IV-4
SECTION: IV. ADMISSIONS	PAGE: 1 of 2
ORIGINAL SIGNED BY: LIENA ROUSSEL Director Nursing Home Services	EFFECTIVE: September 5, 2023 REVIEWED: September 5, 2023

PURPOSE

To comply with the following sections of General Regulation 85-187 under the *Nursing Homes Act*:

Section 9.05(2) which states: “Despite any other provision in this Part, if the Minister determines that a hospital facility is in a critical state, the Minister may determine that an operator or an admissions committee is required to select

- a) the next prospective resident from the nursing home’s wait list referred to in paragraph 9.01(3)(b), who has been discharged from the hospital facility but remains in the hospital facility as an alternative level of care patient, for the purposes of a regular placement, or
- b) if there are no prospective residents referred to in paragraph (a), the next prospective resident from the provincial wait list referred to in paragraph 9.01(3)(a), who has been discharged from the hospital facility but remains in the hospital facility as an alternative level of care patient, for the purposes of an interim placement in accordance with section 9.02, despite the fact there may be prospective residents on the wait list of the nursing home for regular placements.”

Section 9.05(3) which states: “If an operator or an admissions committee is required to select prospective residents in accordance with subsection (2), the Minister shall notify the operator or the admissions committee.”

Section 9.05(4) which states: “A determination by the Minister that an operator or an admissions committee is required to select prospective residents in accordance with subsection (2) is effective for a period of not more than 30 days, after which time the Minister may make further determinations in accordance with subsections (1) and (2).”

Note: As per Section 9.05(1) of the General Regulation 85-187 “The Minister may determine that a hospital facility operated by a regional health authority, as that term is defined in the Regional Health Authorities Act, is in a critical state and, in doing so, shall consider whether

- a) the occupancy rate of the emergency room exceeds the capacity of the hospital facility and there are prolonged off-loading delays from ambulance bays,
- b) the occupancy rate of acute care units exceeds the capacity of the hospital facility, and
- c) critical surgeries to be performed at the hospital facility are being cancelled due to a lack of available hospital beds.”

MEASURE OF COMPLIANCE

- 1) If a Critical State is declared the operator or admissions committee, when notified by the Department, must ensure that when filling vacant beds that they are offered to:
 - a. the next prospective resident on the home's preferred waitlist from the hospital(s) that have been declared to be in critical state, or
 - b. if there are no prospective residents on the home's preferred waitlist from the hospital(s) declared to be in critical state, the next prospective resident from the interim list who is in the hospital(s) declared to be in critical state, despite the fact there may be prospective residents on the wait list of the nursing home for regular placements."

REFERENCE: [Standard A-IV-1: Admissions Standard](#)

TITLE: RESIDENT CONCERNS	NUMBER: A-V-1
SECTION: V. RESIDENT CONCERNS	PAGE: 1 of 1
ORIGINAL SIGNED BY: RASHMI HAWLEY Director Nursing Home Services	EFFECTIVE: April 1, 2022 REVIEWED: April 1, 2022

PURPOSE

To comply with section 13(d) of the *Nursing Home Act*, which states: “An operator shall establish and follow a regular procedure for the hearing of concerns of residents of the nursing home.”

MEASURE OF COMPLIANCE

1. Each nursing home is required to have a dispute resolution process in place for the purpose of making every attempt to reach an agreement regarding the resident’s care, where a dispute has arisen. This dispute resolution process will involve the operator, the resident, and the next of kin or legal representative of the resident.
2. The resident and next of kin or legal representative are informed of the dispute resolution process.
3. The environment is conducive to residents, staff, family, advocates or representatives, and visitors being able to raise issues and make suggestions and express concern (verbally or in writing) in a spirit of openness and partnership and without fear of adverse consequences.
4. Policy and procedures are in place for the submission of a concern and follow-up is carried out and documented within 30 days of receipt of the concern.
5. A resident/family committee is in place, which holds meetings at least on a quarterly basis. Minutes of those meetings are created and maintained by the nursing home.
6. The Senior’s Advocate Office is available as a resource should a resident or next of kin legal representative wish to seek their advocacy services or request a review of a particular situation. Each nursing home is required to display posters and information sheets for the purpose of familiarizing their employees and residents with the roles and responsibilities of the Seniors’ Advocate. Each nursing home must prominently display contact information for the Senior’s Advocate Office within the facility and explain to residents / next of kin or legal representative their right to contact the Seniors’ Advocate.

TITLE: STANDARD ADMISSION DISCHARGE - GOVERNMENT FORM	NUMBER: A-VI-1
SECTION: VI. RESIDENT RECORDS	PAGE: 1 of 2
ORIGINAL SIGNED BY: LIENA ROUSSEL Director Nursing Home Services	REVIEWED: August 22, 2016 LAST MODIFICATION: September 5, 2023

PURPOSE

To comply with section 14(1) (a) of the *Nursing Homes Act*, which states: “An operator shall keep a complete and up-to-date record for each resident from the time of admission to the time of discharge and such record shall include the following:

- (a) the standard admission form required by the regulations.”

MEASURE OF COMPLIANCE

Nursing homes are required to provide basic information on residents of nursing homes within specific time limits upon admission and discharge.

1. Complete the "*Nursing Home Resident Identification Slip*" (see reference) and send within 2 working days of the admission, discharge or death of a resident to:
 - Nursing Home Services, via email to infoNHS@gnb.ca
 - Department of Social Development, Regional Office
 - New Brunswick Medicare, via fax 506-453-2726

Also, if subsidized by the Department of Social Development or unknown financial needs status (as per line 11 of the identification slip), fax to:

- The Prescription Drug Program, (Moncton), 1-888-455-8322 or 867-4872 for nursing homes in the Moncton area

REFERENCE: [Nursing Home Resident Identification Slip](#)

**DEPARTMENT OF SOCIAL DEVELOPMENT
NURSING HOME SERVICES**

STANDARDS



**NURSING HOME RESIDENT
IDENTIFICATION SLIP
(Refer to NHA 14(1) (a))**

**FICHE D'IDENTITÉ DU (DE LA)
RÉSIDENT(E) DE FOYER DE SOINS
(Faire références à la LFS 14(1) (a))**

1. Nursing Home Name / Nom du foyer de soins _____

2. Name of Resident _____ Resident ID # _____
Nom du (de la) résident(e) # d'identité du (de la)

3. Date of Birth Day Month Year
Date de naissance Jour Mois Année

4. Sex Male Female
Sexe Homme Femme

5. Social Admission: Yes No
Admission sociale: Oui Non

6. Date of Admission New / Nouvelle _____
Date d'admission

Preferred Placement/Emplacement préféré Interim Placement/ Placement intérimaire

Transferred / Transfert _____
(Date from where/ Date et de quel foyer de soins)

7. Date of Discharge Deceased / Décédé(e) _____
Date de congédiement
Transferred / Transfert _____
(Date and home transferred to / Date et à quel foyer de soins)

8. Is he / she a New Brunswick resident? Yes
Un(e) résident(e) du Nouveau-Brunswick? Oui

Other Specify: _____
Autre Spécifier:

9. N.B Medicare Number
Numéro d'assurance Maladie

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

10. Date of Approval Day Month Year
Date d'approbation Jour Mois Année

11. Is this resident Est-ce que le (la) résident(e) est
Subsidized Private pay DVA Unknown
Subventionné(e) Payeur privé ACC Inconnu

Signature _____ Date _____

PLEASE FAX / EMAIL WITHIN 2 DAYS OF ADMISSION AND DISCHARGES / VEUILLEZ ENVOYÉ PAR TÉLÉCOPIEUR / COURRIEL 2 JOURS SUITE A L'ADMISSION ET CONGEDIEMENT A:

- Dept. of SD- Adult Community Resources /Ministère du DS – Ressources Communautaires pour adultes [_infoNHS@gnb.ca](mailto:infoNHS@gnb.ca)
- Dept. of SD, Regional / Min. du DS, Bureau régional
- New Brunswick Medicare / Assurance-maladie du Nouveau-Brunswick (506) 453-2726

For residents who are identified on line 11 as subsidized, please fax to:

En plus, pour résident(e)s qui sont identifié(e)s à la ligne 11 comme subventionné(e)s ou inconnu, veuillez télécopier a :

- Prescription Drug Program, (Moncton) 1-888-455-8322 or 867-4872 for nursing homes in the Moncton area.
Plan de médicaments sur ordonnance à Moncton, 1-888-455-8322 ou au 867-4872 pour les foyers de soins dans la région de Moncton

TITLE: RESIDENT RECORDS AND GENERAL DOCUMENTATION	NUMBER: A-VI-2
SECTION: VI. RESIDENT RECORDS	PAGE: 1 of 3
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	EFFECTIVE: January 4, 2016

PURPOSE

To comply with section 14(1) of the *Nursing Homes Act* which states: “An operator shall keep a complete and up-to-date record for each resident from the time of admission to the time of discharge and such record shall include the following:

- (a) the standard admission form required by the regulations.
- (b) the admission medical and subsequent medical reports.
- (c) a comprehensive care plan.
- (d) physician’s, pharmacist’s, nurse practitioner’s and dentist’s notes and orders.
- (e) medication and treatment sheets.
- (f) nurse’s notes.
- (g) activation and rehabilitation program progress reports and attendance records.
- (h) special dietary requirements or problems.
- (i) discharge sheets showing the date of discharge, the reason for discharge, the condition of the resident at the time of discharge, the address to which the resident has been discharged.
- (j) the type and amount of drugs accompanying the resident on discharge.
- (k) a recording of all valuables belonging to the resident, if the operator has undertaken to keep them in safe keeping.”

To comply with section 14(2) of the *Nursing Homes Act* which states: “Subject to subsection (3), the records that each operator is required to keep under subsection (1) are confidential documents and no information contained in them shall be imparted to any person other than for the purpose of care of the resident or for the purpose of carrying out the provisions of this Act and the regulations.”

To comply with section 14 (3) of the *Nursing Homes Act* which states: “A copy of the information referred to in subsection (2) may be made available to any person

- (a) on the written request of the resident concerned,
- (b) in the event of the incapacity or death of a resident, on the written request of the resident’s next of kin or legal representative,
- (c) on the written order of the Minister, or
- (d) on the order of a court of competent jurisdiction.”

To comply with section 15 of the *Nursing Homes Act*, which states: "Subject to sections 8, 25 and 27, an shall ensure that no part of the record of a resident required to be kept under section 14 is removed from the nursing home, including the record of a discharged or deceased resident, and that the record is retained for a period of ten years following the discharge or death of the resident, after which time the record may be destroyed."

To comply with section 16 of the *Nursing Homes Act*, which states: "When a resident moves to another nursing home or is admitted as a patient of a regional health authority as defined in the *Regional Health Authorities Act*, a summary of the resident's record relating to medical diagnosis, treatment, diet and other similar matters shall be sent to that nursing home or regional health authority."

To comply with section 22 of the Regulation 85-187 which states: "The medical record of a resident shall contain the following:

- (a) the date, time and findings of an examination and treatment; and
- (b) confirmation in writing of all verbal orders for treatment, medications or other medical procedures."

MEASURE OF COMPLIANCE

1. The nursing home must keep a complete and up-to-date record for each resident from the time of admission to the time of discharge and such record shall include
 - the standard admission form required by the regulations; ([Standard A-VI-1](#))
 - the admission medical and subsequent medical reports.
 - a comprehensive care plan.
 - physician's, pharmacist's, nurse practitioner's and dentist's notes and orders.
 - medication and treatment sheets.
 - nurse's notes.
 - activation and rehabilitation program progress reports and attendance records.
 - special dietary requirements or problems.
 - discharge sheets showing the date of discharge, the reason for discharge, the condition of the resident at the time of discharge, the address to which the resident has been discharged.
 - the type and amount of drugs accompanying the resident on discharge.
 - a recording of all valuables belonging to the resident, if the operator has undertaken to keep them in safe keeping.
2. The nursing home must have written policies and procedures regarding:
 - confidentiality of records
 - retention of resident records for ten years
 - destruction of resident records
 - summary of resident's record when transfer to other facilities

3. The nursing home must ensure that the medical record of a resident shall contain the following:
 - the date, time and findings of an examination and treatment; and
 - confirmation in writing of all verbal orders for treatment, medications or other medical procedures.

TITLE: DISCHARGE OF RESIDENTS	NUMBER: A-VII-1
SECTION: VII. DISCHARGE OF RESIDENTS	PAGE: 1 of 2
ORIGINAL SIGNED BY: LIENA ROUSSEL Director Nursing Home Services	EFFECTIVE: April 1, 2022 LAST MODIFICATION: January 9, 2024

PURPOSE

To comply with section 17 (1) of the *Nursing Homes Act*, which states: “No operator shall discharge a resident unless the operator gives notice at least 30 days before the date of discharge to the following persons:

- a) the resident.
- b) the next of kin or legal representative of the resident or, if there is no next of kin or legal representative, the Director; and
- c) the Minister”

To comply with section 17(2) of the *Nursing Homes Act*, which states: “Despite subsection (1), if the operator believes on reasonable grounds that the immediate discharge of the resident is necessary for the safety of the resident or of other residents or staff, the operator may give notice immediately before the resident is discharged.”

To comply with section 9.2 of the Regulation 85-187 under the *Nursing Homes Act* which states: “An operator may discharge a resident in any of the following circumstances:

- a) the resident is a safety threat to themselves or other residents or staff and the nursing home is not able to provide the necessary level of care.
- b) the nursing home is no longer able to meet one or more of the needs of the resident.
- c) the operator and the resident, and the next of kin or legal representative of the resident, if any, cannot reach an agreement with respect to the resident’s care despite taking all reasonable measures to do so; or
- d) the resident has not made full payment for accommodation and services provided in the nursing home and the operator and the resident cannot reach an agreement with respect to payments despite taking all reasonable measures to do so.”

MEASURE OF COMPLIANCE

1. As per [Standard A-V-1](#) each nursing home is required to have a dispute resolution process in place for the purpose of making every attempt to reach an agreement regarding the resident’s care where a dispute has arisen. The dispute resolution process will involve the operator, the resident, and the next of kin or legal representative of the resident.
2. The nursing home must ensure that every effort is made to ensure that residents’ needs are met; a discharge is the exception and only occurs when all other options / efforts have been exhausted.

3. The nursing home must ensure that the resident /their next of kin or legal representative is kept informed and given an opportunity to participate in the discharge planning and that the resident's wishes are taken into consideration.
4. The nursing home must provide a written notice of discharge, at least thirty days in advance, to the resident and to their next of kin or legal representative and the liaison officer, except where the operator believes, on reasonable grounds, that the immediate discharge of the resident to the custody of another person is necessary for the safety of the resident or of other residents or staff.
5. The written notice must set out a detailed explanation of the supporting facts, justifying the nursing home's decision to discharge the resident.
6. The nursing home is responsible for providing the required notice to the resident and to the liaison officer, acting on behalf of the Director, if the resident has no next of kin or legal representative.
7. The nursing home must complete the standard discharge form required by the regulations. ([Standard A-V-1](#))

TITLE: MAJOR INCIDENT REPORTING	NUMBER: A-VIII-1
SECTION: VIII. INCIDENT/ACCIDENT REPORTING	PAGE : 1 of 2
ORIGINAL SIGNED BY: LUC CARRIER Director Nursing Home Services	REVIEWED: November 30, 2022 LAST MODIFICATION: November 30, 2022

PURPOSE

To comply with section 18 of the *Nursing Homes Act* which states: “When a resident suffers an accident of a major nature, undergoes a serious change in their condition or dies, the operator shall notify the resident’s next of kin or legal representative as soon as possible.”

To comply with section 19 of the *Nursing Homes Act* which states: “An operator shall notify the Director as soon as possible of any major incident or accident that affects or may affect the health and safety of the residents or staff.”

MEASURE OF COMPLIANCE

1. The nursing home reports, within 24 hours of any major incident or accident that affects or may affect the health and safety of the residents or staff, using the following email infoNHS@gnb.ca.

Each email submission **must include** the following:

- Subject line “Major Incident Report, [Name of reporting nursing home]”.
 - **Momentum Incident Form Number**
 - **Incident Type**
2. Details of the incident are to be included in the **Momentum Incident Report**, including if the agencies listed below were notified.
 3. Where applicable, the nursing home notifies Adult Protection, Coroner, Public Health or other agencies, as per their respective notification requirements.
 4. The nursing home shall notify the residents next of kin or legal representative as soon as possible when the resident suffers an accident of major nature, undergoes a serious change in their condition or dies.
 5. The liaison officer may request additional information relating to the incident, as applicable.

Note: The standard does not replace present policies or procedures that exist in nursing homes on risk management (Refer to section 7(l) (e) of the *Nursing Home Act*, and section 10 of the Regulation 85-187).

Examples of Major Incidents include but are not limited to the following:

1. **Resident related occurrences may include the following:**
 - a. Incident that has caused or may have caused a serious or life-threatening injury
 - b. unexpected death
 - c. infectious outbreak
 - d. missing resident
 - e. incident involving coroner and /or police
 - f. suspected abuse or neglect of the resident
 - g. no registered nurse on duty on premises
2. **Personnel related occurrences may include the following:**
 - a. discipline incidents related to the above
3. **Occupational health and safety related occurrences may include the following:**
 - a. exposure to faulty equipment
 - b. incident that exposes staff to dangerous materials, chemicals/fumes
 - c. emergency/disaster events
4. **Security related occurrences may include the following:**
 - a. threats to people or property

TITLE: COMFORT AND CLOTHING ALLOWANCE	NUMBER: A-IX-1
SECTION: IX. FINANCIAL RESOURCES	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 21 (1) (a) of the Regulation 95-61 *Family Income Security Act* which states: “The Minister May grant assistance in an amount, including any comfort and clothing allowance granted under subsection (4), that does not exceed the maximum amount of the prevailing Old Age Security and Guaranteed Income Supplement, to persons in need who reside in a nursing home, as defined in the *Nursing Homes Act*, operated by a licensee under that act.”

MEASURE OF COMPLIANCE

1. Revenue for the comfort and clothing allowance
 - All residents of licensed nursing homes receiving financial assistance from the Department of Social Development are entitled to retain \$108 of their OAS/GIS monthly income plus their full GST rebate and the full yearly low income seniors benefit as part of their personal comfort and clothing allowance.

2. Expenditure for the comfort and clothing allowance
 - The Department of Social Development recognizes the resident’s independence in spending their comfort and clothing allowance. The resident’s comfort and clothing account may be required to cover the following, as the nursing homes’ budget does not cover:
 - personal items
 - clothing
 - drugs not covered by the PDP program
 - over the counter medication not routinely supplied by the nursing home
 - item and fees not covered by the Health Card
 - transportation (i.e., doctor, dentists, physio offices)
 - care supplies that are not part of the care supply list in [Standard A-III-3](#)
 - pre-paid funeral
 - other items as directed by the resident

3. Ownership of the Resident's Comfort and Clothing Allowance
 - Comfort and clothing allowance is considered part of the resident's assets.

4. Monitoring and disposal of accumulated allowance upon death
 - Upon the death of the resident, all monies remaining in the resident's comfort and clothing account will go towards first paying any outstanding debts owing to the resident's comfort and clothing account.
 - The resident's comfort and clothing account must not be used to pay any portion of the per diem rate charged by the nursing home.
 - A cheque may be made payable to the 'Estate of the Deceased' for the accumulated amount in the comfort and clothing account. It should be given either to the resident's executor or the resident's representative.
 - If no next of kin can be identified, contact should be made with the Public Trustee of New Brunswick for instructions on how to dispose of the assets of the resident.

