

**HEALTH PROFESSIONS  
REGULATORY ADVISORY  
COUNCIL**

**PRESENTATION ON THE  
REGULATION OF PERSONAL  
SUPPORT WORKERS**

**SERVICE EMPLOYEES INTERNATIONAL UNION**

**LOCAL 1.0N**

**TORONTO**

**MAY 29<sup>TH</sup>, 2006**

Good Morning, I am \_\_\_\_\_ and with me is /are

- I want to thank the Health Professions Regulatory Advisory Council for giving us the opportunity to consider the question whether Personal Support Workers in Ontario should have all or part of their work to be considered for regulation under the Regulated Health Professionals Act 1991.
- Although we are somewhat puzzled that the HPRAC would make a preliminary recommendation to the Minister of Health and Long Term Care, before public consultations have concluded, we are nevertheless happy to air our views.
- The Service Employees International Union Local 1.0n is the 40,000 member Ontario wide local union dedicated to representing members in the health care and community services sectors.
- More than 15,000 Personal Support Workers who belong to SEIU Local 1.0n work in hospitals, nursing homes, home care, retirement homes and community care settings.
- The work PSWs do deserves to be recognized as an important component of a patient or client's care plan and physical wellbeing. They are professional care givers. Regulation will enhance the importance of PSWs to the health care team. Just how this regulation should be defined and designated remains problematic.
- Under our present system, where by Personal Support Workers are responsible for their work to their clients and their employers the care PSWs deliver is inconsistent, and there are uneven levels of skills.

Because employers control the work and the job qualifications, standards of care PSWs are able to offer are inconsistent, not just for specific health care sectors, but within the same health care sector.

- We thank the HPRAC for its *Personal Support Workers in Ontario – Discussion Guide, February 2006*.

It is in this context, and the questions the guide raises that SEIU Local 1.0n wishes to address its comments.

- In recent years PSWs/Health Care Aides (we will use these words interchangeably) have been given some very negative publicity in

light of media reports of negligent care in nursing homes and retirement homes.

Negligent care, although in our view it is an institutional problem rather than an individual care giver concern, nevertheless it is the worker who gets the blame. In March 2004 there was a large circulation of a petition asking the federal government to amend the Criminal Code to specifically address the issue of elder abuse.

Abuse is not just a fist in the mouth. Abuse is a neglect of care and care providers must have the power to speak out against abuse and inadequate care, but only if they have whistleblower protection and the legal protection a register or roster system would give them.

- Currently there is no common definition of PSW work or what competences a PSW should possess.

A job description from SEIU Local 1.0n's nursing home agreement still refers to PSWs as Health Care Aide/Nurses Aide. The definition dates from August 1993.

## **SCOPE**

Reports to a Registered Nurse/Registered Nursing Assistant. Assists registered staff in providing personal care to assigned residents in accordance with individual resident care plans.

## **DUTIES AND RESPONSIBILITIES**

1. Under the direction of registered nursing staff, encourages and promotes resident independence in personal care to promote the comfort and safety of residents. Some typical activities include: bathing, skincare, toileting, mouth care, dressing and undressing, and grooming including shaving, nail and hair care. Provides physical assistance to residents as required.
2. Under direction and with appropriate training, performs selected procedures such as collecting specimens, measuring weights and temperatures. Reports all findings to registered staff.
3. Assists in the maintenance of a clean, safe environment. Some typical activities include: making beds and cleaning bedside units, collecting and bagging soiled linen for dispatch to laundry, sorting and storing clean linen, emptying bedpans, removal of unsafe objects, cleaning wheelchairs, etc.

4. Consults with and informs supervisor of unit activities, needs and problems related to resident care.
5. Assists in providing restorative care for residents; assists with ambulation, feeding skills, bathing and grooming.
6. Encourages participation in activity programs by assisting residents to prepare for and assisting them to and from activities.
7. Assists with admission, discharge and transfer of residents.
8. Assists with meal service and nourishment delivery to residents and provides feeding assistance as required. Reports any changes in appetite to R.N. / R.N.A. (R.P.N).
9. Provides emotional and social support to residents/families including palliative care.
10. Assists in the maintenance and proper care of nursing equipment.
11. Participates in interdisciplinary care conferences and committees as required. Attends in-service education programs.
12. Documents resident care activities in accordance with facility policy.
13. Adheres to established department policies and procedures regarding quality assurance, fire, safety, environment and infection control.
14. Other duties as assigned by Supervisor.

