



**BROADMEAD**  
Care Society

*Excellence in Care for  
Veterans and Seniors*

*Operating*

**The Lodge at Broadmead**

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*Resident and Family  
Handbook*

## **WELCOME!**

A warm welcome to The Lodge at Broadmead! We believe that the seniors and Veterans who built our province and fought for our freedom deserve to enjoy every day to the fullest. We strive to give our residents and clients the best possible health care, enjoyable and uplifting activities and a comfortable, home-like environment.

This handbook will provide the new resident and their family/friends with useful information about The Lodge at Broadmead. Familiarizing yourself with this information will help you prepare for moving in and understanding our facilities, staff, services and costs. We hope that this information is helpful.

### **THE LODGE AT BROADMEAD**

4579 Chatterton Way  
Victoria, BC V8X 4Y7

Phone: (250) 658-0311

Website: [www.broadmeadcare.com](http://www.broadmeadcare.com)

Requests for admission to The Lodge at Broadmead must be directed to:

### **VANCOUVER ISLAND HEALTH AUTHORITY**

Home and Community Care  
1947 Cook Street  
Victoria, BC V8T 3P7

Phone: (250) 388-2273 (General Enquiries Line)

Fax: (250) 388-4722

Website: [http://www.viha.ca/housing/facility\\_access.htm](http://www.viha.ca/housing/facility_access.htm)

**Main Facility Number: 658-0311**

- Care Coordinator (In-Charge nurse 0700-2300) 658-3218
- Director of Care 658-3239

**A Level Lodges**

- A Level RN Team Leader 658-3221
- A Level Social Worker 658-3207
- Olympic View Lodge (A1) 658-3223
- Village Green Lodge (A2) 658-3224
- Cottage Garden Lodge (A3) 658-3225

**B Level Lodges**

- B Level RN Team Leader 658-3219
- B Level Social Worker 658-3256
- Palm North Lodge (B1) 658-3262
- Palm South Lodge (B1) 658-3262
- Birch Lodge (B2) 658-3227
- West Coast Lodge (B3) 658-3228

**Services and Programs**

- Finance Clerk/Accounts Receivable 658-3213
- Registered Dietitian 658-3206
- Coordinator of Therapy Services 658-3208
- Coordinator of Spiritual Care 658-3217
- Coordinator of Volunteers 658-3205
- Coordinator of Creative Arts Program 658-3241

**Broadmead Care Foundation**

- The Lodge at Broadmead Foundation 658-3220

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## INTRODUCTION

### Governance and Ownership

The Lodge at Broadmead is owned and operated by the Broadmead Care Society (BCS), a non-profit society governed by a Board of Directors.

### Accreditation

The Lodge at Broadmead is regularly surveyed by the Canadian Council on Health Services Accreditation and has full accreditation status.

### Overview of Residential Care Services at The Lodge at Broadmead

The Lodge at Broadmead is a 225-bed **residential care facility** which provides care and service to 115 “priority access” eligible Veterans and 110 community (non-veteran) residents. The Lodge has 2 levels with 8 living areas referred to as lodges. The lodges range in size from 14 to 45 residents per lodge. Each lodge has its own dining room. There are 201 private rooms and 12 double rooms. Each lodge has a specialized bathing room.

The Lodge at Broadmead provides service to seniors with impairments that may be physical, cognitive, or very frequently both, when care and assistance must be readily available at all times. Five lodges focus on care for persons with moderate to severe dementia (Alzheimer disease and related disorders) and are secure.

A brief outline of The Lodge at Broadmead facilities, programs and services:

- Private and semi-private resident rooms with en-suite toilet and sink and nurse call system. Room furnishings provided by the facility include a hospital bed, clothing closet and drawers. Residents are encouraged to personalize their rooms with pictures and small additional furnishings.
- Nursing and personal care available on a 24-hour basis, including care given by or under the clinical direction of a registered nurse or licensed practical nurse, the administration of medication, and assistance with activities of daily living.
- Assessment and care services from a team including Nursing, Social Work, Registered Dietitian, Occupational Therapy, and Physiotherapy.
- Complete meal services, including three daily meals, snacks between meals and at bedtime, special and therapeutic diets and dietary supplements, and assistance with meals.
- A variety of physical, social and recreational programs and activities.
- Pastoral care and religious services, and Volunteer services.
- Laundry services and all required bedding and linen.
- Housekeeping and upkeep of all rooms and public areas.
- Resident care supplies including a standard incontinence product and basic equipment and supplies.



# RESIDENTS' BILL OF RIGHTS

## Commitment to care

1. An adult person in care has the right to a care plan developed:
  - (a) specifically for him or her, and
  - (b) on the basis of his or her unique abilities, physical, social and emotional needs, and cultural and spiritual preferences.

## Rights to health, safety and dignity

2. An adult person in care has the right to the protection and promotion of his or her health, safety and dignity, including a right to all of the following:
  - (a) to be treated in a manner, and to live in an environment, that promotes his or her health, safety and dignity;
  - (b) to be protected from abuse and neglect;
  - (c) to have his or her lifestyle and choices respected and supported, and to pursue social, cultural, religious, spiritual and other interests;
  - (d) to have his or her personal privacy respected, including in relation to his or her records, bedroom, belongings and storage spaces;
  - (e) to receive visitors and to communicate with visitors in private;
  - (f) to keep and display personal possessions, pictures and furnishings in his or her bedroom.

## Rights to participation and freedom of expression

3. An adult person in care has the right to participate in his or her own care and to freely express his or her views, including a right to all of the following:
  - (a) to participate in the development and implementation of his or her care plan;
  - (b) to establish and participate in a resident or family council to represent the interests of persons in care;
  - (c) to have his or her family or representative participate on a resident or family council on their own behalf;
  - (d) to have access to a fair and effective process to express concerns, make complaints or resolve disputes within the facility;
  - (e) to be informed as to how to make a complaint to an authority outside the facility;
  - (f) to have his or her family or representative exercise the rights under this clause on his or her behalf.

## Rights to transparency and accountability

4. An adult person in care has the right to transparency and accountability, including a right to all of the following:
  - (a) to have ready access to copies of all laws, rules and policies affecting a service provided to him or her;
  - (b) to have ready access to a copy of the most recent routine inspection record made under the Act;
  - (c) to be informed in advance of all charges, fees and other amounts that he or she must pay for accommodation and services received through the facility;
  - (d) if any part of the cost of accommodation or services is prepaid, to receive at the time of prepayment a written statement setting out the terms and conditions under which a refund may be made;
  - (e) to have his or her family or representative informed of the matters described in this clause.

## Scope of rights

5. The rights set out in clauses 2, 3 and 4 are subject to:
  - (a) what is reasonably practical given the physical, mental and emotional circumstances of the person in care;
  - (b) the need to protect and promote the health or safety of the person in care or another person in care, and
  - (c) the rights of other persons in care.

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## PHILOSOPHY OF CARE AND SERVICE

We practice person-centred care. To achieve this, we complete regular individualized assessments and develop individualized care plans for the people living at The Lodge at Broadmead through ongoing care team meetings, interdisciplinary communication, and partnerships with family members.

Our goal is to create an environment of acceptance for people and their families that honours their life history, supports their strengths and challenges, and maintains their dignity.

In order to reach this goal these principles of care and service are followed:

- We acknowledge and respect personal preferences and needs.
- We provide care, support, and activity programs that value independence and offer people living at The Lodge at Broadmead the opportunity to make choices based on their ability.
- We maintain an environment that supports retained abilities, celebrates successes, fosters hope, and promotes social involvement.
- We welcome family members and friends as partners in care and value their input.
- We strive to provide a familiar, comfortable, caring and safe environment.
- We provide evidence-based care and service, supported through clinical education for staff, volunteers and family members.
- We support people living at The Lodge at Broadmead through their final years until death, always with the comfort and dignity of each person at the centre of our care.

Note: This document is based on the Dementia Care Program Principles of Care – although the evidence to support these principles has been primarily found in literature focused on caring for people with dementia we believe the philosophy transcends medical diagnoses.

### Residents Council

Upon moving in to The Lodge, new residents can join the Residents Council, which usually meets monthly. The purpose of the Residents Council is to provide a forum for residents to express their views and represent their interests.

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## **FAMILY ARE PARTNERS IN CARE**

The Lodge at Broadmead recognizes the importance of the continued involvement of residents' family and friends. "Family" is recognized as those people identified by the resident as their family. We strive to be aware of family perspectives, and within the limitations of our resources, will try to meet reasonable expectations. On-going communication between Lodge staff and families regarding the resident's care and well being is essential. This communication can occur both formally and informally, at care conferences, and through informal conversation with staff while visiting.

We strive to partner with families by:

- assisting with family adjustment and orientation following moving in;
- communicating (through the key family contact person) regarding resident needs or changes in health condition;
- providing information and support to assist with health care decision-making;
- providing counsel and support when required;
- providing ongoing information about Lodge issues and activities through the monthly Activity Calendar, posters, the Family Council, and the Family and Friends Newsletter which can be accessed on our website;
- providing an opportunity for feedback through the annual Family Satisfaction Survey.

Families can partner with The Lodge by:

- communicating information about the resident's personal history that may be pertinent to providing care and understanding behaviour;
- helping with care needs such as assisting at meal time, taking the resident for a walk, or helping with personal care such as nail care;
- participating in the Family Council, or fundraising activities.

### **Family Council**

The Family Council provides a forum for family and friends to share experiences, learn and exchange information, obtain education and support, and provides an opportunity for 2-way communication with the facility management. The meeting date and time is posted, announced in the Family and Friends Newsletter, and noted in the monthly Activity Calendar.

