

# Private Companion Guideline (Residential Care)

## Site Applicability

All VCH Direct Care Homes.

## Practice Level

Basic skills for the following professions within their scope of practice:

- Physicians
- NP, RN, RPN, LPN
- Dietitian
- OT
- PT
- Speech-Language Pathologist
- Social worker
- Respiratory Therapist

Unregulated healthcare workers under the supervision and direction of a regulated healthcare professional:

- Resident Care Assistants
- Music Therapist
- Recreation Therapist
- Spiritual Care

## Need to Know

While Vancouver Coastal Health (VCH) employs a variety of health care staff, from time to time Residents and Substitute Decision Makers (SDMs) may seek to hire a Private Companion for themselves, in the case of a Resident, or for a Resident, in the case of a SDM. A "[Private Companion](#)" is an individual who is hired privately to provide services for the Resident. The services are restricted to companionship, social support and/or assistance with some activities of daily living and will be referred to as complementary/ supplementary care throughout the rest of the guideline.

The purpose of this Private Companion Guideline is to:

- 1) Provide direction to Staff and Physicians for managing requests by or on behalf of Residents and SDMs for use of Private Companions while residing in VCH Care Homes and,
- 2) Ensure that Private Companions assist Residents in a safe and effective manner while maintaining health and safety standards throughout VCH Care Homes.

This guideline applies to all requests by Residents and SDMs for Private Companions to Residents while the Resident is being cared for at all VCH owned and operated Care Homes. This guideline

applies to private companions whether they are hired by the Resident/SDM through a private arrangement or through an agency. The guideline applies to individuals referred to as private companions proposed to be involved in complementary/supplementary care for the Resident. Private companions are not employed, privileged, or being educated by VCH.

## **Guideline**

### **Appropriate Use of a Private Companion:**

- VCH has a duty of care to its Residents including taking reasonable steps to ensure a safe environment.
- Prior to the initiation of and during any complementary/supplementary care by a private companion, the Health Care Team must be given an opportunity to exercise its clinical judgment as to whether the proposed complementary/supplementary care may interfere in any way with the care plan of the Resident living in the Care Home.

### **Resident/SDM Consent and Acceptance of Risks:**

- Residents/SDMs may request the service of Private Companions to provide complementary/ supplementary care in accordance with this guideline.
- Residents/SDMs are entitled to reasonable consideration of care options, acknowledging their responsibility in accepting risk.
- Residents/SDMs may accept risk for themselves, but are responsible to not place others at risk or contravene British Columbia law.

### **Responsibilities:**

#### **Private Companions and Residents/ SDMs**

- Private Companions are required to follow procedures as outlined in this guideline and appended documents prior to and during provision of complementary/supplementary care.
- Private Companions will be required to suspend their interventions if any member of the Health Care Team considers that the complementary/supplementary care provided by the Private Companion should be stopped for any reason. Resident/SDM will be alerted. No further complementary/supplementary care can occur until a meeting of the Health Care Team (including Physician, if necessary) has reviewed the concerns and provided a re-authorization of Private Companion services. The Health Care Team will meet and respond to the Resident /SDM within a time frame of 72 hours to a maximum time of 7 days.
- If there are any observations or concerns raised re: abuse or neglect, VCH staff will

engage their Designated Responder. All complementary/supplementary care will be stopped until concern is resolved.

