

SECTION 4: HEALTH AND SAFETY

Contents

4 A.1. Safe Physical Assistance .....4

4.A 2: Mobility Decision Support Tool .....6

4.A 3: Point-of-Care Risk Assessment .....7

4.B. Prevention of Critical Incidents .....9

4.B. 1: Overview .....9

4.B. 2: External Authorities .....9

4.B. 3: Occupational Health and Safety Group .....9

4.B. 4: External Inspections and Equipment Maintenance .....10

4.B. 5: Health Community and Care (HCC) Nursing Back Up .....10

4.B. 6: Risk Management .....10

4.B. 7: Prevention of Release of Vulnerable Adults to High Risk Situation(s).....11

4.C. Protection from Abuse .....12

4.C. 1: Whistle Blower Protection .....12

4.C. 2: Definitions of inappropriate and abusive conduct.....12

4.C. 3: Legal Responsibilities .....15

4.C. 4: Alleged Abuse (as noted in any of the definitions above), Critical Incidents, Misuse of Funds or Assets, or Health and Safety Risks: time frame for reporting and follow up. ....16

4.D. Incident Reporting .....18

4.D. 1: Licensed Programs: Reportable Critical Incidents to Island Health.....18

4.D. 2: Reportable Incidents to CLBC.....19

4.D. 3: Hillside, Futures Club, Individual Support Network and Home Shares: Reportable Incidents .....21

4.D 4: Request for CLBC Reportable Incident Form.....21

4.D. 5: Non-Critical Incidents relating to Person Supported .....21

4.D. 6: Program/Residence Incident Reporting .....22

4.D. 7: Annual Review .....23

4.D. 8: Work Related Staff Injuries .....23

4.D. 9: Worksafe BC Forms.....24

4.D. 10: Accident Investigation Reporting.....24

4.D. 11: Debriefings in a timely fashion following critical incidents .....25

4.E. Infection Control, Universal Precautions (Standard Precautions) and First Aid.....25

4.E. 1: Infection Control and Universal Precautions (Standard Precautions).....25

4.E. 2: Influenza Immunization and Control of Influenza Outbreaks .....26

4.E. 3: Communicable Diseases.....27

4.E. 4: Staff Responsibility for Reporting Infectious Conditions .....28

4.E. 5: Scabies Protocol .....28

4.E. 6: Head Lice .....29

4.E. 7 Exposure Control Plan in response to H1N1 .....31

4.F. First Aid Procedures .....32

4.F. 1: First Aid Procedures .....32

4.F. 2: Human Bites: First Aid.....32

4.F. 3: Hot and Cold Compresses .....33

4.F. 4: Emergency Survival Kits and First Aid Kits.....33

SECTION 4: HEALTH AND SAFETY

4.F. 5: Essential Information for all Staff Members ..... 33

4.F. 6: Managing Medical Situations for People Supported ..... 35

4.G. Fires..... 35

4.G. 1: Fire and Emergency Drills..... 36

4.G. 2: Fire Evacuation Procedures..... 36

4.H. Evacuation ..... 37

4.H. 1: When evacuation is appropriate..... 37

4.H. 2: Partial evacuation for the physical facility..... 37

4.H. 3: Emergency Evacuation ..... 37

4.H. 4: Accounting for all persons..... 37

4.H. 5: Emergency Accommodation when complete evacuation is necessary ..... 38

4.H. 6: Emergency Notification of Authorities ..... 38

4.I. Continuation of Essential Services during evacuation ..... 38

4.I. 1: Emergency: Medication Disaster Supplies ..... 38

4.I. 2: Emergency: Adaptive Equipment ..... 39

4.I. 3: Emergency Medical and Health Information ..... 39

4.I. 4: Emergency Service Plans..... 39

4.I. 5: Emergency Personal Possessions ..... 39

4.I. 6: Emergency Staffing ..... 39

4.I. 7: Emergency: Communication Headquarters during a Disaster ..... 40

4.I. 8: Out of province contact..... 40

4.I. 9: Emergency Phone Numbers..... 41

4. J: Emergency Procedures and Drills ..... 41

4.J. 1: Types of emergency drills ..... 41

4.J. 2: Emergency Drills and safety education for the people we support ..... 51

4.K. Hospital Admission Procedures ..... 52

4.K. 1: Planned Admission to Hospital..... 52

4.K. 2: Emergency Admissions to Hospital..... 53

4.K. 3: Exceptional Considerations..... 53

4.L. Death of a Person Supported ..... 53

4.L. 1: Unexpected Death: ..... 53

4.L. 2: Anticipated Home Deaths: ..... 54

4.L. 3: Duties after the Death..... 54

4.L. 4: Memorial Service ..... 56

4.L. 5: Estates Assets..... 56

4.L. 6: HCC Palliative Care..... 56

4.M. Annual Competency Based Training ..... 57

4.M. 1: Overview..... 57

4.M. 2: Unsafe Environmental Factors: ..... 58

4.M. 3: Emergency Procedures: ..... 58

4.M. 4: Evacuation Procedures: The following policies/procedures are to be used as a reference: ..... 58

4.M. 5: Identification and Reporting of Critical Incidents: ..... 58

4.M. 6: Reducing Risks:..... 58

4.M. 7: Medication Management: This area is to be tested as indicated below: ..... 58

4.M. 8: Health and Safety Practices: These areas are to be covered as indicated below: ..... 58

SECTION 4: HEALTH AND SAFETY

4.N. Release of a Person Supported .....59  
4.N. 1: Overview .....59  
4.N. 2: Restrictions or prohibition by a court order or an order under an enactment .....59  
4.N. 3: Risks to Health, Safety or Dignity.....59  
4.N. 4: Form Part 5: 57 Residential Care Regulations: Access to Person Supported.....59

## SECTION 4: HEALTH AND SAFETY

### 4 A.1. Safe Physical Assistance

Purpose: To promote safe physical assistance procedures to ensure quality of care to the people supported and minimize risk of injury to staff members

Definitions:

- Emergency care circumstances: The individuals could be critically or fatally injured if not moved immediately eg. fire or sudden medical emergency
- Manual Lifting: Any physical assistance task requiring the worker to support or lift a significant part, or all, of an individual's body weight
- Minimal Assistance: Providing cueing, encouragement, guiding or steadying assistance to the individual to mobilize safely. The individual is highly involved in the activity but may require the support worker to exert minimal effort using ideal body mechanics to lift, guide, steady, support or use aides effectively. "Minimal effort" may be different for each staff member
- Physical Assistance: Refers to all tasks performed by Kardel support staff where they facilitate, assist or otherwise participate in moving an individual from one position to another. Examples include but are not limited to bed to chair transfers, chair to toilet transfers, positioning in bed or chair, and care tasks such as dressing and bathing
- Physical Assistance Device: Any device designed to provide a direct mechanical force or a mechanical advantage to the user
- Point of Care Risk Assessment: Before performing any physical assistance or care task, the support worker should observe factors such as the environment/equipment, the individual's current physical and mental state to determine if there is any change and to confirm the physical assistance recommendations on the physical assistance procedure checklist and individual care plan are still safe. Refer to Point of Care Risk Assessment Tool
- Reposition: A task that requires relocation of an individual on a surface eg. Moving up in bed, or straightening up in a chair

This policy applies to all homes and programs within Kardel.

All individuals supported must be assessed using a mobility decision support tool to determine if the individual is able to transfer or reposition without the use of mechanical physical assistance devices or a safety engineered repositioning tool (eg slider sheet). There will be no manual lifting of individuals by staff except when a formal mobility assessment indicates the individual can be safely moved with minimal assistance, or in emergency care circumstances or when a mechanical device is contraindicated.

Ceiling lifts must be used when the mobility assessment indicates that full mechanical assistance is required.

Specific procedures will be developed and implemented for each individual at each home/program. Safe work procedures and related resource documents will be made available in ShareVision.

## SECTION 4: HEALTH AND SAFETY

### Responsibilities:

#### Senior Administration:

- Ensure that managers/designate's promote and foster a safe physical assistance environment.
- Provide for (or support requests for) reasonable operational and capital resources toward the implementation of a safe physical assistance program.
- Ensure that the design, renovation and construction of homes and programs meet the requirements of this policy.

#### Managers/Designate's:

- Ensure all policies, procedures and/or guidelines related to this policy are in place and communicated to staff members.
- Ensure each individual served is assessed for all physical assistance tasks, risks are identified and appropriate equipment/procedures are implemented and communicated to staff in individual support plans and physical assistance checklists.
- Ensure adequate physical assistance equipment/devices are maintained and accessible to staff members
- Ensure that education and training is provided/documented regarding all physical assistance devices to new staff and as required.
- Ensure employees promote and foster safe physical assistance and a healthy work environment.
- Monitor compliance with policy both formally (eg. inspections) and informally ( eg regular check ins, safety huddles, etc)
- Complete accident/incident investigations, implement corrective actions and monitor trends. Include Occupational Health and Safety Group where appropriate
- Consult with Joint Occupational Health and Safety Group on a regular basis regarding injury trends and corrective actions.

#### Employees:

- Follow all safe physical assistance policies, procedures and/or guidelines related to this policy.
- Complete a point of care risk assessment prior to carrying out any care activity.
- Identify and communicate any identified risk of injury or apparent unsafe physical assistance situation in the work environment.
- Inform manager of any situations that arise where unable to comply with the policy due to a change in the individual's condition, equipment issues, unfamiliarity with equipment /procedures, etc.
- Participate in available training and education and ensure knowledge, skills and abilities necessary to perform work in a safe manner.

## SECTION 4: HEALTH AND SAFETY

- Actively participate in promoting and fostering a safe and healthy work environment; work collaboratively with colleagues to ensure safe physical assistance procedures are followed.

### Occupational Health and Safety Group:

- Develop resources (educational tools, orientation checklists, decision support tools, etc) which support and promote a safe physical assistance environment.
- Communicate recommendations to administration and managers/PIC's to promote and foster a safe physical assistance environment in all Kardel homes and programs e.g. implementation of Provincial Safe Resident Handling Standards for Musculoskeletal Injury Prevention in British Columbia.
- Update and maintain health and safety resources on ShareVision
- Actively participate in promoting and fostering a safe and healthy work environment.
- Review incident statistics on a regular basis to identify trends and evaluate corrective actions.
- Be a team resource, facilitate problem solving.

