Management Team

Date: January 31, 2013
Time: 9:30 a.m.
Place: Fairmount Boardroom

Members:	Julie Shillington	Mary Lake
	Deb Crawford	Gail Williams
	Tom Mercer	Rosemarie Christian Jones

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1. Welcome and Introductions
2. Adoption of Minutes of the Previous Meeting
3. Additions to Agenda under Other Business
4. Delegations
5. Communications
6. Business Arising out of Minutes

    a) Email Account for Restorative Care Nurse
    b) Dietary Workflow Presentation to Staff
    c) **"We Love Your Opinion" Book**
    d) Evacuation Chairs (Picture Frames)
    e) Scent Awareness Policy
    f) 1North Care Cart Doors/Curtains
    g) Fire Drill Scenarios
    h) Snoozelen Policy
    i) Fire Plan Updates
    j) Updated Emergency Callback Listing
    k) External Emergency Evacuation Sites
    l) 1North Humidity
    m) Garbage Receptacle Lids on Pathways
    n) Bomb Threat Exercise
    o) Missing Resident Info Package for RN
    p) Spare Doors for Resident Wall Units

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6. Business Arising out of Minutes

Page	Item	Description
5-6	q)	Electrical Policy Update
	r)	Location of Evacuation Lists
7-13	s)	Scabies Policy/Checklist
	t)	2North Chart Room Counter Tops
	u)	Storage Unit
	v)	Notification to Families During Power/Phone Outage
	w)	Lift/Repositioning Policy Drafts
	x)	New Performance Appraisal Format (trial)
	y)	Fire Pull Cover (2North)
	z)	Staff Survey
	aa)	Swipe Verification Form Update
	ab)	11-7 Duty List Policy (weights)
14-18	ac)	Diet Order Policies
	ad)	Lift/Room Tracking
	ae)	Gentle Persuasive Approach Training
	af)	HAACP Training
	ag)	QI Training
	ah)	Flooring Replacement
	ai)	Batteries
19	aj)	Food Brought in for Residents (policy update)
	ak)	Recycle Bins at Staff Smoking Area
	al)	"Medically Required" Definition/Guideline
	am)	Bones in Chicken (1North)
	an)	SE-LHIN Telemedicine Nursing Initiative
	ao)	Paid Sitters/Companion Agreement
	ap)	Website Content
	aq)	Administrative Team Issues
	ar)	Ontario LTC Homes Policy and Procedure Management
	as)	WeCare Contract
	at)	Restorative Care Policies
	au)	Hairnet Use by Servers

7. New Business

a) Resident Care – Compliance, Accreditation, Classification

Page

a) Resident Care – Compliance, Accreditation, Classification

i) Compliance

ii) Accreditation

iii) Residents' Council Update

iv) Specimen Labels

b) Support Services

c) Treasury

d) Administration

i) Concerns

ii) Risk ID's

20-22 iii) Work Plan

e) Human Resources

i) Staffing

f) Health & Safety

i) Monthly Fire Drill

ii) Management Inspections

Schedule:

Julie – June 13, 2013, November 7, 2013
Tom – February 8, 2013, July 11, 2013, December 12, 2013
Rosemarie – March 7, 2013, August 8, 2013, January 11, 2014
Gail – January 11, 2013, April 11, 2013, September 12, 2013
Mary – May 9, 2013, October 10, 2013

g) Information Technology

h) Communications

i) Education Information Sharing (Staff Attendance at Conventions/Workshops)

j) Quality Improvements/Audits

i) Hazard Analysis Report (Quarterly-Feb)

ii) Complaint Documentation Report (Quarterly-March)

iii) Symptoms Report (Monthly-Jan report due in Feb)

iv) Near Misses/Incident Reports (Quarterly-Feb)

v) Restraint Audits (Monthly – done the 3rd week, report the 4th week)

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8. Other Business

9. Confirmation of time, date and location of next meeting

10. Adjournment

Policy & Procedure Manual **Revision Date:**

Program: **Admission, Transfer & Discharge** **Index Number: ADT-11**

Policy: **Admission Procedure – Maintenance** **Page 1 of 1**

Approved: **Effective: July 1, 2011**

Policy: Maintenance staff will conduct an electrical inspection of a new resident's electrical equipment.

