

LICENSING CONNECT

Community Care Facilities Licensing | Residential Care

July 2023



SUMMER



island health

Message from the Regional Supervisor

A Licensee recently asked “What does mentoring, support, and education look like from the Licensing program’s point of view?” I had to pause to think about this for a minute.

The Community Care Facilities Licensing (CCFL) program speaks about education, support, mentoring, cooperation, and collaboration with facilities at every opportunity - it is woven into program goals and training plans. Collaboration is the core tenant of the CCFL program. What does collaboration actually look like?

Every point of contact with a Licensee is an opportunity to collaborate, assisting Licensee's and their staff in understanding and meeting the legislation outlining minimum requirements. Every routine inspection, follow-up inspection, incident, renovation, safety plan, seminar, phone call, email, and even a complaint is an opportunity to give and receive feedback and ask questions of the Licensing program. By maintaining lines of open communication and developing coalitions, the Licensing program hopes to collaborate and partner with Licensees to reach a common goal: to ensure the health and safety of our vulnerable populations.

Joel Verbruggen, MPH, BSc. | Regional Supervisor

INSIDE

**Preparing for
Summer Heat**

**Self Care for Caregivers
Death & Dying in a
Care Setting**

**Yvonne Betts
Retirement**

**Did You Know?
Room Tray Service**

LO Corner

Contact Us





Time to hydrate

Heat Preparedness

Is Your Residential Care Facility Prepared for the Summer Heat?

In the summer of 2021 and 2022, Environment Canada issued multiple heat warnings throughout the province of British Columbia causing serious health and safety risks within our communities.

The months of May and June in 2023 have already brought unseasonably warm temperatures across the Island Health region with temperatures reaching close to 30 degrees Celsius. More warm weather is expected to continue.

Community Care Facilities Licensing is committed to ensure Licensees are proactive and prepared for the upcoming summer heat.

KEEPING
YOU
COOL

Signs & Symptoms HEAT EXHAUSTION & HEAT STROKE

Heat Exhaustion

- 37 C to 40 C (98.6 F to 104 F)
- Headache, Fatigue, Dizziness
- Muscle Cramps
- Nausea
- Pale, Moist Skin
- Weak Pulse

Heat Stroke

- 40 C (104 F) and above
- Confusion, Unconsciousness
- Seizures
- vomiting
- Warm, Dry Skin
- Fast & Strong Pulse
- Rapid Heart Rate

Coma & Death Possible

First Aid Guide

- Move to a cool place and rest
- Remove excess clothing
- Fan skin
- Place cool cloths on skin
- Drink cool water if fully conscious

First Aid Guide

- Call local emergency number
- Move to a cool place and rest
- Remove excess clothing
- Drench skin with cool water
- Place ice bags on the armpits

RESOURCES

Click on title to view links!

[BC Heat Impacts Prediction System \(BCHIPS\): BCCDC](#)

[Extreme Heat Preparedness Guide: Government of BC](#)

[Heat-Related Illness HealthLinkBC](#)

[Heat Safety Island Health](#)

[Health Facilities Preparation for Extreme Heat: Recommendations for Retirement and Care Facility Managers: Government of Canada](#)

[Wildfire Smoke BCCDC](#)

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What is your plan?

Preparing for Summer Heat Considerations

It is important to have a plan in place at your facility to ensure your site is prepared to respond to heat emergencies. Please see below for some important points to consider as you develop your preparedness plan.