- A criminal record check (please refer to Criminal Records Review Act) must be provided by the Resident/SDM for the Private Companion and must be obtained from the RCMP or VPD. The documentation of the criminal record check (vulnerable persons screening) will be given to the Care Home Manager. VCH is not responsible for the cost of the criminal record check. The Resident/SDM will notify the Manager when a given Private Companion is no longer in their employ.
- Private Companions will read and sign the “Complementary/Supplementary Care to be provided by Private Companion” (Appendix A) and “Record of Assumption of Responsibility” (Appendix C) prior to working with the Resident. If the care is not on the list, then the Private Companion is not permitted to do it.
- The Resident/SDM will provide the Manager with assurance (Flu Compliance form) that the Private Companion complies with the VCH Influenza Policy before the Private Companion begins to provide services to the Resident. During flu season the Private Companion must complete the Flu Compliance form prior to beginning their care of the Resident. If they are not vaccinated, they will begin wearing a mask as per the VCH Flu Policy and Guidelines. During a flu outbreak, the private Companion will take direction from the leader at the Care Home re: visiting Resident, mask use, etc.
- Private Companions will wear an identification (ID) badge provided by their employer at all times indicating their name and the words “Private Companion”.
- Private Companions will call the nurse immediately if any of the following occur while caring for the Resident.
  - Increased agitation or change in behavior
  - Fall
  - Sudden change in condition
  - Concerns or questions that arise
- Private Companions will not sell any product or other service and/or solicit business while at the Care Home.
- Private Companions will attend an orientation session (if required) and/or review the videos and information materials provided to them by Vancouver Coastal Health staff.
- If a substitute Private Companion is hired to cover scheduled shifts, the Manager must be notified either in person or by telephone in a timely fashion.
- Private Companions are not to be involved in any discussions with Care Home staff about changing complementary/supplementary duties as identified. In particular, there will be no discussion about changing or increasing a Resident’s

participation in different leisure programs.

- Private Companions, when providing complementary/supplementary care will not be using a personal cell phone for talking and texting. If there is an emergency that they need to attend to, please ensure that the Resident is safe and advise the staff.
- Private Companions will not make recommendations or try to intervene with other Residents (unless in an emergency situation) that are not part their assignment and hiring arrangement.

### **Managers, Staff and Physicians:**

- Managers, Staff and Physicians will consider and respect each Resident's and/or SDM's request for the involvement of a Private Companion and collaborate with the Resident/SDM to achieve the best outcome for the Resident.
- Staff will familiarize themselves with the expectations for Private Companions' complementary/supplementary care by reviewing Appendix A. Staff may request the Private Companions to stop complementary/supplementary care if any concerns are raised that the Private Companion is demonstrating questionable judgment, unsafe supervision or inappropriate care
- Notwithstanding the use of Private Companions by Residents, baseline staffing will be maintained.
- Care Home Managers or designated Staff will discuss Resident confidentiality and information sharing with the Private Companions. Private Companions will not have access to the Resident's file.
- Managers, Staff and Physicians are encouraged to consult with the privacy office and/or risk management where there is uncertainty or further direction required.
- All financial arrangements and exchange of payment are between the Resident and/or SDM and the Private Companion. VCH staff is prohibited from signing off or otherwise verifying hours of work for Private Companions.
- Managers and members of the team determine specific duties and document on the "Complimentary/Supplementary Care to be provided by Private Companion" Form (Appendix A). Any requested tasks must align with the Resident's Care Plan and be determined in consultation with the Resident's health care team. If the care is not on the list, then the Private Companion is not permitted to do it.
- VCH staff is not permitted to recommend individual Private Companions to family members, Residents or any other person.

## Definitions

“Private Companion” is an individual who is hired privately by the Resident and/or designate (SDM) to provide complementary/supplementary care to the Resident.

“Complementary/supplementary care” is augmentation or addition to existing care or interventions currently provided by employed staff in the Care Home and may include companionship, social support and/or assistance with activities of daily living.

The companion is not employed, credentialed, or being educated by VCH.

“Staff” mean all employees including Nursing, Allied Health, Physicians and Nurse Practitioners, Students, and Volunteers supervised by the Care Home.