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## MOVING IN

### Preparing for the move

Staff members begin the preparation for the new resident's arrival by reviewing health information received from the Vancouver Island Health Authority. A call is made to the new resident's primary family contact person when a room is available. The resident/family have up to 24 hours to accept or refuse the offer and must be prepared to move in within 48 hours of notification or as mutually agreed. A visit to see the facility before moving in is offered.

Each of the lodges differ in the amount of staff, focus of care and level of security. At the time of admission, a determination is made as to which lodge is most appropriate to the new resident's care requirements. The resident may be offered a private or semi-private (2 persons sharing) room.

### What the family can do to prepare

1. Visit to see the room beforehand if possible.
2. Prepare the resident's clothing, toiletries and personal items, furnishing and familiar items for the resident's room (see pages 21-26 for details). The Lodge will label the clothing and engrave items such as watches, dentures and glasses on move in day. Other personal items such as pictures should be labelled by the family prior to being brought in to The Lodge.
3. If the resident is coming directly from home, please bring in all medications and treatments currently being used, so the Nurse and Pharmacy can reconcile the medications with doctor's orders. This includes prescription drugs, vitamins, over-the-counter drugs, medicated creams, eye drops, etc.
4. Arrange for time off work for move in day, and perhaps bring a second person along for support.
5. Prepare a list of important contact names and numbers you would like on the resident's health record.
6. Decide who will be the primary family contact. This should be the person who is either officially appointed as Committee of Person or Health Representative for the resident, or who will make health care decisions regarding the care of the resident (if the resident is unable to make their own decisions). This may be the same or different person than the person who has financial Power of Attorney. We expect that the primary family contact will serve as a link to the rest of the family when issues arise.
7. Prepare relevant legal and financial documents such as the Power of Attorney form (copy), Health Representation Agreement (original), Advance Health Care Planning documents (original), cheque book for account payments, and the resident's Care Card.

8. Prepare any other information you think will be helpful to staff in providing care or understanding their personal history.
9. Talk to the new resident about moving to The Lodge. There is no single strategy on this, as it depends on the person's level of cognition and attitude towards moving. For the person with fairly intact memory, begin talking about the move and the reasons for it. For others with memory problems who may not remember decisions made and reasons for moving to residential care, a simple, truthful explanation given on the day of the move may be best. What is essential is that the family caregiver conveys a sense of confidence and reassurance about the move to the new resident, to ease any fears.

### **What to Expect On Move In Day**

The resident and family should arrive at 10:30 a.m., unless a different time has been arranged. If you are bringing the resident or their belongings in your own car, you may park your vehicle in the Loading Zone at the front entrance to bring the new resident into the building and/or unload furnishings and belongings. Ask at the reception desk for the dolly to unload furniture or boxes. Stop at reception and a staff member will be called to welcome you and escort the new resident and family to their room.

Shortly after this the family/person with Power of Attorney for financial affairs will meet with an administrative staff member to complete the admission documentation and setting up of payment and accounts. The Power of Attorney document is needed for this activity. This process requires approximately 30 minutes.

In the first few hours after arriving, the seamstress will come to the room to label and hang-up clothing, and there will be visits from the health care team in order to make initial assessments and care plans. The family members accompanying the resident on move in day may stay for lunch, for which there is a small charge.

Time can be spent in the resident's room putting away personal clothing and belongings, and personalizing the resident's space.

### **Settling In and Relocation Stress**

Orientation and adjustment to The Lodge takes time. Family and friends are encouraged to visit as often as they wish, and at any time may phone the Lodge Nurse, Team Leader, Care Coordinator or Social Worker regarding any questions or concerns.

"Relocation stress" is a term used to describe a common stress reaction that may be experienced by either the new resident or the family caregiver during the immediate period following moving in to a care facility. It may manifest as disorientation, psychosocial distress or physical symptoms. Feelings of loss and grief may intensify. The staff are aware of this and will endeavour to help ease the transition as much as possible. With time, the building of trusting relationships and open communication between the Lodge, the resident and family, the stress will ease.

## Parking

There is a loading area at the front entrance where residents may be picked up or dropped off, but if you are staying, the vehicle must then be moved to a parking spot. If the lot is full, visitors may park on Royal Oak Drive or Chatterton Way. Visitors are requested not to park in the Broadmead Village Mall or the adjacent bank parking lots. Vehicles displaying a "Handicapped Parking" permit are permitted to park in designated parking spots at the main entrance.

## Visiting

The front entrance is open between the hours of 8:00 a.m. and 7:00 p.m. Please sign in and out in the binder at the Reception desk. While visiting hours are "open" we suggest that visitors come after 10:00 a.m., since most residents are up and dressed after this time. If a resident is ill or dying, family are welcome at any time. When the front entrance is locked, it is necessary to ring the intercom to be let in. Visitors may include children. Pets may be brought in for short visits: dogs must be on a leash at all times and other pets should be carried in the appropriate carrier. There are many ways to enjoy a visit. Take note of the monthly Activity Calendar (available at reception) and join your family for an activity.

Please do not visit if you are feeling ill or have an illness that might be transmitted to others. Use the waterless handwashing dispenser as you enter and leave the building. If you are ill and cannot visit you are welcome to call to ask about, or speak to your family member.

## Secure Lodges

Several of the Lodges are secure, with magnetic lock, keypad entry and exit. A card with the code written on it can be obtained at reception. Please ensure that unaccompanied residents do not follow you out. If you have difficulty with entry or exit please ask a staff member to assist you.

## Day Outings and Overnight Visits

Residents leaving the facility for outings during the day, overnight stays, or even for a few days away should always be "signed out" so we know their whereabouts. For longer daytime outings or overnight stays, we request that the family inform the Lodge Nurse at least one day prior, so that any required medication can be prepared ahead of time. Please discuss your plans for outings and overnight stays with the staff.

As with renting an apartment, a resident away from The Lodge for overnight visits must pay the rent whether in residence or not. The number of days per calendar year that a resident may be away on visit leave is restricted by the Vancouver Island Health Authority.

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## Hospitalization

When a resident is hospitalized, the room is automatically held for 14 days. After 14 days, the continued holding of the room is authorized by the Vancouver Island Health Authority hospital Case Manager. If the hospital stay is longer, the resident is discharged and the room must be cleared. The rent must be paid for the room during the period the room is held.

## Smoking

Resident smoking at The Lodge is discouraged due to health and safety concerns. Residents who wish to continue smoke may continue to do so, as long as they are able to comply with The Lodge's smoking policy and procedure. Resident smoking is restricted to designated outdoor areas only. An assessment of each resident who wishes to continue to smoke is made upon arrival at the facility, and periodically, to determine any change in the risks associated with the risk of continued smoking. Assistance with smoking cessation is offered. Residents who are unable to smoke safely must have their smoking materials controlled by staff, and will only be able to smoke when supervision by staff or family can be provided.

Visitor and staff smoking is restricted to designated outdoor areas only, and as of October 31, 2008 there is no visitor or staff smoking allowed on the grounds of The Lodge at Broadmead, in order to comply with Provincial Tobacco Control Act regulations and the "smoke free premises" restrictions of the Vancouver Island Health Authority (VIHA).

## Scent-Free Environment

Please be aware that The Lodge has a scent-free environment policy. We ask that residents and families avoid bringing scented personal care products and heavily scented flowers into the building due to allergy concerns for some staff and residents.

## Newspapers

The Times Colonist or other newspapers can be ordered directly from the newspaper's circulation department. Newspapers are received at Reception and then delivered to residents' rooms.

## Mail Service

Incoming mail is delivered to the resident's room each day, Monday to Friday. Outgoing mail may be given to the Receptionist. Stamps are available for purchase in the Gift Shop. For residents who require assistance with financial documents, pension cheques and bills, it is best to have Canada Post redirect mail to the Power of Attorney, or to arrange direct deposit or debit through the resident's personal bank. Change of address forms are available at any Canada Post outlet. Direct deposit forms are available from any financial institution.

## Pets and Pet Visits

The Lodge recognizes the importance and value that pets have for many people. Due to infection control and allergy concerns, The Lodge cannot accommodate residents to move their cat, dog, fish or bird in with them. The only exception to this would be if a resident had a Seeing Eye or other Assistance Dog. The Lodge does have a number of Pet Therapy Volunteers who visit with their pets. These pet visitors are certified by either the Pacific Animal Therapy Society (PATs), or the St. John Ambulance Pet Therapy Program.

Family members and other visitors who wish to bring in their dog or other pet when visiting a resident should understand the following requirements. Visiting pets must be clean, free of fleas, vaccinated, free of open sores, well behaved and quiet. Visiting dogs must be controlled on leash at all times during their visit and any other type of pet should be carried in the appropriate cage or carrying case. Visiting pets are not allowed in the dining rooms or any areas where food is prepared. Visitors with pets that are not meeting these requirements will be asked to remove the pet from the facility immediately.

### **Gift Shop**

The Gift Shop is located on Main Street. The shop is operated by volunteers and the profits are returned to the Resident/Family Council, which uses funds to purchase equipment and materials to enhance the lives of the residents. Gift Shop hours are posted at the entrance to the shop and are dependant on volunteer availability.

The shop carries food items including coffee, tea, juice, pop and candies. They also have toiletries such as Kleenex, toothpaste, denture cream, deodorant, and hand lotion. A small selection of gifts, clothing, aids for daily living, books, greeting cards and stamps are also available.

