

Northwest Territories Continuing Care Standards

February 2015

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Introduction

Our System

In 2004, the Department of Health and Social Services (DHSS) and Regional Health and Social Services Authorities adopted the Integrated Service Delivery Model (ISDM), a team-based, client-focused approach to providing health and social services. The ISDM provides improved access to services and consistent policies to meet Territorial standards for core services.

The ISDM has three key elements; service integration and professional collaboration, organizational integration, and a definition of the six core service areas. These elements provide the foundation for a comprehensive range of health and social services in the NWT. The core services are:

- promotion and prevention services;
- diagnostic and curative services;
- rehabilitation services;
- mental health and addictions services;
- continuing care services; and
- protection services.

Continuing Care Services encompasses home and community care; supported living; and long term care.

Purpose

The Continuing Care Standards establish operational benchmarks for program and service providers; the DHSS; Health and Social Service Authorities; Agencies, Non-government organizations (NGO); and individual service providers. They provide the means to evaluate programs, service delivery, and organizational systems against best practice and accountability established by the Minister of Health and Social Services.

These standards in no way supersede any existing or upcoming statutes and attendant regulations. The standards replace the following Government of the Northwest Territories documents: Home Care Standards (2000), Long Term Care Standards (2001), Service Standards for People in Supportive Living Homes (2004), and Service Guidelines for People in Supportive Living Homes (2004). Compliance with the standards is mandatory.

These standards, and the Territorial policies that arise from them, are to be adopted and used to develop procedures with which they are to be operationalized. Quality services arise from continuous monitoring of operational performance, identification of needs and priorities, and effective management of resources. In the event that standards are not being met corrective action must be taken to bring operations back in compliance.

The Continuing Care Standards provide the DHSS with a system-wide approach for strategic planning, funding, monitoring, evaluating, and reporting performance of continuing care programs.

Glossary

Northwest Territories Continuing Care Standards

The following definitions and interpretations have been used in the NWT Continuing Care Standards Manual.

Accreditation	A self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuous improvement. http://en.wikipedia.org/wiki/Hospital_accreditation
Activities of Daily Living (ADL)	Activities involving functional mobility such as ambulation, wheelchair mobility, bed mobility, transfers, and personal care such as feeding, hygiene, toileting, bathing, and dressing.
Adult Day Services	Provide programming such as recreation, meals, foot care, bathing, etc. for frail seniors living in the community to help support elders living longer in the community, delaying or preventing placement in a long term care facility.
Assessment	An assessment is a process in which the professional objectively and comprehensively identifies a client's needs and determines the most appropriate care and placement options available to meet these needs. The client, family and other service providers may participate in the decision making as available and appropriate.
Care Plan	A written working document which includes the assessed health needs of the client, the agreed upon interventions, health outcomes and target dates for evaluation.
Case Management	It is a team process to assist a client in accessing appropriate services across the continuum of care. It is coordinated by a regulated health care professional, who is responsible for ensuring client goals are met based on assessment, planning, implementation, monitoring, and evaluation. The client and family are part of the team.
Client	A person or group who accesses Continuing Care Services.
CSA	Canadian Standards Association
DHSS	Department of Health and Social Services
Directive	A policy instrument whereby one level within a government or someone in authority within government directs another level of government or an agency of government to take a specific course of action.

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End of Life Care	A range of clinical and support services with the focus of care on relieving suffering, ensuring respect, and maximizing quality of life for the patient who is dying, their family and loved ones.
GNWT	Government of the Northwest Territories
Guideline	A statement that outlines broad expectations that must be met, yet allows for flexibility with respect to the details and means of application.
HSSA	Health and Social Services Authority
Informal Caregiver	A spouse, adult child, other relatives, and friends who provide unpaid care to individuals that allows the person to remain in their home and community and delays the need for institutional care.
Instrumental Activities of Daily Living (IADL)	IADLs are concerned with a person's ability to cope within their environment such as shopping, cooking, housekeeping, laundry, use of transportation, managing money, managing medication and the use of the telephone.
Minister	Minister of the Department of Health and Social Services, Government of the Northwest Territories (or designate).
Palliative Approach	An approach that improves the quality of life of individuals and their families facing the problem with life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
Patient Safety Incident	An event or circumstance which could have resulted, or did result, in unnecessary harm to a patient. http://www.patientsafetyinstitute.ca/English/toolsResources/IncidentAnalysis/Pages/default.aspx
Policy	A government commitment to the public to follow an action or course of action in pursuit of approved objectives.
Regulated Health Care Providers	Health care providers who are registered or licensed by a regulatory body and who have a legally defined scope of practice.
Regulations	Regulations are issued by various government departments and agencies to carry out the intent of legislation. http://legal-dictionary.thefreedictionary.com/regulation
Remediation	The act or process of improving a situation.

