



HOME SUPPORT SERVICES STANDARDS

DEPARTMENT OF SOCIAL DEVELOPMENT

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HOME SUPPORT SERVICES STANDARDS

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INTRODUCTION

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Home Support Services are contracted from authorized home support service agencies through agreements with SD Regional Offices.

The Home Support Services Standards establish a minimum standard of service and service delivery. They are not designed to regulate home support services within New Brunswick but to reflect an approved minimum of service quality.

These standards apply where home support services are requisitioned by Social Development for clients served through programs of the Department.

The “Helpful Information” boxes that appear throughout the document are not standards. They are additional items of information related to the standards that users may find helpful in interpreting or applying a particular standard.

The foundation of Home Support Services Standards is the philosophy of community based services that

- promotes self-sufficiency and personal responsibility
- acknowledges that the support and services **are** necessary to enable **some** individuals to remain in the community

These service standards follow the principles that services

- **Complement** rather than replace the informal support network
- Address unmet needs of clients as identified in the assessment process
- Must not interfere unnecessarily with usual routines of clients
- Must respect security, safety, general well-being, right to privacy, individuality and autonomy of clients
- Should assist clients to remain self-sufficient as long as possible

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Social Development is responsible for Case Management that **must**:

- support clients in the development of personal goals to maintain/enhance self-sufficiency of clients
- plan how to achieve these goals and successfully link clients to required services
- monitor the effectiveness of services

Service Provider Agencies are responsible for Service Management. This is a process that ensures that requested direct service activities occur effectively and efficiently, and are based on approved government standards.

DEFINITIONS

Informal Caregiver	Refers to a member of the informal support system e.g. family, friends, neighbours of the client who provides care and supervision to the client
Case Manager	Refers to a social worker or other professional authorized by Social Development who has case management responsibility for clients
Client's Cost	Refers to the amount of money clients pay towards the cost of their services as determined either through the Standard Family Contribution scale or other program contribution scales
Department	Refers to Social Development NB
Feeding	Refers to assisting individuals to feed themselves, for example, cutting and preparing their food, spoon feeding, assisting them with drinking from a cup. It does not include medically supervised types of feeding methods, for example, tube feeding.

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Government's Cost	Refers to the amount of money that government pays towards services. Depending on the financial assessment, it may be the full cost or a subsidy paid after clients pay their portion in accordance with the Standard Family Contribution Policy.
Home Support Services	Refers to services provided in clients' homes that enable clients to stay as independent as possible within their own homes and are not performed by family members, or members of clients' informal support systems. These are generally purchased through service provider agencies.
In-home	Refers to homes of clients as opposed to special care or other residential type "homes".
Out of Home	Refers to services provided to clients outside of their homes, for example social activities, recreational activities, medical or dental appointments.
Respite/Relief Care	Refers to care accommodated in many ways. Basically, it is a break from care giving for caregivers who provide on-going care for clients. Breaks are periods of time specified by clients' care plans and respect program criteria.
Service Provider Agency	Refers to a non-government agency that provides services to clients of SD through a requisition system.
Service Requisition	Refers to a written request for approved services based on the case plan of clients.
Service suspension	Refers to a temporary removal of services by clients, case managers or service provider agencies due to changes in the <ul style="list-style-type: none">• Living conditions of clients• Informal support systems of clients• Ability of agencies to provide services
Termination	Refers to the time when clients no longer require services

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Total Care Refers to situations where a client is totally dependent on others for personal care services. **The Home Support Services Standards refer to situations where a client is assisted by others for personal care.**

Transferring Refers to moving a client from one position to another, for example, assisting the client from their bed to a chair, from a wheelchair to another chair, to and from the toilet without the aid of a mechanical device.

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2.1 Definition

Home support services are provided to people living in their own homes. These services provide support to individuals and families in the areas of personal care, activities of daily living, and home management.

2.2 Compliance with Legislation

Service provider agencies that provide services to long term care clients must comply with relevant Federal, Provincial, and Municipal laws and regulations where applicable. They include but are not limited to:

- Family Services Act
- Health Act
- Human Rights Act
- Employment Standards Act
- Occupational Health and Safety Act
- Personal Information Protection and Electronic Documents Act (PIPEDA)
- Protection of Personal Information Act
- Worker's Compensation Act
- Official Languages Act

2.3 Goal

The goal is to promote, maintain, strengthen or restore

- the well-being of individuals living at home, and/or
- the ability of families to provide support to individuals.

2.4 Objectives

The objectives are to

- support individuals and/or families in returning to their homes whenever possible after specialized care or family disruption
- assist individuals and/or families to function as independently as possible
- provide services to assist with what individuals and/or families cannot do independently, or with the help of other informal support services and volunteer groups

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- provide quality in-home services from qualified service providers who offer approved services in the areas of daily living, personal care and home management
- provide respite/relief care to primary caregivers
- provide emergency relief care when caregivers are suddenly unable to continue regular responsibilities

2.5 Target Population

This service targets clients eligible for Social Development' programs, and who have been assessed as needing the service. Home Support Services are based on the functions described in the Home Support Services Standards.

2.6 Eligibility

The Department determines eligibility of individuals or families for services based on criteria established for each Departmental program.

2.7 Availability of Services

Home Support Services **must** be available on a twenty-four (24) hour a day, seven (7) days a week basis. This is to accommodate needs of clients as communicated to service provider agencies through service requisitions.

