

Application Manual

for the Regulation respecting the
conditions for obtaining
a certificate of compliance
for a residence for the elderly

May 2007

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The masculine form used in this text refers to both women and men.

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PREFACE

Under the Act respecting health services and social services (R.S.Q., c. S-4.2), the government adopted the Regulation respecting the conditions for obtaining a certificate of compliance for residences for the elderly, which came into force on February 1, 2007.

The ministry and the health and social services agencies agreed that the above-mentioned regulation would be applied in accordance with a single application manual and that a single organization would be responsible for verifying the compliance of all residences for the elderly. The Conseil québécois d'agrément was designated by the Minister of Health and Social Services to inspect these residences to determine their compliance with the regulation.

The manual was developed with the collaboration of several organizations, including the Bureau de normalisation du Québec and the health and social services agencies. Other jurisdictions, i.e. the ministère de l'Agriculture, des Pêcheries et de l'Alimentation, the ministère de la Sécurité publique, the ministère des Affaires municipales et des Régions and the Régie du bâtiment du Québec also contributed, given that operators of residences for the elderly are also subject to other Acts and regulations designed to ensure the health and safety of residents.

Operators of residences for the elderly in Québec have an important role to play in assuring the quality of the services provided to the elderly in their communities, especially in the context of the *Politique de soutien à domicile « Chez soi : le premier choix »*.

Certification of residences for the elderly is a concrete means of ensuring that these residents throughout Québec receive safe and high-quality services in a living environment integrated into the community.

Marie-Josée Guérette
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INTRODUCTION

Purpose and area of application

The purpose of this publication is to set out the requirements and conditions pertaining to certification of residences for the elderly under the Regulation respecting the conditions for obtaining a certificate of compliance for residences for the elderly (R.S.Q., c. S-4.2, r.0.01.1).

Certification of residences for the elderly provides a recognition that these residences meet the health and social criteria and the other requirements set out in the Regulation.

The goal of the compliance verification procedure is to ensure that the operators of residences for the elderly and their staff members satisfy the health and social criteria set out in the Regulation respecting the conditions for obtaining a certificate of compliance for residences for the elderly.

The verification of compliance is carried out in the place of operation of the residence for the elderly and is comprised of two types of verification: verification of documents and verification of conduct. The verification of documents consists in ensuring that the documents which the operator must produce are in compliance with the specified health and social criteria, as stated in the application manual. Verification of conduct deals with the understanding and implementation of the policies and procedures in force in the residence by the operator and staff members. This verification is carried out mainly through interviews, but also includes direct observation of activities and outcomes of activities.

EXEMPTION

It is important to note that certain provisions of the Regulation respecting the conditions for obtaining a certificate of compliance for residences for the elderly (R.S.Q., c. S-4.2, r.0.01.1) do not apply to the operator of a residence for the elderly that offers no personal assistance services. The provisions that do not apply are those set out in subparagraphs (3) to (6) of the first paragraph of section 6, and sections 13, 14, 18, 21 and 22.

Definitions

For the purpose of this document, the terms below are defined as follows:

Residences for the elderly. “A congregate residential facility where rooms or apartments intended for elderly persons are offered for rent along with a varied range of services relating, in particular, to security, housekeeping assistance and assistance with social activities, except a facility operated by an institution and a building or residential facility where the services of an intermediate resource or a family-type resource are offered.” [AHSSS] [R.S.Q., c. S-4.2]).

Operator. Natural person or legal entity operating a residence for the elderly as owner or person in charge of operations. (Reference: *Le grand dictionnaire terminologique*. [modified wording]).

Personal assistance services. Personal hygiene, eating aid, mobility aid, transfer aid and distribution of medications (second paragraph of section 26 of the Regulation respecting the conditions for obtaining a certificate of compliance for a residence for the elderly).

Centre de santé et de services sociaux (CSSS) [Health and Social Services Centre]. The CSSS is a multivocational institution operating a local community service centre, a residential and long-term care centre and, where applicable, a general and specialized hospital centre (section 99.4 of the AHSSS).

CONDITIONS FOR OBTAINING A CERTIFICATE OF COMPLIANCE

Section 1 A health and social services agency for the area of jurisdiction where the residence for the elderly is situated is to issue a certificate of compliance referred to in section 346.0.3 of the Act respecting health services and social services (R.S.Q., c. S-4.2), to the operator of a residence for the elderly if the operator meets the conditions set out in this Regulation.

1. General provisions

Section 2 The resident and the resident's close relatives must be treated with courtesy, fairness and understanding, and with respect for their dignity, autonomy and needs.

→ Application of section 2

1. The operator and staff of the residence must treat the residents and close relatives of the residents with courtesy, fairness and understanding, and with respect for their dignity, autonomy and needs.
2. The operator must appoint a person in charge of supervising staff members in contact with the residents.

NOTE – The following are means of supervising or monitoring staff: meeting with them, accompanying them in their duties, providing assistance or a buddy system for staff in contact with residents.

3. The operator must be able to provide evidence that the staff did indeed receive the training or information regarding the code of conduct required by section 5 of the Regulation, and that this training or information was provided by the person in charge.

Section 3 Space must be provided in the residence for the elderly so that every resident can receive visitors in a setting that respects the resident's privacy at all times.

→ Application of section 3

4. In a residence for the elderly, the operator must provide space so that every resident can receive visitors in a setting that respects the resident's privacy at all times.
5. The operator must specify the spaces in the residence that have been arranged so that every resident can receive visitors in a setting that respects the resident's privacy at all times.

Section 4 Residents' access to recreational activities and community life is to be facilitated.

→ Application of section 4

6. The operator must facilitate residents' access to recreational activities and community life.
7. The operator must keep a list of the main activities available in the residence and the community and residents must have access to this list.

2. Exchange of information

Section 5 A document with the following mandatory information written in clear and simple terms is to be given by the operator to a person wishing to enter the residence, a close relative of the person or, as applicable, the person's representative:

- (1) the type of residence;
- (2) all the services offered in the residence, the cost of the services and, where applicable, an indication that the residence offers no personal assistance service;
- (3) the conditions on which persons with a disability may be admitted and the accommodation capacity for such persons;
- (4) the complaint management procedure;
- (5) the code of conduct that applies to the staff and residents;
- (6) the procedure and cost for the service that manages claims under government financial assistance programs, if that service is available; and
- (7) the operating rules for the residence.

→ **Application of section 5**

8. The operator must give the document referred to in section 5 of the Regulation, written in clear and simple terms, to any person wishing to enter the residence, a close relative of the person or, as applicable, the person's representative. The document must contain the following mandatory information:

(1) the type of residence;

(2) the basic services included in the rent, along with the cost of the optional services offered by the operator and, if applicable, an indication that the residence offers no personal assistance service;

NOTE – The following are examples of services offered by an operator:

- board and lodging;
- a call-for-help system;
- a safety device that alerts staff;
- personal hygienic care;
- distribution of medications;
- eating aid;
- mobility and transfer aid;
- medical services;
- nursing care;
- rehabilitation services (physiotherapy, occupational therapy);
- psychosocial services;
- pastoral services;
- leisure and recreational services;
- transportation services;
- other services (massage therapy, podiatry, etc.);
- assistance services for claims under government financial assistance programs.

(3) the conditions on which persons with a disability may be admitted and the accommodation capacity for such persons;

NOTE – A condition on which persons with disabilities such as cognitive disorders may be admitted could be, for example, installation of a coded door.

NOTE – The following are examples of possible limitations to a residence's accommodation capacity:

- a person requiring a wheelchair to get around;
- a person requiring a deambulator (walker) to get around;

- a person's inability to get to the dining room alone.
- (4) the complaint management procedure should set out, as a minimum, the elements contained in Schedule 1 to this document;
 - (5) a code of conduct based on the code presented in Schedule 2 to this document;
 - (6) the procedure and cost for the service that manages claims under government financial assistance programs, if that service is available;
NOTE – The cost of this service should be specifically mentioned in the document.
 - (7) the operating rules for the residence;
NOTE – The following operating rules are examples of rules the residence could adopt:
 - respecting meal times;
 - asking residents to let the operator or a staff member know when they are leaving the building.