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Respite Care	Temporary care provided in the home, the community, or in a facility to an individual with a disability or illness by a trained respite worker which meets the planned and emergency needs of the informal caregiver and the care recipient.
Responsive behaviour	Formerly termed aggressive or altered behavior, now it is defined as “responsive behaviour” because it is not unpredictable, meaningless aggression, or agitation. We understand that: <ul style="list-style-type: none">○ The person is responding to something negative, frustrating, or confusing in his or her environment;○ The reasons or triggers for behaviours may be external rather than within the individual; and○ Problems in the social or physical environment can be addressed and modified or changed. http://u-first.ca/understanding-dementia/what-are-responsive-behaviours/
Restraint	<p>A physical restraint is a method or device, material, or equipment that is attached or adjacent to the client’s body, that the client cannot remove easily, and that restricts the client’s freedom of movement or normal access to his or her body. It is the effect the device has on the client that classifies it as a restraint.</p> <p>Chemical restraint is the use of medicines to calm a client, limit movement, or both.</p>
Standard	A statement of expectations that describe the basic rules which must always be met when designing or delivering a program or service.
Statute	A written law passed by a legislative body.
Supportive Pathways	A client centred care approach which emphasizes providing a home-like approach, maximizing independence and quality of life. The approach was originally designed to enable front line care staff to care for persons with dementia. The philosophy has grown to encompass all those who provide care for elderly persons. It was developed by Carewest.
Territorial Admissions Committee	The Government of the Northwest Territories, Territorial Admissions Committee (TAC) is mandated to provide a territory wide process for application and admission to NWT facilities. http://www.hss.gov.nt.ca/health/long-term-care/territorial-admissions-committee

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Therapeutic Services

Non-nursing services of a clinical nature that improve and sustain health.

Unregulated Health Care Providers (UHCPs)

Health care providers who are not registered or licensed by a regulatory body and who do not have a legally defined scope of practice.

WHMIS

Workplace Hazardous Materials Information System.

Section 1 Continuing Care Standards

1.1 Continuing Care Standards

Purpose

Continuing Care Standards are developed, maintained and monitored to ensure minimum standards of client care, service, and organizational performance throughout the Northwest Territories (NWT) Continuing Care System.

Standards

- 1.1.1 Continuing Care Standards are developed by the DHSS in collaboration with the Health and Social Services Authorities to promote the health, safety, security, and rights of clients in Continuing Care Services.
- 1.1.2 Standards meet, at a minimum:
- federal and NWT statutes and regulations;
 - best practices in continuing care service provision;
 - accreditation standards; and
 - professional standards of practice.
- 1.1.3 Standards are formally reviewed every three years or as directed by the Minister, whichever is first.
- 1.1.4 All Regional Health and Social Services Authorities, and Government of the Northwest Territories (GNWT) home and community care programs, supported living programs and long-term care facilities monitor and comply with the Continuing Care Standards.
- 1.1.5 Where services are delivered by contract, the contracting authority ensures compliance with Continuing Care Standards.
- 1.1.6 All Regional Health and Social Services Authorities home and community care programs, supported living programs and long-term care facilities will be required to have a remediation plan in place if Standards are not met.
- 1.1.7 The DHSS takes action to protect and support the clients' health, safety, security, and rights, if Continuing Care Standards remain unmet. Such action may include:
- suspension of admissions to the facility/program;
 - suspension/closing of operations;
 - transfer of operations and management of the organization to a Public Administrator, or
 - other actions as determined by the Minister.

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Date: March 14, 2015

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Section 2 Continuing Care Services

2.1 Home and Community Care Program

Purpose

Home and Community Care promotes wellness and supports clients to remain in their home.

Standards

2.1.1 Home and Community Care includes the following essential services:

- client assessment;
- case management;
- nursing services;
- home support services for Activities of Daily Living (ADL) and Instrumental Activities of Daily living (IADL);
- respite care;
- palliative/end-of-life care;
- preventive health services;
- medication supervision, and/or administration;
- informal caregiver support; and
- access to medical-surgical supplies and equipment loan.

2.1.2 Clients have access to therapeutic and medical services.

2.1.3 Clients/families are informed of:

- their rights;
- changes to programs or service delivery;
- the concerns resolution process; and
- costs they are responsible for and payment options.

2.1.4 Home Care programs follow the Supportive Pathways Philosophy of Care.

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Health and Social Services

Date: March 14, 2015

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2.2 Supported Living Program

Purpose

Clients who need supervision or support will be offered a range of options to maintain or maximize their independence and functional capacity.

Standards

2.2.1 Supported Living includes the following essential services:

- client assessment;
- case management;
- support for Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL);
- respite care;
- preventive health services;
- medication supervision, and/or administration;
- informal caregiver support;
- social and recreation services; and
- access to medical-surgical supplies and equipment loan.

2.2.2 Clients have access to nursing, therapeutic, palliative/end-of-life care, and medical services.

2.2.3 Clients/families are informed of:

- their rights;
- changes to programs or service delivery;
- the concerns resolution process; and
- costs they are responsible for and payment options.

2.2.4 Supported Living programs follow the Supportive Pathways Philosophy of Care.

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Deputy Minister,
Health and Social Services

Date: March 14, 2015

Reviewed By: _____ Review Date: _____

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2.3 Long Term Care Program

Purpose

Long Term Care provides 24 hour personal care and access to nursing support to clients who have complex medical conditions and/or cognitive care needs.

Standards

2.3.1 Long term care includes the following essential services:

- client assessment;
- case management;
- 24 hour access to services of Registered Nurses;
- support for Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL);
- respite care;
- medication supervision and/or administration;
- preventive health services;
- palliative/end-of-life care;
- informal caregiver support;
- access to medical supplies and equipment loan;
- social and recreation services;
- dietary services;
- housekeeping services; and
- laundry/linen services.