Create a Heat Preparedness Policy for your facility



Drink plenty of water and ensure access to water



Create shade and cooling stations outdoors



Increase frequency of rest and water breaks



Ensure staff are trained and knowledgeable on facility policies and able to identify and respond to heat emergencies for persons in care



Have cool refreshments available such as popsicles, fruit and veggies with higher water content



Ensure fans, air-conditioners and HVAC systems are regularly maintained and working



Plan physical activities for cooler parts of the day



Wear sunscreen, hats, and light, loose fitted clothing



Create cooling stations inside



Close blinds and shutters to block direct sun



Never stay in a parked car on a hot day



Self-Care for Care Givers

Death and Dying in a Care Setting

By **Jude Billard**
Residential Care Licensing Officer

There are multiple challenges faced by care staff when caring for persons in care at the end of the life spectrum. Providing care and compassion during this time is an important component in upholding a person in care's health and dignity, and it is equally important to understand and identify the impact it has on yourself as a caregiver. Persons in care often may have severe cognitive impairment, advanced dementia, aggressive behaviours, and potentially high physical care needs, and many are or may become palliative. In addition to this experience during the COVID-19 pandemic, Long Term Care experienced further increased number of persons in care deaths.

Supporting family members who are struggling to understand and accept the aging process and the decline in the health of their loved ones as they move towards their end of life, can be very challenging and can also affect the energy level and wellness of care staff as death and dying continues to occur on a regular basis.

Feelings of grief over losses as a result of death on a care unit are not only felt by nursing staff and care aides, but by all disciplines involved in the provision of care. These experiences can have a major impact on the staff providing care in those last days and moments of one's life. It is important to recognize the effect these deaths may have on your mind, spirit and body and how as a care giver you create and implement healthy habits for self-care and wellness.

Stress can manifest itself in many different ways and it is important to recognize and be on watch for any physical, emotional, or behavioral/mental signs that burnout may be on the horizon.

- Physical signs of burnout can include headaches, stomach/intestinal issues, fatigue, frequent illness, change in appetite or sleep.
- Signs of emotional burnout can include a sense of failure or doubting yourself, feeling helpless, trapped or defeated, feeling detached or alone in the world, loss of motivation for your work and an increase in a cynical or negative outlook about your chosen career path.





- Behavioural/mental signs of burnout can include withdrawal from responsibilities, isolating from others, procrastinating daily tasks, using food, drugs, or alcohol to cope, taking your frustrations out on others, or skipping work, coming in late, or leaving early.

It is important for care staff to recognize their place within a model of care and that all of our relationships are reciprocal – “I affect you; you affect me.” It is helpful to remember that our own health and well-being is just as important as the care we provide to persons in care and their families. With a depleted self, it can be more difficult to face and handle the daily stressors felt as a caregiver.

Consider examples of these four tips, of many out there, when creating a plan for self-care:

- Exercise: consider daily meditation, mindfulness, working out or walks for fresh air.
- Diet: drinking sufficient water is important for keeping well hydrated and for sharp mental focus in addition to regularly eating healthy meals.
- Rest: Relaxation routines before bedtime can help to shift the mind from work to rest, allowing the brain to slow down for a more restful sleep. Get 7-9 hours of sleep a night.
- Purpose: purposeful connections to family, friends, and co-workers are important in establishing a good support network to balance and mitigate stressors you may experience.

References

- *Self-Care for Caregivers*, Government of Canada
- *Strategies to alleviate staff stress and burnout related to death and dying in Long Term Care (LTC)*, Island Health

Tibetan Buddhist Prayer

May you be at peace,
May your heart remain open.
May you awaken to the light of
your own true nature.
May you be healed,
May you be a source of healing
for all beings.
– Ancient



CELEBRATING

YVONNE BETTS

30 YEARS

October 19, 1992 was a day I will never forget, my first day as a Child Care Licensing Officer. It was exciting and scary, but almost 30 years later I am so glad I took the leap and applied for the job.

My first experience with Licensing was many years ago while working in a daycare in Victoria. The Licensing Officer came to complete an inspection, walked around, talked to staff, and left. At the time of the inspection, the Licensing Officer had asked my boss what the facility needed more of. She replied, "toys in the housekeeping area". The assumption by all of my colleagues including my boss had thought the inspection had gone well.

A week later, we received the inspection report in the mail which cited contravention to the daycare not having enough toys in the housekeeping area.

I have always remembered the impact that this had on myself and my colleagues. This experience helped me form my practice as a Licensing Officer and highlighted the importance of fair and transparent communication with Licensees.