*Policy Group: Health and Safety*

*Issued: May 2015*

*Revised:*

*Reference: WorksafeBC Occupational Health and Safety Regulations. Available at:*

*<https://www2.worksafebc.com/publications/ohsregulation/Part4.asp?ReportID=18001>*

*Interior Health Authority Policy : AVO100, Occupational Health and Safety Program 2014, AV2800, Safe Patient Handling*

*Island Health Authority MSIP Program No Manual Lifting of Patients Protocol 2008*

*Provincial Safe Resident Handling Standards for Musculoskeletal Injury Prevention in British Columbia 2013*

### 4. A 2: Mobility Decision Support Tool

This tool is intended to guide decisions on transfers and ambulation related to daily activities of providing care and support.

Confirm abilities of individual and proceed as indicated. Document the outcome, refer to OT/PT if complex.

1. Is cooperative and able to follow directions and/or physical cueing.

**If no :** Do not proceed or transfer using full mechanical lift or reposition using full mechanical lift.

2. Can boost up in bed with no/minimal assistance. Can roll onto at least one side and maintain side lying.

## SECTION 4: HEALTH AND SAFETY

**If no:** Transfer using mechanical lift or reposition using mechanical lift.

3. Can move from lying to sit and then maintain or correct his/her position with no/minimal physical assistance.

**If no:** Transfer using mechanical lift

4. With feet on the floor, can lean forward and lift buttocks off surface and sit back down.

**If no:** Transfer using mechanical lift

5. Can lean forward lift buttocks off surface and stand up.

**If no:** Transfer using mechanical lift

6. Can step from one foot to another to side or forward with no/minimal assist (may use walking aid).

**If no:** Do not manually transfer or walk.

7. Once standing, can actively walk on the spot with no/minimal assist or with walking aid

**If no:** Do not walk, use stand and step transfer (pivot)

Can walk independently or with supervision (may use walking aid)

### 4.A 3: Point-of-Care Risk Assessment

Before and during the provision of care with an individual, the support worker should check the individual's current physical and mental function to ensure a match with the current care plan. The support worker is checking to confirm that care is safe to do at that point in time, for the person served and the worker. This is referred to as a "point-of-care risk assessment."

## SECTION 4: HEALTH AND SAFETY

### Environment:

- Do I have the proper equipment?
- Proper set-up?
- Is the area safe for doing the task?

### **Level of risk**

### Worker:

- Am I in a positive frame of mind?
- Am I using safe body movements to do the task?
- Do I have the skill?

### **Level of risk**

### Person Supported:

- Is the person ready and able to receive care/support at this time?
- Have their care/support needs changed?

### For transfers and mobility:

- Is the transfer safe to do?
- Following the mobility decision support tool....can the person:
  1. Follow direction? ( cognition)
  2. Lean forward in sitting? ( sit balance)
  3. Lift buttock & clear surface? ( strength)
  4. Step or shuffle feet? ( stand balance)

### **Level of risk**

### Care Plan:

- Has the person's individual care plan changed?
- Has the posted physical assistance checklist changed?
- Do I know how care/support is provided to this individual?

### **Level of risk**

Support workers must report changes. Speak with coworkers/manager, document in daily journal notes, communication log. If care cannot be provided safely:

- Can something be done to provide safe care right now (eg. Use an overhead lift)?
- If not, make sure the individual is safe and talk with your manager about an alternative safe care plan.
- Follow the reporting process to communicate changes and update care plans.
- A reassessment may be required.

## SECTION 4: HEALTH AND SAFETY

*Policy Group: Health and Safety*

*Issued: June 2015*

*Revised: January 2016:*

*Reference: Interior health Authority Policy: AVO100, Occupational Health and Safety Program 2014 AV2800, Safe Patient Handling, Provincial Safe resident Handling Standards for Musculoskeletal Injury Prevention in British Columbia 2013*

### 4.B. Prevention of Critical Incidents

#### 4.B. 1: Overview

Kardel is committed to a safe and healthy environment for the people we support and our employees.

#### 4.B. 2: External Authorities

The Occupational Health and Safety (OH&S) Regulations of the Workers' Compensation Act apply. The regulations are available on ShareVision. (Cross reference other legislations: 2.F.5)

The Community Care and Assisted Living Act and Regulations are available to licensed homes and the administrative office via ShareVision. "Meals and More" which outlines licensing nutrition and food safe requirements is available in each licensed home.

#### 4.B. 3: Occupational Health and Safety Group

The OH&S Group consists of: a minimum of two managers and two union representatives. Meetings are held monthly. Employee representatives and union representatives alternate role of chair and secretary on a bi-annual basis. The OH&S group is responsible for spotting trends, ensuring corrective action and monitoring the success of training.

Each site designates an OH&S representative. Where this is not possible the Manager may designate an individual staff member(s) to assist with OH&S responsibilities and requirements. The Manager in conjunction with the representative or designate is responsible to follow-up with accident investigations.

On a quarterly basis, the program manager and OH&S representative or designate, are responsible to ensure workplace inspections are completed and submitted.

This is to occur in January and July on overnight shift, and in April and October on afternoon shift.

Day shift staff will be requested to complete the semi-annual worksite safety inspection form in April and in October. Ensuring follow up of the recommendations is the joint responsibility of the Manager and the OH&S representative/designate.

The OH&S Group will review all inspections and if on-site inspection is required, will follow up.

Work place inspections and accident investigations are to be completed during normal working hours. If this is not possible, time required is to be approved by the program Manager/Designate. Committee members and program representatives/designate shall be granted leave without loss of pay, or receive straight time regular wages, to participate in the

SECTION 4: HEALTH AND SAFETY

OH&S Committee activities as per the collective agreement. The representative or designate and the program manager will normally carry out investigations jointly.

The Occupational Health and Safety Group will receive annually an average of eight hours of training as required under the Act.

4.B. 4: External Inspections and Equipment Maintenance

Inspections are conducted by the local fire department of the homes once per year or less based on identified risk factors. Licensing conducts inspections every 18 months. BC Housing conducts annual inspections. Building inspections may also be completed. Copies of inspections are to be forwarded to Central office to the attention of the Director of Human Resources.

Managers/Designates are to arrange annual servicing of fire extinguishers and sprinkler systems.

B.C. Housing Homes i.e. Amelia, Hillside, Lakes, Paskin, Patterson, have fire extinguishers and sprinkler systems maintained through a vendor assigned by B.C. Housing Henry, Maryland, Dustin, Futures and the Office utilize vendors assigned by Kardel.

On a monthly basis, the Manager or designate must inspect/test ground fault breaker; smoke alarms; fire extinguishers at the site and records results in Emergency Maintenance Section of ShareVision.

4.B. 5: Health Community and Care (HCC) Nursing Back Up

Back up nursing support is available for the people registered with Health Services for Community Living. HCC Nurses may be reached from 8:30 A.M. to 11:30 P.M. (numbers posted by phone in homes). For assistance and support from 11:30 pm to 8:30 AM, 911 and the emergency department is our only resource. For less serious situations, HealthLink BC (811) may be contacted for confidential health information and advice. HCC Nurses are to be informed of hospital admissions. It is written in the health protocols when they need to be called.

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>1998</i>
<i>Revised:</i>	<i>December 2000, May 2002, April 2007; March 2011; Nov 2014</i>
<i>Reference:</i>	<i>Occupational Health and Safety Regulations: Workers' Compensation Act; Article 11.14 (b); Memo for VIHA dates January 26<sup>th</sup>, 2011 on Suspension of Nursing Nights-on-Call in South Island</i>

4.B. 6: Risk Management

Working Alone Group Home Overnight Shifts:

Employees are not eligible to work alone on night shift until after the completion of their first performance evaluation where they meet expectations, which is to take place between 30 and 120 hours of work.

## SECTION 4: HEALTH AND SAFETY

Homes have developed the following “buddy” system to assist with monitoring the safety and security of staff members working alone. Employees in the following homes phone each other throughout the night:

Maryland/Sentinel; Amelia/Henry; Dustin/Patterson; Hillside/Paskin; Sentinel/Patterson; Lakes/Paskin. Schedules for calls are established by the manager based on the needs of the home.

A night call-in sheet is to be used to record calls with the date and time. The schedule of phone calls is arranged between “buddy” homes. The employee is to phone “buddy” home and document the time and response. If there is no answer, dial again. If there is no response a second time, wait another 5 minutes and call again. If there is no response on the third attempt, call the non-emergency number of the police station and request that they check on staff working alone, leaving your phone number for follow up. Night staff should carry the cordless phone on their person while attending to the people supported to ensure they answer the phone promptly.

Ensure the police re-contact you or have buddy home contact you to ensure all is in order. In the event of injury, illness or incapacity, use the staff callout list or, if no one is available, contact the manager, or Directors or CEO to have staff relieved. The Directors and CEO’s home phone numbers are available on ShareVision at each home/program.

### Best Practices Working Alone:

- All staff members are to exercise due caution to ensure they do not place themselves in situations of risk when they are working alone.
- Consider potential hazards and exercise judgment re: risks/benefits of your actions. Examples include: Avoid standing on a stool to reach a high item when you are alone. If, however, inadequate lighting is posing a safety risk, change the light bulb using caution.
- Report concerns
- Refer to/ follow the guide to managing risk when working alone on ShareVision under the Health and Safety Resources Tab

<i>Policy: Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>March 1998</i>
<i>Revised:</i>	<i>September 2000; November 2002; May 2007; September 2012; July 2013; June 2014</i>
<i>Reference:</i>	<i>Workers’ Compensation Board 4.21, 4.22, 4.23</i>

### 4.B. 7: Prevention of Release of Vulnerable Adults to High Risk Situation(s)

As part of its admission process Kardel asks for the name(s) of any individual legally restricted or prohibited from accessing the person in care or whom there is the belief that the person may pose a risk to the health, safety or dignity of the person in care. Staff members are alerted to the need to protect vulnerable adults. Individual plans are developed in conjunction with CLBC to inform staff members/home share providers of the appropriate protocol.

*Cross reference 4.N.1*

## SECTION 4: HEALTH AND SAFETY

### 4.C. Protection from Abuse

Kardel is committed to protecting the people supported and the staff members within our services from abuse as outlined in the definitions of inappropriate and abusive conduct below. Kardel wants every staff member to feel safe and comfortable in his or her work environment. Abuse may take many forms and due diligence is required by all staff members.

We protect

- Against misuse of funds or assets;

We ensure:

- That people are not exposed to health and safety risks that they do not choose to take;
- That people are not exploited for the gain or pleasure of others;
- That people are not humiliated because of their disability; and
- That people are not neglected from having their physical, emotional, social or spiritual needs met.

#### 4.C. 1: Whistle Blower Protection

No person we support or their families/advocates or staff members will receive any negative retaliation or be denied any service because of reporting abuse, suspicion of abuse, violations of ethical codes or concerns or complaints.