TITLE: CONSTRUCTION, RENOVATION OR ALTERATIONS	NUMBER: A-IX-2
SECTION: IX. FINANCIAL RESOURCES	PAGE: 1 of 1
ORIGINAL SIGNED BY: Luc Carrier Director Nursing Home Services	REVIEWED: January 17, 2023 LAST MODIFICATION: January 17, 2023

PURPOSE

To comply with section 3 of the Regulation 85-187 which states: “An operator planning new construction of a nursing home or renovations or alterations to a nursing home with a value of more than ten thousand dollars shall submit to the Minister for approval all plans, specifications and financing arrangements prior to any tender call or awarding of contract.”

MEASURE OF COMPLIANCE

1. The nursing home planning new construction, renovations or alterations to a nursing home with a value of more than ten thousand dollars receives approval from Nursing Home Services
 - for the conceptual plan before proceeding to detail planning
 - for the detailed plan before it is submitted to tender
 - for financial arrangements
 - before making any legal commitments to the project
 - before awarding of a contract
2. Before commencing the project, the nursing home
 - informs the regional liaison officer of their plan to ensure safety during the period of construction, renovation or alterations
 - receives written authorization from the regional liaison officer to proceed
3. During the period of construction, renovation or alterations, the nursing home
 - posts the written authorization letter in a visible public area
 - ensures the plan is implemented
 - informs the regional liaison officer of any problems occurring
4. Once project is completed,
 - the nursing home receives an approval from the regional liaison officer before opening or occupying the space.

B. RESIDENT SERVICES

TITLE: CARE STAFFING MONITORING	NUMBER: B-I-1
SECTION: I. CARE STAFF	PAGE: 1 of 2
SIGNED BY: RASHMI HAWLEY Director Nursing Home Services	EFFECTIVE: October 25, 2022 REVIEWED: October 25, 2022

PURPOSE

To comply with section 31 (d) of the *Nursing Homes Act* which states: “The Lieutenant-Governor in Council may make regulations respecting the services, care, facilities and amenities that nursing homes shall provide and governing and prescribing the staff requirements and duties of staff in respect of the care and services that shall be provided to residents.”

To comply with section 18 of the Regulation 85-187 which states: “An operator shall ensure that in nursing homes with thirty beds or more, the care of each resident is carried out by or under the supervision of a registered nurse as directed by the attending physician, or as directed by a nurse practitioner in nursing homes with thirty beds or more, at least one registered nurse is on duty on the premises at all times, in addition to the registered nurse referred to in paragraph (a), care staff is in attendance at all times in appropriate ratios.”

MEASURE OF COMPLIANCE

1. There shall be at least one RN on duty in the nursing home at all times.
2. The nursing home shall utilize all funded care hours. The following positions are not included in the direct hours of care: Administrator, Director of Care or the LTCF Care Coordinator.
3. For 3.09 hours of care, the nursing home shall have the minimum staffing ratio as follows:
 - 15% Registered Nurses (RN)
 - 20% Licensed Practical Nurses (LPN)
 - And, up to 65% Resident Attendants (RA)
4. In addition to the 3.09 direct hours of care, the funded care hours include the following for a total of 3.3 hours of care:
 - 0.08 hours Rehabilitation
 - 0.13 hours Nursing Unit Clerk
5. The funded staffing ratio shall be reflected in the Master Schedule.
6. The nursing home must have a monitoring system in place that uses actual paid worked hours to ensure Section 18 (c) of Regulation 85-187 is being followed. Paid worked hours

indicate the number of hours worked by care staff on duty in the nursing home on a 24-hour basis.

Note:

The inspecting LO may consider up to a 5% variance between the LPN and RA ratio provided all measures of compliance are met. In addition, a risk analysis will be completed by the inspecting LO to support approval of this variance. The requirement for RN funded hours is non-negotiable.

Any temporary exception to this standard during the implementation of skills mix change must be approved by the Director of Nursing Home Services.

REFERENCE: [Nursing Homes Act](#)
[New Brunswick Regulation 85-187 under Nursing Homes Act](#)

TITLE: CARE PLAN	NUMBER: B-II-1
SECTION: II. COMPREHENSIVE CARE PLAN	PAGE: 1 of 4
ORIGINAL SIGNED BY: RASHMI HAWLEY Director Nursing Home Services	EFFECTIVE: October 25, 2022 LAST MODIFICATION: October 25, 2022

PURPOSE

To comply with section 14(1) (c) and (l) of the *Nursing Homes Act*, which states: “An operator shall keep a complete and up-to-date record for each resident from the time of admission to the time of discharge and the record shall include a comprehensive care plan, and any health care directives.”

To comply with section 2 of the Regulation 85-187, which states: “Care plan means a plan that establishes care objectives and prescribes an integrated program of actions to meet the medical, nursing, dietary, activation, and rehabilitation program, psycho-social and spiritual needs of a resident.”

To comply with section 18(a) of the Regulation 85-187, which states: “An operator shall ensure that in nursing homes with thirty beds or more, the care of each resident is carried out by or under the supervision of a registered nurse as directed by the attending physician, or as directed by a nurse practitioner.”

To comply with section 18(d) of the Regulation 85-187, which states: “An operator shall ensure that a comprehensive care plan is developed for each resident on admission, reviewed at least annually and evaluated on an ongoing basis.”

DEFINITIONS¹

Approved Electronic Care Planning System- The designated electronic system provided to all Nursing Homes. Currently this is the Momentum platform.

Assessment Reference Date (ARD) – The designated end point of the common observation period for items on the LTCF. Almost all LTCF items refer to the person’s status over a designated time period, generally 3 days. Only information on activities/status to the end of the ARD should be used in completing the assessment.

Assessment Completion – The date the LTCF assessment is completed using an approved interRAI assessment tool. For assessment completion, the LTCF assessment must be marked as complete and have a date signed as complete.

Preliminary Care Plan – In preparation for the comprehensive care plan, this temporary plan is developed to support the individual care needs of the resident newly admitted to the nursing home so as to ensure necessary interventions will provide continuity of care, safety, quality of care and

¹ Definitions utilized from interRAI Long-Term Care Facilities (LTCF) Assessment Form and User’s Manual, Version 9.1 (Canadian Edition).

compliance with care orders and directives. This plan shall be initiated within 24 hours of admission date.

Comprehensive Care Plan - includes a set of individualized interventions triggered within the domains of function, mental, spiritual and physical health, social, support and service use. It is designed to have input from the resident or designate and clinical professionals such as nurses, social workers, case managers, family physicians, dieticians etc. as appropriate for the resident. The comprehensive care plan shall be completed within 18 days of the admission date.

Clinical Assessment Protocols (CAPs)- person-level reports that flag persons who may be at risk of decline or who have potential for improvement.

InterRAI Assessment Instrument- consists of a data collection form, a user manual, triggers, clinical assessment protocols, and status and outcome measures.

Short-term Stay – an admission for temporary residency in a nursing home (i.e.: relief care bed) for the purpose of providing care to a person who has met the criteria for a relief care bed.

Significant Change- a significant change reassessment is required if a decline or an improvement is consistently noted in two or more areas that affect the resident's plan of care.

MEASURE OF COMPLIANCE

1. The Nursing Home shall ensure that policies and procedures are in place for establishing and maintaining care plans using an approved electronic care planning system platform.
2. Every resident shall have a current care plan based on the assessment completed using the approved interRAI assessment tool. Previous care plans for the resident must not be deleted and should remain accessible under the historical care planning section.
3. The nursing home shall, at minimum, use the interRAI Long-term Care Facilities (LTCF) Assessment and Care Planning System to evaluate the needs, strengths, and preferences of the resident in a variety of domains of function, mental, spiritual and physical health, social support, and service use, with the majority of the items serving as specific triggers for care planning.
4. A preliminary care plan shall be developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home.
5. For short-term stay residents (i.e.: using a relief care bed) a LTCF assessment is not required. A preliminary care plan may be used in place of the LTCF tool along with a complete medical history and physical exam. Upon discharge, a Discharge Tracking Only assessment shall be completed, which includes identification information, intake history and discharge components.
6. Data collection for the initial LTCF assessment shall be completed no later than the end of the 4th day of the resident's stay. Data entry into the approved interRAI assessment tool shall be completed within the next seven days. (See Appendix A for Timing of Assessments and Comprehensive Care Planning).
7. Comprehensive Care Plan shall be completed, within the approved electronic care planning system platform, no later than seven days after the completion of each LTCF assessment.

8. Routine assessments are completed every quarter within a maximum of 92 days from the previous LTCF assessment (See *Timing of Assessment and Comprehensive Care Planning B-II-1 G*).
9. When there is a significant change, data collection for a new LTCF assessment shall be completed by the end of the third day following the determination of the significant change. Data entry into the approved interRAI assessment tool shall be completed within the next seven days. (See *Examples of Significant Change Criteria B-II-1 G*)
10. The nursing home shall ensure that the care plan is reviewed and revised when there is a significant change in condition.
11. The comprehensive care plan must identify the resident and must include, at a minimum, the following:
 - a. Any risks the resident may pose to themselves including any risk of falling and interventions to mitigate those risks.
 - b. Any risks the resident may pose to others, including any potential behavioral triggers and safety measures to mitigate those risks.
 - c. The type and level of assistance required related to activities of daily living.
 - d. Customary routines and comfort requirements.
 - e. Known health conditions, including allergies and other conditions of which the nursing home should be aware upon admission, including interventions.
 - f. Skin condition, including interventions and treatments as required.
 - g. Diet orders, including food texture, fluid consistencies and food restrictions.
 - h. Activity pursuits indicating the amount and types of interests and activities the resident pursues or would like to pursue.
 - i. Rehabilitation opportunities indicating the resident and staff perceptions and observations of resident potential for improvement.
 - j. Any communication needs, including the resident's ability to hear, see, understand, and communicate with others; and,
 - k. Any health care directives including any particular measures for resuscitation.
12. The Nursing Home shall ensure that the comprehensive care plan is person-centered:
 - a. Is based on the up-to-date assessment of the resident and the needs and goals of care for the resident, including their preferences related to advanced care directives.
 - b. Identifies the planned care and outcomes for the resident.
 - c. Alternative approaches are used in care planning.
 - d. Provides clear directions to staff and others who provide direct care to the resident; and,
 - e. Is accessible to those providing direct care to the resident.
13. Every nursing home shall ensure an initial care conference with the multidisciplinary team providing a resident's care is held within 6 weeks following the resident's admission and, at the minimum, yearly thereafter. This care conference shall discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker (if any).
14. The nursing home shall ensure that the resident and the resident's substitute decision-maker, if any, shall be given an opportunity to participate fully in the conferences.

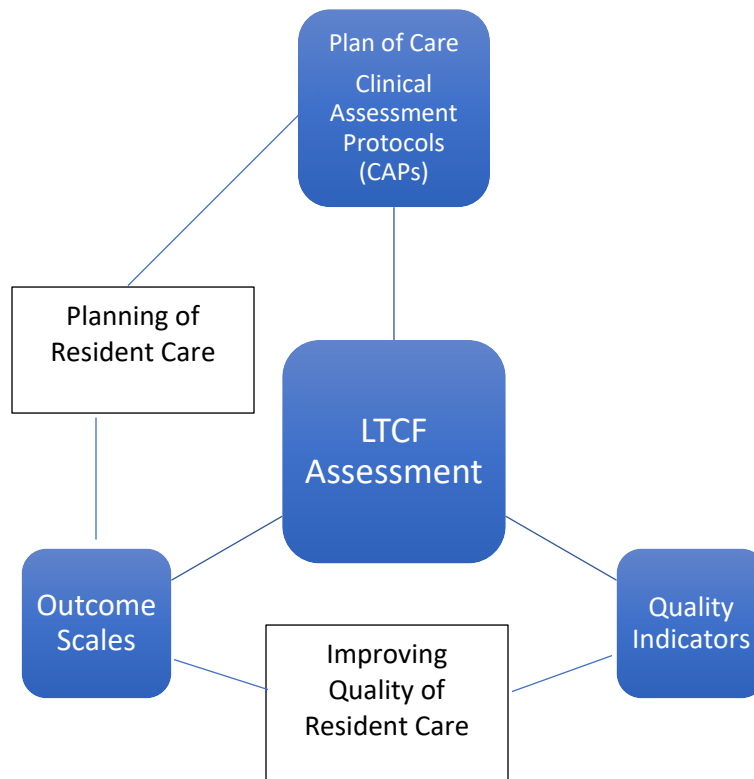
15. Every resident, his or her substitute decision maker and persons designated by either of them must be given the opportunity to participate in the development, implementation, reassessment and revision of the resident's plan of care.
16. The nursing home shall maintain a record of the care conference including the date, the participants and the results of the conference.
17. The Registered Nurse coordinates care delivery that includes the development of the comprehensive care plan, coordination and implementation of the plan, evaluating outcomes and interpreting data, and performing routine reassessments to determine if the objectives meet the care needs of the resident.
18. The Licensed Practical Nurse collaborates in the development, review and revision of care plans to address the resident's needs and preferences and to establish clear goals that are mutually agreed upon by the resident and the multidisciplinary care team.
19. The Assessment data shall be reported to Canadian Institute of Health Information (CIHI) as set out by their standards and requirements.

TITLE: COMPREHENSIVE CARE PLAN - GUIDANCE	NUMBER: B-II-1 G
SECTION: II. COMPREHENSIVE CARE PLAN	PAGE: 1 of 5
ORIGINAL SIGNED BY: RASHMI HAWLEY Director Adult Community Resources	EFFECTIVE: October 25, 2022 LAST MODIFICATION: October 25, 2022

PURPOSE

The following guidance aims to provide homes with information and resources specific to comprehensive care planning within the electronic care planning system platform and assist them to better understand the components of LTCF and how they represent the integrated health information system. The data generated from LTCF assessments contributes to providing resident centered care as well as understanding needs, prioritizing service delivery and monitoring quality of care.

It is highly recommended that individuals responsible for conducting LTCF assessments annually review interRAI LTCF learning modules within the Relias platform to ensure ongoing competence.



LTCF assessment data is gathered by means of daily flow sheets, medication administration records, chart notes and discussions with residents and their substitute decision makers. Whenever possible, resident and substitute decision maker interviews should be prioritized as a preferred data collection method.

Components of Assessment

The following list identifies each item within the interRAI LTCF Assessment Form:

A	Identification Information	K	Oral and Nutritional Status
B	Intake and Initial History	L	Skin Condition
C	Cognition	M	Activity Pursuit
D	Communication and Vision	N	Medications
E	Mood and Behaviour	O	Treatment and Procedures
F	Psychological Well-Being.	P	Responsibility and Directives
G	Functional Status	Q	Discharge Potential
H	Continence	R	Discharge
I	Disease Diagnosis	S	Assessment Information
J	Health Conditions		

Timing of Assessments and Comprehensive Care Planning

To facilitate discussion of timing for assessments, the following terms are defined²:

Assessment Reference Date (ARD) – The designated end point of the common observation period for items on the LTCF. Almost all LTCF items refer to the person’s status over a designated time period, generally 3 days. Only information on activities/status to the end of the ARD should be used in completing the assessment.

Assessment Completion – The date the LTCF assessment is completed using an approved interRAI assessment tool. For assessment completion, the LTCF assessment must be marked as complete and have a date signed as complete.

Comprehensive Care Plan- includes a set of individualized interventions triggered within the domains of function, mental, spiritual and physical health, social, support and service use. It is designed to have input from the resident or designate and clinical professionals such as nurses, social workers, case managers, family physicians, dieticians etc. as appropriate for the resident.

Type of Assessment	Timing of Assessment
1- First assessment	The ARD for the first assessment shall be Day 3 or Day 4 of the resident’s stay. The assessment must be completed no later than on the 11 th day of the resident’s stay. For example, if a resident is admitted on March 1st , the ARD would be March 4th at the latest and the first assessment must be completed no later than March 11th .
2- Routine assessment	The routine assessment shall be completed quarterly. The ARD shall be a maximum of 92 days following the ARD of the last completed assessment. For example, if the last ARD was March 1st , the ARD of the next routine assessment would be June 1st at the latest. It must be completed by June 8th .
3- Significant change in status reassessment	The ARD for a significant change in status reassessment shall be the end of Day 3 following the significant change. The assessment must be completed no later than 10 days following the significant change. For example, if a significant change in status occurred on March 1th , the

² Definitions utilized from interRAI Long-Term Care Facilities (LTCF) Assessment Form and User’s Manual, Version 9.1 (Canadian Edition).

Type of Assessment	Timing of Assessment
4- Discharge tracking only	<p>assessment reference date would be by March 3^h. The LTCF reassessment must be completed by March 10th.</p> <p>This assessment type is required in three situations:</p> <ol style="list-style-type: none"> 1. When any resident is discharged or becomes deceased and a "Discharge assessment" is not being completed. This is how the discharge information is reported to CIHI. 2. If one of the other types of assessments is in progress but the resident is discharged or deceased before the three days of observation can be completed, then the Assessment type should be changed to "Discharge Tracking Only" so the assessment can be completed without completing all sections. 3. This assessment type is also used for entering the minimal information required for short-stay residents. <p>The ARD shall be the discharge date. The assessment must be completed no later than 7 days following the ARD. For example, if a resident becomes deceased on March 1st, the assessment reference date would be March 1st and the LTCF assessment must be completed by March 8th.</p>

Examples of Significant Change Criteria

A significant change reassessment is required if a decline or an improvement is consistently noted in two or more areas that affect the person's plan of care or the care set out in the plan has not been effective.

Examples of decline	Examples of improvement
<ul style="list-style-type: none"> • Any decline in ADL physical functioning where a person is newly coded as a 4, 5, 6, or 8 (Extensive assistance, Maximal assistance, Total dependence, or Activity did not occur). • Person's decision making changes from 0 or 1 to 2, 3, 4, or 5. • Person's incontinence pattern changes from 0 or 1 to 2, 3, 4, 5, or 8, or begins to use a urinary collection device. • Emergence of an unplanned weight loss problem (5% change in 30 days or 10% change in 180 days). • Begin to use a trunk restraint or a chair that prevents rising for a person when it was not used before. 	<ul style="list-style-type: none"> • Any improvement in ADL physical functioning where a person is newly coded as 0, 1, 2, or 3 when previously scored as a 4, 5, 6, or 8. • Person's decision making changes from 3, 4, or 5, to 0 to 2. • Person's incontinence pattern changes from 2, 3, 4, or 5 to 0 or 1. • Overall improvement of person's condition / person receives fewer supports.

<ul style="list-style-type: none"> • Emergence of a condition/disease in which person is judged to be unstable. • Emergence of a pressure ulcer with a code of 2 or higher, when no ulcers were previously present at that stage or higher. • Overall deterioration of person's condition OR person receives more support (for example, in performing ADLs or in decision making). 	
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Clinical Assessment Protocols (CAPs)

CAPs are resident-level reports that identify residents who may be at risk of decline or who have potential for improvement. They are designed to assist the assessor to interpret systematically all of the information recorded on an assessment. They are the foundation upon which the care plan is formulated. The following 4 categories contain a total of 22 CAPs which may be triggered following an assessment:

<p>Functional Performance CAPs</p>	<ul style="list-style-type: none"> - Physical Activities Promotion - Activities of Daily Living - Physical Restraints
<p>Cognitive/Mental Health CAPs</p>	<ul style="list-style-type: none"> - Cognitive Loss - Delirium - Communication - Mood - Behaviour
<p>Social Life CAPs</p>	<ul style="list-style-type: none"> - Activities - Social Relationships
<p>Clinical Issues CAPs</p>	<ul style="list-style-type: none"> - Falls - Pain - Pressure Ulcer - Cardiorespiratory Conditions - Undernutrition - Dehydration - Feeding Tube - Prevention - Appropriate Medications - Tobacco and Alcohol Use - Urinary Incontinence - Bowel Conditions

Outcome Scales

Outcome scales are summary measure(s) that can be used longitudinally to monitor the resident's process in a given clinical area. Scale scores in each LTCF assessment describe a resident's status at time of assessment. When following a resident over time outcome scales provide insights into the impact of changes in health and functional status, and outcomes of care. The annual care conference is an opportunity to integrate outcome scales into the conversation as a form of validation and to illustrate changes in status which may have occurred within the last year of assessments.

