

**CITY OF HAMILTON
LICENSING CODE**

**SCHEDULE 20
RESIDENTIAL CARE FACILITIES**

Guidelines

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SCHEDULE 20 – RESIDENTIAL CARE FACILITIES
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INTRODUCTION

This document contains the Guidelines as issued by the Medical Officer of Health under the City of Hamilton Licensing Code, Schedule 20 - Residential Care Facilities.

The Guidelines are defined in Schedule 20 as “guidelines for the operation of facilities licensed under this Schedule, which the Medical Officer of Health is authorized to issue under subsection 57(a).”

Subsection 57(a) states “The Medical Officer of Health may issue Guidelines for the operation of facilities licensed under this By-law, including any matters relating to the health, safety, and well-being of the tenants of a facility, and shall provide a copy of any such Guidelines and any subsequent additions or revisions to the operator of each facility licensed under this By-law.”

This document is set up with the Schedule 20 standard at the beginning of each Part and the Guideline relating to the standard directly beneath. Some of the Guidelines have an Appendix containing additional information specific to the Guideline. These Appendices are found at the end of the document.

For further information on the Guidelines, contact the Public Health Services Department, Infectious Diseases Prevention and Control Program at (905) 546-2063 during business hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.).

PART II: LICENSING

Section 5 - Single Facility Incident Plan

The operator shall prepare a single facility incident plan, including a premises plan, satisfactory to the Medical Officer of Health, which shall be submitted to the Issuer of Licences and to the Medical Officer of Health before a licence is issued. A copy of the single facility incident plan shall be kept in the facility, in a readily accessible location. The single facility incident plan shall be updated annually.

- In Schedule 20, a “single facility incident” means a situation, or likelihood of an impending situation, which could reasonably be expected to have an abnormal effect on the health, safety, welfare, or personal property of one or more tenants of a facility, and which, because of its nature or magnitude, requires a controlled and co-ordinated response by the operator.
- A plan for responding to a single facility incident where tenants need to be removed for any length of time shall be prepared and followed. Examples of a single facility incident would be removal in case of a fire, flood or lack of hydro and/or heat. An updated single facility incident plan shall be submitted by the operator to the Issuer of Licences and the Medical Officer of Health upon renewal of their licence.
- See Appendix “A” for additional guidelines on how to prepare a single facility incident plan.
- A nurse inspector will assess single facility incident plans.
- A copy of the single facility incident plan shall be kept in an easy to reach place.
- The operator, employees and tenants shall review the single facility incident plan two times a year.

PART III: OPERATOR

Section 15 – In-Service Orientation Training and Continuing Education

The operator shall ensure that employees have successfully completed a new staff in-service orientation training.

Every employee whose duties involve the supervision of tenants shall participate in continuing education to a minimum of five hours within each consecutive six months.

- In-service orientation training shall include a thorough review of the Schedule 20 requirements as well as the Guidelines. The employee must fully understand their role as an employee in a residential care facility.
- In Schedule 20, “continuing education” means a course, lecture, seminar or other professional activity in which an employee participates that meets the requirements, for example with respect to subject matter, of this Guideline.
- Employees who supervise tenants shall have at least five hours of education in a six month period. Continuing education hours are to be recorded as completed on an ongoing basis.
- Employees shall take continuing education in a subject matter relating to care services given in the facility, such as nutrition, medication, contagious diseases, medical and mental health conditions, community resources, the Residential Tenancies Act, 2006, etc.
- Employees shall be trained in how to give first aid treatment.
- A nurse inspector may ask that the operator or an employee take education in specific areas where there is a need to do so, for example, when the facility has started a new medication system and employees need to learn more about it.

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- The Residential Care Facilities Education Committee (RCFEC) plans education sessions for employees of residential care facilities. The RCFEC is made up of members from the Public Health Services Department, Community Services Department, residential care facilities, St. Joseph's Hospital Mountain Site Education Services and the Canadian Mental Health Association. If you are interested in becoming an RCFEC member or would like information on the Committee, please contact Public Health Services at (905) 546-2063 during business hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.).

- The RCFEC plans monthly sessions on topics related to issues that Committee members and residential care facilities employees have identified. Notices are sent out prior to the session with all the details. Employees of residential care facilities are encouraged to attend these sessions.

- Continuing education hours may be earned by:
 1. reading material; for example, a professional article
 2. watching or listening to information; for example, watching an educational video or listening to educational cassettes or CDs. You can obtain such material from community agencies, libraries, and pharmacies, etc.
 3. attending workshops, education sessions or professional conferences, etc.
 4. attending education sessions planned by the RCFEC

- An up-to-date record of an employee's continuing education hours, including date, topic and time of education, shall be kept and signed by the operator and the employee. If an employee has proof of continuing education, for example, a certificate, then the operator shall include a copy in the record.

Section 17 – Operation of Residential Care Facility and Supervision of Tenants

The operator shall ensure that, at all times, a qualified employee has been designated as the person responsible for the operation of the facility and either the operator or a qualified employee is present at the facility with the primary duty of supervising the tenants.

- The operator or at least one employee over the age of eighteen shall be on duty at all times.