Section 6 When an elderly person enters the residence, the operator must open a file in which the following information is entered:

- (1) the name of a person to contact in an emergency;
- (2) any special needs the resident may have;
- (3) any health problems the resident may have, including allergies;*
- (4) the name of the resident's attending physician;*
- (5) the name of the resident's pharmacist;* and
- (6) the name of the person in charge of the resident's file at the health and social services centre for the area of jurisdiction where the residence is situated.*

* These paragraphs do not apply to the operator of a residence for the elderly that offers no personal assistance service.

If a person refuses to provide information required under the first paragraph, the operator must have the person sign a declaration attesting to that fact. The declaration is kept in the file.

→ Application of section 6

9. The operator must open a file on every resident and keep the file up-to-date. The information required under section 6 of the Regulation must be entered in the file.
10. If a resident refuses to provide the information mentioned in the first paragraph of section 6 of the Regulation, the operator must have him sign a declaration attesting to that fact and keep it in the file.

NOTE – Sample forms for “Information” and “Declaration of refusal to provide personal information” are presented, respectively in Schedules 3 and 4.

Section 7 Personal information collected pursuant to this Regulation is to be kept in such a manner as to ensure its protection in accordance with section 10 of the Act respecting the protection of personal information in the private sector (R.S.Q., c. P-39.1).

→ **Application of section 7**

11. The operator must keep the personal information collected pursuant to the Regulation respecting the conditions for obtaining a certificate of compliance for a residence for the elderly in such a manner as to ensure its protection in accordance with section 10 of the Act respecting the protection of personal information in the private sector (R.S.Q., c. P-39.1).

NOTE – For reference purposes, section 10 of the Act respecting the protection of personal information in the private sector reads as follows:

“A person carrying on an enterprise must take the security measures necessary to ensure the protection of the personal information collected, used, communicated, kept or destroyed and that are reasonable given the sensitivity of the information, the purposes for which it is to be used, the quantity and distribution of the information and the medium on which it is stored.”

→ **Application of section 7 (continued)**

NOTE – A sample policy on the protection of personal information is offered in Schedule 5 to this document.

12. The operator must keep evidence proving that the staff members concerned were given all the information necessary concerning the storage and protection of personal information and that this information was given by the person in charge.

3. Health and safety of residents

Section 8 The operator is to allow every resident to have access to health and social services and to an assessment and follow-up of the resident's state of health and psychosocial needs.

→ **Application of section 8**

13. The operator must allow every resident to have access to health and social services and to an assessment and follow-up of the resident's state of health and psychosocial needs.

Section 9 The operator is to see that every resident whose life or integrity is in danger receives the care and services required by the resident's condition.

→ **Application of section 9**

14. The operator must see that every resident whose life or integrity is in danger receives the care and services required by the resident's condition.

15. The operator must be able to provide evidence that the staff members concerned were given instructions on the care and services to be provided to every resident whose life or integrity is in danger and that these instructions were given by the person in charge.

Section 10 The housekeeping of the residence, in particular the common areas accessible to residents, is to be done in such a manner as to not endanger the health and safety of the residents.

→ **Application of section 10**

16. The operator must ensure that the housekeeping of the residence, in particular the common areas accessible to residents, is done in such a manner as to not endanger the health and safety of the residents.

17. The operator must store housekeeping products in a safe manner.

Section 11 If the operator notices a resident is behaving in a way that may harm the resident or other residents, or loss of cognitive autonomy associated with behavioural disorders, the operator must notify the resident's close relatives as soon as possible.

The operator may not resort to force, isolation, mechanical means or a chemical substance to control a resident's behaviour. Despite the foregoing, to protect the person or other persons in an emergency situation, after ruling out all other possibilities, the operator may temporarily and exceptionally use such means, but not a chemical substance.

If the operator notices behaviour referred to in the first paragraph or in an emergency situation has to resort to a control measure referred to in the second paragraph, the operator must immediately notify the health and social

services centre for the area of jurisdiction where the residence is situated so that the resident's condition may be assessed and a determination made of the measures, if any, to be taken.

→ Application of section 11

18.If the operator notices a resident is behaving in a way that may harm the resident or other residents, or loss of cognitive autonomy associated with behavioural disorders, the operator must notify the resident's close relative as soon as possible, i.e. the person to contact in an emergency, pursuant to section 6 of the Regulation.

19.The operator must not resort to force, isolation, mechanical means or a chemical substance to control a resident's behaviour. The operator must favour alternative measures.

NOTE – The operator must immediately notify a family member of the resident concerned, or the resident's representative. The operator shall contact the health and social services centre for the area of jurisdiction where the residence is situated.

Despite the foregoing, to protect the person or other persons in an emergency situation, after ruling out all other possibilities, the operator may temporarily and exceptionally use such means, but not a chemical substance.

NOTE – A protocol on the application of restraint measures in emergency situations is presented in Schedule 6.

→ Application of section 11 (continued)

20.If the operator notices a resident is behaving in a way that may harm the resident or other residents, or loss of cognitive autonomy associated with behavioural disorders, or if, in an emergency situation, the operator has to resort to force, isolation or a mechanical means to control a resident's behaviour, the operator must immediately notify the health and social services centre for the area of jurisdiction where the residence is situated so that the resident's condition may be assessed and a determination made of the measures, if any, to be taken.

NOTE – The operator must immediately inform the health and social services centre for the area of jurisdiction where the residence is situated by contacting the intake service of the CLSC (local community service centre). Outside of working hours, the operator shall call Info Santé.

21. The operator must enter the information below in the resident's file:
- the justification for the need to use a control measure;
 - the type of control measure used;
 - the time and date of the intervention;
 - the place and duration of the application of the control measure;
 - the means of supervision used;
 - the resident's reaction;
 - the information provided to the CSSS (CLSC) along with the date and time at which this information was communicated.

Section 12 In the event that the resident's state of health requires care or services that are beyond the operator's capacity or obligations, the operator must notify the resident and, with the resident's consent, the resident's close relatives. If the resident is incapable of giving consent, the operator must notify the resident's close relatives.

→ **Application of section 12**

22. In the event that the resident's state of health requires care or services that are beyond the operator's capacity or obligations, the operator shall notify the resident and, with the resident's consent, the resident's close relatives. If the resident is incapable of giving consent, the operator must notify the resident's close relatives.

23. The operator must keep a document in which the notices sent to the resident and, where applicable, the resident's close relatives, are entered.

NOTE – A sample form for entering a notice is provided in Schedule 7.

Section 13 Every residence must have a functioning call-for-help system adapted to the clientele's specific needs and made available to each resident.*

* This section does not apply to the operator of a residence for the elderly that offers no personal assistance.

→ **Application of section 13**

24. An operator offering personal assistance services must provide a functioning call-for-help system adapted to the clientele's specific needs.

25. The operator must indicate, in the document required pursuant to section 5 of the Regulation, the call-for-help mechanism provided in the residence.

Section 13 (continued)

In addition, the operator must ensure that a safety device which alerts staff members is in place if residents require monitoring because they are prone to wandering.

→ **Application of section 13 (continued)**

26. An operator of a residence that accepts residents prone to wandering must ensure that a safety device which alerts staff members is in place.

NOTE – This device could be a coded door, for example.

27. The operator must indicate, in the document required pursuant to section 5 of the Regulation, the safety device which alerts staff, if applicable.

Section 14 At least one person of full age employed by the operator must be present at all times in the residence.*

* This section does not apply to the operator of a residence for the elderly that offers no personal assistance.