2.8 Types of Home Support Services

Home Support Services **assist** clients and informal caregivers with their needs as related to personal care, self-sufficiency and cognitive functioning. Clients may require services

- either on a short-term or long-term basis
- depending on the needs of clients as assessed by the Department
- based on the eligibility criteria of the program
- as communicated to service provider agencies by service requisitions.
- **Under certain circumstances, nurses or rehabilitation professionals may delegate the assignment of a specific task to another individual. Appropriate delegation is important in ensuring quality of client services. Delegation of specific tasks/activities must be done in accordance with professional standards, legislative acts and regulations. Service provider agencies reserve the right to refuse to perform functions that are beyond their scope of practice.**

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2.8.1 Personal Care

Examples of personal care functions include assisting with

- feeding
- dressing
- grooming tasks, for example, washing face and hands, mouth care, shampoos and hair sets
- bathing and skin care, including, sponge baths, bed baths, tub baths, showers
- toileting, including, getting to and from toilet/commode, on and off toilet, arranging clothes, hygiene related to toileting
- transferring
- non-intrusive incontinence care, for example, emptying urinary drainage bags, changing adult diapers or incontinence pads
- As well, includes providing CPR and first aid treatment in an emergency

Helpful Information

Generally, nursing and rehabilitation functions can only be performed by nurses and rehabilitation professionals.

Delegation refers to the assignment of a specific task or activity, by an EMP service provider, to another individual. Delegation is carried out on an individual client basis.

SD may requisition those services that are specific to the clients' case plan when the following conditions have been met:

- Service provider agencies must approve the designation of a specific function to a **specific** home support worker
- The professional delegates the function to the **specific** home support worker agreed upon by the service provider agency
- The delegating professional trains the **specific** home support worker to perform the delegated function
- The delegating professional provides regular supervision of the **specific** home support worker in performing the delegated function
- The delegated function is not transferable but is client-specific

Service provider agencies reserve the right to refuse to perform functions that are beyond their scope of practice.

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2.8.2 Self-Sufficiency/Instrumental Activities of Daily Living

Self-sufficiency/Instrumental Activities of Daily Living refers to those daily activities that support individuals to remain in their own homes. Therefore, these services are specific to clients and are limited to the physical area that clients occupy.

Meal preparation includes

- planning and preparing nutritious and economical meals, according to Canada's Food Guide to Healthy Eating (refer to Appendix A)
- assisting with grocery shopping lists
- assisting with meal planning and preparation
- instructing clients on food sanitation and safety measures
- preparing meals for use in the absence of home support workers

Housecleaning includes

- laundry
- light housekeeping, for example, vacuuming, dusting, mopping/sweeping floors, tidying living area of clients
- kitchens, including clients' dishes and appliances
- bathrooms used by clients on a regular basis
- bedrooms, including, changing clients' beds and cleaning of clients' rooms

Other supports may be provided to permit clients, who have no extended family or informal support system, to access transportation to medical appointments or to buy groceries, when approved by supervisors as part of clients' case plans. This **must** be communicated to service provider agencies by clear details in the service requisitions. Errands are not part of the regular menu of services. Service provider agencies reserve the right to refuse requisitioned out-of-home tasks.

2.8.3. Respite/Relief Care

Respite/relief care to dependent clients includes

- supervising clients
- establishing or maintaining their daily routines in the absence of primary caregivers

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2.8.4. Teaching Home Support

This service assists individuals or families with learning the basic skills necessary to cope with daily living. **It consists of personalized guidance by qualified home support workers who work closely with their supervisors, case managers and/or interdisciplinary teams.**

Home support workers may participate in the on-going development of service plans in collaboration with an appropriate professional. Home support workers conduct demonstrations on home and family management in home settings.

As well, this service is

- provided for a predefined period of time
- based on the learning objectives as defined in case plans and assessments of the ability of individuals/families' to acquire identified skills. Information is communicated to service provider agencies by service requisitions.

Specific areas of follow-up could include support in certain areas, for example,

- meal preparation and food handling
- light housekeeping
- laundry
- personal hygiene and grooming

Helpful Information

Some protection or other complex cases may require a skill level beyond the capacity of Teaching Home Support Workers. Service provider agencies reserve the right to refuse to perform functions that are beyond their scope of practice.

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3.1 Provision of Qualified staff

Service provider agencies **must**

- have human resource policies that abide by the *Human Rights Act, the Employment Standards Act*, as well as policies that abide by established employment standards and legislation of New Brunswick
- provide home support service staff who
 - have the experience, training, and skills necessary to independently complete the assigned tasks (as per section 3.2: Definition of Qualified Home Support Worker)
 - are nineteen (19) years of age or over; SD program delivery manager’s approval is required if staff is under 19 years of age
 - have had a record check and a criminal record check conducted according to the current SD Record Check and Criminal Record Check policy
 - do not have criminal records of crimes against persons, for example, assault, sexual assault, fraud, theft
 - provide the services in the language of clients’ choice in accordance with the Provincial Official Languages Act and when possible when the language is other than French or English
- employ qualified persons to provide supervision to home support services staff. These supervisors **must** have:
 - training and experience in one of the following fields: home economics, nursing, social services or areas related to home support; and practical experience in community service delivery
 - an orientation program for staff that includes the review of the standards, guidelines and procedures for their home support services agencies. This review must include orientation to health and safety policies and procedures.
 - an orientation program for their home support services staff on the relevant reporting issues in reference to Departmental programs: Long Term Care, Adult Protection, Child Protection and Children’s Programs, standards, guidelines and procedures.

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- provide training in the preferred language of choice of home support service staff recruits (English or French)

Helpful Information

The Long Term Care Program is the primary purchaser of Home Support Services. Other SD programs that may purchase home support services include Child Protection, Community Based Services for Children with Special Needs, Adult Protection, Children in Care.