## References

- Baycrest Health Sciences Quality Safety Committee. (2015). *Private Companion Policy*. Retrieved January 28, 2019, [https://www.baycrest.org/Baycrest\\_Centre/media/content/form\\_files/private\\_companion\\_policy.pdf](https://www.baycrest.org/Baycrest_Centre/media/content/form_files/private_companion_policy.pdf)
- Baycrest Health Sciences. (nd). *Private Companion Guide for Residents of the Apotex Centre, Jewish Home for the Aged*. Retrieved January 28, 2019, <https://www.baycrest.org/Baycrest/Coming-to-Baycrest/For-Family-Caregivers/Private-Companions>
- Daly, T., Armstrong, P., & Lowndes, R. (2015). Liminality in Ontario’s Long-Term Care Homes: Paid Companions’ Care Work in the Space ‘Betwixt and Between’. *Competition & Change*, 19 (3), 246–263. Retrieved January 28, 2019, from: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4516401/pdf/10.1177\\_1024529415580262.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4516401/pdf/10.1177_1024529415580262.pdf)
- Hawthorne Seniors Care Community. (2018). Resident and Family Handbook Complex Care. Retrieved January 28, 2019, from: [http://hawthornecare.com/media/uploads/pdf/handbook\\_final\\_2018\\_\(2\).pdf](http://hawthornecare.com/media/uploads/pdf/handbook_final_2018_(2).pdf)

## Appendices

- [Appendix A](#) - Complementary/Supplementary Care to be provided by Private Companion
- [Appendix B](#) - Resident/ SDM Consent
- [Appendix C](#) - Record of Assumption of Responsibility
- [Appendix D](#) - Private Companion Flu Compliance
- [Appendix E](#) - Review of Learning Materials
- [Appendix F](#) - Orientation Private Companion Information
- [Appendix G](#) - Wheelchair Guidelines
- [Appendix H](#) - Ensuring Resident Safety and Assisting with Eating and Drinking

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<b>Approved By:</b> <i>(committee or position)</i>	VCH Regional Residential Quality Practice Council <ul style="list-style-type: none"> <li>Professional Practice Initiatives Lead - Allied Health, Residential Practice, VCH</li> <li>Clinical Nurse Specialist, Elder Care, PHC</li> <li>Clinical Nurse Specialist, Seniors and Residential, Evergreen House, VCH</li> <li>Corporate Director Seniors Care PHC and Regional Program Director Residential Care, Assisted Living and Supportive Housing, Elder Care, PHC</li> </ul>
<b>Owners:</b> <i>(optional)</i>	VCH <ul style="list-style-type: none"> <li>Professional Practice Director, Residential Practice, VCH, Residential Care Program</li> <li>Clinical Practice Leader, Residential Practice, VCH</li> </ul>

## **Appendix A: Complementary/Supplementary Care to be provided by Private Companion**

Name of person hiring the Private Companion: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Name of Private Companion: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Cell) : \_\_\_\_\_

In consultation with the nurse, place an "X" by the complementary/supplementary care that the Private Companion will provide to the Resident.

### **Grooming and Activities of Daily Living**

- ☐ Showering- after Private Companion and SDM (if they hired the companion) has observed the Resident shower
- ☐ Shaving
- ☐ Basic mouth care– wipe food or liquids including saliva from the outside of a Resident's mouth using a tissue or a face cloth; brush teeth; remove and clean dentures; remove food if a Resident is able to spit out food or debris.
- ☐ Dressing/undressing
- ☐ Basic manicure
- ☐ Hair combing/brushing
- ☐ Make-up application
- ☐ Assist with the use and care of adaptive aids/ prosthesis.

### **Ambulation and Mobility - must be authorized by the health care team (includes PT/ OT)**

- ☐ Transferring from chair to chair (if a mechanical lift is not required) with Vancouver Coastal Health staff assistance if necessary.
- ☐ Transferring from bed to chair/chair to bed (if a mechanical lift is not required) with Vancouver Coastal Health staff assistance if necessary.
- ☐ Assist with exercise or walking programs as recommended.