#### 4.C. 2: Definitions of inappropriate and abusive conduct

4.C. 2 a) Physical Abuse is the gratuitous or excessive physical force causing pain or discomfort. It includes slapping or striking a person or any form of corporal punishment. Examples may include, but are not limited to such things as cold baths, aversive stimuli put on the tongue, corporal punishment, pushing, body or strip searches etc.

4.C. 2 b) Sexual Abuse is indulging in any form of sexual stimulation or sexualized behaviour or comments with the people we support; as well as unwelcome conduct of a sexual nature from staff member to staff member. Sexual assault is covered under the Criminal Code. Examples of sexual abuse may include but are not limited to masturbating a person supported, sharing erotica, making sexualized comments etc.

4.C. 2 c) Verbal Abuse is using words to attack, insult, intimidate or defame a person's character. Examples may include but are not limited to making derogatory comments, shouting or swearing, taunting, using phrases or tone of voice which communicate emotional rejection or which is known to escalate the person emotionally etc.

4.C. 2 d) Emotional Abuse is causing emotional pain and injury. Examples may include but are not limited to ignoring emotions i.e. joy, fear, anger, sadness, disrespecting people's moral and ethical choices etc.

## SECTION 4: HEALTH AND SAFETY

4.C. 2 e) Humiliation is the act of reducing to a lower status the value of people in their own eyes or in the eyes of other people.

4.C. 2 f) Retaliation is getting revenge or getting even. Examples may include hurting someone because they have hurt you; or punishing someone because they have levied a complaint about you.

4.C. 2 g) Financial or Other Exploitation is taking advantage of another person's resources for your own advantage. Examples may include but are not limited to using the material possessions or finances of another for your own purposes; demanding work be done that is outside the realm of approved work programs that meet the exploiter's needs rather than interests of the person or the program. Theft or fraud is also included as exploitation.

4.C. 2 h) Neglect is the failure to follow established procedures and/or standards of safety or care, which could compromise the mental or physical well-being of another. Examples may include but are not limited to the failure to complete oral hygiene programs, to delay personal care after a bowel/bladder accident, to misuse a person's medications etc.

4.C. 2 i) Unauthorized Restrictive Procedures: No restrictive procedure may be used without formal authorization, the exception being immediate safety concerns. Examples of restrictive procedures may include but are not limited to locking a person behind a door so they can't come out, placing a tray in front of them so they may not move etc.

### 4.C.2. j) Bullying and Harassment

Kardel promotes a work environment that is characterized by professionalism, cooperative relationships and harmony. This policy prohibits conduct defined below as either personal or sexual harassment or bullying.

Personal or sexual harassment or bullying in any interactions connected to the work of Kardel will not be tolerated, and where such conduct is found to have occurred Kardel may take disciplinary action, up to and including termination.

This policy is not intended to constrain normal social interactions.

Kardel also considers false allegations of bullying and harassment to be serious workplace misconduct subject to disciplinary action, up to and including termination.

The purpose of this policy is to assist all employees in identifying and preventing personal and sexual harassment and bullying in the workplace, and to provide procedures for handling and resolving complaints. It is intended to promote the well-being of everyone in the workplace and to foster the values of integrity, trust and harmony that are essential for a sound organization.

This policy is intended to address WorkSafe BC requirements imposed by Bill 14.

This policy applies to all regular, casual, union/ non- union direct service employees, administrative and management personnel.

## SECTION 4: HEALTH AND SAFETY

This policy applies to all situations where activities are connected to work with Kardel and could impact on employment during and outside of regular business hours at the workplace and away from the workplace. This includes:

- Activities on the premises of Kardel
- Work assignments outside of the premises of Kardel
- Work –related training sessions, education seminars and conferences
- Work-related travel
- Work-related social functions that are sponsored or organized by Kardel.

All employees are expected to conduct themselves in a manner that is consistent with the requirements of Kardel's policies and procedures, the collective agreement in addition to those of Bill 14, which prohibit workplace bullying and harassment. Failure to meet the appropriate standards of workplace conduct and/or meet the requirements of Bill 14 may result in discipline, up to and including termination of employment.

**Bullying:** Workplace bullying is usually seen as behavior (conduct or comments) that can emotionally hurt or isolate a person; however it can involve negative physical contact as well. Bullying usually involves repeated incidents or a pattern of behavior that is intended to intimidate, offend, degrade or humiliate a particular person or group of people. It has also been described as the assertion of power through aggression.

Bullying behavior includes, but is not limited to:

- Gossip, or innuendo that is not true
- Excluding or isolating someone socially
- Intimidating a person
- Undermining or deliberately impeding a person's work
- Physically abusing or threatening abuse
- Removing areas of responsibilities without cause
- Constantly changing work guidelines
- Withholding necessary information or giving out the wrong information
- Making offensive jokes by spoken word or electronic means
- Pestering, spying or stalking
- Yelling or using profanity
- Criticizing a person persistently or constantly
- Belittling a person's opinion
- Tampering with a person's personal belongings or work equipment
- Displays of temper, tantrums or emotional tirades
- Suggestions or threats of negative job related consequences or job loss
- Blaming the person for errors and/or stealing credit for their work.

**Harassment:** Harassment in the workplace can include "engaging in a course of vexatious comment or conduct against a worker in the workplace that is known or ought reasonably to be known to be unwelcome", or "any vexatious behavior in the form of repeated or hostile or unwanted conduct, verbal comments, actions or gestures, that affects an employee's dignity or psychological or physical integrity and that results in a harmful work environment for the employee".

## SECTION 4: HEALTH AND SAFETY

Harassment is a form of discrimination defined as any unwelcome and/or demeaning conduct or comment based on race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, person's body, attire, gender, sexual orientation, age or unrelated criminal conviction that may detrimentally affect the team spirit or lead to adverse results in the home, program or service for the victim of the harassment.

The Canadian Human Rights Code considers harassment to include also: displaying offensive or derogatory pictures; practical jokes which cause awkwardness or embarrassment; unwelcome invitations or requests; leering or other gestures; condescension or paternalism, which undermines self-respect and causes unnecessary physical contact.

Procedures: Employees with bullying or harassment complaints should direct them to their immediate supervisor, or alternatively to the Director of Human Resources. Bullying and harassment complaints should be submitted in writing, and include the names of possible witnesses.

Reported complaints are measured against the Bullying and Harassment Policy. If an investigation is warranted, the investigator appointed must determine a fair and unbiased process to follow, which may require the implementation of interim workplace measures. Ideally, investigators shall have independence from the area in which the complainant works.

Investigations shall be conducted as quickly as possible, and a complainant will ultimately be informed of the outcome of the complaint process.

*Policy Group: Health and Safety  
Issued: 1992*

*Updates/Reviews: October 2000; May 2001, June, 2001, December 2001, May, 2003; January 2006; September 2007: July 2009, July 2010, July 2011, September 2012, September 2013,*

*References: Community Care Facilities Act; Community Care Facilities Programs: Policies and Procedures 5.3.76; Child Welfare Act; Child, Family and Community Service Act; Community Support Services Policy Manual: Part 2, Section 2; Subsection 3: Guidelines for Use of Behavioural Techniques Guiding Principles for Service Delivery: Community Living Services; B.C. Human Rights Code; Canadian Charter of Rights and Freedoms; Collective Agreement HEU; Workers Compensation Amendment Act (2011) Section 5.1 (1); CSSEA Info Vol 19 Issue 11 August 2012, CSSEA News 2013 Vol 20 Issue 1, Community Care and Assisted Living Residential Act.*

*Letter: November 23, 2001 from Chief Residential Care Licensing Officer*

### 4.C. 3: Legal Responsibilities

There exist provincial and federal statutes and legislation that protect people's rights. Examples where employer compliance is required include, but are not limited to, the B.C. Human Rights Code; Community Care and Assisted Living Act; Child, Family, and Community Service Act; Workers Compensation Act. Violations under these acts by employees will lead to investigation, disciplinary action up to and including termination of employment. When it is believed that a criminal offense has been committed, the incident(s) will be reported to the police immediately.

## SECTION 4: HEALTH AND SAFETY

4.C. 4: Alleged Abuse (as noted in any of the definitions above), Critical Incidents, Misuse of Funds or Assets, or Health and Safety Risks: time frame for reporting and follow up.

- Any incidents of observed or suspected abuse, critical incidents, misuse of funds or assets, or health and safety risks must be reported immediately to the Manager/Designate.
- All reported incidents require preliminary inquiries be made by the Manager/Designate or designate to gain a brief overview of the situation and to determine the necessary course of action as outlined in our Policies and Procedures and/or in accordance with the Community Care and Assisted Living Act, and the Policies and Procedures of CLBC.
- If the situation warrants reporting as outlined under the Community Care and Assisted Living Act or under the Policies and Procedures of CLBC, reporting will be done by the Manager/Designate or designate to the appropriate body promptly in the manner outlined within these Acts and/or Policies. (See Incident Reporting section 4.D.)
- In licensed homes, the licensing officer should be contacted immediately by phone to report abuse and the report should be faxed, and then mailed to Licensing.
- Once notification has been given to Community Care Facilities Licensing Officer, the Police or the CLBC official, the Manager/Designate will proceed in consultation with these officials.
- Managers/Designates help facilitate the interviews with the people supported and staff members as requested. Accurate, timely and unaltered records are made available to the licensing officer, CLBC Analyst or the Police when requested. Every effort will be made to deal with the matter in the most expeditious manner and with full cooperation with outside bodies.
- Licensing Branch has stated that they will make every reasonable effort to hold an investigation-planning meeting with the licensee, facility manager and funding agency representatives to review the allegation of abuse and determine if a preliminary investigation is required prior to contacting the police department. If the preliminary investigation determines that there is insufficient evidence, based on a balance of probability to substantiate the allegation of abuse, then the police department is not contacted. If, at any point of the preliminary investigation, it is determined that there is sufficient evidence to indicate a crime has been committed, then the police department will be immediately contacted by licensing.
- To assist the owner/operator in making timely decisions pertaining to employment status, the Manager/Designate is to record the basic details regarding the allegations and send a written report to the owner/operator as soon as possible and no later than 24 hours from the time they become aware of the incident and/or have suspended an employee.
- The Manager/Designate will inform the person(s) accused of the allegation(s) immediately after the Manager/Designate becomes aware of the incident(s). Depending

## SECTION 4: HEALTH AND SAFETY

on the urgency of the situation, his/her union representative will be requested to be present. The Manager/Designate may consult with the Director of Human Resources or CEO if the situation warrants it. The Manager/Designate without notice, but with pay may suspend the employee(s) from duty, for up to one week, as the protection of the people supported during the time of investigation is paramount; or, given the nature of the incident, the Manager may put restrictions on duties. Kardel's internal inquiries to determine culpability and to make decisions pertaining to employee status, will occur during this one-week time period. This employer/employee process will not interfere with investigations being conducted by the police, licensing officers or CLBC.