3.2 Definition of Qualified Home Support Worker

An individual who has completed either the Home Support Worker Training Program provided by New Brunswick Community College or similar program approved by the SD provincial consultant is considered to have the minimal training requirements for a qualified home support service worker.

Such training programs must be offered by a professional who has experience in the field of homecare and/or expertise in the field of instruction. In order to develop the required skills and understanding required for working in this field, the basic training of a home support worker must include the required number of hours as per approved curriculum.

- Philosophy of home support service, for example, promoting independence and healthy living
- Basic communication and interpersonal relationship skills
- Respect for the client's rights
- Home management, for example, basic nutrition, meal planning and preparation, food safety, budgeting, consumer education, housekeeping, laundry
- Safety in the home and infection control including universal precautions
- Personal care (non-nursing supervised), skin care
- First aid and emergency procedures
- Recognition of signs of abuse and neglect with associated action
- Basic awareness and recognition of needs of clients with mental illnesses and addictions
- Basic knowledge of Alzheimer's Disease and related diseases
- Working with end of life/palliative clients
- Basic knowledge of physical disabilities and medical conditions

3.3 Equivalent Training Programs from Out of Province

The service provider agency **must** ascertain that training received from outside New Brunswick by a potential staff person covers the required training content as indicated in section 3.2

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3.4 Continuing Education

Service provider agencies **must** have a continuing education policy for Home Support Services staff that requires a minimum of one (1) in-service session or equivalent per year to follow-up on previous initial training of staff.

Helpful Information

Examples of equivalents are: attending conferences or meetings relevant to the home support field; presentations to other home support workers or groups concerning care in the home.
Additional educational programs and distribution of educational materials are encouraged.

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CASE MANAGEMENT RESPONSIBILITIES	4

4.1 Case Management

Social Development **must** assign case managers to clients of the Department's programs

4.2 Requisitioning of Services

Case managers **must**

- provide necessary information on conditions of clients and service needs when making an initial verbal request for services from client-selected service provider agencies, or up-dating or revising existing service requisitions. Indicate specific client information that may impact on service delivery and appropriate selection of home support worker. This information may include potential health and safety risks for the home support worker while providing service within the client's home such as domestic violence, history of sexual assaults, and client behaviour.

- follow-up verbal requests for services with completed service requisitions, including detailed information of clients' conditions and service needs, **within 2 working days** of service start-up. The minimum level of detail required on service requisitions includes: name, address, phone number, Medicare number (may be given verbally), date of service commencement, date of service renewal, emergency local contact (may be given verbally), emergency local contact phone number (may be given verbally), clients' contribution fee, statutory holidays coverage, pertinent information on clients' condition (details may be given verbally, followed by written details), tasks required (detailed information may be given verbally, followed by written) specific to the needs and living area of the client rather than the family unit.

- include clients' cost and the government's cost, if applicable, towards the total cost of the services on service requisitions

- Allow the service provider agency **1 working day** to respond to the case manager's initial request for service and should **not** make a request to a second agency until the next working day.

4.3 Renewing Requisitions

Case managers **must** renew service requisitions prior to their expiry date and/or as case plans dictate.

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4.4 Termination or Cancellation of Services by Case Managers

Case managers **must**

- give a verbal notice of termination or cancellation of services to service provider agency supervisors **at least 12 hours** before scheduled visits. Otherwise, the Department must pay for the scheduled services.
- send **within 10 days** of a verbal notice a printed copy of the service requisition clearly indicating the termination date to the service provider agency
- in cases where the client is not home and has not cancelled services for that specific time, the Department will pay for its portion of the costs and the client should pay his/her contribution costs for the number of scheduled hours or 3 hours whatever is less.

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5.1 Administrative and Service Delivery Policies of Service Provider Agencies

Service Provider Agencies **must** be responsible for the Service Management component of the home support services. They **must** have administrative and service delivery policies in place that deal with

- filing and maintaining accurate up-to-date client records and reports
- confidentiality of client information
- quality assurance of service delivery with measures that include:
 - visiting the home as part of supervising and evaluating home support workers' performance consistent with the service needs of individual clients and the supervisory needs of individual home support workers
 - base evaluations on the effectiveness of addressing clients' needs as well as on the skills and experience of the home support worker
- billing and collection of payment that respect the following:
 - the cost of services paid by clients and the amount of government subsidy approved
 - clients' portion of the cost for services indicated on service requisitions is the first amount required to be billed and paid **before** the government's cost is billed and paid
 - situations where clients fail to pay their cost for services **must** be brought to the attention of their case managers before the second month of non-payment
 - in situations where clients are billed in advance, service provider agencies **must** have policies in place that address reimbursement of client payment for services not received
- handling of the client's personal funds by the Home Support Worker
- verification of authorized services provided to the client
- accepting gifts and gratuities from clients or clients' families
- administration of medications to clients (Refer to Appendix C: Guidelines for

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Administration of Medications by Non-Nurses in Non-Health Settings, Nurses' Association of New Brunswick, 2002)

- inability to provide services to clients e.g. client does not answer the door, home support worker's car breaks down
- harassment that home support workers may experience from clients or from clients' informal support networks
- health and safety in the workplace that abide by the *Workers' Compensation Act*, and the *Occupational Health and Safety Act of New Brunswick*
- mandatory use of universal precautions for the prevention of potential transmission of infections and specific to the provision of protective equipment
- staff taking "reasonable care" neither to have nor to be carriers of communicable disease which cannot be controlled by standard measures of good hygiene and medical treatment

Helpful Information

"Reasonable care" implies that staff members, who have potentially communicable disease symptoms do not work directly with clients until symptoms are gone or workers have medical approval to work. They should also have current, routine immunizations. Examples of these communicable diseases are: diarrhea, influenza, body rash, and pink eye.