Outcome scales embedded in the LTCF include³:

ABS Aggressive Behaviour Scale	DbSI Deafblind Severity Index Scale
ADL Long Form	DRS Depression Rating Scale
ADL Self-Performance Hierarchy Scale	FRS Fracture Risk Scale
ADL Short Form	interRAI PURS Pressure Ulcer Risk Scale
CHESS Changes in Health, End Stage Disease and Signs and Symptoms	Pain Scale
Communication Scale	RISE Revised Index of Social Engagement
CPS Cognitive Performance Scale	

Quality Indicators

Quality indicators are used to benchmark the performance of nursing homes with respect to processes and outcomes of care. They can identify potential problems in quality and can be utilized to guide continuous quality improvement efforts. Certain quality indicators from New Brunswick nursing homes are publicly reported on a regular basis. The use of quality indicator data can assist homes in examining their performance and identifying areas for improvement.

Resources

[Canadian Institute for Health Information | CIHI](#)

[Accessing Indicator Results on Your Health System: In Depth \(cihi.ca\)](#)

[Describing interRAI LTCF Outcome Scales \(cihi.ca\)](#)

[Relias - Province of New Brunswick \(reliaslearning.com\)](#)

REFERENCE: [Comprehensive Care Plan, Standard B-II-1](#)

³ Canadian Institute for Health Information. Describing interRAI LTCF Outcome Scales. Ottawa, ON: CIHI; 2021

TITLE: RESIDENT CARE	NUMBER: B-III-1
SECTION: III. RESIDENT CARE	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	EFFECTIVE: January 4, 2016

PURPOSE

To comply with section 40.1 of the Regulation 85-187 which states: “An inspector shall, during an inspection of a nursing home, visually examine, in accordance with requirements set by the Minister, one or more residents of the nursing home in order to assess the over-all health and well-being of the resident or residents and to determine if the resident or residents are receiving adequate care.”

MEASURE OF COMPLIANCE

1. The nursing home must ensure that residents are receiving adequate care. Therefore:
 - written policies and procedures are in place to guide staff in all matters regarding the care and or supervision of residents. The policies meet the needs of the residents and they are adequately communicated and implemented by staff.
 - individual care plan for every resident is maintained and followed.
 - care plans adequately guide employees in their duties to ensure residents are safe and their care needs are met.
 - records on nursing home matters and what is done to guide staff in ensuring the health and safety of residents are kept. Record keeping and reporting practices are in compliance with regulations.
 - enough trained and experienced staff is maintained to meet the needs of residents. All employees meet basic health and competency standards and are able to carry out their duties effectively.
 - residents are treated with respect and dignity.
 - residents are supported in exercising choice and control over their lives.
 - the rights of the residents are met. Those rights include their entitlement to feel safe, and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse.
 - the interactions between clients are managed to avoid incidents of abuse. The behavior management plans include the triggers that may cause one

client to harm another.

2. The nursing home must continually assess, plan, design and implement programs and services to meet the current and future needs of the residents in order to achieve the best possible outcome. The following programs are in place but not limited to:
 - Fall Prevention and Management Program
 - Skin and Wound Care Program
 - Pain Management Program
 - Continence Care and Bowel Management Program
 - Nutrition and Hydration Program
 - Behavior Management Program
 - Medication Management Program
3. The programs and services have a written description which include:
 - the goals and directives
 - the methods to reduce risks
 - the methods to monitor outcomes
 - the protocols for the referral of residents to specialized resources where required
4. Care audit demonstrates that the resident(s) receives adequate care to meet their over-all health and well-being.

TITLE: PHARMACEUTICAL CARE SERVICES	NUMBER: B-IV-1
SECTION: IV. MEDICATION MANAGEMENT	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: September 5, 2008

PURPOSE

To comply with section 21 (b) of the Regulation 85-187 which states: "An operator shall ensure that all medications in nursing homes with a rated capacity of thirty beds or more are purchased from one participating pharmacy in the form of the controlled dosage system in accordance with the physician's, pharmacist's or nurse practitioner's written prescription."

DEFINITIONS

Pharmacist means a person duly registered with the New Brunswick Pharmaceutical Society as a licensed pharmacist who holds a valid license authorized to practice pharmacy in New Brunswick.

Participating Pharmacy means a pharmacy operated by a pharmacist who is a participating provider under the Prescription Drug Payment Act, located in New Brunswick, and is under the personal superintendence of, managed, and conducted by a licensed pharmacist, and holds a valid certificate of accreditation (license) issued by the New Brunswick Pharmaceutical Society.

MEASURE OF COMPLIANCE

1. The Pharmaceutical Care Services provided by the pharmacy are in accordance with the requirements of the New Brunswick *Nursing Homes Act*.
2. Annually, a copy of the pharmacists' registration (licence) is obtained and retained on file in the nursing home.

TITLE: MEDICATION DISTRIBUTION SYSTEMS	NUMBER: B-IV-2
SECTION: IV. MEDICATION MANAGEMENT	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: September 5, 2008

PURPOSE

To comply with section 2 of the Regulation 85-187 which states: “Controlled dosage system means a unit dosage system which allows for the control and distribution of prescription and non-prescription drugs on an individual basis.”

To comply with section 21 (b) of the Regulation 85-187 which states: “An operator shall ensure that all medications in nursing homes with a rated capacity of thirty beds or more are purchased from one participating pharmacy in the form of a controlled dosage system in accordance with the physician’s, pharmacist’s or nurse practitioner’s written prescription.”

To comply with section 21(c), of the Regulation 85-187 which states, “An operator shall ensure that all prescribed medications are kept in containers supplied by the participating pharmacy bearing the original label on which shall be legibly recorded the prescription number, the name or content of the medication, the resident’s name, the directions for use, the prescriber’s name, the date of issue and the name of the pharmacy from which the medication was issued.”

DEFINITION

Unit dosage system means a medication packaging system that allows for the control of solid oral drug distribution to an individual resident.

MEASURE OF COMPLIANCE

1. Policies and procedures are in place for the drug delivery system and in accordance with the regulatory requirements of the *Nursing Homes Act*.
2. The system facilitates the control and distribution of all oral drug dosage(s) except liquids and other forms of medication that require dispensing in an alternative suitable system.

TITLE: RESIDENT IDENTIFICATION SYSTEM	NUMBER: B-IV-3
SECTION: IV. MEDICATION MANAGEMENT	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: September 5, 2008

PURPOSE

To comply with section 18(d) of the Regulation 85-187 which states: "An operator shall ensure that a comprehensive care plan is developed for each resident upon admission, reviewed at least annually and evaluated on an ongoing basis."

To comply with section 21(d) of the Regulation 85-187 which states: "An operator shall ensure that medication is not administered to any resident other than to the resident for whom such medication was prescribed."

MEASURE OF COMPLIANCE

1. The nursing home has:
 - a policy and procedure established to ensure that upon admission, the appropriate identification of each resident is completed within 24 hours;
 - prior to receiving a medication(s)/treatment(s), or in the event of evacuation, fire, elopement, etc., a procedure is established to ensure the resident is identified correctly.
 - the identification system for each resident is reviewed at least annually and more often when needed, to ensure it meets the needs of each resident for identification purposes.

TITLE: MEDICATION UTILIZATION	NUMBER: B-IV-4
SECTION: IV. MEDICATION MANAGEMENT	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: September 5, 2008

PURPOSE

To comply with section 18(d) of the Regulation 85-187 which states: "An operator shall ensure that a comprehensive care plan is developed for each resident upon admission, reviewed at least annually and evaluated on an ongoing basis."

MEASURE OF COMPLIANCE

1. There is documentation to verify that on a quarterly basis, the physician or nurse practitioner complete an evaluation of all prescriptions and non-prescription medications used by each resident.

TITLE: MEDICATION RECORDS	NUMBER: B-IV-5
SECTION: IV. MEDICATION MANAGEMENT	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 14(1)(e) of the *Nursing Homes Act*, which states: “An operator shall keep an up-to-date record for each resident from the time of admission until the time of discharge and the record shall include the following: medication and treatment sheets.”

MEASURE OF COMPLIANCE

1. The medication administration record must include, but not limited to the following:
 - the full name of the resident
 - diagnosis(s)
 - diet
 - allergies
 - adverse drug reactions
2. The medication/treatment administration records provided by the pharmacy reconcile with the prescriber’s orders.
3. Medication/treatment is recorded directly following the time of administration.
4. Any medication/treatment refused, omitted, withheld or destroyed is recorded at the time it occurs.
5. A master list is retained of the Registered Nurses, Licensed Practical Nurses and resident attendant original signatures, initials and the date obtained recorded. The master list is retained for 10 years.
6. Policies and procedures are in place for medication administration by Registered Nurses according to the NANB “Standards of Practice for Registered Nurses” and “Documenting Care Standards for Registered Nurses documents.”

7. Policies and procedures are in place for medication administration by Licensed Practical Nurses according to the ANBLPN and “Standards of Practice for Licensed Practical Nurses.”
8. Policies and procedures are in place for the delegation of medication administration to unregulated health care workers (resident attendants) according to the NANB “Delegating nursing tasks and procedures” position statement.

TITLE: STOCK MEDICATION COVERED BY PER DIEM RATE	NUMBER: B-IV-6
SECTION: IV. MEDICATION MANAGEMENT	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: September 05, 2008

PURPOSE

To comply with section 21 (h) of the Regulation 85-187 which states: "An operator shall ensure that subject to paragraph (a), there is a limited supply at the nursing home of only those most commonly used medications which are readily available without prescription at any commercial pharmacy."

MEASURE OF COMPLIANCE

1. There is a written policy of commonly used medications provided to a resident for occasional use that are included in the per diem rate.
2. There is evidence the resident/family is informed of the medications provided.
3. There is evidence the resident/family is informed of the responsibility for payment of any costs associated with the use of these medications on a regular basis, or for a preferred brand not covered in the per diem rate.
4. The minimum medications made available are:
 - Analgesic
 - Antitussive
 - Antiacid
 - Laxative
 - Antidiarrheal
 - Lozenges, Sore Throat and Cough
 - Antiemetic
 - Stool Softener
 - Antiflatulent
 - Antipyretic
5. There is an authorizing mechanism; order, directive or protocol by a prescriber with ordering authority for the administration of each medication.
6. There is documentation the medications are reviewed at least annually.
7. If a resident is unable to pay the costs associated for the regular use of non-prescription medications refer to Management Directive MD-B-7.

TITLE: EMERGENCY MEDICATIONS	NUMBER: B-IV-7
SECTION: IV. MEDICATION MANAGEMENT	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: September 5, 2008

PURPOSE

To comply with section 21(i) of the Regulation 85-187 which states: "An operator shall ensure that subject to paragraph (a) there is for use in emergency situations at the nursing home a limited supply of prescription medications as determined necessary by a physician, a pharmacist, a nurse practitioner who is employed by the nursing home, if any, the nursing home's administrator, the nursing home's director of nursing and a participating pharmacy."

MEASURE OF COMPLIANCE

1. The nursing home must have a written policy of commonly used emergency medications. Those are included in the per diem rate.
2. Commonly used emergency medications are available in small quantities which may include, but not limited to:
 - Antidiabetic
 - Anticonvulsant
 - Antianginal
 - Bronchodilator
 - Diuretic
 - Sympathomimetic
3. Where possible, the medications are packaged in a controlled dosage system.

TITLE: SELF ADMINISTRATION OF MEDICATION	NUMBER: B-IV-8
SECTION: IV. MEDICATION MANAGEMENT	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 21(e) of the Regulation 85-187 which states: “An operator shall ensure that no resident keeps or is permitted to keep medication on his or her person or in his or her room unless authorized by the resident’s attending physician, a pharmacist, a nurse practitioner or a nurse under such conditions as he or she may impose.”

To comply with section 21(j) of the Regulation 85-187 which states: “An operator shall ensure that medications are stored in locked cabinets and prepared in an appropriately equipped area.”

MEASURE OF COMPLIANCE

1. There is a policy and procedures specifying the criteria that must be met before a resident can be authorized to self-administer medication.
2. Criteria must include the resident’s competency and resident’s agreement to self-administer medication.
3. An authorization by attending physician, a pharmacist, a nurse practitioner or a nurse is on resident’s chart.
4. The medication(s) authorized for self-administration is indicated on Medication Administration Record (MAR)
5. The written consent of the resident is obtained and kept on the resident record.
6. There is a cabinet, drawer, or container that is kept locked at all times to store the medication(s) in the resident’s room.
7. When medication(s) for self-administration is kept on a resident’s person, it cannot be accessed by other residents.
8. The medication(s) authorized for self-administration is revised in the quarterly drug review, and as required.

TITLE: CONTROLLED DRUGS AND SUBSTANCES	NUMBER: B-IV-9
SECTION: IV. MEDICATION MANAGEMENT	PAGE: 1 of 3
ORIGINAL SIGNED BY: SCOTT GREEN Director Nursing Home Services	EFFECTIVE: February 14, 2018

PURPOSE

To comply with section 2 of the Regulation 85-187 which states: “Controlled dosage system means a unit dosage system which allows for the control and distribution of prescription and non-prescription drugs on an individual basis.”

To comply with section 21 (b) of the Regulation 85-187 which states: “An operator shall ensure that all medications in nursing homes with a rated capacity of thirty beds or more are purchased from one participating pharmacy in the form of a controlled dosage system in accordance with the physician’s, pharmacist’s or nurse practitioner’s written prescription.”

To comply with section 21 (c) of the Regulation 85-187, which states: “An operator shall ensure that all prescribed medications are kept in containers supplied by the participating pharmacy bearing the original label on which shall be legibly recorded the prescription number, the name or content of the medication, the resident’s name, the directions for use, the prescriber’s name, the date of issue and the name of the pharmacy from which the medication was issued.”

To comply with section 21 (f) of the Regulation 85-187, which states: “Any unused medication remaining upon the death of the resident for whom it was prescribed, or any medication, discontinued permanently, is returned to the pharmacy from which the medication was issued.”

To comply with section 21 (g) of the Regulation 85-187, which states: “Any unused medication remaining to a resident upon his transfer or discharge is taken with the resident if so approved by the resident’s attending physician, a pharmacist, a nurse

practitioner or a nurse or is returned to the pharmacy from which the medication was issued.”

To comply with section 21 (j) of the Regulation 85-187, which states: “Medications are stored in locked cabinets and prepared in an appropriately equipped area.”

DEFINITION

Unit dosage system means a medication packaging system that allows for the control of solid oral drug distribution to an individual resident.

Controlled drug and substance means any type of drug or substance that the federal government has categorized as having a higher-than-average potential for abuse or addiction and is included in the Schedule I, II, III, IV or V of the Canadian Controlled Drugs and Substances Act (amended on May 18, 2017).

MEASURE OF COMPLIANCE

1. The Nursing Home shall ensure that policies and procedures are in place for the storage and inventory of controlled drugs and/or substances.
2. The Nursing Home is responsible for taking necessary steps to ensure the security and storage of the controlled drugs and/or substances.
3. Records shall be kept in a manner that:
 - a. permits the tracking of controlled drugs and/or substances
 - b. details the count and wastage specific to each medication
 - c. enables the oversight for the purpose of an audit or investigation
 - d. allows the detection of any loss or theft within 10 days of the occurrence so it can be reported to the proper authorities.
4. Counting a controlled drug or substance shall be performed by two people, one of which shall be a licensed health professional such as a registered nurse (RN) or a licensed practical nurse (LPN).
5. The Nursing Home shall maintain a master list of the original signatures and initials of the registered nurses, licensed practical nurses (LPN) and resident attendants. (any staff assisting in medication count).
6. The person responsible for the medication handling, the administration records(MAR) (i.e., RN or LPN) and/or transcribing of medications (i.e., Pharmacist or RN/LPN) shall ensure the following information is on the MAR:
 - a. The name of the resident to whom the controlled drug is administered.
 - b. Date of the order.

- c. Name of the medication (preferably generic) and the strength, quantity and concentration where applicable and the date on which it was received from the pharmacy.
 - d. The dosage of the controlled drug or substance and the route.
 - e. The dosage with instructions for use, including frequency interval or maximum daily dose and, in some cases, the duration the drug is to be administered.
 - f. Signature and professional designation of the receiving professional (including returns to the pharmacy).
7. If a prescribed dosage is unavailable and a partial dosage is used to meet the amount required, the wastage shall be discarded by a licensed health professional, witnessed and recorded as per licensing body standards and in compliance with federal regulations.
 8. For returns to a pharmacy, the remaining drug shall be returned with the final count sheet and witnessed signatures obtained by RN or LPN or pharmacist.
 9. For deceased residents, the controlled drug and/or substance shall be returned to the pharmacy along with the record of count and witnessed signatures obtained by RN or LPN or pharmacist specific to that resident.
 10. For residents who transfer to another care site or discharge, any unused medication may be taken by the resident if so approved by the resident's attending physician, a pharmacist, a nurse practitioner or a nurse, or it is returned to the pharmacy from which the medication was issued.
 11. Controlled drugs and substances shall be stored in a locked area used for conducting professional practice and in place where only authorized employees have access (i.e. Locked Medication Room).
 12. In addition to the locked medication room, controlled drugs and substances shall be stored in a locked container or cabinet as designated by the Nursing Home.
 13. The Nursing Home shall have within the controlled drug and/or substance policy procedures for managing drug discrepancies, a procedure for tracking discrepancies.
 14. Any loss or theft of a controlled drugs and substance must be reported to Director of Care via the incident report tracking system within 24 hours. A review of the incident report for contributing factors and recommendations for future prevention shall be completed by the Director of Care within 72 hours of receipt of the incident report.
 15. Should it be determined that a theft or abuse of a controlled substance or drug has occurred, the Director of Care shall notify the Liaison Officer and Nursing Home Services. Further discussion may include notifying policing authorities for a further investigation and follow up actions.

TITLE: PHYSICIAN SERVICES – RESIDENT	NUMBER: B-V-1
SECTION: V. PHYSICIAN SERVICES	PAGE: 1 of 2
APPROVAL: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: June 30, 2004

PURPOSE

To comply with section 14(1) (d) of the *Nursing Homes Act*, which states: “An operator shall keep a complete an up-to-date record for each resident from the time of admission to the time of discharge and the record shall include the following: physician’s, pharmacist’s, nurse practitioner’s and dentist’s notes and orders.”

To comply with section 2, of the Regulation 85-187 which states: “Physician means a person duly registered under the laws of the Province as authorized to practice medicine in the Province.”

To comply with sections 19(a), 19(b) and 19(d), of the Regulation 85-187 which states: “An operator shall ensure that

- (a) an attending physician is appointed to be responsible for the care of resident on admission and shall be either the resident’s regular physician or a physician appointed by the operator with the consent of the resident or his legal representative,
- (b) the services of a physician are available at all times upon request,
- (d) where a resident dies in a nursing home the resident’s attending physician as appointed under paragraph (a) shall be notified, and he shall prepare a written report indicating the cause and time of death to be entered into the deceased resident’s medical record.”

To comply with section 22 of the Regulation 85-187 which states: “The medical record of a resident shall contain the following:

- (a) the date, time and findings of an examination and treatment; and
- (b) confirmation in writing of all verbal orders for treatment, medications or other medical procedures.”

MEASURE OF COMPLIANCE

1. The physician provides regular visits to the nursing home for the purpose of providing medical services to the residents under his/her care, which include the following:

- Completion of the admission procedure and participation in the development of a comprehensive plan of care for each new resident as soon as possible after admission,
- Provision of medical care as requested by the home for each resident,
- Documentation of participation in regular reviews of medication and plans of care for residents.