### **WORKING CONDITIONS**

Prolonged standing and walking. Regular lifting and moving residents, equipment and supplies. Repeated squatting, reaching and bending. Exposure to all resident care elements through regular resident contact. Regular stress associated with dealing with resident care needs and time pressures. Frequent use of visual and auditory senses in monitoring conditions of residents during care.

### **KNOWLEDGE, SKILLS, EXPERIENCE REQUIRED**

- Completion of an accredited Health Care Aide certificate course. \*
- Some knowledge of techniques used in caring for the elderly.
- Ability to work safely, following established safety practices and procedures.
- Ability to read and write English and understand both oral and written instructions in English.

Note: Nurse Aide does not have a HCA certificate.

Similarly a Retirement Home job description (May, 2000) has an even vaguer job description of the PSW/HCA duties and responsibilities.

**REPORTS TO:**

RPN to Resident Services Coordinator to General Manager

**MAJOR FUNCTIONS:**

- To provide high standard of personal care to the residents.
- Assist the Nurse in coordinating the care of the residents in the facility.
- Assists in monitoring and ensuring the maintenance of high standards of personal care to the residents.
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Assists in the co-ordination of quality improvement program as it pertains to the resident services department.

**GENERAL DUTIES:**

- Responsible for providing a high standard of care to the residents.
- Familiar with and works in adherence to the operational policies and procedures.
- Knowledgeable of and practices safety, emergency, environment, fire, sanitation, quality improvement and infection control policies.
- Report all accidents and incidents of concern involving residents and staff.
- Attends facility meetings and training programs.
- To make routine rounds and to report any unusual behaviour which would necessitate medical attention.
- Receive report on residents and facility at the beginning of each shift and gives report to the oncoming shift.
- Work as a member of a team with all other facility personnel.
- Assist at meal times. Fill coffee and tea carafes, and place on tables.
- Obtain vital signs and record as required.
- Provide residents with personal and daily living needs. This includes bathing assistance and personal laundry. Please see housekeeping manual Policy #P-C7-10 for personal laundry instructions.
- Obtain monthly weights and records.
- Puts TED stockings before breakfast.
- Assist with hearing aides to put the in/on
- Pick up trays after meals for those residents who require tray service.
- Assist any resident who requires wheelchair to be brought to the dining room.
- Document work in accordance to policy and procedure.
- Cleaning of bath tubs and showers after each resident use. See Housekeeping Manual for proper policy and procedure.
- Other duties as assigned by General Manager and/or Resident Services Coordinator and/or Designate.

**QUALIFICATIONS:**

- At least one year related experience in a health care institution.
- An Ontario Secondary School Diploma
- A valid Health Care Aid/Personal Support Worker Certificate from a recognized educational institution.
- An annual CPR renewal.

**DRESS REQUIREMENTS:**

- Clean washable uniform, either white, pastel or flowers.
- White duty shoes.
- Minimum of jewellery.
- Long hair must be confined.

- The Development of the PSW curriculum in Ontario dates from April 1997 and was a joint initiative of the Ontario government and the Ontario Community Support Association.

It replaced the former Health Care Aide and Home Support Worker training programs.

The curriculum program runs for 500 hours and is offered by Ontario's Community Colleges, private career colleges, and some Boards of Education and non-profit organizations.

- Since there is no official certification or registration designation allowed after the completion of the course, Ontario does not recognize a PSW diploma.
- The financial burden to an individual wishing to obtain a PSW diploma is in many cases onerous. In addition to regular college admission fees students should expect to pay an additional \$700 to \$800 for text books and supplies.

Private for profit career schools charge much more than Ontario Community Colleges.

- Ontario community college PSW programs require 15 specific courses. Entrants must have a secondary school diploma or the equivalent.

- It is SEIU Local 1.on's position that the Ministry of Health and Long Term Care mandate Ontario's Community Colleges be the designated educational institutions that will deliver PSW training.
- There must be a core educational program, a standardized examination and post graduate courses offered to ensure PSWs have the ability to enhance their skills, as the nature of care changes within their sector.

A community college standardized curriculum across Ontario is the best way to ensure competency and uniform standards.