→ **Application of section 14**

28. An operator offering personal assistance services must ensure that at least one person of full age employed by the operator is present at all times in the residence.

29. The operator must enter in a document the persons assigned for every work shift.

NOTE – This could be a work schedule, for example.

Section 14 (continued)

That person must have up-to-date training in:

- (1) cardiopulmonary resuscitation;**
- (2) standard first aid; and**
- (3) moving patients safely.**

The training referred to in the second paragraph must be provided by a certified person or organization.

→ **Application of section 14** (continued)

30. The operator must ensure that, at all times, there is at least one person of full age employed by the operator present in the residence. This person must have up-to-date training in the fields of cardiopulmonary resuscitation, standard first aid and moving patients safely. This training must be provided by a certified person or organization.

NOTE – For the purposes of section 14, the following organizations or persons are considered to be certified:

For cardiopulmonary resuscitation:

- Saint John Ambulance;
- Heart and Stroke Foundation;
- Organizations accredited by the Commission de la santé et de la sécurité du travail (CSST);
- Red Cross Society.

For standard first aid:

- Saint John Ambulance;
- Heart and Stroke Foundation;
- Organizations accredited by the Commission de la santé et de la sécurité du travail (CSST);
- Red Cross Society.

For moving patients safely:

- Trainers accredited by the Association pour la santé et la sécurité du travail – secteur Affaires sociales (ASSTSAS).

NOTE – The course certificate for cardiopulmonary resuscitation and standard first aid, is valid for three years.

31. The operator must keep in the files of the staff members concerned copies of up-to-date certificates in cardiopulmonary resuscitation, standard first aid and moving patients safely.
32. The residence must have basic cardiopulmonary resuscitation equipment in place.

Section 15 Professional activities are to be performed in the residence by members in good standing of the professional order concerned.

The operator or a staff member may, however, without being a member of the professional order concerned, provide invasive care involved in assistance with activities of daily living in accordance with section 39.7 of the Professional Code (R.S.Q., c. C-26) or a regulation made under section 39.9 of that Code.

→ Application of section 15

33. Professional activities shall be performed in the residence by members in good standing of the professional order concerned.

34. Where professional activities are performed by an employee of the residence who is a member in good standing of the professional order concerned, the operator must enter the following information in the professional's file and keep the information up-to-date:
- the title of the professional;
 - the number of the professional permit held by the professional and a copy of proof that the professional is entered for the current year on the roll of the order empowered to issue the permit.
35. Where professional activities are performed by a professional who is not an employee of the residence or of the CSSS (CLSC), but who acts for the operator, the operator must enter the following information in a book:
- the name of the professional;
 - the name of the professional's employer, if applicable;
 - the title of the professional;
 - the number of the professional permit held by the professional and a copy of proof that the professional is entered for the current year on the roll of the order empowered to issue the permit;
 - the professional's professional address when he exercises his profession in a private capacity.
36. Invasive care involved in assistance with activities of daily living provided by non-professionals must be given as part of a home care program provided by an institution operating a CSSS (CLSC), i.e. to persons registered in such a program by the CSSS (CLSC).

NOTE – To ensure the quality and safety of services, the general conditions for authorizing a non-professional of the residence to provide certain types of invasive care related to the activities of daily living (ADLs) are¹:

- an assessment of the resident's clinical condition by a CSSS (CLSC) nurse as a prerequisite, regardless of the type of invasive care to be provided in relation to ADLs;
- stability of the state of health of the resident and of the invasive care involved in ADLs required on a sustained and daily basis. This care

¹ Association québécoise d'établissements de santé et de services sociaux, *Manuel du participant, Formation sur l'application pratique de la loi modifiant le code des professions et d'autres dispositions législatives dans le domaine de la santé*, May 2003, revised in February 2005 (Me Sonia Amziane and Nicole Colette).

must not be entrusted to non-professionals when the resident is in an episode of acute care, particularly after surgery, for an unstable health problem, or during a convalescence;

- a CSSS (CLSC) nurse shall make the decision to entrust this type of care to a non-professional of the residence in accordance with the guidelines and rules of care of the CSSS by which she is employed. She shall establish the resident's nursing therapeutic plan;

→ **Application of section 15** (continued)

- the CSSS (CLSC) nurse or nursing assistant, or the nurse or nursing assistant of the residence will give individualized instruction to the non-professional in the residence; she will also provide clinical support and help maintain the non-professional's knowledge and skills up-to-date in accordance with the CSSS guidelines and rules of care;
- the CSSS (CLSC) nurse or nursing assistant, or the nurse or nursing assistant of the residence will supervise the non-professional in the residence when this person provides invasive care related to ADLs for the first time;
- a non-professional authorized to provide invasive care related to ADLs in the residence shall do so with all the prudence and diligence required in the circumstances and shall refrain from going beyond his or her capacities;
- the CSSS (CLSC) shall make a nurse or a nursing assistant available to the non-professional in the residence, in accordance with the terms and conditions established between the operator and the CSSS (CLSC), to provide the non-professional with clinical support for invasive care related to ADLs, if there is no nurse or nursing assistant present in the residence;
- an authorized non-professional in the residence shall advise the CSSS (CLSC) nurse or the residence nurse, within the time limit specified in the therapeutic nursing plan, if invasive care related to ADLs could not be provided, for whatever reason, or if he sees signs of a change in a resident's condition during or after invasive care.

NOTE – Examples of invasive care involved in the activities of daily living: capillary glycemia by glucometer, anal stimulation, rectal curage, administration of a Fleet enema, vesical catheterism, administration of nasogastric feeding, nasoduodenal feeding,

gastrostomy feeding or jejunostomy feeding, irrigation of gastrostomy and jejunostomy tubes, etc.

37. In this case, for every invasive care activity, the operator shall enter the following information in a book:

- the name of the non-professional in the residence;
- the name and title of the CSSS (CLSC) professional or the professional in the residence who is responsible for instruction, clinical support and updating of the knowledge and skills of the non-professional in the residence;
- the name of the CSSS (CLSC) in charge of the home care program.

NOTE – A sample form for entering information related to each invasive care activity is provided in Schedule 8.

38. Any person in the residence who provides assistance to a resident registered in the home care program must notify the person in charge designated by the CSSS (CLSC) of any incident or accident that occurs during the performance of invasive care related to ADLs, or during other interventions.

NOTE – To date, invasive care related to ADLs cannot be given by non-professionals outside of the home care program administered by the CSSS (CLSC), i.e. can be given only to residents registered in the CSSS (CLSC) home care program, whether or not a nurse or nursing assistant is present in the residence.

NOTE – For reference purpose, the text of section 39.7 of the Professional Code is presented in Schedule 9.

Section 16 The operator is to apply the intervention protocols provided by the agency for its area of jurisdiction in the event of an accident or incident, death, unexplained absence of a resident or onset of an infectious disease, and to prevent infection, apply restraint measures in an emergency situation or mitigate a heat wave.

→ **Application of section 16**

39. The operator must apply the intervention protocols provided by the agency for the region in the event of an accident or incident, death, unexplained absence of a resident or onset of an infectious disease, and to prevent infection, apply restraint measures in an emergency situation or mitigate a heat wave.

NOTE – The protocols are presented in Schedules 10, 11, 12, 13, 14, 6 and 15.

40. The operator must maintain a book in which he shall enter all declarations of accidents or incidents.

Section 16 (continued)

The operator must ensure that staff members are familiar with the protocols.

→ **Application of section 16** (continued)

41. The operator shall ensure that staff members are familiar with the protocols referred to in section 16 of the Regulation and that they have easy access to them.

42. The operator must keep evidence proving that the staff members concerned were provided with the necessary information on section 16 of the Regulation and that this information was given by the person in charge.

Section 17 A residence for the elderly is to have first-aid kits conspicuously marked for rapid identification that must be kept clean, fully stocked and in good condition, and that are readily accessible and available at all times.