2.3.2 Long term care clients have access to therapeutic and medical services.

2.3.3 Clients/families are informed of:

- their rights;
- changes to programs or service delivery;
- the concerns resolution process; and
- costs they are responsible for and payment options.

2.3.4 Long term care follows the Supportive Pathways Philosophy of Care.

2.3.5 Long Term Care programs will acquire and maintain recognized accreditation.

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Date: March 14, 2015

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Section 3 Continuing Care Services

3.1 Palliative and End-of-Life Care Services

Purpose

Palliative and end-of-life care services will address the holistic needs of clients and families throughout the dying process and following death.

Standards

3.1.1 Policies are in place that describe:

- how and where clients access palliative care services;
- the scope and limits of palliative care services;
- the roles of staff who deliver palliative care services;
- costs that are the responsibility of clients or families; and
- evidence-based practice in palliative and end-of-life care.

3.1.2 Staff have competencies in palliative and end of life care and receive ongoing training to ensure current best practices.

3.1.3 Staff provide clients and families with information about the dying process, such as the signs and symptoms of imminent death, coping strategies, and how to provide support and comfort during the final hours of life.

3.1.4 The staff support clients and families prior to and after death, and facilitate access to bereavement and support services.

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Health and Social Services

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3.2 Respite Care Services

Purpose

Respite Care services support caregivers, and promotes and maintains the health and wellness of clients.

Standards

3.2.1 Policies are in place that describe:

- how and where clients access respite care;
- the scope and limits of respite care;
- the roles of staff who deliver respite care;
- costs that are the responsibility of clients or families; and
- evidence-based practice in respite care.

3.2.2 Staff have competencies in respite care and receive ongoing training to ensure current best practices.

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Date: March 14, 2015

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3.3 Adult Day Services

Purpose

Adult day services provide respite, promote wellness, and support clients to remain active and involved in their community.

Standards

3.3.1 Where adult day services are provided, policies are in place that describe:

- how and where clients access adult day services;
- the scope and limits of adult day services;
- the roles of staff who deliver adult day services; and
- costs clients are responsible for and payment options.

3.3.2 Meal services must be provided as per the 3.9, Dietary Services.

3.3.3 Social and recreational services must be provided as per the 3.8 Social and Recreational Services.

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Deputy Minister,
Health and Social Services

Date: March 14, 2015

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3.4 Nursing Services

Purpose

Nursing services in Continuing Care are delivered in a safe and effective manner.

Standards

- 3.4.1 Nursing services in Continuing Care are under the supervision of a registered nurse.
- 3.4.2 There are policies governing transfer of medical functions to registered nurses, and nursing functions to unregulated care providers.

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Deputy Minister,
Health and Social Services

Date: March 14, 2015

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3.5 Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Services

Purpose

Clients are supported to participate in their ADL and IADL's to their full potential.

Standards

3.5.1 ADL and IADL support will be provided based on assessed need.

3.5.2 There are policies in place that describe:

- how and where clients access ADL and IADL services;
- the scope and limits of ADL and IADL services; and
- the roles of staff who provide ADL and IADL services.

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Health and Social Services

Date: March 14, 2015

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3.6 Preventive Health Services

Purpose

Preventive health services ensure that clients are supported to achieve the best possible health status.

Standards

3.6.1 All clients will have access to preventive health services.

3.6.2 There are policies describing preventive health services provided to Continuing Care clients, including but not limited to:

- Immunization;
- promoting healthy lifestyles, e.g. physical activity, nutrition; and
- disease and risk screening.

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Date: March 14, 2015

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3.7 Therapeutic Services

Purpose

Continuing Care clients will have access to therapeutic services based on assessed need.

Standard

3.7.1 There is a policy describing access to therapeutic services including, but not limited to:

- physical therapy;
- occupational therapy;
- speech language pathology;
- audiology;
- dietitian services;
- social services;
- clinical pharmacy;
- respiratory therapy;
- dentistry;
- ophthalmology or optometry;
- spiritual services;
- mental health and addictions services; and
- therapeutic recreation.

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Deputy Minister,
Health and Social Services

Date: March 14, 2015

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3.8 Social and Recreational Services

Purpose

Social and recreational services contribute to client's quality of life by enabling them to participate in personally meaningful activities.

Standards

- 3.8.1 Where social and recreational services are offered, the activities meet the needs and preferences of clients.
- 3.8.2 There are policies for social and recreational services that define the competencies of staff involved in delivering the service, and the professional oversight for service planning and evaluation.

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Health and Social Services

Date: March 14, 2015

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3.9 Dietary Services

Purpose

All foods provided by Continuing Care services are culturally appropriate, safely prepared, and meet clients nutrition needs.

Standards

- 3.9.1 There will be dietitian oversight to meal and menu planning.
- 3.9.2 There are policies for menu planning, meal scheduling and meal services.
- 3.9.3 There is a policy that addresses all aspects of food safety including:
- food temperature, handling and storage;
 - fridge and freezer temperature;
 - food preparation;
 - dishwasher water temperatures and chemical requirements;
 - standardized food service practices;
 - approved equipment;
 - cleaning processes; and
 - attire for food service staff.
- 3.9.4 The staff involved in food preparation or service, successfully complete a food safety course and maintain certification.
- 3.9.5 There are policies for securing, preparing and serving foods, including traditional food.
- 3.9.6 Ensuring access to traditional foods within the menu is a priority.
- 3.9.7 Organizations have a valid food establishment permit.

