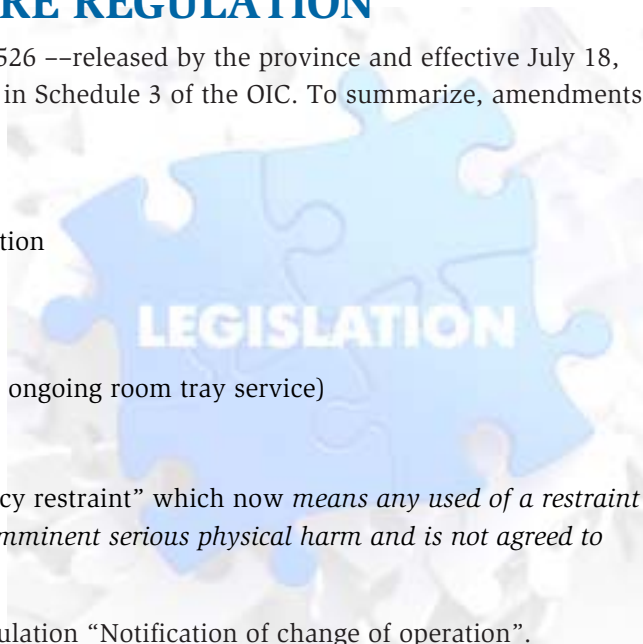




UPDATES TO THE RESIDENTIAL CARE REGULATION

Please see the insert in this newsletter for Order in Council (OIC) #526 --released by the province and effective July 18, 2016 which sets out the changes to the Residential Care Regulation in Schedule 3 of the OIC. To summarize, amendments were made to:

- Sections 2(1) and 2(2)(b) Types of Care
- Section 3(1) and (2) School Residences Exempted
- Sections 9(1), 9(2)(a) and 9(3)(a) Notice of Change of Operation
- Section 24.1 Helpline for Children *new*
- Sections 37(1) and 37(3) Character and Skill Requirements
- Section 42(1)(b) Staffing Coverage
- Section 63(3)(c)(iv) Food Preparation and Service (related to ongoing room tray service)
- Section 74(1)(a) When Restraints May Be Used
- Section 78(1.1) Records for Each Person in Care *new*
- Section 1 of Schedule D regarding the definition of “emergency restraint” which now *means any used of a restraint that is necessary to protect the person in care or others from imminent serious physical harm and is not agreed to under section 74 (when restraints may be used).*



With regard to the changes to Section 9 of the Residential Care Regulation “Notification of change of operation”. Previously, notification was required only to the Medical Health Officer [MHO]. Notification requirements have been expanded to include the MHO, persons in care, contact persons of persons in care and parents or representatives of persons in care. Specifically:

Specific change in operation	Previous Section and Notification Requirements	New Section and New Notification Requirements
Suspend, temporarily or permanently, operation of a community care facility.	9(1) At least one year before suspension, written notice to the Medical Health Officer[MHO]	9(1) At least one year before suspension, written notice to: <ul style="list-style-type: none"> • MHO • Persons in care • Contact persons of persons in care • Parents or representatives of persons in care.

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island health
For more
Residential Care Licensing
information visit our website:
www.viha.ca/mho/licensing

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Specific change in operation	Previous Section and Notification Requirements	New Section and New Notification Requirements
Reduce or expand or substantially change the nature of, the accommodation or services provided by the facility	9(2)(a)(b) At least 120 days before the reduction, expansion or change begins provide written notice to MHO and receive written approval from MHO.	9(2)(a)(i-iv)(b) At least 120 days before the reduction, expansion or change begins provide written notice to <ul style="list-style-type: none"> • MHO • Persons in care • Contact persons of persons in care • Parents or representatives of persons in care. and receive written approval from MHO.
Sell, lease or transfer control of a community care facility	9(3)(a)(i-ii)(b)(i-ii) either given written notice to a MHO at least 120 days before the sale; lease or transfer or been informed by the MHO that notice need not be in writing or may be given in fewer than 120 days AND satisfied the MHO that the intended purchaser, leasee or transferee will continue the operation for at least 12 months from the date of sale/transfer/lease and has applied and is qualified to be the licensee of the facility.	9(3)(a)(i-vi)(b)(i,ii) either given written notice to a MHO at least 120 days before the sale; lease or transfer to: <ul style="list-style-type: none"> • MHO • Persons in care • Contact persons of persons in care • Parents or representatives of persons in care. Other requirements of Section 9(3) remain the same.