Objective: To ensure the protection of residents, families, staff and volunteers from the hazards of electrical shock or injury.

Procedure: Upon admission of a new resident an email is circulated by Administration to all staff advising of the resident's admission date, name and room number.

When the email is received by the maintenance department the information is logged in the "New Admission Electrical Appliance Inspection Log" (form #105) which is kept in a binder in the maintenance office. This binder is checked on a daily basis by the maintenance staff.

If the email is logged in the binder in the morning the inspection will be carried out on that day. If the email is logged in the afternoon the inspection will take place the following day.

At the same time the six-week post admission inspection date will be scheduled in the log.

During the inspection each appliance is recorded and checked for a CSA approval stamp or other acceptable certification. The appliance and cord are checked to ensure they are in good working order.

The inspector then initials and dates the New Admission Electrical Inspection form (Form #17) and returns the sheet to the Manager of Environmental Services who will file the sheet in the resident's chart. The inspector will also document the date of the inspection in the log book.

The Lead Hand will ensure that another inspection is conducted within six weeks of the resident's admission to ensure that any additional electrical equipment that the resident brings into the home is inspected.

The Lead Hand conducts a random, monthly audit to ensure all inspections are complete.

New Admission Electrical Inspection Log

Resident Name	Room Number	Admission Date	Date Inspection Completed	6-Week Post Admission Inspection Date	Date Inspection Completed

Fairmount Home - Infection Prevention & Control Manual

Index #24

Subject: Scabies Page 1 of 2

Policy: Fairmount Home will have a standardized protocol for diagnosing and treating scabies

Scabies is a parasitic infection that can occur in long-term care facilities. It is highly contagious and can result in outbreaks in long-term care homes if not contained (an outbreak is an increase incidence over the baseline rate).

The diagnosis of scabies is often based on clinical history and skin lesions in the absence of microbiological diagnosis. Scabies *should* be considered as the cause of any undiagnosed pruritic skin rash.

Objective: Prompt diagnosis of scabies based on history and examination of skin lesions.

Prompt treatment of scabies to prevent outbreaks.

Implementation of infection prevention and control measures to contain the spread of scabies in LTC.

Procedure: Scabies is caused by infestation of the skin by a mite, *Sarcoptes scabiei var. hominis* which belongs to the arthropod class. It is an obligate parasite that completes its entire life cycle on humans. *Sarcoptes scabiei* undergoes four stages in its life cycle with only female mites burrowing into the skin. The maturation process lasts about 15 days with larvae appearing approximately 3-4 days after the eggs are hatched.

Scabies is passed primarily by direct skin-to-skin contact with an infested person. However, crusted (Norwegian) scabies can spread with only brief skin-to-skin contact due to its high volume of mites. Individuals should avoid direct skin-to-skin contact with any infested resident.

Contact with items such as bedding, clothing and furniture of infested residents is also a source of transmission.

Those at risk of contracting scabies include the elderly, institutionalize individuals and immunocompromised individuals. As well, scabies can spread if there is failure to recognize an infestation or failure to treat close contacts of the infected person, including health care workers.

Symptoms

The most common symptoms of non-crusted or typical scabies are pruritus with a skin rash and possibly visualization of burrows. The pruritus is usually worse at night.

Approved: Effective Date: December 2, 2010

Replaces: June 23. 2010

Tiny burrows sometimes are seen on the skin caused by the female scabies mite tunneling just underneath the skin surface. Burrows appear as tiny, raised and crooked grayish-white or skin-coloured lines on the skin surface. They are often found in the webbing between the fingers, in skin folds on the flexor surfaces of the wrist, elbow or knees and on the breasts and penis.

For a *primary* infestation with scabies mites, symptoms may not appear for 2-6 weeks after being infested. For a *secondary* re-infestation with scabies, symptoms appear as soon as 1-4 days after exposure.

An infected person can transmit scabies while being asymptomatic.

The pruritus caused by scabies is due to a hypersensitivity reaction to both the mites and their feces. Itching may continue for several weeks after treatment even if all the mites and eggs are killed. It is important to continue to monitor the rash areas for continuation of spread as this will indicate that the treatment has been unsuccessful and needs to be repeated.

