



**Providence Living**

**Honouring every life story**

# **RESIDENT HANDBOOK**

**PROVIDENCE LIVING AT THE VIEWS | CENTRAL CITY LODGE**



**Providence Living**  
Honouring every life story

Adapted from Interior Health,  
Northern Health and Island Health  
Resident Handbooks



# Providence Living

Honouring every life story

Providence Living respectfully acknowledges that its places of work and care villages lie on the traditional and unceded territories of the xʷməθkʷə́y̓əm (Musqueam), skwxwú7mesh (Squamish), səɫilwətał (Tsleil Waututh), and K'ómoks Nations who have been stewards of this land and water for time immemorial. We thank them for hosting us today to carry out our work on their ancestral homelands.



---

## Table of Contents

Welcome to Long-Term Care .....	6
About Providence Living .....	7
Vision and Purpose .....	7
Values.....	7
Our Commitment.....	7
Our Care Philosophy.....	8
Deciding to Move to Long-Term Care .....	9
Selecting a care home.....	9
Cost of living in long-term care .....	9
Preparing to Move .....	11
Important steps to take prior to the move.....	11
Once the bed is available .....	11
What to expect when you arrive.....	14
Admission .....	14
Adjusting to a move .....	15
Settling into a new home.....	15
The ongoing role of family and loved ones .....	16
Ongoing care.....	18
Recreation and activity programs .....	18
Nutrition and food services .....	18
Spiritual care .....	18
Health care needs .....	18
Dementia Care.....	19
Palliative Approach to Care .....	19
End of life care.....	19
Expressing your wishes.....	20
Advanced directives and substitute decision makers .....	20
The Care Team .....	22
Purchased Services .....	25
Long-term care home procedures.....	27



Health and safety residents.....	28
Ensuring quality of care .....	33
Abuse and Neglect .....	33
Addressing concerns and complaints .....	34
It's a partnership .....	35
Definitions of Terms.....	36
Appendix A: .....	38
BC Resident bill of Rights: .....	38
Appendix B .....	39
How to Clean Your Hands.....	39





## Welcome to Long-Term Care

This handbook is designed to provide comprehensive information to individuals waiting to enter or currently residing in Long-term care homes. Whether you are transitioning into Long-term care or supporting a loved one through this process, we understand the challenges and emotions involved and aim to provide clarity and support.

Long-term care homes offer around-the-clock care for individuals with complex care needs. Our safe environment supports those who can no longer be cared for in their own home or in an assisted living residence.

Providence Living (PL) facilities, regulated under the Community Care and Assisted Living Act, ensure a safe and secure environment for residents.

The benefits of Long-term care include:

- A private or shared room
- Safe and secure living environment
- Medication management
- 24-hour nursing and personal care following individualized care plans
- Clinical support such as rehabilitation, dietitian and social work services
- Planned physical, social and recreational activities
- Nutritious meals, including options for therapeutic meals and meal replacements
- Laundry services, including personal clothes
- Housekeeping services
- General hygiene supplies, such soap, shampoo, and tissues
- Routine medical supplies and standard incontinence management products



***The need to reinvent seniors' care***



# About Providence Living

## Vision and Purpose

PL is a Catholic health care community, committed to improving both the environment and experience of older adults living in long-term care. Driven by research and global best practices, PL is a leader in creating innovative services, homes, neighborhoods and communities in which people can imagine themselves and their loved ones living full and realized lives.

We create space for individuality, joy and spontaneity that make life rich and fulfilling. We innovate, challenge conventions, and most of all listen long and hard to the real experts: the people living in our care communities and their families.

## Values

Value statements guide decisions and actions. We will succeed in our work through:

- ❖ **Spirituality:** We nurture the God-given creativity, love and compassion that dwell within us all.
- ❖ **Integrity:** We build relationships based on honesty, justice and fairness.
- ❖ **Stewardship:** We share accountability for the wellbeing of our community.
- ❖ **Trust:** We behave in ways that promote safety, inclusion, and support.
- ❖ **Excellence:** We achieve excellence through learning and continuous improvement.
- ❖ **Respect:** We respect the diversity, dignity, and interdependence of all persons.

## Our Commitment

In 2009 the Government of British Columbia passed the [Residents' Bill of Rights](#) to promote the rights of all adults who live in long-term care homes. The Bill of Rights addresses:

- ❖ Commitment to care;
- ❖ Rights to health, safety and dignity;
- ❖ Rights to participation and freedom of expression; and
- ❖ Rights to transparency and accountability.

People living in care homes have many of the same rights they had living in their own home. The Residents' Bill of Rights serves as the foundation for all aspects of care and operations.

PL and each of our staff members are committed to protecting residents' rights (See [Appendix A: Residents Bill of Rights](#)). As a team we recognize that every resident is entitled to individualized, quality resident-centered care.



## Our Care Philosophy

PL's philosophy of care, known as Home for Us, guides the care your loved one receives, and is based on the following three principles:

1. Emotional connections matter most.
2. Residents direct each moment.
3. Home is not a place, it's a feeling.

Home for Us philosophy of care is woven into the services and daily life activities of all residents, giving the care community a sense of family and home.

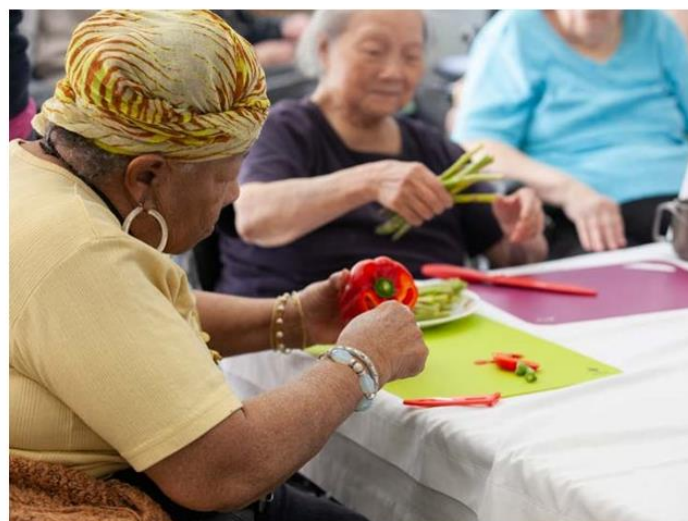
We recognize the individuality of each resident, taking into account their feelings, wishes, life experiences, and physical abilities. By nurturing a sense of purpose, belonging, and companionship, we aim to enrich the lives of our residents.

Residents and their families/support systems are integral partners in the care process. They are actively involved in discussions and decisions regarding care plans, ensuring that their wishes and needs are heard and respected.

By creating care communities that feel like home, PL can help our residents direct each moment and live life on their own terms.