5.2 Responding to Request for Services

Service provider agencies **must**

- inform case managers within **one** working day of their ability or inability to provide service in response to an initial request for service or to a request for a change in service, except in the case of an emergency where the response time is specified by case managers (for example, requests for support in child protection situations or in adult protection situations)
- indicate to case managers the date the service can start, if other than time frame specified in service requisitions
- advise case managers of requests for service restart by clients, caregivers, or hospital discharge officers after suspension of services

5.3 Information to Clients

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Service provider agencies **must provide the following information in writing** to clients/caregivers at start of services:

- schedule of visits
- authorized services to be delivered by service provider agencies
- when and how to contact service provider agency supervisors
- how to reach service provider agencies during and after regular hours
- how to recognize home support services staff, for example, name tags, company logo pins
- service provider agencies' standards, guidelines and procedures, for example, acceptance of gifts, smoking, handling of client's money
- clients **must** notify service provider agencies twelve (12) hours in advance if they wish to suspend services

5.4 Service Complaints

Service provider agency supervisors **must** have policies and procedures in place to address verbal or written complaints and:

- respond to complaints communicated by clients, caregivers or case managers within a forty-eight (48) hour period
- make at least one (1) telephone contact with complainants
- satisfactorily resolve the complaint
- notify the case manager if complaints are not resolved
- notify case managers with details of how known issues are resolved

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Helpful Information

When home support workers are removed from the situation, it is for the protection of both clients and/or home support workers during the investigation process.

5.5 Reporting of Significant Change and/or Incidents to Departmental Staff

Service Provider Agency Supervisors **must** notify case managers of the following significant changes and/or incidents:

- **same day** verbal report for emergency situations that have arisen with clients of the Department followed by completion of the Significant Change and/or Incident Report Form (refer to Appendix B: Form 1)
 - during regular office hours, report situations to the case manager (or substitutes)
 - after hours and on weekends/holidays, the Service Provider Agencies' on-call staff person must contact the Department's provincial After Hours Emergency Social Services Program as follows
 - calls originating from Fredericton: 453-2145
 - calls originating from other parts of the province: 1-800-442-9799
- immediate verbal notification followed by completion of the Significant Change and/or Incident Report form (refer to Appendix B: Form 1) within two (2) working days: on the death of clients, once agencies have become aware; when client is at risk to self or others; any suspicion of abuse/neglect of clients or any other individuals in the home.
- same-day verbal report followed by completion of the Significant Change and/or Incident Report form (refer to Appendix B: Form 1) within five (5) working days with notation made of change in client's health status, behaviour, informal support systems (family support/problems), alcohol/substance abuse, injury/fall, hospitalizations, or client requesting a decrease in service hours.
- same-day verbal report followed by completion of the Significant Change and/or Incident Report form (refer to Appendix B: Form 1) within five (5) working days with notation made of agency difficulties providing service including inability to provide qualified staff; inability to provide scheduled visits because client at risk does not answer the door; inability to provide services for a second consecutive time to at-risk clients.

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5.6 Service Emergencies

Service provider agencies **must** provide the Department with a method of 24 hours / 7 days per week contact in the event of a service emergency.

5.7 Changes to Service Delivery

Service provider agencies **must**

- notify clients prior to any unexpected changes to the service delivery, for example, time, amount, nature of service, change of home support workers
 - Exceptions are made when clients are unavailable or home support workers are delayed because of an emergency.
- notify clients prior to any temporary schedule changes due to time-off or sick leave of home support workers
- obtain approval of case managers on any permanent schedule changes that affect significantly the intent of case plans

5.8 Termination of Services by Clients or Service Provider Agencies

Service provider agencies **must**

- advise case managers of clients' wish to terminate services from the service provider agencies as soon as the service provider agencies are made aware of requests by clients
- **immediately** notify case managers of service provider agencies' wish to terminate services to specific clients; provide a clear and written statement of reasons to case managers using significant change and/or incident form
- notify case managers of wish of service provider agencies to terminate services to specific clients when the safety of home support workers is at risk
- notify case managers of intention to terminate services for reasons of non-payment by clients. Service provider agencies may stop providing services to clients when clients

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- fail or refuse to pay the contribution identified in the financial assessment using significant change and/or incident form
- maintain services up to 30 working days, in situations other than non-payment, while case managers review the situation with clients and service provider agencies, and a decision is made. However, if the safety of home support workers is at risk, service may be withdrawn immediately.

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FILES/FORMS/REPORTS REQUIREMENTS

6

6.1 Client Files

Service provider agencies **must** maintain the following information for each client receiving services

- full name, gender, birth date, telephone number, and address
- medicare number, as available
- the name, address, and telephone number of contact persons for clients
- a copy of service requisitions including any revisions to requisitions
- the agencies' care plans developed for individual clients, including the type and amount of services provided, and the visiting schedule
- significant change and/or Incident Reports involving clients (refer to Appendix B: Form 1)
- copies of Service Provider Agency Annual Progress Reports (refer to Appendix B: Form 2)

Helpful Information

It is recommended that service provider agencies retain the files of clients no longer receiving services for 7 years.

6.2 Service Requisition (See Also 4.2 Requisitioning of Services)

The Department **must** request the Services by a standard service requisition form that

- requisitions initial services
- extends service
- makes changes in service delivery
- identifies statutory holiday service needs
- notifies termination of services

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FILES/FORMS/REPORTS REQUIREMENTS

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- includes details as identified in Section 4.2

6.3 Service Provider Agency Annual Progress Report

Agencies **must** complete the annual progress report for each client receiving services and provide this report on request of the client’s case manager (refer to Appendix B).