### **Nutrition**

- ☐ Assisting with selecting food choices from diet choices specific for the Resident and nutritional plan.
- ☐ Non-feeding assistance with meals and/or snacks as required, (i.e., cue, prompt, provide clothing protectors, cut-up food, ensure meal is within reach of Resident).
- ☐ Assisting with eating food and beverages at meals (feeding) and/or snacks only if the Resident does not have any swallowing difficulties (dysphagia).
- ☐ Resident and/or SDM will ensure that private companion reviews educational material re: eating and feeding strategies.
- ☐ Resident and/or SDM will ensure that private companions have been informed of signs and symptoms of dysphagia.

**Toileting (No use of mechanical lifts is allowed)**

- ☐ Assist the Resident to the toilet upon request or as outlined in the Resident's Care Plan
- ☐ Assist in the changing of incontinence briefs/pads
- ☐ Change incontinence briefs/pads
- ☐ Report bowel movements to the assigned Nurse

**Physical Environment**

- ☐ Organize clothing as instructed by the Hirer and/or Resident
- ☐ Tidy room, drawers, and cupboards
- ☐ Make bed
- ☐ Report any cleaning/ maintenance needs and/ or safety issues to staff

**Support and Comfort**

- ☐ Position in bed or chair to promote comfort as per the direction from OT/PT staff (care plan)
- ☐ Check that any tubes, such as Foley Catheter and Feeding Tube, are free of kinks
- ☐ Provide emotional support where appropriate when the Resident is having a procedure or intervention performed or medication administered

**Social and Recreation**

- ☐ Interact in meaningful conversation as directed by the Resident/SDM.
- ☐ Accompany the Resident to social and/or recreational activities of choice and other activities as outlined in the Resident Care Plan.
- ☐ Support the Resident to participate in recreational opportunities as independently as possible.
- ☐ Participate with the Resident in social/recreational events, under the direction of staff or volunteer leaders.
- ☐ Assist the Resident in the engagement of independent leisure and other activities as recommended by the team.
- ☐ Shopping

**Appointments**

- ☐ Accompany the Resident to and from appointments (medical, dental, hairdresser/barber, etc.) where appropriate and when requested by the Resident and/or SDM.

**Complementary/Supplementary Care Prohibited**

1. Private Companions are not permitted to use or assist in using mechanical lifts. Any care that requires mechanical lift must be performed by authorized staff member (VCH or affiliate staff member).
2. Medication Administration: Private Companions are not allowed to provide medications to Residents [Community Care Facilities Licensing (Section 70.3)].
3. Private Companions are not permitted to assist to eat or feed Residents who have dysphagia (swallowing difficulties).



## Appendix B: Record of Assumption of Responsibility for RESIDENT and/ or SUBSTITUTE DECISION MAKER (SDM)

Vancouver Coastal Health Authority  
Record of Assumption of Responsibility  
(RESIDENT AND/OR SUBSTITUTE  
DECISION MAKER (SDM)  
-Private Companion Guideline-

DATE	CARE HOME	
MR.MISS.MRS.	PHONE NUMBER	
SURNAME	GIVEN NUMBER	
DOCTOR	GENDER	AGE
(PLEASE USE BLOCK LETTERS)		

### THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND LIABILITIES: PLEASE READ CAREFULLY

I am seeking a Private Companion to provide complementary/supplementary care to me or my family member \_\_\_\_\_. For the purposes of this proposed care interaction, the Companion is not an employee or in any way affiliated with Vancouver Coastal Health (VCH). I understand that I am fully responsible for this decision, and am aware that it is my responsibility to ensure that the Companion is capable of performing this care.

### DISCLAIMER CLAUSE:

The Vancouver Coastal Health Authority (VCH), care staff and physicians are not responsible for any loss or damage suffered by any person from or related to complementary/-supplementary care from the Private Companion rendered to me or my family member while living in the Care Home VCH assumes no liability for injuries sustained by the individual.