- Enough employees shall be on duty to meet all tenants' care needs. Recommendations may be made by a nurse inspector about the number of hours worked in a row by an employee and the number of employees on duty each shift. For example, it may be recommended that no employee work more than 12 hours in a row and that 2 employees be on duty for the night shift. The recommendations made by a nurse inspector shall be followed.

- All employees whose primary duty is the supervision of the tenants shall be familiar with Schedule 20 and the Guidelines.

- The name of the operator or employee who has the primary duty of supervising the tenants shall be posted for tenants to see during his/her shift.

PART IV: ADMISSION OF TENANTS

Sections 33 and 34 - Assessment

Prior to admitting an individual as a tenant of a facility, the operator shall obtain an up-to-date assessment from a physician or other member of a regulated health profession employed by a referring agency designated in the Guidelines..

An operator shall determine on the basis of the assessment and the criteria for admission set forth in the Guidelines, whether the level of care services which is provided in the home is adequate to meet the individual's needs in relation to the activities of daily living.

An operator shall not admit an individual as a tenant who is not ambulatory who for the protection or themselves or others requires placement in a locked unit or who requires a level of care services which the operator is not authorized to provide in the facility, except in accordance with the Guidelines.

- A “regulated health profession” means a discipline under the Regulated Health Professions Act, 1991.
- The up-to-date assessment shall be obtained from member of one of the following disciplines regulated under the Regulated Health Professions Act, 1991: medicine, nursing, physiotherapy, or occupational therapy.
- In the case of the individual being referred on an emergency basis by an emergency service - for example, by the Crisis Outreach and Support Team (COAST) - the up-to-date assessment shall be obtained within one week of placement.
- A “referring agency” includes, but is not limited to, a hospital, a community agency, or a private clinic.
- The regulated health professional employed by a referring agency or the physician completing the assessment shall have specific knowledge of the individual's care needs.

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An assessment shall be completed not more than thirty days before the tenant is accepted into the facility. It shall include information on the mental and physical function of the individual in regards to activities of daily living. In Schedule 20, “activities of daily living” means activities of an individual that maintain his/her sufficient nutrition, hygiene, warmth, rest and safety. See Appendix “B” for a sample assessment form.

- The assessment referred to in subsection 33(1) shall be reviewed to determine if it is appropriate to place an individual the residential care facility.

- In addition to reviewing the assessment, the following criteria for admission shall be considered:
 1. Will the individual receive the necessary care services? In Schedule 20, “care services” means providing advice, information, or supervision to tenants in activities of daily living. This includes giving help at times with medications, bathing, feeding, dressing, incontinence care, mobility, and personal emergency care. A tenant may also need to have housekeeping, laundry services and assistance with transportation.

 2. Is the individual ambulatory? In Schedule 20, “ambulatory” means that an individual is independently mobile, by mechanical or any other means, or with the minimal assistance of another person. For example, an individual in a wheelchair must be able to move in the wheel chair on his/her own and must be able to move from a bed to a wheelchair on his/her own or with little help.

- An individual who is admitted to a residential care facility for the purpose of receiving respite care, is deemed to be a tenant for the purposes of Schedule 20 and is subject to the admission criteria.

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- An individual who has episodes of confusion causing him/her to wander shall not be admitted. Instead, the individual shall be referred to a facility offering a higher level of care.

Section 35 - Consent for Admission

An individual shall not be admitted as a tenant in a facility without:

(a) his/her consent; or

(b) the consent in writing of his/her next-of-kin, or attorney for personal care, as the case may be, if the person has been declared mentally or physically incapable of giving consent.

- An individual must chose to move into a facility of his/her own free will.

- If the individual has been declared mentally or physically incapable of giving consent or the operator believes that the individual is not able to consent to the admission, then the next of kin or attorney for personal care shall consent in writing to the individual being admitted.

- The consent shall be signed, dated and placed on the tenant's file.

Section 36 - Tenancy Agreement

The operator shall enter into a written tenancy agreement with each individual who is admitted as a tenant of the facility and shall give each such individual a residential care facility information package prior to entering into the tenancy agreement.

- The tenancy agreement shall include:
 - all ongoing care services and meals that the tenant agrees to pay for and the cost of each;
 - a statement that the tenant has the right to cancel the agreement within five days and to discuss the agreement with anyone;
 - how much the tenant will pay in rent and how often the payments will occur, for example, weekly, monthly or otherwise;
 - the term of agreement which may be fixed term or monthly/weekly/etc.;
 - the cost of optional services; and
 - a residential care facility information package.

- The tenancy agreement may include anything else the tenant and operator agree to, for example:
 - house rules;
 - limits on roommates or subletting; and
 - permission for the operator to enter to clean, make repairs, or check on the tenant's condition.

- The tenant's permission for the operator to enter to check on his/her condition, may be revoked at any time on written notice to the operator.

- Either the tenant or the operator may terminate the tenancy in accordance with the Residential Tenancy Act, 2006 and each has the rights and obligations set out in that Act and any other relevant legislation.

PART V: Care Services

Section 37 - Care Services

The operator shall provide care services to each tenant in a facility in accordance with the Guidelines issued by the Medical Officer of Health.