### **Hairdresser**

The salon is located on Main Street, just beyond the entrance to the Oak Room. Hairdressing and barbering services for men and women are available Tuesday to Friday, 10:00am to 3:00pm. Please make an appointment on the sheet outside the Salon, or have the Lodge Nurse make an appointment if you are unable to do so. A price list is located in the Salon. Hairdressing services are charged directly to the resident's Trust Account.

### **Veterans Affairs Canada**

A Veteran resident's eligibility for a Veteran's Priority Access Bed or other Veteran's Benefits is determined entirely by Veterans Affairs Canada (VAC) and will advise The Lodge and the Veteran/family regarding what benefits they will receive, including payment for certain fees, equipment and services. Veterans Affairs staff visit The Lodge on a regular basis to meet with residents regarding benefit eligibility and to monitor service provision to Veterans.

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## COMMUNICATION AND CARE PLANNING

Residents and families are encouraged to communicate information, questions, concerns or compliments about the resident's care or services on an on-going basis through the Lodge Nurses, Team Leaders and Care Coordinators, or Social Workers. Periodic care conferences are held with the interdisciplinary team and the resident and/or family members. These conferences provide an opportunity to share information, identify needs, set goals and plans to ensure quality of care and quality of life for the residents.

### Admission Conference

Four to six weeks following admission, The Lodge's health care team meets to review initial assessments and establish the resident's care plan. Residents and/or family members are invited to attend.

### Resident Reviews and Care Conferences

The Lodge's health care team meets regularly to review each resident's health status and care plan. Due to the increasing resident turnover and shorter length of stay, we do not hold routine annual care conferences with the resident and family. A care conference can be called at any time by a resident, family member, or any team member in order to address changes in resident health status, concerns, and review the care plan.

### How to Make a Complaint About Care and/or Services

Broadmead Care Society (BCS) welcomes client/resident, family/visitor feedback at any time. However we recognize that circumstances may arise where people may have concerns or complaints regarding the health, safety or well-being of a resident of The Lodge at Broadmead or a client of the Veterans Health Centre, or about the services provided at BCS. Your feedback helps us identify areas for improvement in our care and services. We will make every effort to ensure that complaints investigations are timely, fair and just, and without repercussions or penalty to the client/resident or complainant.

#### How do I offer feedback or make a complaint about the care or service?

There are a number of ways to make a complaint. A complaint can be made verbally by speaking to the person providing the care or service, the Nurse in charge, the Social Worker, or the departmental supervisor. BCS wants the opportunity to address as quickly as possible whatever issue has left you feeling dissatisfied with the service or care received, if it is possible and appropriate to do so. If you are upset with the care provided by the client/resident's physician, please contact the physician directly to discuss your concerns. If you remain dissatisfied, you may submit the complaint in writing as indicated below.

BCS does not have a Complaint form. A complaint can be made verbally, or in writing sent as a letter, email or fax addressed to the attention of the Director of Care and/or the Chief Executive Officer.

When should I make a complaint?

There is no time limit in which to make a complaint. However, waiting too long before making a complaint may make the investigation and resolution process more difficult.

What information should I include in my complaint?

It will depend on the situation. In general, the following should be provided:

- detailed description of the incident
- date the incident occurred
- your role as a witness to the incident or as the conveyor of information you got from someone else
- your full name, address and telephone number.

What happens once I make a complaint?

If you are making a complaint on behalf of yourself, the Director or the person receiving the complaint will work with you to identify the issues you wish follow-up on and negotiate a mutually acceptable resolution to whatever the concerns may be.

If you are making a complaint on behalf of a resident, and the resident is mentally capable, the resident will be made aware of the complaint to ensure their perspective about the matter is understood and to confirm what follow-up they wish to occur. If the resident is not mentally capable, you will be asked to provide proof of your authority to act on behalf of the individual and/or to receive feedback about that person's care or service with BCS. This is done in order to protect the resident's privacy in accordance with BCS Confidentiality policies, the Health Care Consent Act and the Freedom of Information and Protection of Privacy Act.

The Director or supervisor responsible for monitoring the quality of care and/or service of their respective program will be asked to undertake an examination of the identified issues within your complaint. Once that is complete, a response will be provided directly to whoever has the authority to receive it, typically the individual the information is about, or with that person's authorization, a third party such as a family member.

How long will it take to investigate the complaint?

Your complaint will be dealt with as quickly as possible. It depends on the nature, severity, and complexity of the complaint. Some complaints can be dealt with in a matter of days. Others may take weeks to investigate or may involve other agencies.

What if I feel the response to my complaint has not been adequate?

If you have brought your concern to the attention of the BCS management, but feel the response has not been adequate, you should contact the Vancouver Island Health Authority's Patient Care Quality Office at 250-370-8323 (Toll-free: 1-877-977-5797), Fax: 250-370-8137, or by email: [patientcarequalityoffice@viha.ca](mailto:patientcarequalityoffice@viha.ca).

What does the facility do with the feedback it receives through complaints?

Each complaint provides an opportunity to identify areas for improvement of the care and services provided at The Lodge. A synopsis of the nature and outcomes of complaints, with names of the client/resident and complainant removed, is regularly reported to the management team and Board Quality Management Committee of the Broadmead Care Society, and is used to provide information and recommendations for care and service improvements. The records are maintained within a secured, client-specific record for 3 years following file closure, then confidentially destroyed.

**Compliments and Gifts**

Compliments about our services or staff are most welcome at any time. Compliments can be made verbally or in writing, in person, by phone, email, fax or letter to the Director of Care or Chief Executive Officer. Please be aware that staff members and volunteers are not allowed to accept gifts of a personal or monetary nature from residents, family members or visitors. Donations to The Lodge at Broadmead Foundation are always appreciated.

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## **TRANSFERS**

### **Internal Transfers**

Sometimes during a resident's stay, the care team, resident, or family may identify that a transfer to a different room or lodge is desired or would be beneficial. Transfer requests are considered at The Lodge's Admissions, Discharge and Transfers Committee. If the transfer request is approved, the resident's name is placed on the Internal Transfer List and the move is made when a suitable room comes available. There is a \$150 charge for internal transfers, to cover the costs of administrative and housekeeping work associated with the move.

### **Couples' Rooms**

The Lodge has 12 double rooms that may be shared by married couples. In the event of the death of one member of the couple, the remaining space must be offered to a new resident, usually within one week of the space becoming available. The surviving member or their family can request that their name be placed on the Internal Transfer List, to move to a private room when a suitable room comes available. There is a charge for the transfer to the private room, to cover administrative and housekeeping costs associated with the move.

### **External Transfers**

Sometimes during a resident's stay, a resident and/or family may identify a desire to move to another facility. If the request is to transfer to another publicly-funded facility within B.C., the transfer request should be made to the Social Worker, who will liaise with the Vancouver Island Health Authority to initiate the transfer process.

If the request is to transfer to a facility in another province, the family should investigate with the appropriate health authority, to understand access criteria and procedures in that province.

## **DEATH/DISCHARGE**

Upon a resident's death and/or discharge from The Lodge at Broadmead, the contents of the resident's room must be removed as soon as possible, within 24 hours. In extra-ordinary circumstances, if the family are unable to pack and remove belongings within the 24 hour time frame, a room charge and a packing charge will apply for each day the belongings remain.

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## Health Care Decision-making during the Resident's Stay

### How the law guides health care decision-making

There are laws in British Columbia that guide consent to health care and advanced health care planning. The Health Care Consent Act sets out the right of people to make their own health care decisions, including making an "Advance Directive", which is a statement about an individual's future health care preferences. The Act says that in the event that a person is no longer capable of making decisions, they have the right to expect that any wishes they stated while they were capable will be respected by others. If a new resident has completed an Advance Directive, Representation Agreement or any other legal document regarding health care decision-making when they were capable to do so, The Lodge should receive the original or a copy of the document, which will be placed on the resident's Health Record. New residents who are capable of completing an Advance Directive will be encouraged to do so (but it is not mandatory). The Social Workers will assist with this process.

In the event that a person becomes incapable of making health care decisions, other people take on responsibility for making these decisions. There are several different ways this is approached. Some families go through a formal process involving an application to the court to become the Committee of Person (under the Patient Property Act). Some people go through a process to create a Health Representation Agreement while they are still capable, in which they identify an individual who will be their Health Representative. If neither of these formal processes have been undertaken, and the person is now incapable of making their own health care decisions, then a Temporary Substitute Decision-Maker (TSDM) is identified using a hierarchical list. In most cases, the TSDM would be the person's spouse or child. In an emergency situation, if the Health Representative or TSDM is not available, a health care provider such as a Nurse or Physician can make a health care decision such as whether to transfer the resident to hospital.

The law guides the person making the health care decision to base the decision on the known wishes or instructions that the person made when they were capable. If their wishes are not known, the decision should be made on what their previous values and beliefs were.

We strongly encourage families to discuss what they know about their resident's previously stated wishes or instructions for future health care, so that if and when family are required to make a health care decision, they will be better able to reflect the represent the resident's wishes.

You can expect that a staff member will ask you about this prior to or shortly after moving in, so that some information about health care preferences can be recorded in the resident's health record. Think about how you would answer the question "Did your spouse or parent ever say what they would want in the event of a life-threatening illness, or the end stage of a chronic disease?" What would the resident say to the following statement: "I consider an intolerable (or unacceptable) condition to be any condition which..." Complete this statement using words you think your family member would have used to tell others what level of disability they would consider unacceptable or intolerable.