### AGREEMENT:

I, (person signing) \_\_\_\_\_ hereby acknowledge that I wish \_\_\_\_\_ Resident/Self \_\_\_\_\_ to receive care as documented in the form "Complementary/Supplementary Care" while I/he/she is a Resident within this VCH Care Home and I hereby accept full responsibility for and assume all risks for myself and the Resident while I/he/she am/is receiving such complementary/supplementary care from that Companion and waive any responsibility or duty that VCH may have in these circumstances.

In consideration of VCH permitting me/the Resident to receive such care, I, on my own behalf and on behalf of the Resident hereby release VCH, its employees and agents and my/the Resident's physicians from any and all liability for any loss, injury or damage which I, or the Resident may suffer as a result of this care.

I further agree to indemnify and save harm the VCH, its employees, agents, and physicians from any and all such liability, damages or losses which they may become liable to pay as a result of the care received by me/the Resident from the Private Companion. .

I acknowledge that I am over nineteen (19) years of age and I have read this Liability Release and I accept the above Disclaimer Clause as evidenced by my signature.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Signed in the presence of (Witness):

Resident or Substitute Decision Maker

Name (Witness)

Relationship, if not Resident

Signature

Relationship, if not Resident

Effective Date: January 29\_2019

## Appendix C: Record of Assumption of Responsibility

Vancouver Coastal Health Authority  
**Record of Assumption of  
 Responsibility Please read carefully –  
 this document affects your legal rights**  
**-Private Companion –**  
**-Private Companion Agency-**

DATE	CARE HOME	
MR.MISS.MRS.	PHONE NUMBER	
SURNAME	GIVEN NUMBER	
DOCTOR	GENDER	AGE

(PLEASE USE BLOCK LETTERS)

### THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND LIABILITIES:

#### PLEASE READ CAREFULLY

#### **DISCLAIMER CLAUSE:**

The Vancouver Coastal Health Authority (VCH) and its physicians are not responsible for any loss or damage suffered by any person arising from or related to complementary/supplementary care for any reason whatsoever including negligence on the part of the VCH, its physicians, servants or agents.

#### **PRIVACY AND CONFIDENTIALITY:**

The Agency/ I understand(s) and promise (s) that as any Companion/I become(s) aware of personal and otherwise sensitive information while providing therapy at VCH will maintain strict confidentiality of any information obtained from or about the Resident engaging with the Companion/myself, or from or about any other Resident at a VCH Care Home.

#### **AGREEMENTS:**

The Agency/ I agree(s), in consideration of VCH permitting the Companion/me to provide complementary/ supplementary care on the premises of VCH, to assume all risks involved in providing the care to the Resident at VCH and agree(s) to abide by VCH policies, rules and regulations.

The Agency/I, as a Private Companion, understand(s) that although VCH and its staff may assist with training/ orientation, they are not responsible for supervising and/or monitoring the Companion/me in the provision of assigned care.

The Agency has/ I have determined that the complementary/supplementary care to be provided by the Companion/ myself is clearly indicated with an 'X' beside specific duties on the attached care plan. Any Companion has/ I have attended an orientation session or reviewed the video entitled "Feeding Older Adults" if assisting the Resident with eating/ feeding. The Companion has/ I have reviewed the orientation information sheets. The Agency has/ I have provided a copy of the Criminal Record Check for the Companion/ myself to the Manager/delegate at the Care Home. The Companion/ I understand(s) what complementary/ supplementary care that can be provided to the Resident.

VCH assumes no liability for injuries sustained by any private companion. The Agency has/ I have been advised of the recommendation to maintain personal injury (death and disability) insurance to a minimum of \$500,000 and (initial one):

\_\_\_\_\_ have agreed to do so, OR

\_\_\_\_\_ have decided not to, understanding that VCH assumes no liability for injuries and will not be held responsible.

