

Yukon Continuing Care

Bill of Rights for Residents Living in Yukon Continuing Care Facilities



Continuing Care Bill of Rights

Note: Continuing Care's Bill of Rights is currently under review, and will be updated in the near future. If you'd like to provide input, please contact our policy team at ContinuingCarePolicy@gov.yk.ca.

Any reference to “residents” in this document may also include the resident’s representative, such as the person holding an enduring power of attorney, guardian, proxy/substitute decision maker or a designate. See the Glossary of Terms at the back of this document.

I) GENERAL

- a) A resident has the right to be treated with courtesy and respect in a way that fully recognizes his/her dignity as an individual contributing to society with the opportunity to continue to learn and grow.
- b) A resident has the right to continue to exercise his/her rights as a private citizen, e.g., to vote, to participate in political activities and to have access to all levels of government.
- c) A resident has the right to receive therapy and assistance towards independence consistent with his/her requirements.
- d) A resident has the right to independent or supported access to sheltered areas outside the care facility in order to enjoy outdoor activities.
- e) A resident has the right to a care plan that takes into consideration the preferences, beliefs, customs, and traditions of the resident, his/her family and/or caregiver.

II) ADMINISTRATION

- a) Written policies regarding the rights of residents shall be established and shall be available to those who request them.
- b) A resident has the right to be informed, verbally or in writing, of care facility policies, rules, emergency procedures, extra costs, and of subsequent changes as they occur.
- c) A resident has the right to expect all employees to be advised of the residents' Bill of Rights and to assume that all employees respect those rights.
- d) A resident has the right to expect all employees who work with him or her, to have up-to-date knowledge of his or her needs and care plan.
- e) A resident has the right to be informed, verbally or in writing, of the procedures for initiating complaints.
- f) A resident has the right to raise concerns or recommend changes in policies and services on their behalf or on behalf of others to the Residents' Council, facility staff, government officials or any person inside or outside the care facility without fear of restraint, interference, coercion, discrimination or reprisal.
- g) A resident has the right to be involved in decisions that affect where he/she lives (e.g., room changes, transfer to another facility).
- h) A resident will not be transferred or discharged except for medical reasons, the resident's welfare or that of other residents, or for non-payment of care costs and will be given reasonable advance notice to ensure orderly transfer or discharge. Such actions shall be documented in the resident's health record.

III) QUALITY OF LIFE AND SECURITY

- a) A resident has the right to live in a clean, safe, comfortable, and accessible environment.
- b) A resident has the right to be properly sheltered, clothed, and cared for in a manner consistent with his/her needs.
- c) A resident has the right to be provided with sufficient quantities of nutritious food, served attractively, and the right to special diets as required and available.
- d) A resident has the right to have standard safety features in his/her room as per Continuing Care regulations.
- e) A resident has the right to maintain and display in his/her room or designated resident areas, personal possessions, pictures, and furnishings in keeping with Continuing Care safety requirements and other residents' rights, unless medically contraindicated.
- f) A resident has the right to individual attention.
- g) A resident and/or representative has the right to participate in the Residents' Council.
- h) A resident has the right to be free from abuse and neglect, including without restriction: physical, mental, emotional, financial, sexual, and chemical abuse, violation of rights and active or passive neglect.
- i) A resident has the right to form and enjoy consensual relationships without interference as long as the behaviour does not infringe on the rights, privacy, and safety of other residents.
- j) A resident has the right to meet with others and participate in activities of social business, religious, and community groups.
- k) A resident has the right to plan and participate in hobbies, religious practices, and other activities of interest and to be given reasonable provisions by the care facility to accommodate these pursuits.
- l) Individual residents have the right to have daily visiting hours established, if so desired. Otherwise, there are no posted visiting hours.
- m) A resident has the right to have visits from members of the clergy at any time, at the request of the resident or his/her designate.

