

# Intake Support Guide



## INTRODUCTION

A guide has been created to help identify resident/client information that should be collected by Continuing Care service providers as part of the intake process to **improve worker safety**. **The goal is to encourage standardization in the risk assessment process for workers.** This guide includes:

### CATEGORIES

*Topics to support the development of questions related to better identifying risk to worker safety*

### SUB-CATEGORIES

*Secondary and related topics that fall under each category that should be collected from residents/clients*

### EXAMPLE QUESTIONS

*Example questions within each sub-category to help gather necessary resident/client information*

\*The collection, use and disclosure of personal health information across the categories must be limited to the minimum amount of personal health information necessary to improve worker safety and create a safe environment.

## HOW TO USE THIS GUIDE



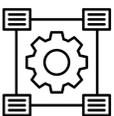
### Review

Existing intake forms and current risk assessment



### Identify

Missing categories or questions in current forms



### Incorporate

Add or modify existing processes **or** redesign intake form to include suggested categories/questions

\*Information to be collected from various resources such as clients, families, etc.

Staff are encouraged to complete and review **Worker Safety Concerns** when completing assessments

Some facilities/agencies may already have these categories embedded within their current processes (e.g., existing intake forms). For those without, it is strongly encouraged to incorporate the categories below in the intake and risk assessment process

*The following guide was developed to Support workplace Safety initiatives using information gathered through 2021 workshops with Continuing Care representatives, Union, DSLTC, WCB and AWARE-NS and secondary research.*

# Intake Support Guide

## Resident / Client Information

### Process

Below are the categories to incorporate in an intake process. Each of the categories are critical to identifying risks to worker safety. Should these categories exist in your intake process, please review to ensure all information captured in the questions below is included

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## Mobility and Equipment Needs

Provide an understanding of the mobility level and equipment needs of the resident/client



### Activities of Daily Living (ADL)

Questions that identify resident/client's ability and capacity to do every day/daily activities (e.g., bathing, dressing, using stairs)

#### Examples

- What is resident/client's ADL function?
- What is resident/client's ability to carry out actions such as bathing, dressing, etc. in general and on that day?



### History of Falls

Questions pertaining to resident/client's history of falls, frequency, and possible injuries/fractures from falls

- Does the resident/client have a history of falls? (Indicate frequency and injuries if applicable)



### Equipment Needs

Questions should identify resident/client needs for equipment to support mobility, type of equipment, frequency of use, and need for OT/PT

- Does the resident/client require equipment? If yes, what type?
- Does the resident/client have an OT/PT assessment booked?

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## Medical History / Medications

Gathering information on current and previous medical history and medications



### Pain Symptoms

Questions to identify if resident/client has exhibited pain symptoms to identify related risks of aggression or violence

#### Examples

- What are resident's pain symptoms overall or on that day and what is the frequency of occurrence?



### Memory & Decision Making

Collection of information on resident/client's ability to make decisions and their memory

- What is the resident/client's level of decision-making abilities?
- What is the state of the resident/client's memory?



### Communication & Vision

Questions should identify resident/client's communication ability in speech, hearing, as well as vision

- What is the resident/client's speech/vision level?
- Indicate the individual's ability to make self understood, see, etc.



### Medications

Questions that identify resident/client's possible side effects from current medications

- What medication side effects could impact resident/client?
- Known medication allergies?
- Has the client taken any medication with potential side effects that day?

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## Moods and Behaviours

*Provide an understanding of resident/client's current and changing moods and behaviours*

### Examples



### Behaviour Symptoms & Indicators

Questions should identify the behaviours resident/client is presenting, specifically anger, anxiety, etc. as well as frequency of moods

- Please indicate frequency level of moods/behaviours (i.e., anger)
- Is the resident/client being followed by a Mental Health Practitioner?



### Triggers

Questions that gather information on resident/client's previous triggers, what the triggers are, and any incidents and their severity

- Any previous triggering instances for the resident/client?
- What was the severity/outcome of these instances?



### Mitigation

Questions should identify all previous mitigation strategies put in place for resident/client related to their specific triggers

- Were there previous mitigation strategies put in place? If yes, what were they?

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## Mental Health and Addictions

*Gathering information on resident/client's mental health and previous/current addictions*

### Examples



### Mental State

Questions to indicate resident/client's present mental state, frequency, and any relevant clinical diagnoses

- Is the resident/client experiencing poor mental health?
- Has the resident/client shown signs of distress?



### Substance Abuse

Questions that identify the resident/client's history with/current substance use

- Does the resident/client have a history/currently dealing with substance abuse? If yes, which substances?