6.4 Purchase of Service Billing Form (Invoicing)

Agencies **must**

- use the prescribed method of billing (invoicing) as approved by Accounting Services for SD
- complete it monthly and forward it to the Regional Office of SD to initiate payment
- use separate billing forms for each program, as indicated by a service requisition

6.5 Home Support Worker Time Sheets

Agencies **must** provide a time sheet/work sheet signed by clients or their designates to signify receipt of service i.e. after service provided, by clients as requested. Such time sheets should include days, number of hours, and confirmation that care provider was not a family member.

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7.0 Service Monitoring (Responsibilities of SD)

SD program delivery managers **must** hold a minimum of one (1) meeting per year with the service provider agency to monitor service delivery and resolve any questions/issues. As well, there must be an opportunity to meet on an as-needed basis.

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ADDITIONAL REQUIREMENTS FOR SERVICE DELIVERY TO SPECIFIC CLIENT GROUPS	8

8.1 Services for Long Term Care Clients

The Department determines individuals' eligibility for Home Support Services based on criteria established for the Long Term Care Program (LTC).

Home Support Services to clients of LTC may include "in home" relief/respite care providing supervision to adults and seniors as well as maintaining their routines.

For this target group of people, home support services staff **must** have knowledge or training in

- specific care requirements
- sexuality and aging, the aging process, as well as death and dying
- recognition of signs of adult abuse or negligence and how to refer
- recognition of cognitive, psychosocial, and behavioural needs and functional implications
- sexuality and inappropriate sexual behaviour

Helpful Information

HOME SUPPORT Services for clients of LTC are generally provided to

- adults and seniors who are experiencing deficits in one or more of the following:
 - the activities of daily living/self-care, for example, transferring, toileting, bathing, walking, eating, feeding and dressing
 - instrumental activities of daily living/self-sufficiency, for example, transportation, housework, money management, meal preparation, shopping and laundry
 - cognitive capacity, for example, awareness, orientation, memory, judgement and decision-making
- caregivers of adults and seniors who require assistance to maintain their care giving responsibilities

8.2 Services for Children's Programs

Child Protection is a mandatory and legislated program to protect children. It is based on the principle of the best interests of the child as well as the principle that the family environment must be, or be able to become with reasonable efforts, an abuse free and nurturing environment.

The legal mandate for the Child Protection Program is to provide services for children

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who are neglected, or abused, or in danger of such treatment. If the Minister establishes that the security and development of a child is in danger, the Department will take appropriate action to protect the child, taking into consideration the best interest of the child.

Home Support services staff working with clients of any Children's Programs **must** demonstrate adequate and appropriate knowledge and skill base in the following:

- an overview of Children's Programs (Child Protection, Community Based Services to Children with Special Needs)
- Knowledge of children's developmental stages and age appropriateness
- Knowledge of indicators of child abuse and neglect as well as procedures to follow when reporting.

8.3 Services for Adult Protection Clients

Adult Protection provides services to seniors and adults with disabilities who are victims of abuse or neglect. Abuse can be physical, sexual or mental cruelty. Neglect can be self-neglect or caused by others.

Once abuse or neglect is confirmed, appropriate services are offered, and generally provided through another departmental program if voluntarily accepted by the client. A mentally competent client does have the right to refuse services if he/she so chooses.

An individual is considered an adult protection case if services are required and the client's mental competency does not enable him/her to recognize this and accept the needed services. The department then has recourse to the Court to seek appropriate legal authority to protect vulnerable individuals.

Home support services staff working with clients of Adult Protection Program **must** demonstrate adequate and appropriate knowledge and skill base in the following:

- specific care requirements
- recognition of cognitive, psychosocial and behavioural needs and functional implications

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Health
Canada
Santé
Canada

CANADA'S

Food Guide

**TO HEALTHY EATING
FOR PEOPLE FOUR YEARS
AND OVER**

Enjoy a variety of foods from each group every day.

Choose lower-fat foods more often.



Grain Products
Choose whole grain and enriched products more often.


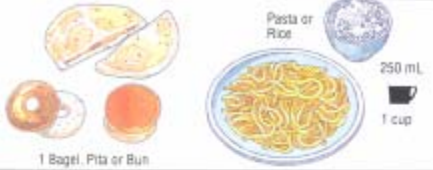



Vegetables and Fruit
Choose dark green and orange vegetables and orange fruit more often.

Milk Products
Choose lower-fat milk products more often.

Meat and Alternatives
Choose leaner meats, poultry and fish, as well as dried peas, beans and lentils more often.




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<p>Grain Products</p> <p>5-12</p> <p>SERVINGS PER DAY</p>	<p>1 Serving</p>  <p>1 Slice Cold Cereal 30 g Hot Cereal 175 mL 3/4 cup</p> <p>2 Servings</p>  <p>1 Bagel, Pita or Bun Pasta or Rice 250 mL 1 cup</p>	
<p>Vegetables and Fruit</p> <p>5-10</p> <p>SERVINGS PER DAY</p>	<p>1 Serving</p>  <p>1 Medium Size Vegetable or Fruit Fresh, Frozen or Canned Vegetables or Fruit 125 mL 1/2 cup Salad 250 mL 1 cup Juice 125 mL 1/2 cup</p>	
<p>Milk Products</p> <p>SERVINGS PER DAY</p> <p>Children 4-8 years: 2-3 Youth 10-18 years: 3-4 Adults: 2-4 Pregnant and Breast-feeding Women: 3-4</p>	<p>1 Servings</p>  <p>250 mL 1 cup 3" x 1" x 1" 50 g Cheese 2 Slices 50 g 175 g 3/4 cup</p>	<p>Other Foods</p> <p>Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these foods are higher in fat or Calories, so use these foods in moderation.</p>
<p>Meat and Alternatives</p> <p>2-3</p> <p>SERVINGS PER DAY</p>	<p>1 Serving</p>  <p>Meat, Poultry or Fish 50-100 g Fish 1/3-2/3 Can 50-100 g Beans 125-250 mL 1-2 Eggs 100 g 1/3 cup Peanut Butter 30 mL 2 tbsp</p>	

Different People Need Different Amounts of Food

The amount of food you need every day from the 4 food groups and other foods depends on your age, body size, activity level, whether you are male or female and if you are pregnant or breast-feeding. That's why the Food Guide gives a lower and higher number of servings for each food group. For example, young children can choose the lower number of servings, while male teenagers can go to the higher number. Most other people can choose servings somewhere in between.