## Vision

Creating communities of joy,  
purpose, meaning and belonging for all.







## Deciding to Move to Long-Term Care

### Selecting a care home

Applications for Long-term care services are handled through the Home Health Office in your community. Once your eligibility has been determined, access to a Long-term Care home considers your needs, existing supports, and the urgency of your situation.

You will be asked to identify your preferred Long-term Care home(s) and interim care if required. Your care manager is a great resource and will explain to you and your loved ones the wait list process, as well as the choices you have about your care.

#### **RESOURCE: Help in selecting a long-term care home**

<https://www.health.gov.bc.ca/library/publications/year/2013/planning-for-your-care-needs.pdf>

### Cost of living in long-term care

The Long-term care home rates start at a minimum rate set by the Ministry of Health. The rates increase according to a person's income, to a maximum amount. These rates are generally 80% of a person's after-tax income. The rates are updated annually based on your annual tax return. Before moving in, your community care team will advise you of the rate and any other associated charges or fees. You or your substitute decision maker will be asked to sign an admission relating to our financial responsibility.

#### **❖ What if my income has not been properly assessed or circumstances change?**

Every effort will be made to ensure a person's income level is fairly assessed to determine a new rate. If there are any questions about whether your rate has been assessed correctly, contact your community health team or the site manager at your home.

#### **Tip:**

Be sure your income tax is done promptly every year so that your rate is adjusted appropriately.

#### **❖ How are rent payments made?**

Rent is payable in different ways depending on your care home's policies. You will receive information about how to arrange this on admission day. You, or your substitute decision-maker, will receive an annual statement of all fees you have paid. This statement may be needed to claim income tax credits.



Any funds remaining when your room is vacated will be returned according to PL policy. For more information, please ask your social worker or designate.

❖ **Room charges during absence:**

The Ministry of Health limits how long a person can be away from a long-term care home to retain their bed. Leaves are limited to 30 days added up over one year. Absences due to hospitalizations are not limited. Room charges do apply during absences, including hospitalization. On occasion, you may need to be transferred to a specialized care facility. If this absence is lengthy (e.g. a month or more), your room may be given to another person, and you will be offered a different room when you return.

❖ **Items that may require additional living costs in long-term care home:**

- Any expenses for moving in or out of the Long-term Care home
- Personal transportation, including medical and dental appointments
- Ambulance charges
- Personal clothing
- Personal preference in care items, such as tissues, shampoo, deodorant, toothbrush, toothpaste, razors, comb/hairbrush, dentures and supplies
- Mending, repair, alterations and tailoring
- Personal cable and/or telephone connection and monthly charges
- Eyeglasses/examinations
- Dentist, dental hygienist visits and dentures not covered by dental plans
- Foot care
- Barber and hair dressing fees
- Hearing aids and batteries, including replacement batteries
- Special outings and any costs or meals while away from the home
- Costs incurred for purchased or rental of specialized equipment exclusive to your use such as walkers, wheelchairs and mattresses
- Hip protectors
- Repairs and maintenance of any personal or specialized equipment
- Upholstery cleaning of personal furnishings made of fabric that requires special attention
- Removal of personal furnishings that are no longer able to be satisfactorily cleaned or safe to use
- Medications and nutrition supplements not covered under medical services plan or other specialized funding sources
- Funeral and burial arrangements
- Other private services (e.g. paid companions or massage therapists)

**RESOURCE:**

For more information about the services and cost associated with long-term care homes, see the [Government of British Columbia Home and Community Care Policy Manual](#)

## Preparing to Move

### Preparing to Move

The time between being notified of a vacancy and accepting an offer of care and accommodation in a long-term care home may be very short. We recommend that you prepare beforehand.

### Important steps to take prior to the move

- Tour the care home after accepting the offer and before you move in
- Confirm that your family doctor or nurse practitioner will continue to provide care after the move. Please discuss with site leadership.
- Talk about future wishes for health care and end-of-life with your family and doctor or nurse practitioner
- Make a list of people to talk about the change of address
- Ensure your personal items are labelled
- If you are considering bringing in personal furnishings for your room, please discuss with the Manager prior to move in day. Any furniture must have a surface that can be cleaned using PL standards.
- Organize legal documents and insurance.

### Once the bed is available

- Find out the best time to arrive and ask about personal items you'll need to bring
- Organize transportation and any help you'll need to move in
- Visit your doctor to update your medication list

#### ❖ Furniture

Rooms have a bed/mattress, night table, and wardrobe/dresser. There may also be a chair in the room. A nurse call system is available beside each bed and in the bathroom. Most rooms have a ceiling lift to assist residents with mobility and transfer needs.

You are encouraged to personalize your room by decorating it with pictures and things that are important to you. Personal furnishings must be cleanable and moveable, fabric coverings are discouraged and it will be your responsibility to clean if needed. Families may be asked to



remove furniture if it presents a risk to others. All personal furniture must be kept in your room as the common areas are fully furnished.

All electrical equipment must be inspected by maintenance staff and approved for use; this includes radios and televisions. Mini fridges are site specific and require inspection and approval prior to use. Food preparation appliances, such as microwaves, kettles, crock pots, kettles and toasters are not permitted.

Please talk to the site manager to find out what can be placed in your room.

### **Valuables**

All personal items brought into the care home are your responsibility. All items should be clearly marked with your name. Staff will make every effort to safeguard your eyeglasses, teeth, hearing aids and other personal items; however, things go missing from time to time. As an example, another resident may sit on your eyeglasses. The cost of replacement rests with you. Insurance for loss of items such as wheelchairs, dentures and hearing aids is recommended.

#### **TIP:**

In many cases, homeowner insurance will cover losses incurred by a spouse living in Long-term care home. Check with your insurance agent to see if your homeowners insurance will cover belongings in a care home.

A record of personal items is made upon admission. Please let staff know if valuable items are brought in or removed. Valuable items, especially jewelry, identification and money, should not be left at the care home.

You are encouraged to set up a comfort fund for small purchases such as ice cream on an outing. Please check with the site leadership about how this can be done.

### **❖ Clothing**

Comfortable, loose fitting, warm clothing, that can be easily put on, is preferred. Adaptive, open-backed clothing may also be appropriate. The right clothing can help you maintain independence for as long as possible. It makes dressing and transferring easier for both of you and the staff member who is assisting you. We recommend that you don't purchase clothing until the staff has done an assessment to determine what type would be best.

Laundering of personal clothing is an optional service provided by the care home, but mending and repair, alterations and tailoring are not included in that service. All personal clothing is washed together. Things that need special care (e.g. hand washing, dry cleaning only) are your responsibility and should be left to be washed at home. Every effort is made to ensure



compatible items are laundered together and that non-washable items are returned to you. If these items are washed the home is not responsible.