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Deputy Minister,
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Date: March 14, 2015

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3.10 Housekeeping Services

Purpose

Housekeeping services are organized to provide for a safe, comfortable, clean and well-maintained environment.

Standard

3.10.1 There are policies and procedures for housekeeping services that are in compliance with current NWT Infection Prevention and Control Manual.

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Health and Social Services

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3.11 Laundry and Linen Services

Purpose

Laundry services are organized to meet the linen needs of the facility and the personal laundry needs of clients.

Standard

3.11.1 There are policies and procedures for laundry and linen services that are in compliance with the current NWT Infection Prevention and Control Manual.

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3.12 Medical Services

Purpose

Clients have timely access to medical services including referral to medical specialists.

Standards

3.12.1 All Continuing Care clients have access to a medical practitioner, i.e. Physician/Nurse Practitioner.

3.12.2 Emergency medical services are available on a 24-hour basis.

3.12.3 There are policies that describe medical services, including, but not limited to:

- medical assessment;
- medication review and reconciliation;
- documentation of medical services; and
- referral to medical specialists.

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Date: March 14, 2015

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3.13 Medical-surgical supplies and equipment loan

Purpose

Continuing care clients have access to medical-surgical supplies and equipment.

Standards

- 3.13.1 There are policies to guide client access to medical-surgical supplies and equipment.
- 3.13.2 Loaned equipment is maintained as per 5.16 Medical Equipment Maintenance.
- 3.13.3 There are policies guiding the teaching of the safe use of medical equipment and supplies to clients and caregivers.
- 3.13.4 There are policies and procedures for medical surgical supplies and equipment loan that are in compliance with the current NWT Infection Prevention and Control Manual.

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Date: March 14, 2015

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3.14 Transportation Services

Purpose

Transportation services are provided in a safe manner.

Standard

3.14.1 Transportation services, where provided, must conform to all GNWT Department of Transportation vehicle and traffic safety regulations and policies.

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Deputy Minister,
Health and Social Services

Date: March 14, 2015

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Review Date: _____

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Section 4 Access, Planning, and Discharge

4.1 Access to Continuing Care Services

Purpose

Access to Continuing Care Services is fair and equitable.

Standards

- 4.1.1 There are policies that describe eligibility for and access to Continuing Care Services.
- 4.1.2 The Territorial Admissions Committee (TAC) provides a territory wide process for application and admission to NWT long term care and supported living facilities.
- 4.1.3 There are policies that describe the management of requests for home care services that consider the service needs of the client, available program resources, urgency of need, and risks to the client in the current setting.
- 4.1.4 Clients and their families have timely information about access to Continuing Care Services that is provided:
- in their preferred method – in person, by telephone, on a public website or in print copy; and
 - in an appropriate language in accordance with the DHSS Communications policy.

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Health and Social Services

Date: March 14, 2015

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4.2 Wait List Management

Purpose

There is fair and equitable access for clients who are waiting for Continuing Care Services.

Standards

- 4.2.1 There are policies for waitlist management for Continuing Care Services which include eligibility, priority for service, offer of service and client response to offer.
- 4.2.2 The TAC manages the waitlist for long term care and supported living facilities.
- 4.2.3 There are policies for waitlist data collection.

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4.3 Assessment

Purpose

A comprehensive needs assessment will guide the delivery of appropriate services.

Standards

4.3.1 Following a request for Continuing Care Services, each client has a comprehensive assessment, overseen by a regulated care provider of their physical, functional, and psycho-social needs using a standardized assessment tool that includes the following:

- includes diagnostic tests/results/ interpretation;
- incorporates preventive health;
- assesses client risks;
- is conducted by a health professional trained in health assessment;
- incorporates input from the client, family and other team members; and
- includes a discussion about personal directives with the client and/or guardian as per Standard 4.8.

4.3.2 Client needs assessments are repeated at least yearly and when there is a significant change in the client's condition.

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Health and Social Services

Date: March 14, 2015

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4.4 Individual Care Plans

Purpose

Care plans provide direction for individualized care.

Standards

- 4.4.1 There is a care plan for each client, overseen by a regulated care provider that includes the following elements:
- is based on assessment, and incorporates planning, implementation, and evaluation;
 - is initiated at the start of continuing care service provision; and
 - is updated at least yearly or as indicated by a change in the client's condition.
- 4.4.2 Each care plan includes the following elements:
- is developed in partnership with the client and is informed by their needs, choices and preferences;
 - is in writing and available to care providers, the client and or designated decision maker; and
 - specifies goals and timelines of interventions, including frequency and who will conduct the intervention.
- 4.4.3 Care plans promote health, well-being, independence, self-care and address the following areas:
- physical and functional needs and strengths;
 - cultural beliefs and spirituality;
 - psycho-social needs and strengths;
 - health promotion and disease prevention;
 - safety and risk management strategies; and
 - education needs of the client/informal caregiver.

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Date: March 14, 2015

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4.5 Service Agreement

Purpose

There will be a service agreement between the client and the Continuing Care Service.