→ **Application of section 17**

43. A residence for the elderly must have first-aid kits conspicuously marked for rapid identification. The kits must be kept clean, fully stocked and in good condition, and be readily accessible and available at all times.

44. The operator shall enter in a document the dates on which the first-aid kit or kits were checked and updated, along with the identity of the person who checked and updated them.

NOTE – A sample checking and updating form for first-aid kits is presented in Schedule 16.

→ **Application of section 17** (continued)

45. The operator must inform staff members of where the kit or kits are kept, along with the roles and responsibilities of each one in their regard. The operator must enter the following details of this information activity in a document:

- the date the information was received;
- the name of the person who received the information;
- the name of the person who gave the information.

46. Each first-aid kit must include the minimum content presented in Schedule 16.

Section 18 Devices and equipment furnished by the residence to provide health care and services to residents are to be maintained in good working order. *

* This section does not apply to the operator of a residence for the elderly that offers no personal assistance service.

→ **Application of section 18**

47. Devices and equipment furnished by the residence to provide health care and services to residents are to be maintained in good working order by the operator.

48. The operator or the staff members concerned must:

- maintain the devices and equipment as needed to ensure that they are in good working order;
- have the knowledge and skills needed to use them;
- know the risks that may be involved and the possible impact on infection prevention and on occupational health and safety;

- store medical equipment, supplies and devices in a safe manner.

NOTE – As an example, these items could include oxygen concentrators, oxygen tanks, patient lifts, bath chairs, etc.

Section 19 The operator is to prepare and keep up-to-date a fire safety plan, in cooperation with the municipality's fire service.

The fire safety plan must contain the following information:

- (1) a list of the residents, specifying for each the measure or measures to be taken to ensure they are evacuated to a safe place;**
- (2) a list of the staff members designated to apply the evacuation measures;**
- (3) instructions to the person in charge;**
- (4) instructions to the supervisory staff members;**
- (5) the location of portable extinguishers and other fire protection equipment and evacuation routes to outside meeting places;**
- (6) a list of agreements with organizations, establishments, institutions or individuals concerning assistance in the event of evacuation of the residence or the taking of evacuees in charge; and**
- (7) a list of all emergency telephone numbers.**

A copy of the fire safety plan must be kept near the main entrance for the person in charge of the emergency services. The evacuation instructions must be posted on every floor in the residence in a place accessible to the public. All staff members must be informed of the content of the plan and of the specific tasks they are to perform in the event of an evacuation.

→ Application of section 19

49. The operator shall prepare and keep up-to-date a fire safety plan, in cooperation with the municipality's fire service. The plan must contain the information specified in section 19 of the Regulation and must be dated.

50. The operator must keep a list of the residents, specifying for each the measure or measures to be taken to ensure they are evacuated to a safe place.
51. The operator must keep a copy of the fire safety plan referred to in section 19 of the Regulation near the main entrance for the person in charge of the emergency services.
52. The operator must post the evacuation instructions on every floor in the residence in a place accessible to the public.
53. The operator must inform all staff members of the content of the plan referred to in section 19 of the Regulation, and of the specific tasks they are to perform in the event of an evacuation. The staff members must be informed of every updating of their tasks each time the fire safety plan referred to in section 19 of the Regulation is reviewed.
54. The operator must ensure that the documents regarding information provided to the staff members on the fire safety plan referred to in section 19 are kept up-to-date.

→ **Application of section 19** (continued)

These documents must show the following information:

- the date and purpose of the information;
- the name of the person who received the information;
- the task to be performed by that person in the event of an evacuation.

NOTE – The obligation to hold an evacuation exercise in residences sheltering ten persons or more is set out in the Regulation respecting safety in public buildings. The operator must indicate the date of this exercise in a document.

4. Food and medication

Section 20 An operator providing meals to residents must offer varied menus that conform to Canada's Food Guide to Healthy Eating (Health Canada, Ottawa) as it reads at the time of its application.

→ **Application of section 20**

55. An operator providing meals to residents must offer varied menus that conform to Canada's Food Guide to Healthy Eating (Health Canada, Ottawa) as it reads at the time of its application.

56. The operator must prepare a menu grid covering at least three weeks.

Section 21 The operator must encourage self-administration.*

If a resident self-administers medication but chooses to use the distribution service, the operator must respect the following rules:

- (1) a person in charge must be designated to supervise the distribution of medication;**
- (2) medication in the name of each resident must be stored under lock and key, in a cupboard reserved for that purpose or, if required, in a refrigerated area; and**
- (3) the person distributing medication must ensure that the person to whom the medication is distributed is the person to whom the medication is intended.**

* This section does not apply to the operator of a residence for the elderly that offers no personal assistance service.

→ **Application of section 21**

57. An operator providing personal assistance services must encourage self-administration.

58.If a resident self-administers medication but chooses to use the distribution service, the operator must:

- (1) designate a person in charge to supervise the distribution of medication;
- (2) store medication in the name of each resident under lock and key, in a cupboard reserved for that purpose or, if required, in a refrigerated area; and
- (3) make sure that the person distributing medication ensures that the person to whom the medication is distributed is the person for whom the medication is intended.

NOTE – “Distribution of medication involves the simple material handing of a medication that has already been prescribed and prepared by an authorized professional to a client who self-administers the medication².”

Section 22 The operator or a staff member must, when administering medication, comply with the rules in section 21 and do so in accordance with section 39.8 of the Professional Code (R.S.Q., c. C-26) or a regulation made under section 39.9 of that Code.*

* This section does not apply to the operator of a residence for the elderly that offers no personal assistance service.

→ **Application of section 22**

59.When administering medication, the operator or a staff member must comply with the rules in section 21 of the Regulation respecting conditions for obtaining a certificate of compliance for a residence for the elderly and do so in accordance with section 39.8 of the Professional Code (R.S.Q., c. C-26) or a regulation made under section 39.9 of that Code.

60.Where professional activities are performed by an employee of the residence who is a member in good standing of the professional order

² Association québécoise d'établissements de santé et de services sociaux, *Manuel du participant, Formation sur l'application pratique de la loi modifiant le code des professions et d'autres dispositions législatives dans le domaine de la santé*, May 2003, revised in February 2005 p. 130.

concerned, the operator must enter the following information in the professional's file and keep this information up-to-date:

- the title of the professional;
- the number of the professional permit held by the professional and a copy of proof that the professional is entered for the current year on the roll of the order empowered to issue the permit.

61. Where professional activities are performed by a professional who is not an employee of the residence or of the CSSS (CLSC), but who acts for the operator, the operator must enter the following information in a book:

- the name of the professional;
- the name of the professional's employer, if applicable;
- the title of the professional;
- the number of the professional permit held by the professional and a copy of proof that the professional is entered for the current year on the roll of the order empowered to issue the permit;
- the professional's professional address when he exercises his profession in a private capacity

→ **Application of section 22** (continued)

62. Administration of medications by non-professionals must be done as part of a home care program provided by an institution operating a CLSC, i.e. to persons registered in such a program by the CSSS (CLSC).

NOTE – To ensure the quality and safety of services, the general conditions for authorizing a non-professional of the residence to administer medications are³:

- The medication must have been prescribed by a professional authorized to prescribe, and prepared under the direction of a pharmacist. For solid oral medication (pills and capsules) a weekly pill organizer or individual packaging must be used, and insulin must be given by syringe or injection pen. The person administering the medications must read the instructions on the label and any additional

³ Association québécoise d'établissements de santé et de services sociaux, *Manuel du participant, Formation sur l'application pratique de la loi modifiant le code des professions et d'autres dispositions législatives dans le domaine de la santé*, May 2003, revised in February 2005 (Me Sonia Amziane and Nicole Colette).

documentation provided by the pharmacist. When these instructions are different from those given by the nurse, the non-professional shall contact the latter.