All clothing must be labelled with your name even if you are choosing not to have your personal clothes laundered at the care home. This is to prevent loss in case an article of clothing is placed with the in-house laundry.

See the table below for a list of suggested clothing and personal items. Seven to ten changes of clothes are recommended. Basic incontinence supplies are provided by the home.

Women's Clothing/Items	Men's Clothing/Items
<b>** Consider ease of dressing **</b>	
• Pajamas/Housecoat	• Pajamas/Housecoat
• Bra and/or undershirts	• Socks
• Underpants	• Undershorts
• Slips if applicable	• Shirts/Sweaters
• Outfits/Dresses	• Shorts/Pants/Jogging suits
• Stockings or socks	• Undershirts/Vests
• Slippers, non-slip (recommended)	• Slippers, non-slip (recommended)
• Non-slip shoes	• Non-slip shoes
• Coat or jacket (lightweight & heavyweight)	• Coat or jacket (lightweight & heavy weight)
• Cosmetics/body lotion/shaving supplies	• Electric razor/shaving supplies/aftershave
• Eyeglasses	• Eyeglasses
• Hearing aids	• Hearing aids
• Dentures/denture brush/tablets	• Dentures/denture brush/tablets
• Toothbrush/toothpaste	• Toothbrush/toothpaste
• Hairbrush/combs	• Hairbrush/combs
• Non-scented soap and deodorant	• Non-scented soap and deodorant

#### ❖ What is a basic wheelchair?

Definition of a basic wheelchair: A manual, self-propelled, safe and durable wheelchair with a basic contoured seat cushion, which is reasonable to obtain and maintain.

#### ❖ What if I do not have the equipment I need?

Residents are supported to access equipment from specialized equipment rental programs. At times, a care home may have a limited supply of equipment which may be loaned as an interim option while you wait for rental equipment. Such equipment will be loaned according to availability and priority of need. Social workers and Occupational Therapists are available at each site to explore and support access to equipment.



❖ **Is there funding for equipment?**

You may qualify for funding or assistance through various sources such as the Veteran's Affairs Canada, Indigenous programs, the Ministry of Social Development, or private insurance such as Blue Cross. Residents may donate equipment they no longer need.

❖ **Is power mobility allowed?**

All power mobility equipment, including scooters and power wheelchairs, is assessed on an individual basis. The equipment is inspected on admission, and you may be required to pass a power mobility driving test. If you pass, you must sign an agreement to ensure safety for everyone. Additional driving tests may be required if your abilities change.

❖ **Who assists with equipment needs?**

An occupational therapist or physiotherapist completes assessments and recommends the most suitable equipment.

❖ **What type of equipment may be needed?**

- Wheelchairs (basic wheelchairs may be provided by the home)
- Wheelchair cushions
- Walkers
- Splints
- Heel boots
- Mattress overlays
- Specialty mattresses
- Adaptive aids (long handled shoehorn, reachers)
- Adaptive clothing (to accommodate resident lifts)
- Wheelchair alarms
- Bolsters
- Hip protectors, etc.
- 

## What to expect when you arrive

### Admission

When you first move into a Long-term care home, you and your family will be provided with orientation, including:

- A tour of the site and your room
- Information about the services provided
- An introduction to staff and residents
- Each care home is unique. Staff will discuss the special aspects of the home once you arrive.

You and your family are encouraged to participate in the admission process by:

- Talking about what's important to you





- Identifying key concerns
- Answering staff questions
- Making informed decisions related to care

Care staff will gather information during the admission process so they can get to know you and develop a personalized care plan. This care plan is a guideline of the type of care and support you require.

## Adjusting to a move

Moving into a Long-term care home is like moving to a new neighborhood. Each person reacts differently to a move. While it can be a welcome and positive change for you and your loved ones, it can also be a very stressful time; particularly for those with dementia.

The first four hours of the admission process is a critical time when you may need extra support. The goal of the care team is to work with you and your family to provide that support. If able, family and friends are encouraged to ease the transition. Some suggestions for family and loved ones include:

- Select the best time for admission for both you and the care home
- Support you to attend a meal or an activity at the long-term care home before the admission occurs; a loved one may share a meal for a small fee.
- Ensure a family/personal history is completed
- Visit you and plan to stay for most of the day
- Choose a familiar, enjoyable activity that the family can do together
- Help you get ready for bed

The first week after a move is often unsettling for everyone. It'll take time to feel comfortable in your new home and to build trusting relationships with other residents and staff. It's not unusual to feel sad, anxious, angry, or confused.

Families may notice a change in your behavior as you adjust to the new setting. You may stop doing something you were able to do for yourself before, or you may start doing something you haven't done before. Families are asked to speak with staff to share what they are seeing.

## Settling into a new home

PL Long-term care homes aim to be homelike and comfortable. Chairs and couches are arranged in small groups to encourage conversation. Smaller spaces are available for visiting and hobbies, including TV watching, card and/or board games, puzzles, and small-scale structured group activities. A weekly and daily menu as well as a calendar of recreational activities are posted. Staff routinely remind residents about any upcoming activities that may interest them.



## The ongoing role of family and loved ones

Families and loved ones are partners in care. We encourage them to review the care plan with nursing staff and participate in resident care conferences (team meetings where care plans are reviewed). These are excellent ways for the care team and the family to be in agreement about your care and to promote good communication. Family and friends are encouraged to visit and participate in many of the day-to-day activities.

Family and loved ones can continue to participate in your life at your new home by:

- Introduce themselves to staff
- Taking you for 'rides' or walks
- Reviewing the activities calendar for activities they can join
- Visiting you and sharing in meals for a small fee

We include family in your care whenever possible. However, you do have the right to give consent and have your confidentiality maintained independent of your family. This means that you decide when and what information you share with your family.

We know it can be hard for families and caregivers to be excluded. We believe that including family in care has many benefits and encourage you to share your concerns, your progress, and plans for the future with your family. Whatever you decide in this regard, we will respect your rights and choices.

Family members also need time to adjust to this major change. We encourage loved ones to:

- Balance taking care of themselves with the care and support they provide to their family member
- Speak with other family members and loved ones about how to work as a team to help maintain a strong connection to you
- Check out bulletin boards and/or attend family council meetings to get information and support

### ❖ Care conferences

A care conference is the time when we meet with you, your health care representative, and anyone else you would like to invite. In collaboration with the care team we talk about your goals of care and answer any questions you may have. Your first care conference will be held within four to six weeks of admission and then on a yearly basis, or if there is a major change in your health.

### ❖ Resident and family council

Resident and family council meetings are held at each long-term care home on a regular basis. These meetings provide the opportunity for residents, families, and friends to discuss topics related to the services and care providers by the care home. The meetings help maintain the care home and improve the quality of life for the residents. Functions of the councils include:



- Supporting residents, families and friends
- Sharing information
- Advocating when concerns and issues affect the residents

All residents and family members are encouraged to participate.