Crusted (Norwegian) Scabies

This was initially described in Norwegian leprosy patients. It is a more severe presentation of infestation that often affects the elderly, the immunocompromised or those with neurological conditions such as neuropathies or being cognitively challenged that prevent them from noticing pruritus and/or scratching. It is characterized by marked thickening and crusting of the skin (hyperkeratosis dermatosis5), particularly on the hands, although the entire body including the face and scalp can be affected. The mites in crusted scabies are much more numerous (up to 2 million mites per patient4) resulting in those who are infected being much more contagious. It is a common cause of institutional outbreaks of scabies.

Definite diagnosis

Occurs with skin scrapings identifying mites, mite eggs or mite fecal matter (scybala) under low light microscopy.1,2,4 In order to obtain a sample, scrape the skin with razor blade and place skin specimens in a sterile container with 70% rubbing alcohol (just enough alcohol to cover bottom of jar). Place the labelled container with a public health requisition in a specimen bag and have it transported to a public health laboratory.
A negative skin scraping from a person with typical scabies does **not** rule out scabies infestation.

Treatment

If scabies are suspected, the Physician or NP will be notified immediately. The Physician or NP shall prescribe a cream or lotion.

One treatment usually kills the mites. If treatment is effective, no new burrows or rashes should appear within 24 to 48 hours after treatment. **Note: itching can persist for weeks after mites are eradicated.**

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Replaces: June 23. 2010

If you see a new rash or a continuation of previous rashes, contact the physician or NP, who may order a second treatment

First Line
The first line drug is topical permethrin cream 5% which is the most effective topical agent with minimal treatment failures and low toxicity5. The cream must be applied to the whole body from the neck down to the feet and toes including skin folds, finger and toenails, behind the ears and the groin. Do not apply the cream to the head or face. If the patient washes any area where the cream has been applied during the treatment period, it must be reapplied.
Apply 1 application topically to the skin and wash off thoroughly after at least 8 hours, but no more than 14 hours. A second application may be repeated 1 week later.
Do **not** use permethrin 1% solution which is used to treat head lice since this has been shown to be ineffective in treating scabies.

Second Line
Oral ivermectin6 appears to be more effective than both placebo and lindane but less effective than topical permethrin.5 It is given as a single dose of usually 3-12 µg (150-200 µg/kg) on an empty stomach. Ivermectin is contraindicated in children under the age of five, those that weigh less than 15 kg7, those who are breastfeeding, and those who have a hepatic or renal disease. In Canada, ivermectin is a special access drug (http://www.hc-sc.gc.ca/dhp-mps/acces/drugs-drogues/index-eng.php).

Oral anti-histamines may be used to control the itching as needed. Topical and oral antibiotics may be used to treat skin infections such as impetigo and cellulitis as indicated.

Management
The infested resident, his or her family and any close contacts including health care workers **must**be treated at the same time, regardless of whether they are symptomatic.

If there are 2 or more cases of scabies identified on a particular unit, strong consideration should be given to prophylactically treating all residents and staff on the unit.

Initiate contact precautions (gowns, gloves) for residents diagnosed with scabies. Precautions must remain in place until effective treatment has been completed.

Identify all family members, friends, volunteers, staff and contract staff who have had direct contact and exposure with the infested resident(s) and/or to clothing, bedding and furniture for the six weeks prior to the diagnosis of scabies. Inform them about the diagnosis and the need to watch for symptoms. If they have had several contacts with the resident, they should receive prophylactic treatment.

Visitors should use the same contact precautions and protective clothing as staff, when providing direct care.

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Replaces: June 23. 2010

Staff will clean hands thoroughly after providing care to any infested resident. Asymptomatic staff can return to work the day after receiving prophylactic treatment. Symptomatic staff can return to work the day after receiving treatment.