IV) MEDICAL AND HEALTH

- a) A resident and/or substitute decision maker for health care decisions has the right to be informed of the resident's medical condition and the recommended course of treatment.
- b) A resident has the right to be informed of who is providing his/her daily direct care and ongoing medical care.
- c) A resident has the right to be involved in making recommendations and decisions related to his/her care or treatment and to appoint an individual to be involved with him/her in those decisions if so desired or needed.
- d) A resident has the right to obtain an independent medical opinion concerning any aspect of his/her care, including any decision concerning admission, discharge or transfer to or from a care facility.
- e) A resident has the right to appoint a person to receive information concerning any transfer or emergency hospitalization and to have that person so informed.
- f) A resident has the right to confidential treatment of personal and medical records and to approve or refuse their release to any individual outside the care facility, except in the case of transfer to another health facility or as required by law.
- g) A resident has the right to refuse to participate in experimental research.
- h) A resident has the right to give or refuse consent to treatment, including medication, in accordance with the law, and must be informed of the consequences of giving or refusing consent.

- i) A resident has the right to choose to live at risk once he/she or a representative has been made aware of the implications.
- j) A resident who is critically ill has the right to have visitors at any time, unless medically contraindicated or lends risk to other residents.
- k) A resident whose death is likely to be imminent has the right to have family or friends present 24 hours a day.
- l) A resident has the right to be free from chemical and physical restraints, except:
 - as authorized in writing by a physician or other person lawfully authorized to prescribe restraints; or
 - when necessary to protect the resident from injury to him/herself or to others, according to the least restraint policy.

The resident or representative shall be informed about the procedures and consequences of receiving or refusing such restraints, which shall be used for a specified and limited period of time.

- m) A resident has the right to palliative care in the care facility where available and to a life appreciation service in the care facility.

V) FINANCIAL

- a) A resident has the right to manage his/her own financial affairs or to have a person holding an Enduring Power of Attorney do so on his/her behalf.
- b) A resident has the right to receive a regular accounting of any transactions undertaken on his/her behalf.

VI) PRIVACY AND COMMUNICATION

- a) A resident has the right to associate and communicate privately with persons of his/her choosing, unless it interferes with other residents.
- b) A resident has the right to meet privately with his/her spouse in a room that ensures privacy and, where both spouses are residents in the same care facility, they have a right to share a room according to their wishes, if an appropriate room is available.
- c) A resident has the right to send and receive mail unopened. Staff may become involved when help is requested.
- d) A resident has the right to have telephone access and to make and receive confidential calls.

VII) EXCEPTIONS

- a) A resident's rights may be denied or limited only for good cause, for example, to ensure the safety of the resident or others. In such cases, a written order is required by the attending physician, and is documented on the chart. In other cases, the law may authorize denial or limitation of rights.
- b) Where a resident is mentally incompetent, his/her rights shall devolve to his/her substitute decision maker. The substitute decision maker/next of kin will be notified of the resident's mental decline.

GLOSSARY OF TERMS

IN ACCORDANCE WITH THE CARE CONSENT ACT (MAY 2005)

ENDURING POWER OF ATTORNEY (Document Established after May 1, 2005)

References a designated person who has legal authority to make financial decisions on the resident's behalf. Can be effective immediately as outlined in the document and/or when the resident is no longer capable of making financial decisions. Requires a certificate of legal consultation from a lawyer to be valid.

FAMILY/SIGNIFICANT OTHERS

Immediate next of kin, or those individuals whom the resident sees as the most supportive and caring and whom the resident wants involved in supporting or making decisions regarding his/her care and treatment. The social unit in which people, by mutual choice, attempt to attain their needs, which include intimacy, power, and meaning.

GUARDIAN

A designated person who has wide powers to act on the resident's behalf. Guardianship is a legally recognized relationship between a specified person and another specified person who, because of some significant degree of disability, is considered to lack legal capacity to make decisions for themselves. Guardians can be responsible for the management of all the resident's personal care, health care, and/or financial decisions.

PROXY/SUBSTITUTE DECISION MAKER

A person designated under an Advanced Directive who may consent on behalf of the resident to personal care, health care decisions and/or consent to live in a care facility. This does not come into effect until the resident is no longer mentally capable of making their own decisions. An Advanced Directive requires two witnesses and does not require legal consultation.