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**In the event of a major health care issue or serious illness/change in condition, the following steps will be taken:**

- If the resident is capable of making their own health care decisions, The Lodge's staff and the attending physician will talk to them about the issue and identify the pros and cons of the possible investigation and treatment options. They will respect and document the resident's wishes.
- If there is an Advance Directive on the health record, the Lodge's staff and the physician attending will review the document and make every effort to follow the resident's previously stated wishes and instructions.
- If there is no Advance Directive AND the resident is not capable of making their own health care decisions, The Lodge's staff and/or the resident's physician will contact the resident's Committee of Person, Health Representative or Temporary Substitute Decision Maker (TSDM).
- In the event of a life-threatening emergency, when the Representative or TSDM cannot be reached, the physician and Lodge nursing staff will refer to the Advance Directive (if on file), otherwise they will make a decision in the best interests of the resident, (i.e. transfer to hospital for further assessment and treatment) and continue to try to make contact with the TSDM.

**Preparing for Death**

Most residents moving in to The Lodge are in the last few years of their lives. The Lodge believes in providing quality end-of-life care and support to residents and families so that they experience a dignified death.

**When death is expected**

Many residents' health condition declines gradually over time, and the team and family have time to see that death is approaching. Examples of signs that can indicate that a resident is dying include extreme fatigue, changes in level of consciousness, needing more time in bed, more difficulty with swallowing and taking food and medications, agitation and restlessness. The staff will contact the resident's physician and key family member to communicate changes in condition, and a conference may be called to discuss the plan of care. Family are welcome to visit at any time during the resident's final days. Comfort measures are implemented including discontinuation of non-essential medications or blood tests, and provision of medications and interventions for relief of pain and other troubling symptoms. In an expected death, the physician usually delegates pronouncement of death to nursing staff and is not required to visit at the actual time of death.

Family can prepare for the resident's death by notifying extended family and friends, and making funeral arrangements. The Lodge's Social Workers will provide family support during the dying process and can provide information about bereavement counselling resources if needed.

**When death is sudden and unexpected**

There are situations of sudden and unexpected death. If this occurs, the nurse on duty will contact the physician to discuss the facts and circumstances, and determine if the death is due to natural causes, i.e. sudden cardiac death. In the event that the cause of death is not clear or a result of an accident, the death is reported to the Coroner. Family are advised as soon as possible, either by the nurse or the physician.

**Cardiopulmonary Resuscitation (CPR) in Residential Care**

The provision of CPR is not a standard in residential care facilities. The Lodge does not expect their staff to attempt CPR or call 911 in the event of a cardiac arrest. Medical research and opinion is that CPR is of very limited value when given to frail individuals with poor condition and multiple illnesses. Also, there are very poor outcomes related to attempting CPR in an un-witnessed cardiac arrest (when a person is found with no pulse or not breathing). Such outcomes could include reduced quality of life, brain damage, rib fractures and death.

If a resident or their Health Representative/TSDM gave The Lodge specific instruction that the resident would want to have CPR administered, the nurse would call 911 in the event of a witnessed cardiac arrest.

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## THE HEALTH CARE TEAM AND KEY CARE SERVICES

### Staffing Levels

The Lodge at Broadmead's staffing levels meet the current Vancouver Island Health Authority (VIHA) standard of an average of 3.21 hours of care per resident, per day. The same level of funding per resident is provided to all publicly-funded facilities. VIHA also developed a model for the "staff mix" for residential care facilities, which gives facilities guidance on the number and type of health care personnel that facilities should have, in order to optimize staff scope, roles and functions.

### Nursing / Personal Care

#### Team Leaders (TL)

There is a Team Leader for A Level and a Team Leader for B Level. They are Registered Nurses. The Team Leaders work Monday to Friday, usually 0800 to 1600. The TLs oversee the quality of care and service being provided on all 3 shifts. They are involved with admissions, discharges, transfers, care conferences, will investigate and follow up on resident, staff or family concerns and incidents, coordinate Lodge staff meetings, assist with hiring staff and participate in Lodge committees.

#### Care Coordinators (CC)

A Care Coordinator is on duty between the hours of 7:00 a.m. and 11:00 p.m., seven days a week. The CCs are Registered Nurses (RN) or Registered Psychiatric Nurses (RPN). The CC role is to provide "on shift" clinical guidance and support to LPNs by being available to help assess and care plan for residents with acute, complex or changing conditions.

#### Lodge Nurses (LN)

Most Lodge Nurses are Licensed Practical Nurses (LPNs). They work on the individual lodges. Their role is to provide nursing care such as assessments, administration of medications and other nursing duties, and provide clinical direction to the care staff.

#### Foot Care Nurse (FCN)

The Foot Care Nurse is an LPN with special training in foot care who visits residents on a regular basis to provide nail care. The cost for this service is charged to the resident. For Veterans, a portion of the cost may be covered by VAC.

#### Health Care Workers (HCW)

Health Care Workers are qualified Resident Care Attendants. They provide personal care to the residents including assistance with personal hygiene and bathing, meal assistance, continence care, assisting with transfers and mobilization, and providing some treatments as directed by Nursing staff.

### **Therapy Services Team**

The Therapy Services team is a small group of Occupational Therapists (OT) Physical Therapists (PT) and Rehab Assistants (RA). On moving in, the OTs and/or PTs assess resident's physical and functional abilities and assist with procurement of adaptive equipment such as wheelchairs and walkers. Under the direction of the OTs and PTs, the RAs carry out weekly programs such as walking, balance and exercise in an effort to increase or maintain the resident's physical and functional independence. The resources of the Therapy Services team are very limited and must be carefully allocated to cover the needs of all residents.

### **Social Workers**

The Social Workers provide counseling, information and support for residents and their families/support system from the admission process through to end-of-life care and bereavement. The Social Workers advocate on behalf of residents with community and government agencies. In addition, the Social Workers coordinate and facilitate Admission and Care Conferences, and co-ordinate the monthly Resident Council and Family Council meetings.

### **Dietitians**

The Registered Dietitian (RD) assesses and monitors the nutritional health and eating abilities of each resident and establishes individual nutritional care plans. Therapeutic diets are implemented as prescribed by the resident's personal physician or initiated by the RD. Visitors should check with the Lodge Nurse before offering food to residents due to food allergies, intolerances and diet restrictions.

### **Activity Workers**

A team of Activity Workers (AW) coordinate a varied and stimulating program of recreational, social, intellectual, creative, musical, and health and fitness activities. Residents can engage in both group and individual programs according to their needs and interests.

### **Volunteer Services**

Volunteers play an essential role in enhancing the daily life of residents. The Co-ordinator of Volunteer Services screens, interviews and trains volunteers to assist with a wide variety of activities and programs, such as music, creative arts, tea time, gift shop and the garden club. Some volunteers have special training to provide mealtime assistance and palliative support.

### **Teaching Facility**

The Lodge at Broadmead is a teaching facility for health care students from local colleges and universities. Care may be provided by the students under the supervision of authorized personnel and in accordance with policies of The Lodge at Broadmead.

## **Dental and Dental Hygiene Services**

Residents may go out to their community dental service. A Dentist and a Dental Hygienist provide services at The Lodge 2 to 3 days per month, and a denturist visits the facility periodically. These services are provided on a fee-for-service basis. For Veterans, a portion of the cost may be covered by Veterans Affairs Canada.

## **Companions**

The Lodge supports the hiring of private paid companions to provide an additional resource for socialization, activation and assistance with appointments and errands. The Social Worker acts as Companion Liaison and can provide a list of potential companions. The choice of companion is made entirely by the resident/family. The contract for companion service is the responsibility of the resident/family, and should include a description of duties, schedule or hours of work, payment schedule, and insurance requirements. Employees of The Lodge cannot work as paid companions for residents. Payment of the Companion is the responsibility of the resident/family.

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## **MEDICAL CARE, APPOINTMENTS, MEDICATIONS, MEDICAL SUPPLIES AND SERVICES**

### **Medical Care provided at the Lodge**

As the facility is under the Hospital Act, all residents of the Lodge must be under the medical care of a physician (general practitioner or GP) who is a member of the Lodge's medical staff. Physicians who wish to provide medical care at The Lodge must apply for privileges and be willing to visit the resident at The Lodge upon admission and at intervals, and to respond to calls from nursing staff regarding medical care for residents as required, including provision for on-call medical care outside of office hours.

The facility has two Medical Coordinators who oversee the quality of medical care. A Geriatrician and Geriatric Psychiatrist visit The Lodge at intervals to provide specialized medical consultations for residents with complex health problems, upon referral from the resident's GP. Residents may also go out to see various medical or surgical specialists at hospital out-patient clinics or in community medical offices.

The Lodge has a core group of local GPs who are willing to provide medical care to Lodge residents. If a resident's previous physician chooses not to continue with a resident's care after admission to The Lodge, the Lodge will assist with finding a new doctor by arranging for transfer of the new resident's medical care to one of the core group physicians.

### **Medical Records received by the Lodge**

Upon referral for admission, the Vancouver Island Health Authority sends medical information such as a summary medical history by the previous attending physician, and recent relevant medical specialist's consultation reports. The past medical record is retained by previous physicians.

### **Arrangement of outside medical appointments**

From time to time a resident may need to go out to see a specialist or to have a diagnostic test such as an x-ray, eye exam, etc. The Lodge Nurse will assist with setting up these appointments. The Lodge Nurse may ask the family to accompany the resident to and from the appointment, as The Lodge cannot send staff for this purpose. If the resident can still get in and out of a car safely, the family may wish to handle the transportation to the appointment, or alternatively, specialised transportation can be arranged. The cost of transportation is billed to the resident. Veterans with benefits can have their medical transportation costs reimbursed through VAC. Please contact the Lodge Nurse if assistance is required when booking an appointment. Please advise the Lodge Nurse in advance of all appointments.