- In Schedule 20, “care services” means advice, information, or supervision provided to tenants in the activities of daily living and may also include:
 - (i) periodic personal care, as required, such as the giving of medications, bathing assistance, assistance with feeding, incontinence care, dressing assistance, assistance with personal hygiene, and ambulatory assistance;
 - (ii) provision of recreational or social activities, housekeeping, laundry services, and assistance with transportation;
 - (iii) personal emergency response services, including assistance in evacuating under emergency conditions due to mental limitations and/or developmental handicaps and limitations of the tenants.

- A nurse inspector may review a tenant’s physical and mental health condition and care services provided to the tenant. This includes discussions with the operator, employees and/or the tenant in addition to an assessment of the tenant’s s. 49(2) file.

- A nurse inspector shall be consulted for suggestions for follow up with care if needed.

- Sufficient care services shall be provided to meet the care needs of a tenant, with consideration being given to input from the tenant .

- Enough appropriately trained employees shall be on duty to provide care services to tenants.

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- Recreational activities shall be provided for tenants with a list of activities posted for each tenant to see. Recreational activities may include a variety of planned activities such as movie nights, card or board games, crafts and offsite activities like swimming, picnics, walks, etc.

- Tenants shall be encouraged to take part in activities and a note shall be made on the tenant's file about any activities in which the tenant is involved in. If a tenant refuses to take part in any activities, a note shall be made on the tenant's including the reason why.

- A plan shall be in place to deal with tenant's physical or mental health emergencies and crises that occur in the facility.

- All employees shall know how to deal with physical or mental health emergencies and crises in the facility; for example, by calling 911, contacting the Crisis Outreach and Support Team (COAST) or reporting communicable diseases. The operator shall make sure all employees receive appropriate training with respect to the facility's emergency/crisis plan.

- Employees shall keep a daily written record of important information about a tenant to be passed on to other employees, such as a change in physical or mental health, a medication change, a tenant's absence from the facility, a referral to COAST, etc.

Section 38 - Storage and Availability of Prescription Drugs

The operator shall make sure that all prescription drugs:

(a) are kept in one or more locked drug cabinets, unless the drug requires refrigeration, or must be kept with the tenant for immediate use;

(b) are made available only:

(i) to those tenants for whom they have been prescribed, as directed by a physician;

(ii) in a unit-dose medication dispensing system as described in the Guidelines.

- A safe medication system, developed in consultation with a tenant's pharmacist(s), shall be used ensuring a tenant receives his/her medication(s) as ordered by his/her physician(s). The operator or employee responsible for the medication shall know how the medication system works.
- All prescription medications must be made available in a unit-dose medication dispensing system. A unit-dose medication dispensing system allows each dose of medication to be available as a single dose only to the tenant for whom it is prescribed. A dosette box is not an acceptable unit-dose system.
- All prescription drugs shall be kept in one or more locked cabinets.
- Medications that need to be kept in a refrigerator - for example, insulin- shall be kept in a locked box in the refrigerator.
- Medications kept with the tenant for immediate use shall be kept where the tenant can easily reach them but away from other tenants.
- Employees shall be well-trained in giving medications safely and properly, what the medication is used for, and how the medication is to be stored. Pharmacists shall be consulted with as required for direction.
- All medications shall be made available to a tenant only under the direction of the his/her physician.

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- The operator or an employee shall watch to make sure that a tenant has taken his/her medication. If a tenant does not take his/her medication, a note shall be made in the tenant's file, or on a medication record sheet. The reason for the tenant not taking his/her medication should also be noted.

- The tenant's physician shall be notified if the tenant does not take his/her medication.

- A tenant may need medication by needle, for example, insulin. The operator shall make sure that a registered nurse determines that the operator or non-professional employee is allowed to be trained to give the insulin.

Section 39 - Self-Medication

The operator shall allow self-medication by the tenants of a facility under specified conditions set forth in the Guidelines issued by the Medical Officer of Health.

- If a tenant asks to take, order, and/or store his/her own medications:
 1. A note shall be requested from the tenant's physician that says that the tenant is able to take his/her own medications. This note should be updated if there is a change in a tenant's physical or mental health affecting the tenant's ability to take his/her own medications.
 2. The tenant shall keep the medication in a locked box in his/her room. A tenant with a private room may choose not to keep his/her medications in a locked box, but they shall be kept where the tenant can easily reach them but away from other tenants. The tenant shall keep his/her room door locked at all times if not present in the room.
 3. The tenant's ability shall be monitored to ensure that the tenant is taking his/her medications.

Section 40 – Controlled Substances Prescribed on an “as needed”/PRN Basis

If a tenant is prescribed a drug that is a controlled substance as defined in the Controlled Drugs and Substances Act (Canada) on an “as needed”/PRN basis and the operator has not completed a medication course as described in the Guidelines within the preceding twelve months, then they shall complete such a medication course no more than thirty days after the drug has been prescribed.

- If prescribed medications include controlled substances as defined in the Controlled Drugs and Substances Act (Canada), prescribed on an “as needed”/PRN basis the operator must complete a medication course.