REFERENCE: [*Physician Services - Resident Contract Guidelines B-V-1 G*](#)

TITLE: PHYSICIAN SERVICES – CONTRACT GUIDELINE	NUMBER: B-V-1 G
SECTION: V. PHYSICIAN SERVICES	PAGE: 1 of 4
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

Arrangements with all physicians, providing individualized medical care, should be formalized in a contract. To assist nursing homes in preparing these contracts, Nursing Home Services has designed a format for service agreements. Nursing homes may use these as guidelines in preparing their individual contracts.

Note: Nursing homes may have a house physician who is compensated by *sessional hours* and/or the resident's own physician who bills *fee for service* to Medicare.

General Principles:

1. The physician will offer professional services to residents according to the philosophy, objectives, policies and regulations of the nursing home.
2. The physician must be registered to practice in the Province of New Brunswick by the New Brunswick College of Physicians and Surgeons.
3. The physician must exercise his/her profession in accordance with municipal, provincial and federal regulations that apply to the nursing home and the physician.

Duties/Responsibilities of the House Physician

The House Physician:

- I. Provides medical services for each resident placed under his/her care, and those under the care of other physicians, where required.
- II. Obtains a complete medical history and conducts a physical examination of each resident under his/her care and record both on the resident's medical record within fifteen days following admission.

- III. Is an active member of the multidisciplinary care team. As such, he/she shall be involved in the development and review of care plans for residents under his/her care.
- IV. Participates in the review of medications for residents under his/her care every 3 months.
- V. Agrees to complete all medical documentation required by the nursing home for each attendance upon a resident. This documentation will include:
 - written, signed orders for all medications and treatments, including application of restraints and therapeutic diets, where needed.
 - progress notes indicating the date, time and findings of examinations and treatments performed.
- VI. Agrees to prepare a written report for the chart indicating the time and cause of death of all residents under his/her care who expire in the nursing home.
- VII. Agrees to visit the nursing home on a regular basis each week, at mutually acceptable times, namely _____.
- VIII. In addition to these regularly scheduled visits, agrees to be available at all times for urgent medical services for residents under his/her care, or arrange and notify the nursing home of alternate coverage in his/her absence.
- IX. Holds meetings, as necessary, with the administrative staff to discuss topics of interest and concern relating to the care of the residents.
- X. Provides medical advice on clinical and administrative matters to the staff, Administrator and Board of the nursing home, if and when requested.
- XI. In co-operation with administration, advises on and participates in staff in-service education programs.
- XII. Contributes to the development of the staff health program, as required.
- XIII. Any attending physician appointed to care for a resident with consent of the resident or legal representative must meet the same requirements, duties and responsibilities as outlined in the contract of the house physician.

Duties/Responsibilities of the Nursing Home

The Nursing Home:

- I. Determines with the Department of Health – Medicare branch, the maximum amount of time and services that will be allowed weekly for the sessional arrangement in the nursing home. Payment of sessional fees to the House Physician is based upon actual time spent in the nursing home and not the number of residents visited.
- II. Agrees to provide sessional fees to the House Physician based upon agreements concluded between Medicare and the New Brunswick Medical Society and ensures that the Manual Billing Form and the weekly Physician Services Report are filled properly. Medicare shall pay these fees in monthly instalments. When a House Physician is requested by the nursing home to provide an emergency visit to a resident or a new admission examination for a resident on whom he/she did not perform a pre-admission examination, **and if the service is rendered outside of sessional hours**, the physician is to bill Medicare directly on a fee-for-service basis.
- III. Agrees to notify the House Physician or his/her designate of any of their residents requesting medical attention or for whom the nurse in charge considers to be in need of such attention. Immediate notification will be provided in the case of serious illness or accident involving a resident under his/her care.
- IV. Agrees to notify the House Physician when periodic examinations and medication reviews are due.
- V. Agrees to notify the House Physician when his/her attendance or input at committee meeting is required.
- VI. Provides such materials as it considers necessary for physicians' orders, progress notes and records of examinations.
- VII. The nursing home agrees to notify the House Physician without delay concerning any changes in Board policies, which may affect his/her practice in the nursing home.
- VIII. Refer to
 - Practitioner Liaison Services at (506) 444-5876 or (506) 826-6095
 - or
 - New Brunswick Medical Society at (506) 458-8860 for allowable billing codes.

Terms of the agreement

- The term of this agreement shall be for a period not exceeding one (1) year, renewable yearly by mutual agreement of the parties hereto and shall be in effect starting _____ until _____.
- This agreement may be terminated by either party on 30 days written notice.

THIS AGREEMENT made this _____ day of _____, 20_____.

BETWEEN:

(ADMINISTRATOR)

(BOARD CHAIRMAN)

AND

(M. D.)

TITLE: RESTRAINT USE - PHYSICAL	NUMBER: B-VI-1
SECTION: VI. RESTRAINT USE	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 20 (1) of the Regulation 85-187 which states: “An operator shall ensure that a device for restraining a resident shall only be applied

- (a) when necessary to protect the resident from injury to himself or others, and
- (b) on the written order of a physician, nurse or nurse practitioner who has attended the resident and approved the device as appropriate for its intended use.”

To comply with section 20 (3) of the Regulation 85-187 which states: “Where a device for restraining a resident is applied, the device shall

- (a) be designed so as not to cause physical injury to the resident,
- (b) be designed so as to cause the least possible discomfort to the resident,
- (c) be examined at least every two hours by a registered nurse or some other person on the direction of the nurse, and
- (d) be applied in such a manner that quick release of the restrained resident can be affected by staff.”

DEFINITION

Physical restraints: Any physical or mechanical device, material or equipment attached or adjacent to the person’s body that the person cannot remove easily and that restricts the person’s freedom of movement or normal access to his or her body.

“Remove easily” means that the physical or mechanical device, material, or equipment can be removed intentionally by the resident in the same manner as it was applied by the staff (e.g., side rails are put down or not climbed over, buckles are intentionally unbuckled), considering the resident’s physical condition and ability to accomplish his or her objective (e.g., transfer to a chair, get to the bathroom in time).

“Freedom of movement” means any change in place or position for the body or any part of the body that the person is physically able to control or access.

Note: It is the **effect** the device has on the person that classifies it as a restraint, not the name or label given to the device, nor the purpose or intent of the device.

MEASURE OF COMPLIANCE

1. Policies are in place to address risks to the residents' health and safety which include:
 - A list of approved physical restraints for use in the home,
 - Provision of ongoing in-service education to demonstrate proper application of each restraint,
 - Ongoing assessment, monitoring, evaluation of restraint use.

2. Consent and review processes are in place which include:
 - Documentation supporting the use of lesser interventions attempted previously,
 - Documentation identifying the potential risk of injury to the resident or others, supporting the use of the restraint,
 - Documentation of an interdisciplinary process relating to the decision to use a restraint to include the resident/next of kin or legal representative,
 - Documentation of resident/next of kin/legal representative/consent for the use of restraint,
 - Documentation at least monthly, for the continued need for a restraint.

3. Procedures are in place to address risks to the residents' health and safety which include:
 - The application of each restraint is according to manufacturer's specifications,
 - The application of each restraint is according to care plan which described:
 - type of restraint,
 - reason for the application, when and how to use it,
 - frequency of examination of the resident and the restraining device,
 - frequency of evaluation for the continued need for a restraint,

 - The staff has the ability to quickly release a restrained resident,

 - The documentation shows that the resident and the restraining device are examined at least every two (2) hours by a registered nurse or some other person on the direction of the nurse.

TITLE: ACTIVATION	NUMBER: B-VII-1
SECTION: VII. ACTIVATION / REHABILITATION	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	EFFECTIVE: January 4, 2016

PURPOSE

To comply with section 24 of the Regulation 85-187 which states: "An operator shall ensure that appropriate activation and rehabilitation programs are provided to residents."

MEASURE OF COMPLIANCE

1. The nursing home must have a written description of the program that includes its goals and objectives.
2. The program must be evaluated and updated at least annually.
3. The Activation program must include:
 - The development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends,
 - Recreational and social activities that meet the interest of all nursing home residents including residents with cognitive impairment and residents who are unable to leave their rooms,
 - Recreation and social activities that include a range of indoor and outdoor recreation, that benefit all residents of the home and reflect their interests,
 - Opportunities for residents and family to input into the development and scheduling of recreation and social activities,
 - Assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently.
4. The nursing home must ensure that any actions taken with respect to a resident under the program, including assessments, reassessments, interventions and the resident's responses to interventions are documented in the resident's record.

TITLE: REHABILITATION	NUMBER: B-VII-2
SECTION: VII. ACTIVATION/ REHABILITATION	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	EFFECTIVE: January 4, 2016

PURPOSE

To comply with section 24 of the Regulation 85-187 which states: "An operator shall ensure that appropriate activation and rehabilitation programs are provided to residents."

MEASURE OF COMPLIANCE

1. The nursing home must have a written description of the program that includes its goals and objectives and provides for the methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.
2. The program must be evaluated and updated at least annually.
3. The nursing home must ensure that where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.
4. The nursing home must ensure that mobility devices, including wheelchairs, walkers and canes, are provided to residents who require them on a short-term, long-term basis in order for them to participate in the rehabilitation program.
5. The nursing home must ensure that any actions taken with respect to a resident under the program, including assessments, reassessments, interventions and the resident's responses to interventions are documented in the resident's record.

TITLE: SPIRITUAL AND PSYCHO-SOCIAL NEEDS	NUMBER: B-VIII-1
SECTION: VIII. SPIRITUAL AND PSYCHO-SOCIAL NEEDS	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	EFFECTIVE: January 4, 2016

PURPOSE

To comply with section 2 of the Regulation 85-187 which states: "Care plan means a plan that establishes care objectives and prescribes an integrated program of actions to meet the medical, nursing, dietary, activation and rehabilitation program, psycho-social and spiritual needs of a resident."

To comply with section 18(d) of the Regulation 85-187 which states: "An operator shall ensure that a comprehensive care plan is developed for each resident upon admission, reviewed at least annually and evaluated on an ongoing basis."

MEASURE OF COMPLIANCE

1. The nursing home must ensure that the spiritual and psycho-social needs are included in the comprehensive care plan for each resident upon admission.
2. The nursing home must ensure that the spiritual and psycho-social needs are reviewed at least annually.
3. The nursing home must ensure that the spiritual and psycho-social needs are evaluated on an ongoing basis.

TITLE: FOOD SAFETY AND QUALITY	NUMBER: B-IX-1
SECTION: IX. FOOD SERVICES	PAGE: 1 of 4
ORIGINAL SIGNED BY: JANET P THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: March 13, 2009

PURPOSE

To comply with section 11 of the Regulation 85-187 which states: “An operator shall ensure that the buildings, equipment and surroundings of a nursing home are maintained in a clean, neat and safe condition.”

MEASURE OF COMPLIANCE

1. A copy of the most recent Food Safety Code of Practice is readily available for all staff and used in the development of Policy and Procedures.
2. A food safety program is in place and shall consist of :
 - Policies and procedures development must include but not limited to:
 - A. The danger zone and potentially hazardous foods
 - B. Hot Food temperature controls – cooking, hot holding and reheating
 - C. Cold food temperature control – cooling, cold holding
 - D. Refrigeration temperature checks
 - E. Hand washing /personal hygiene
 - Temperature log sheets
 - Food service personnel are provided with food safety training and are updated on a regular basis.
 - Food products are handled throughout storage, preparation, service and presentation in a manner that prevents contamination.
 - A written sanitation program (cleaning schedule) is in place and monitored
3. Time and Temperature Controls:
 - There is documentation of time and temperatures of hot food items:
 - A. Final cooking time
 - B. Temperature and time of hot food items prior to serving first plate
 - C. Time of final plate served
 - D. Process not to exceed 2 hours
 - E. Hot holding temperature standard – 140°F (60°C) or higher.
 - F. Documents are kept on file for the previous 6 months.
 - G. Upper limits are determined by each home using [Food Temperature Standards and Controls – Hot/Cold Holding](#) as reference.

4. There is documentation of time and temperature of POTENTIALLY hazardous Foods.
 - Cold food items:
 - A. Time food items were removed from cold holding unit
 - B. Temperature of cold food item at the point of service
 - C. Cold Holding temperature standard – 40°F (4°C) or lower
 - D. Documents are kept on file for the previous 6 months.

5. There is documentation:
 - Indicating fridge and freezer temperatures are monitored twice daily. (Standard: Fridge temperature maintained at 2-4°C 36-40°F and freezer temperature maintained at -18°C or 0°F or less). Documents are kept on file for the previous 3 months.
 - At the point of consumption:
 - A. Temperatures are recorded for the last meal served.
 - B. Test each meal period (breakfast lunch and supper) at least once monthly on alternative care units.
 - C. An increase in frequency of audits and or frequency of temperature checks throughout the meal service is noted when there is a problem attaining and maintaining temperatures.
 - D. Different diets and texture modifications are tested.
 - E. Documentation is kept for one year.
 - F. Meals served in the dining room are tested monthly.
 - G. Standard:
 - Hot food – at least 55°C/130° F or slightly higher
 - Hot purees, cream soup, hot cereals – 50-55°C/120-130°F, or slightly higher
 - Cold food (potentially hazardous) - 10°C/50°F or lower

6. Food Service Establishment License posted and inspection report is readily available.

REFERENCES: [Food Temperature Standards and Controls – Hot/Cold Holding](#)

[Potentially Hazardous Foods](#)

DC Gerontology Network, July 2007, Food Service Code of Practice, CRFA 2005, Advanced Fst., TrainCan, 2001.

Food Temperature Standards and Controls - Hot/Cold Holding

Hot foods should leave the kitchen or nutrition center (steam table/hot holding unit):

- at or above 60°C (140°F)

Cold foods should leave the kitchen or nutrition center:

- at or below 4°C (40°F)

The established temperature controls for **when food received by the resident** (point of consumption) are:

- 55°C (130°F) or slightly higher for regular textured hot foods
- 50-55°C (120-130°F) for pureed hot foods
- 10°C (50°F) or lower for cold foods

To ensure food temperatures when received by the resident meet the above-established controls, foods may have to be maintained at a higher temperature in the hot holding unit/lower temperature in the cooler.

TARGET TEMPERATURE CONTROLS FOR SPECIFIC FOODS AT THE HOLDING UNIT ARE:

Foods	Target Temperature Celsius	(Fahrenheit)
Hot Foods		
Casserole/Chili	70°C	(160°F)
Casserole – Pureed	70°C	(160°F)
Sliced meat	66°- 70°C	(150°- 160°F)
Vegetables	70°- 76°C	(160°- 170°F)
Mashed Potatoes	70°C	(160°F)
Hot Cereals (oatmeal, cream of wheat)	74°C	(165°F)
Egg (poached, fried)	63°C	(145°F)
Hot Milk	74°C	(165°F)
Coffee	74°- 80°C	(165°- 175°F)
Soup (includes pureed) - cream	80°C	(175°F)
Soup (includes pureed) - broth base	85°C	(185°F)
Juice of meat	80°C	(175°F)
Gravy	70°C	(160°F)
Cold Foods		
'Cold' meat slices	<4°C	(<40°F)
Fruits	4°C	(40°F)
Salads	4°C	(40°F)
Milk/Yogurt	3°- 4°C	(38°- 40°F)

Potentially Hazardous Foods



Foods or products containing the following foods are considered potentially hazardous. They are especially vulnerable to microorganisms that are the major cause of food-borne illness. Special care should be taken with every potentially hazardous food on the menu, at each stage of its preparation:

- Meats (beef, pork, lamb, veal, and other red meat)
- Poultry (chicken, turkey, duck, goose)
- Fish and shellfish (oysters, scallops, mussels, clams)
- Edible crustacea (such as crabs, shrimp, lobster)
- Milk and milk products (such as cream soups, cheese, sauces, yogurt, ice cream, puddings, cream-filled baked goods)
- Eggs and egg products (shell eggs, liquid pasteurized eggs, custard)
- Cooked vegetable products (such as potato salad)
- Tofu or other soy-protein foods (such as textured soy protein used as hamburger supplement)
- Plant foods that have been heat-treated (such as beans, rice, and pasta)
- Raw seed sprouts (such as alfalfa, beans, and others)

Source: *Adapted from Food and Safety Assurance Program: Development of Hazard Analysis Critical Control Points; Proposed Rule. 21 CFR, Ch. 1, 1994. Food and Drug Administration.*

TITLE: NUTRITION CARE PLAN	NUMBER: B-X-1
SECTION: X. RESIDENT DIETARY NEEDS	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: March 13, 2009

PURPOSE

To comply with section 18 (d) of the Regulation 85-187 which states: “An operator shall ensure that a comprehensive care plan is developed for each resident upon admission, reviewed at least annually and evaluated on an ongoing basis.”

To comply with section 23(e) of the Regulation 85-187 which states: “An operator shall ensure that the service of food in a nursing home is in accordance with the following requirements: therapeutic special diets shall be served to a resident as and when ordered by his physician or a nurse practitioner employed by the nursing home and such diets shall be recorded on the resident’s medical record.”

To comply with section 14 (1) (h) of the *Nursing Homes Act* which states: “An operator shall keep a complete up-to-date record for each resident from the time of admission to the time of discharge and record shall include special dietary requirements or problems.”

MEASURE OF COMPLIANCE

1. Basic admission nutritional information is identified and processed within 24 hours of admission including diet order, food preferences, allergies, intolerances, food and fluid texture, adaptive aides, height and weight.
2. There is documentation present on the residents’ record indicating completion of an admission nutritional assessment conducted by a registered dietitian. Within 3 weeks or less, the assessment must include, but not limited to, the following:
 - residents social, medical and diet history
 - subjective data – likes, dislikes, allergies and intolerances
 - clinical appraisal – diet, texture, height, weight, BMI
 - laboratory values (if available)
 - pertinent medications
 - eating disabilities, hydration, skin integrity, bowel function
 - assessment of nutritional risk
 - intervention, desired outcomes, date for follow-up

3. There is documentation on the residents' record indicating an annual review has been completed by a registered dietitian. This review must include, but not limited to, the following:
 - changes in nutritional health
 - percentage change in weight
 - diet and textural changes
 - medication changes
 - recent pertinent laboratory values
 - intervention/desired outcomes/date of follow up
4. Initial and annual follow up nutritional assessments are charted in the resident's records and charting is indicated in the progress notes ie – "Refer to All profiles within the dietary department as well as computerized care plans are updated to reflect current nutritional profile.
5. Therapeutic diets are ordered by the **doctor, or a nurse practitioner and registered dietitian in consultation with doctor and nurse practitioner** and recorded in the residents chart. Texture and fluid consistencies are ordered by the registered dietitian as indicated in residents nutritional care plan.
6. Upon completion of the nutritional care plan, adjustments may be made to the residents menu based on residents' age, weight, intake, physical activity, physiological function and therapeutic and textural needs.

REFERENCE: *Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes. DC – June 2007.*

TITLE: MENU PLANNING/CYCLE MENU	NUMBER: B-X-2
SECTION: X. RESIDENT DIETARY NEEDS	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: March 13, 2009

PURPOSE

To comply with section 23 of the Regulation 85-187 which states: “An operator shall ensure that the service of food in a nursing home is in accordance with the following requirements:

- (a) the basic daily dietary requirements for each resident shall be provided in accordance with the nutritional standards developed by the Department of National Health and Welfare and known as Canada Food Guide, and shall be supplemented to meet the nutritional needs of the individual residents;
- (b) a minimum of three week cycle menu prepared at least a week in advance shall be posted in the dietary department serving the nursing home and copies of the menu shall be retained on file for a period of at least three months, and any changes or substitutions thereto shall be noted on the menu;
- (c) menus shall be prepared so that a satisfactory variety of food is offered to residents in order that nutritional and dietary needs and problems may be satisfied.”