Standard

4.5.1 There is a written service agreement, signed by the client, indicating understanding of, and agreement to the continuing care services being offered, which may include:

- a description of the services, and/or accommodation that will be provided to the client;
- rights and obligations of the facility/agency;
- rights and obligations of the client;
- cost to the client for Continuing Care Services and the notice period for any rate increases;
- payment process;
- use and maintenance of client-owned medical equipment;
- use of and management of trust accounts and client finances;
- procedures for emergency and safety; and
- procedures for concerns resolution.

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Date: March 14, 2015

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4.6 Case Management

Purpose

Case Management supports integration of services for clients.

Standards

- 4.6.1 Case management services are available to clients.
- 4.6.2 Case management is provided in partnership with clients and includes:
- providing a single point of contact for accessing services;
 - facilitating and coordinating access to and discharge planning from community, regional, territory and out-of-territory services; and
 - facilitating the identification and/or removal of barriers to accessing services.
- 4.6.3 Case Management plans and interventions are documented in the client's record of care.
- 4.6.4 Clients are informed about the case management process and how to contact their case manager.

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Deputy Minister,
Health and Social Services

Date: March 14, 2015

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4.7 Admission, Discharge and Transfer of a Client

Purpose

To ensure client safety, information is transferred at service transition points.

Standard

4.7.1 There are policies to ensure client safety and guide the exchange of information at the time of admission, transfer or discharge from Continuing Care Services which include but are not limited to:

- medication reconciliation; and
- summary of client's health, functional status and care needs.

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Deputy Minister,
Health and Social Services

Date: March 14, 2015

Reviewed By: _____ Review Date: _____

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4.8 Personal Directives

Purpose

Clients are aware of the implications of having a signed personal directive.

Standards

4.8.1 There are policies and procedures governing the discussion of personal directives with clients that are in compliance with the current GNWT legislation.

4.8.2 There are policies and procedures which include but are not limited to:

- GNWT legislation on personal directives;
- Competence of the client to make decisions;
- Designated decision maker;
- Designated time intervals for review of personal directive decision; and
- Documentation of personal directives discussion.

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Deputy Minister,
Health and Social Services

Date: March 14, 2015

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Section 5 Quality, Safety, and Risk Management

5.1 Quality Improvement

Purpose

Continuing Care Services are continually monitored and improved based on best practice and outcomes.

Standards

- 5.1.1 There is a process for engaging clients and families in providing input to continuing care services e.g. client and family councils.
- 5.1.2 There is a quality improvement (QI) process that results in ongoing service improvement through monitoring indicators and outcomes.
- 5.1.3 The organization has policies for monitoring safety, competence, effectiveness, efficiency, appropriateness, and accessibility of services.
- 5.1.4 There is a process for identifying, documenting, reporting and resolving patient safety incidents.
- 5.1.5 There is a process to monitor quality improvement strategies.
- 5.1.6 Staff training strategies respond to changes in client needs and to improve quality of care and services.

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Health and Social Services

Date: March 14, 2015

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5.2 Human Resources Management

Purpose

Continuing Care Services are delivered by qualified and skilled staff.

Standards

- 5.2.1 Continuing Care Services follow the Human Resource policies of their organization.
- 5.2.2 Each Continuing Care staff member has a position description that defines:
- role and responsibilities;
 - required competencies and scope of practice for regulated and unregulated care providers;
 - educational requirements including licensures and certifications; and
 - other requirements determined by policy, legislation and regulations.
- 5.2.3 Unregulated care providers work under the supervision of a regulated care provider.
- 5.2.4 Continuing Care Services maintain recommended staffing numbers and mix, in accordance with DHSS policy.
- 5.2.5 There is a comprehensive orientation program to prepare staff to safely and competently provide services.
- 5.2.6 Continuing Care Services support ongoing staff development.

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5.3 Volunteers

Purpose

Volunteer services, where available, complement client's care and contribute to their quality of life.

Standards

5.3.1 There are policies for risk management within the volunteer program including:

- confidentiality;
- WSCC;
- criminal record check; and
- screening for suitability.

5.3.2 Volunteers receive orientation, education and training to support the safe and effective provision of Continuing Care services to which they contribute.

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Date: March 14, 2015

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5.4 Medication Safety

Purpose

All clients will have safe, evidence-based medication services.

Standards

- 5.4.1 There are policies which describe safe medication handling, administration, preparation, review, reconciliation, and administration audits.
- 5.4.2 Policies are in place to ensure competencies of staff in receipt of transfer of function of medication administration.

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5.5 Restraints

Purpose

Client safety and dignity are ensured when they exhibit responsive behaviours which may place them at risk of being chemically and/or physically restrained.

Standards

- 5.5.1 There are least restraint policies based on best practice to guide therapeutic interventions including the use of physical and chemical restraints. The policies address establishment of a therapeutic relationship with client at risk for harm to self and/or others, initial and ongoing assessment, use of standardized tools to identify risk factors for use of restraints, and documentation of interventions and outcomes.
- 5.5.2 There are policies based on best practice that ensure client safety and dignity where chemical and/or physical restraints are deemed a necessary therapeutic intervention to prevent harm to self or others

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5.6 Responsive Client Behaviour

Purpose

Continuing Care staff provide support to clients with responsive behaviour.

Standards

- 5.6.1 There are policies based on evidence based practice which guide the provision of safe care to clients exhibiting responsive behaviour.
- 5.6.2 There are policies that address the training and development needs of staff that care for clients exhibiting responsive behaviour.