Consult *Canada's Physical Activity Guide to Healthy Active Living* to help you build physical activity into your daily life.

Enjoy eating well, being active and feeling good about yourself. That's **VITALITY**

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**SIGNIFICANT CHANGE
AND/OR INCIDENT REPORT**
Department of Family and Community Services



**RAPPORT DE CHANGEMENT SIGNIFICATIF
ET/OU D'INCIDENT**
Ministère des Services familiaux et communautaires

Name of client: _____ Address of client: _____
Nom du client : _____ *Adresse du client :* _____

Name of Agency: _____ Telephone: _____
Nom de l'agence : _____ *Téléphone :* _____

Home Support Worker's Name: _____
Travailleur de soutien à domicile : _____

Date, Place, Approximate Time of Incident: _____
Date, Lieu, Heure approximative de l'incident : _____

NATURE OF CHANGE / INCIDENT:
NATURE DU CHANGEMENT OU DE L'INCIDENT :

- | | | |
|---|--|---|
| <input type="checkbox"/> Injury / Fall
Blessure / chute | <input type="checkbox"/> D Difficulties providing service
Difficulté à fournir le service | <input type="checkbox"/> Refusing Care / Decrease in Services
Soins refusés / Réduction des services |
| <input type="checkbox"/> B Behaviour
Comportement | <input type="checkbox"/> Health Status
État de santé | <input type="checkbox"/> Hospitalizations
Hospitalisation |
| <input type="checkbox"/> Family Support / Problems
Soutien familial ou problèmes | <input type="checkbox"/> Alcohol / Substance abuse
Alcoolisme / toxicomanie | <input type="checkbox"/> Death
Décès |
| <input type="checkbox"/> Suspicion of neglect / abuse
Négligence ou mauvais traitements soupçonnés | <input type="checkbox"/> Other: (explain)
Autre (préciser) _____ | |

Description of change or how the incident occurred / Description du changement ou du déroulement de l'incident : _____

Witness name (if applicable) / Nom des témoins (le cas échéant) _____

Action taken by Agency/Mesure prise par l'agence _____

Report Completed by : / Production du rapport par :	Date :
Action taken by Case Manager/ Mesure prise par le (la) gestionnaire de cas :	
Date :	Signature :

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FCS-02/2004



DEPARTMENT OF FAMILY AND COMMUNITY SERVICES

SERVICE PROVIDER AGENCY ANNUAL PROGRESS REPORT

AGENCY: _____	DATE OF REPORT: _____
SEND TO (CASE MANAGER): _____	
CLIENT'S INFORMATION: (Name) _____	Telephone No.: _____
(D.O.B.) _____	Emergency Contact (name): _____
(Address) _____	Telephone No.: _____

ACTUAL NUMBER OF SERVICE HOURS PROVIDED PER WEEK: _____

HOUSEHOLD MANAGEMENT

- | | | |
|---|--|---|
| <input type="checkbox"/> Shopping/Errands | <input type="checkbox"/> Damp Mopping Floors | <input type="checkbox"/> Animals in Home |
| <input type="checkbox"/> Changing Beds | <input type="checkbox"/> Tidying of Rooms | <input type="checkbox"/> Number of Persons in Home |
| <input type="checkbox"/> Washing Dishes | <input type="checkbox"/> Taking out Garbage | <input type="checkbox"/> Client Able to Give Directions |
| <input type="checkbox"/> Mending | <input type="checkbox"/> Laundry | <input type="checkbox"/> Mental Status |
| <input type="checkbox"/> Ironing | <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Alert |
| <input type="checkbox"/> Pet Care | <input type="checkbox"/> Cleaning Sinks/Tubs Toilets | <input type="checkbox"/> Disoriented |
| <input type="checkbox"/> Banking Services | <input type="checkbox"/> Cleaning Stoves/Refrigerators | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dusting | <input type="checkbox"/> Rotating Refrigerated Food | |

Legend -S(Self) -H(Home Support Worker) -N(Nurse) -F(Family)

PERSONAL CARE

- | | | | |
|---------------|---------|---------------------|---------|
| Tub Bath | S H N F | Feeding | S H N F |
| Sponge Bath | S H N F | Exercise | S H N F |
| Bed Bath | S H N F | Skin Care | S H N F |
| Hair Washing | S H N F | Transferring | S H N F |
| Positioning | S H N F | Ambulation/Mobility | S H N F |
| Oral Hygiene | S H N F | Medication | S H N F |
| Catheter Care | S H N F | Incontinence Pads | S H N F |
| Ostomy Care | S H N F | Tube Feeding | S H N F |

