Team Name: Regional PCH Program Team Team Lead: Director, Health Services – Personal Care Homes East/West Approved by: Regional Lead, Community & Continuing Care	Reference Number: CLI.6410.PL.028 Program Area: Personal Care Home Policy Section: General
Issue Date: December 13, 2023 Review Date: Revision Date:	Subject: Resident Safety Checks

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

POLICY SUBJECT:
Resident Safety Checks

PURPOSE:
Unlike an acute care setting where regular rounds and checks on patients is routinely done hourly or every two hours, residents living in Personal Care Homes (PCH) are to have checks individualized to the resident's circumstances and needs.

The promotion of a home-like environment, coupled with resident-directed care is the guiding principle underpinning safety checks. Disturbed sleep, particularly for residents with dementia can potentially create behaviors during the day and lead to poor quality of life. This guideline was developed to assist care providers in using critical thinking when providing 24-hour care.

BOARD POLICY REFERENCE:
Executive Limitation-1 (EL-1) Global Executive Restraint & Risk Management
Executive Limitation-2 (EL-2): Treatment of Clients
Governance Process (GP-19). Quality, Patient Safety and Risk Management

POLICY:
Staff are to make every reasonable effort to maximize each resident's freedom of choice and respect their right to make decisions that affect their lives even if there is some actual or potential risk (referred to as dignity of risk). In doing so, sleep routines for residents shall be individualized, respecting the resident's previous lifestyle and routines, and current health status while ensuring that residents remains safe.

Residents are to be provided with uninterrupted sleep, as much as possible, in order to promote well-being and optimal quality of life. Staff shall not replenish resident supplies (ex: linens) when residents are resting.

Increased frequency of visual checks or rounds on residents is to be determined by careful assessment of the resident. Acute illness or other chronic medical conditions may require more frequent checks by the nursing staff.

DEFINITIONS:

Dignity of risk: beliefs and actions that support residents to make decisions that affect their lives, and to have those decisions respected by others, even if there is some inherent actual or potential risk.

Visual Check: Opening the door, or entering residents' room for the purpose of ensuring their safety and well-being.

Rounds/Safety Checks: The team works together (usually in pairs) to perform a visual check, turn and/or change residents' linens and/or incontinent products, as needed. Rounds are usually completed at specific times, for example every 2 hours depending on resident need.

Integrated Care Plan (ICP): a document which provides direction on the type of care a resident may need. It is initially compiled based on assessment of each resident's needs. An ICP is a highly personal and individualized document.

IMPORTANT POINTS TO CONSIDER:

At night when the majority of residents are sleeping, all external noise should be kept to a minimum by:

- turning televisions off;
- moving carts only when needed;
- lighting kept low or off;
- room doors closed most of the way if resident allows, in order to muffle exterior noise;
- staff voices to be kept low and soft;
- answering call lights as soon as possible;
- using "tone silence" when a call bell goes off until a care provider is able to get to the room.

Unless otherwise specified in the care plan, all residents are to minimally have a visual check at the beginning and end of each shift to ensure safety and well-being. This visual inspection should be as unobtrusive and discrete as possible when residents are sleeping.

PROCEDURE:

1. Visual checks are to be made according to the assessed clinical need for the resident. Increased safety checks are to be time limited and dependent upon need. Circumstances where increased visual checks may be required for a period of time include but are not limited to:
    - Acute illness (ex: pneumonia, or other infectious process);
    - Braden Scale Risk;
    - Changes in medication (e.g. insulin, oral anti-diabetic agents, sleep aids, etc.);
    - Delirium;
    - Disturbed sleeping patterns related to the dementia process;
    - Elopement Risk;
    - Fall risk Assessment;
    - Increased pain;
    - Increased agitation which prevents settling and sleeping at night;
    - New resident or newly returned resident who is having challenges adjusting to routines;
    - Suicide Risk

2. Care providers are to check/turn residents identified in the integrated care plan (ICP) as requiring regular turning rounds and/or rounds to change incontinent products. For instance, residents who are unable to re-position themselves and are at increased risk for skin breakdown or already are experiencing pressure injuries (any stage), are to be placed on a regular turning schedule. These regular turning/ changing rounds can be as frequent as every 2 hours or more throughout the shift, depending upon the resident's care plan, and are to be reassessed by the designated nurse each quarter during the quarterly care plan review.

3. Care providers are to use the appropriate incontinent product to prevent frequent changes for residents. However, for those residents who are very heavily incontinent, regular rounds to change product and linens may be required.

4. Where competent residents/families are requesting that they/residents not be disturbed during the night, the nurse will discuss the benefits, burdens and safety risks of honoring this request with the resident and family. The conversation is to be documented in the integrated progress notes (IPN), and the integrated care plan updated accordingly.

5. Care providers are to initial the Personal Care Home Delivery of Care Record form (CLI.6410.PL.002.FORM.05) on all shifts to document that safety checks were done in accordance with the integrated care plan.

REFERENCES:

CLI.6410.PL.002.FORM.05 Personal Care Home Delivery of Care Record

Healthcare Insurance Reciprocal of Canada (2020). *Failure to Appreciate Status Changes/Deteriorating Patients Risk Reference Sheet.*

Interlake-Eastern Regional Health Authority (2016). *Visual Checks and Rounds for Residents at Night.*

Manitoba Health Licensing & Compliance Branch (2023). *Draft Personal Care Home Modernized Assessment Tool*