

Types of Care - Section 2

1. The definition of child and youth residential care has been updated to better reflect the type of care programs being offered to vulnerable children and youth. The new definition is:

A residential care program for children or youth that provides one of the following types of care:

- Hospice
- Mental Health
- Substance Use
- Long Term Care
- Community Living
- Acquired Injury
- A program which supports the behavioural, intellectual, physical or social development of a child or youth in a therapeutic residential setting

Does the new definition apply to facilities that are currently licensed?

The new definition applies to all existing and future child and youth residential facilities.

2. The category “mental health and substance use” have been separated into two distinct types of care.

Does this mean I can only offer either mental health OR substance use but not both?

The type of care offered in a facility is determined by the licence. If an operator wishes to offer both types of care, they need to ensure that the staff and programming supports the different needs of these populations. It is the decision of the Medical Health Officer what licence, if any, will be granted to an applicant after an application is reviewed.

Why have these changes been made?

The separation of mental health and substance use will ensure that the appropriate staffing models are in place to meet the needs of each unique population. These care models require staff to have different skill sets for each type of setting. This change will ensure vulnerable populations are promoted and protected, it is anticipated that these changes will better reflect the current climate of care services offered in each care type.

School Residences Exempted - Section 3

The definition of schools which are exempt from the Residential Care regulations has been updated to better clarify what is, and is not, a school, under the *Community Care and Assisted Living Act*.

Notice of Change in Operation - Section 9

Enhanced provision for notification has been provided to increase transparency for persons in care and their families. The requirement for notification of any change in operations and the sale or transfer of a residential care facility has been enhanced.

The notification of major changes in operations, in addition to the Medical Health Officer, must also include persons in care and the parents or representatives of persons in care. The addition of notification to parents or representatives is to ensure those affected by the changes are informed before changes occur.

How must notification take place and when?

Notification for substantial changes in operations must be provided in writing 120 days before the proposed change to the Medical Health Officer, persons in care, parents or representatives.

In the event of a licensee intending to suspend operation of a community care facility (either temporarily or permanently), the notification period to the Medical Health Officer, persons in care, parents or representatives is twelve months. The Medical Health Officer must also be satisfied that the intended new operator will continue operating the community care facility for at least twelve months and that they have applied and are qualified to be the new licensee.

Helpline for Children – Section 24.1 and 78

A licensee operating a Child and Youth Residential Care Facility must advise the children and youth in their care of their right to contact emergency services and the Helpline for Children.

Requiring that information on accessing emergency services and the Helpline for Children is provided to children and youth in care increases protections for them. With information on who to contact and having access to technology to connect with the Helpline, children and youth are better protected to ensure that the children and youth in licensed residential care are aware of their rights.

Should I keep documentation that the children and youth in my care have been provided contact information and access to reliable communications equipment?

Yes. A Licencing Officer may request to see this documentation during an inspection or investigation.

Volunteers - Section 37

Separating volunteer requirements from requirements of staff by removing the requirement for volunteers to:

- a.** have completed 20 hours of training,
- b.** provide a resume, and,
- c.** provide a doctors letter of health.

Volunteers may not provide direct care or supervision and are still required to submit a criminal record check, provide references and their immunization status.



Residential Care Regulations Amendments

What requirements must a person complete in order to volunteer at a facility?

A potential volunteer must complete a criminal record check, provide character references and provide evidence of their immunization status.

What does this mean for volunteers?

This change will reduce barriers for people who wish to volunteer services such as music programs and recreation programs and day to day tasks which do not involve direct supervision or care. Volunteers may not be counted in the staff schedule.

Food Preparation and Service – Section 63

Ongoing room tray service is sometimes necessary for persons in residential care facilities. Room tray service is first approved by the person's Medical Practitioner or Nurse Practitioner. If the room tray service is needed, or desired, for more than 30 days, that request may now be approved by a dietitian, in addition to the Medical Practitioner and Nurse Practitioner.

Adding dietitians to the list of health professionals who may authorize ongoing tray service adds flexibility to the system. The change will make more appropriate use of professional time and skill sets by reducing the burden on medical staff to complete a task that is within the skills and competencies of a dietitian.

Is this task within the scope of practice for dietitians?

Yes. Prior to amending the Regulation, the College of Dietitians was consulted to determine whether the task was within scope of practice.

Are there other health professionals who are able to authorize ongoing tray service?

After consultation with a number of health professional colleges on scope of practice, it was determined that only a Medical Practitioner, Nurse Practitioner or dietitian may approve ongoing tray service.

Reportable Incidents – Schedule D

The definition of an “emergency restraint” has been updated.

What change been made?

A more clear definition of what constitutes an emergency situation was added.

Why has this change been made?

The Ombudsperson made a recommendation in her 2012 report on seniors entitled “The Best of Care: Getting it Right for Seniors in British Columbia (Part 2)” that a definition be developed. The new definition brings clarity as to the circumstances when an “emergency restraint” may be used.