#### ❖ Visiting and staying in touch

Discuss any specific regulations with the site leadership. We ask loved ones to talk to the staff to find out about any special events and how to make the most of your visit. Let nursing staff know in advance, if possible, about any upcoming longer-term absences.

Families and loved ones are also encouraged to keep in touch by phone or internet. Many long-term care homes now have internet computer access available for you, allowing for virtual communication options.

#### ❖ Leaves and vacations

All residents need to notify staff and sign the “sign out sheet” prior to leaving the home. It is important to let the staff know you’re leaving in case there’s a fire or evacuation. Staff will need to know who is in the building. This also ensures arrangements can be made for medication while you are away.





## Ongoing care

### Recreation and activity programs

Each day, a variety of activities and programs are offered to suit many levels of interest and abilities.

Some homes have courtyards that provide access to outdoor areas. They feature activity areas with planters that let residents get their hands dirty and take part in and enjoy gardening activities.

Long-term care homes are aware of the valuable relationship that animals/pets can have with residents and their loved ones.

Care homes have different ways of including pets as part of their programming. If you wish to have a pet visit, please check with the site manager in your home for details on the pet policy. Generally, pets are required to have a vet check and be on a leash.

### Nutrition and food services

Morning, noon, and evening meals are provided as well as snacks between meals. Menus are posted to inform you of the meals being served.

Food is prepared to:

- Provide appealing and tasty meals that meet individual nutrition requirements
- Observe cultural and religious practices
- Celebrate special occasions

Our dining rooms are designed to provide a pleasurable and comfortable environment, encouraging conversation and socialization.

Families are encouraged to bring in favorite foods for their loved ones. Please check with the site manager, for information about what foods are appropriate to bring to the home.

### Spiritual care

People living in a Long-term care home are offered spiritual support through various religious and spiritual groups. Spiritual care may be provided through group meetings, one-to-one visits, sermons, music and song.

### Health care needs

Twenty-four-hour care is provided according to your individualized care plan. The care team will work with you and your family to complete an assessment of your needs and expectations. A



care plan takes into account the physical, social, emotional, and spiritual needs and interests of each resident.

Most residents' needs can be managed in the home. However, on occasion, the level of care required may exceed what the care home can provide. In the case of a medical emergency or a situation that can't be managed in the care home, you'll be transferred to the hospital and returned to the home once stable.

When a resident is transferred to hospital or between care settings or programs, a copy of their Medical Orders for Scope of Treatment (MOST), Cardiopulmonary Resuscitation (CPR) order, and any other health care directives will be transferred with them.

In the event of illness or injury, the nursing staff will contact your doctor and family or substitute decision maker. The substitute decision maker is responsible for sharing information or news with other family members and loved ones.

## Dementia Care

The term dementia describes many conditions that can lead to a gradual and progressive decline in thinking and functional ability. Dementia can affect short-term memory, communication, language, judgment, reasoning, and abstract thinking. Eventually the person might not be able to dress and may even lose interest in eating and drinking. Dementia is a progressive, terminal illness.

Preserving the person's quality of life, especially as it pertains to who they were before they had dementia, requires a specialized approach to care. PL has invested resources to provide this specialized approach to care. Many staff have taken some form of dementia care training provided to them with skills in caring for an individual

## Palliative Approach to Care

Some of our residents may have life limiting conditions that will progress as incurable conditions worsen. PL uses a palliative approach to care where managing symptoms for incurable conditions and treating those that can improve or maintain quality of life is our goal.

## End of life care

End of life care focuses on making a person comfortable during the final stages of life. Comfort for some residents may mean medicine and/or treatment to control pain and other symptoms. For others, it may mean having loved ones with them or listening to music. The focus for end-of-life care is creating a peaceful and kind of environment that aligns with the person's wishes.

Seeking Medical Assistance in Dying (MAiD) is a deeply personal decision. If you are considering MAiD, please discuss with a health care professional, who can help you connect with the Health



Authority's Regional Assisted Dying service. Providence Living Staff will not provide MAiD and MAiD will not occur where Providence Living provides services.

### ❖ **Funeral Arrangements**

Residents and families are encouraged to choose a funeral home to reduce stress during a difficult time. Social workers can provide resources related to funeral planning and offer support to families following a resident's passing.

## Expressing your wishes

Advanced care planning is the process of thinking about and writing down your wishes for future health care treatment in the event you are unable to make decisions for yourself.

An advance care plan has two main functions:

- It tells your family, your substitute decision-maker, and your doctor what kinds of treatment you do or do not want to receive when you are nearing the end of your life, and you can no longer make these decisions for yourself.
- It lets you name a person who can make treatment decisions for you when you can't make decisions for yourself. This person is called a substitute decision-maker.

Talking about your end of life wishes with your family, doctor or nurse practitioner, and care providers is important. Although these can be difficult talks to have with loved ones, it is important to make your wishes known.

Some of the hardest decisions relate to the use of life support and life-prolonging treatments such as ventilation to assist with breathing, kidney dialysis to help kidney function, tube feeding and CPR. Knowing your wishes may help reduce the uncertainty and anxiety of a loved one's experience. It may bring them a measure of comfort knowing that they followed your wishes.

Prior to, or once admitted to a long-term care home, you will be asked questions about your end of life wishes, including CPR. CPR is an emergency procedure performed when someone's heart stops beating or, in some circumstances, when they stop breathing. If your new care team do not know your wishes, we cannot carry out your healthcare wishes.

### Advanced directives and substitute decision makers

An advance directive is the legal document that will serve as a reference if you're unable to express your wishes.

In BC, there are two types of representation agreements or enduring power of attorney documents. These documents allow you to designate who you want to manage your financial,



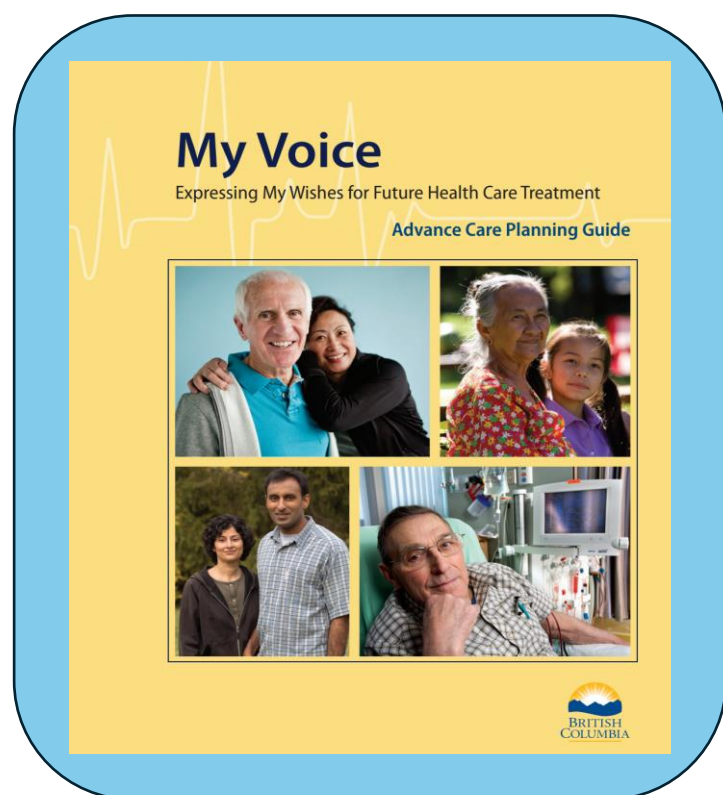


legal, health, medical and/or personal affairs if you become incapable of making those decisions or providing consent.