Career colleges must at the very least offer the standard provincial curriculum and inform all potential student of the difference in their fee structure compared to the Ontario community college fees for the same course of study.

- For a career that in the end may pay only \$10.00 per hour the educational requirements and financial fees are exorbitant.
- A report commissioned by the *National Coordinating Group on Health Care Reform and Women and the National Network on Environments and Women's Health*, argues that the quality of health care across Canada is being threatened by new labour practices which treat certain workers as unimportant to good care.
- Ontario's new Local Health Integration legislation defines health care work and divides it between clinical and "non-clinical services."

The "non-clinical services" definition of work implies a lesser or not as important a part of the health care delivery team since it is not providing direct hands on care.

- Other than for the community college programs, there are few standards for PSWs. Specific health care sectors and employers determine what it is a PSW can or can not do.
- There is no guarantee that employers will implement strategies and procedures that will promote excellence in care. Private employers' motivation is to make money. For private nursing home operators and home care agencies the client or resident is merely a commodity.

We have witnessed the elimination of a standard for care hours available to residents in nursing homes and the reduction of care hours available to home care clients. For years PSWs have had to do more with less.

To maintain best practices and ensure no harm is inflicted on patients, there must be a more rigorous inspection and enforcement agency that only the Ministry of Health and Long Term Care can provide.

Under no circumstances must the MOHLTC allow the employer to be the sole determiner of what constitutes best practices.

- A random skills utilization survey of PSW/HCA members of the SEIU Local 1.0n revealed the following skills.

#### **CARE PLANNING**

- Household management
- Meal preparation
- Develop support plan
- Communicate support plan
- Help client relearn rehabilitation & mobility
- Assist family with decision making
- Maintain care plan
- Recognize changes to aging
- Recognize common diseases in elderly

#### **PERSONAL HYGENE**

- Assist client with bathing and grooming
- Protect client dignity

#### **CHILD CARE**

- Infant care
- Assist child with special needs

#### **COMPUTER SKILLS**

- Word processing
- Databases
- Internet

#### **COGNITIVE IMPAIRMENT**

- Recognize change in behaviour related to illness/disease
- Recognize impairment
- Recognize substance abuse
- Recognize mental illness
- Recognize risk of suicide
- Recognize Alzheimer's
- Recognize depression
- Evaluate physical abuse

#### **MEDICATIONS**

- Give oral medication (eye, ear, nose)
- Assist client with medications
- Interpret information on prescription containers
- Observe outcomes of medication and report

## **DYING**

- Assist dying person to maintain desired lifestyle
  - Care for client at time of death
  - Care for body after death
  - Assist grieving family
- Not all PSWs surveyed have a First Aide Certificate or a CPR certificate.
  - For nursing home PSWs all reported they did not have the skills to give oral medication, assist client with medications, interpret information on prescription containers, or observe outcomes of medication and report.
  - In some nursing homes PSWs who had been entering comments on resident's charts, had this task taken away from them when the employer said this task could only be performed by an individual regulated under the Regulated Health Professions Act.

In home care settings PSWs report they are under the constant supervision of a nurse. They can only provide reminders to clients to take their medications. Doing things like eye drops, helping with therapy and using patient lifts are all done under the direction of a regulated professional. The client must also sign a release form.

The home care PSW does provide notes on flow sheets. They report everything they observe including changes in a client's condition.

- There are many skills PSWs have in the nursing home sector that are not utilized.

Many PSWs report that the skills they have can not be utilized in:

1. Communicating a support plan
  2. Helping clients relearn rehabilitation and mobility
  3. Maintaining a care plan
  4. Recognizing changes in behaviour, mental illness and the risk of suicide.
  5. Evaluating physical abuse.
- SEIU Local 1.0n thinks PSWs should have a larger role to play within a resident's, client's, or patient's care plan. PSWs are the people who may spend the most time interacting with a patient and their observations should be relayed and recorded. PSWs should participate in a patient's care plan.

- PSWs working in retirement homes (unregulated facilities) are providing medications to residents and check resident sugar levels.
- SEIU Local 1.0n's position is that no unregulated health care provider should dispense medications.
- Presently a Registered Nurse can delegate a controlled act to an unregulated person provided the RN is sure the individual has first hand knowledge of and competency in performing the act.