- The medication course shall contain information such as: information about the Controlled Drugs and Substances Act, the addictive nature of narcotics, side effects of narcotics, any Inventory requirement for controlled drugs and substances, what to do in the event of missing narcotics, storage requirements, requirements for documentation and disposal of narcotics, record keeping, common narcotics and review of safe medication administration. The operator must maintain documentation of course completion.

Section 41 - Nutrition

The operator shall ensure that the tenants of a facility are served daily sufficient food of good quality and adequate nutritional and caloric value as described in the Guidelines issued by the Medical Officer of Health.

- Three meals (breakfast, lunch, and dinner) shall be served to tenants daily.
- Snacks and fluids shall be available between meals and in the evening.
- The total amount of food served during meals and snacks shall provide each tenant with at least the minimum number of servings from each of the four food groups of Canada's Food Guide (Appendix "C").
- Meals and snacks shall provide an appropriate energy intake to maintain each tenant's weight within a healthy weight range.
- Menus shall be written, dated and posted in advance of the current week for tenants to see and kept on file for at least one month after being served. The total number of servings of each food group served daily shall be included.
- Changes to a meal shall be marked on the posted menu prior to the meal being served.
- Menus shall reflect the recommendations of Canada's Food Guide regarding serving sizes, the age appropriate number of Food Guide Servings per day from each food group, and how to make each Food Guide Serving count.

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- Tenants shall be consulted when menus are planned to ensure acceptability. Alternative healthy food choices should be made available. All food served should be culturally appropriate.

- The operator shall provide special diets and nutritional supplements upon direction of a tenant's physician or registered dietitian and menus and meals shall be adapted as required.

- Tenants requiring dietary guidelines/intervention - for example, special diets to address food allergies, significant weight loss, etc. - shall have access to a registered dietitian for nutrition counseling through Community Care Access Centre (CCAC), local hospital outpatient clinics or other resources.

- A copy of Canada's Food Guide shall be posted in the kitchen.

- Canada's Food Guide and additional nutrition and menu planning information are available from Public Health Services, Nutrition and Physical Activity Consumer Advice Line at (905) 546-3630.

- A facility shall have an adequate supply of perishable foods to meet the needs of the tenants for at least a 24-hour period and an adequate supply of non-perishable foods to meet the needs of the tenants for at least a three-day period.

- All food shall be stored in accordance to the requirements of Ontario Regulation 562 as amended by Ontario Regulation 586/99 under the Health Protection and Promotion Act. Additional information is available from Public Health Services, Health Protection Division at (905) 546-2063.

- The operator shall participate in an annual menu planning session offered by the Residential Care Facilities Education Committee.

Section 42 – Infection Control

The operator shall ensure that all requirements for the control of infectious diseases that are set forth in the Guidelines issued by the Medical Officer of Health are complied with, including recommendations for tuberculosis screening, immunization programs, reporting requirements, and outbreak control measures.

TUBERCULOSIS SCREENING REQUIREMENTS

- **Regarding tuberculosis screening for employees and volunteers:**
 - All current employees/volunteers- current employees/volunteers that have not previously had a documented two-step Tuberculin skin test (TST) upon starting employment shall have this done. If an employee/volunteer has a documented previous positive TST, then he/she shall be referred to a physician.
 - For new employees/volunteers – each new employee/volunteer shall receive and provide documentation of a two-step TST or single-step TST (for individuals who have never had a TST before, a two-step TST is required, for those who have had a two-step previously, a single TST is required) within one month of starting employment. If an employee/volunteer has a documented previous positive TST, then he/she shall be referred to a physician.
 - The TST results are recorded in writing in millimetres of induration.
 - An employee/volunteer is referred to a physician for chest x-ray to rule out active disease if:
 1. The TST is positive (see Appendix “I”);
 2. The employee/volunteer has a previous documented positive TST; or
 3. The employee/volunteer has a history of TB disease.
 - Yearly skin testing is not necessary.
 - Testing thereafter shall occur as required by the Medical Officer of Health
 - for example, in the event of an active case of TB in the facility or increasing rates of TB in the community.
- **Regarding tuberculosis screening of tenants:**

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- Each tenant upon admission shall receive a TST. IF tenant has a documented positive TST, he/she is to be referred to a physician.
- The TST shall be a two-step or one-step test as indicated (see section above).
- The TST shall be given within two (2) weeks of admission unless a tenant is to reside in the RCF for a period less than two weeks.
- The tenant shall be referred to a physician to rule out active disease if:
 1. The TST is positive (see Appendix “I”),
 2. The tenant has a previous documented positive TST, or
 3. The tenant has a history of TB disease
- A TST is not needed for:
 1. Tenants with a documented TST within one year prior to admission.
 2. Tenants who move from place to place but have a documented TST within one year prior to admission.
- Yearly testing is not necessary.
 - Testing thereafter shall occur as required by the Medical Officer of Health (for example, in the event of an active case of TB in the facility or increasing rates of TB in the community).