MEASURE OF COMPLIANCE

1. The balanced menu, consisting of 3 meals/day and beverages as well as afternoon and evening (nutrient dense) snacks is developed using Canada’s Food Guide as a reference in sufficient qualities to meet his/her nutrition needs and ensure adequate hydration. Residents have the ability to choose food items from the menu according to their personal preferences. Separate nourishment/snack lists must be up to date and compliment the menu. Textural variations are recorded on the menu if they differ from the regular menu item.
2. All menus, snacks and nourishments provided to the residents are approved by a registered dietician and documented as such.
3. Dieticians working in Nursing homes shall use the most current diet manual of clinical dietetics and the most recent clinical practice guidelines endorsed by Dietitians of Canada, and/or the Ordre professionnel des diététistes du Quebec.
4. The minimum 3-week cycle menu is produced. Menus are to be posted in the main kitchen as well as on satellite units to reflect the current week in operation as

well as one week in advance. Residents and family must have access to menu information.

5. Menu changes made to the master posted menu (entrée, vegetable, dessert) due to shortages, holidays, mishaps, or theme days are recorded on the menu or production sheet, which contain daily menu items and kept on file for 3 months.
6. Menu Substitutions (2nd choice) are offered, recorded in the menu and kept on file for 3 months. Individual resident substitutions may be recorded for monitoring purposes where necessary.

REFERENCES: *Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes. DC – June 2007.*

NB Dept of Health's Food and Nutrition Services Best Practice Guidelines for Hospitals, 2005

TITLE: MEAL TIME	NUMBER: B-X-3
SECTION: X. RESIDENT DIETARY NEEDS	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: March 13, 2009

PURPOSE

To comply with section 23 (d) of the Regulation 85-187 which states: “An operator shall ensure that service of food in a nursing home is in accordance with the following requirements: at least three meals shall be served to residents each day at regular times and at reasonable hours and there shall be no more than a fifteen-hour period between a substantial supper and breakfast and supplementary feeding shall be provided as required.”

MEASURE OF COMPLIANCE

1. There is documentation that residents are consulted regarding their preference of mealtimes.
 - Mealtimes are then determined according to residents’ preferences to best suit the preferences of the majority, adhering to the 15 hour regulation. Where residents choose to dine earlier or later, such a request is documented on the care plan.
2. Need for additional or enhanced supplementation for individual residents to prevent or treat malnutrition shall be determined by the dietitian.
3. Residents who require total assistance with meals should be served supper later if breakfast meal is served later.
4. An audit process is in place to assure this standard is being adhered to.

REFERENCE: *Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes. DC – June 2007.*

C. HUMAN RESOURCES

TITLE: NURSING HOME EMPLOYEES	NUMBER: C-I-1
SECTION: I. NURSING HOME EMPLOYEES	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	EFFECTIVE: January 4, 2016

PURPOSE

To comply with section 18(a) and (c) of the Regulation 85-187 which states: "An operator shall ensure that

- (a) in nursing homes with thirty beds or more, the care of each resident is carried out by or under the supervision of a registered nurse as directed by the attending physician, or as directed by a nurse practitioner.
- (c) in addition to the registered nurse referred to in the paragraph (a), care staff is in attendance at all times in appropriate ratios."

To comply with section 14(1) of the Regulation 85-187 which states: "Every person to be employed in a nursing home shall, before entering employment,

- (a) give a complete medical history and receive a physical examination,
- (b) submit to such examinations as are required to ensure that he is free from a notifiable disease, and
- (c) submit the results of the examinations referred to in paragraphs (a) and (b) to the employer."

To comply with section 14(2) of the Regulation 85-187 which states: "No person employed in a nursing home shall work in the nursing home while a carrier of or sick from a notifiable disease."

To comply with section 14(3) of the Regulation 85-187 which states: "No person employed in a nursing home shall refuse without valid reason to submit to such preventive procedures with respect to health and safety as the Minister may from time to time require."

MEASURE OF COMPLIANCE

1. The nursing home must ensure that there is a sufficient number of qualified and appropriately prepared staff, to provide the services and programs offered by the nursing home.

2. The nursing home must ensure that employees maintain required licenses, registrations and certifications during the course of their employment. The licenses, registrations and certifications are verified at the time of hiring and at renewal. A copy of the document indicating the expiration date is kept on file.
3. The nursing home must ensure that every employee shall before entering employment:
 - give a complete medical history and receives a physical examination
 - submit to such examination as are required to ensure the individual is free of notifiable disease(s)
 - submit the results of these examinations to the employer
4. The nursing home must ensure that no person employed in a nursing home shall work in the nursing home while a carrier of or sick from a notifiable disease.
5. The nursing home must ensure that no person employed in a nursing home shall refuse without valid reason to submit to such preventive procedures with respect to health and safety as the Minister may from time to time require.

TITLE: EMPLOYEE REQUIREMENTS	NUMBER: C-II-1
SECTION: II. NURSING HOME EMPLOYEES	PAGE: 1 of 2
ORIGINAL SIGNED BY: RASHMI HAWLEY Director Nursing Home Services	EFFECTIVE: October 25, 2022 REVIEWED: October 25, 2022

PURPOSE

To comply with section 17 of the Regulation 85-187 which states: “An operator shall establish a program with respect to the orientation and in-service training of all employees.”

To comply with section 18 (a) and (b) of the Regulation 85-187 which states: “An operator shall ensure that:

- a) in nursing homes with thirty beds or more, the care of each resident is carried out by or under the supervision of a registered nurse as directed by the attending physician, or as directed by a nurse practitioner
- b) in nursing homes with thirty beds or more, at least one registered nurse is on duty on the premises at all times,

MEASURE OF COMPLIANCE

The nursing home must ensure that there is a sufficient number of qualified and appropriately prepared staff, to provide the services and programs offered by the nursing home.

1. Professional Licensing Requirements

- The operator must ensure that any employees who are members of a professional association must maintain and keep up to date any required licenses and registrations, as may be applicable, during the course of their employment. A copy of the document indicating the expiration date is kept on file.

2. Certification

- The operator must ensure that employees maintain required certifications:
 - At minimum, all direct care staff must have an up to date certificate for First Aid and cardiopulmonary resuscitation (CPR).
 - All staff are required to have an up to date N95 Fit Test

3. Orientation

- a. The operator ensures that each employee receives:
 - A. a general orientation program that is current and relevant to the organization.
 - B. an orientation program specific to each position description that is

current and relevant to the specific department where the employee will be working.

4. In-service training
 - a. There is in-service training for all staff which includes but not limited to:
 - A. fire safety and drills
 - B. evacuation plan
 - C. infection control, as per Standard D-I-2
 - D. proper body mechanics
 - E. prevention of abuse
 - F. dementia care
 - G. confidentiality
 - b. In addition to the above, there is in-service training for all care staff which includes but not limited to:
 - A. Safe resident handling
 - B. Behavior management
 - C. Pain Management
 - D. End of life care
5. On-going education
 - a. The operator must have a process in place that identifies the learning needs of the staff on a continuous basis. Example: new equipment, upgrading of required skills, etc....
6. Nursing Home Employee Records
 - a. The operator maintains an up-to-date record of employee licenses and registration, as applicable, including expiration date.
 - b. The operator maintains an up-to-date record of employee certifications, as applicable, including expiration date.
 - c. The completed orientation checklist, education and in-service training signed and dated by the employee is kept in the employee's personal file.
 - d. The operator maintains an annual attendance record of individual staff participation which includes the date of the in-service/education session attended.

REFERENCE: [INFECTON PREVENTION AND CONTROL D-I-2](#)

D. ENVIRONMENT

TITLE: HAZARDOUS AND POISONOUS SUBSTANCES	NUMBER: D-I-1
SECTION: I. BUILDING, EQUIPMENT AND SURROUNDINGS	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: October 19, 2016 LAST MODIFICATION: October 19, 2016

PURPOSE

To comply with section 11 of the Regulation 85-187 which states: “An operator shall ensure that the buildings, equipment and surroundings of a nursing home are maintained in a clean, neat and safe condition.”

DEFINITIONS:

WHMIS stands for the Workplace Hazardous Materials Information System. It is a comprehensive system for providing health and safety information on hazardous products intended for use, handling, or storage in Canadian workplaces.

Hazardous product means any product, mixture, material or substance that is regulated by WHMIS legislation.

MEASURE OF COMPLIANCE

1. Where the employer has received a hazardous product at a place of employment there is a supplier safety data sheet in respect of the hazardous product.
2. The employer ensures that the safety data sheets are current.
3. A WHMIS manual, containing the safety data sheets, is available for use by all staff to access for emergency first aid within 2 minutes of an incident.
4. An annual in-service training on the material in the WHMIS manual is provided.
5. Hazardous or poisonous substances are properly labelled and kept in locked areas.

TITLE: INFECTION PREVENTION AND CONTROL	NUMBER: D-I-2
SECTION: I. BUILDINGS, EQUIPMENT AND SURROUNDINGS	PAGE: 1 of 3
ORIGINAL SIGNED BY: RASHMI HAWLEY Director Nursing Home Services	REVIEWED: September 27, 2022 LAST MODIFICATION: September 27, 2022

PURPOSE

To comply with section 11 of Regulation 85-187 which states: “An operator shall ensure that the buildings, equipment and surroundings of a nursing home are maintained in a clean, neat and safe condition”.

To comply with section 14(2) of Regulation 85-187 which states: “No person employed in a nursing home shall work in the nursing home while a carrier of or sick from a notifiable disease, except under the conditions determined by a medical officer of health.”

To comply with section 14(3) of Regulation 85-187 which states: “No person employed in a nursing home shall refuse without valid reason to submit to such preventive procedures with respect to health and safety as the Minister may from time to time require.”

MEASURE OF COMPLIANCE

All nursing homes shall establish and maintain an infection prevention and control program that provides a safe, sanitary, and comfortable environment and helps to prevent the development and transmission of communicable diseases and infections.

Policies shall align with any current directives provided by the Department of Social Development that incorporate the following four elements:

- Infection Prevention and Control Program;
- Hand Hygiene Program;
- Environmental Services Program; and
- Outbreak Plan.

Highlights of these four required elements are listed below:

1. An **infection prevention and control program** that includes:
 - all departments with involvement from staff, residents, visitors, and volunteers;
 - specific departmental policies and procedures relating to infection prevention and control, including handling of contaminated materials/equipment and reuse/ cleaning and disinfection of medical equipment in accordance with manufacturers’ recommendations;
 - a process which includes the regular review and revision of infection prevention and controls in order to ensure that practices are regularly updated and best evidence is employed in administering infection prevention

- and control practices’;
 - a process that verifies, documents and audits education and training for all staff, residents, visitors and volunteers at orientation and at minimum yearly (as appropriate), as it relates to infection prevention and control including organizational approaches to routine practices and the use of additional precautions;
 - a policy for workplace health, including a process to ensure staff are not reporting to work while ill, and;
 - an ongoing program of surveillance, mandatory reporting for infections as per local Public Health recommendations and consideration for decolonization if appropriate.
2. A comprehensive **hand hygiene program** that includes:
- all departments with involvement from staff, residents, visitors, and volunteers.
 - specific departmental policies and procedures relating to infection prevention and control, including the 4 moments of hand hygiene, hand washing vs. hand hygiene and the factors that reduce the effectiveness of hand hygiene.
 - a process which includes regular review and revision to ensure that practices are regularly updated and best evidence is employed in administering infection prevention and control practices and
 - a process that verifies, documents and audits education and training for all staff, residents, visitors and volunteers at orientation and at minimum yearly (as appropriate), as it relates to infection prevention and control and hand hygiene.
3. A comprehensive **environmental services program** that includes:
- all departments with involvement from staff, residents, visitors, and volunteers.
 - specific departmental policies and procedures relating to infection prevention and control, specific to defined roles and responsibilities for cleaning and disinfecting the physical environment and including laundry services.
 - a process which includes regular review and revision to ensure that practices are regularly updated and best evidence is employed in administering infection prevention and control practices ; and
 - a process that verifies, documents and audits education and training for all staff, residents, visitors and volunteers at orientation and at minimum yearly (as appropriate), as it relates to infection prevention and environmental services.
4. An **outbreak plan** that includes:
- all departments with involvement from staff, residents, visitors, and volunteers.
 - specific departmental policies, and procedures relating to outbreak management to include implementation triggers, communication plans and de-escalation processes,
 - a process which includes regular review and revision to ensure that practices are regularly updated and best evidence is employed in administering infection prevention and control practices.
 - an ongoing program of surveillance, mandatory reporting for infections as per local Public Health recommendations and consideration for decolonization if appropriate and

- a process that verifies, documents and audits education and training for all staff, residents, visitors and volunteers at orientation and at minimum yearly (as appropriate), as it relates to outbreak response.

REFERENCE: [Infection Prevention and Control - Guidance D-I-2 G](#)

<p>TITLE: INFECTION PREVENTION AND CONTROL - GUIDANCE</p>	<p>NUMBER: D-I-2 G</p>
<p>SECTION: I. BUILDINGS, EQUIPMENT AND SURROUNDINGS</p>	<p>PAGE: 1 of 4</p>
<p>ORIGINAL SIGNED BY: RASHMI HAWLEY Director Adult Community Resources</p>	<p>REVIEWED: September 27, 2022 LAST MODIFICATION: September 27, 2022</p>

PURPOSE

The following guidance and links to additional resources may assist the nursing home in developing infection prevention and control policies and procedures.

Any **Infection Prevention and Control (IPAC) program** shall be based on the following core principles:

- 1) Person-centered approach: Meaning that residents and substitute decision makers shall be part of all aspects of the plan, from plan development to implementation and education, through to auditing, evaluation and adaptation of approach; all aspects.
- 2) Understanding that we are talking about the resident’s home, which is different from the acute care environment. While this does impact many aspects of the conversation, the principles remain the same. It is important to remember that the approach can be adapted to fit the context. The key is to integrate IPAC best practices into the Long-Term Care Home (LTCH) environment.
- 3) Agreement on the common objectives:
 - a) protecting residents from healthcare associated infections (HAIs); and
 - b) preventing the spread of infections from resident-to-resident, from residents to staff and staff to residents, between staff, and to visitors, volunteers and others in the LTCH.
- 4) IPAC is a specialty and requires dedicated and qualified staff attention and intervention. IPAC policies and processes should be developed and reviewed annually with the support of qualified (certified IPAC Canada) IPAC personnel. This will help to ensure best practices are integrated and shared throughout the sector. Safety coaches are identified champions in each LTCH who should work closely with the IPAC personnel to monitor and support process compliance.

The LTCH shared environment lends itself to certain IPAC risks. It is important to monitor and control these risks as much as possible. While not all risks can be absolutely eliminated in the congregate living environment, the recognition, education and awareness of IPAC risks can help to reduce them. For these reasons, the IPAC program shall include the following components:

- Consideration for routine practices and additional precautions.
- Consideration for personal protective equipment (PPE) use.
- Identification, monitoring and care of residents with Antibiotic Resistant Organisms (AROs).
- Mandatory reporting as per jurisdictional requirements by Public Health; and
- Antibiotic stewardship focus.

Resources:

[bp-rpap-healthcare-settings.pdf \(publichealthontario.ca\)](https://www.publichealthontario.ca/-/media/documents/bp-rpap-healthcare-settings.pdf)

[Routine Practices E-learning Program 2018 | IPAC Canada \(ipac-canada.org\)](https://www.ipac-canada.org/)

[aros-screening-testing-surveillance.pdf \(publichealthontario.ca\)](https://www.publichealthontario.ca/-/media/documents/aros-screening-testing-surveillance.pdf)

[Regions1-7 Public-Health Notifiable Disease Reportable Events Posters.pdf \(gnb.ca\)](https://www.gnb.ca/regions1-7/Public-Health/Notifiable-Disease/Reportable-Events/Posters.pdf)

Hand Hygiene is the foundation of any IPAC efforts. It is imperative that any hand hygiene program be widely communicated throughout the organization. Hand hygiene is a shared responsibility of everyone throughout the organization; this includes owners/operators, leadership teams, frontline staff, residents, volunteers, and families/visitors. Only when everyone understands their role can best practices in hand hygiene be properly implemented to prevent the spread of HAIs.

Each LTCH shall have a **hand hygiene program** that is based on best practices pertaining to:

- Definition of hand hygiene and the important role hand hygiene plays in LTCHs.
- Point of care risk assessment (PCRA).
- ABHR use vs. soap and water and how to use each method properly.
- The 4 moments of hand hygiene.
- Skin and nail care.
- Factors that impact the effectiveness of hand hygiene efforts.
- Employer expectations for hand hygiene compliance, auditing and ongoing education; and
- Training tools and resources available to staff.

Resources:

<https://www.publichealthontario.ca/-/media/documents/b/2014/bp-hand-hygiene.pdf?la=en>

<https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/hand-hygiene-practices-healthcare-settings.html>

<https://ipac-canada.org/hand-hygiene.php>

https://ipac-canada.org/photos/custom/Members/pdf/17Jul_Hand%20Hygiene%20Practice%20Recommendations_final.pdf

[Hand Hygiene | Public Health Ontario](https://www.publichealthontario.ca/-/media/documents/hand-hygiene-public-health-ontario.pdf)

<https://www.who.int/campaigns/world-hand-hygiene-day/2021>

Environmental Services play a very important role in IPAC efforts in any organization, but especially in LTCHs. The ability to effectively and routinely clean and disinfect high touch surfaces is a key strategy to keeping everyone safe from the spread of HAIs. Environmental services include functions pertaining to cleaning and disinfection, laundry services and waste management and control.

Each LTCH shall have an environmental services program that is based on best practices pertaining to:

Cleaning and Disinfection

- The scheduling of cleaning and disinfecting, including shared equipment;
- Cleaner/disinfectant approval and determined to be appropriate for the given environment, including consideration for use of bactericidal, virucidal, sporicidal disinfectant;
- Manufacturer's Instructions for Use (MIFU) is examined and considered for aspects such as product duration, use, dwell time and storage, as well as cleaning/disinfection tools (microfibre cloths, tub brushes, duster and toilet brush handles); and
- Expectations and tolerance of manual dilution, mixing & decanting of products.

Resources:

[PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | January 2018](#)
(publichealthontario.ca)

Canadian Standard Association (CSA) Cleaning and Disinfection Standard Z317.12

[17Jan_Cleaning NonCrit Equip Comm Position Statement revised Jan2018 final.pdf \(ipac-canada.org\)](#)

Laundry Services

- If appropriate, consideration is given to commercial vs. domestic washers and dryers.
- Staff have access to PPE for handling heavily soiled items, when appropriate.
- Approved process must be in place and followed for the management of heavily soiled items; and
- Separation for clean and dirty spaces in laundry area.

Resources:

[PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | January 2018](#)
(publichealthontario.ca)

Waste Management and Control

- Waste products are to be collected and transported using safe and appropriate receptacles and avoiding cross contamination.
- PPE is to be available at all times and used appropriately when handling waste products.
- Safe storage processes and frequent pick up of waste products are to be integrated; and
- Reusable devices (bedpans, urinals, etc.) are to be properly cleaned and disinfected between resident use.

Resources:

Canadian Standard Association (CSA) Handling of waste materials in health care facilities and veterinary health care facilities. Z317.10-09

https://www.publichealthontario.ca/-/media/documents/c/2015/crmd-comparing-human-waste-systems.pdf?sc_lang=en

An Outbreak Plan is vitally important to enable an organization to prepare (as much as possible) for future outbreaks. The outbreak plan shall include all anticipated outbreaks, including future pandemic outbreaks and catastrophic events. This plan will be adapted and adjusted based on the specific epidemiological context and organizational identified risks. Any outbreak plan shall follow jurisdictional Public Health guidance and advice, specific to the organism of concern.

Each LTCH shall have an outbreak plan that is based on best practices pertaining to:

- Outbreak or event management team engagement.
- Definitions of an outbreak or catastrophic event.
- Early monitoring, detection and appropriate notification of a potential outbreak.
- Roles and responsibilities in an outbreak; and
- Stakeholder involvement/engagement in an outbreak, including residents and families.