During my years in Licensing, I have worked with some amazing Licensing Officers who have also helped me develop my practice to what is it today.

I started working with Childcare team in 1992. Back then, we didn't have computers and inspection reports were hand written and phone messages were stacked on my desk on pink paper.

I will never forget the trips to remote areas to inspect childcare centers: the boat trips, road trips, and cultural learning that I experienced.

After a couple of years, I started to help out with the Residential Care team and moved permanently to Residential Care in 2004 where I have been ever since.

Also in 2004, I expanded my family through adoption and have been blessed with my son Joey and daughter Tina and I now have 4 beautiful grandchildren.



Over the years, Licensing has evolved with changes to the regulations and subsequently, changes in my practice as a Licensing Officer. The one thing that has remained constant; however, is the endless dedication the caregivers have towards persons in care.

To the caregivers who work their butts off to ensure great care, you have my respect and admiration. Caregivers, in both child and residential care, have a very difficult job and make the difference to the life of a vulnerable child or adult.

To my numerous colleagues over the past 30 years, you have been a part of my journey, encouraging, challenging, supporting, and caring, and I could not have done it without you.

My goal as a Licensing Officer has always been to work as a team to ensure safe care is provided.

Yvonne Betts
Residential Care Licensing Officer

CCFL wants to acknowledge and share appreciation for Yvonne's many years of wonderful service. Best wishes to Yvonne on her new adventure into retirement.

Room Tray Service

Did you KNOW



By Janette Parktaik
Residential Care Licensing Officer

Did you know that in Long Term Care (LTC) facilities meals are to be provided in a dining room? What if person in care in LTC is unable to have meals in the dining room?

The facility can implement a temporary room tray service if a person in care is temporarily unable to attend a dining room due to a sickness or the facility is under outbreak.

The facility can implement ongoing room tray service if a person in care is impacted by physical or mental circumstances which would be required to be care planned for and approved by the person's in care medical practitioner and reassessed at least once every 30 days.

What is Ongoing Tray Service?

Ongoing tray service is two or more meals in the person in care's room everyday (5/7 days?)

Compliance with section 63 of the Residential Care Regulation (RCR) must be maintained when ongoing tray service provided to person in care and may include reasons related to physical or mental limitations or personal preference.

Ongoing tray service is not required when there is a short term illness, injury or disease outbreak.

Ongoing tray service is not to be used for staff convenience, including staff shortages.

What is the intention of the Legislation?

The intention of section 63 of the RCR is for persons in care to leave their rooms for meals and have a calm and relaxing safe dining experience and for social connection.

Meals are provided in a relaxed and unhurried manner to promote person in care's enjoyment, safety, comfort and dignity when eating.

If a person in care chooses to have their meal in their bedroom to watch television for example, they are permitted to do so and this would not constitute ongoing room tray service.

What documentation is required for Ongoing Tray Service?

Section 63 applies and is required to have written approval by a medical or nurse practitioner, person in care's representative and is required to be reviewed every 30 days by a medical or nurse practitioner or Dietician.

Section 63(3)(c)(ii) of the Residential Care Regulation states:

A licensee must ensure that all food is safely prepared, stored, served and handled. (3)A licensee must ensure that meals are provided (c)by ongoing room tray service, if (ii)indicated in the care plan of a person in care

LO CORNER

Cindy Harley

Residential Care Licensing Officer



What brought you to Licensing?

I came to Island Health Community Care Facilities Licensing in January of 2021, during the pandemic. Over the course of 30 years, I had been in various roles within the community living sector, from managing licensed facilities to overseeing and expanding other emerging service areas. My commitment was meeting the needs of people we served and ensuring that practices met an expected standard. I enjoyed my work, but wanted to challenge myself and explore a new career direction.

My interest in the application of legislation that protects vulnerable populations, combined with my experience, brought me to Licensing.

The journey to get here added so much context to my Licensing Officer role and I am thankful for where I have been, but looking forward to what lies ahead.



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