**Residential Care Homes and Nursing Homes**

**Minimum Required Staff On-Site**

The Code of Practice sets minimum staffing levels from care homes which includes:

* A minimum of 2 staff at all times. One staff member must be a registered Nursing Associate. Depending on the care needs and number of the residents, the second staff member does not need to be a registered Nursing Associate. Options include: caregiver, auxiliary including security guard, or administrative staff. Minimum certification of any non-direct care staff is: CPR and First Aid training.
* A minimum direct care staff to care recipient ratio of 1:10 is required if all care recipients are ambulatory and orientated. If all care recipients are not ambulatory and orientated, the ratio must be determine by the specific care needs of the care recipients.

In specific circumstances exceptions may be authorized if the home is able to maintain the Standards in the Code of Practice, including but not limited to:

**Standard 19 (I):** At all times the type of staff, numbers and ratios of staff on duty, including management, direct care staff, food and housekeeping service staff meets the assessed care, social, and recreational needs of care recipients; taking into account the size and layout of the home, the model of care, organizational structure, fire safety requirements and legislation.

Any exception must be pre-approved by Bermuda Health Council. The information in the attached table must be completed with all supporting documentation and submitted to Bermuda Health Council.

If authorized, the care home remains responsible for ensuring the health, safety and wellbeing of all care recipients. In addition the home must:

* Inform all relevant persons and care recipients of staffing levels in writing through including it in the home’s Statement of Purpose, care recipient information and service contracts.
* Assess and increase staffing levels if there are increased care needs.

If additional space is needed for any questions provide on a separate piece of paper.

|  |  |
| --- | --- |
| **Name of Care Home:** | |
| 1. **Request**: State the exception being requested and specify the shift(s), including both times and days of week that are being considered for such: | |
| 1. **Rationale for request:** Outline the reason(s) for the request. Please note: The remainder of this form will provide the details regarding care needs. If finances are given as a reason, supporting documentation must be provided for such (e.g. current monthly expenditure, revenue and projections based on minimum staffing requirements). | |
|  | |
| 1. **Overview of Care Needs**- answer all of the questions below: | |
| 1. Total number of care recipients and residents: |  |
| 1. **Levels of care**- specify number of residents at each level |  |
| 1. Personal Care |  |
| 1. Intermediate Care |  |
| 1. Complex Care |  |
| 1. **Care plans- Day shift** – specify by shift if the needs differ across the day. | |
| 1. How many care recipients have direct care needs (hands on): |  |
| 1. How many care recipients need supervision for personal safety (wandering , falls risk) |  |
| 1. How many care recipients need supervision for ADLs: |  |
| 1. How do daily, person centered activities occur with one person on site?: | |
| 1. **Care plans - night shift-** | |
| * 1. How many residents have direct care needs during the night shift: |  |
| * 1. How many residents need supervision for personal safety (wandering, falls risk): |  |
| 1. **Facility Layout-** Are the staff and all residents located on the same floor? If not explain: | |
| 1. **Care Recipient emergency response capacity**- Indicate the number of care recipients who can- | |
| * 1. Independently call for help (911, off site staff member) |  |
| * 1. Be directed and follow through on verbal instructions |  |
| * 1. Vacate the building independently within 3 minutes |  |
| * 1. Dependent on staff to mobilize/supervise |  |
| 1. **Safety Plan:** Attach the home’s safety plan(s) that must include the following: | |
| 1. Procedures for an emergency or a change in care needs that ensure sufficient and suitable people are deployed to cover both the emergency and the routine work of the care home.    * Emergencies can include: missing person, fire, staff illness/injury    * Change in care needs include: acute or serious incident for a resident requiring increased care or off site care. 2. Specific details to be provided included but are not limited to:  * Who do staff call during an emergency to ensure sufficient people on site to assist or maintain care needs of residents? * How long will it take for the staff to arrive on site? * What are the qualifications of the offsite staff? * What solutions are in place to determine if something has happened to a staff member on site alone, if residents are unable to call for help? * Review of care needs and staffing needs- when are they conducted and by whom? | |

By my signature I am stating that:

* The information submitted is accurate based on up to date documentation and viable for the home to implement.
* BHeC will be notified of any changes in care recipient needs or proposed plans that may impact their assessment of this proposal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and position in Care Home

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date