- A CSSS (CLSC) nurse shall make the decision to entrust the administration of medications to a non-professional of the residence in accordance with the guidelines and rules of care of the CSSS by which she is employed. She shall establish the resident's nursing therapeutic plan, if needed.
- The CSSS (CLSC) nurse or nursing assistant, or the nurse or nursing assistant of the residence will give individualized instruction to the non-professional in the residence on medications and their administration routes; she will also provide clinical support and supervision, and help maintain the non-professional's knowledge and skills up-to-date in accordance with the CSSS guidelines and rules of care.
- A non-professional in the residence who is authorized to administer medication shall do so safely, with all the prudence and diligence required in the circumstances, and shall refrain from going beyond his or her capacities.
- The CSSS (CLSC) shall make a nurse or a nursing assistant available to the non-professional in the residence, in accordance with the terms and conditions established between the operator and the CSSS (CLSC), to provide the non-professional with clinical support for administration of medication, if there is no nurse or nursing assistant present in the residence.
- The authorized non-professional in the residence shall advise the CSSS (CLSC) nurse or the residence nurse and the pharmacist, within the time limit specified in the therapeutic nursing plan, if the medication was not taken or was not given, or if they notice a change in the patient's behaviour.

63. When medications are administered by a non-professional, for each of the medication administration routes (oral [including aerosol doser], topical, transdermal, ophthalmic, otic, nasal, rectal, subcutaneous for insulin), the operator must enter the following information in a book:

- the name of the non-professional working in the residence;
- the name and title of the CSSS (CLSC) professional or the professional working in the residence who is responsible for providing

instruction and clinical support to the non-professionals in the residence and for keeping their knowledge and skills up-to-date;

- the name of the CSSS operating the home care program.

NOTE – A sample sheet for entering the required information for each of the administration routes is presented in Schedule 17.

64. Any person in the residence who provides assistance to a resident registered in the home care program must notify the person in charge designated by the CSSS (CLSC) of any incident or accident that occurs, including any that may occur during the administration of medication.

→ **Application of section 22** (continued)

NOTE – Administering a medication requires a certain control (for example: placing a pill in a client’s mouth, injecting a medication), and this notion of control is absent when a person simply hands a medication to a client who self-administers it”.⁴

NOTE – To date, medications cannot be administered by non-professionals outside of the home care program administered by the CSSS (CLSC), i.e. medications can be administered only to residents registered in the CSSS (CLSC) home care program, whether or not a nurse or nursing assistant is present in the residence.

NOTE – For reference purposes, section 39.8 of the Professional Code is presented in Schedule 9.

Section 23 An operator may make available to its residents the commonly used over-the-counter medications listed in Schedule III to the Regulation respecting the terms and conditions for the sale of medications (O.C. 712-98, 98-05-27). The medications must be kept as provided in subparagraph 2 of the second paragraph of section 21 of this Regulation.

⁴ Association québécoise d'établissements de santé et de services sociaux, *Manuel du participant, Formation sur l'application pratique de la loi modifiant le code des professions et d'autres dispositions législatives dans le domaine de la santé*, May 2003, revised in February 2005, p. 130.

A list of the medications and the rules governing their use must be determined, on the operator's request, by a pharmacist. The list and rules must be reviewed at least once every 2 years and not more than 6 months before each renewal application for a certificate of compliance.

As soon as an operator distributes one of the medications to a resident, the operator must enter that fact in a book kept for that purpose.

→ Application of section 23

65. An operator that makes available to the residents the commonly used over-the-counter medications listed in Schedule III to the Regulation respecting the terms and conditions for the sale of medications (O.C. 712-98, 98-05-27) must keep the medications as provided in subparagraph 2 of the second paragraph of section 21 of the Regulation respecting the conditions for obtaining a certificate of compliance for a residence for the elderly.
66. The operator must store commonly used over-the-counter medications under lock and key, in a cupboard reserved for that purpose or, if required, in a refrigerated area.
67. The operator must ask a pharmacist to determine the list of commonly used over-the-counter medications and the rules governing their use.
68. The operator must ensure that the list and rules are reviewed at least once every two years and not more than six months before each renewal application for a certificate of compliance.
69. As soon as an operator distributes one of the medications to a resident, the operator must enter that fact in a book kept for that purpose.

5. Requirements

Section 24 The operator must ensure that

(1) retail or restaurant activities and the provision of services for remuneration in a residence do not endanger the health or safety of residents by not complying with the Food Products Act (R.S.Q., c. P-29) or a regulation made under that Act;

→ Application of section 24, subparagraph (1)

70. The operator must ensure that retail or restaurant activities and the provision of services for remuneration in a residence do not endanger the health or safety of residents by not complying with the Food Products Act (R.S.Q., c. P-29) or a regulation made under that Act.

71. If applicable, the operator must diligently comply with any notice issued following an inspection regarding failure to comply with a provision of the Act or a regulation made under the Act, thereby endangering the health and safety of residents.

NOTE – The ministère de l’Agriculture, des Pêcheries et de l’Alimentation (MAPAQ) shall inform the health and social services agency for the region where the residence for the elderly is situated, if the operator fails to act in accordance with the notice.

Section 24 (continued)

(2) the health or safety of residents is not endangered by accommodating them in an immovable that does not comply with the standards in a municipal by-law regarding hygiene, sanitation, safety or construction, adopted by the municipality in whose territory the residence for the elderly is situated;

→ Application of section 24, subparagraph (2)

72. The operator must ensure that the health or safety of residents is not endangered by accommodating them in an immovable that does not comply with the standards in a municipal by-law regarding hygiene,

sanitation, safety or construction, adopted by the municipality in whose territory the residence for the elderly is situated.

73.If applicable, the operator must diligently comply with any notice for corrective measures issued as a result of an inspection, under a by-law in force in the municipality.

NOTE – The municipality shall inform the health and social services agency for the region where the residence is situated when the correction required is not carried out in compliance with a notice issued after an inspection to ensure compliance with the by-laws in force in the municipality.

Section 24 (continued)

(3) the health or safety of residents is not endangered by accommodating them in an immovable that does not comply with the standards set out in the Public Buildings Safety Act (R.S.Q., c. S-3), the Building Act (R.S.Q., c. B-1.1) or a regulation made under those Acts.

→ **Application of section 24, subparagraph (3)**

74.The operator must ensure that the health or safety of residents is not endangered by accommodating them in an immovable that does not comply with the standards set out in the Public Buildings Safety Act (R.S.Q., c. S-3), the Building Act (R.S.Q., c. B-1.1) or a regulation made under those Acts.

75.If applicable, the operator must diligently comply with any notice for corrective measures issued as a result of an inspection, under a by-law of the Régie du bâtiment du Québec.

NOTE – The Régie du bâtiment du Québec shall inform the health and social services agency for the region where the residence for the elderly is situated when the correction required is not carried out by the operator in compliance with a notice issued under a by-law of the Régie du bâtiment du Québec.

6. Liability insurance

Section 25 The operator must hold and maintain liability insurance in an amount that enables the operator to satisfy a claim arising out of the operator's general civil and professional liability.

→ Application of section 25

76. The operator must hold and maintain liability insurance that enables the operator to satisfy a claim arising out of the operator's general civil and professional liability and that complies with the following amounts:

NOTE – The amount of the coverage required by general civil liability must be at least:

Number of units per residence	Amount of the coverage per residence	Amount of the coverage per policy-year
0 to 9 units	\$1,000,000	\$1,000,000
10 to 50 units	\$2,000,000	\$2,000,000
50 units and more	\$5,000,000	\$5,000,000

NOTE – The amount of the coverage required by professional liability for an operator offering personal assistance services must be at least:

Number of units per residence	Amount of the coverage per residence	Amount of the coverage per policy-year
Disregarding the number of units per residence	\$1,000,000	\$1,000,000

→ Application of section 25 (continued)

NOTE – The amount of the coverage required by professional liability for an operator offering no personal assistance services must be at least:

Number of units per residence	Amount of the coverage per residence	Amount of the coverage per policy-year
Disregarding the number of units per residence	\$500,000	\$500,000

7. Exemption

Section 26 Subparagraphs 3 to 6 of the first paragraph of section 6, sections 13, 14, 18, 21 and 22 do not apply to the operator of a residence for the elderly that offers no personal assistance service.