MEALS

- Meal Planning:**
- | | | | | |
|--|---|--|--|----------------------------------|
| <input type="checkbox"/> Grocery List | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Special Diet: | <input type="checkbox"/> Low Salt | <input type="checkbox"/> Low Fat |
| <input type="checkbox"/> Preparing Meals for Later Use | | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Low Cholesterol | |
| | | <input type="checkbox"/> Other: _____ | | |
- Meal Preparation:**
- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Dinner | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Regular Diet | <input type="checkbox"/> Assistance with Feeding | <input type="checkbox"/> Good Appetite | <input type="checkbox"/> Poor Appetite |

EQUIPMENT USED:

- | | |
|--|---|
| <input type="checkbox"/> Mechanical Lift | <input type="checkbox"/> Tub Grab Bar |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Tub Transfer Bench |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Hospital Bed |
| <input type="checkbox"/> Canes | <input type="checkbox"/> Artificial Limb |
| <input type="checkbox"/> Bath Lift | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> O2 | |

SAFETY ISSUES:

- | | | |
|---|--|---|
| <input type="checkbox"/> Improper Food Storage | <input type="checkbox"/> Allergies | <input type="checkbox"/> Swallowing Difficulties |
| <input type="checkbox"/> Wanders | <input type="checkbox"/> Falls | <input type="checkbox"/> Stairs |
| <input type="checkbox"/> Unsafe Use of Oxygen | <input type="checkbox"/> Unsafe Use of Stove | <input type="checkbox"/> Unsafe Use of Cigarettes |
| <input type="checkbox"/> Wood Fires | | |
| <input type="checkbox"/> Other Potential Hazards: _____ | | |

CHILD CARE:

- | | |
|--|--|
| Number of Children _____ | <input type="checkbox"/> Not Applicable |
| | Ages of Children _____ |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Bathing |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Dressing |
| | <input type="checkbox"/> Stimulation |
| | <input type="checkbox"/> Ambulation/Mobility |
| | <input type="checkbox"/> Other: _____ |

COMMENTS/OBSERVATIONS: (Include Client's Appearance, Mental State, Behavior, Family Support, Concerns/Problems, Special Functions, etc.)

COMPLETED BY: _____ **TITLE:** _____ **DATE:** _____

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**GUIDELINES FOR THE
ADMINISTRATION OF
MEDICATIONS BY
NON-NURSES IN NON-
HEALTH SETTINGS**

**NURSES ASSOCIATION
OF NEW BRUNSWICK**

Date
05-07-25

Replaces
01-01-09 **8**

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Mission

The Nurses Association of New Brunswick is a professional organization that exists to support nurses and to protect the public by promoting and maintaining standards for nursing education and practice, and by advocating for healthy public policy.

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This document, which sets out the guidelines for the administration of medications by non-nurses in non-nursing settings, replaces the 1992 version of the Nurses Association of New Brunswick document entitled *Policy Framework for Administration of Medications*.

Effective May 2002

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INTRODUCTION

The administration of medications is a complex function requiring knowledge of physiology and pharmacology to make appropriate professional clinical judgements. Medication administration has traditionally been considered a nursing function within the context of the health care system, where registered nurses maintain overall responsibility for managing the administration of medications. There are, however, situations where medications are administered by non-nurses in settings outside of the formal health care system including special care homes, correctional facilities, public schools and daycare facilities.

Normally, registered nurses are not employed in these non-health settings, since it has been determined that professional nursing judgement is not required in monitoring the client. However, when a change in client condition, in any of these settings, indicates a need for professional nursing care, registered nursing services should then be accessed through transfer of the client to the local hospital or nursing home, or arrangements made for in-residence professional nursing care from such services as the extra-mural program or nursing services of a home health care agency. The setting, the client profile, as well as the nature and level of service provided are crucial factors in determining a safe, practical and affordable approach to medication administration.

The following guidelines were developed by the Nurses Association of New Brunswick (NANB) to provide direction to persons and agencies operating outside the formal health care system involved in medication administration. The framework is intended to guide the development of appropriate policies, standards, and responsibilities related to practical and affordable means for the safe administration of medications to clients in these non-health care settings.¹

¹ Nursing homes in New Brunswick are outside the jurisdiction of the formal health care system; however, their client population has care needs that have been determined to require the professional judgement and care provided by registered nurses. In nursing homes, registered nursing assistants (RNAs) are authorized to administer medications to nursing home clients, in accordance with the *NANB Criteria for Delegation of Nursing Tasks to RNAs in the Nursing Home Setting*. In the nursing home setting, therefore, the aforementioned NANB criteria supersede the guidelines contained in this document.

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ASSUMPTIONS

The following five assumptions, reflecting the values and beliefs of registered nurses, provide a basis for sound decision-making in the area of medication in non-health care settings:

1. A comprehensive health care system offers a range of services on a continuum from community-based to institutional care;
2. Individuals, families and communities are active partners in primary health care. The public accesses support for self-care through community-based services;
3. Client need is the primary determinant of the nature, level of service and appropriate location for service delivery;
4. Clients entering the formal health and community support network are assessed by health care and social service professionals. This ensures that individuals are directed to the level and nature of service that is most beneficial for their needs; and
5. There is a process in place whereby client needs are reassessed at appropriate intervals to ensure service levels meet identified needs.

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DEFINITION OF NON-HEALTH CARE SETTINGS

Non-Health Care Agencies

There are settings outside the formal health care system in New Brunswick where services of registered nurses are not provided because the client profile does not indicate the need for ongoing, on-site professional nursing supervision or provision of care. In these situations, non-nurse personnel may administer medications, in accordance with established policies, designed to ensure public safety. Examples of non-health care settings where individuals may require medications, but where registered nurses may not be employed, include public schools, correctional facilities, residential camps, daycare facilities, and various residential-social facilities.