By the signature below the Agency/ I acknowledge(s) that the Companion is/ I am over nineteen (19) years of age, have read this Liability Release, and accept(s) the above Disclaimer Clause.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

**Private Companion**

Signature

Phone

\_\_\_\_\_  
Printed name\_\_\_\_\_  
Address**Agency**

Signature

Phone

\_\_\_\_\_  
Printed name\_\_\_\_\_  
Address

## Appendix D: Private Companion Flu Vaccine Compliance

### PRIVATE COMPANION FLU VACCINE COMPLIANCE

**Instructions:** During the VCH designated Flu Season this form must be completed before beginning work as a Private Companion.

Once completed, submit this form to the Care Home Manager.

#### **Identification:**

Name (First/last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

#### **Please check the appropriate box:**

- ☐ I certify that I have received my annual influenza vaccine
- ☐ I certify that I am declining vaccination and will wear a mask in Resident care areas for the duration of the influenza season (as determined by Vancouver Coastal Health).
- ☐ I understand that if I am not vaccinated and there is a flu outbreak declared on the care home that I will follow-up with the Manager or designate to understand if/how my responsibilities will change during the outbreak.

#### **Authorization:**

I hereby declare that this information is true and complete.

I understand that all personal and medical information provided by me will be kept confidential as per the Vancouver Coastal Health Information Privacy & Confidentiality Policy.

Name of Private Companion: \_\_\_\_\_

Private Companion Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix E: Documentation of Orientation and Review of Learning Materials (as required)**

### **DOCUMENTATION OF ORIENTATION AND REVIEW OF LEARNING MATERIALS (AS REQUIRED)**

Private Companion/ Resident/ SDM has received and reviewed information. Please check that the information has been reviewed:

- ☐ Appendix F: Private Companion Information
- ☐ Appendix G: Wheelchair Guidelines
- ☐ Appendix H: Ensuring Resident Safety: Assisting with Eating and Drinking

Name of Private Companion: \_\_\_\_\_

Private Companion Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix F: Private Companion Information**

### **PRIVATE COMPANION INFORMATION**

#### **Save Lives = Hand Hygiene ([D-00-11-30061](#))**

Hand hygiene is the single most important way you can prevent spreading germs. It is important that you follow the instruction below regarding how to perform hand hygiene.

#### **There are two methods of performing hand hygiene:**

1) Washing with soap and water (if your hands are visibly dirty or soiled):

- Remove all jewelry (germs live on jewelry)
- Wet hands with warm running water
- Apply soap
- Lather soap for 15 seconds
- Rinse thoroughly under running water
- Pat hands dry with paper towels
- Turn off water using paper towel (Faucets are considered dirty)

OR

2) Using the Alcohol-Based Hand Rub or hand sanitizer:

- Apply 1 to 2 pumps of product to palms of dry hands
- Rub hands together palm to palm, between and around fingers, including the back of each and fingertip
- Rub hands for 15 seconds until product is dry
- Do not use paper towels

#### **When to Wash your Hands:**

- Before and after your shift
- Before eating, drinking, preparing, or handling food
- After using the toilet, blowing your nose, sneezing, or coughing
- Before and after contact with each Resident
- If you have you come in contact with blood, body fluids, or contaminated objects such as elevator buttons, doorknobs, phones etc.
- Before putting gloves on and after removing your gloves

#### **Confidentiality**

- Anything you SEE
- Anything you HEAR
- Anything you READ
- Anything you ALREADY KNOW about the Resident....

#### **MUST BE KEPT CONFIDENTIAL**

This means you never discuss these matters except when reporting changes or concerns to the Care Home staff or to family members of the Resident you are assisting.

**Safety & Emergency:**

If you hear the Code Red Announcement or Fire Alarm:

- Keep calm
- If you are with the Resident you are assisting, please stay with that Resident until you receive further direction from staff on duty.
- DO NOT USE THE ELEVATORS.
- Please be sure to ask for instruction if you are unclear of your responsibilities.