Bedding and clothing used by an infested resident within the last 3 days must be collected and transported in a plastic bag. These need to be machine washed using hot water and dried using high heat cycles (T > 50oC for at least 30 minutes).4 If hot water is unavailable, place all linen and clothing into plastic bags for one week. **Cleaning of clothing and linens needs to be done at the same time as treatment to effectively manage the spread of scabies.**

- Non-washable items can be put in the dryer for 30 minutes, dry cleaned or stored in a sealed plastic bag for 10 days
- Footwear such as slippers, etc. – if washable, wash or put in dryer as explained above -if leather, vinyl, etc., no special treatment required

The room of the infested residents must be thoroughly cleaned and vacuumed. Furniture and surfaces in the resident rooms must be disinfected. Steam cleaning of upholstered furniture may be necessary.

- Chairs, couches, etc. can be vacuumed. The vacuum bag will be disposed of immediately after using it

A scabies checklist (Appendix I) is in place to provide guidance to management and staff related to the flow of activities to ensure residents are treated and rooms disinfected and cleaned.

Staff will continue to monitor all residents for rashes for the next 6 weeks (incubation period of scabies).

The Director of Resident Care or designate shall consult Infection Control at Public Health for further guidance on management of scabies.

REFERENCES

1. Chosidow O. Scabies. NEJM 2006;354(16):1718-1727.

2. Johnston G and Sladden M. Scabies: diagnosis and treatment. BMJ 2005;331:619-622.

3. Baker F. Canadian Paediatric Society Statement. Scabies management. Pediatr Child Health 2001;6(10):775-777.

4. CDC. Scabies. 2010. http:///www.cdc.gov/parasites/scabies/epi.html.

5. Strong M and Johnstone P. Interventions for treating scabies. The Cochrane library. 2010.

6. Fawcett RS. Ivermectin Use in Scabies. Am Fam Physician 2003;68(6):1089-1092.

7. Dourmishev AL, Dourmishev LA, Schwartz RA. Ivermectin: pharmacology and application in dermatology. International Journal of Dermatology 2005;44 (12): 981–988.

8. Stone, ND et. al. Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol. 2012;33(10): 965-977.

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Replaces: June 23. 2010

Scabies Outbreak Guidelines

Administration

- Obtain outbreak checklists (H&S Policy xxx - Appendix I)
- Develop communication strategy for residents, staff, volunteers and family members
- Up staffing in affected unit, housekeeping and laundry – extended hours if necessary. **Only two extra PSWs for second treatment
- Arrange steam cleaning of furniture, if required
- Be sure staff communications are in writing and are posted on a large whiteboard in staff locker room
- Update communications to staff daily
- Senior leaders to provide consistency & support to the team
- Ensure WSIB Form 7 submitted for staff who meet case definition & Ministry of Labour notified

Nursing

- Physician/NP to order treatment (residents will be treated twice)
- Ensure adequate supply of gowns and gloves for staff
- Work in pairs to apply lotion (one PSW needs to be regular staff who knows the residents)
- Send three day supply of clothing and footwear to laundry for processing prior to initial treatment
- Ensure one pair of footwear available immediately post-treatment
- Clean & disinfect wheelchairs and walkers as residents are being treated
- Set up in shower/tub room with all necessary supplies (incontinent products, garbage, gowns, gloves, etc.)

Housekeeping

- Strip, disinfect and remake beds – do not put comforters back on beds
- Change privacy curtains
- Disinfect wheelchairs and walkers that are in the resident's room
- Clean chairs (bedroom, sitting room, etc.) If require steam clean ensure they are labeled and then remove from unit and advise administration.
- Clean carpets using hot water from servery

Laundry

- Supply gowns to the floor
- Clean footwear and return to unit
- Ensure three day supply of clothing returned to unit for next day and communicate where it is stored
- Launder bedding, clothing, etc.

**There needs to be communication between housekeeping and nursing staff to coordinate the stripping, cleaning and making of beds

Policy & Procedure Manual **Revision Date:**

Program:	**Dietary & Hydration Services**	**Index Number: D&HS-11**
Policy:	**Meal Service – Pleasurable Dining**	**Page 1 of 3**
Approved:		**Effective: July 1, 2011**

Policy: Residents will be provided with a variety of food experiences that meet nutrition requirements, social needs and individual cultural and religious preferences, in a manner that respects their dignity and promotes a positive eating experience in accordance with the requirements of the *Long-Term Care Homes Act*. Systems will be in place to ensure resident diet information is readily available and accurate.