- If an incident involves a volunteer or student, the volunteer or student will be suspended during the time of the investigation.
- Every attempt will be undertaken to respect the confidentiality of the parties concerned and to ensure a fair process without undue assumption of blame or guilt is essential. Staff members and managers should maintain the highest standard of professional conduct avoiding gossip and rumour.
- The Manager/Designate will inform the family of any investigation as early as practical within the process. The Manager/Designate will let the family know that they will be kept informed throughout the process, and that safeguards have been put in place to protect their family member.
- If the allegations prove to be substantiated during the internal inquiries, the consequences will depend on the nature and extent of the abuse and/or infraction. Action taken may include:
  - Immediate termination of employment;
  - Suspension from duties for a pre-determined time without pay;
  - A written reprimand with a copy sent to CLBC representative and a copy placed on the employee's file
- Failure to inform the manager/designate of a possible abuse or infraction indicates that the witness may condone the abuse and this failure to report may in itself result in disciplinary action.
- The people we support will be informed of incidents that are reportable to the level of their comprehension using plain language.

<i>Policy Group:</i>	<i>Human Resources</i>
<i>Issued:</i>	<i>1992</i>
<i>Revised</i>	<i>October 2000; May 2001, June, 2001, December 2001, May, 2003; January 2006; September 2007: July 2009; November 2014</i>
<i>References:</i>	<i>Community Care and Assisted Living Act; Community Care Facilities Programs: Policies and Procedures 5.3.76; Child Welfare Act; Child, Family and Community Service Act; Community Support Services Policy Manual: Part 2, Section 2; Subsection 3: Guidelines for Use of Behavioural Techniques Guiding Principles for Service Delivery: Community Living Services; B.C. Human Rights Code; Canadian Charter of Rights and Freedoms; Collective Agreement HEU Letter: November 23, 2001 from Chief Residential Care Licensing Officer</i>

## SECTION 4: HEALTH AND SAFETY

### 4.D. Incident Reporting

All incident reporting is accessed via ShareVision, within Incident Form tab of the Individuals section.

#### 4.D. 1: Licensed Programs: Reportable Critical Incidents to Island Health

- Island Health provides incident report forms to licensed facilities.
- Each licensed home will have Island Health incident report forms available. “Reportable Incidents” are listed and defined in Kardel Policy and Procedure manual (4.C.1)
- Should an incident occur that is reportable, the Island Health form must be completed and submitted to Licensing Branch **within 24 hours**.
- **On weekends and after hours** when no manager is present, attending staff must complete the form and **fax to Licensing Branch**. The form may be sent in without a manager signature in these cases. As soon as possible, the manager will review, sign off and mail the completed form to the attention of the licensing officer.
- The attending staff member must also complete the form on ShareVision
- The Manager/Designate shall review the information on the ShareVision incident report form, edit as required then complete the Licensing’s form in full. The ShareVision incident form may be used to attach as “Details of Incident”.
- The manager must sign the Licensing form and fax within 24 hours, then send the white copy by mail, to the attention of the licensing officer.
- The Pink Copy is mailed to the Funding Agency. In a situation where a licensing investigation will be required, phone the licensing officer immediately and report details; or if after hours, leave a message on their answering machine.
- The yellow copy is retained on file at the home and a fax is to be forwarded to the Kardel Office for the attention of the Director of Programs and Quality Assurance who will review and forward to the Director of Human Resources, the Nurse Consultant or the CEO as appropriate.

The following are Reportable Incidents:

- Aggressive Behavior between two persons in care: aggression by one person toward another in care if results in injury requiring first aid, emergency medical care or transfer to hospital.
- Aggressive/Unusual Behaviour: Aggressive or unusual behaviour by a person in care towards other persons, including another person in care which has not been appropriately assessed in the individual’s care plan
- Attempted Suicide;
- Choking: where first aid practices were administered
- Death;
- Disease outbreak/occurrence above the incident level beyond that which is normally expected;
- Emergency restraint;
- Emotional abuse e.g. verbal harassment, yelling, confinement;

SECTION 4: HEALTH AND SAFETY

- Fall: A fall of such seriousness experienced by a person in care, as to require emergency care by a physician or transfer to a hospital;
- Financial Abuse; The misuse of funds and assets of a person in care by a person not in care or the obtaining of the property and funds of a person in care by a person not in care without the knowledge and full consent of the person in care or their substitute decision maker;
- Medication error which adversely affects a person in care or requires emergency intervention or transfer to hospital;
- Missing/wandering;
- Motor Vehicle Injury;
- Neglect: The failure of a care provider to meet the needs of a person in care (e.g. food, shelter, care supervision)
- Other injury: Requiring emergency care by a physician or transfer to a hospital;
- Physical abuse: force that is excessive, or inappropriate to a situation involving a person in care by a person not in care
- Poisoning;
- Service Delivery Problems: Any condition or event which could reasonably be expected to impair the ability to provide care or which affects the health, safety or well being of persons in care;
- Sexual Abuse: Any sexual exploitation, whether consensual or not;
- Unexpected illness of such seriousness that requires a person in care to receive emergency care by a physician or transfer to hospital. Illness /signs/symptoms that are unusual and/or unexpected for that individual and are not included in the care plan. "Emergency care" encompasses any visit to the family physician or walk in clinic required to treat signs/symptoms. These are visits outside of regular planned checkups. Planned interventions such as surgical procedures and other treatments are not reportable. Unexpected complications arising from these are reportable i.e. infection.

4.D. 2: Reportable Incidents to CLBC

- In addition to the list in 4.D.1 CLBC also requires the reporting of incidents that are not reportable to Island Health. In these situations, attending staff are required to complete reportable incident forms via ShareVision.
- The Manager/Designate shall review the information on the ShareVision incident report form, edit as required. Once reviewed by the Manager/Designate the form can be confirmed it is complete and a copy is sent via ShareVision to the Director of Programs and Quality Assurance to review in conjunction with the Director of Human Resources.

Items reportable to CLBC are as follows:

<p><b>CRITICAL INCIDENT TYPES</b> Based on Appendix One of the Critical Incidents Policy</p>
<p>"CCFL" indicates this incident is reportable to Community Care Facilities Licensing. "CLBC" indicates this incident is reportable to CLBC.</p>
<p>"Individual": For the purpose of these definitions, "individual" refers to an individual accessing CLBC funded services.</p>

## SECTION 4: HEALTH AND SAFETY

<p><b>ABUSE</b></p> <ul style="list-style-type: none"> <li>▪ <b>Emotional Abuse (CLBC/CCFL) *:</b> Alleged or actual act or lack of action that diminishes an individual's sense of well-being and is perpetrated by a person in a position of trust or authority, including verbal harassment, yelling, or confinement.</li> <li>▪ <b>Financial Abuse (CLBC/CCFL):</b> Alleged or actual misuse or abuse of an individual's funds or assets by a person in a position of trust or authority. Obtaining property or funds without the knowledge and full consent of the individual or a formal or informal representative.</li> <li>▪ <b>Physical Abuse (CLBC/CCFL) *:</b> Alleged or actual excessive or inappropriate physical force directed at an individual by:             <ul style="list-style-type: none"> <li>• a person in a position of authority or trust, including a staff member or volunteer, or</li> <li>• a person who is not responsible for providing services and is not a supported individual.</li> </ul> </li> <li>▪ <b>Sexual Abuse (CLBC/CCFL):</b> Alleged or actual sexual behaviour, directed at an individual, whether consensual or not, by a staff member, volunteer or any person in a position of trust or authority. Sexual behaviour includes inappropriate, unsolicited, or forced sexual attention from a person who is not responsible for providing supports or services. Sexual behaviour between two consenting individuals is not a critical incident.</li> </ul> <p><b>AGGRESSION BETWEEN INDIVIDUALS (CLBC/CCFL)</b> Aggressive behaviour by an individual <b>towards another individual</b> that causes injury requiring first aid (e.g. bandage, ice pack), emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.</p> <p><b>AGGRESSIVE / UNUSUAL BEHAVIOUR (CLBC/CCFL)</b> Aggressive behaviour by an individual towards a person (including another supported individual, staff, or others) or unusual behaviour that:</p> <ul style="list-style-type: none"> <li>▪ is not appropriately addressed or documented in the individual's Behaviour Support and Safety Plan, or</li> <li>▪ results in harm (physical or emotional)</li> </ul> <p>If the harm is to another individual, refer to <b>Aggression Between Individuals</b> to determine if it would be more appropriate to report it as that incident type.</p> <p>Unusual behaviour is behaviour that is unusual for the individual.</p> <p><b>ATTEMPTED SUICIDE (CLBC/CCFL) *</b> Attempt by an individual to intentionally self-harm for the purpose of taking his or her own life.</p> <p><b>CHOKING (CLBC/CCFL) *</b> An individual's airway is obstructed, <b>requiring first aid, emergency care</b> by a medical practitioner or nurse practitioner, or transfer to a hospital.</p> <p><b>DEATH (CLBC/CCFL) *</b> Death of an individual while participating in a CLBC funded service.</p> <p><b>DISEASE/PARASITE OUTBREAK (CLBC/CCL) *</b> Outbreak or occurrence of a communicable disease <b>above the normally expected level</b>, including a communicable disease or parasite such as scabies. Contact your local Health Authority if you have questions.</p> <p><b>FALL (CLBC/CCL) *</b> A fall that results in an injury requiring emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.</p> <p><b>MEDICATION ERROR (CLBC/CCL) *</b> Mistake in administering medication that:</p> <ul style="list-style-type: none"> <li>▪ <b>adversely affects an individual, or requires emergency care</b> by a medical practitioner, nurse practitioner, or transfer to a hospital.</li> </ul>	<p><b>MISSING/WANDERING (CLBC/CCFL) *</b> Unscheduled or unexplained absence of an individual from a CLBC funded service.</p> <p><b>MOTOR VEHICLE INJURY (CLBC/CCFL) *</b> Injury to an individual as a result of a motor vehicle accident while accessing a CLBC funded service.</p> <p><b>OTHER INJURY (CLBC/CCFL)</b> Any other injury to an individual that <b>requires emergency care</b> by a medical or nurse practitioner, or transfer to a hospital.</p> <p><b>NEGLECT (CLBC/CCFL) *</b> <b>Alleged or actual</b> failure of a provider (e.g. contracted service provider, home share provider) to meet the individual's needs, including the need for food, shelter, medical attention or supervision which endangers the individual's safety.</p> <p><b>POISONING (CLBC/CCFL)</b> Ingestion of a poison or toxic substance by an individual (excluding licit or illicit drugs)</p> <p><b>RESTRICTED PRACTICES</b></p> <ul style="list-style-type: none"> <li>▪ <b>Exclusionary Time Out (CLBC only)</b> Removal of an individual from a situation and environment for a period of time to prevent harm to him/her or others. It does not include positive redirection of an individual to a safe, quiet place. It differs from seclusion in that the individual is not left alone. <b>Must</b> be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.</li> <li>▪ <b>Restraint (CLBC only) *</b> Use of physical or mechanical restraints to temporarily subdue or limit the individual's freedom of movement, including containment. Containment means restricting an individual within a certain area (e.g. using a half-door or locked exits). <b>Must</b> be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.</li> <li>▪ <b>Restriction of Rights (CLBC only)</b> Removal of an individual's access to activities. It does not include standard safety practices or reasonable house rules. <b>Must</b> be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.</li> </ul> <p><b>SERVICE DELIVERY PROBLEM/ DISRUPTION OF SERVICES (CLBC/CCFL) *</b> Condition or event that could impair a service provider and its staff to provide service or which affects the individual's health, safety, dignity, or well-being. Examples include flood and fire.</p> <p><b>UNEXPECTED ILLNESS/FOOD POISONING (CLBC/CCFL)</b> Illness of an individual <b>requiring emergency care</b> by a medical practitioner or nurse practitioner, or transfer to a hospital, including food poisoning.</p> <p><b>USE OF SECLUSION (CLBC only) *</b> Involuntary separation of an individual from normal participation and inclusion. The person is restricted to a segregated area and denied the freedom to leave it and is left alone. Use of seclusion <b>must</b> be reported as a critical incident. It may never be included in a Behaviour Supports and Safety Plan.</p> <p><b>USE OR POSSESSION OF ILLICIT DRUGS OR MISUSE OF LICIT DRUGS (CLBC Only)</b> Misuse of a legal substance such as mouthwash, or ingestion of aftershave. Serious misuse of legal substances such as a prescription drug or alcohol. Any use or possession of an illicit drug.</p> <p><b>WEAPON USE (CLBC Only) *</b> An individual uses or threatens to use a weapon to harm or threaten somebody. Use of a weapon by a person to harm or threaten an individual. A weapon includes any object used to threaten, hurt or kill</p>
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## SECTION 4: HEALTH AND SAFETY