Personal assistance services are personal hygiene, eating aid, mobility aid, transfer aid and distribution of medications.

→ **Note (section 26)**

77. An operator of a residence that offers no personal assistance services is not required to apply the provisions set out in subparagraphs 3 to 6 of the first paragraph of section 6, sections 13, 14, 18, 21 and 22.

78. In this case, the operator shall indicate, in accordance with the second paragraph of section 5 of the Regulation, that the residence offers no personal assistance services.

SCHEDULES

SCHEDULE 1

COMPLAINT MANAGEMENT PROCEDURE

Any person may directly address a complaint to the health and social services agency for the region, by contacting the regional service quality and complaints commissioner.

Under the first subparagraph of section 60 of the Act respecting health services and social services (AHSSS) (R.S.Q., c. S-4.2): “(1) A complaint may be addressed directly to the agency: by any person who uses the services of a community organization within the meaning of section 334 or is lodged in a private nursing home or by a community organization referred to in section 454, or in a residence for the elderly referred to in section 346.0.1, regarding the services the person received or ought to have received from the organization or nursing home.”

Recognition of the rights of users is indispensable to quality services. In this sense, the purpose of the complaint examination procedure is to improve the quality of the services provided and the well-being of every person who will, one day, require such services.

You have rights

Bearing in mind that respect for the user and recognition of his rights must inspire every act performed in his regard and that residents must be treated, in every intervention, with courtesy, fairness and understanding, and with respect for their dignity, autonomy and needs, the code of conduct must enable residents and their representatives to formulate complaints.

In the event of dissatisfaction

Any resident or, if applicable, the resident’s representative, may formulate a complaint regarding the services he has received or ought to have received.

The resident may, as a first step, indicate his dissatisfaction to the operator and try to reach a settlement.

In the health and social services domain, the objectives of the complaint examination procedure are to provide the persons making the complaint with a valid and credible interlocutor who can quickly respond to their reasons for dissatisfaction and keep them informed of the progress of their complaint, regardless of the conclusions.

Who handles complaints?

A regional service quality and complaints commissioner is appointed by the board of directors to examine the complaints of persons living in a residence for the elderly.

The telephone number of the regional service quality and complaints commissioner is as follows: 819 829-3400, extension 42003.

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SCHEDULE 1 (CONTINUED)

FOR ASSISTANCE

You may have recourse to the regional commissioner who can help you to formulate your complaint;

You may also be assisted and accompanied by:

- a relative, a friend or someone in whom you have confidence;
- the Centre d'assistance et d'accompagnement aux plaintes in your region, at the following telephone number: 819 823-2047.

This service is free and confidential.

In addition

Any resident or, if applicable, his representative who is not satisfied with the conclusions sent him by the regional service quality and complaints commissioner following an examination of the complaint, can apply to the Health and Social Services Ombudsman at the address below:

- **Québec office**
525 René-Lévesque Blvd East, suite 1.25
Québec QC G1R 5Y4
Telephone: 418 643-2688
or toll free: 1 800 463-5070
- **Montreal office**
500 René-Lévesque Blvd West, suite 6.400
Montréal QC H2Z 1W7
Telephone: 514 873-3205
or toll free: 1 877 658-2625
- **E-mail: protecteur@protecteurducitoyen.qc.ca**

SCHEDULE 2

CODE OF CONDUCT

A code of conduct must set out the practices and conduct expected of the staff members of the residence with regard to the residents. It shall also set out the responsibilities of the residents. It may be printed in pamphlet form, as a letter, etc.

The code of conduct must be written down and be familiar to all staff members and residents. It may be posted at the entrance of the residence. Each resident may also have a personal copy.

Respect

- Staff members providing services to residents must show respect to residents, close relatives of residents, and their colleagues.
- With francophone residents, staff members shall use the formal address “vous”, unless the resident asks to be addressed by the familiar form “tu”.
- Staff members shall always address residents as Mr, Mrs, Miss or Ms (last name), unless a resident expressly asks to be called by their first name.
- Staff members shall provide care and services to residents in a warm manner, i.e. with gentleness, kindness, politeness and courtesy, but fairly and without exaggeration.
- Staff members’ attire must be appropriate and decent.

Right to information and freedom of expression

- Staff members shall assist residents who wish to be represented or to exercise a recourse.
- Staff members shall facilitate access to information, and to the support or assistance of a resident’s close relatives or any person of the resident’s choice.
- Staff members shall allow residents access to their record and provide all the explanations needed for the resident (resident or legal representative) to understand its contents.
- Staff members shall help residents to maintain their contacts outside of the residence.

- Staff members shall make it easy for residents to express their opinions, criticisms or suggestions concerning life in the residence.

Right to confidentiality

- All information regarding residents must be treated with confidentiality.
- Staff members shall not, under any circumstances, divulge information regarding the private life or state of health of a resident, other than what is required in the context of their work.

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SCHEDULE 2 (continued)

Discretion

- Staff members shall exercise great discretion with regard to residents and refrain at all times from expressing their grievances aloud or in the presence of residents.
- Staff members shall avoid personal conversations, as well as confidential information about family or financial problems or problems related to their work or the internal operation of the residence.
- Staff members shall be very discreet about any information confided by a resident and shall not, under any circumstances, divulge such information to anybody.

Gifts, legacies and solicitation

- No operator or employee who is neither the spouse nor a close relative of the donor or testator may accept a gift or legacy if the gift or legacy was made while the donor or testator was receiving care or services from the residence.
- Staff members may not solicit gifts of any nature from residents.

Responsibilities of residents

- Residents shall at all time respect the rights and belongings of others and behave according to the normal rules of civility and politeness.
- Residents shall participate in the care and services provided, by collaborating with staff members.
- Residents shall respect the operating rules of the residence.

SCHEDULE 3

INFORMATION

Name of the residence

PERSONAL INFORMATION

Name: _____

Telephone: _____

Apt or Room No: _____

Date of birth: _____

Father's name: _____

Mother's maiden name: _____

Name of spouse: _____

Hospital Card No.: _____

Expiry date: _____

Health Insurance No.: _____

Expiry date: _____

NAME OF A PERSON TO CONTACT IN AN EMERGENCY (person responsible, legal representative)

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Attending physician: _____

Telephone: _____

Specialist: _____

Telephone: _____

Pharmacist: _____

Telephone: _____

SCHEDULE 4

DECLARATION OF REFUSAL TO PROVIDE PERSONAL INFORMATION

I, the undersigned, _____ refuse to provide the following information requested by the residence.

- The name of a person to contact in an emergency.
- My special needs.
- My health problems, including allergies.
- The name of my attending physician.
- The name of my pharmacist.
- The name of the person in charge of my file at the health and social services centre for the area of jurisdiction where the residence is situated.

Signature of resident: _____

Date: _____

SCHEDULE 5

PROTECTION OF PERSONAL INFORMATION

The right to respect for privacy is guaranteed by the Charter of Human Rights and Freedoms and the Civil Code of Québec. In addition, protection of personal information is provided for in the Act respecting the protection of personal information in the private sector (R.S.Q., chapter P-39.1).

Policy respecting the protection of personal information

An operator who collects personal information must:

- collect only the information required for the person's stay in the residence;
- inform the person concerned of the object of the file, the use which will be made of the information and the categories of persons who will have access to it in the residence;
- inform the person concerned of the place where the file will be kept and of his rights of access and rectification.