Objective: Individual nutrition and health needs of residents will be met.

Dining experiences will enhance intake and promote quality of life.

Socialization among residents and with staff will be promoted.

To ensure all diet orders are ordered following the approved procedure.

Procedure: All members of the care team work together to address resident needs and ensure all residents receive a pleasant dining experience.

All residents will be treated with respect. Staff will face the resident when speaking to them, make eye contact and address them by their preferred name.

Staff are to ensure dining areas are kept clean and free from offensive odours. Furnishings are attractive and comfortable. Lighting is appropriate. Surroundings are quiet and relaxed, providing a home-like environment. Adequate space is provided to maneuver wheelchairs and walkers.

Always serve plates and bowls to the right of the resident and clear from the left unless it is impossible.

Carry all food plates with the thumb and fingers off the plate surface, or use a service napkin.

Serve beverages from the right of each resident and place gently on the table on top of the right of the dinner plate.

Appropriate safe food and beverage temperatures are maintained throughout the meal service. It is the responsibility of Dietary staff to ensure hot foods are served at a maximum of 70 degrees C. Ensure beverages are served at ?????

Staff will encourage residents to be as independent as possible. Ask if they need help before help is given. Assist only those who require help. Assistance may include opening pre-portioned food (i.e. jam, butter, creamers, etc.) or describing type and location of food on the plate for those with impaired vision. Any assistance required should be given in a way that is not embarrassing to the resident. If a resident is blind, his/her food should be identified.

Policy & Procedure Manual **Revision Date:**

Program:	**Dietary & Hydration Services**	**Index Number: D&HS-11**
Policy:	**Meal Service – Pleasurable Dining**	**Page 2 of 3**
Approved:		**Effective: July 1, 2011**

Meal hours with service from dietary staff are:

Breakfast – 0730-0845 for hot breakfast items; continental breakfast is available until 1100
Lunch – 1145 – 1230
Supper – 1700 – 1800

Diet order, food likes and dislikes, special needs and residents' requests are discussed with resident and family, as soon as possible, on admission. Diet rosters are maintained by the Dietary department for reference by Nursing and Dietary staff, and is included in the care plan. Diet orders and special needs are reviewed quarterly by the dietitian.

It is the responsibility of each dietary aid to know what the daily menu is and be aware of what is not available, and then to communicate this information to the PSWs. Staff should familiarize themself with the resident's individual diet and consider food likes and dislikes.

Any diet changes, room changes, special requests, need for tray service, or other changes to the resident's nutrition care are communicated to Nursing and Dietary staff as soon as possible to prevent any distress to the resident.

Clothing protectors are offered to those residents who wish them.

Residents are properly positioned at a comfortable height.

Supervision is provided throughout the meal.

Seating plans are available on each resident home area for resident and staff reference. Any table changes must be noted on the seating plan by the dietary aid, PSW or RPN after team discussion and agreement, and the Manager of Food Services or designate will update as needed. Order of meal service is rotated so that all residents have opportunity to be served first. Nursing staff will refer to the calendar to determine which table to start service with.

Residents will be allowed to make personal choices whenever possible and staff will encourage and assist residents in adhering to their therapeutic diets.

Never say "NO" to a resident, but encourage the resident to choose from the main or alternate menu first. If they want something else, find out from dietary staff if the request is possible. If it is not, explain why.

Policy & Procedure Manual **Revision Date:**

Program: **Dietary & Hydration Services** **Index Number: D&HS-11**

Policy: **Meal Service – Pleasurable Dining** **Page 3 of 3**

Approved: **Effective: July 1, 2011**

Staff will proceed with service in the following manner:

a) Staff will greet the residents at their table within two minutes of their arrival
b) Offer each resident beverages (may be hot or cold) and soup
c) Gather beverage order from the dietary aide by the resident's name
d) Once the resident is finished with their soup, clear bowl and offer the two choices of entrée according to the daily menu choices
e) Place the resident's order with the dietary aide according to the resident's name
f) The dietary aide will refer to the diet list before assembling the resident's order. The diet list will provide instructions to staff regarding the resident's diet, allergies, likes and dislikes
g) Nursing staff will deliver the resident's meal
h) Nursing and dietary staff will clear the entrée plates and prepare the table for the dessert and hot beverage choice
i) Nursing and dietary staff will offer the resident two choices for dessert and place the appropriate choice, according to the diet list, in front of the resident
j) Nursing and dietary staff will offer a hot beverage to the resident
k) Staff will clear the dessert dishes to the scraping cart once the resident is finished eating

Residents are given a comfortable and adequate amount of time to complete their meal, with appropriate consideration given to residents with special needs.