\* See Appendix One for additional information

a person, or destroy property.

In addition to critical incidents, service providers are advised to maintain a record of all unexpected or unusual incidents that aren't critical.

### 4.D. 3: Hillside, Futures Club, Individual Support Network and Home Shares: Reportable Incidents

Kardel operates one home (Hillside), a day program (Futures Club), home share situations and an Individual Support Network (ISN) that are not licensed. Reporting requirements exist for reporting to the Funding Agency, CLBC, and the Kardel Office. For Hillside, Futures Club and ISN should an incident occur that is reportable:

- The attending staff member must complete the incident report form on ShareVision
- The Manager/Designate shall review the information on the ShareVision incident report form, edit as required. Once reviewed by the Manager/Designate the form can be confirmed it is complete and a copy is faxed and sent to CLBC. In addition, a copy of the incident report form is sent via ShareVision to the Director of Programs and Quality Assurance to review in conjunction with the Director of Human Resources

In regard to home share situations:

- The Home Share Provider completes a paper version of the incident report form and forwards this to their Home Share Coordinator. If a Home Share Provider has access to ShareVision they can submit incident report via this medium
- The Home Share Coordinator reviews the information on the incident report form and follows up with the Home Share Provider if necessary. The Home Share Coordinator then signs the incident report form and faxes this to CLBC. The incident report form is then scanned into ShareVision and a copy is sent to the Director of Programs and Quality Assurance to review

*For definitions of reportable incidents, see 4.C.1 and 4.C. 2.*

### 4.D 4: Request for CLBC Reportable Incident Form

If a request is made for a copy of a submitted CLBC Reportable Incident form from: family, guardian, caregiver, advocate or any other individual the request should be referred initially to the manager/designate or coordinator. The manager/designate or coordinator will then direct the individual who has made the request to Kardel's CLBC Analyst.

### 4.D. 5: Non-Critical Incidents relating to Person Supported

Non-critical incident reporting is accessed via ShareVision through the Individuals section, Incident Report form tab. Select non-critical from the menu.

- All homes and programs are to document non critical incidents. This is to include non-critical incidents that are reported by families, caregivers, guardians, etc. Where applicable, the manager should make recommendations regarding corrective action and prevention of future incidents.

## SECTION 4: HEALTH AND SAFETY

- The following incidents, when they do not warrant an incident report to licensing under Island health or CLBC definitions on their forms or defined above, are to be recorded as non-critical incidents:
  1. Aggression
  2. Self-abuse
  3. Accidents/falls
  4. Property destruction
- Non-critical incident reports on aggression, self-abuse, accidents/falls, and property destruction are to be completed:
  1. To monitor new or emerging behaviours,
  2. To ensure a clear plan of action is in place for addressing the issues,
  3. To enable evaluation of the effectiveness of action taken for curbing the behaviour,
  4. To determine if environmental modifications are required or equipment needed,
  5. To provide a written record for communication and information among the staff team, administration and consultants if appropriate.
- Any person that displays aggressive behaviour requires an external consultant to develop a behavioural plan. If a tracking system is included in the behavioural plan, it is not necessary to complete the non-critical incident form.
- Individuals who have a history of falls require a fall protocol. If falls are a frequent occurrence and a tracking system is included in a fall protocol or seizure protocol, it is not necessary to complete the non-critical incident form.
- The Director of Human Resources and DPQA through Central Office should be notified of incidents where there is an indication of an accelerating pattern of behavior that may place people at risk.
- If corrective counseling and/or discipline result from the incident a copy of the incident report is placed on staff member's personnel file.

Managers are responsible to look for emerging trends, and setting corrective action in place as required. Non-critical incidents are tracked company wide to ensure monitoring of compliance with reporting and to assess new and emerging problems within the company.

<i>Policy Group:</i>	<i>Health and Safety; Reporting</i>
<i>Revised:</i>	<i>June 2007; July 2009; July 2012; July 2013; July 2014; Feb 2015</i>
<i>Reference:</i>	<i>Administration Minutes, June 2007; Community Care Facilities Licensing Incident Report CLBC SE4.080 Critical Incidents Policy July 2009</i>

### 4.D. 6: Program/Residence Incident Reporting

All homes and day programs are to report the following via ShareVision under Program/Residence Incident Report form:

- Vehicle damage

## SECTION 4: HEALTH AND SAFETY

- Property damage
- Equipment failure
- Crisis Staffing (Refer to Section 3.D.20)
- The report will include a description of the incident and manager's comments. Where relevant, the manager should make recommendations regarding corrective action and prevention of future incidents. The report will be directed to the CEO, Director of Programs and Quality Assurance and the Director of Human Resources. A copy will be placed on an employee's personnel file if the incident results in corrective counseling and/or discipline.

### 4.D. 7: Annual Review

A summary is completed of all incidents annually and reviewed for trends by the OH&S Group and DPQA. A copy of the Annual Review of Incident Reports is forwarded to CLBC. The goal is to highlight any emerging trends within the company and to assist with highlighting training needs and resource allocation.

<i>Policy Group:</i>	<i>Health and Safety; Reporting</i>
<i>Revised:</i>	<i>March 2005; August 2005, July 2006; May 2007; July 2009; July 2010; June 2011; September 2012; Sept 2013; Sept 2014</i>
<i>Reference:</i>	<i>Community Care Facilities Licensing SE4.080 Critical Incidents Policy July 2009</i>

### 4.D. 8: Work Related Staff Injuries

Staff Injury Reporting via ShareVision is used to report all injuries, no matter how minor. One form is completed for each injury.

Each entry must contain the following:

- Full name of the injured worker
- The date and time of injury or report of illness
- Date and time the injury or illness was reported to the employer or employer's representative
- Name of witnesses
- Description of how the injury or illness occurred
- Description of the nature of the injury or illness
- Description of the treatment given and any arrangements made relating to the injured worker
- Description of any subsequent treatment given for the same injury or illness
- Identification of the attendant or person giving first aid

The manager/designate record on ShareVision they have reviewed the report. The Director of Human Resources is then automatically notified via email and initiates any further follow up necessary. The report is printed off by the Director of Human Resources and placed on the employees personnel file.

## SECTION 4: HEALTH AND SAFETY

First Aid records for an injury or illness must be kept for 10 years. The First Aid record is a legal document, which can be used in a court of law.

### 4.D. 9: Worksafe BC Forms

Employer's Report of Injury or Occupational Disease (WCB Form 7):

- This form must be completed by the manager/designate, or designate, and forwarded (by fax) to Worksafe BC within 72 hours of the injury or when the injury was reported to the employer. Information from the injured employee and/or from the Staff Injury Report may be used to complete the form. Any workplace injury that results in time loss or a visit to a doctor requires the completion of a Form 7. The original completed Form 7 must be put on the Employee's personnel file.

Application for Compensation and Report of Injury or Occupational Disease (WCB Form 6):

- It is the Employee's responsibility to complete this form when applying for compensation through WorksafeBC for time loss due to work related injury.

### 4.D. 10: Accident Investigation Reporting

- To be completed by the program manager, a worker representative, others knowledgeable about the type of work/task may also be involved in the investigation eg OH&S group members, additional members of the home/program staff team.
- The preliminary investigation must be completed within 48 hours of the incident/accident. The 48 hour period can be extended if it expires on a Sunday or other holiday.
- The preliminary investigation must include interim corrective actions that addresses preliminary findings. The preliminary investigation will be reviewed by the Director of Human Resources and the OH&S Group.
- A full investigation with corrective action must be submitted within 30 days of the incident.( unless WSBC grants an extension)
- An accident investigation must be done:
  - for any incident requiring medical treatment and/or where a Form 7 is completed.
  - for incidents where there may not have been a minor injury or no injury but had potential for causing serious injury.
- The preliminary investigation completed on ShareVision within 48 hours of the incident with preliminary findings will automatically be sent to the Director of Human Resources and be reviewed by the OH&S group. Follow up and additional information may be requested. Once all information is received, the full investigation form on ShareVision must be printed and sent directly to Worksafe BC within 30 days of the accident/incident. The full investigation report will automatically be sent to Director of Human Resources and be available to the OH&S group.
- For risk management purposes, Kardel requires an accident investigation be conducted following any sprain/strain/tear/ musculoskeletal injury. In this case, the accident investigation is directed to the OH&S group for review. Information from the investigation will be used in developing corrective action to prevent similar accidents in the future.

