



Residential Care

Fall 2014 Edition

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Care Aide Registry

BC Care Aide and Community Health Worker web site explains the process for registering in order to be eligible to work in any public health care setting in BC. This site explains that currently, private health care providers may hire Health Care Assistants who are not currently on the registry; however, this is currently under review and is expected to change sometime in 2014.

IMPORTANT: Licensees, managers and staff are urged to review this site regularly in order to stay apprised of the most recently developments with regards to this matter. Currently, there is a requirement for all health care assistants who are registered in BC prior to April 29, 2013 to verify their accounts and update their information on the website. You will also find links to the new BC Health Care Assistants Core Competency Profile (2014).

<http://www.cachwr.bc.ca/About-the-Registry/General-FAQ.aspx>

QUESTIONS and ANSWERS:

Are resources such as those funded by CLBC required to hire care aides that are on the registry?

- No, not currently but they will within the next 12 months.

When that changes, what about care aides already on staff who do not have the required education?

- There may or may not be a grandfathering period as there was when this first started with health funded facilities. There may also be an ability to do some on-line knowledge upgrade and testing following by a short practicum that, when successfully completed, will allow those existing care aides to become registered.

Who will the registry process apply to?

- Any organization working with vulnerable adults. It will no longer be tied to whether they are publicly funded or not.

What classification of workers will this apply to?

- There's been considerable discussion as there are currently over 20 separate job titles that have job duties the same as or similar to "care aides". In the future, it will likely be any individual that is providing personal care to vulnerable individuals. It will not be tied to a specific title.

What will be considered an appropriate course?

- Again this varies across the province. There are 46 educational institutions that offer a "care aide" course but not all follow the provincial curriculum. All have now filed notices of intent to start offering the standardized curriculum by July 2014.

OUR LOCAL OFFICE HAS EXCITING NEWS TO SHARE WITH OUR FACILITIES!

We have the honor of providing a 6 week practicum placement this fall, for the first graduate from the Justice Institute of BC Advanced Specialty Certificate in Community Care Licensing.

Information about the program can be found at: <http://www.jibc.ca/programs-courses/schools-departments/school-health-community-social-justice/centre-professional-health-education/community-care-licensing>

This is the only program of its kind in both Canada and British Columbia, and this will be the first graduate.

Did you know?

If you need help with estate planning, advance directives, living wills, etc.? This website can assist with your needs, even offering assistance with drafting documents for a small fee: <http://www.nidus.ca/>

WEST AFRICAN EBOLA OUTBREAK

Northern Health has not yet identified any cases of Ebola in the region. Even so, it is important for Northern Health staff to be informed about Ebola.

We would like to draw your attention to the resources available, including [Ebola resources and links compiled by Northern Health](#). Please direct your questions and comments to your manager or to email address ebola.questions@northernhealth.ca.

Enterovirus D68 (EV-D68)

Is a rare but known non-polio enterovirus that causes mild to severe respiratory illness.

How does the virus spread?

Since EV-D68 causes respiratory illness, the virus can be found in an infected person's respiratory secretions, such as saliva, nasal mucus, or sputum. EV-D68 likely spreads from person to person when an infected person coughs, sneezes, or touches a surface that is then touched by others.

Recently, several clusters of severe respiratory illness in hospitalized children due to EV-D68 infection have been found in the United States and Canada. Cases have been reported from all Regional Health Authorities in B.C. In most people, the risk of severe illness is low, however, people of all ages with underlying conditions, particularly asthma, may experience severe complications.

How can I protect myself?

- You can help prevent yourself from getting and spreading EV-D68 and other respiratory illnesses by following these steps:
- Wash hands often with soap and water for 20 seconds. See Handwashing: Clean Hands Save Lives.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Avoid close contact such as kissing, hugging, and sharing cups or eating utensils with people who are sick.
- Cover your coughs and sneezes with a tissue or shirt sleeve, not your hands.
- Clean and disinfect frequently touched surfaces, such as toys and doorknobs, especially if someone is sick.
- Stay home when you are sick.

Please visit this link for answers to many questions you may have:

http://www.bccdc.ca/NR/rdonlyres/4833E15F-6A71-4AFC-A2F4-33B390D8DB21/0/EPI_FAQ_Enterovirus_20141017.pdf