Residents are offered second servings as appropriate.

Interaction and conversation among residents is encouraged during meal service. Residents are included in staff conversation. Staff should never raise their voice in front of a resident or shout across the dining room.

Delivery of meals to residents requiring assistance in eating will occur no more than five minutes in advance of assistance being provided.

Once service is complete the dietary aides will clean up the service area and return all food items to the kitchen. The dirty laundry cart will be placed in the service hallway until the next meal.

The use of adaptive utensils may be used to encourage the resident to eat after proper assessment from the Occupational Therapist.

Policy & Procedure Manual **Revision Date:**

Program:	**Dietary & Hydration Services**	**Index Number: D&HS-16**
Policy:	**Diets – Diet Orders**	**Page 1 of 2**
Approved:		**Effective: July 1, 2011**

Policy: A system will be in place to ensure that diet orders are accurate and readily available for all residents.

It is the responsibility of the Clinical Dietitian or designate to monitor the new admission process, write orders and to enter all diet information on the diet lists and forms. With an admission the RN includes the diet order with the Doctor/NP orders and does a referral to the dietitian.

Objective: To ensure that all diet orders are written/approved by the Clinical Dietitian, Nurse Practitioner or the Physician. To ensure that diet orders are written in the approved manner using approved terminology.

Procedure: It is the responsibility of the clinical dietitian or designate to co-ordinate the gathering and updating of resident diet information. On admission the RN updates the diet list. From the referral to dietitian the rest of the diet information is updated by the dietitian, FSS, or MES. In the absence of the dietitian all referral will go to the FSS.

Resident diet information is kept in the following places:

- Diet list at the each servery counter
- Diet list in main kitchen
- Nourishment menu cycle on nourishment cart
- Programming list on programming cart
- Resident's Health Record in the Dietary section
- Resident's Care Plan

When a referral is received for a diet change the Clinical Dietitian will follow-up on the request. If a diet order is changed, it will be entered on the Nutrition Profile Form for that resident as well as updated in the resident's care plan, on the diet list at the servery and nourishment cart. The individual changing the diet list must be sure to date and initial the change.

Changes must be made on all information sources **immediately**.

If nursing staff feels that a resident requires a change in diet due to a change in medical condition, they will send a referral to the Clinical Dietitian.

The Clinical Dietitian will investigate the resident and recommend the diet change as appropriate, using the House Diets for terminology.

If a change is necessary the Clinical Dietitian will write the order on the order sheet to be carried out.

Policy & Procedure Manual **Revision Date:**

Program:	**Dietary & Hydration Services**	**Index Number: D&HS-16**
Policy:	**Diets – Diet Orders**	**Page 2 of 2**
Approved:		**Effective: July 1, 2011**

The Clinical Dietitian will notify the RN of the order so the RN can follow the transcription procedure including notifying the POA for consent, etc. The Dietitian will also notify the main kitchen.

If dietitian is not in the Home, or if there is a discrepancy between what texture or diet the resident is on, the following process will be followed:

a) The RN will assess the situation for this one time and make a recommendation based on all available information, assessing risk, resident choice, etc., and
b) The RN will complete a referral form to the Clinical Dietitian requesting a change in diet order.
c) The Dietary Aide will provide requested diet as per change.
d) If the RN thinks the resident will be able to tolerate the posted diet at the next nourishment time (meal or any other time liquids or solids to be taken) communication with the staff involved (PSW, RPN, RN) must happen so that a one time assessment can take place to ensure resident can safely tolerate the posted diet. If the RN feels the resident will need a permanent change in diet the process for diet referral above will be followed.