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## Pharmacy and Medical supplies

As required by the Pharmacy Act and Lodge policies, all medications and medical supplies used by the residents must be ordered by the attending physician, dispensed by the pharmacy, and administered by Lodge nursing staff, unless other arrangements have been approved. St. Anthony's Clinic Pharmacy is contracted to provide Pharmacy services to The Lodge.

The costs of most medications are covered by Pharmacare, but some medications and medical supplies are not covered by Pharmacare and must be billed directly to the resident by the Pharmacy. Veterans Affairs Canada or other extended health insurance programs may cover some of these costs.

## Herbal Products or other Alternative and Complementary Treatments

The Lodge supports a resident's right to choose and make decisions about their health care, including the use of herbal products or other alternative and complementary treatments.

Since some products may interact with prescription drugs, the Lodge must be aware when a resident is taking herbal products. The use of herbal products must be approved by the attending physician and packaged by the Pharmacy for administration by Lodge staff. The Pharmacy prefers to dispense herbal products from its own supply, to ensure the product is accurately identified. If the herbal product cannot be packaged in the Lodge's medication delivery system the original containers must be sent to Pharmacy to be labelled. Lodge staff will administer these products from the original containers.

Other non-medicinal alternative and complementary therapies will be *reviewed* on a case-by-case basis. The attending physician, pharmacist and Lodge staff members may be involved in the review if required. Factors that must be considered include whether the product meets electrical and safety standards for institutional use, and whether staff time is required to provide the treatment.

If an alternative or complementary treatment not provided by the Lodge is desired, Lodge staff will not recommend a specific service provider, but may assist the resident/family to locate a list of service providers. Selection of the private service provider, as well as arrangements for services and payment, is the sole responsibility of the resident/family. The Lodge staff should be advised if the resident is receiving an alternative or complimentary treatment, and when the treatment is discontinued. The Lodge staff cannot provide staff or equipment resources to facilitate the treatment provided, and is not responsible for the actions or supervision of the private service provider, nor the outcomes of treatment.

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### **Medical Alert Bracelet**

For residents who have been identified as being at risk of leaving the facility unaccompanied, or for a serious health problem, wearing a medical alert bracelet is recommended.

### **Assistive Devices and Adaptive Equipment**

Any resident-owned assistive devices such as a walking aid or wheelchair should be brought in when moving in. Therapy Services staff will assess what equipment is required, and may send home equipment not required. Residents using power mobility equipment (including power wheelchairs and scooters) must be assessed by The Lodge's Therapy Services Occupational or Physical Therapist before the equipment may be used at The Lodge. All assistive devices and adaptive equipment must be stored in the resident's room.

Therapy Services have a small supply of walking aids, wheelchairs, special mattresses or other adaptive equipment for short term loans, but are unable to loan out equipment on a long term basis. Equipment such as walking aids, wheelchairs, orthotics and scooters must be purchased by the resident. Eligible Veterans may receive equipment on loan or purchased through Veterans Affairs Canada (VAC).

Therapy Services will assist with prescribing and obtaining adaptive equipment. Payment for this equipment, if not covered by Veterans Affairs Canada or other government programs, is the responsibility of the resident or Power of Attorney.

Veteran residents receiving benefits for assistive devices or adaptive equipment must have an assessment completed by The Lodge's Occupational Therapist or Physical Therapist. The therapist will then assist the Veteran resident to obtain the required equipment according to VAC procedures. Please be aware that this process may take several weeks.

All personal equipment must be marked with the resident's name.

### **Dentures, Glasses and Hearing Aids and other prosthetic devices**

If possible, please have glasses, dentures and other prosthetic devices marked with the resident's name prior to moving in. Residents and/or family members are responsible for all repairs to their broken or damaged aids and devices. Eligible veterans may have financial coverage for repairs through Veterans Affairs Canada.

## FINANCIAL INFORMATION

### Basic Operating Funding and Resident Accommodation Rate

Operating funding for The Lodge comes from the Vancouver Island Health Authority (VIHA) and revenues from the accommodation rate (the rent) paid by residents. This rate is set by the B.C. Ministry of Health and is annually reviewed and adjusted.

### Additional Service Fees

There are a number of additional service fees for services not covered by the basic funding. For example, some medications and medical supplies not covered by Pharmacare are charged to the resident, and an "activity enhancement fee" is charged to all residents to support Lodge activity programs. The table below summarizes the additional service fees at The Lodge.

Veterans may receive funding support to cover some of the accommodation rate, as well as some services, equipment and supplies.

### **Additional Service Fees**

#### ADMINISTRATIVE

Laundry Marking and Engraving	\$85.00 on admission
Room Transfer	\$150.00 per transfer
Packing/Storage of belongings after discharge	\$35.00 per day

#### SERVICES

Cablevision	\$22.00 per month
Wall-Mounted TV Installation & removal	\$350.00
Hairdresser/Barber	Billed by supplier of service
Foot Care	Billed to resident or VAC
Dry Cleaning	Billed to resident
Seamstress/Clothing Repairs & Alterations	Billed to resident
Dentist/Dental Hygiene	Billed by supplier of service
Parking	TBA

#### RECREATION/ACTIVITY

Activity Enhancement Fee	\$20.00 per month
Bus Trips	\$3.00 per trip
Bar drinks (limit 2 per day)	\$3.00 each
Companion service	Billed to family by supplier of service

#### MEDICAL

Special Dressings	Billed by Pharmacy
Oxygen and Masks	Billed by supplier
Standard incontinence products	No extra charge
Special order incontinence products	Billed by supplier
Supplies/medications not covered by Pharmacare	Billed by Pharmacy
Saska pole installation	\$70.00 per pole one time charge
Wheelchair cleaning	\$15.00 per month

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## The Lodge at Broadmead Business Office

General Office Hours.....Monday to Friday, 8:30am to 4:00pm  
Resident Banking Hours .....Monday to Friday, 9:00am to 2:00pm

### Resident Accounts

The Business Office maintains two accounts for each resident:

1. The Maintenance Account for the residential accommodation rate (the rent). The monthly rent is the accommodation rate, determined by the BC Ministry of Health and/or Veterans Affairs Canada. This account is opened on the day of admission with payment owing from the day of admission to the end of the month. The monthly rent is due on the first of the month thereafter and is withdrawn by Pre-Authorized Debit. Please contact the Accounts Receivable Clerk for information about the monthly charges and billing, or for any other financial questions.
  
2. The Resident's Trust Account. This is a small personal account which can be used to pay for comforts and services that the resident/family has authorized can be charged to it. The Trust Account is established with a cheque for \$300 and can be topped up by leaving post-dated cheques with the Receptionist. The balance in the account should not exceed \$350. Unless otherwise directed, the following charges will be deducted from the residents' Trust Account:
  - dry cleaning
  - alterations to clothes
  - Activity Enhancement Fee
  - bar charges
  - cablevision
  - Gift Shop purchases
  - hairdresser
  - bus trips
  - foot care

A monthly Trust Account statement is mailed to the resident or to the person responsible for their finances.

Residents may withdraw cash from this account on a daily basis between the hours of 9:00 a.m. and 2:00 p.m., Monday to Friday, at Reception. Residents are strongly discouraged from keeping large amounts of cash on their person or in their rooms. On returning from outings, residents should deposit remaining monies into their Trust Account. Whenever possible, purchases of a more expensive nature, such as, clothes, shoes, etc., should be purchased by the family through the resident's outside bank account.

## RESIDENT'S CLOTHING REQUIREMENTS

Clothing chosen for use at The Lodge should be "wash and wear" (permanent press), able to withstand marking with a hot iron, and frequent laundering. Polyester/cotton blend materials (50/50 or 60/40) are recommended. As many residents require assistance with dressing and undressing, clothing should be easy to get on and off, for example, tracksuits or skirts with elastic waists. Provision of clothing is the responsibility of the resident/family. A larger supply of clothing is necessary if incontinence is present.

### Suggested Clothing List (numbers are approximate guideline only)

#### Men

6-8 shirts  
 4-6 undershirts  
 8 pairs undershorts  
 6-8 pairs pants  
 2 pairs suspenders or belt  
 8 pairs socks (no nylon)  
 2 to 3 sweaters or vests (no wool)  
 4 pairs pyjamas  
 1 dressing gown/housecoat  
 1 tie (if worn)  
 2 jackets/coats (summer/winter)  
 1 hat (if worn)  
 2 pairs slippers (same style and colour)  
 2 pairs shoes

#### Women

4-6 undershirts  
 8 pairs of underpants  
 3 brassieres or undershirts  
 6-8 outfits (dresses, skirts, pants and tops)  
 2-3 sweaters or vests (no wool)  
 8 pairs stockings/socks  
 4 pairs pyjamas/night gowns  
 1 dressing gown/housecoat  
 2 jackets/coats (summer/winter)  
 2 pair of shoes  
 1 hat (if worn)  
 2 pairs slippers  
 2 pairs shoes

**Please note that clothing will be marked with the residents' name on the day of admission.**

### Materials and Items Not Recommended

Any materials sensitive to high temperatures, including *polypropylene, nylon, 100% acrylic, wool, rayon, acetate, down or feather – filled clothing, pillows and duvets, personal handkerchiefs, personal towels or bed linens*. As well, materials with high cotton content may shrink or become misshapen over several washings.

\*\* Please note: clothing that cannot be marked or laundered will be returned to the primary family contact person for removal from the facility. The Lodge is not responsible for lost or damaged clothing.