Note: Please refer to Appendix “I” for additional TB information

□ **Immunizations:**

- All employees and tenants should have an annual influenza vaccination.
- Tenants 65 years of age and over should strongly consider having a pneumococcal vaccination once only. If a tenant thinks that he/she may have already had a pneumococcal vaccination but there is no record thereof, it is recommended that the tenant be immunized again (once only) as long as at least two years have elapsed.
- All employees and tenants should be up to date regarding immunizations according to the Canadian Immunization schedule (for example, tetanus, diphtheria)

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□ **Reporting requirements and outbreak control measures, operators and employees shall:**

- Be familiar with the diseases that must be reported- see attached list (Appendix “D”).
- Immediately report any suspected or diagnosed communicable diseases to Public Health Services, Infectious Disease Control Program, at (905)546-2063.

References:

1. Ministry of Health. (1998). Ontario Ministry of Health Tuberculosis Protocol
2. Health Canada. (2006). Canadian Immunization Guide, 7th Ed.

Section 43 - Medical Care

Each tenant of a facility or his/her next-of-kin, or attorney for personal care, as the case may be, shall retain a physician to attend to the tenant.

Where the tenant, his/her next-of-kin, or attorney for personal care is unable to do so, the operator shall make arrangements for a physician to provide emergency medical care to the tenant.

- Each tenant shall have a physician.

- The physician's name and telephone number shall be placed in the tenant's section 49(2) file.

- The operator shall arrange for the physician to give emergency medical care if the tenant, next of kin, or legal representative is not able to do so. For immediate, life threatening situations, 911 shall be called. Calling a tenant's physician will cause unnecessary delay in the provision of emergency care.

Section 44 – Medical Care (continued)

The operator shall allow a tenant’s physician or a member of a regulated health professional who is providing care or treatment to a tenant to enter the facility at any reasonable time for the purpose of attending to the health of the tenant.

- A tenant’s physician or a regulated health professional shall be allowed into a facility to give him/her health care.

- What is a “reasonable time” shall be interpreted in accordance with the importance of the health care to be given – the more important the health care, the more expansive the interpretation.

- The arrangements of a tenant’s physician for “after hours” care shall be known and shall be used when the tenant’s physician is not available.

Section 45 - Additional Care

Wherever the tenant’s physician, the operator, the Medical Officer of Health, or a member of a regulated health profession who is employed by a referring agency designated in the Guidelines, determines that a tenant requires additional care services for their special needs and the tenant, their next-of-kin, or attorney for personal care has not arranged for such additional care, the operator shall ensure that such additional care is made available to the tenant while the tenant continues to reside in the facility.

In ensuring that additional care services are provided, the operator shall:

- (a) consult with the tenant, their next-of-kin, attorney for personal care and/or a community worker, and prepare a plan which shall include a description of the health issue and the services being provided to address that health issue. The plan may include additional care services, such as additional personal care services and/or rehabilitative services;***
 - (b) ensure that additional personal care services are provided through a referral to a community care access centre or to a private community agency;***
 - (c) where the tenant requires rehabilitative services, support the tenant’s rehabilitative goals in the facility and in the community, which may include assisting tenant with meal preparation, laundry, household duties and self-medication.***
- Extra care shall be given to the tenant if the physician, the operator, the Medical Officer of Health, or a regulated health professional employed by a referring agency is of the opinion that it is needed and the tenant, their next-of-kin, or attorney for personal care has not arranged for such additional care.
 - When a tenant has special needs, these shall be discussed with the tenant, the tenant’s next of kin, and the tenant’s community worker (social worker from a psychiatric agency, a nurse from CCAC) about what needs are to be included in the tenant’s care plan to meet the special needs.
 - The tenant’s care plan shall include a description of the health issue and the services being provided to address that health issue. The plan may include additional care services, such as additional personal care services and/or

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rehabilitative services. This includes the care provided by external care providers.

- Enough employees shall be on duty to provide additional care services arranged for by the operator and the employees shall be trained to provide these care services.

- If a tenant appears to need more care services than what the operator is allowed to give:
 1. The tenant’s physician shall be requested to provide an updated assessment.
 2. The tenant, next of kin, or attorney for personal care, as the case may be, shall be consulted about contacting the Community Care Access Center (CCAC) for extra help with care and/or to have an assessment for placement into another type of facility.
 3. The tenancy agreement shall be amended to include any additional care services.

- In Schedule 20, “rehabilitative services” means services for an individual with a physical, mental, or developmental handicap, and includes:
 - (a) homemaker services;
 - (b) day care;
 - (c) training and rehabilitation;
 - (d) casework and counseling; and
 - (e) training in life skills.

- Where rehabilitative services from part of a tenant’s care plan, the plan shall include goals for rehabilitation and the tenant shall be helped to meet these goals – for example, helped to get meals ready, do laundry, carry out household chores or taking his/her medication(s).