However, if a mistake is made in handing out drug dosages in settings where no standards exist, such as retirement homes, who is ultimately responsible if a mistake in drug dispensing is made? Is it the PSW or the nurse? Until PSWs are offered some form of legal protection or have been certified to perform a function, they should not be given the ability to perform tasks which are clearly controlled acts as defined by RHPA.

SEIU Local 1.0n recommends that PSWs be certified under a Registry program under the Ministry of Health and Long Term Care rather than under the Regulated Health Professions Act. We agree with the HPRC Council that certification is less restrictive than licensure.

- Clients, patients and residents alike must have the assurance that the care giver they deal with has a documented skill set and the qualifications to provide the care.
- Many PSWs also indicated they have taken additional training since graduation such as: Restorative Care, Rehab Assistance, Palliative Care, Recreation Therapy, Dementia Training, and Alzheimer Training.
- Such certification would require the registry to be able to conduct criminal background checks, an enforcement and inspection branch to monitor all health care providers and employers who employ PSWs and the ability of a PSW to report client/patient abuse with full whistleblower protection and safe guards against any reprisals.
- Is it possible to define the role of PSWs as an occupational group. The definition must include not only what a PSW is allowed to do, but must also define what a PSW can not do in specific health care sectors.
- To answer the Council's question, SEIU Local 1.0n is in favour of a Registry. It should be mandatory and all health care providers and employers.

The register, under the Ministry of Health and Long Term Care should include:

1. Criminal background check.
2. Educational qualifications, the ability for individuals to post updates and from which educational institution the qualification was granted.
3. Information in the register must comply with all privacy legislation.
4. There should be no graduated level of PSWs. Certification should be granted after an individual has successfully completed the community college program.

For PSWs who have not completed any formal educational programs, they should be encouraged to do so by the Ontario government.

Training funds should be made available to students and employers. In any case only PSWs who have completed the required educational courses, should have the designation "Certified" bestowed.

- There is currently a Private Member's Public Bill entitled *Safeguard our Seniors Act 2006* (Bill 77) in the Ontario Legislature.

The Bill places a duty on specific institutions such as nursing homes, hospitals and other health care facilities to protect patients from abuse and a duty on persons aware of abuse to report it.

It is modeled on a Manitoba law – *The Protection for Persons in Care Act*.

- SEIU Local 1.on is supportive of this Bill, but by amendment this Bill should also extend the meaning of a health facility to include all home care providers and establishments or living facilities deemed to be retirement homes.
- PSWs must have the ability to utilize their skills and training across all sectors of the health care system. Just like a Registered Nurse is a Registered Nurse anywhere she works, so too must a PSW have the ability to move from one sector to another.
- Such is not now the case. There is an extreme shortage of PSWs in home care. However, no PSW working in a nursing home or hospital environment could afford to cross over and utilize her skills in this sector.

Despite the Ontario government's announcement that the minimum wage for PSWs in home care will increase to \$12.50 per hour, it

provides no enticement to PSWs working in other settings for \$16.00 per hour with steady employment and paid benefits.

Home Care PSWs not only are subjected to low wages, have few if any benefits, no guaranteed hours of work and they work alone, which puts their own health and safety at risk.

They must work in unsanitary conditions. They are subjected to vicious pets. They may suffer physical abuse at the hands of a client. They have no way to exercise their occupational health and safety rights under the Occupational Health and Safety Act.

Stronger regulations to protect home care workers in this sector are needed.

The Ministry of Health and Long Term Care must ensure employers instruct workers as to their rights under the OHSA, inform workers who the members of the Joint Health and Safety Committee are, so they may contact any member to express a concern or report an incident. Employers must provide specific training to deal with violent situations. Ensure the caregiver has received a written copy and verbal instructions of the employer's working alone procedures, is warned of any potential hazards in a home, including the client and provide an electronic device that will alert authorities an incident has taken place and that the individual care giver needs immediate help.

- The Caplan Report's recommendation [Recommendation 20] rather than enhancing the work of PSWs in the home care sector diminishes the PSW status,

Remove barriers to entering the home care workforce. CCACs not to require 100% PSW status within the procurement process. Employers to commit to training and supervision of personal support workers until they achieve PSW status, generally within two years from the date of hire.

- The problem is employers cannot monitor themselves and without enforcing a PSW designation will only mean that home care agency providers will skirt the \$12.50 per minimum wage.

**Respectfully Submitted**

**SEIU Local 1.0n**