A copy of the amended Residential Care Regulations can be found on the Ministry of Health website: <http://www2.gov.bc.ca/gov/content/health/accessing-health-care/finding-assisted-living-or-residential-care/residential-care-facilities>

Senior Living Design Trends

Senior housing design is experiencing rapid change, making it a challenge for those creating new buildings or renovating existing ones. While the first priority should be to meet local building codes and provincial Licensing requirements, developers are also tasked with creating an appealing space where seniors can flourish, while keeping a budget in mind. Below are the 2016 design trends identified by Austin, Texas-based studio SIX5, a senior living interior design firm in the U.S.:



1. Adaptable Designs

Planning ahead when developing different rooms is a must to ensure years of adaptive use with minimum renovations necessary down the road. Whereas activity rooms were once dispersed throughout a community, studioSIX5 believes there will be a shift to incorporate spaces that can easily be modified to accommodate various activities.

2. Boutique Amenities

Today's senior is looking for community's to go above and beyond the basics when it comes to daily service offerings. Largely, this means diversifying dining options and décor.

3. Community-Centric Spaces

The separation of a senior living facility and its surrounding community is a thing of the past. Now, more and more public services are being offered within senior living itself, and businesses can operate individually within a senior housing community to serve both residents and the general public alike.

According to studioSIX5, other design trends to keep in mind for the year ahead include:

- Biophilic (to be closely aligned with nature) design and natural colors
- Emphasis on wellness
- Resort-style, short-term rehab
- More 55+ restricted housing
- Technology integration
- Extensive LED lighting
- Incorporation of modular carpet tiles



The full article can be viewed at: http://seniorhousingnews.com/2016/01/14/top-senior-living-design-trends-for-2016/?_hsenc=p2ANqtz-9kx9tAR4k8wT03d2XYM6r5qUhQyWpbBj-nHk9wsrUdXLGC1S7JIVLn5LCoR0MvbmPCtsZAEi20P4xmr0tFxi80XmriF7i4nGazIwyFV_FkqY9EPPQ&_hsmi=25371434

YOU WERE ASKING...

I have to renew my first aid certificate and a friend suggested I take an online course. Will an online first aid course be accepted by Licensing?

No, on-line First Aid training would not meet the requirements of Schedule C of the Residential Care Regulation (RCR). In order for an online First Aid course to meet the requirements in the provincial legislation, it would have to include a component where the individual demonstrated their skills to their instructor who evaluated those skills (which could be done remotely/virtually) and the certificate on completion would have to be signed by the instructor. It would also have to meet all of the other requirements set out in the RCR and Schedule C.

New Tobacco and Vapour Products Control Act and Regulation

As of September 1, 2016, the province of British Columbia updated several laws that govern the sale and use of tobacco products, broadened the legislation to include vapour products, and the use of both of these types of products on health board properties. The *Tobacco Control Act* and Regulation has been replaced with the *Tobacco and Vapour Products Control Act* and Regulation.

As a result, Section 23 of the Residential Care Regulation is repealed. See Schedule 5 of OIC # 526 which has been inserted into this newsletter for the new wording related to Section 23 Smoking and the Use of Vapour Products.