Sections 46 and 48 - Tenant Moving Out of Residential Care Facility

The operator or the employee designated under paragraph 17(2)(a), shall inform the tenant, as soon as possible, of the provisions of section 148 of the Residential Tenancies Act, 2006 and may arrange for the transfer of the tenant:

- (a) to a long term care facility or other appropriate living arrangement, with the agreement of the tenant, where an operator is informed by:***
 - (i) a community care access centre that a tenant of a facility is eligible for admission to a long term care facility;***
 - (ii) the tenant’s physician or the Medical Officer of Health, that the tenant no longer requires the level of care services which the facility is authorized to provide; or***
 - (iii) the tenant’s physician or the Medical Officer of Health, that the tenant requires a level of care services that the operator is not authorized to provide; or***
- (b) to a long term care facility, with the agreement of the tenant, where a tenant requires placement in a locked unit for the protection of themselves or others.***

Where a tenant is transferred from a residential care facility to a long term care facility, hospital or to another facility licensed under this By-law, the operator shall request the tenant, or, if they are unable to act, their next-of-kin or attorney for personal care, to complete an authorization in Form 1 for the release of information pertaining to the tenant to the long term care facility, hospital or other licensed residential care facility.

Where a tenant is transferred from a residential care facility to another facility licensed under this By-law, or to a long-term care home or hospital, the operator shall complete a transfer in Form 2.

- A tenant may no longer need to live in a residential care facility because he/she can live on his/her own. Alternatively, because of changes in physical or mental health, a tenant may need to go to a facility that provides a higher level of care such as a nursing home.
- If the tenant needs to move to a facility that provides a higher level of care, the tenant, the next of kin or attorney for personal care, as the case may be, shall be consulted regarding a referral to CCAC.

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- If a tenant who needs to move is not willing to, under the Residential Tenancy Act, 2006 the operator may apply for an order to terminate the tenancy agreement from the Landlord and Tenant Board. The operator would have to prove to the Board that other appropriate accommodation is available for the tenant, and that the operator is not able to meet the tenant’s care needs in the facility, even with additional care services.

- When an operator is told that a tenant will be moving out of the facility, the operator shall, as soon as possible, to the tenant about the provisions of Residential Tenancy Act, 2006. The operator may arrange for the move if the tenant agrees.

- Where a tenant is transferred from a residential care facility to a long term care facility or to another facility licenced under this By-law, the tenant, or the next of kin or attorney for personal care, as the case may be, shall sign a “Release of Information Form” (Form 1, Appendix “H”).

- Where a tenant is transferred from a residential care facility to another facility licensed under this By-law, or to a hospital, or a long-term care home, a “Transfer Sheet” (Form 2, Appendix “G”) shall be be completed. the operator shall complete a transfer in Form 2.

- Forms 1 and 2 should be used when a tenant is sent to a Long Term Care Facility, to another Residential Care Facility, or to a hospital.

- Completed Forms 1 and 2 shall be placed in a tenant’s s. 49(2) file.

PART VI: RECORDS AND REPORTS

Section 49 - Alphabetical List and Tenant's File;

The operator shall maintain an up-to-date, alphabetical list of the current tenants of a facility which includes the name, sex, date of birth, age and date of admission of each tenant.

The operator shall maintain a separate file for each tenant, which contains the following information:

- (a) sex, date of birth, age, date of admission, and date of discharge or death;***
- (b) name, address, and telephone number of next-of-kin;***
- (c) name and telephone number of the tenant's attorney for personal care, if any;***
- (d) the name and telephone number of the tenant's physicians;***
- (e) completed assessment;***
- (f) the name, address and telephone number of any community agency which is providing support to the tenant;***
- (g) tuberculin or chest x-ray testing results, and the dates thereof;***
- (h) a brief medical history of the tenant in respect of the care services provided by the operator under the tenancy agreement (section 36) or any additional care services made available by the operator (subsection 45(1)) from the date of their admission, including medication information, laboratory results, physicians' orders as available and staff notes;***
- (i) a residential care facility information package; and***
- (j) particulars of each accident suffered by the tenant or death of a tenant while in the facility;***
- (k) Forms 1, 2 and 3 (where used).***

- Each tenant shall be informed that his/her records will be reviewed by a nurse inspector employed by the City of Hamilton's Public Health Services Department.
- Any known allergies suffered by the tenant should be clearly written on a tenant's file.
- Written results and the date of TB tests/chest x-rays should be placed in a tenant's file.

Section 50 - Occurrence Report (Form 3)

The operator shall make a record in Form 3 of every occurrence with respect to a tenant of assault, injury or of death that has been reported to coroner, and shall place the completed Form 3 in the tenant's file and keep it available for inspection by the Medical Officer of Health.

- A “Report of Occurrence of Assault or Injury” (Form 3, Appendix “H”) shall be completed for any assault or injury to a tenant or death or a tenant reported to the coroner that happens on the facility property.

- For an assault between or amongst tenants, a Form 3 (Appendix “H”) shall be completed for each for the tenant, including assaulting and assaulted tenants.

- A Form 3 (Appendix “H”) shall be completed for any death resulting from an accident or unknown reasons, or due to a contagious disease that has been reported to the Office of the Coroner.

- Completed Form 3s shall be placed in a tenant's s. 49(2) file.