If you see fire/smoke:

- Call for Help
- Remove any Resident from immediate danger
- Close the door
- Pull the fire alarm

**Personal Property:**

Vancouver Coastal Health is not responsible for personal property that lost or stolen. We recommend you do not bring valuables to the Care Home.

**Dos and Don'ts****DO...**

- Report any safety or health concerns immediately to the Nurse
- Follow the instructions for hand hygiene
- Treat others with respect and expect to be treated respectfully
- Report any abuse or neglect to the Nurse or Manager
- Protect the Residents' privacy and be confidential
- Wear your name tag
- Follow the Wheelchair Guidelines

**DON'T...**

- Touch or use the lifts
- Come to work if you are sick
- Provide services to Residents other than who you were hired to be with
- Sell or provide information to sell items (for example, selling of Avon products)
- Approach other Resident/families to hire you
- Touch any medications that are unattended (instead, let the Nurse know)
- Smoke/vape on the property

## Appendix G: Wheelchair Guidelines

### WHEELCHAIR GUIDELINES

- Approach the Resident in a wheelchair from the front.
- Always tell the Resident first where you are going and that you are going to move their wheelchair.
- Brakes should only really be used during transfers who the Companion may only be doing with additional direction/education.
- When pushing a Resident outdoors, ensure foot rests are on the wheelchair or as directed in the Resident's care plan.
- Check to see that nothing can get caught in the wheels, spokes or casters.
- Ensure that the Resident's hands are placed on their lap.
- When wheeling the Resident into an elevator, back their chair into the elevator.
- Wheel their chair backwards when going down a ramp or an incline and forwards when going up. Avoid rough ground and grassy areas and where possible use paved walkways.
- DO NOT ATTEMPT STAIRS.
- At blind corners, slow down and check both directions (especially when coming in and out of elevators).



## Appendix H: Ensuring Resident Safety: Assisting with Eating and Drinking

### ENSURING RESIDENT SAFETY: ASSISTING WITH EATING AND DRINKING

- *Private companions will not feed any Residents who have swallowing difficulties (dysphagia)*

#### For Residents who eat independently:

- Ensure Resident is sitting upright and alert prior to meal.
- Check that the Resident has the correct tray (name and type of diet)
- Provide a quiet environment to allow the Resident to focus on eating
- Some Residents have problems with swallowing and will have specially prepared meals and thickened fluids. For these Residents you must NOT add water, sauces or other fluids to their food, doing so may cause the Resident to choke.
- Ask the Nurse if you have questions about the Resident's food or drinks

#### For Residents who need assistance:

- Wash your hands before feeding the Resident.
- Check that the Resident has the correct food and drink items on the tray (name and type of diet) and that they ONLY have the food and drinks that have been determined to be safe for them
- Encourage Resident to self-feed by preparing the tray, loading the utensil, but let them feed themselves as much as possible or use a [Hand over Hand technique](#) to assist.
- Sit at the eye level of the Resident to ensure they do not have to look upwards to you while eating. Looking up puts the Resident at greater choking risk. If the Resident is in bed, you may prefer to stand and raise the bed.
- A teaspoon (or less) of food is the average amount that most Residents can swallow.
- Do not put more food in the mouth until the mouth is empty.

#### What to Look for - Risks of Choking:

The following list of signs may mean the Resident is choking or at risk for choking. If you see **ANY** of these signs and symptoms, remove the food or if you are feeding the Resident, stop and report to Nurse immediately any of these signs:

- ☐ Wet or gurgly voice or breathing sounds
- ☐ Coughing or choking after swallowing
- ☐ Tearing / watery eyes during meal
- ☐ Difficulty breathing after meal or swallowing
- ☐ Food or fluid coming out of nose
- ☐ Pocketing of food in mouth or cheeks despite prompting Resident to swallow

#### VIDEOS:

Hold Ctrl and click to watch these videos providing additional information on feeding older adults:

[https://www.youtube.com/watch?v=iOGv9\\_dIIzg](https://www.youtube.com/watch?v=iOGv9_dIIzg)