Resources:

[Prevention and control for health care settings: Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector - Canada.ca](#)

REFERENCE: [Infection Prevention and Control, Standard D-I-2](#)

TITLE: COMPANION ANIMAL PROGRAM	NUMBER: D-I-3
SECTION: I. BUILDINGS, EQUIPMENT AND SURROUNDINGS	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

Nursing Home Services recognizes the potential benefits to the resident's quality of life through pets, as well as the potential health and safety risks.

To comply with section 7 (1) (e) of the *Nursing Home Act*, which states: "The Minister may modify, revoke or refuse to renew a license if, in the Minister's opinion based on reasonable grounds, the operator operates the nursing home in a manner that prejudices the health, safety or welfare of the residents."

DEFINITION

"Companion animal" refers to all animals that visit or live in the nursing home.

MEASURE OF COMPLIANCE

- 1 Prior to the acquisition of the pet or visiting animal, written policies and procedure are in place and are consistent with the ["Companion Animal Program Guidelines" \(D-I-3 G\)](#).
- 2 A specific person is designated as the primary coordinator of the pet program.
- 3 The following criteria is met:
 - Each pet has a current health record file, which will include the immunization dates.
 - No pet has access to restricted areas.
 - All incidents involving a pet must be reported.
 - Pets must have a specific area where they are fed, watered, and housed.
 - Pet waste is managed in a manner consistent with health and safety principles.

TITLE: COMPANION ANIMAL PROGRAM- GUIDELINES	NUMBER: D-I-3 G
SECTION: I. BUILDINGS, EQUIPMENT AND SURROUNDINGS	PAGE: 1 of 11
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: June 30, 2004

GUIDELINES FOR COMPANION ANIMAL PROGRAMS

CONTENTS

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I. INTRODUCTION

Increasing evidence is accumulating on the benefits of animal companionship to the elderly. Such companionship can be therapeutic in nature as well as offering recreational value. Although reports from the literature on existing programs are extremely favorable, the potential disadvantages of the animal presence must also be recognized.

Some facilities in New Brunswick have visiting or live-in animals and the demand appears to be increasing. With the growing trend the need for a provincial protocol was expressed. Departmental standards and guidelines will assist nursing homes who wish to consider an animal companionship program.

For the purpose of this paper "Companion Animal Program" is a terminology that will apply equally to therapeutic related activities and recreational activities. The term companion animal refers to all animals who visit or live in the nursing home.

The guidelines will address the following areas:

- benefits and drawbacks of having pets,
- policies and procedures,
- health and safety precautions,
- administration,
- animal selection,
- types of programs, and
- resident involvement.

II. ADVANTAGES AND DISADVANTAGES

The purpose of this section is to provide greater insight into the significance of a companion animal program by outlining the advantages and disadvantages. The major advantages are listed below.

Advantages

Animals have the ability to distract the elderly from non-productive behaviors which can lead to increased awareness and ability to relate to others.

Animals offer an acceptable and readily available outlet for caring, acceptance and approval. Animal companions can be instrumental in combating isolation and loneliness.

The presence of a pet is associated with an increase in social behavior. Animals are used to stimulate response in interactional therapy, for example.

A pet keeps the elderly active by adding interest, variety and complexity to the daily routine.

Animals living in long-term care facilities allow residents with major sensory acuity to have non-verbal communication. This can result in major behavioral changes.

Through tactile stimulation, the elderly who cannot hear or see can still experience the world.

People trust pets. They ask no questions and make no judgments.

Since the elderly have little body contact, animals give the opportunity for unrestricted touch.

When communicating in the presence of an animal, people are less stressful. Animals have a calming effect on many people to the point of possibly lowering the blood pressure.

As companions to the elderly, pets can foster reminiscence. This helps in reinforcing self-identity and is an important means to successful adaptation to old age.

If animals can meet the emotional needs of the elderly, the staff's job may be facilitated.

A companion animal program can truly make a positive difference in residents' lives. The many benefits make this program attractive and meaningful. Pets are "very good medicine" physically, mentally and emotionally for the elderly.

Disadvantages

The potential problems associated with the development and delivery of a companion animal program should not be underestimated. It is therefore important to recognize the drawbacks in order to effectively control and minimize any problems. The major disadvantages are listed below.

There are serious concerns linked to close contact between humans and animals, eg. allergies, injuries, transmission of disease, fleas, etc.

Allergic reactions (resident and staff) must be addressed on an individual basis.

Pets in health care facilities may create negative and dangerous situations. Animals can also hamper the resident's care and treatment.

Some residents fear animals and view association with pets as undignified and not a desirable part of their lives.

It may be difficult to control pet access to areas where animals are not permitted. Applicable regulations must be followed diligently (Health Act Reg. 66-43, article 130 (c) and (d)).

A resident may view the companion animal as his/her pet and become possessive. Strong emotions and resistance to sharing may cause friction.

Separation can be a great source of grief. Interruption in the positive partnership between resident and animal could cause a traumatic experience.

There are many administrative requirements: policies and procedures, liability insurance coverage, legal requirements, consent and other forms, financial requirements, etc.

If there are difficulties with the program, any negative publicity could be detrimental to the facility.

Pets are a big responsibility. Their care and restrictions pose a good challenge to the organization. Tensions and unrest can occur with a companion animal program. However, with all groups collaborating and having a strong commitment to the program, difficulties can readily be overcome. A strong mandate to succeed will result in a successful program.

III. ADMINISTRATION

The success of any companion animal program in a nursing home is totally dependent on assessing, planning and evaluating every phase of the program. The following areas must be explored:

- need for a program,
- benefits,
- risks and legal implications,
- key people,
- ability to accommodate a program,
- financial considerations,
- setting up the program,
- public relations, and
- policies and procedures.

Needs

The need for a companion animal program can be determined by evaluating the residents through observation, discussion and a questionnaire. Family input can describe the role of pets in the resident's life before admission. The resident's council must also be involved in the entire process.

Benefits

The many physical, psychological and recreational benefits described in Section II may not necessarily all apply in an individual home. In the same way the need was determined, the benefits can be noted. It is important to keep written documentation of the effect of the pets on the residents. Questionnaires can be circulated among staff, residents, family and volunteers. The results obtained will demonstrate whether the advantages outweigh the disadvantages.

Risks and Legal Implications

The disadvantages as discussed earlier may or may not apply to a particular home, depending on the individual situation. Incidents involving animals can be compared with the total number of incidents in the home to determine the actual risk. Feedback, both positive and negative, should be encouraged from all groups affected by the pet.

To determine the legal implications the home must discuss the insurance and liability coverage with the home's solicitor and insurance company. A written statement from the insurance company outlining protection does much to allay the fears of volunteers, staff or board members who may be hesitant to permit pets in the home.

Key People

The administrator, department heads and the person designated as responsible for coordinating the pet program are the key people involved in setting up and monitoring the program, in consultation with the medical director and veterinarian. Staff support in

necessary and can be achieved through education and co-operation. A facility-wide understanding of the program is important.

The residents are the other key people. Their choices must be respected at all times. The program must be flexible enough to address the needs of those residents desiring a pet, and those not wanting the pet near them. (See also section and VI).

Every effort should be made by the program co-ordinator to carefully examine complaints, isolate the cause, and take corrective measures. The administration, which must remain objective, has the ultimate responsibility for the program.

Facility Accomodations

An objective tour of the facility is the best way to determine if a suitable pet can be accommodated. Consideration must be given to sleeping, eating and toileting facilities which respond to the needs of the animal and the program. Depending on the type of animal, there may be a need for an outdoor area which is cleaned regularly. Some animals may need privacy from time to time.

Financial Considerations

Funding the program is the responsibility of the nursing home. Considerations include cost of purchasing the pet, training, equipment, food, litter and medical care. Fund raising and donations from business, and community groups may help reduce the actual cost to the facility if the amounts are larger than expected. Local resource people such as humane societies, breeders, animal trainers and veterinarians may also volunteer their services.

Currently there is no source of funding from the Department of Family & Community Services for a companion animal program.

Setting Up The Program

The key staff people may choose to appoint a planning committee to set up the companion animal program, with representation from staff and residents. Protocol should describe the scope and direction of the program. Parts of this document can be used for this purpose. Appropriate records must be kept. The program should be evaluated regularly and recommendations made as necessary (Section X).

Public Relations

Once the program has been accepted, the success should be shared with residents, families and the general public. Release to the media and mention in a residents' newsletter on a regular basis will keep everyone informed.

Policies and Procedures

Policies should include a written statement describing the scope and direction of the program. Procedures spell out how the program operates (orientation of pet and volunteers, complaint procedure, incident reports, animal hygiene, safety etc.).

IV. PROGRAM CO-ORDINATOR

A specific person must be designated as the coordinator of all aspects of the companion animal program. The following is a list of some responsibilities of the coordinator: *

1. Ensure that residents and staff have input into the total program from the time of initial planning.
2. Involve residents and staff in the pet selection.
3. Organize care and maintenance of the pet including exercise. The local veterinarian can be of assistance in establishing care and maintenance routines.
4. Coordinate veterinary health care annually and as necessary, maintain a health record file on all animals kept on the premises. For visiting animals, the coordinator must maintain a record of the owner's name, phone number, verification that required immunizations are up to date and that the animal is healthy, well-groomed and free of fleas.
5. Organize sheltering and feeding of the pet(s).
6. Respect resident preference.
7. Coordinate funding for pet maintenance and care.
8. Organize resident - pet interactions.
9. Compile statistics as required.
10. Ensure on-going evaluation of the program.

* **Source:** *Guidelines for Pet Programs in Health Care Facilities, Georgia Department of Human Resources (office of Regulatory Services, Standards and Licensure Unit).*

V. TYPES OF PROGRAMS

The companion animal program can be set up in various ways:

- visiting pets (owned by families or volunteers),
- live-in pets,
- resident's individually owned pets, and
- semi-live-in pets (owned by staff members and present when that person is working).

A companion animal program can be conducted in different ways depending on the needs and desires of the individual facility. Initially, it is advisable to have animals visit on a trial basis to determine whether a companion animal program will be successful in the nursing home.

The success of any type of companion animal program depends upon a good understanding of what is required, proper planning, involvement and cooperation of staff, volunteers and residents, a commitment to maintain and deal with the issues

surrounding the program and to evaluate the results to ensure the objectives are being met. An animal can be a very positive experience for both staff and residents.

Although outside the scope of the companion animal program, there are a variety of other means by which residents can be exposed to animals, example - residents could be a visitor to a private home which has pets, farm day, pet clubs giving pet shows, and organizing a field trip to the zoo.

Another avenue is the symbolic option. This involves animal photos, books, art, poetry, statues, showing films and the presence of stuffed animals.

VI. RESIDENT INVOLVEMENT

To benefit from a companion animal program, the resident must be directly involved at every opportunity. The following areas promote such involvement.

1. **Right of Choice**
When introducing pets to a home it is important to remember that the home is for all residents, not just a few. Opinions must be obtained to get a general consensus, and residents' preferences must be respected. Those who desire pets should have access to them, and those not wanting to be exposed to pets, should not be subjected to them.
2. **Resident Council**
Working with the resident council can be beneficial and can help alleviate many complaints. The council can assume various roles in the planning and implementation stages such as pet selection, involvement in on-going activities and evaluation of the program.
3. **Active Resident Participation**
In addition to the enjoyment of physically handling and cuddling a pet, several tasks could become the responsibility of willing and capable residents. Participation could include walks with the animal, food preparation, brushing and grooming, naming a new pet, etc.

VII. ANIMAL SELECTION

There is no one breed, size or type of animal that will be the best for all nursing homes. Animal selection should be based on resident preferences, availability of space, type of population housed, care and cost considerations. Local resource people such as humane societies, pet shop owners, veterinarians, obedience instructors and animal breeders can assist in the selection process.

Small animals tend to be more beneficial for bed-ridden residents while ambulatory residents or those in wheelchairs may enjoy larger animals. In general, young animal such as puppies less than six months old and kittens less than eight months old are not recommended as they are too immature and can be easily injured. Turtles are currently excluded from companion animal programs due to the high risk of salmonellosis transmission.

Animals frequently selected for pet therapy include:

- cats,
- dogs,
- birds (canaries, finches, parakeets, cockatiels, parrots),
- rabbits,
- fish,
- guinea pigs,
- hamsters, and/or
- gerbils.

In selecting an animal, the following criteria are recommended. The animal shall:

- meet infection control guidelines as established in Section VIII,
- be well groomed and free of fleas,
- have suitable temperament - friendly, calm, gentle, obedient, and react well to people,
- be housetrained in the case of dogs and cats,
- have a current license as required by the municipality, and
- come from a stable environment where it has been observed for at least three weeks.

It is up to the nursing home to decide whether live-in animals will be spayed/neutered, and, in the case of cats, declawed.

VIII. INFECTION CONTROL

Many animal diseases can be transmitted to people. Establishment of an effective infection control program by the nursing home will provide reasonable assurances to all concerned that this will not happen.

Following are the infection control precautions that must be taken for companion animals.

1. The animals chosen shall have a clean bill of health, be well groomed and free of fleas, have current inoculations and have an up-to-date health record.

2. The veterinarian shall be consulted immediately if there are signs of illness or behavioral problems. Corrective action must be taken as indicated. All animals must be removed from the facility until fully recovered.
3. Mobile animals shall not be allowed in the kitchen, dining room, food storage areas, garbage rooms, medication rooms, linen storage, and bedrooms when meals are being served in the room, or in rooms of residents known to have allergies to the animal.
4. All incidents involving animals shall be reported to the Administrator. Incidents where the skin is punctured shall also be reported to the local Public Health Office. First aid shall be administered and follow-up done until the wound is healed.
5. Good hand washing techniques shall be enforced.
6. There shall be specified areas where the pets are fed, watered, housed, and toileted and these areas shall be cleaned daily or more often if necessary (exception - fish tanks).
7. Animal waste shall be cleaned up immediately and the spot disinfected.

The above precautions will be incorporated as part of the infection control policies and procedures of the home.

IX. SAFETY

The nursing home must ensure that appropriate animals are selected for the companion animal program. All reasonable measures must be taken to ensure the safety of residents, staff and visitors to the facility.

Precautions must be taken to ensure that animals are not obstructing resident mobility. Likewise, precautions must be taken to protect animals from wheelchair impacts, being dropped, stepped on, mishandled or abused.

X. EVALUATION

It is recommended that each facility involved with the companion animal program monitor and evaluate the program to record any noted advantages, disadvantages, complaints and incidents.

It is important to have an evaluation tool which will provide the nursing home with measurable feedback on how successfully the program is meeting the established objectives. Among the evaluation methods, the following are suggested:

- personal observations,
- annual review of policies and procedures related to the animal program,
- study of the incident reports and complaints related to the program, and
- a resident questionnaire.

It is hoped that the experiences gained through such a companion animal program will be shared among the homes.

TITLE: PREVENTATIVE MAINTENANCE PROGRAM	NUMBER: D-I-4
SECTION: I.BUILDINGS, EQUIPMENT AND SURROUNDINGS	PAGE: 1 of 3
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: August 22, 2016 LAST MODIFICATION: August 22, 2016

PURPOSE

To comply with section 11 of the Regulation 85-187 which states: "An operator shall ensure that the buildings, equipment and surroundings of a nursing home are maintained in a clean, neat and safe condition."

To comply with section 26, of the Regulation 85-187 which states: "The furnishings and equipment in all residential areas of a nursing home shall be adequate for the safety, comfort and convenience of residents."

MEASURE OF COMPLIANCE

1. The nursing home must have a written description of their Preventative Maintenance Program that includes its goals, objectives. It must identify equipment, furnishings, building and grounds, which if not properly maintained, can cause harm to residents, staff, family, volunteers and/or visitors.
2. The preventative maintenance program for equipment is maintained in an orderly manner and It is based on the manufacturer's specifications which includes:
 - Identification of each specific item,
 - Schedule of preventative maintenance/inspection for each item on a weekly, monthly or yearly basis,
 - Documentation of the history of work completed for each item,
 - Date and identification of the personnel completing the work documented,
 - Records retained, for at least the last seven years for each piece of equipment.
3. There is evidence that the preventative maintenance program is integrated with the quality of service, occupational health and safety programs, and the budget process.
4. All incidents involving malfunctioning of equipment or furnishing will result in the preventative maintenance program being reviewed / revised to prevent the incident from recurring.

5. The external inspections are conducted as indicated on the “Summary of External Inspection Reports”. There is documentation showing that all orders are met. In cases where orders are issued, measures have been taken.
6. The nursing home is responsible to contact the external inspection agency when the inspection is past due. A copy of the written correspondence must be maintained demonstrating the nursing home has made every effort to contact outside agency.

REFERENCE: [Summary of External Inspection Reports](#)

SUMMARY OF EXTERNAL INSPECTION REPORTS

“An operator shall ensure that the buildings, equipment and surroundings of a nursing home are maintained in a clean, neat and safe condition”[Regulation 85-187, section 11] and “sprinkler systems, approved by the fire marshal, shall be installed in all nursing homes of thirty beds or more” [Regulation 85-187, section 30(1)].

Reference: [Standard D-I-4](#)

REPORTS	FREQUENCY	DATE INSPECTED	ORDERS	
			MET	NOT MET
Fire Marshal’s Inspection	Every 12 months			
Public Health:				
a) Institutional Food Services	Every 12 months			
b) Water Inspection (Private Wells)	Every 3 months (microbiological)			
	Every 5 years (inorganic)			
Department of Public Safety:				
a) Boilers, Pressure >External	As per license			
>Internal	As per license			
b) Elevator(s) - Certificate Expiry Date	Every 12 months			
c) Dumb Waiter - Certificate Expiry Date	Every 12 months			
d) Underground Fuel Tank(s) License(s)	Every 12 months			
e) Sprinkler Tanks	As per license			
Fire Protection Systems:				
a) Sprinkler System	Every 3 months			
b) Fire Alarm System	Every 12 months			
c) Extinguishers	Every 12 months			
d) Kitchen Hood Suppressant System	Every 6 months			
Back Flow Prevention Valve(s)	Every 12 months			
WorkSafe NB	Once per calendar year			

TITLE: HALF DOORS	NUMBER: D-I-5
SECTION: I. BUILDINGS, EQUIPMENT AND SURROUNDINGS	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 11 of the Regulation 85-187 which states: “An operator shall ensure that the buildings, equipment and surroundings of a nursing home are maintained in a clean, neat and safe condition.”

MEASURE OF COMPLIANCE

1. The nursing home receives an authorization before the installation of a half door.
2. A multidisciplinary team assessment is completed prior to the request of authorization for the installation of a half door in a room for a specific resident or elsewhere in the building.
3. If it is to be used for a specific resident, the resident’s family/person responsible is consulted and involved in the decision making process.
4. The nursing home has a policy related to the use of half doors.
5. The *Request for Approval of Half Doors* form is filled, and a written authorization from the Fire Marshal is obtained before it is submitted to the liaison officer, with all required documents.
6. The *Request for Approval of Half Doors* form approved by the liaison officer is kept with Nursing Home’s internal Fire Marshal Inspection records.
7. Half door is removed and liaison officer notified once it is no longer required.
8. The measures of compliance are applicable for all half doors in the home, even if not for a specific resident, ex: half door in the kitchenette.

REFERENCE: [*Request for Approval of Half Doors*](#)



REQUEST FOR APPROVAL OF HALF DOORS

Section 1 – to be completed by the Nursing Home

Fax to Regional Liaison Officer, once sections 1 and 2 are completed

Location of half door: _____

Name of the resident, if applicable: _____

- A multidisciplinary team assessment has been completed prior to the request (copy attached).
- If for a specific resident, the resident's family/person responsible has been consulted and involved in the decision making process.
- The other options have been tried and determined to be unsuccessful
- The nursing home has a policy related to the use of half doors (copy attached)
- The number of half doors that are already in place, the location of the half doors, and the reasons for their use are indicated (copy attached).