When storing, using or communicating personal information, the operator must:

- take the security measures necessary to ensure its confidentiality;
- ensure that the information held is up-to-date and accurate when used to make a decision in relation to the person concerned;
- obtain the consent of the person concerned to communicate personal information to a third person:
 - when the information is not relevant to the person's stay in the residence;
 - when the object of the file has been achieved;
 - to communicate personal information to others.
- ensure that consent to the use or communication of the personal information is manifest, free, enlightened and given for specific purposes for the duration of the person's stay in the residence.

To destroy documents containing personal information, the operator must:

- shred all documents containing personal information on the resident and the resident's close relatives.

SCHEDULE 6

PROTOCOL FOR THE APPLICATION OF CONTROL MEASURES IN AN EMERGENCY SITUATION

To protect the person or other persons in an emergency situation, after ruling out all other possibilities, the operator may **temporarily and exceptionally** use a restraint measure or isolation as one of the control measures set out in section 11 of the Regulation respecting the conditions for obtaining a certificate of compliance for a residence for the elderly, while awaiting the arrival of a professional from the health and social services centre (CSSS).

Definitions

An **emergency situation** exists when a person is behaving in an unusual way that constitutes an imminent danger to the person's safety or that of others.

A **physical restraint is an exceptional control measure** that may be applied if there is risk of injury to the resident or others.

Isolation is an exceptional control measure that consists of confining a person for a given time in a place which the person cannot freely leave.

Alternatives to reduce disruptive behaviours

- use diversion;
- if possible, have safe wandering areas available;
- encourage a calm environment;
- decrease sensory stimulation (light, noise);
- limit activities and stimulations to the person's schedule and preferences;
- place a red band or 'stop sign' on limited-access doors;

Examples of physical restraint in an emergency situation

- two bed rails (full length);
- four half bed rails;

- armchair with restrictive table;
- stomach belt (Segufix, pelvic belt or other).

Procedure in an emergency situation

When the alternatives to reduce disruptive behaviour have proven ineffective, the operator must immediately notify a family member of the resident concerned or the resident's representative. The operator shall also notify the health and social services centre (CSSS) for the area of jurisdiction where the residence is situated, by contacting the intake service of the CLSC (local community service centre). Outside of working hours, the operator shall call Info Santé.

SCHEDULE 6 (continued)

In situations of extreme emergency or if the situation is out of control, the operator shall call 911.

The measures applied must be those that are the least restrictive for the person.

Control measures must be applied with respect for the person's dignity, safety and comfort, and must be monitored regularly and attentively.

Care of a resident temporarily under restraint or in isolation in an emergency situation.

Restraint

- great attention and precaution must be exercised regarding the safety and comfort of a person under restraint;
- bring the person to a place where very close monitoring is possible
- monitor the person every 15 minutes;
- monitor the pressure points caused by the restraint on the person's skin;
- check the person's state (agitation, calm or other);
- check that the restraint measure is undamaged.

Isolation

- ensure respect for the person in isolation and protect his dignity;
- ensure the safety and comfort of the person in isolation;
- ensure monitoring at all times;
- check the person's state (agitation, calm or other);
- ensure safe moving of patients.

The operator shall enter the following information in the resident's file:

- justification of the need for restraint;
- type of restraint used;
- date and time of intervention;
- place and duration of use;
- monitoring procedures;
- resident's reaction;

- information provided to close relatives and to the CSSS (CLSC), along with the date and time at which this information was communicated.

Reference: Ministère de la Santé et des Services sociaux, *Orientations ministérielles relatives à l'utilisation des mesures de contrôle: Contention, isolement et substances chimiques, 2002.*

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SCHEDULE 7

NOTICE TO RESIDENT AND CLOSE RELATIVES

Name of resident: _____

Reason for the notice:

Person(s) notified

- Name of resident: _____
- Name of the person to contact in an emergency:

- Name of the professional in the health and social services centre:

Date: _____

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SCHEDULE 8

FORM FOR ENTERING TRAINING ON INVASIVE CARE INVOLVED IN ACTIVITIES OF DAILY LIVING

Name of invasive care:

Date	Employee's name	Employee's signature	Instructor's name	Instructor's signature

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SCHEDULE 9

Extracts from the Act to amend the Professional Code and other legislative provisions as regards the health sector
Bill 90 (2002, chapter 33)

“Sect. 39.7. The invasive care involved in assistance with activities of daily living that is required on a sustained basis for the maintenance of health does not constitute a professional activity reserved to members of an order where it is provided by a person as part of the activities of an intermediate or family-type resource referred to in the Act respecting health services and social services (chapter S-4.2) or as part of a home care program provided by an institution operating a local community service centre.”

“Sect. 39.8. Notwithstanding any inconsistent provision, a person working for an intermediate or family-type resource referred to in section 39.7 or under a home care program provided by an institution operating a local community service centre, or a person working in a school or another temporary alternative environment for children, may administer prescribed ready-to-administer medications by oral, topical, transdermal, ophthalmic, otic or rectal route or by inhalation, and administer insulin by subcutaneous route.”

“Sect. 39.9. The Office may, by regulation, determine places, cases and circumstances in which a person may engage in the activities described in sections 39.7 and 39.8 as well as the applicable conditions and procedures.

When drafting such a regulation, the Office must have due regard for the availability of professionals in those places, cases and circumstances and for the supervision provided by a centre operated by an institution.

Before making a regulation under the first paragraph, the Office must consult with the Minister of Health and Social Services and the professional orders concerned.”

SCHEDULE 10

INTERVENTION PROTOCOL IN THE EVENT OF AN ACCIDENT OR INCIDENT

The resident or the resident's representative must be informed of any accident and of the consequences for the resident.

Definitions:

- “ [...] “accident”: means an action or situation where a risk event occurs which has, or could have, consequences for the state of health or welfare of the resident, a personnel member, a professional involved or a third person.”
- “ [...] “incident”: means an action or situation that does not have consequences for the state of health or welfare of the resident, a personnel member, a professional involved or a third person, but the outcome of which is unusual and could have had consequences under different circumstances.⁵”

Collect information

- Date and time of the accident or the incident

- Place where the accident or the incident occurred

- Nature of the accident or the incident

-Care _____

-Medication _____

-Fall _____

-Equipment or materials _____

-Other _____

- Description of the event

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⁵ Act respecting health services and social services, R.S.Q., c. S-4.2.

SCHEDULE 10 (continued)

- Details noted at the time of the accident or incident

- The person's condition _____
- Aptitude to move around _____
- Monitoring required _____
- Medical concerns _____
- Conditions of the place _____

- Actions undertaken

- Steps taken _____
- Persons notified _____

- Consequences of the accident or incident

-
- Witnesses

-
- Notices and recommendations
-

In the event of an accident

- Speak to the resident and/or the resident's representative:
 - explain what has been done;
 - inform them about the recommendations made;
 - answer their questions;
 - direct them to a health care professional, if appropriate.

Signature: _____

Date: _____

SCHEDULE 11

INTERVENTION PROTOCOL IN THE EVENT OF A DEATH

If physician is not present:

- Call 911.

You must also notify the family of the event.

If physician is present, you must:

- have the physician certify the death and fill out the death certificate;
- notify the family of the death.

SCHEDULE 12

PROTOCOL IN THE EVENT OF AN UNEXPLAINED ABSENCE OF A RESIDENT

Rules to follow when you suspect that a resident is missing:

1. Check everywhere in the room and bathroom.
2. Check in the rooms of the resident's friends.
3. Check everywhere in the residence, grounds and surroundings.
4. Ask the other residents and staff members if anyone has seen the resident or knows the reason for the resident's absence.
5. Notify the person to notify in an emergency and inquire whether the resident has left with someone from the family.
6. Call the police to report a missing person. Give them a description of the resident and of the resident's state of health.