## SECTION 4: HEALTH AND SAFETY

### 4.D. 11: Debriefings in a timely fashion following critical incidents

Depending on the seriousness of the critical incident and the experience of individual staff members and the impact on them, debriefing may be necessary after a critical incident. The managers are responsible for providing debriefing in a timely fashion to help staff member(s) address their own emotional wellbeing. On weekends, the on-call Manager is available and may contact the home/program based Manager if deemed necessary. The phone numbers for the directors and the CEO are available at all sites. Reference materials are available at the office regarding critical incident stress debriefing.

Worksafe BC offers a free critical incident debriefing service and the phone number for this resource is posted on the OH&S board at all sites.(1-888-922-3700). Worksafe BC may provide defusing to a staff group within six (6) to eight (8) hours of an incident, and critical incident debriefing within twenty-four (24) to seventy-two (72) hours of a critical incident.

*Cross reference: 4.L*

### 4.E. Infection Control, Universal Precautions (Standard Precautions) and First Aid

#### 4.E. 1: Infection Control and Universal Precautions (Standard Precautions)

Universal precautions are required at all times when coming in contact with feces, nasal secretions, sputum, saliva, sweat, tears, urine and vomitus. It is a strategy, which requires employees to treat body fluids and blood of all persons as potential sources of infection, independent of diagnosis or perceived risk. It involves the routine wearing of gloves, other protective clothing, hand washing and such infection control measures that are designed to place a barrier between potentially infectious blood and body fluids and the employees.

The use of Universal Precautions will minimize the risk of transmission of infections e.g. HIV, Hepatitis B from person supported to employee, from employee to a person supported, from one person supported to another, or from employee to employee.

Universal Precautions are intended to minimize transmission from sharps e.g. needles contaminated from infected blood or body fluids penetrating the skin and infected blood or body fluids splashing into the eye or other mucous membranes, onto broken skin or into a cut.

#### Specific Recommendations

1. Barrier Precautions: Gloves must be used whenever one has contact with blood or body fluids. They are not necessary when staff members are feeding a person and no direct saliva contact occurs. Gloves are changed and hands washed after each contact. The employer will provide a variety of gloves in a range of sizes, latex or vinyl, sterile and non-sterile. Masks for mouth-to-mouth resuscitation are available. Non-porous waterproof dressings are available for employees with chapped or broken skin.

## SECTION 4: HEALTH AND SAFETY

2. **Hand Washing:** Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood and body fluids. Hands must be washed after gloves are removed. Also, hands must be washed for general infection control after use of the bathroom and prior to contact. Hands must be washed before preparing or serving food, and administering medications. Wet hands. Use soap. Wash for 20 seconds. Rinse. Dry. Turn off water with a paper towel.
3. **Sharp Items:** All staff members must take precautions to prevent injuries caused by sharp objects. Placement of clearly marked sharps containers for disposal of sharps as close as practical to areas where sharps are being used must be in place. Full sharp containers must be replaced by the manager making arrangements with the local lab. No one touches sharps after they are placed in the container.

All employees will review the above on an annual basis as part of their annual performance review.

### 4.E. 2: Influenza Immunization and Control of Influenza Outbreaks

To help decrease the risk of infection and complications for any vulnerable person that we serve, all staff members are strongly encouraged to be immunized against influenza each fall prior to the onset of influenza season. People living in the homes operated by Kardel are generally immunized against influenza.

Influenza immunization is provided to all employees at no cost through the Capital Health Region clinics or through individuals' family physicians. The B.C. Ministry of Health will cover the cost of immunization for health care workers.

Kardel adheres to the Influenza Protection Policy issued through the Ministry of Health/ Island Health Authority. This policy is in force commencing November 1<sup>st</sup> through to April of each year at all licensed homes.

Staff members are requested to submit written verification they were immunized to their manager. The manager will then submit to central office. The immunization status of all staff members within the home/program is tracked through personnel file records.

The Ministry of Health and Licensing directs individuals covered under this policy must be vaccinated annually against influenza or wear a surgical/procedure mask during influenza season when in a patient care area. Kardel has determined the requirement for staff to wear a mask is based on the nature of contact/support provided to individual(s). Managers will identify high risk activities. Examples may include but are not limited to: during the provision of personal care, during meal time support and preparation, when administering medications.

Non immunized staff members are required to wear a mask as directed by the manager. Failure to do so will result in disciplinary action.

## SECTION 4: HEALTH AND SAFETY

Non-immunized staff members may be excluded from work in the event of an influenza outbreak in a home or program with the recommendation from the Medical Officer of Health or their delegates under the authority of the Health Act Communicable Disease Regulations. Non-immunized staff members would not be able to work in another home or program that does not have an outbreak for at least 3 full days after stopping work in the outbreak home or program. This time period will determine whether or not they are incubating the virus as symptoms develop within 3 days of exposure.

If non-immunized staff members do not wish to interrupt their work during an outbreak of influenza, they may be required to take an anti-viral medication (currently, amantadine) at their own cost for the duration of the outbreak, or, if they choose to be immunized against influenza, they need to take an anti-viral medication (currently amantadine) for only the first 14 days following their immunization, at which time the vaccine will provide adequate protection. Non-immunized staff members will be able to return to work when the outbreak is declared over by the local Medical Health Officer.

Influenza is spread in the following ways:

- Airborne, by tiny droplets of respiratory secretions
- Direct person-to-person contact
- Contact with soiled articles
- Virus persists in dried mucus for hours

If staff members become sick during an influenza outbreak, they should remain off work for at least 5 days or until the symptoms resolve completely, whichever comes first. This applies whether or not the staff member has been previously vaccinated or has taken anti-viral medication (amanatadine). Staff members will be requested to provide documentation from their physicians indicating they are safe to return to work.

Volunteers and practicum students who are not immunized will be excluded from involvement in a home/program during the time of an influenza outbreak.

### 4.E. 3: Communicable Diseases

All people moving into a home are required to comply with the immunization program of the Ministry of Health and participate in its tuberculosis control program. People supported are screened prior to admission by their physician for communicable diseases to protect other people residing in the home and ensure adequate precautions for staff members.

If a person is a known Hepatitis B carrier, Kardel will arrange for a course of Hepatitis B immunization to all employees and people supported who have regular contact and are therefore exposed at the work site. A full course of Hepatitis B vaccine is given and consists of three doses given at zero, six months and one year. The full course must be given to provide adequate protection. Employers should be screened and assessed for pre-conversion to determine need for a fourth dose.

## SECTION 4: HEALTH AND SAFETY

To prevent the spread of communicable diseases in a situation of a pandemic or a very serious disease, the person who is sick would be encouraged and taught to avoid contact with other people in the home as much as possible. Group activities in the home will be avoided, including meals, and the person will be served in his/her bedroom. One staff member on each shift will be assigned duties to the person who is sick; however, he/she will continue to have duties in relationship to others in the home. A supply of masks is available in each home as a precaution in the early stages of flu.

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>October 2000</i>
<i>Revised:</i>	<i>August 2005; October 2005, October 2006; July 2009; September 2012; September 2013; Sept 2014</i>
<i>Reference:</i>	<i>Adult Care Regulations 4 (3) (a) BC Pandemic Influenza Preparedness Plan: Annex I</i>

### 4.E. 4: Staff Responsibility for Reporting Infectious Conditions

Staff members are screened by their doctor prior to employment by Kardel. Staff members who develop an infectious condition that require precautions to prevent transmission, have an obligation to notify their Manager/Designate. Failure to do so could result in discipline up to and including termination. Employers are responsible to minimize risk to people supported and staff members. Management may limit the work locations of an employee to ensure safety.

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<i>Issued:</i>	<i>October 2000</i>
<i>Revised:</i>	<i>January 2002, May, 2002, June 2002</i>
<i>Reference:</i>	<i>B.C. Care Staff Influenza Immunization Policy: July 1, 2000; Letter October 16, 2000: Capital Health Region Deputy Medical Health Officer re: influenza immunization program for group homes; Letter November 8, 2001 from P.R. Kendall, Provincial Health Officer</i>

### 4.E. 5: Scabies Protocol

Scabies is an infestation of the skin caused by a very small insect-like parasite called a mite. Symptoms may include: Itchiness, Rash, Little blisters, Red spots, Red lines in the webs of fingers, inside of the wrists or elbows, around the waist or on the breast in women and the genitals in men.

Scabies is spread by extended, skin-to-skin, personal contact with an infested person. Sharing clothes, towels or bedding are less common ways of becoming infected with scabies. If a person has had skin-to-skin contact within the last 4-6 weeks with an infested person, they must undergo treatment. Once the person is treated, the individual is no longer considered to be infected.

Procedure when staff member or person supported develops symptoms:

1. Report to the manager or designate immediately
2. Limit exposure to others i.e. person supported stays home from day program; no outings with public. Staff member and person supported limit exposure to others
3. Person affected obtains diagnosis and treatment instructions from physician
4. Launder all clothing, bedding and towels in hot (60 degree) soapy water or dry clean
5. Stuffed animals should be stored away from human touch in sealed plastic bags for ten days
6. Thoroughly vacuum all upholstered furniture and disinfect the home

## SECTION 4: HEALTH AND SAFETY

7. Notify everyone that has come into skin-to-skin contact with the symptomatic person within the past 6 weeks. They must be treated as though infected. This should occur within a 24 hour period
8. Staff member may return to work 72 hrs after treatment of confirmed case
9. Person supported may resume normal activities 72 hrs after treatment of confirmed case

Procedure for Manager once a case is discovered at group home or day program: Manager or Designate contacts Kardel's Director of Programs and Quality Assurance at Kardel.