SIGNATURE :

ADMINISTRATOR OR DIRECTOR OF NURSING

DATE: _____ NURSING HOME: _____

Section 2 – to be completed by the Office of the Fire Marshal

- APPROVED DENIED

DATE: _____

COMMENTS: _____

SIGNATURE:

OFFICE OF THE FIRE MARSHAL

Section 3 – to be completed by the Regional Liaison Officer

- APPROVED DENIED

DATE: _____

COMMENTS: _____

SIGNATURE:

REGIONAL LIAISON OFFICER

TITLE: RESIDENT SAFETY DEVICES	NUMBER: D-I-6
SECTION: I. BUILDINGS, EQUIPMENT AND SURROUNDINGS	PAGE: 1 of 1
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 11 of the Regulation 85-187 which states: “An operator shall ensure that the building, equipment and surroundings of a nursing home are maintained in a clean, neat and safe condition.”

To comply with section 26 of the Regulation 85-187 which states: “The furnishings and equipment in all residential areas of a nursing home shall be adequate for the safety, comfort and convenience of residents.”

MEASURE OF COMPLIANCE

1. Effective resident safety devices are required in the following areas:
 - grab bars in bathing areas
 - grab bars in toilet areas
 - handrails in corridors
 - handrails in stairwells
 - functioning brakes on wheelchairs
 - functioning brakes on beds
 - non-skid surfaces on all steps
 - non-skid surfaces on all ramps
 - electrical lock out switch on equipment that is potentially hazardous to a resident
2. To reduce the risk of falls or injuries and the risk of residents being entrapped, the bed, rail and mattress must be assessed for every resident.
3. Staff must use all equipment, supplies, devices, assistive aids and positioning aids in accordance with manufacturer’s instructions.

TITLE: PORTABLE OXYGEN TANK EXEMPTION TO LICENCE	NUMBER: D-I-7
SECTION: I. BUILDINGS,EQUIPMENT AND SURROUNDINGS	PAGE: 1 of 2
ORIGINAL SIGNED BY: JANET P. THOMAS Director Nursing Home Services	REVIEWED: January 4, 2016 LAST MODIFICATION: January 4, 2016

PURPOSE

To comply with section 5 (d) of the Regulation 85-187 which states: “A licence issued by the Minister shall show any exemptions from compliance with the physical standards prescribed in this Regulation.”

To comply with section 15 of the Regulation 85-187 which states: “No person shall use tank oxygen for medical purposes in a nursing home except where tank oxygen is used for emergency purposes or where the use of tank oxygen is shown on the licence in accordance with paragraph 5 (d) as a service that may be provided.”

To comply with section 16 of the Regulation 85-187 which states: “No person shall administer tank oxygen except in emergency care situation and from small portable containers.”

MEASURE OF COMPLIANCE

1. If a resident requires an oxygen tank for activity purposes in the nursing home (going to the dining room, participating in activity, going outside of the nursing home), then the nursing home must obtain an exemption on their licence.
2. To apply for the exemption, the nursing home must submit the following information to the regional liaison officer:
 - indication that Policy and Procedures are in place,
 - a letter from the Fire Marshal approving the conditions for the use of a portable oxygen tank within the facility which include:
 - A. size of tanks, “D” or “E”
 - B. number of tanks permitted in the facility
 - C. rules relative to safety and storage of oxygen tanks,
 - indication that the nursing home is in compliance with the general safety guidelines of oxygen use,
 - indication that staff has received proper education and training for use of the portable oxygen tank within the nursing home.

3. The exemption must be indicated on the licence. A new licence with a letter of approval will be sent on the first request of the nursing home for a portable oxygen tank exemption.
4. No changes are necessary on the licence for subsequent requests. However, individual approvals are required for any resident in need of an oxygen tank other than for emergency purposes.
5. The exemption will be reviewed yearly upon the application of the Nursing Home licence.

Note: The administration of oxygen by oxygen concentrators and also the use of an oxygen tank in case of emergency do not require an exemption on the licence.

TITLE: SAFE BATH TEMPERATURES	NUMBER: D-I-8
SECTION: II. BUILDINGS, EQUIPMENT AND SURROUNDING	PAGE: 1 of 5
ORIGINAL SIGNED BY: Scott Green Director Nursing Home Services	REVIEWED: March 23, 2017 LAST MODIFICATION: March 23, 2017

PURPOSE

To comply with section 26 of the Regulation 85-187 which states: "The furnishings and equipment in all residential areas of a nursing home shall be adequate for the safety, comfort and convenience of residents."

To outline practices and accountabilities to ensure water temperatures for residents baths and showers fall within the established safe water temperature range for all baths and showers.

DEFINITIONS

Integrated tub thermometer: device that controls or restricts the hot water for baths or showers. This may include, though is not limited to, mixing valves, scald free taps, and automatic shut-off systems.

Therapeutic Tub: a tub in which a resident is lifted into or it is fully accessible, often by a side door, which may or may not include a reservoir for water, jets, hydro massage or hydro sound. The resident is assisted to bathe in a therapeutic tub and the water temperature is regulated by the tub and/or the staff member. This is not a residential type tub. Examples include: Arjo, Century, Rhapsody, Serenity, Primo, etc...

MEASURE OF COMPLIANCE

1. Water temperature at the tap outlet of the bath / shower

The hottest flowing water into a therapeutic tub shall not exceed 49°C.

2. Bath/Shower Water Temperatures

- a) Bath water temperature should be just a degree or two higher than normal body temperature.

- b) The **safe** water temperature range for bath/showers is established at between 38 to 41°C.
- c) Where the resident identifies a preference for a water temperature lower than 38°C, this preference is noted on the resident's care plan and communicated to staff.
- d) Staff observes and checks with the resident, whenever possible, any indication of discomfort related to the water temperature.
- e) The care plan directs the level of supervision the resident requires with all bath or shower-related activities.

3. Education / Training and Competency

Staff receives clinical education and training and demonstrates competency in the following:

- a) identification of safe water temperature ranges;
- b) adjusting water flow and mixture to ensure water remains within the identified range; and
- c) obtaining accurate water temperature measurements and documenting the same
- d) identification of actions to take when a resident indicate that the temperature of the water is too hot, including but not limited to:
 - resident is immediately removed from the tub
 - steps are taken to provide for the resident's immediate comfort and safety
 - resident is assessed for any reddening of the skin
 - water temperatures are measured and compared to the temperature at checks 1,2 and 3.

4. Monitoring

- a) Thermometers used for measuring the water temperature of all baths and showers are:
 - approved for that purpose; and
 - calibrated and maintained according to the manufacturer's instructions.
- b) Flowing water temperature is monitored:

A daily water temperature check of the maximum hottest flowing water shall be performed

 - prior to the first bath of the day in each therapeutic tub
 - in accordance with the *Water Temperature Check Process*. See Appendix A.

Management shall designate specific personnel as being responsible for performing the daily water temperature check for therapeutic tubs in the facility.

- c) Water temperature of each bath or shower is monitored:
- staff ensure that the water temperature falls within the established safe water temperature range prior to the resident entering the bath or shower
 - water temperature measurement checks shall be performed a minimum of two times in addition to one sensory check for each bath in accordance with the *Water Temperature Check Process*. See Appendix A.
 - water temperature measurement checks shall be performed a minimum of one time in addition to two sensory checks for each shower in accordance with the *Water Temperature Check Process*. See Appendix A.
 - Where more than one staff is assisting with the resident bath or shower, one staff member shall be identified as being ultimately responsible for regulating the water temperature, performing and recording the water temperature checks, and for bathing or showering the resident.

5. Recording information

- a) The required water temperature checks of each bath/shower shall be documented. See Appendix B for log sample.
- b) A bath/shower log, kept in the tub/shower area, shall be used for documenting
- the required hottest flowing water temperature checks at the tap outlet of therapeutic tubs,
 - the required water temperature checks for each resident bath/shower,
- c) For baths/showers provided in a tub/shower other than in a common tub/shower area, staff shall record the required water temperature checks in a file, book or log or as determined by the site/unit manager.
- d) The records shall be retained for the current year plus 5 years.

WATER TEMPERATURE CHECK PROCESS

APPENDIX A

	TEMPERATURE CHECKS		
	Bath	Bath Rear/Side Opening Tub	Shower
Hottest Flowing Water at the Tap outlet of the Therapeutic Tubs			
<ul style="list-style-type: none"> maximum water temperature of 49°C 			
Ensure the hottest flowing water has been measured for each therapeutic tub.	✓	✓	
Acceptable Water Temperature Range for each resident bath/shower			
<ul style="list-style-type: none"> maximum water temperature of 41°C minimum water temperature of 38°C 			
While water is running, using integrated tub thermometer or if unavailable, use hand-held thermometer*	Check 1		
While the foot well is filling, using integrated tub thermometer or if unavailable, use hand-held thermometer*		Check 1	
While the tub is filling, using staff's forearm to check constantly		Check 2	
While water is running, using an integrated shower thermometer or if unavailable, use a hand-held thermometer*			Check 1
Once tub is filled, using hand-held thermometer*	Check 2	Check 3	
Immediately prior to resident entering bath/shower using staff's forearm for at least 5 seconds. (should feel comfortably warm but not hot)	Check 3		Check 2
Immediately prior to resident entering shower and if NOT contra-indicated, using resident's unaffected forearm. If not performed by resident, then checked using staff's forearm for at least 5 seconds.			Check 3

*Hand-held thermometers include bath thermometer cards calibrated to the acceptable water temperature range of 38 to 41 °C

TITLE: FIRE AND SAFETY PROGRAM	NUMBER: D-II-1
SECTION: II. FIRE AND SAFETY PROGRAM	PAGE: 1 of 16
ORIGINAL SIGNED BY: Scott Green Director Nursing Home Services	REVIEWED: March 23, 2017 LAST MODIFICATION: March 23, 2017

PURPOSE

To comply with section 11 of the Regulation 85-187 which states: “An operator shall ensure that the buildings, equipment and surroundings of a nursing home are maintained in a clean, neat and safe condition.”

To comply with section 13 (a - e) of the Regulation 85-187 which states: “An operator shall develop a fire and safety program for a nursing home that shall include

- (a) a smoking policy which contemplates supervised smoking when circumstances so require,
- (b) the designation of personnel to be responsible for ensuring strict compliance with fire safety standards,
- (c) evacuation and disaster plans, a copy of which shall be filed with the Minister, and the posing of basic evacuation and emergency orders,
- (d) fire drills as required to ensure that all staff are familiar with their duties and the recording of these drills, and
- (e) an electrical appliance policy governing the use and maintenance of any electrical appliances intended to be used in residents’ rooms.

To comply with Bulletin No. 2001-04 from the Office of the Fire Marshal which states: “The 1995 National Building Code of Canada permits the door release hardware electromagnetic locks to be installed on exit doors, provided the installation complies with all conditions as listed in the Code”.

To comply with Bulletin No. 2011-01 from the Office of the Fire Marshal that provides a description and samples of the two permitted keypad door release installation acceptable for use in impeded egress zones within Nursing Homes and Hospitals.

To comply with Fire Technote No. 2006-07 from the Office of the Fire Marshal on: Fire watch requirements for fire alarm system modifications/renovations.

Refer to: [Fire Technote No. 2006-07](#).

To comply with Fire Technote No. 2006-08 from the Office of the Fire Marshal on: Fire watch requirements for sprinkler system modifications/renovations. Refer to: [Fire Technote No. 2006-08](#).

To comply with Fire Technote No. 2006-09 from the Office of the Fire Marshal on: Fire watch. Refer to: [Fire Technote No. 2006-09](#).

DEFINITIONS

Fire Plan is a plan developed to guide staff in the event of a fire within the building. Plan consists of (a) fire response procedures, (b) staff orientation, (c) testing of equipment and staff response through regular fire drills, (d) posting of fire orders, (e) recording of staff attendance at fire drills. Depending on the building and future situations the plan can be expanded to include other items not mentioned.

Disaster Plan is a plan that addresses the impact of a natural or human made hazard that negatively affects the nursing homes operation to provide normal services to the residents. Plan consists of (a) bomb threat procedure, (b) sudden unavailability of staff, (c) prolonged power failure, (d) prolonged heating failure, (e) prolonged water or sewer failure, (f) major supply disruption, (g) isolation, (h) re-location. Depending on the building and future situations the plan can be expanded to include other items not mentioned.

Evacuation Plan is the plan to move in mass the residents from a dangerous place due to Fire or Disaster. Plan consists of (a) resident identification, (b) code for assisting resident to evacuate, (c) equipment and supplies needed for evacuation. Depending on the building and future situations the plan can be expanded to include other items not mentioned.

MEASURE OF COMPLIANCE

1. Fire Plan

- There is a current fire plan which is reviewed yearly or whenever there is a change in the use and/or characteristics of the building or allocation of staff that will affect the plan.
- All staff receives orientation to the fire plan.
- The name of the designated personnel who are responsible for ensuring strict compliance with fire safety standards is posted in a prominent location for staff to observe.
- Basic evacuation and emergency orders are posted in each fire zone in a prominent location accessible for public view.
- The fire plan includes a fire watch to ensure safety whenever the sprinkler system and/or the fire alarm system are being modified/renovated or not functioning properly, as per directives from the Office of the Fire Marshal.
- The required planned monthly fire drills will include:
 - A. Determining the time(s) of the drill(s) that will best meet the objectives of having the fire drill(s).
 - B. Testing the fire alarm.
 - C. Providing a report on the results of the drill that cover:
 - the recording of staff participation
 - problems during the drill
 - suggestions on changes to the fire plan
 - D. There is evidence that all staff have participated in at least one fire drill per year. Casual staff may qualify by participating in a written fire drill which has been approved by Nursing Home Services.

2. Disaster Plan

- A copy of the nursing homes current disaster plan is filed with Nursing Home Services.
- There is a current disaster plan which is reviewed yearly or whenever there is a change in the use and/or characteristics of the building or allocation of staff that will affect the plan.
- Staff receives orientation to the disaster plan.

3. Evacuation Plan

- There is evidence in the evacuation plan that there is an established code for each resident and that it is kept in the appropriate place for staff to utilize during a quick evacuation.
- There is evidence that staff is oriented to the meaning of the code system.
- There is evidence that each resident code for assistance has been kept current.
- There is evidence that Nursing Home Services has a copy of the home's current evacuation plan.

4. Electrical Appliance Safety Plan

- The electrical appliance safety plan must include the following:
 - A. All electrical appliances used in the nursing home and resident rooms must have the CSA or ULC label attached or a proof of CSA certification.
 - B. There is a system in place to inspect and tag all electrical equipment used in resident room to determine it is safe to operate.
 - C. All electrical equipment will be inspected annually after the initial admission inspection and records of inspection maintained.
 - D. Any materials must be no closer than 6 inches from any electric baseboard heater.

5. Hot Water Safety Plan

- There is evidence that a hot water safety plan is developed and kept current and that it addressed the following:
- Monitor and record monthly the water temperature in the hot water storage tank(s) that supply hot water for resident use.
- The water temperature in the hot water tank(s) must not fall below the bacteria killing temperature of 60 degrees Celsius or 140 degrees Fahrenheit.

- Monitor and record monthly the water temperature at any of the taps the residents use or have access to use. The water temperature flowing from the water taps cannot be more than 49 degrees Celsius or 120 degrees Fahrenheit.
- As part of the preventative maintenance program the bathing tubs temperature gages are checked on a monthly basis.
- There is a policy in place requiring that the bathing water be checked by staff just prior to the resident being placed in the bathing unit. The requirements, which are in accordance with standard D-I-8, Safe Bath Temperatures, are met.
- If a problem exists in either area that is monitored, more frequent monitoring may be required.

6. Door release hardware electromagnetic locks Safety Plan

- The exit doors are equipped with keypad door release electromagnetic lock to ensure safety of residents. It is in compliance with the requirements of the National Building Code of Canada as per [Bulletin No 2001-04](#) of the Office of the Fire Marshal and requirements indicated in [Bulletin No. 2011-01](#) of the Office of the Fire Marshal.
 - A. The posting of release Code is in place and follows the requirements as per “Nursing Home/Hospital Exit/Egress Door Security Code Guidelines” – [Bulletin No. 2011-01](#).

- B. One of the formats for the display of door release codes approved by the Fire Marshal is used:
- a) code becomes the current year, plus star button (or just current year if the code is 4 digits) - [Bulletin No. 2011-01](#)
 - or**
 - b) Graphic code - [Bulletin No. 2011-01](#)
- C. When a requirement can't be met or when none of the 2 options (a & b above) is satisfactory, the Liaison Officer is notified. The Nursing Home completes the form "[Approval to change code and keypad door release](#)" and send it by fax to the Liaison Officer for approval. The Fire Marshal will then be informed of the exemption by the Liaison Officer who will send a signed copy of the form to the office of the Fire Marshal and to the Nursing Home. The Nursing Home keeps the approved copy as a proof of authorization for purpose of inspection.

APPROVAL TO CHANGE CODE AND KEYPAD DOOR RELEASE

Authorization to utilize an approved alternative measure of security code is required to comply with the Fire Marshal's requirements. The Nursing Home must notify the Liaison Officer of any changes to the Code or any changes to the requirements as per "Nursing Home/Hospital Exit/Egress door Security Code Guidelines". The office of the Fire Marshall is informed of the exemption by the Liaison Officer. Standard D-II-1

To be completed by the Nursing Home:

Name of Nursing Home: _____ Fax number: _____

Explanation supporting change of code or change to the requirements: _____

Current Code: _____

New Code or change to requirements: _____

Signature of administrator/ Date: _____

To be completed by the Liaison Officer:

Form sent to Office of the Fire Marshal / Date: _____

Approval of exemption/Date/Signature of Liaison officer: _____

Completed form sent to Nursing Home / Date faxed: _____



Office of the Fire Marshal • Bureau du prévôt des incendies

65, rue Brunswick Street, Fredericton, NB E3B 1G5, 453-2004 (tél.), 457-4899 (télééc.)

BULLETIN N° 2001-04

To: Fire Chiefs

Destinataires : Chefs des services
d'incendie

From: Ken Harris

Expéditeur : Ken Harris

Date: February 15, 2001

Date : Le 15 février 2001

**RE: DOOR RELEASE HARDWARE
ELECTROMAGNETIC LOCKS**

**OBJET : DISPOSITIFS D'OUVERTURE
DE PORTE ET SERRURES
ÉLECTROMAGNÉTIQUES**

The 1995 National Building Code of Canada permits the above hardware to be installed on exit doors, Provided the installation complies with all conditions as listed. The following must be complied with in all installations:

Le *Code national du bâtiment* du Canada de 1995 autorise les dispositifs ci-dessus sur les portes d'issue, pourvu qu'ils soient installés conformément à tous les critères énoncés dans le *Code*. Les critères suivants doivent être respectés :

The entire building shall be equipped with an AC/DC fire alarm system.

Le bâtiment doit être équipé d'un réseau avertisseur incendie c.a./c.c.

The locking devices release upon actuation of the fire alarm signal.

Le mécanisme de verrouillage se neutralise sur déclenchement du signal d'alarme.

The locking device releases immediately upon loss of power controlling the electromagnetic locking mechanism and its associated auxiliary controls

Le mécanisme de verrouillage se neutralise immédiatement en cas de panne du courant qui alimente le mécanisme de la serrure électromagnétique et ses contrôles auxiliaires connexes.

The locking device releases immediately upon actuation of a manually operated switch readily accessible to authorized personnel.

Le mécanisme de verrouillage se neutralise immédiatement sous l'action d'un interrupteur manuel accessible seulement au personnel autorisé.



Office of the Fire Marshal • Bureau du prévôt des incendies

65, rue Brunswick Street, Fredericton, NB E3B 1G5, 453-2004 (tél.), 457-4899 (téléc.)