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5.7 Clinical Emergencies

Purpose

Clients have access to clinical emergency services.

Standard

5.7.1 The organization has policies for the management of unexpected deterioration in a client's health status and clinical emergencies as follows:

- access to emergency services;
- equipment; and
- medications.

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5.8 Privacy and Confidentiality of Client Information

Purpose

The privacy/confidentiality of client information is protected.

Standard

5.8.1 There are policies regarding the following:

- maintenance of client information;
- privacy/confidentiality of client information;
- access to client information;
- disclosure of client information;
- the client's right to be informed of personal and health information policies and procedures; and
- interdisciplinary sharing of client information.

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Deputy Minister,
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Date: March 14, 2015

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5.9 Client Records

Purpose

To ensure quality of care, there is a complete and accurate health record for each continuing care client.

Standards

- 5.9.1 The organization maintains a complete, accurate, and up-to-date record for each client.
- 5.9.2 Client records are maintained in a secure environment.
- 5.9.3 There are policies regarding format, completion, retention, and storage of client records.
- 5.9.4 The client's file includes legal documentation of any transfer of the client's decision-making rights.

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5.10 Ethics

Purpose

All Continuing Care Services are provided in an ethical manner.

Standards

5.10.1 Continuing Care Services are delivered in accordance with the philosophy, principles and values of the NWT Health and Social Services System, professional codes of conduct, and GNWT Code of Conduct and Conflict Resolution Policies.

5.10.2 There is an ethical decision making framework and process for addressing ethical issues.

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5.11 Clients' Rights

Purpose

Client rights, autonomy and decision making are protected and promoted.

Standards

5.11.1 Clients rights including, but not limited to the following:

- to be cared for in a manner that maintains or enhances their dignity and respects their individuality;
- to privacy and confidentiality;
- to be in a safe environment;
- to be free of harassment or fear;
- to have their beliefs and cultural identity respected;
- to receive a standard of care to meet individual needs;
- to be fully informed about their medical condition, care and treatment and any changes in that care and treatment that may affect their well-being;
- to refuse treatment;
- to be informed of errors or omissions as a result of actions of care providers;
- to receive visitors without prior notice;
- to form friendship and to enjoy relationships;
- to engage in potentially risky behaviours;
- to have regular access to the private use of a telephone;
- to receive their mail unopened;
- to personalize their room;
- to receive respect and due care of the their personal property;
- to raise concerns, make a complaint or recommend changes in policies and services without fear of reprisal;
- to be informed, both orally and in writing, in a language the client understands, of their rights in accordance with DHSS policy; and
- to be ensured access to traditional foods.

5.11.2 Client's rights are not abridged without due process, including review by an independent third party.

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5.12 Client Personal and Legal Matters

Purpose

Clients or their representative manage their personal and legal affairs.

Standards

5.12.1 There are policies which describe client's access to legal assistance or counsel, as needed with regard to Power of Attorney, Trusteeship, Guardianship, trust accounts, wills, Personal Directives or other legal matters.

5.12.2 There are policies regarding staff and volunteer involvement in the client's personal affairs including:

- direction about accepting gifts from clients,
- involvement in financial affairs, and
- involvement in non-financial affairs.

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Reviewed By: _____ Review Date: _____

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5.13 Infection Prevention and Control

Purpose

There will be a program for infection prevention and control in each Continuing Care Service.

Standards

5.13.1 Continuing Care services are in compliance with the current NWT Infection Prevention and Control Manual.

5.13.2 There are policies for the immunization of clients and staff.

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Date: March 14, 2015

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5.14 Client Safety

Purpose

Continuing care clients are supported in a safe environment

Standards

- 5.14.1 There are policies for the identification, reduction, mitigation, and management of environmental risks to client safety (facility, building, equipment).
- 5.14.2 There are policies for the identification, reduction, mitigation, and management of personal risks to client safety based on assessment.
- 5.14.3 Resources are dedicated to support client safety.
- 5.14.4 Data on client safety are collected and analyzed for quality improvement.

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5.15 Concerns Resolution Process

Purpose

There is access to a process for expressing concerns about programs and services.

Standards

5.15.1 There are policies which guide a fair concerns resolution process for clients/families.

5.15.2 Data on client/family concerns are collected and analyzed for quality improvement.

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5.16 Medical Equipment Maintenance

Purpose

Medical equipment that is used by programs or loaned to clients will be in safe working condition.

Standards

5.16.1 There is a medical equipment maintenance program that includes:

- an inventory of program-owned biomedical and medical equipment,
- schedules for and records of day-to-day and periodic monitoring, testing, servicing and adjustment of program-owned equipment as required by the manufacturer; and
- records of timely repair of program- owned equipment.

5.16.2 Medical equipment maintenance services are provided by qualified personnel.

5.16.3 The program conducts an annual assessment of medical equipment that is used to inform a medical equipment plan.

5.16.4 There are records of concerns or problems related to medical equipment and the resolution of them including, but not limited to:

- equipment problems, failures, and/or user errors; and
- incidents that caused harm or potential harm (including near-miss incidents) while using medical equipment.

5.16.5 Concerns or problems related to medical equipment are reported to the DHSS in accordance with the Service Agreement and DHSS policy.

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5.17 Accountability and Reporting

Purpose

Organizations are accountable to the Department of Health and Social Services (DHSS) for safe, efficient and effective delivery of all publicly-funded Continuing Care Services.