If a diet change is a doctor's or Nurse Practitioner's order the RN will also change the diet list, dating and signing it and will notify the main kitchen.

No diets can be changed without Clinical Dietitian, Nurse Practitioner or Physician approval. The exception is the RN can recommend a temporary diet due to acute illness, missing dentures, etc. The RN can only move a diet down e.g. regular to ground.

The Clinical Dietitian must review these diet changes.

Policy & Procedure Manual **Revision Date:**

Program:	**Dietary & Hydration Services**	**Index Number: D&HS-85**
Policy:	**Nutritional Care – Foods Brought in for Residents**	**Page 1 of 1**
Approved:		**Effective: July 1, 2011**

Policy: Certain foods may cause disease if not properly made or refrigerated. Visitors to the home must refrain from bringing perishable foods to the resident in quantities larger than that which can be consumed at the time or within two hours of the visit.

Objective: To ensure the safety of all foods reaching the residents thus lowering the risk of food-borne illness.

Procedure: Foods in the perishable category include:

a) Any type of sandwiches
b) Homemade soups
c) Casseroles
d) Fast food products – pizza, fried chicken, hot dogs, hamburgers, submarines
e) Chinese food
f) Cooked fish
g) Any type of cooked meat (e.g. beef, pork, seafood)
h) Fresh fruit – more than one or two servings
i) Pickles, preserves, chili sauce, jams, jellies

If visitors are unsure as to whether or not an item is perishable it is recommended that they do not bring that item in for residents.

Staff members will not store or reheat perishable foods brought into the home by visitors for the residents.

Visitors are reminded not to bring in food for residents other than their own.

The home cannot accept donations of quantities of perishable foods (e.g. leftovers from a community event) because of the potential for contamination during the holding period and/or while the food is in transit.

Date: January 28, 2013

To: Fairmount Management Team

From: Julie Shillington, Administrator

Re: 2012 Work Plans

It is with great pleasure that I provide to you a summary report of our work planning efforts for 2012.

Our budget document was prepared on time. Please start to think about budget for 2014 as we will be meeting in March/April to start those discussions.

Our strategic plan was completed and our work plans identify how each project helps us to achieve our goals.

The evaluation of required programs was new to the home in 2012. All were reviewed with the exception of Information and Referral Services which still needs to have goals established. It is important that when conducting the review we involve the staff who work in the program. Please be sure to document the date(s) of the review and who was present. This is required by law.

We had regular loss of essential services testing (power outages, elevator outages, etc.) and have introduced a reporting mechanism for off-hours so we are made aware of when these happen. For our medical emergency we held a session with staff to review the policy and need to hold another session this year to expand on the progress made. Over the course of the year a task force worked on a Code White (violent person) policy which will be tested again this spring. Great effort has gone into updating the fire policy which will be provided to the Fire Inspector for approval within the new few weeks. Fire drills continue on a regular basis and it has been noted that in 2013 we will focus on systematic searching and the use of the evacuchairs. The mission resident policy was tested in December, 2012 with staff being well aware of their responsibilities under the policy. The bomb threat test has been moved to 2013.

We received another three-year Accreditation and all reporting requirements have been met.

The review of the nursing software was undertaken by Gail through her EDMM research paper.

The work on the website continues with the aim to go live in the next month.

We achieved our auditorium fundraising goal and have received updated concept drawings and cost estimates from the architect.

FAIRMOUNT HOME
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I'm pleased to let you know that the use of OTN for clinical purposes may just happen. We have been invited to participate as a service site for the SE LHIN Telemedicine Nursing Initiative.

We were able to offer three mandatory staff training sessions in 2012 however we did not offer any leadership training to staff due to budgetary constraints.

We received our permit to take water and the work on the well project continues with an anticipated completion date of April, 2013.

The resident/family survey was issued however the staff survey was delayed and will not be able to be issued until February, 2013 due to updates being made on the Accreditation Canada website.

All capital items were purchased.

The café policies are part of the expectations of Sodexo for completion prior to July, 2013. The dietary workflow was completed with implementation expected over the coming two years.

Congratulations and thank you to each of you.

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PK