## Foot Wear

Comfortable footwear is very important to safe walking and the prevention of falls. Please ensure the resident has shoes and slippers that are comfortable, supportive, proper fitting and in GOOD condition. It is important to check the condition of the soles or shoes on a regular basis.

Good footwear has the following features:

- a non-slip surface and good shock absorption qualities. Rubber soles are good, but smooth leather soles are not
- heel height of ½ to 1 ½ inches high at the most
- a wide base heel for stability
- laced shoes or shoes with Velcro closing
- as lightweight as possible

If you need assistance in selecting footwear for the resident, please contact the Coordinator of Therapy Services.

## Toiletries

Personal toiletry articles are not provided by The Lodge. The following items should be brought for the resident:

- brush and/or comb
- toothbrush, toothpaste, denture brush, cleanser as individually required
- electric razor
- nail nippers
- deodorant, lotions, and cosmetics as individually appropriate.

**Please label all personal items, except clothing, with the residents' name prior to admission.**

## Incontinence Products

The Lodge provides disposable incontinence products including briefs and pads at no additional charge. Special order incontinence products such as "pull-up" brief are charged to the resident.

## Personal Laundry

A personal laundry service of washable clothing is available at The Lodge and is included in the daily rate at no additional charge. For those residents or families wishing to do the resident's personal laundry, a washer and dryer are located on the A level in Olympic View Lodge (A1) and on the B level in West Coast Lodge. Alternatively, families may prefer to do the resident's laundry at home and can make this arrangement with the lodge staff.

## **Labelling of Clothing**

On move-in day, The Lodge's seamstress will come to the room to label the resident's clothing. There is a one-time \$85 charge for marking resident's clothing that is paid at the time of admission. The seamstress can also engrave items such as the resident's watch, glasses, dentures, and assistive devices such as a personal walking aid. The engraving fee is included in the charge for marking clothing.

During the resident's stay at The Lodge, it is very important that new clothing brought in after admission also gets labelled. The one-time charge for labelling at admission covers the cost of any subsequent labelling required. New clothing should be left at the lodge's team centre, and lodge staff will send it to be labelled and returned to the resident's room. If the article of clothing is a gift we ask that you please remove the article from packaging before forwarding it to the team centre. This is especially important due to heavy volumes over the Christmas season.

The Lodge is not responsible for lost or damaged clothing. There is a cupboard beside the elevators on B level that contains unmarked resident clothing. If a resident is missing any clothing, lodge staff or family can search this cupboard.

## **Sewing and Mending Service**

A professional seamstress is available weekdays to provide alterations, mending and adaptive clothing. The fee for this can in most cases be quoted in advance and billed directly to the resident's Trust Account. Dry cleaning service is available, with charges billed directly to the resident's Trust Account.

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## RESIDENT ROOM CONTENTS AND FURNITURE PLACEMENT

The Lodge encourages residents and families to personalize their room, but it is important that the room and its contents also support resident and staff safety in care provision. Storage space for resident's personal belongings, furnishings and equipment is not available at The Lodge. All of the resident's personal belongings must be kept in the resident's room or removed from the facility.

### Items Provided by the Lodge

Each resident room is furnished with a hospital-style bed, a built-in wardrobe and bedside drawer unit. Bed linens and window draperies are provided. Each room has an en-suite with toilet and sink. The Lodge encourages residents and families to personalize their rooms with items such as a favourite chair, pictures, and other small personal belongings. Please note that the furnishings that are supplied by The Lodge have been strategically placed for resident and staff safety. Accordingly, those items may not be moved without the consent of The Lodge.

### Items Recommended for Resident Rooms

Residents may bring in a comfortable chair and other small furnishings, and personalize the room with pictures and memorabilia.

### Television

A television should only be placed in the resident's room if they can enjoy and understand it. The Lodge has many residents with dementia. As people with dementia become more confused or lose their ability to concentrate, television can become frustrating or even frightening. Residents become unable to deal with complicated stories and unfamiliar characters, and some may even believe that the violence and disaster they see on the screen is happening nearby.

If a television is desired, we recommend the use of a wall-mounted flat panel TV with no larger than a 32 inch diameter screen. A wall-mounted TV is safer because it can be secured to the wall and allows for more space in the room. The resident will pay a one-time charge of approximately \$350.00 for installation and eventual removal of the wall-mounted TV.

If a tabletop TV is used, it must sit on a solid, broad-based stand or desktop. To avoid the TV being knocked over, The Lodge may require it to be secured to the base by way of a bracket or earthquake fastener at a cost of approximately \$50 (\$30 for straps and \$20 for labour). The TV must be an appropriate size for the room and not impede safe passage for residents and staff. Small tables and TV stands with wheels are not recommended as they can create a risk for falls.

### Cable TV

Cable TV is available for a monthly fee, which is charged to the resident's Trust Account. Subscription to Shaw Bundled services or use of other service providers is not permitted at The Lodge. Residents must provide their own cable for hook up, as The Lodge does not supply the connecting cables.

## Telephone

Each resident room has a telephone jack. If the resident wants a phone, the service is arranged by the resident/family with Telus or Shaw who will bill the resident directly. When setting up the phone service, the room number plus lodge floor letter and The Lodge's address is needed. For the convenience of residents and visitors, there is a pay phone located on Main Street near the Oak Room.

## Resident Room Set Up and Items Not Recommended

Fire regulations, safety considerations and electrical load limitations have led The Lodge to recommend against the use of electrical appliances in resident rooms including kettles, toasters, microwave ovens, fridges, stoves, hot plates, baseboard heaters, electric blankets and heating pads, and air conditioners. We recommend that personal comforters and draperies used should have fire retardant properties.

In the interest of everyone's safety and to ensure the efficient delivery of care and housekeeping services, the following guidelines have been established with respect to room decorating, contents and furniture placement:

1. A minimum clearance of 48" must be maintained at all times between the washroom door and nearest piece of furniture (see dotted circle on Appendix A and B). Fire regulations require this clearance to ensure quick removal of the bed in an emergency. Sufficient access is to be maintained around the bed to facilitate resident care and housekeeping services.
2. The room temperature may be adjusted to suit personal preferences through our central computer system, with separate heating coils located above the windows and in the air duct which delivers fresh air to the rooms. Please contact the Lodge Nurse for this to be adjusted.
3. Electrical and cable outlets are detailed in plans A and B and should be considered in the placement of furnishings to prevent the use of electrical extension cords. Outlets marked in red are connected to the emergency generator and will provide power in the event of a local utility outage. These are used for electric beds and any other emergency or life support equipment that may be in use.
4. Please ensure that all electrical items (i.e., radios, televisions, stereos, electric razors, etc.) are in good working condition prior to being brought into The Lodge. All electrical items must be inspected by The Lodge's electrician upon admission. **Unsafe items will be removed from the room and the family member will be asked to take them home.**
5. Pictures will be mounted by Environmental Services Staff.
6. Carpets and floor mats are not permitted in resident rooms.
7. Rocking chairs, swivel chairs or chairs with wheels are not recommended.

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## Money and Valuables

Residents should only keep very small amounts of cash on their person or in their room. The resident may be given a key to their bedside drawer if they need to lock the drawer. Money needed for purchases or outings can be taken out of their Trust Account at the Reception Desk between the hours of 9 a.m. and 2:00p.m., Monday to Friday. The Lodge at Broadmead is not responsible for lost or damaged personal items.

Residents are encouraged not to keep costly jewellery items or other valuables at The Lodge. Any items of great monetary or sentimental value should be retained by the family. Upon admission, during the course of the resident's stay, or at the time of death, if an item of value is taken from the resident for safekeeping by the staff, they will put the item in an envelope and deliver it to the Finance Office for storage in the safe. Outside of Finance Office hours, the valuables envelope will be stored in a locked cupboard in the medication room of the lodge the resident lives in and transferred to the Finance Office at the first opportunity. Items in safekeeping can be claimed by the person legally appointed for managing the resident's affairs. The Lodge cannot take responsibility for long-term storage of valuables and is not responsible for lost or damaged items.

## Housekeeping Services

All living areas receive daily housekeeping services. Residents are requested to maintain reasonable access within their room to facilitate routine cleaning of floors, furniture, and equipment. On a minimum twice-yearly basis, each room will be thoroughly cleaned, which requires removal of all room furnishings. A thorough cleaning takes approximately one-half day. Extra care will be taken in the moving of furniture and resident's personal belongings.

## Removal of Belongings and Valuables Upon Discharge

After death or discharge, a resident's personal belongings must be removed from the room within a 24 hour period which commences at noon on the day of discharge. The family are responsible for packing and removing items. After the 24 hour period has elapsed, a storage fee of \$35 per day is levied. If The Lodge staff are required to pack and remove items, a fee of \$35 is levied for this service. The Lodge does not provide a disposal service or assist in donating unwanted items to charitable agencies. Donations of personal items are not generally accepted, but The Lodge may accept donations of mobility aids subject to the approval of the Coordinator of Therapy Services.

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## FOOD SERVICES

### Meals / Dining Service

The Lodge's Food Services department provides a five-week menu cycle offering residents two choices each meal. The menu is designed to meet the nutritional needs of the residents following standards of the Canada's Food Guide for Healthy Living. The menu provides a wide variety of safe and attractive meals as well as afternoon and evening snacks. All meals are prepared in-house using conventional methods. Special diets and texture modifications are prepared to meet individual needs. Special menus are prepared and provided for festive occasions and other events throughout the year. In addition to resident meals, Food Services also provides a limited meal service for staff, and family/friends.