Standards

- 5.17.1 The organization has a valid Service Agreement that is negotiated with the DHSS annually. The Agreement contains a description of the services to be provided in accordance with DHSS policies, Continuing Care Standards and applicable legislation. It also includes provisions related to funding, records, reporting, and corrective actions that might be required. The details of how this will be done will be worked out at a future date.
- 5.17.2 The program collects and reports data to the DHSS every quarter and as requested by the DHSS. The manner and format of the reports is determined by the DHSS and includes, at the minimum:
- program/service utilization rates;
 - quality improvement activities and outcomes;
 - financial reports with variance analysis;
 - human resources indicators;
 - opportunities or concerns that have a material impact on operations; and
 - other matters identified in the Service Agreement.
- 5.17.3 Patient safety incidents and other reportable events are reported to the DHSS in accordance with processes and guidelines set out by the DHSS.
- 5.17.4 The organization produces an annual report summarizing its compliance with the Service Agreement, Continuing Care Standards, relevant legislation, and DHSS policies. The report is signed by the Chief Executive Officer and submitted in a manner and form to be determined by the DHSS. The details of how this will be done will be worked out at a future date.

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Health and Social Services

Date: March 14, 2015

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Section 6 Administration

6.1 Corporate Status, Insurance, Licenses, Permits

Purpose

Continuing Care Services are provided by an organization that maintains legal status, service agreements, insurances, business licenses and permits.

Standards

- 6.1.1 The organization is in good standing as a legal entity according to the Northwest Territories Corporate Registries as follows:
- an Authority under the Hospital Insurance and Health and Social Services Administration Act;
 - a company under the Companies Act;
 - a corporation under the Business Corporations Act;
 - a partnership under the Partnership Act; or
 - a society under the Societies Act.
- 6.1.2 The organization procures and maintains all necessary insurances, licenses and/or permits required under Territorial or municipal legislation.

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Deputy Minister,
Health and Social Services

Date: March 14, 2015

Reviewed By: _____ Review Date: _____

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6.2 Contracted Services

Purpose

Continuing Care Services provided through contracted services are in compliance with NWT Continuing Care Standards and policies.

Standard

6.2.1 There is a written contract between the organization and any contractor providing Continuing Care Services stipulating that the contractor will meet the NWT Continuing Care Standards; and is compliant with the GNWT legislation and regulations.

Approved by: Original Signed
Deputy Minister,
Health and Social Services

Date: March 14, 2015

Reviewed By: _____

Review Date: _____

Reviewed By: _____

Review Date: _____

References

Northwest Territories Continuing Care Standards

Accreditation Canada. (2008). *Long Term care services standards*. Ottawa, ON

Accreditation Canada (2011) *How Safe are Canadian Health Organizations? Report on Required Organizational Practices*. Ottawa, ON.

Alberta Government (2013). *Continuing Care Health Service Standards*. Calgary, AB

Alberta Health and Wellness (2007). *Long-Term Care Accommodation Standards*. Edmonton, AB

Alberta Seniors and Community Supports. (2007). *Supportive living accommodation standards*. Edmonton, AB

British Columbia Ministry of Health and Ministry Responsible for Seniors. (1999). *Model standards for continuing care and extended care services*. Victoria, BC

Canadian Healthcare Association. (2009). *Home Care in Canada: From the Margins to the Mainstream*. Ottawa, ON.

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Canadian Hospice and Palliative Care Association. (2013). *A model to guide hospice and palliative care*. Ottawa, ON

Canadian Patient Safety Institute. (2012). *Incident Analysis Collaborating Parties. Canadian Incident Analysis Framework*. Edmonton, AB:

Government of the Northwest Territories Department of Health and Social Services. (2014). *Evaluation of NWT Respite Services*. Yellowknife, NT

Government of the Northwest Territories, Department of Health and Social Services (March 2004). *Integrated Service Delivery Model for the Northwest Territories Health and Social Services System*. Yellowknife, NT

Government of the Northwest Territories, Department of Health and Social Services. (2005). *Service standards for people in supported living homes*. Yellowknife, NT