The Tobacco and Vapour Products legislation includes the following definitions:

- **Health Board** means a regional health board designated under the Health Authorities Act, and the board or other governing body of a prescribed organization having as one of its purposes the delivery of health services.
- **Health Board Property** means a real property and improvements and/or personal property that is in whole or in part, owned or leased by, or operated under the authority of a health board. Note: this includes contracted Residential Care Facilities such as Long Term Care, Mental Health or Substance Use facilities.
- **e-cigarette** means the following: (a) a product or device, whether or not it resembles a cigarette, containing an electronic or battery-powered heating element capable of vapourizing an e-substance for inhalation or release into the air; (b) a prescribed product or device similar in nature or use to a product or device described in paragraph (a);
- **Activated e-cigarette** means an e-cigarette in which an e-substance is being vapourized;
- **Tobacco** means tobacco leaves or products produced from tobacco in any form or for any use.

Use of Tobacco and Vapour Products on Health Board Property:

The legislation sets out requirements for the use of tobacco and vapour products on health board properties as follows:

Outdoor use of tobacco and vapour products on health authority property

- Tobacco and vapour products cannot be used on the grounds of a health board property unless the health authority designates an area of use for tobacco, vapour products, and/or both.

- If the health board designates an area of use for tobacco and or vapour products, the no smoking zone around doors, windows and air intakes of 6 metres must be followed. Due the Clean Air Bylaw, in the Capital Regional District (CRD), the no smoking zone around doors, windows and air intakes of 7 metres for tobacco products must be adhered to and signage must be posted.
- In the CRD, as per the Clean Air Bylaw, no smoking of tobacco is to occur in any location where either food or both food and beverages are served and/or consumed [for example an outdoor patio area].
http://www.viha.ca/mho/tobacco/clean_air_bylaw.htm

Ceremonial use of tobacco on health board property

- The ceremonial use of tobacco is permitted in or on health board property if the ceremonial use of tobacco is approved by the health board and it is performed in relation to a traditional aboriginal cultural activity or by a prescribed group for prescribed services.

Indoor use of tobacco or vapour products: Residents of a hospital or residential care facility

- For locations in the CRD, no smoking is permitted inside as per Clean Air Bylaw 3962.
- Outside of the CRD, only residents of a hospital or residential care facility can use tobacco or vapour products inside if there is a health board designated specially constructed room that meets the standards set by WorkSafeBC's Occupational Health and Safety Guidelines Part 4. Visitors and staff cannot use any indoor designated area.

Please visit the Ministry of Health website for more detailed information:

<http://www2.gov.bc.ca/gov/content/health/keeping-bc-healthy-safe/tobacco-control/legislation>

Improvements to the E-Incident Reporting process

A big thank you goes out to all of those Residential care facilities that have been using the electronic Incident Reporting System. With your feedback, we now have Version 2 of the e-Incident reporting system in place with the following improvements:

- Each licensed facility is able to create its own private password;
- Passwords can be changed and forgotten passwords can be corrected; and
- Partially completed Incident Report forms can be saved and retrieved by facilities to submit at a later time.

Instructions on how to use Version 2 have been emailed out to facilities. If you did not receive a copy or want more information, please contact your Licensing Officer.

For VIHA Region-wide Updates:

South Island

#201-771 Vernon Avenue, Victoria, BC V8X 5A7, PH: 250.519.3401, FAX: 250.519.3402

South Island Training:

Orientation to Licensing for New & Pending Managers of Residential Care Facilities

Dates: Call for Information on dates in 2016. Space in each session is limited to 15 participants.

Central Island

#29-1925 Bowen Road, Nanaimo BC V9S 1H1, PH 250.739.5800, FAX: 250.740.2675

North Island

#200-1100 Island Highway, Campbell River BC V9W 8C6, PH: 250.850.2110, FAX: 250.850.2455

Central/North Island Training:

Orientation to Licensing for New & Pending Managers of Residential Care Facilities

Call 250.739.5800 for information on dates for 2016.