The resident dining service commences at the following times:

Breakfast:	8:45 am
Lunch:	12:45 pm
Dinner:	4:45 pm

Afternoon tea is provided in the Oak Room between 3:00pm and 3:45pm.

Afternoon and evening snacks are provided on the Lodges at 2:30pm and 7:00pm.

### Family and Friends Meal Service

A limited guest meal service available for lunch and dinner. Tickets must be purchased through Reception, who will advise on the ticket price and daily menu selection. Tickets must be purchased prior to 12 pm for lunch meal, and prior to 4 pm for the dinner meal to allow the Receptionist enough advance warning to notify the kitchen of requirements. Guests may sit with the resident at mealtime, or in a room on or off of the lodge such as in the Magnolia and Palm Lodge Multi Purpose Room or the Maple Room. There is limited seating in all areas therefore tickets are sold on a "first come basis". Meal tickets are surrendered by the guest to the serving staff member when receiving his/her meal. All meals include dessert and a beverage. Separate beverage tickets can be purchased for in-between meal visits.

Lodge special event menus are posted two weeks prior to the event along with special meal tickets for the event.

Small family parties may be accommodated, but must be co-ordinated and approved through Residential and Community Programs at (250) 658-3203. There is a nominal charge for refreshments and supplies provided for events.

The Lodge's Food Services department maintains high level operating standards to ensure quality meals are served and to reduce risk associated in the production and delivery of meals. There is a comprehensive program to monitor all aspects of storage, food production and meal delivery.

**Food from home**

Family are welcome to bring food in to share with their resident. Please check with Lodge staff to ensure there are no dietary restrictions.

We ask that guests refrain from bringing in prepared foods from home to share with other residents. Many of our residents have special dietary restrictions and/or swallowing problems. Food and fluids may need to be modified to meet specific requirements. Please speak to Lodge staff should there be any questions regarding food or food products from outside sources.

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## ACTIVITY PROGRAMS

Activity Workers coordinate and deliver a varied and stimulating program of recreational, social, intellectual, creative, musical, and health and fitness activities, supporting and engaging residents in both group and individual settings according to their needs. Activities may take place on the individual Lodges, in the therapeutic gardens, in the Oak Room on A level, or in the Maple Room on B level. Monthly birthday teas, holiday celebrations and special events complement the programs.

Each lodge has a communication board posting the daily programs and upcoming events. Monthly calendars are provided for residents and family members who wish to join residents in these special events. These calendars are available at Reception.

### Horticultural Program

For a great majority of seniors, gardening has played an important role in their lives. The Horticultural Program provides the opportunity for residents to continue or begin their love of gardening and plants. The residents enhance the lodge environment by selecting and growing a wide variety of plants in raised beds and hanging baskets. We encourage residents, families and friends to enjoy the courtyard gardens.

### Creative Arts Program

The Creative Arts Program provides residents with a means of motivation, creative expression and a sense of purpose and belonging. The instructors offer a wide range of creative projects including painting, weaving, paper mache, clay work, knitting, needlework, rug making, papermaking and printing. The use of adaptive tools and techniques allows residents the opportunity to produce meaningful items. These works of art may be cherished by families, be kept by the resident, or sold through the "Corner Store" – a choice made by the resident.

The Creative Arts Studio is also a social place where residents can feel comfortable stopping by to visit with other resident artists. There is something for everyone and if the resident has the will, we will find a way! (We'll even help them find the will!)

### Music Recreation

The Music Recreationist provides regular weekly programs of music for residents including classical, opera, Broadway musicals, popular music of a particular subject or specific years from the 1890's to current day. A library of recorded music is also available to all residents.

Music creates a relaxed, social environment, whether through the above programs, or by volunteers or visiting musicians entertaining at tea time.

## Memory Boxes

A memory box has been provided outside each of the resident rooms. These boxes help staff know the resident's history and provide an excellent opportunity to "tell their story". Things to include in memory boxes include personal items and memorabilia such as medals, personal and family photographs or artwork. Please contact the Lodge Nurse or Activity Worker to put items in the memory box.

## Spiritual Care

The Co-ordinator of Spiritual Care is available to residents with spiritual needs or concerns. The Co-ordinator and Spiritual Care Volunteers provide support through:

- one-to-one visits
- support to family members
- providing encouraging and comforting reading materials
- prayer support, if requested
- liaison with spiritual resources in the community

Open-minded and non-judgemental support is offered, regardless of religious or other spiritual affiliations. In addition, arrangements are made for church services offered by local faith group clergy, a bible study, a hymn sing, and a monthly memorial gathering honouring those residents who have died. Events are posted in the monthly calendar.

## Alcohol / Oak Room Bar

Residents may, with their physician's approval, partake of up to two alcoholic beverages at Happy Hour in the Oak Room. Resident's guests may enjoy one alcoholic beverage. Bar costs for residents and guests are charged to the resident's Trust Account. The Oak Room bar is open daily from 3:00pm to 3:45pm and offers alcoholic and non-alcoholic drinks. If a resident wishes a special brand of alcohol a bottle can be provided by family, which will be labelled and stored behind the bar for the resident's personal use.

Residents may also have an alcoholic beverage in their room or with their meal. The Lodge discourages residents from keeping alcohol in their rooms. If this is desired, please discuss this with the Social Worker, Lodge Nurse or Care Coordinator before leaving alcohol with the resident.

## Activity Enhancement Fund

The Activity Enhancement Fund enhances quality of life for all residents by subsidizing activity programs at The Lodge. Each resident contributes to this Fund, which is automatically debited from the resident's Trust Account. The Resident/Family Council approves expenditures from the Fund. A sampling of the programs that the fund subsidizes are: bingo, jacko, picnics, barbecues, gardening programs, news readings, manicures, and special events.

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## RESIDENT SAFETY AND SECURITY

### Resident Identification

BCS has a policy that all residents wear an identification wristband (ID band). The reasons for this include the importance of accurate identification for medication administration, lab tests and treatments, and identification should the resident leave the facility unaccompanied, given the high prevalence of dementia in the people we serve. It is a requirement of Accreditation Canada that each resident have at least 2 identifiers. An ID band will not include the person's date of birth or provincial health number, due to privacy concerns.

If a resident is unable to wear the ID band, or the resident (or their family member) refuses to wear an ID band, a staff member will discuss with the resident/family of the risks associated of not wearing an ID band and document the discussion. If the ID band comes off and a new one is needed, a new band will be applied. We also take a photograph of a new resident upon admission, to be used as a second identifier. A paper copy of the photo is placed in the Medication Administration Record and an electronic copy is placed in the electronic health record.

### Building Security

More than three quarters of the residents of The Lodge have dementia to varying levels of severity. The most common symptoms of dementia are short-term memory loss, difficulties with orientation to time and place and finding their way around. Residents with dementia may have difficulty judging their actions related to safety and security. While we aim to find a balance between resident's right to make choices and live with a reasonable degree of risk, we also recognize our responsibility to provide a safe environment for residents, staff and visitors.

We have policies, procedures and security systems related to building security, resident smoking and fire and emergency procedures. From time to time we revise these policies and make changes to building security systems and procedures. We try to ensure that residents and families are fully informed of any risk issues or changes in a timely manner. We need and appreciate the support of family and friends in helping us keep residents and the building safe and secure.

### Missing Resident

Every effort is made to prevent residents not capable of finding their way in the community from becoming lost from the facility. Some residents live on secure lodges with coded access locked doors. However despite our best efforts to keep residents safe and accounted for, there are occasions when a resident may leave the building unaccompanied and go missing. If this occurs, the team will follow The Lodge's "missing resident" procedure which involves searching the building and grounds, and notifying the family and Police to assist in the search. Following such events, the team will meet with the resident and family to assess the risk of further occurrences and discuss strategies to reduce and/or prevent further occurrences.

## Smoking

Smoking poses a significant risk to the residents and the facility. Residents, staff and visitors may smoke in designated outside areas only. Smoking within the building or in Lodge vehicles is strictly prohibited. For the safety of all, resident smoking is monitored and controlled. If a resident smokes in undesignated areas or in an unsafe manner, their smoking materials will be retained and managed by the staff. If a resident has repeated incidents of unsafe smoking, the resident will not be permitted to continue smoking on the grounds of The Lodge. Assistance with smoking cessation will be offered. In response to new regulations and policies from the Provincial Tobacco Control Regulations and the Vancouver Island Health Authority, as of October 28, 2008, staff and visitors are no longer allowed to smoke on Lodge property.

## Heating Pads and Beanbags

The use of heat has tremendous benefit for reducing pain and inflammation. However, as the body ages, there are normal aging changes and effects of disease that make the elderly at higher risk for burns and complications from heat. Microwaveable beanbags are the safest and easiest way to allow residents to use heat. Because of the risks involved, a Lodge Physical or Occupational Therapist must assess a resident prior to the use of a beanbag, to ensure that the resident can safely use it, and to implement procedures for their use. A beanbag approved by Therapy Services will have the name of the resident and the heating protocol marked directly on the bag. **The following devices are not permitted for use by residents under any circumstances: gel packs, hot water bottles, and electric heating pads. Residents with severe cognitive impairments or advanced dementia should not use heat unsupervised.**

## Infection Control

The Lodge has an Infection Control program that is guided by the policies and procedures of the Epidemiology and Disease Control department of the Vancouver Island Health Authority. The Lodge takes the precautions to reduce the risk of outbreaks. Residents are screened on admission for TB and other infections. Influenza vaccine is provided for all residents and staff each year. Infection rates among residents are tracked. Staff are trained in infection control procedures. In the event of an outbreak of a communicable disease such as influenza or gastrointestinal illness, strict control measures are implemented.