APPENDIX A
NWT Continuing Care Levels of Service

NWT CONTINUING CARE LEVELS OF SERVICES

Levels of Service	Description
LEVEL 1 HOME CARE/Independent Living with Support	<ul style="list-style-type: none"> • A person who is independently mobile, with or without mechanical aids, requires minimal assistance with ADL / IADL. • A person who can remain in a home/community setting with minimal supports and is considered to be at a level of risk that can reasonably be considered acceptable.
LEVEL 2 HOME CARE/Independent Living with Support	<ul style="list-style-type: none"> • A person who is independently mobile, with or without mechanical aids and requires assistance with ADL / IADL. • A person requiring Home Care, Nursing, or other professional supports, interventions, and/or supervision. • The person can be independent with supports or in a group living setting. <p>24/7 formal and/or informal support staff available, as appropriate</p>
LEVEL 3 LONG TERM CARE/ DEMENTIA CARE/SUPPORTED LIVING	<ul style="list-style-type: none"> • A person who may or may not be independently mobile, with or without mechanical aids, and requires assistance with ADL/IADL. • A person who has complex medical support and/or psychosocial support requirements and /or supervision. • A person who is at risk of harm to self/others resulting from severe and multiple medical conditions and/or cognitive impairment and/or mental health conditions. <p>24/7 On-Site Nursing (RN/LPN) (in LTC and Dementia Care only)</p>
LEVEL 4 LONG TERM CARE/ DEMENTIA CARE/ SUPPORTED LIVING	<ul style="list-style-type: none"> • A person who requires complex professional and informal supports and/or supervision. • A person who needs 1 or 2 persons to assist with mobility and ADL / IADL. A person who is at risk of harm to self/others resulting from complex and multiple medical conditions, cognitive impairment and/or mental health conditions. • A person who may experience sudden, unanticipated changes in condition. <p>24 hr. On-Site Nursing (RN/LPN) (in LTC and Dementia Care only)</p>
LEVEL 5 EXTENDED CARE	<ul style="list-style-type: none"> • A person with medically complex diagnoses, physical frailty, and/or cognitive deficits. • A person who requires 24/7 professional nursing and/or other professional support services/monitoring, medical supervision, and requires facility-based residential care/support on a permanent basis. • A person who is considered at high risk of injury to self/others. <p>24/7 On-Site Registered Nursing</p>
LEVEL 6 PALLIATIVE CARE	<ul style="list-style-type: none"> • A person who is approaching end-of-life and who requires continuous medical support, and formal / informal psychosocial support. • Palliative care is provided in the following locations as appropriate: <ul style="list-style-type: none"> A. Home Care in person's home B. Long Term Care facility C. Hospital Acute Care D. Hospital Palliative Care Unit <p>24/7 Registered Nurse On-Call in Community Setting</p>

Approved July 30, 2012

APPENDIX B
Legislation and Regulations

Northwest Territories Continuing Care Standards

Access to Information and Protection of Privacy Act. C. 20, 1996.

Access to information and protection of privacy regulations. R 206-96

Canada Health Act- R.S. C 1985, cC.6. Updated 2012, Current to 2014

Contributory Negligence Act. R.S.N.W.T. 1988, c.C-18

Coroners Act R.S.N.W.T. 2013, c.C-23

Dental Profession Act. R.S.N.W.T. 1988, c.33 (Supp.) S.N.W.T. 2013, c.17

Disease Registries Act R.S.N.W.T. 1988, c. 7(Supp)

Donation of Food Act. S.N.W.T. 2008, c. 14

Eating or drinking places regulations R.R.N.W.T. 1990, c.P-14

Electronic Transactions Act. S.N.W.T. 2011, c.13

Emergency Medical Aid Act. R.S.N.W.T. 1988, c.E-4

Financial Administration Act : Government Contract Regulations. R-032-2006

General Sanitation Regulations

- Guardianship and Trusteeship Act- S.N.W.T. 1994, c.29
- Guardianship and Trusteeship Forms Regulations. R-049-97

Health Care Regulations. R-050-97

Hospital Insurance and Health and Social Services Administration act R.S.N.W.T. 1988, c.T-3

Human Rights Act-S.N.W.T. 2002, c18

Interpretation Act. R.S.N.W.T. 1988, c.I-8. S.N.W.T. 2014, c.10

Medical Care Act: Medical Care Regulations. R-038-2006. May 17, 2006

Medical Profession Act: Medical Profession Regulations. R-021-2010

Mental Health Act: Mental Health Regulations. R-018-92. 1992

Nursing Profession Act-S.N.W.T. 2003, c15

- Nursing Profession Regulations. R-004-96

Northwest Territories Continuing Care Standards

Official Languages Act. R.S.N.W.T. 1988, c.O-1. S.N.W.T. 2003, c.23

- Government Institution Regulations. R-082-2006; R-079-2013; R-041-2014

Personal Directives Act. S.N.W.T. 2005, c.16; S.N.W.T. 2010,c.16

Pharmacy Act. S.N.W.T. 2006, c.24; S.N.W.T. 2011,c.16

- Adoption of Formulary for the Substitution of Pharmaceutically Equivalent Drugs Order. R-028-2007
- Continued Care Prescriptions Regulations R-077-20
- Pharmacy Regulations. R-018-2007

Powers of Attorney Regulations. R-027-2002

Protection Against Family Violence Act. S.N.W.T. 2003, c.24; S.N.W.T. 2013, c.25

- Protection Against Family Violence Regulations. R-013-2005; R-051-2013

Psychologists Act. R.S.N.W.T. 1988, c.P-11; S.N.W.T. 1998,c.32

Public Health Act. S.N.W.T. 2007,c.; S.N.W.T. 2011,c.16

- Disease Surveillance Regulations. R-096-2009; R-068-2011
- Food Establishment Safety Regulations. R-097-2009; R-086-2011
- General Sanitation Regulations. R.R.N.W.T. 1990,c.P-16; R-107-2009
- Personal Service Establishment Regulations. R-064-2012
- Reportable Disease Control Regulations. R-128-2009; R-033-2012

Public Trustee Act. R.S.N.W.T. 1988, c.P-19; S.N.W.T. 2011, c.16

- Public Trustee Regulations. R-069-2009

Safety Act- R.S.N.W.T. 1988, c.S1

- General Safety Regulations. R.R.N.W.T. 1990,C.S-1; R-043-2014
- Work Site Hazardous Materials Information System Regulations. R.R.N.W.T. 1990,C.S-2