



COR Connections | March 2025

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Action Plan Reminder

A friendly reminder that the deadline to email the COR Team an intent to complete a Maintenance Action Plan (in lieu of a maintenance audit) is **March 31st!** In the intent email, please include your organization's audit cycle year and your last recertification audit score.

COR Audits by the Numbers

The CCSA COR Team has completed the Quality Assurance Reviews on all audits from 2024!! Stay tuned for an upcoming comparison between 2023 and 2024!



Congratulations and a round of applause to all organizations who completed COR Audits/Action Plans in 2024. From the CCSA COR Team, a big thank you for another successful audit cycle year. We are celebrating all your hard work!

First Aid Code Changes

For the purposes of conducting COR Audits, auditors must:

- Still provide specific examples for audit question 8.8 which illustrate that the number of RNs, LPNs and/or First Aiders required have been met (to verify individuals are, in fact, readily available), and
- Also, provide an example of a brief description of OHS acceptance, if it exists.



For Type A (Continuing Care) facilities:

While Type A is exempt from requirements in 181(4), all other parts of the First Aid legislation apply, therefore

1. Auditors must refer to Alberta OHS Code Schedule 2 Table 6 for Medium Hazard Work.
 2. Note the number of workers at the work site per shift.
 3. Note how many RNs/LPNs (First Aiders) are required per shift to meet the number of workers per shift.
 4. Check the employee schedules for each shift to see if an RN and/or an LPN is readily available on each shift.
 5. Quantify the amounts found.
1. If an OHS acceptance exists, use the method above as described for Type A.
 2. If no OHS acceptance exists, refer to Alberta OHS Code Schedule 2 Table 6 for Medium Hazard Work.
 3. Note the number of workers at work site per shift, and whether the work site is close, distant, or isolated from a hospital.
 4. Note how many First Aiders are required per shift to meet the number of workers per shift.
 5. Check employee schedules for each shift to see if the appropriate number of First Aiders are readily available.
 6. Check First Aid certificates of the First Aiders found to verify

- For example, based on documentation review of employee schedules and OHS Code Schedule 2 Table 6 Medium Hazard Work (19 workers per shift), 2/2 RNs were confirmed to be on day, evening, and night shifts, meeting the Type A facility requirement of having the designated number of RNs (First Aiders) always readily available.

For Type B (Senior's Supportive Living) and Type C (Publicly Funded Residential Hospice Care) Facilities:

that their certificates are current (not expired).

7. Quantify the amounts found.

- For example, based on documentation review of employee schedules and First Aid certificates, 2/2 intermediate first aiders with current, valid certification were confirmed to be on day, evening, and night shifts, meeting the Type B facility requirement for OHS Code Schedule 2 Table 6 Medium Hazard Work, 19 workers per shift at an isolated work site.

OHS Code Amendment Regulation 202/2024

The OHS Code Amendment Regulation 202/2024 was signed as Ministerial Order No. 2024-12, dated November 28, 2024, and in effect as of December 4, 2024.



The OHS Code Amendment Regulation changes the wording in section 181(4) to read: **Section 181(4) is amended** by striking out "medical clinic or physician's office, or a nursing home as defined in the Nursing Homes Act," and substituting "*medical clinic, physician's office or nursing home*".

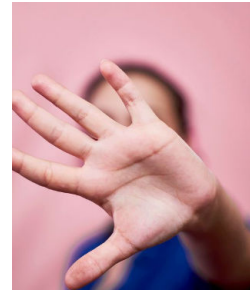
Section 181(4) of the OHS Code now reads: "This section does not apply to a hospital, medical clinic, physician's office or nursing home where a physician, nurse or licensed practical nurse is always readily available."