1. VIHA is contacted by Director of Programs and Quality Assurance
2. Manager contacts staff members and others who have been in skin-to-skin contact with symptomatic person(s) during past 6 weeks
3. Staff members who has been in skin-to-skin contact who chooses not to be treated within the 24-hour period, must remain away from the home for 6 weeks
4. For day program, written notice is sent home with program participants and staff members informing of single case advising treatment for people in skin-to-skin contact

Procedure for Manager when two or more cases are discovered within 2 weeks at group home or day program, this is considered an outbreak:

1. Manager informs Director of Programs and Quality Assurance at Kardel
2. VIHA is contacted by Director of Programs and Quality Assurance at Kardel
3. Notice is given to staff members and stakeholders by Director of Programs and Quality Assurance at Kardel advising:
  - a. That there is a scabies outbreak
  - b. The group home will be off limits to visitors for 72 hours (three days)
  - c. Staff members working at the group home must use stringent infection control precautions
  - d. The day program will be closed for 72 hours (three days)
  - e. Staff members, caregivers, visitors and family members must be treated before returning to day program. The form "Confirmation of Treatment: Scabies" must be submitted to Manager
  - f. If a staff member, visitor, caregiver or family member does not the obtain treatment, they must remain away from the Kardel homes/programs for 6 weeks

<i>Policy Group:</i>	<i>Health and Safety</i>
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<i>Reviewed:</i>	<i>May 2010;September 2011;Sept 2012;Sept 2013;Sept2014</i>
<i>Reference:</i>	<i>B.C. Health Files Number 09 September 2003; VACL protocols; GHC protocols; VIHA Infection Control Manual Continuing Care Facilities Section 3: Precautionary Techniques</i>

### 4.E. 6: Head Lice

Kardel follows the most current information provided on BC Health Files.

Head Lice symptoms include constant itching of the scalp. Lice are most easily identified by the presence of silvery, oval shaped nits (the dead egg of the lice) in the hair. Live nits can be difficult to spot as they are tan-coloured and blend in with the hair.

Nits are the size of a sesame seed. They may be found glued tightly to stands of hair very close to the scalp-commonly located behind the ears and at the back of the neck. Public Health

## SECTION 4: HEALTH AND SAFETY

nurses can provide education regarding the life cycle of the head louse and outline proper treatment options.

Shampoo treatment: two shampoo treatments are required, 7-10 days apart. The second shampoo ensures the eggs that had not hatched when the first treatment occurred are killed. The second treatment may be waived with verification that it is not required from a health professional. Consult a pharmacist to help you select a shampoo. It is necessary to remove nits following shampoo treatment. A nit comb, available at pharmacies, is a fine-toothed comb used to remove dead head lice and nits attached to individual hairs.

### Prevention of re-infestation

As head lice can spread through close personal contact, it is important to inform the friends and family of anyone who is discovered to have head lice and has had close personal contact. Head lice have little ability to move off the hair and do not pose a risk of infesting others through casual contact with furniture or carpeting. The articles which are most likely to enable lice to move from one head to another are hats and other head gear, coat collars, scarves, combs, brushes and hair ornaments. Items should be washed in hot water and put through the dryer on a hot cycle. Those that cannot go into the dryer can be placed in a plastic bag for 10 days or placed in a freezer for 24 hours. There is no evidence to indicate that a major clean of the house environment is necessary or effective in getting rid of head lice.

For people residing in licensed community care facilities, the shampoo has a drug information number. Contact must be made with the physician for him/her to prescribe and have the shampoo added to the MAR sheets.

For people attending one of Kardel's programs, employees contact the family or caregiver of the infested individual and request that the individual not attend until the treatment with shampoo has occurred. Verification of proper treatment with the shampoo must be confirmed in a telephone conversation between the Manager and the person who assisted with the treatment.

If the person has had close personal contact with others, the Manager informs the others and it is expected that those individuals also undergo treatment.

Employees determine if any other individuals have regular interactions with the infested individual. Those individuals, their families, and/or caregivers will be informed of the infestation with a telephone call and request that they be extra aware and on the lookout for symptoms of head lice over the next several days. The Manager sends a memo alerting all program participants, families and caregivers of the diagnosed case ensuring the name is kept confidential. All employees with the program are informed.

If a person attending the program lives with a person who has been diagnosed with head lice and they have close personal contact, the person will be expected to receive treatment prior to returning to the program. The person's caregiver is to confirm treatment by phone with the Manager.

## SECTION 4: HEALTH AND SAFETY

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>April 2009</i>
<i>Reference:</i>	<i>B.C. Health Files Number 06 March 2007; Policy from Garth Homer Centre</i>

### 4.E. 7 Exposure Control Plan in response to H1N1

Purpose: to reduce the impact of H1N1 pandemic on staff members and people supported.

Responsibilities:

- Directors of Programs and Quality Assurance and Human Resources monitor company wide illnesses of people supported or staff members for an early alert system.
- All staff members are responsible for reporting any signs and symptoms experienced to their Manager, or potential signs and symptoms with the people supported.
- Managers are to forward information to the Director of Program and Quality Assurance. The Director of HR will be notified and inform the OH&S group.
- Staff members are strongly encouraged to be vaccinated when the vaccine is available.

#### Communication

Directors of Programs and Quality Assurance and Human Resources, RN Consultant and OH&S Group will coordinate communication from Central office to ensure staffing coverage and adequate supplies in the homes and programs. Emergency staffing list is kept within the home program Fire and Emergency manual ( red grab book), and with central office as communication headquarters.

The Director of Human Resources will keep staff members informed of outbreaks within the company and travel limitations.

#### Day Programs

For people supported that attend day programs, communication should occur between the Manager and the day program to ensure any outbreaks are reported to the home. Where the disease is suspected, Island Health would provide direction regarding the necessity of program closures. We would comply with their direction.

If Futures Club is required to close, staff members who have not been exposed to the H1N1 virus would be reassigned.

#### Families and Friends

Families and friends should be informed of the status of the H1N1 pandemic within the home. In some situations, families may choose to take their family member home to avoid exposure. Clear communication is essential.

#### Privacy Rights

## SECTION 4: HEALTH AND SAFETY

The employer may ask a sick employee how contagious he/she might be, and with whom he/she was in contact. Where an employee has fallen ill, it is also acceptable for the employer to inform other employees that he/she may have been exposed to an illness. Additionally, employers may be able to advise of a possible exposure in the workplace, without disclosing who had the communicable disease.

### 4.F. First Aid Procedures

#### 4.F. 1: First Aid Procedures

All staff members are required to have a current First Aid/CPR for Adult Care Workers Certificate from an approved course by the Ministry of Health to be considered eligible to work. Kardel offers an appropriate training course four times a year for staff. The Office Administrator tracks certificates.

In the case of serious accident/injury to people supported or co-workers, attending staff members would commence first aid. Ambulance service (911) to the hospital is to be arranged if the severity of the incident requires emergency hospital assessment and/or treatment. Notify the manager as soon as practicable, and notify the person's doctor. Employees are encouraged to err on the side of safety in calling for medical assistance.

If an ambulance is not required but medical assessment and/or treatment is required transportation may be arranged by phoning taxi cab if necessary. This number is posted by the phone under emergency numbers. The taxi number will vary depending upon home/program location.

If there is adequate coverage in the home to meet the needs of the other people in the home, one employee should accompany the person in the ambulance. The Individual Profile should be taken to the hospital with a copy of the most recent Medication Administration Record and any advanced health care plans.

The Manager or designate is responsible for notifying relatives and ministry staff and sending the incident report to licensing.

#### 4.F. 2: Human Bites: First Aid

Individuals/staff members who have sustained injury as a result of a human bite or has broken skin from another person's teeth must seek immediate medical attention. Human bites can be more dangerous than animal bites due to bacteria and viruses contained in the human mouth.

If a human bite results in the skin being broken:

1. Stop the bleeding by applying pressure;
2. Wash the wound thoroughly with soap and water;
3. Apply an antibiotic cream to prevent infection;
4. Apply a clean bandage. If the bite is bleeding, apply pressure directly on the wound using a sterile bandage or clean cloth until the bleeding stops;

## SECTION 4: HEALTH AND SAFETY

### 5. Seek emergency medical care.

If tetanus immunization is over five (5) years, a medical practitioner may recommend a booster. This should be done within forty-eight (48) hours.

#### 4.F. 3: Hot and Cold Compresses

Use of a hot/cold compress for a specific health issue must be prescribed by a medical practitioner and outlined in a Health Care Plan. Staff members must follow the directions as outlined in the Health Care Plan.

- The use of heat in any form i.e. hot water bottle, heating pad, bean bags are not permitted or approved for the safe use of people supported.
- The risk of a burn is too high especially when an individual is non-verbal and expressive communication is limited.
- The use of cold compresses is permissible as a First Aid measure. Staff members complete recertification every three years. Staff members must apply cold compresses as instructed/directed by their first aid training.

#### 4.F. 4: Emergency Survival Kits and First Aid Kits

**Emergency Survival Kits :** Each home and program has emergency survival kits on site to meet the needs of all people supported and the number of staff members likely to be on duty for a period of three days. These are kept in a marked container. Managers/Designates or representative must review the contents quarterly and update outdated supplies. Mark the expiry date of food, water and batteries on the outside of the container for easy review.

**First Aid Kits:** First Aid Kits approved by Worksafe BC are in all homes/programs. Manager or designate must check First Aid kits monthly. The manager is to ensure a record of monthly checks is kept. Cards are attached to each kit. Staff are required to date and sign.

Items taken from the first aid kits or emergency survival kit, should be noted on a paper in the kit for ease of replacing the item. Kits are also reviewed during the Annual Audit and in April by the OH&S committee.

#### 4.F. 5: Essential Information for all Staff Members

Staff must be aware of the following information

- Address of the home/program as known by the Fire Hall: (Posted on or next to phones)
- All names of people supported and bedrooms within the homes
- All staff members on duty in the home that must be accounted for in an evacuation situation
- Staff members will sign in and out and check other staff working in the home
- Staff members must always minimize risk of injury to themselves or others

## SECTION 4: HEALTH AND SAFETY

- They must use equipment provided within the home to prevent injury
- Safety hazards must be reported to their manager or designate as soon as possible. Managers or designates are responsible for correcting the safety hazard or arranging follow up as soon as possible
- Staff members must keep their home address current in personnel files and ensure accurate information on the Staff Emergency Contact List form, which is kept in the Emergency Grab Book in case of a serious accident/injury to an employee
- If you are taking people supported to a more remote area i.e. park, nature walk, two staff members must be in attendance in case of an emergency
- Emergency information for persons supported (to be kept on their person) when in the community should include the following:
  - Emergency Profile (from ShareVision)
  - Pertinent protocols as identified by the Manager of the home/program for each person supported
  - No Cardio Pulmonary Resuscitation order (if on file)
- The contents of the Emergency Grab Book includes the following that are required for a medical emergency or evacuation:
  - Emergency Evacuation Procedure (ShareVision)
  - Vehicle Keys and Quarters for payphone (Home/Program)
  - Staff Contact Numbers and Emergency Staff Contacts (ShareVision)
  - Operational Contacts (ShareVision)
  - Programs and Homes (ShareVision)
  - Safe Haven Information (ShareVision)
  - Individual Profiles and Pertinent Protocols (ShareVision)
  - Emergency Procedures Information (ShareVision)
  - Floor Plan (ShareVision)
  - Building Information (ShareVision)
  - Search and Rescue Signs (Home/Program)
- Search and Rescue codes: The following code system is used by search and rescue in an emergency, and signs are in each home/program and should be placed on the front window or door: \*Red: Immediate assistance needed; \*Yellow: Help needed in 24 hours\*Green: No assistance required
- Emergency information for person serving when in the community...