A force of not more than 90 N applied to the opening hardware (panic hardware) initiates an irreversible process that will release the locking device within 15 seconds and not relock.

Une poussée d'au plus 90 N exercée sur la quincaillerie d'ouverture de la porte déclenche un mécanisme de déverrouillage dans les 15 secondes et empêche le verrouillage.

Upon release the locking device must be manually reset

Une fois neutralisé, le mécanisme de verrouillage doit être réactionné manuellement.

A legible sign is permanently mounted on the exit door to indicate that the lock will release in 15 seconds of applying pressure to the door opening hardware.

Un panneau lisible est fixé en permanence sur la porte d'issue indiquant que le mécanisme de verrouillage se neutralise en moins de 15 secondes lorsqu'on applique une pression sur la quincaillerie d'ouverture de la porte.

An exemption to the above are impeded egress zones in hospitals and nursing homes. Several years ago this office determined that panic hardware with up to a 15-second delay for releasing the locking mechanism would not be required for impeded egress zones in sprinklered hospitals and nursing homes. and that a key pad would be acceptable in lieu of the readily accessible switch at the exits. The access code must be posted in a conspicuous location. These exemptions are based on the automatic sprinkler systems and the presence of trained staff supervising residents at all times.

Les zones à sortie contrôlée des hôpitaux et des foyers de soins sont exemptées de ce qui précède. Il y a plusieurs années, le Bureau du prévôt des incendies a déterminé que la quincaillerie d'ouverture de porte ayant un mécanisme de déverrouillage dans les 15 secondes ne serait pas requise dans les hôpitaux et les foyers de soins munis de gicleurs et qu'un bloc numérique serait acceptable au lieu de l'interrupteur facilement accessible aux sorties. Le code d'accès doit être affiché dans un endroit visible. Ces exemptions sont basées sur les systèmes de gicleurs automatiques et la présence d'employés qualifiés qui supervisent les résidents en tout temps.

All doors equipped with electromagnetic locks must release at the same time by one common button or switch. One means of accomplishing this is by installing the system so that by pulling any manual pull station of the fire alarm, system all locks release

Toutes les portes munies de serrures électromagnétiques doivent se déverrouiller en même temps à l'aide d'un bouton ou d'un interrupteur commun. Pour ce faire, le système peut être installé de manière à ce que les serrures soient déverrouillées en déclenchant l'avertisseur d'incendie manuellement.



Office of the Fire Marshal • Bureau du prévôt des incendies

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The installation of electromagnetic locks is not a substitute for adequate numbers of staff being present as required by the fire safety plan

Les serrures électromagnétiques ne remplacent pas le nombre adéquat d'employés qui doivent être présents conformément au plan de sécurité-incendie.

Electromagnetic locks or similar hardware is not permitted to be installed in fire separation doors where the release of the lock removes the latching mechanism i.e.: stairwells, fire compartments etc.

Une serrure électromagnétique ou toute quincaillerie semblable ne doit pas être installée sur la porte d'une séparation coupe-feu si le déverrouillage de la serrure dégage le pêne, c.-à-d. cages d'escalier, compartiments à l'épreuve du feu, etc.

The National Building Code also requires that all locking, latching and other fastening devices on all exit doors shall permit the door to be readily opened from the inside with not more than one releasing operation and without requiring keys, special devices or specialized knowledge of the opening mechanism. This would not permit the use of keypads or similar devices in buildings other than hospitals or nursing homes.

Le *Code national du bâtiment* exige aussi que les serrures, loquets et autres dispositifs de fermeture d'une porte d'issue permettent d'ouvrir facilement la porte de l'intérieur sans qu'il soit nécessaire d'effectuer plus d'un mouvement et d'utiliser une clé ou un dispositif spécial ou de connaître le mécanisme d'ouverture. Des blocs numériques ou des dispositifs semblables ne seraient donc pas permis dans des bâtiments autres que les hôpitaux ou les foyers de soins.

Any hardware installed on exit doors which does not comply with the above shall be ordered to be removed.

Si la quincaillerie installée sur une porte d'issue est non conforme aux critères ci-dessus, l'ordre de l'enlever doit être donné.

If you have any questions please contact our office at 453 - 2004

Pour toute question, communiquez avec notre bureau, au 453-2004.



Public Safety – Sécurité publique
Office of the Fire Marshal – Bureau du prévôt des incendies

BULLETIN N° 2011-01

TO:	Fire Chiefs Fire Prevention Officers Department of Social Development	DESTINATAIRES:	Chef des services incendie Agent(e)s de prévention d'incendies Ministère du Développement social
FROM:	Benoit Laroche, Fire Marshal	EXPÉDITEUR :	Benoit Laroche, Prévôt des incendies
COPIES :	Ken Harris, Chief Fire Inspector Jeff Cross, President, NBAFPO	COPIES :	Ken Harris, Chef inspecteur Jeff Cross, Président, AAPINB
DATE:	January 24, 2011	DATE :	Le 24 janvier 2011
RE:	Keypad Door Lock Release for Electromagnetic Lock	OBJET :	Dispositif de déverrouillage de porte électromagnétique muni d'un clavier

**This bulletin is replacing Bulletin 2009-03 -
Keypad Door Lock Release**

As discussed and agreed upon with Social Development and the New Brunswick Association of Nursing Homes, this Bulletin provides a description and samples of the two permitted keypad door release installation acceptable for use in impeded egress zones within Nursing Homes and Hospitals.

**This is not acceptable for any other
use/occupancy.**

The Department of Social Development, Nursing Home Services will be distributing the new directive reflecting the acceptable code display to the 65 nursing homes and will be monitoring the efficiency of the new design in collaboration with the New Brunswick Association of Nursing Homes. The result of evaluation will be shared with all concerns during the regular meeting of the Association.

Please see Annex A and B of this bulletin for the description and sample.

**Ce bulletin remplace bulletin 2009-03 - Dispositif
de déverrouillage de porte muni d'un clavier**

Tel que discuté et convenu avec le ministère du Développement social, et l'Association des foyers de soins du Nouveau Brunswick le présent bulletin donne une description et montre deux exemples acceptables de déverrouillage de porte muni d'un clavier pouvant être utilisé dans les zones à sortie contrôlée des foyers de soins et des hôpitaux.

**Il ne peut être utilisé pour aucun autre usage
dans un autre endroit quelconque.**

Le ministère du Développement social, Service des foyers de soins distribuera au 65 foyer de soins la nouvelle directive reflétant les deux exemples acceptables et surveillera l'efficacité du nouveau design en collaboration de l'Association des foyers de soins du Nouveau Brunswick. Les résultats de l'évaluation seront partagés avec les parties concernées durant les réunions régulières de l'association.

Veillez consulter l'annexe A et B de ce bulletin pour une description et un exemple.

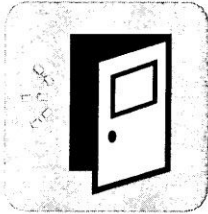
Le prévôt des incendies,

Fire Marshal



ANNEX A

Nursing Home/Hospital Exit/Egress Door Security Code Guidelines



Door release codes to be identical throughout the building

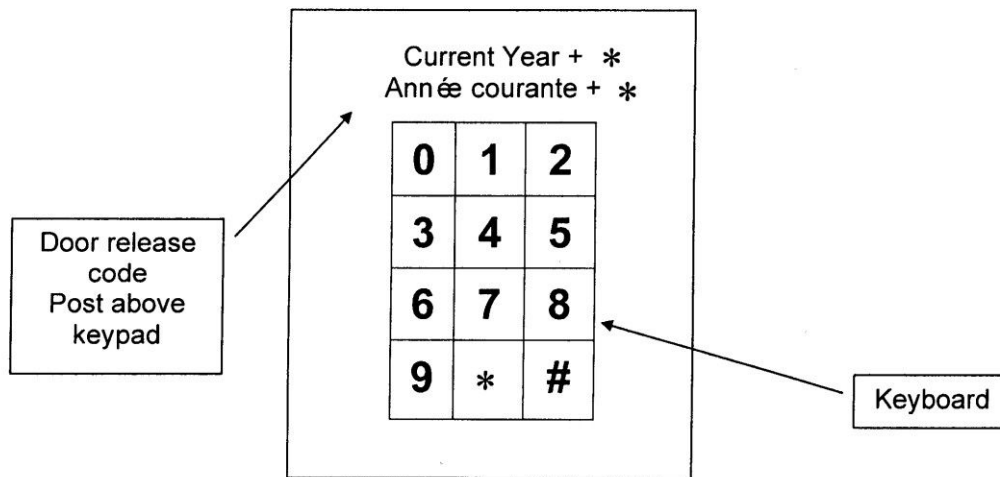
Locate adjacent to exit/egress door.

Exit/Egress door requires a sign on the door to advise how the door lock is released

Posted release code and key pad must be located at a height accessible to persons using wheelchairs

Standard Door Code

French and/or English wording

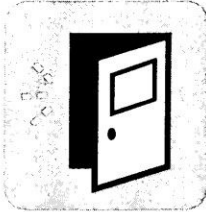


Door release code
Post above
keypad

Keyboard

ANNEX B

Nursing Home/Hospital Exit/Egress Door Security Code Guidelines



Door release codes to be identical throughout the building

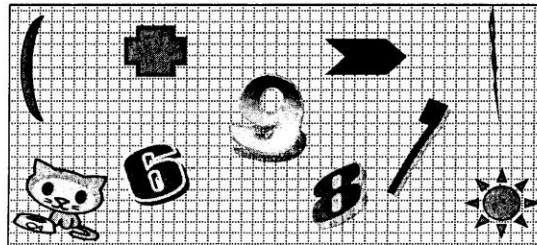
Locate adjacent to exit/egress door.

Exit/Egress door requires a sign on the door to advise how the door lock is released

Posted release code and key pad must be located at a height accessible to persons using wheelchairs

Standard Door Code

Graphic Code



Door release code
Post above
keypad

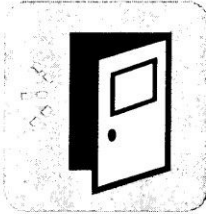
Door release code
Four digit code and *
Code de déverrouillage – Code de
quatre chiffres et *

Keyboard

0	1	2
3	4	5
6	7	8
9	*	#

ANNEXE A

Lignes directrices relatives aux codes de sécurité pour les portes de sortie des foyers de soins et des hôpitaux



Toutes les portes du bâtiment doivent avoir le même code de déverrouillage.

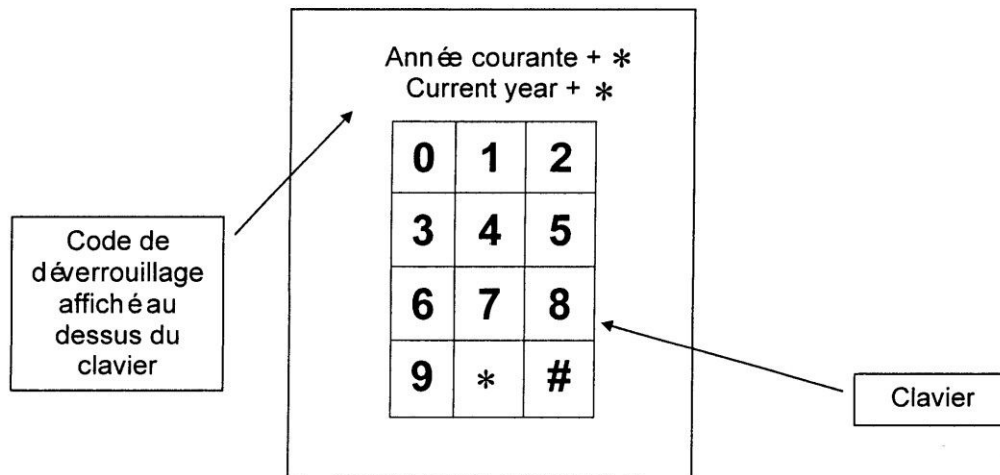
Le code de déverrouillage doit être affiché près des portes de sortie.

Une enseigne expliquant comment déverrouiller la porte doit être affichée sur la porte.

Le code de déverrouillage affiché et le clavier doivent être situés à une hauteur accessible aux personnes en fauteuil roulant.

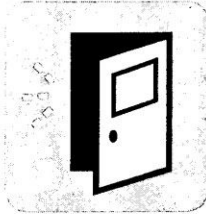
Procédure à suivre

En français et/ou en anglais



ANNEXE B

Lignes directrices relatives aux codes de sécurité pour les portes de sortie des foyers de soins et des hôpitaux



Toutes les portes du bâtiment doivent avoir le même code de déverrouillage.

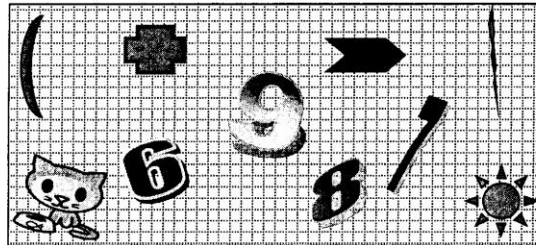
Le code de déverrouillage doit être affiché près des portes de sortie.

Une enseigne expliquant comment déverrouiller la porte doit être affichée sur la porte.

Le code de déverrouillage affiché et le clavier doivent être situés à une hauteur accessible aux personnes en fauteuil roulant.

Procédure à suivre

Code graphique



Code de déverrouillage affiché au dessus du clavier

Code de déverrouillage
Code de quatre chiffres et *
Door release code
Four digit code and *

Clavier

0	1	2
3	4	5
6	7	8
9	*	#

TECHNICAL INSPECTION SERVICES
Department of Public Safety
495A Prospect St.,
Fredericton, NB E3B 9M4
Phone: (506) 453-2336
Fax: (506) 457-7394



2006-07

SERVICES D'INSPECTION TECHNIQUE
Ministère de la Sécurité publique
495A rue Prospect
Fredericton (N.-B.) E3B 9M4
Téléphone: (506) 453-2336
Télécopieur: (506) 457-7394

NOTES TECHNIQUES DE FEU

FIRE Technote

From: Technical Inspection Services
Date: March 2006
Subject: Fire watch requirements for fire alarm system modifications/renovations

Origine: Services D'Inspection Technique
Date: Mars 2006
Objet: Exigences relatives au service de surveillance pour modifications et rénovations au réseau avertisseur d'incendie

If modifications/renovations are done to a fire alarm system, a fire watch is not required during the fire alarm contractor's work day provided the following are provided:

1. The area of the building where the fire alarm system is not operational shall be constantly occupied by the fire alarm contractor's staff.
2. If the building is equipped with a sprinkler system, the sprinkler system shall remain fully operational and the sprinkler system shall be monitored by the fire alarm system.

If the fire alarm system is not fully functional after the fire alarm contractor's work day then a dedicated fire watch is required.

Refer to FIRE Technote 2006-09.

Si des modifications ou des rénovations sont effectuées à un réseau avertisseur d'incendie, un service de surveillance n'est pas requis pendant la journée au cours de laquelle l'entrepreneur travaille sur le réseau avertisseur d'incendie pourvu que les conditions suivantes soient respectées :

1. Le secteur du bâtiment dans lequel le réseau avertisseur d'incendie n'est pas fonctionnel est constamment occupé par le personnel de l'entrepreneur responsable du réseau avertisseur d'incendie.
2. Si le bâtiment est muni d'un système de gicleurs, ce système doit demeurer entièrement opérationnel et être surveillé par le réseau avertisseur d'incendie.

Si le réseau avertisseur d'incendie n'est pas entièrement fonctionnel à la fin de la journée de travail de l'entrepreneur, un service de surveillance désigné est requis.

Se reporter à FIRE Technote 2006-09.



TECHNICAL INSPECTION SERVICES
Department of Public Safety
495A Prospect St.,
Fredericton, NB E3B 9M4
Phone: (506) 453-2336
Fax: (506) 457-7394



2006-08

SERVICES D'INSPECTION TECHNIQUE
Ministère de la Sécurité publique
495A rue Prospect
Fredericton (N.-B.) E3B 9M4
Téléphone: (506) 453-2336
Télécopieur: (506) 457-7394

NOTES TECHNIQUES DE FEU

FIRE Technote

From: Technical Inspection Services

Date:

Subject: Fire watch requirements for
sprinkler system
modifications/renovations

If modifications/renovations are done to a sprinkler system a fire watch is not required during the sprinkler contractor's work day provided the following are provided:

1. The area of the building that the sprinkler system is not operational shall be constantly occupied by the sprinkler contractor's staff.
2. The fire alarm system shall be fully functional throughout the entire building, including the work area.

If the sprinkler system is not fully functional after the sprinkler contractor's work day then a dedicated fire watch is required.

Refer to FIRE Technote 2006-09.

Origine: Services D'Inspection Technique

Date:

Objet: Exigences relatives au service
de surveillance pour
modifications et rénovations
au système de gicleurs

Si des modifications ou des rénovations sont effectuées à un système de gicleurs, un service de surveillance n'est pas requis pendant la journée au cours de laquelle l'entrepreneur travaille sur le système de gicleurs pourvu que les conditions suivantes soient respectées :

1. Le secteur du bâtiment dans lequel le système de gicleurs n'est pas fonctionnel doit être occupé en tout temps par le personnel de l'entrepreneur responsable du système de gicleurs.
2. Le réseau avertisseur d'incendie doit être entièrement fonctionnel dans tout le bâtiment, y compris l'aire de travail.

Si le système de gicleurs n'est pas entièrement fonctionnel après la journée de travail de l'entrepreneur, un service de surveillance désigné est requis.

Se reporter à FIRE Technote 2006-09.



TECHNICAL INSPECTION SERVICES
Department of Public Safety
495A Prospect St.,
Fredericton, NB E3B 9M4
Phone: (506) 453-2336
Fax: (506) 457-7394



2006-09

SERVICES D'INSPECTION TECHNIQUE
Ministère de la Sécurité publique
495A rue Prospect
Fredericton (N.-B.) E3B 9M4
Téléphone: (506) 453-2336
Télécopieur: (506) 457-7394

NOTES TECHNIQUES DE FEU

FIRE Technote

From: Technical Inspection Services

Date: March 2006

Subject: Fire watch

In a building where both the sprinkler system and fire alarm system are being modified or renovated, a dedicated, 24 hour per day, fire watch is required.

The fire watch shall consist of the following:

1. A dedicated person(s) whose only job function is providing the fire watch.
2. The dedicated person(s) shall have a means to immediately contact 911 services.
3. The dedicated person(s) shall have a means of contacting and shall be responsible to notify the building occupants.
4. The dedicated person(s) shall be familiar with the construction fire safety plan and understand his/her responsibilities.
5. The dedicated person(s) shall, on an hourly basis, patrol the area(s) where the fire alarm/sprinkler systems are not operational and record on a sign off sheet that the patrol was done and the time of the patrol.
6. The dedicated person(s) shall be trained in the use of a fire extinguisher.

Origine: Services D'Inspection Technique

Date: Mars 2006

Objet: Service de surveillance

Dans un bâtiment où le système de gicleurs et le réseau avertisseur d'incendie sont modifiés ou rénovés, un service de surveillance de vingt-quatre heures sur vingt-quatre est requis.

Le service de surveillance doit comprendre les intervenants suivants :

1. Une ou des personnes désignées dont la seule fonction est d'assurer la surveillance.
2. La ou les personnes désignées ont un moyen de communiquer immédiatement avec le service 911.
3. La ou les personnes désignées ont un moyen de communiquer et sont chargées d'aviser les occupants du bâtiment.
4. La ou les personnes désignées connaissent le plan de sécurité-incendie en construction et comprennent leurs responsabilités.
5. La ou les personnes désignées effectuent, à chaque heure, une patrouille du ou des secteurs dans lesquels le réseau avertisseur d'incendie ou le système de gicleurs n'est pas opérationnel et inscrivent sur une feuille l'heure de la patrouille.
6. La ou les personnes désignées doivent apprendre à utiliser un extincteur d'incendie.