For the purposes of the OHS Code, Continuing Care Type A facilities are considered nursing homes. While hospitals, medical clinics, physician's offices, and nursing homes where a physician, nurse or licensed practical nurse is always readily available are exempt from the OHS Code requirements in section 181; [all other sections in Part 11 must be met.](#)

Continuing Care Type B and Type C employers must meet all the requirements in the OHS Code, Part 11. Continuing Care Type B and Type C employers may also apply for an acceptance to adopt an alternative approach that meets or exceeds the legislated requirement. The OHS publication, “Applying for an OHS acceptance or approval,” can be found at: [Applying for an OHS Acceptance or approval](#)

Violence and Harassment Code Changes

The Government of Alberta has recently implemented extensive, though mostly minor, updates to the OHS Code, AR 191/2021. The deadline to comply with these new provisions is March 31, 2025. The CCSA Team has prepared a [comparison file](#) for its members, outlining the key features of the new amendments and highlighting areas of interest.



For the purposes of conducting COR Audits, stay tuned for more information on how these changes will affect the audit tool.

Audit Tip of the Month

Tip # 1: Auditors must not boilerplate or template audit reports. (Partnerships Standard 1.15.3)

Auditors may not use boiler plating or templating in their audit report.

- Boiler plating definition: This practice involves copying all or a portion of an audit report from one audit and then re-using it for another audit, making very few changes.
- Templating definition: This practice involves using pre-crafted ready-made notes and recommendations for multiple audit reports. These notes and recommendations may be modified to include some specific findings but are mostly unoriginal. Templating also includes copying and pasting notes and recommendations within the same audit report (e.g., using the same justification note, key strength or suggestion for improvement (SFI) for multiple audit questions).

In addition, auditors must not copy/paste large sections of an organization’s document text into their audit reports; instead, to justify audit findings, auditors must use short, specific quotes that relate back to the audit question.

Tip # 2: Auditors must only sample on questions where it is permitted

Audit questions 2.1 and 2.2 DO NOT allow for sampling. Currently, sampling is permitted for all other questions. However, the auditor must state their sampling method; keeping in mind that depending on the number of available records, sampling may not be necessary, and all records may be used in the scope of a question.

Sampling definitions:

- **Block sampling** involves sampling a 'block' of data / documents.

For example, question 7.4 asks "if formal inspections are carried out in accordance with the policy and/or process by Managers, Supervisors, and Workers."

To verify to what degree these requirements have been adhered to, an auditor must look at the last 12 months of completed formal inspection reports and compare these with the number of inspections required by the policy/process. For smaller locations it is possible to review all the last year's inspection reports, but for larger and more complex organizations, the volume of such documents may be too great. To evaluate the consistency of inspections an auditor can then focus on blocks of information rather than the whole.

As an example, for 7.4; March, June, September, and November inspections from all departments are reviewed. This way an auditor can sample the consistency of completed inspections (x) and compare them to the requirement of the policy/process (y) to arrive at a percentage of positive indicators (x/y).

- **Random sampling** involves the review of 'randomly' selected examples from required documents.

For example, question 9.9 asks "if incident investigations identify root causes and recommend corrective actions." The auditor will need to review the investigation reports for the last 12 months and evaluate how many of them have identified root causes, and how many have identified corrective actions. For a smaller organization, the auditor can review all the investigation reports generated within the last year, but for a larger organization, these could number in the hundreds. In that case, an auditor may choose to select 'randomly' 20 or 30 of these investigation reports to evaluate these. Care should be taken that the randomly selected samples include investigations from different departments, work areas, sites, etc. to ensure it is a representative sample of all the operations, rather than selecting all the investigations from the ones completed in one department or site only.

- **Following a documentation trail** is the technique utilized to ensure various steps of a process are followed through on.

For example, identified hazards should be evaluated, prioritized, then controlled; inspections are conducted regularly, identify deficiencies, and the deficiencies are followed up on and corrected; incident investigations are followed up on to ensure required corrective actions are implemented to ensure there is no recurrence of the incident.

Different sampling techniques can be used depending on the type of information each specific audit questions are asking.



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