

## Addendum: Scope of Resident Support Personnel Role in Long-Term Care Homes

### Background

- Through consultations to date, the ministry has heard that long-term care homes have been leveraging the role of resident support personnel to safely provide low-risk personal support services (for example, brushing a resident's hair / teeth, helping a resident at mealtime) under the staffing qualifications flexibility provision.
- Resident support personnel have played a valued role in homes by providing residents with timely supports and enhancing the overall resident experience, while also helping ease the burden from personal support workers and nurses.
- They may be referred to by other names, such as resident support aides, resident care assistants, health care attendants or aides, helping hands, personal support worker assistants, etc.

### Objective

- The staffing flexibility provision will be temporarily extended as of October 11, 2023, only for personal support workers and staff providing personal support services and will be in effect until July 1, 2024.
- Under the current regulatory framework, when the flexibility provision expires on July 1, 2024, homes will no longer be able to leverage resident support personnel to assist with low-risk personal support services.
- The additional strain this may have on staffing challenges in the home may also impact the ability to deliver timely supports and care to residents.
- The ministry is seeking feedback on the resident support personnel role in long-term care and may use this feedback to provide future guidance to the sector and explore potential legislative and / or regulatory avenues to provide homes with flexibility in leveraging this role, if doing so meets the needs of residents and prioritizes their health and quality of life.
- Resident safety, health and well-being continues to be the primary objective.

### Consultation

- The ministry is seeking to better understand the diverse perspectives on whether resident support personnel should be permanently allowed to assist with low-risk supports, and if so, what should be considered in- and out-of-scope for their role based on their education and training.

- There are various activities that can be considered and will remain out-of-scope for resident support personnel, assuming they have not met the personal support worker qualification requirements. These include:
  - Developing care plans, however, they may have input into the care plan
  - Leading resident lifts, including operating electric / hydraulic / manual equipment and lifting devices, two-person lifts and transfers
  - Assisting with resident admittances, transfers and departures / deaths
  - Medication application or administration via delegation
  - Monitoring and logging resident food intake and reporting on any challenges
  - Measuring temperature, radial pulse, respirations and weight, and recording bowel and bladder output, and collecting fecal or urine specimens (monitoring and documenting resident vitals)
  - Directly assisting with bathing and toileting
  - Supporting residents who are high-risk or have underlying conditions which may make assisting riskier (for example, clipping nails for a resident with diabetes, assisting high-risk residents at mealtime, helping a resident put on pants if they could trip)
  - Tasks within the scope of practice of regulated health professions without the appropriate delegation
- The ministry is also seeking to understand whether there are resident-facing tasks, such as brushing hair and teeth, washing hands and face, and assisting with opening containers at mealtime that could be done safely without personal support worker training or education.

## Questions for Feedback

Please provide feedback on any or all of the following:

- Should resident support personnel be permitted to permanently provide low-risk personal support services when the flexibility provision expires on July 1, 2024? Why or why not?
- What tasks can be done safely without personal support worker training or education, and why?
- What is the nature of certain tasks that make them higher risk and require personal support worker training or education?
- Do any tasks have any added risk depending on the resident's health concerns / needs? If so, which ones and why?
- Are there any additional activities or tasks that should be in- or out-of-scope for resident support personnel?
- Do you have any other feedback related to the contribution of resident support personnel in long-term care homes and their role into the future?