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APPENDIX “A”

**ADDITIONAL GUIDELINES FOR PREPARING
A “SINGLE FACILITY INCIDENT PLAN”**

- ❑ A single facility incident plan shall be a plan like the fire protocol that the operator follows for a fire in the facility.
- ❑ A copy of an up-to-date premises plan shall be included with the single facility incident plan.
- ❑ All operators and employees shall be familiar with the details of the single facility incident plan.
- ❑ Alternative housing and transportation for tenants to such alternative housing shall be arranged ahead of time by the operator and/or the person responsible for the operation of the facility in case tenants need to be removed. The operator and/or person in charge may call the Public Health Services Department at (905) 546-2063 for available supports.
- ❑ All paper records that are important for the active care of the tenant shall be easy to move in the case of an evacuation. Examples of information that should be kept on paper record are: name of tenant, date of birth, personal physician, brief medical history, allergies, list of current medications, next of kin/power of attorney for personal care, and special physical and health needs. If a facility keeps electronic records, they should be copied on an ongoing basis and stored away from the facility in either electronic or paper copy in order to facilitate access..
- ❑ Emergency packs containing items for person care, such as a toothbrush, deodorant, a comb, soap, etc., shall be prepared ahead of time for each tenant and removed with the tenants.

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- When the operator and/or the person responsible for the operation of the facility becomes aware that an evacuation is needed, he/she shall make sure that all employees and tenants know that they must leave.

- Operators and employees shall know if tenants need extra help with special needs during their removal from the facility.

- All employees on duty shall help tenants to leave the facility, providing extra help with special needs as required.

- Next of kin shall be informed about the removal of a tenant from the facility and the name and address of the location to which the tenant has been moved.

- The operator and/or the person responsible for the operation of the facility shall call the Public Health Services Department, at (905) 546-2063 during business hours and at (905) 546-CITY ext. 2489 after business hours, to report any single facility incident.

- After a single facility incident, the Health Protection Division of the Public Health Services Department (public health inspectors) will assess the facility to determine if it is safe for the tenants to return.

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APPENDIX “B”: Assessment Form

Name of Tenant _____

Address _____ Phone _____
_____ Date of Birth _____

Allergies _____ Language Spoken _____

Personal Physician _____ Telephone _____

Brief Medical History:

Diagnoses:

Medications Currently Prescribed:

Significant recent mental or physical changes/incidents/hospitalizations:

TB skin test (must be completed within 14 days of admission)

Date 1st _____ 2nd _____ Results: 1st _____ 2nd _____

If TB test positive, result of chest x-ray and doctor's assessment:

Date of Chest x-ray : _____

Requires Additional Care: Yes _____ No _____

If yes Please Describe:

Tenant is able to self-medicate Yes _____ No _____

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Please complete the following with respect to this client:

	Yes	No
Does the tenant wander? If YES the client is not appropriate for admission into an RCF		
Does the client fully ambulate or independently ambulate with aids? If NO the client is not appropriate for admission into an RCF.		
Does the client have bladder incontinence? If YES the client must be able to manage incontinence independently or with PERIODIC ASSISTANCE otherwise is inappropriate for admission into an RCF.		
Does the client have bowel incontinence? If YES the client must be able to manage incontinence independently or with PERIODIC ASSISTANCE otherwise is inappropriate for admission into an RCF.		
Is the client able to eat independently with PERIODIC assistance? If NO client is not appropriate for admission into an RCF.		
Is the client able to maintain personal hygiene independently with PERIODIC assistance? If NO client is not appropriate for admission into an RCF.		
Is the client able to dress independently or with PERIODIC assistance? If NO client is not appropriate for admission into an RCF.		
Does the client <u>currently</u> experience episodes of aggression? If YES client is not appropriate for admission into an RCF.		

Date Completed _____

Physician/Health care Professional's name _____

Signature _____

RCF Operator:

If the healthcare provider who completed this form selected any options above that indicate the client is inappropriate for placement in a residential care facility you are not authorized to admit the client to your facility.

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APPENDIX “C”

CANADA’S FOOD GUIDE (obtain directly from Public Health Services staff)

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APPENDIX “D”

REPORTABLE DISEASES (obtain directly from Public Health Services Staff)

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APPENDIX “F”

FORM 1: RELEASE OF INFORMATION FORM

CITY OF HAMILTON
CITY OF HAMILTON LICENSING CODE, 2001
Schedule 20

RESIDENTIAL CARE FACILITIES
FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____,
(print name of tenant, or next-of-kin, or attorney for personal care)

give permission to

(print name of residential care facility or operator))

to release information concerning the tenant named below, including medical records and other personal information, which is in the custody of the above-named residential care facility or of the operator of such facility, to:

(print name of long term care facility or other licensed residential care facility to which the tenant is being transferred)

I understand that this information is being released for the purpose of enabling _____

_____ to obtain
(print name of tenant)

admission to the long term care facility or other licensed residential care facility indicated above.

(Signature of Witness)

(Signature of tenant, next-of-kin, or Attorney for
Personal Care)

(Date)

(State relationship to Tenant, if next-of-kin)

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Schedule 20

RESIDENTIAL CARE FACILITIES
FORM 1

AUTHORIZATION FOR RELEASE OF INFORMATION

INSTRUCTIONAL POLICY & PROCEDURES

Purpose

The purpose of the authorization for release of information is to ensure that the tenant is in agreement to the release of his/her medical records and/or information in the event of a transfer. This information would be provided to another home care operator and/or other health care facility in liaison with the appropriate Health and Social Service Agencies.