Residential-Social Facilities

There are situations where the line between a health care agency and a non-health care agency seems blurred. These facilities operate within a residential-social model and include as special care homes, community residences and group homes. Care delivered within the context of a person's private home also poses special considerations. In cases where the distinction between a health care facility and residential-social facility is not clear, one must take into account the client profile, the level of care required and the predictability of the outcome of care.

Provincial residential facilities as well as group home clients have been determined to have health care needs that are stable, with predictable responses to treatment. Their stable health care needs are secondary to their social needs. The goal of care in adult residential facilities is the "attainment and maintenance of the resident's optimal personal level of functioning, self care, and independence" (*Standards and Procedures for Adult Residential Facilities*, Department of Family and Community Services, February 2002). Typically, clients in special care homes require a protected housing environment, social stimulation and/or minor assistance with self-care, but do not need regular **on-site** nursing supervision. These clients have decreased physical and/or mental faculties with level 1 and level 2 care needs. Primarily these clients require supervision and/or assistance with activities of daily living and provision for meeting psychosocial needs through social and recreational services. Staff providing services to these clients generally have knowledge and skills acquired through a variety of programs including home care worker, special care worker, health care aid, human services or nursing assistant.



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Clients in community residences primarily have level 3 and level 4 care needs which have been determined to not require the **on-site** professional care available through the nursing home setting. Staff providing services in this setting require specialized knowledge acquired through successful completion of a human services or nursing assistant program to meet the long-term care needs of clients with mental illness, behaviour management disorders, brain injuries, autism, and so forth.

Group homes provide services to special needs youth, and to young offenders, and offer respite care for families with special needs children.

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**GUIDELINES FOR ADMINISTRATION OF
MEDICATIONS BY NON-NURSES**

In settings where client profiles dictate that professional nursing judgement is not required in monitoring care, medications can be administered by non-nurses in those settings in accordance with the following guidelines:

Self-Administration

Self-administration should be the main method of medication administration in settings where professional nursing services are not provided. Non-nurses may assist individuals to self-medicate through such means as removing caps or covers, passing a container to the client, or helping to assemble equipment.

Administration by Authorized Personnel

When self-administration is not possible, properly trained personnel authorized by their employer may, in accordance with agency policies and procedures, administer medications to persons in their care according to the following guidelines:

1. **written consent** for the administration of medication must be granted by the individual or by the person with legal authority/power of attorney;
2. **over-the counter medications** may be administered in accordance with the advice of a physician (if the individual is currently under the care of a medical practitioner) and pharmacist or nurse; and
3. **prescription medications:**
 - 3.1 oral and topical prescription medications may be administered in accordance with a physician's directions,
 - 3.2 injectable prescription medications may be delegated to non-nurse personnel in accordance with the following principles (NANB *Guidelines for Delegation of Nursing Acts to Family Members*, 1996):
 - 3.2.1 a registered nurse conducts a nursing assessment to determine the client's care requirements,



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- 3.2.2 a registered nurse conducts an evaluation to determine the competency of the personnel designated by the agency to perform the act,
- 3.2.3 instruction is provided by a registered nurse, which is client-specific and not transferable, and
- 3.2.4 provision is made for follow-up by a registered nurse.

Employer Responsibility

Employers are legally responsible for hiring appropriate staff and for establishing and maintaining policies and procedures that are suitable to the specific needs and circumstances of the clientele served. To ensure the safety of clients, policies and procedures must address the following:

- client consent/authorization to administer medications;
- quality control system providing for a safe, secure system for the acquisition, storage, control and administration of medications; and
- proper documentation of all medications administered, and any adverse reactions. Medication incidents must also be recorded in a client's file. Those clients receiving prescription medications must have a copy of the physician's current order, or copy of each prescription in their file. Each order/prescription must detail the date of the order, name of the medication, dosage, route of administration and frequency.

Employers must ensure that personnel authorized to administer medications receive adequate preparation regarding the scope and limitations of their responsibilities to safely assume this function.



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GLOSSARY

The following definitions are taken from *Standards and Procedures for Adult Residential Facilities*, New Brunswick Department of Family and Community Services, February 2002.

Level 1 care indicates clients who are generally mobile but require availability of supervision/assistance on a 24-hour basis to prepare for, or complete their personal care and instrumental activities of daily living. Client interventions do not require complex skills or equipment. Clients may require some professional care/supervision but it can be provided through office visits, clinics or home visits.

Level 2 care indicates clients who may require some assistance or supervision with mobility. They require more individualized assistance/supervision with personal care and activities of daily living. Clients participate, but require prompting, guidance or assistance throughout the activity. Interventions require some complexity in skills and knowledge concerning personal care, behaviour modification, appropriate responses in various situations, and recognition of deterioration in health (physical/mental) status. Clients may require some professional care/supervision but it can be provided through office visits, clinics or home visits.

Level 3 care indicates clients who have a medically stable physical or mental health condition, or functional limitation and require supervision on a 24-hour basis. Clients may participate in personal care or activities of daily living but require prompting, guidance, assistance throughout the activity of someone else to perform the activity. The client may require supplementary professional health care/supervision at times provided on site or at other locations including a hospital, mental health centre. Interventions require specialized knowledge and skills and the use of specialized equipment may be necessary.

Level 4 care indicates clients who have a medically stable physical or mental health condition, but where difficulties with cognition and/or behaviour require supervision on a 24-hour basis. Clients may display aggressive behaviour toward self and/or others. Clients may participate in personal care, activities of daily living and health related activities but could require maximum assistance and/or someone else to perform the activity. The client may require supplementary professional health care/supervision at times, provided on site, or at other locations including a hospital, mental health centre. Interventions require specialized knowledge and skills and the use of specialized equipment may be necessary.