You are encouraged to document advance directives while you're healthy and clear thinking. A "temporary substitute decision maker" can be appointed if you're not able to give consent and haven't legally selected someone to speak to your medical or health issues.

If a resident is incapable of authorizing legal documents, the court may appoint a "committee" on their behalf.

A social worker may also assist the resident and/or loved ones in becoming a private trustee of federal pensions. The public guardian and trustee office can also provide assistance, but usually as a last resort. Where available, talk with a social worker if you would like more information. Please note that employees of long-term care homes aren't allowed to witness personal documents such as wills.



#### RESOURCE:

A Ministry of Health guide to assist families and their loved ones understand this topic:  
<https://www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf>  
[My Voice: Expressing My Wishes for Future Health Care Treatment](#)



## The Care Team

Residential care regulations and policies require that all staff and volunteers have the necessary qualifications to provide safe quality care. Staff screening includes criminal record check, character references, work history, training certificates and compliance with the province's immunization and tuberculosis programs.

Long-term care homes are held to the same standards and provide a similar level of services and care. However, staff that make up the care team may vary from one care home to another.

The following section identifies staff you may meet and describes their roles.

### ❖ **Doctor or nurse practitioner**

All individuals living in a Long-term care home will have a doctor, team of doctors or nurse practitioner. A person's family doctor or nurse practitioner may continue to provide care once a person moves into a long-term care home.

### ❖ **Director**

Each care home is supported by leaders who look after the overall operations of the home. This person is responsible for ensuring quality of care and services for the residents living in a long-term care home.

### ❖ **Nursing and care team**

The nursing team provides 24-hour care to residents. Members of the nursing and care team may include:

- Registered nurses (RN's)
- Registered psychiatric nurses (RPN's)
- Licensed practical nurses (LPN's)
- Care aides

Care homes also have Resident Care Coordinators who are responsible for coordinating the care provided to residents. These staff members work with your doctor and other healthcare professionals to make sure you receive the care you need.

### ❖ **Nutrition and food services**

Meals and snacks are prepared daily by the staff from the food services. The team includes food service workers, cooks, and supervisors. A registered dietitian oversees the nutritional needs of the residents living in a care home. Menus are updated on a regular basis taking into account residents' needs and overall preferences. Special diets and modified food textures are available when required.



For families who may want to come share a meal with you, our mealtimes take place between 8am – 9am, noon – 1pm, and 5pm to 6pm. There is a nominal fee for family meals to support the cost of food. Snacks are available throughout the day.

#### ❖ **Social work staff**

Social workers help ensure the voices of residents and their loved ones are heard, and work to strengthen communication between residents, loved ones and staff.

Social workers:

- Provide practical and/or emotional support to residents and their loved ones at times of loss and transition
- Help clarifying concerns related to financial and medical decisions
- Help residents access services and resources
- Help explore expectations about placement

Social workers play a strong role in promoting choice and respect for differences.

#### ❖ **Recreation staff**

Recreation staff may include recreation therapists, recreation coordinators, and/or activity workers.

Recreation staff:

- Provide therapeutic one-to-one time to residents
- Facilitate small group games and social time
- Organize large group social events celebrating holiday themes

Activities may include a variety of outings, music, creative arts, gardening, baking, games, church services, exercise programs, pampering time, and much more. The emphasis is on nurturing residents' interest.

#### ❖ **Rehabilitation staff**

Rehabilitation staff includes:

- Physiotherapists
- Occupational therapists
- Rehabilitation assistants

The role of the rehabilitation team is to assist each resident to maintain their optimal level of safe mobility and activities of daily living. Rehabilitation services include assessment and fitting of assistive devices (wheelchairs, walkers, splints, hip protectors, etc.) and exercise programs. Rehabilitation staff are also consulted regarding skin care, swallowing, and falls.



#### ❖ **Housekeeping and laundry staff**

Housekeeping staff clean bedroom floors, high traffic areas and washrooms daily. The entire room is usually cleaned on a weekly basis. Laundry may be done by a variety of staff depending on the care home. You and your family members are encouraged to take part in keeping the room and home tidy.

#### ❖ **Facilities maintenance staff**

Facility maintenance staff address repairs and maintenance needs of the building site. Maintenance concerns can be passed on to the care coordinator or site manager who will notify the facilities maintenance department.

#### ❖ **Students**

Health care students may participate as part of the care team. You may encounter a sole student, or large groups of students accompanied by an instructor. All students are supervised in their work.

#### ❖ **Volunteers**

Most long-term care homes offer a variety of volunteer opportunities and run volunteer programs. Volunteers play an important role in long-term care homes. We encourage family and friends to ask about the volunteer opportunities at your care home.

You may see volunteers visiting with animals, playing music, assisting with recreation programs, and visiting with residents. All individual volunteers are screened and supervised. Volunteers may be community members, family members, or friends. You may also see volunteer or service groups at the home, such as music bands, junior volunteers, hospice volunteers and school groups.





## Purchased Services

A number of services are available on a fee-for-service basis for an extra cost. It's up to you, your family, or your substitute decision maker to purchase these services.

Many service providers come to care homes to offer their services. You may need to access some services in the community. Family members are encouraged to organize and assist with resident appointments in the community.

Please see the care coordinator or site manager to find out about the specific services available in the care home.

### ❖ **Hair care**

Hairdressers and barbers are available in most Long-term care homes, although not all care homes have a hairdressing salon.

### ❖ **Dental care**

Dental hygienists, denturists, or dentists may be available to provide services in care homes. Access to specific services will vary and you may need to access this service in the community. You're encouraged to be screened by a dental health professional yearly and when concerns arise. Please discuss with site leadership or your social worker.

### ❖ **Eye and hearing care**

Optometrists and audiologists (eye care and hearing centers) typically provide their services in the community.