SCHEDULE 13

PROTOCOL IN THE EVENT OF AN ONSET OF AN INFECTIOUS DISEASE

If the operator notices that there is more than one case in the residence of an infectious disease such as gastroenteritis, influenza or a pulmonary infection, it is important to report it to the Public Health Department for the region, at the following number: 819 566-7861.

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SCHEDULE 14

PROTOCOL FOR PREVENTION OF INFECTION

All residents are potential carriers of micro-organisms that can be transmitted through blood or body fluids.

Blood, fluids and moist substances of all residents are considered to be potentially infectious.

In general, the secretions and excretions in question are saliva, nasal discharge, expectorations, vomitus, discharge from a wound, urine, sperm, vaginal discharge and feces.

Any resident is in danger of contracting an infection if micro-organisms come into contact with damaged skin or mucous membranes.

Basic practices (universal precautions)

- Basic practices are a series of measures designed to protect residents from exposure to blood, body fluids, secretions or excretions.
- For certain infections, additional measures may be required: for example, isolation, individual protective equipment for staff members and disinfecting of materials and the environment.

Hand washing

- To prevent transmission of infections, hand washing is the most important protective measure for residents and staff members.
- You must wash your hands immediately after contact with blood or discharge, after using the bathroom and after blowing your nose.

SCHEDULE 14 (continued)

HAND-WASHING TECHNIQUE

TECHNIQUE	REASONS
<ul style="list-style-type: none"> • Roll up long sleeves 	<ul style="list-style-type: none"> • Long sleeves keep you from washing forearms.
<ul style="list-style-type: none"> • Remove all jewellery. 	<ul style="list-style-type: none"> • Jewellery can hold and protect pathogens.
<ul style="list-style-type: none"> • Turn faucet on to get a regular flow, not a strong jet. 	<ul style="list-style-type: none"> • Technique adequate for removing soap, detergent and pathogens, but not strong enough to splash clothes.
<ul style="list-style-type: none"> • Wet hands under running water. 	<ul style="list-style-type: none"> • Soap and detergent will be more effective.
<ul style="list-style-type: none"> • Soap hands vigorously with soap or detergent provided⁶. 	<ul style="list-style-type: none"> • Nails and palms contain many pathogens⁷.
<ul style="list-style-type: none"> • If necessary, use a brush to remove stubborn dirt. 	<ul style="list-style-type: none"> • By increasing friction you can remove more dirt.
<ul style="list-style-type: none"> • Rub hands together, rotating them firmly for a count of 20. Wash up to at least two or three inches above the wrist. Keep hands pointed downwards as you wash. 	<ul style="list-style-type: none"> • Effective hand washing requires running water, time and friction. Keeping hands downwards helps to avoid soiling forearms.
<ul style="list-style-type: none"> • In order to clean fingers and the spaces between fingers properly, intertwine them and rub from top to bottom. 	<ul style="list-style-type: none"> • The spaces between fingers retain many pathogens. Running water, detergent and friction will remove them.
<ul style="list-style-type: none"> • Rinse well, holding hands downward. 	<ul style="list-style-type: none"> • Allows dirt to be washed down the sink.
<ul style="list-style-type: none"> • Dry hands vigorously and use a dry paper towel to turn off the faucet. Throw the paper towel in the garbage can provided for that purpose. 	<ul style="list-style-type: none"> • The faucet is turned on using soiled hands. By not touching the contaminated handle you keep your hands clean after washing them. Paper towels protect your hands.
<ul style="list-style-type: none"> • Before leaving, use a hand cream to protect your skin. This cream should be compatible with the antiseptic agent used and should not damage gloves. The cream provided for the personnel is recommended. 	<ul style="list-style-type: none"> • Do not use cream before starting work. Oily deposits could be left on sterile items of equipment or packages.

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⁶ Washing hands with soap and water is sufficient to remove microbes accumulated through simple contact with people or your surroundings.

⁷ Long nails are difficult to clean. Short nails are therefore recommended.

SCHEDULE 15

PROTOCOL IN THE EVENT OF OPPRESSIVE HEAT

Environment Canada issues an oppressive heat and humidity warning when the forecast calls for:

- air temperature of 30 °C or over;
- a humidex (temperature and humidity level combined) of 40 °C or over.

Logistics

- Make sure you have a sufficient number of fans, atomisers, damp light towels or cloths.
- Make sure that the residence has adequate supplies of water and ice.
- Plan for possible distribution of cold drinks.
- Plan to adopt measures to provide meals with high water content and cold meals (fruit, raw foods), and even to split up snacks.

Mitigating measures

- Close windows and shutters, especially on the sides exposed to the sun; keep them closed for as long as the temperature outside is higher than the temperature inside.
- Open the windows as wide as possible and create draughts throughout the building as soon as the temperature outside is lower than the temperature inside.
- Cancel all physical activities and all outings during the hottest periods.
- Monitor the temperature in the residents' rooms.

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SCHEDULE 15 (continued)

Preventive measures for the residents

- Bring every resident to an air-conditioned or cool room for at least three hours a day.
- Plan to have all residents drink at regular intervals, unless there is a strict contra-indication from the attending physician.
- Have every resident drink at least 1.5 litres of fluid per day (according to their taste), such as: soups, broths, dairy drinks, tea, herbal teas (even hot) or flavoured water.
- Avoid beverages high in caffeine (coffee, tea, cola), or sugar (soft drinks), as these beverages dehydrate.
- Do not give alcoholic beverages.
- Dress residents as lightly as possible (loose, light clothes). Spray water on the face and other exposed parts of the body, with an atomiser.
- Apply damp cloths (possibly cooled in the refrigerator) to the face.
- Moisten the mouth (rinse).
- Have residents take a cool bath or shower as often as possible.

SCHEDULE 16

MINIMUM CONTENT OF A FIRST-AID KIT

- B. A first-aid manual approved by the Commission de la santé et de la sécurité du travail (CSST).
- C. The following instruments:
- one pair of bandage scissors, splinter tweezers;
 - 12 safety pins (various sizes).
- D. The following dressings (or equivalent sizes):
- 25 individually wrapped sterile adhesive dressings (25 mm by 75 mm);
 - 25 individually wrapped sterile gauze dressing pads (101.6 mm by 101.6 mm);
 - 4 rolls of individually wrapped sterile gauze bandages (50 mm by 9 m);
 - 4 rolls of individually wrapped sterile gauze bandages (101.6 mm by 9 m);
 - 6 triangular dressings;
 - 4 individually wrapped sterile compressive dressing pads (101.6 mm by 101.6 mm);
 - one roll of adhesive tape (adhesive bandage) (25 mm by 9m).
- E. Antiseptic
- 25 individually wrapped antiseptic swabs.

Reference: *Gazette officielle*, « Règlement sur les normes minimales de premiers secours et de premiers soins », May 31, 2006.

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SCHEDULE 16 (continued)

VERIFICATION OF A FIRST-AID KIT

MANDATORY MATERIALS	DATE OF VERIFICATION OF THE CONTENT OF THE KIT				
1 First-aid manual approved by the CSST					
1 Bandage scissors					
1 splinter tweezers					
12 safety pins (various sizes)					
25 individually wrapped sterile adhesive dressings (adhesive bandages) (25 mm by 75 mm)					
25 individually wrapped sterile gauze dressing pads (101.6 mm by 101.6 mm)					
4 rolls of individually wrapped sterile gauze bandages (50 mm by 9 m)					
4 rolls of individually wrapped sterile gauze bandages (101.6 mm by 9 m)					
6 triangular dressings					
4 individually wrapped sterile compressive dressing pads (101.6 mm by 101.6 mm)					
1 roll of adhesive tape (adhesive bandage) (25 mm by 9m)					
25 individually wrapped antiseptic swabs					
EXTRA MATERIALS RECOMMENDED					
Disposable gloves					
Pocket mask with unidirectional valve for cardiopulmonary resuscitation (CPR)					
CHECKED BY:					

NOTE: The kit should not contain any medications.

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