Handwashing is the most important procedure for preventing infections. The Lodge has many sinks and waterless handwashing stations. Families are encouraged to wash their hands on entering and leaving the building, or after smoking, eating, handling food, handling unsanitary objects, and using the toilet.

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## Resident Lifts and Transfers

Many residents at The Lodge need hands-on assistance with movement. On moving in and as required during the resident's stay, the Nursing and Therapy Services staff will assess the resident's lift and transfer requirements. Resident Care staff are expected to know and utilize the correct lift and transfer technique for each resident. The Lodge provides various types of lift and transfer equipment. Due to liability concerns, family, companions, volunteers and other visitors are not authorized to use the mechanical lift equipment.

## Dementia Care Environments and Care Practices

Approximately three quarters of the residents of The Lodge have some degree of dementia. In an effort to provide a safe and supportive environment for these residents, we utilize a number of environmental safeguards and care practices. In order to support freedom of movement for residents on the lodges, certain rooms, such as medication rooms, utility rooms, storage areas and staff washrooms are kept locked. Knives and other potentially dangerous kitchen items are locked in drawers. A number of lodges are secure, as many of the people living in them would get lost in the outside community. The doors to these lodges have a magnetic lock system in which a code or a special "fob" is required to open the doors.

The Lodge encourages staff to use flexible care practices and utilize an approach called "using the path of least resistance". This care approach promotes not rushing or forcing people with dementia to live on the facility's schedule. Flexibility and teamwork is promoted. Decisions are made based on level of risk and comfort for the resident. Some examples of this are as follows: if a resident does not want to eat their meal at dinner time, their meal can be refrigerated and warmed up for them later when they want to eat; if a resident refuses to have their incontinence brief changed, the staff will leave them alone and try again later, or have another staff member try. Another example: residents with dementia may walk around the lodge and may go into other resident's rooms, perhaps even lying down on the bed. We do not force people out of other resident's rooms. We distract and attempt to offer another activity, but if, for example, they are sleeping in a co-resident's bed or chair, we would not wake them immediately. We would wait for them to awaken and then redirect them to another activity.

## Altered Behaviours

Behavioural changes are frequently a reason for residential care admission for people with dementia. The Lodge has developed "Behavioural Care Guidelines" to support assessment of altered behaviours and identification of interventions. Altered behaviour is defined as a behaviour exhibited by a resident that is either outside the norm for the resident or disturbing to themselves or others. All behaviour is seen to have meaning and an interdisciplinary approach including family information and observations is used to understand the behaviour.

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## Use of Psychopharmacological Drugs

In addressing altered behaviors we first try to use non-pharmacological interventions such as calm approach, supportive communication techniques, distraction and redirection. Drugs that are prescribed are used in the lowest possible doses and attempts are made to reduce and withdraw medications if possible. These medications are reviewed on an on-going basis with the goal to discontinue them completely when no longer required.

The Lodge does not use chemical restraint, but recognizes that in exceptional circumstances emergency use of a psychopharmacological agent may be necessary to alleviate an immediate and serious threat to the physical safety of an individual or others in the care environment.

## Least Restraint

The Lodge has a policy of "least restraint". This means that physical restraints are used only as a measure of last resort and only after alternatives to restraint have proven ineffective. The following devices are considered as restraints and approved for limited use: rear-fastening restraint trays for wheelchairs, rear-positioned wheelchair brakes, and restraint lap belts with or without locking cap, and full bed rails. Due to the risk of injury to residents sleeping in beds with full bed rails, the beds provided by The Lodge have upper bed rails only. When use of a physical restraint is being considered, team assessment and consultation with the resident, family and physician is required.

## Falls

Falls are common among older adults and can cause injury, pain and suffering for our residents as well as worry and concern for the staff and family. Many factors (biological, behavioural, environmental and socio-economic) can contribute to falls. At The Lodge we try to use a preventive approach including individualized fall risk assessment and interventions such as exercise programs, modification of the environment, and providing appropriate mobility aids and hip protectors. Our goal is to allow residents freedom of movement and reduction of the risk of falls and injury without using physical restraints. The Lodge tracks incidence of falls in a database and reviews frequent fallers and all serious falls.

## Special Diets and Safe Meal Assistance

Please use caution when serving food or fluids to residents. Many of our residents are diabetic, or have specialized diets that require food and fluids to be modified due to problems with chewing and swallowing. Some residents have food allergies or intolerances. To prevent choking or serious illness, adherence to the dietary plan for the individual resident, at The Lodge and on outings is very important. You may ask staff to assist you in reviewing the resident dietary sheets in each dining room to find out what are the appropriate diet, food texture and fluid consistency for the resident.

Many residents require total or partial assistance with their meals. To ensure safe meal assistance techniques are practiced at The Lodge at Broadmead, we encourage family and friends to attend a Resident Dining Assistant Workshop provided by the Dietitian, Occupational Therapist, and Volunteer Services Coordinator. You may talk to the Dietitian if you want to know more specific details about your loved one's diet.

### **Emergency Preparedness**

Fire drills are held regularly for the safety of the residents. Participation by residents in this exercise is mandatory. Visitors in the building during a drill are expected to participate by taking direction from the staff. Periodic evacuation exercises will also be conducted and participation by residents is mandatory. The Residents Guide to Emergency Preparedness is on the following pages.

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## RESIDENT/FAMILY GUIDE TO EMERGENCY PREPAREDNESS

### Fire Preparedness

- Should the fire bells activate **while the resident is in their room or Lodge living area, the resident should go (or be taken) to their room** and await further instructions from the staff or Fire Warden.
- Should the bells activate **while attending a program or service off their Lodge** (i.e.: Creative Arts, Oak Room program, Hairdresser), the resident should **stay with the program or service provider** and await further instructions.
- Should the bells activate while the resident is **outside of The Lodge and not under the direct care or supervision of staff or service providers**, the resident should **go (or be taken) to the nearest staffing area** and await further instructions. On the A level, this could include either the nearest Care Station or the Oak Room. On the B level, residents may proceed to the nearest Care Station.
- Should a resident or visitor see a fire or smell smoke, activate the nearest pull station (located at all exit doors), and proceed to the nearest safe area.
- In the event of a serious fire, the Fire Warden will direct residents, visitors, and staff to the nearest safe fire zone. Staff will provide assistance to residents as required throughout this process. In most cases, this will be the adjacent Lodge or Main Street area. Exiting to the outdoors will only occur upon the instruction of the Fire Marshall.
- Smoking is prohibited anywhere inside the building in compliance with fire safety regulations. If you should witness smoking within the building or inappropriate use of smoking materials, please report immediately to the nearest staff member.

### Power Failure

- In the event of a power outage, The Lodge is equipped with an emergency generator that activates automatically within approximately 20 seconds. The generator will provide sufficient power for emergency lighting and operation of critical equipment. Any life support equipment is plugged into the red coloured receptacles, which are fed from both the normal and emergency power supplies.
- As there is limited fuel reserve for the emergency generator, it is important that all non-critical equipment be shut down during a power outage. Please turn off all non-essential lighting, TV's, radio's, VCR's, computers, etc. Non-critical items should NOT be plugged into the red receptacles.
- In the event of an extended power outage, normal heating and air conditioning will be affected. Staff will provide additional blankets. All doors and windows should be kept closed.

## **Earthquake Preparedness**

Earthquakes can strike at any time. In a major earthquake, the ground can pitch and roll like a ship in a storm. The Lodge has been built to the latest seismic standards and is expected to withstand a fairly major earthquake. It is also expected however, that there could be significant damage and increased risk of injuries from broken glass and falling debris. The secret to survival in a major quake is to be prepared, avoid panic, and remain calm. Here are some basic tips on what to do to prepare for an earthquake, including what to do when the shaking starts and after it stops:

### **Before the Quake:**

- Identify safe places to be in the event of a quake. It is best to be located in an area away from glass or any heavy objects that may fall. The safest place to be once the shaking starts is beneath sturdy furniture, or in a doorway.
- Fasten top-heavy appliances, furnishings, or heavy wall hangings (i.e.: mirrors) using seismic hangers or restraints. The Plant Services department can assist in identifying potential hazards and safety remedies.
- Establish an out-of-area phone contact person for family members to check in with and remind them regularly that in the event of a major earthquake in our area, you and others will be contacting them to confirm each other's safety.
- Maintain an own emergency preparedness kit to include a flashlight, AM radio and some extra batteries. The official emergency broadcast station for the Victoria area in CFX 1070 on the AM dial.
- Ensure there is a clear exit path from all areas. Do not put a heavy dresser or bookcase near the exit door, as it is likely to block the exit following a quake.

### **During the Quake:**

- If you are in the building, stay there: do not run for the exits or outdoors.
- Duck, cover and hold. Take cover beneath sturdy furniture or doorway. Stay away from glass windows and heavy mirrors.
- Don't ignite candles, matches or lighters
- Remain clear of falling debris. As there is likely to be aftershocks, stay in the safe area for as long as possible.
- If you are outdoors, stay away from buildings or overhead power lines.

### **After the Quake:**

- Stay in your safe place until help arrives. Call out for assistance if you are injured.
- Hang up your phone if it was shaken off the hook. Make phone calls ONLY FOR LIFE THREATENING EMERGENCIES, so that available lines are clear for emergency responder use.
- If you are able to help others in your immediate area without putting yourself at risk, please do so.
- Listen to your radio or television for emergency information.