As in the case with dental care, it's important to have your eyes and hearing checked regularly so that any issues can be addressed promptly. Good vision and hearing enhance quality of life. It is recommended that dentures, glasses, and hearing aids be marked clearly with your name.

#### **TIP:**

Check with your dental, optical, and hearing specialists for the best way to label these items.

### ❖ **Foot care**

Foot care nurses provide assessment, treatment, and support to elderly and diabetic residents. Maintenance visits usually occur every six to eight weeks. Most care homes have foot care nurses who routinely provide services in the home.





### ❖ Other services

In addition to the services identified here, you may also purchase other services such as paid companions, massage therapist, etc. The availability of such services varies from community to community. It's up to you, your family, or your substitute decision maker to secure and fund these services.

If you plan to have a privately paid service put in place, please speak to the site leadership before you proceed. PLhas policies in place regarding the purchasing of contracted services.







## Long-term care home procedures

### **Immunization**

As required by the *Community Care and Assisted Living Act: Residential Care Regulation*, people who move into a Long-term care home must comply with the province's immunization and tuberculosis screening program. Care homes are required to maintain a record of the immunizations/vaccines that you receive.

### **Tuberculosis screening**

Prior to being accepted into a long-term care home, you must undergo initial screening for tuberculosis. If you show symptoms related to tuberculosis, you must be seen by a doctor to rule out tuberculosis. A person with active tuberculosis cannot be admitted to a care home.

### **Medications**

Once you arrive at the care home, you'll be asked to clarify which medications you're taking. Care staff will discuss your medication needs with our doctor and document these in your plan of care.

Medications must be safely stored at all times. Unless otherwise specified in your care plan, medications are to be stored in the medication room and dispensed by nursing staff. Please talk to the care coordinator or site manager regarding the use of any herbal medication. Please discuss the cost of medications with site leadership.

### **Oxygen**

Oxygen is available for use only as ordered by a doctor. An individual may be required to assume the cost of oxygen and supplies; however, a medical condition might qualify an individual for a subsidy by the Ministry of Health.

### **Companions**

Residents may hire paid companions if available in the community, with arrangements made by the resident, family, or decision maker.



## Health and safety residents

It is important to recognize that all residents share a common living space, services, and care provided by staff. To ensure the safety and welfare of everyone, the rights and the safety of all residents, staff, and visitors need to be considered at all times.

### ❖ Visiting when sick

If a family member or loved one is sick with flu-like symptoms, has a fever, or a cough, or vomiting and diarrhea, we ask that you don't visit the care home. While this may be difficult, we must protect **all** our residents against infections including influenza. Instead, we encourage loved ones to maintain contact with you through other means (e.g. phone). This will allow you to keep in touch.

### ❖ Hand washing

All visitors to a care home should use the hand hygiene station at the entrance to the home. Hand washing and sanitizer are the most effective ways of preventing the spread of infections. Washing hands should be done by everyone after visits to the washroom, and before meals. Visitors can assist you with hand washing.

(Appendix B: [How to Clean Your Hands](#))

### ❖ Respiratory etiquette

If you're able, cough and sneeze into your sleeve rather than your hand. This stops the spread of germs from hands to doorknobs, telephones, and anything else you touch. If you use your hands or tissues to cover your cough or sneeze, be sure to clean your hands afterwards by using hand sanitizer.

During the flu season residents, staff, visitors and volunteers are encouraged to have the influenza vaccine – if this is not possible, a mask must be worn between December 1 and March 31 to prevent influenza infections in the care home.

### ❖ Air care

Please avoid the use of highly scented personal care products and room deodorizers as these can trigger respiratory symptoms in other residents and staff.

### ❖ Supporting Dementia/Neurocognitive Disorder

Persons with dementia and other neurocognitive disorders may have difficulty expressing their needs. This may be exhibited in a physical and/or emotional expression with a negative response to care activities and other stimuli.

Home for Us Model of Care encompasses respect, support and trust, all while recognizing the person first, with unique experiences, values beliefs, needs and remaining strength. This is



encompassed in a care plan and an alert process to keep residents safe from a risk to their person. Ask what the alert process used in your care home is.

#### ❖ **Falls Management**

Long-term care homes have a falls management program in place. While falls can't be completely prevented, the risk of injury can be minimized by careful planning. Once you're admitted, and as your condition changes, your risk of falling will be assessed. Strategies to reduce the risk of falls, while supporting your wishes, will become part of the care plan.

Family members can participate in falls prevention if they desire to by working with the health care team to figure out the best personal safety equipment that would work for their loved one. Personal safety equipment may include hip protectors, appropriate footwear, walking aides, falls mats, wheelchairs, and bed or chair alarms. To support a safe environment, careful consideration should be made in selecting and arranging furniture.

#### ❖ **Restraints**

A restraint is anything that restricts a person's movement in order to reduce harm to themselves or others. PL promotes the least restraint philosophy which supports balancing the freedoms of individuals while reducing the risk of injury. Any discussion about safety where a restraint is considered should also include consideration of the right to live at risk and the resident's independence.

There are times when restraint may be necessary and appropriate. Except in the case of an emergency, you and/or your substitute decision maker, as well as a doctor, must agree before a restraint is used.

#### ❖ **No lift policy**

Long-term care homes want to ensure that you are cared for safely, while maintaining a healthy work environment for employees. After you move in, staff will assess your need to be lifted and positioned with a mechanical lift.

If you are unable to get up from a bed or chair, or unable to turn in bed, the staff will use a mechanical lift. Exceptions to this policy may occur when it's absolutely necessary, such as in a medical emergency. We encourage families and friends to also abide by this policy.

#### ❖ **Skin and wound care**

Your nurse and healthcare team use current and best practices to care for your skin. Nurses, care aides, dietitians, occupational and physical therapists all play an important role in providing quality skin and wound care. If needed, we are also able to consult a specialized wound care team to support more complicated skin or wound care. If you have any questions about skin or wound care, please speak with your nurse.



### ❖ **Wandering**

Long-term care homes usually have a monitored door or some form of security system in place to ensure residents' ability to access indoor and outdoor space safely. Staff will monitor and make safety plans for any residents who are unsafe to leave the home on their own.

Resident identifiers, such as name bands or ID cards, may be required to be worn by you to ensure your safety. In most cases, staff know immediately when a resident is out of the home and are able to redirect them back into the building. If a resident is reported missing, staff will contact the local police to assist in the search.

### ❖ **Outings**

If you leave the care home for an outing, you're required to carry identification indicating your name and location and phone number of your care home. Under the Adult Care Regulations, you may only leave the home as indicated in your care plan or other preexisting arrangement. Where no care plan or arrangement is in place, you may leave the home in the care of a legal representative, or a person authorized by the representative. If you're planning an outing with your loved ones, please ensure the staff are aware and make arrangements to receive your medication while away from the home. Please provide site leadership with as much advance notice as possible.