<http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html>



HELPING OTHERS TO A HEALTHY MOUTH - 10 HELPFUL HINTS

1. **Mouth care/tooth brushing should be done twice a day** at a time most convenient for the resident and the caregiver, usually morning and prior to bed, but not necessarily. If mouth care is resisted, try a quiet time of a **day when time is not a pressing factor**.
2. Practice universal precautions. Always wash hands and wear gloves as bleeding gums is a common occurrence.
3. Encourage the resident to participate as much as they are able or willing. Pay close attention to areas missed so that you can follow-up and complete the mouth care.
4. Position yourself and the resident in a good working relationship. For example, have the person sit down to increase your access and visibility and limit movement. Some people participate best when mouth care is provided while they are in the tub.
5. Use only a smear or dab of toothpaste. Too much paste creates a lot of foam making it difficult to see what you are doing. Toothpaste may not always be necessary.
6. Rinse the brush thoroughly under warm water prior to and after brushing to soften the brush and cleanse it or left over paste and debris which makes the brush hard and contaminated.
7. Focus on brushing at the gum line. Many adults have problems with gum disease and gentle massaging with the brush at the gum line is the best way to prevent and treat gum disease.
8. Don't let bleeding gums "turn you off". Gums bleed when they are inflamed. The only way to help them heal is to remove the plaque (bacteria) that is causing the inflammation and bleeding.
9. Rinsing or brushing with warm salt water (1/2 teaspoon of salt to 4 ounces of warm water) is good to use after brushing if bleeding is noticed. Warm salt water helps to reduce inflammation and promote healing. (**Alcohol free mouth rinse can be used this way if bad breath is a problem.)
10. Store all mouth care products separately in a light, airy, dry, clean environment to prevent cross contamination and bacterial growth. Standing toothbrushes and paste, etc. in a cup or keep supplies in an aerated plastic container are two options.

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APRIL
IS DENTAL HEALTH MONTH

What is a Community Response Network, or CRN?

A CRN is a diverse group of concerned community members who come together to create a coordinated community response to adult abuse, neglect and self-neglect.

The British Columbia Association of Community Response Networks (BC CRN) grew out of the need to create an on-going, permanent provincial funding and support structure for the benefit of local CRNs and adults in their communities experiencing abuse, neglect and self-neglect. The Association provides small project funding, materials, training, support people and maintains a website to assist Community Response Networks in their work. As well, provincial teleconferences are held on a monthly basis with all CRN members and interested parties invited to join the conversation.

At the local level, CRNs facilitate prevention and education activities with local stakeholders toward an end to abuse, neglect and self-neglect of adults in British Columbia. In liaising at the provincial level through their Regional Mentors and the Executive Director, CRNs assist in identifying common themes, barriers and issues which require work at the regional, provincial and sometimes national level.

A Coordinated Community Response - Community Response Networks (CRNs)

It is recognized that offering support to adults who may be abused or neglected, and having access to some new legal tools, is only part of what will make a difference in peoples' lives. As well there is a need for increased coordination at the community level, not only of responses to individuals who are abused or neglected, but also coordination in terms of working towards prevention over time. Community Response Networks are the vehicles for achieving increased coordination of community responses to abuse and neglect. Today, there are CRNs established or under development all over British Columbia.

CRNs provide a foundation for the community, as a whole, to work together as a team on an equal playing field, sharing power and responsibility, to:

- develop ways to coordinate and support their activities,
 - facilitate and promote an interdisciplinary approach to services and support,
 - keep track of how response is working,
 - work on related activities such as community development, education, prevention and advocacy,
 - develop community protocols, and
 - support designated agencies in carrying out their responsibilities.
- History of the CRN movement
- **Beginnings** - In the spring of 1989, a group of community organizations and interested individuals met to discuss adult guardianship. They all agreed that the existing legislation was obsolete and did not represent the values of those present. Project funding was acquired to review the legislation. The project to review adult guardianship in B.C. was a community consensus building process. In July 1991, the Framework document was produced by the project. The Joint working committee (with equal representation from government and community) refined the framework resulting in the discussion paper 'How Can We Help' in 1992.
 - **Pilot Projects** - In 1994, five communities were selected as "pilot projects" to prepare for the implementation of the legislation. They included the communities of Vernon, Kamloops, Abbotsford, Castlegar and Duncan. The purpose of the projects were to prepare for the implementation of the abuse and neglect provisions of the legislation.

The Legislation

British Columbia's new adult guardianship legislation were proclaimed in February, 2000.

The legislation is made up of four Acts:

1. The Representation Agreement Act
2. The Health Care (Consent) and Care Facility (Admission) Act
3. The Adult Guardianship Act
4. The Public Guardian and Trustee Act

These four acts were selectively proclaimed with some sections still waiting for proclamation. They work together to create a comprehensive and integrated system of support and assistance for adults who need help in making decisions about their health, personal care, and their financial or legal affairs.

Part 3 of the Adult Guardianship Act: Support and Assistance for abuse and neglected adults is the part of the legislation most closely connected to CRNs.

For further information contact the Public Trustee's Office at 604-660-4444 or visit [Public Guardian and Trustee of British Columbia](http://www.bccrns.ca/generated/crnhealthauthoritymap.php).

To find a CRN near you, follow this link: <http://www.bccrns.ca/generated/crnhealthauthoritymap.php>

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