A Form 14 is the designated consistent form for the release of records from a psychiatric facility as provided in the regulations of the Mental Health Act and would pertain to any residents whose primary diagnosis is psychiatric.

Completion Procedure

- a) The operator/employee must complete the form and ensure that among the information to be included, the identity of the facility in possession of the clinical records and also to whom and/or what facility the information is made available.
- b) The operator/employee will advise the tenant of the purpose of the form and request his/her signature.
- c) In the event that another individual (i.e., substitute decision-maker or public guardian or trustee) signs on behalf of the tenant, he/she must do so in accordance with the wishes of the tenant.
- d) The witness who signs must not be the owner/operator of the facility - must be witnessed by another person (i.e., guardian, legal representatives, or employee).

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APPENDIX “G”

TRANSFER SHEET

CITY OF HAMILTON
CITY OF HAMILTON LICENSING CODE, 2001
Schedule 20

RESIDENTIAL CARE FACILITIES
Form 2

TRANSFER SHEET

RESIDENTIAL CARE FACILITY INFORMATION:

Name: _____

Address: _____

Telephone: _____

TENANT INFORMATION:

Name: _____

Health Card Number: _____

Family Dr.: _____ Telephone: _____

Specialist: _____ Telephone: _____

BRIEF MEDICAL HISTORY:

NEXT OF KIN:

Name: _____

Relationship: _____

Address: _____

Telephone: _____

COMMUNITY WORKER:

Name: _____

Agency: _____ Telephone# _____

TRANSFER INFORMATION:

Transfer To: _____ Transfer From: _____

Date & Time: _____ Date & Time: _____

Reason for Transfer: _____

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APPENDIX “H”

REPORT OF OCCURRENCE OF ASSAULT OR INJURY OR DEATH

CITY OF HAMILTON
CITY OF HAMILTON LICENSING CODE, 2001
Schedule 20

RESIDENTIAL CARE FACILITIES
Form 3

REPORT OF OCCURRENCE OF ASSAULT , INJURY or DEATH

1. Name of Residential Care Facility: _____
2. Address: _____
3. Date of Occurrence: _____
4. Time of Occurrence: _____ a.m. _____ p.m.
5. Name of tenant: _____
Date of Birth (yyyy/mm/dd): _____ Male _____ Female _____
Date of Admission: _____
6. Name of Person/s who discovered or observed occurrence: _____
7. Brief description of occurrence: _____

8. Type of injury sustained, if any: _____

9. Was first aid given? yes _____ no _____ describe _____

10. Was 911 called? yes _____ no _____ Time 911 called _____
11. Was tenant sent to hospital? yes _____ no _____
12. Name of hospital: _____
13. Was physician notified? yes _____ no _____
14. Time when physician notified: _____ a.m. _____ p.m.

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15. Name of physician: _____

16. Physician Notified By: _____

For Physician Use Only

17. Attending physician's name: _____

Comments: _____

18. Signature of attending physician: _____

19. Were relatives or friends of tenant notified? yes _____ no _____

20. What action have you taken to prevent this occurrence from happening again? _____

If tenant died:

21. Was coroner notified? yes _____ no _____

22. Date coroner notified _____

23. Time coroner notified _____ a.m. _____ p.m.

24. Signature of Person Completing Form: _____

25. Signature of Operator/Manager: _____

NOTES:

1. Place original form in Tenant's File.
2. Give copy to Physician.

APPENDIX “I”

ADDITIONAL TB INFORMATION

- Tuberculosis (TB) screening is a method used to identify people who may have TB infection and/or disease. At present, the TB skin test (TST) is the most reliable screening tool. A two-step TST is given to people who have never had a TST in order to obtain an accurate baseline reading. A two-step TST means giving one TST followed by another TST 7 to 28 days later. Future TST done following the documented two-step TST should only be a single TST. If a person has a documented previous positive result then no TST is needed; these individuals must be assessed by a physician.
- Positive TST:

TST Reaction Size (mm induration)	Situation in Which Reaction is Considered Positive
0-4	HIV infection with immune suppression AND the expected likelihood of TB infection is high (e.g. patient is from a population with a high prevalence of TB infection, is a close contact of an active contagious case, or has an abnormal chest x-ray)
5-9	HIV infection Close contact of active contagious case Children suspected of having TB disease Abnormal chest x-ray with fibronodular disease Other immune suppression: TNF-alpha inhibitors, chemotherapy
≥10	All others
Taken from Canadian TB Standards, 6 th Edition	

- A chest x-ray should not be used as a substitute for a TST. Research shows that a chest x-ray is not a useful method of detecting tuberculosis infection. Chest x-rays do not guarantee early identification of tuberculosis. In some cases, an infected individual will develop a cough and produce infectious sputum before infection is seen on an x-ray.
- **Why is the TB skin test needed?** Doing a skin test is important for two reasons: it provides a baseline, which is needed to guide post-exposure case management; and, it helps to make sure that new employees/tenants do not put colleagues or tenants at risk in the event that he/she has TB disease.