### ❖ **Alcohol Consumption**

The consumption of alcohol may be permitted. Each home has a process for ensuring your safety if you choose to drink alcohol. Consent from your doctor may be required.

### ❖ **Smoking**

PL care homes have a smoke and vape free premises policy. There is designated outdoor areas for residents to use, after being assessed as safe to do so. There is absolutely no smoking in your room or common areas of the home. Please speak to the care coordinator or site manager about this process. All homes support a smoking cessation program.

### ❖ **Use of Cannabis (Marijuana)**

#### ***Medical Cannabis***

Medical cannabis is cannabis which has been ordered by your doctor using processes established by Health Canada. Individuals must store their product in a locked cupboard and may only store the amount legally allowed for personal possession. Please discuss storage and administration of your medical cannabis with site leadership. If you choose to smoke or vape medical cannabis you must do so off the home's property or designated area and the nurse will be unable to assist you. Other forms of medical cannabis may be consumed in the home. Ask your nurse for information on where use is permitted and whether there are other related policies that you should be aware of.



### ***Non-Medicinal or recreational Cannabis***

Non-medicinal cannabis is cannabis which is used without following the Health Canada processes. If you choose to use non-medicinal cannabis, you must store your product in a locked cupboard and may only store the amount legally allowed for personal possession. Please discuss the procedure with site leadership. For safety reasons, individuals may not grow cannabis plants in PL homes. If you choose to smoke or vape recreational cannabis, you must do so off the home's property or in designated areas. Other forms of non-medicinal cannabis may be consumed in the home. Ask your nurse for information on where use is allowed and whether there are other related policies that you should be aware of.

### **Fire alarms**

Fire alarms are conducted routinely. If you hear the fire alarm, please stay in the room until directed to leave by staff. There are fire doors throughout the building which close automatically when the fire bell rings. These doors are controlled by electromagnets and will be reopened as soon as the alarm is cleared and reset.

### **❖ Emergency Planning**

[HealthLinkBC](#)

Hazards such as wildfires, floods and earthquakes, can happen at any time. It is important to consider the needs of seniors in long-term care when planning for or responding to emergencies.

PL has emergency preparedness plans developed, which include procedures to prepare for, respond to and recover from an emergency. These processes include collaboration with local health authorities and other community partners to ensure safety of residents. This may include evacuating residents outside of the community and/or health authority. PL may be asked to care for people evacuated from hospitals and other health care facilities.

In an emergency, some families may want to care for their family members themselves.

There are a few things to consider if you want to care for your family member during an emergency:

- Is your home suitable and accessible for a person with their mobility disabilities
- Do you have the skills to care for a person with their medical and mobility conditions
- Can you provide for their needs while also caring for yourself and your family
- Can you prepare food that meets their dietary needs? For example, therapeutic diets and texture modifications, like thickened fluids and minced or pureed food
- Can you maintain a safe home temperature? This is particularly important during extreme hot or cold weather
- Do they have behaviours that put them at risk of harm, such as wandering? If they are a wanderer, how can you make your home safe and secure



Please discuss specific emergency plans with the site leadership.

**Link below for further information:**

[Health Emergency Management BC](#)







## Ensuring quality of care

All community care facilities in British Columbia that care for three or more “vulnerable” persons must have a license under the *Community Care and Assisted Living Act* and are routinely inspected.

PL care homes are accredited through Accreditation Canada, which audits health care organization’s compliance with a wide variety of standards. All care homes are required to have a process to monitor the quality of their services and care, and to provide opportunities for residents and families to provide feedback and make complaints.

### Abuse and Neglect

PL is committed to ensuring that all residents are treated with respect and dignity in a culturally appropriate manner and that the resident’s right to receive considerate, respectful, and safe care is maintained and always protected.

Resident abuse of any form by staff, other caregivers, visitors, volunteers, students or other residents will not be tolerated.

Abuse is the deliberate mistreatment of an adult which causes physical, mental, or emotional harm or damage to their property or their assets. There are different types of abuse:

- **Emotional:** lack, or lack of action, which may diminish the sense of dignity of a person in care, perpetrated by a person not in care, such as verbal harassment, yelling and confinement.
- **Financial:** (a) the misuse of funds and assets of a person in care by a person not in care or (b) the obtaining of property and funds of a person in care without the knowledge and full consent of the person in care or that person's representative.
- **Neglect:** the failure of a care provider to meet the needs of a person in care, including food, shelter, care or supervision.
- **Physical:** any physical force that is excessive for, or is inappropriate to, a situation involving a person in care and perpetrated by a person not in care.
- **Sexual:** any sexual behavior directed towards a person in care and includes: (a) sexual exploitation, whether consensual or not, by an employee of the licensee, or any other person in position of trust, power or authority and (b) sexual activity that is not consenting sexual behavior between adult persons in care.
- Deprivation of food or fluids as a form of punishment

### How to report abuse or neglect

If you witness abuse or neglect, please speak with the manager of the care home immediately. All reports of suspected/alleged abuse will be investigated.



## Addressing concerns and complaints

Upon admission, you and your family receive information about who is responsible for coordinating services and resident care and who you should speak to if you have questions or concerns.

If you have a compliment or complaint, we encourage you to speak with the person who provided the service or the manager of the care home. Most complaints can be handled within the home. If you do not receive a satisfactory response after speaking to the care home manager, you should contact the PL Patient Care Quality Office (PCQO) or the Community Care Licensing Office in the relevant health authority (Licensing Direct).

### RESOURCE:

To contact the PCQO: <https://providenceliving.ca/contact/>





## It's a partnership

Living in a Long-term care home involves a partnership between you, your loved ones, and the care home. The home's responsibility is to provide individualized, high quality, and safe person-centered care. To achieve this, we encourage your loved ones to:

1. Take an interest in the care being provided, including attending care conferences
2. Visit regularly
3. Be respectful when speaking with staff, residents, and visitors
4. Attend resident/family council meetings on a regular basis
5. Tell staff of any concern with require their attention
6. Provide personal items such as clothes, supplies, and equipment
7. Support you to pay your housing and other life-related bills on schedule
8. Provide transportation to community appointments when able
9. Support you to access to items not covered by your health care plan – medications, oxygen, dental visits, eyeglasses, foot care, some specialized equipment and supplies, wherever possible
10. Be responsible for any valuables brought into the home and left in your room that you may not be able to manage on your own
11. Have the telephone and cable connected
12. Tidy the closets and drawers and remove unnecessary clothing
13. Purchase and repair necessary wheelchairs, walkers, canes, Broda chairs, and other personal equipment
14. Purchase liability and content insurance where appropriate
15. Remove excess furniture from the room if the safety of you and staff is at risk
16. Participate in mealtimes
17. Arrange and pay for funeral and burial arrangements
18. Remove all personal belongings within 24 hours of the room being vacated



## Definitions of Terms

These handbooks provide clear definitions of key terms related to healthcare, legal matters, and resident care in Long-term care homes:

- **Access Coordinator:** A member of the healthcare team in Northern Health who assists individuals and families applying for placement into long-term care services, ensuring a smooth transfer to programs and/or long-term care services.
- **Advance Care Plan:** A written summary of a capable adult's wishes or instructions to guide a substitute decision-maker if that person is asked by a physician or other healthcare provider to make a healthcare treatment decision on behalf of the adult.
- **Advance Care Planning:** The process by which a capable adult discusses their beliefs, values, and wishes for healthcare with close family or friends and a healthcare provider before a time when they may not be able to decide for themselves.
- **Advance Directive:** A capable adult's written instructions that inform healthcare providers about the treatments the adult consents to or refuses. It is effective when the capable adult becomes incapable and only applies to the healthcare conditions and treatments noted in the advance directive.
- **Dementia:** A gradual and progressive decline in mental processing ability that affects short-term memory, communication, language, judgment, reasoning, and abstract thinking.
- **End-of-Life Care:** Care provided during the final stage of life, focusing on physical, psychological, and spiritual concerns to ensure comfort, respect for decisions, and support for the family.
- **Enduring Power of Attorney:** A document in which an adult authorizes another person (attorney) to make decisions in relation to the adult's financial affairs, business, and property. The attorney is authorized to act when the adult becomes incapable and to continue to act when the adult remains incapable. Attorneys may not make healthcare treatment decisions.
- **GIS (Guaranteed Income Supplement):** A monthly non-taxable benefit provided to low-income Old Age Security (OAS) recipients living in Canada.
- **Incapable:** Determined by a healthcare provider based on the adult's understanding of the information given about their health condition, the nature of proposed healthcare, and its application to their situation.



- **Personal Guardian (Committee of the Person):** A person appointed by the court to make healthcare and personal decisions for the benefit of the adult when they are incapable of deciding on their own.
- **Power of Attorney:** A document appointing an attorney authorized to make financial, business, and/or property decisions on behalf of a capable adult. Attorneys may not make healthcare treatment decisions.
- **Representative:** A person named by a capable adult in a representation agreement to make healthcare treatment decisions on their behalf when they are incapable of deciding.
- **Representation Agreement (RA):** A document in which a capable adult names a representative to make healthcare and other decisions on their behalf when incapable. Two types include Section 7 RA and Section 9 RA, differing in the scope of decisions authorized.
- **Resident:** An individual living in a long-term care home.
- **Long-Term Care Home:** Also known as residential care, extended care, nursing home care, or geriatric care facility, as defined by the BC Ministry of Health.
- **Spouse:** A person married to another person or cohabiting in a marriage-like relationship, including same-gender relationships.
- **Substitute Decision Maker:** A capable person authorized to make healthcare treatment decisions on behalf of an incapable adult, including personal guardians, representatives, and temporary substitute decision-makers.
- **Temporary Substitute Decision Maker (TSDM):** A capable adult chosen by a healthcare provider to make decisions about healthcare treatment on behalf of an incapable adult when care is needed, excluding cases where the adult has an advance directive or available personal guardian.



## Appendix A:

### BC Resident bill of Rights:



# RESIDENTS' BILL OF RIGHTS

## **Commitment to care**

1. An adult person in care has the right to a care plan developed:
  - (a) specifically for him or her, and
  - (b) on the basis of his or her unique abilities, physical, social and emotional needs, and cultural and spiritual preferences.

## **Rights to health, safety and dignity**

2. An adult person in care has the right to the protection and promotion of his or her health, safety and dignity, including a right to all of the following:
  - (a) to be treated in a manner, and to live in an environment, that promotes his or her health, safety and dignity;
  - (b) to be protected from abuse and neglect;
  - (c) to have his or her lifestyle and choices respected and supported, and to pursue social, cultural, religious, spiritual and other interests;
  - (d) to have his or her personal privacy respected, including in relation to his or her records, bedroom, belongings and storage spaces;
  - (e) to receive visitors and to communicate with visitors in private;
  - (f) to keep and display personal possessions, pictures and furnishings in his or her bedroom.

## **Rights to participation and freedom of expression**

3. An adult person in care has the right to participate in his or her own care and to freely express his or her views, including a right to all of the following:
  - (a) to participate in the development and implementation of his or her care plan;
  - (b) to establish and participate in a resident or family council to represent the interests of persons in care;
  - (c) to have his or her family or representative participate on a resident or family council on their own behalf;
  - (d) to have access to a fair and effective process to express concerns, make complaints or resolve disputes within the facility;
  - (e) to be informed as to how to make a complaint to an authority outside the facility;
  - (f) to have his or her family or representative exercise the rights under this clause on his or her behalf.

## **Rights to transparency and accountability**

4. An adult person in care has the right to transparency and accountability, including a right to all of the following:
  - (a) to have ready access to copies of all laws, rules and policies affecting a service provided to him or her;
  - (b) to have ready access to a copy of the most recent routine inspection record made under the Act;
  - (c) to be informed in advance of all charges, fees and other amounts that he or she must pay for accommodation and services received through the facility;
  - (d) if any part of the cost of accommodation or services is prepaid, to receive at the time of prepayment a written statement setting out the terms and conditions under which a refund may be made;
  - (e) to have his or her family or representative informed of the matters described in this clause.

## **Scope of rights**

5. The rights set out in clauses 2, 3 and 4 are subject to:
  - (a) what is reasonably practical given the physical, mental and emotional circumstances of the person in care;
  - (b) the need to protect and promote the health or safety of the person in care or another person in care, and
  - (c) the rights of other persons in care.

These rights are posted pursuant to section 7 (1)(c.1)(ii) of the *Community Care and Assisted Living Act*





## Appendix B

### How to Clean Your Hands

# HOW TO CLEAN YOUR HANDS

Help us prevent the spread of infections



### Use hand sanitizer

- Remove jewelry
- Apply enough product to keep hands moist for 15 seconds
- Cover all surfaces of the hands, fingers and thumbs
- Rub all surfaces of hands and wrists until completely dry
- Do not use paper towels to dry hands



### Wash hands with soap and water

- Remove jewelry
- Wet hands with water
- Add soap to palms and rub hands together
- Create lather, covering all surfaces
- Rinse hands well under water
- Dry with a single use towel
- Use towel to turn off the tap

**Use soap and water if hands are visibly soiled**

2023.07.21



Ministry of Health

**PICNet**  
PROVINCIAL INFECTION CONTROL  
NETWORK OF BRITISH COLUMBIA  
A program of the Provincial Health Services Authority