### Know the Location of:

- Designated safe area to gather after evacuating house (ensure it is not at a needed fire hydrant);
- An alternate assembly area is required because ruptures in city water or sewer may affect your assembly area.
- The designated safe meeting areas are to be identified on the posted floor plan of the home/program and included in Emergency Evacuation Procedure Guidelines.
- A designated safe area ensures staff are able to do a head count to ensure everyone is safely out of the home/program
- Telephones and emergency telephone number: (911)

## SECTION 4: HEALTH AND SAFETY

- Nearest pay phone to the home/program. Location is to be indicated on Emergency Evacuation Procedure Guidelines.
- Smoke detectors and fire extinguishers
- All exits from each room and emergency exits from the building.
- Detailed floor plan.
- First aid, emergency supplies, emergency file information
- Shut off for water, gas, sprinkler system, computers and electrical panels
- Emergency Grab Bag and knowledge of information contained therein
- The closest pharmacy that could provide medications. The home's pharmacy may be too long a distance to travel before roads are accessible. Pharmacies are provincially linked. Address and nearest Pharmacy should be included in Emergency Evacuation Procedures Guidelines.
- Knowledge and phone number our out of province contact: Signature Support Services: Grand Prairie 1-780-532-8436 during business hours or 1-780-831-4033 for evening's weekends and holidays. Free pay phones will start working before residential lines. An employee would phone the one number with a report on the people living in the home and staff members. The peoples' families would have this phone number and would phone for information. One out of province contact number frees up phone lines, time, and makes information updates available as quickly as possible.
- Radio Coverage during any local emergency: All local Victoria radio stations have agreed to broadcast emergency information in the event of a local emergency. However many don't have live broadcasts during the night and have pre-produced programs instead
- Therefore CFAX is the best station to tune into (1070 AM on your radio dial) CFAX is live all the time, night and day. The Provincial Emergency Preparedness Plan is to have radio broadcasts of important information on the hour and the half-hour

<i>Policy Group:</i>	<i>Health and Safety</i>
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<i>Reference:</i>	<i>Victoria Coordinator Provincial Emergency Program (PEP)920-3355</i>

### 4.F. 6: Managing Medical Situations for People Supported

- In life and death situations, the ambulance is phoned and the ambulance attendants will provide on site assessment and make a decision re: taking the person to hospital.
- In situations where staff requires medical advice, and the person is not registered with HSCL, or a Doctor's advice is required, the family doctor should be phoned or go to the nearest clinic or emergency. If it is after hours, a call number may be available which allows staff to get direction from a physician.
- Going to a clinic may be more appropriate than emergency because of the long wait times in emergency and the difficulty created for some of the people supported in that setting. If x-rays are required, then the clinic Doctor can write the order and the person by passes the emergency room wait.

### 4.G. Fires

## SECTION 4: HEALTH AND SAFETY

### 4.G. 1: Fire and Emergency Drills

Each site must participate in fire drills not less than three times per year per shift and emergency drills for each emergency situation per shift annually: bomb threats, natural disasters/earthquake, utility failures, medical emergencies, snow storm, and violent/threatening situations, environmental hazard. A Simulated Evacuation drill is also conducted once per year for all shifts.

Fire and emergency drills will be arranged through the OH&S Committee via ShareVision alerts. They must occur on all shifts. Staff members on specified shifts complete the form on ShareVision. Once completed they are then automatically directed to the OH&S group for analysis and recommendations. The manager/designate reviews the recommendations with team or individual staff members.

### 4.G. 2: Fire Evacuation Procedures

In the event of a fire presence of smoke, the first priority is the safety of people supported and staff members:

- Sound the FIRE ALARM and yell fire. Remove the people supported from immediate danger and alert other occupants of the house
- Call the Fire Department: 911: Give the name, address and describe the emergency. Confine the fire and smoke by closing doors to rooms with fire and all other bedroom doors (and windows, if possible)
- If possible, meet the Fire Department on their arrival and advise them of the location of the fire
- Evacuate (if necessary). Remove people closest to the fire and then the other people in the house. Remove them to pre-determined safe designated area.
- If the home has a sprinkler system and the people could not be safely evacuated, close the doors and don't attempt to move them. Direct the fire department to the room where the people need to be evacuated. The most senior staff member working within the home is designated to ensure all occupants are accounted for after evacuation
- Do not endanger yourself in an attempt to extinguish the fire. Use discretion. If from your experience and training, you feel you can extinguish the fire with a portable fire extinguisher, attempt extinguishments only after all the people have been moved to a safe area. A rule of thumb is that you should not attempt to put out anything larger than a wastepaper basket size. Remember that in most cases, the installed fire sprinkler system in licensed homes will control or extinguish the fire
- It may be easiest to evacuate non-ambulatory people by wrapping them in blankets and pulling them outside
- No one is to re-enter the building without the permission of the Fire Department
- Do not attempt to move vehicles from the parking area without the direction of the Fire Department
- Vehicles should never block emergency exits and entries to homes
- A fire extinguisher that has been used must never be placed back in service or re-hung. Notify the Manager/Designate so it can be refilled and immediately replaced.

## SECTION 4: HEALTH AND SAFETY

### 4.H. Evacuation

Sheltering in place when an emergency situation arises is typically the most appropriate option for the individuals we support within Kardel. Evacuation is a significant decision because of the disruption to people supported. There are situations, however, where, for the safety of the people supported and staff member's evacuation may be required and alternative accommodation may be needed on an emergency basis.

#### 4.H. 1: When evacuation is appropriate

Staff members should exercise good judgment keeping the safety of all as paramount. Evacuation may be necessary:

- after a fire on the instruction of the fire department;
- if toxic fumes are present in the home
- there is severe structural damage that poses imminent risk to individuals
- during long term power outages that place individuals at risk
- as directed by emergency personnel/officials (police, search and rescue)

Other circumstances may arise where temporary relocation is necessary i.e. the home /program is being painted and there are noxious fumes present, renovations are being done which may pose risk to individuals served (dust, equipment) This is not an exhaustive list. A health and safety plan must be submitted to licensing branch is required if people residing in Licensed homes are being temporarily re-located.

#### 4.H. 2: Partial evacuation for the physical facility

Situations may arise where only part of the physical facility needs to be evacuated: for example, water damage in one bedroom. Contact would be made with the licensing officer and CEO to determine the most judicious course of action.

#### 4.H. 3: Emergency Evacuation

Although it is recommended to stay in the home/program for as long as safely possible, Emergency Evacuation Procedure Guidelines must be completed at each home and posted prominently beside the home/program's floor plan for all staff to review and access easily. These guidelines are also to be placed in the Emergency Grab Book.

Guidelines are to be reviewed and updated annually.

In all situations, the safety of the people we support is paramount.

After emergency numbers, immediately call for assistance to ensure that other staff members and management can assist in the crisis.

#### 4.H. 4: Accounting for all persons

Though our homes and programs are small, it is essential that in a disaster one person is assigned to ensure all people are accounted for. The Manager working within the home is

## SECTION 4: HEALTH AND SAFETY

designated to ensure all occupants are accounted for after evacuation. If it occurs when the Manager is not in the home, the most senior staff person is to assume this responsibility.

### 4.H. 5: Emergency Accommodation when complete evacuation is necessary

Staff members should take the people supported to the closest safe home within the company to have a base from which to make phone calls and to make further arrangements: Amelia/Henry; Maryland/Sentinel/Patterson; Paskin/Dustin; Hillside/Paskin; Futures Club would use the Board room at Central office. Lakes would go to family members of the people supported in the area.

Staff members should seek out emergency accommodation in the following order:

- For people supported with involved families/advocates nearby, families/advocates should be contacted to determine if they want to take their family member/friend home on a temporary emergency basis;
- If there is a vacancy within the company, phone the home with the vacancy to determine if they can accommodate a person(s);
- Have one of the homes fax out to all homes to determine if there is capacity to offer space in an emergency;
- Futures Club could be utilized on a short-term emergency basis. For emergency assistance, contact Futures Club Manager or Designate.
- In a community wide disaster, emergency accommodation is set up at neighborhood schools and recreation centres. Often these locations are chaotic and would be a place of last resort in an emergency
- The van log book contains a list of group homes ( Safe Havens) operated by other companies in the region, and an indication if they are wheelchair accessible.

### 4.H. 6: Emergency Notification of Authorities

If temporary relocation is required due to a household emergency (flooding, structural damage) , the licensing officer must be notified immediately to approve the location. An application form must be submitted. CLBC is to be notified as soon as everyone was safely settled at another site. CEO should be contacted as soon as possible.

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<i>Revised:</i>	<i>November 2007; June 2008; September 2014</i>
<i>Reference:</i>	<i>Emergency/Temporary Relocations: <a href="http://www.viha.ca/mho/licensing">http://www.viha.ca/mho/licensing</a></i>

### 4.I. Continuation of Essential Services during evacuation

#### 4.I. 1: Emergency: Medication Disaster Supplies

With PharmaNet, a person's profile can be accessed and prescription labels generated in emergency situations through any pharmacy in the province. Hence, if employees are with people supported in an emergency, contact with any pharmacist will allow the person's profile to be accessed.

## SECTION 4: HEALTH AND SAFETY

According to the College of Pharmacists, maintaining an extra supply of medications in preparation for a disaster on site is unsafe and would be unfeasible from both an economic and a logistical point of view.

<i>Policy Group:</i>	<i>Health and Safety</i>
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<i>Reference:</i>	<i>College of Pharmacists; Licensing Newsletter 2001</i>

### 4.I. 2: Emergency: Adaptive Equipment

Each home base Manager is responsible for having a backup plan for adaptive equipment in case of emergency i.e. power outages, breakage etc. Back up plans should be recorded in the individual care plans: safety and security section.

### 4.I. 3: Emergency Medical and Health Information

Individual Care Plans and all individual's information can be accessed by authorized personnel via ShareVision on any computer with internet access. The Individual Profile is kept in the Emergency Grab Book at each site and a copy is kept locked in the vehicle log book (Without Individual's Information).

### 4.I. 4: Emergency Service Plans

Person Centered Plans are stored on ShareVision and are available to authorized personnel on any computer with internet access.

### 4.I. 5: Emergency Personal Possessions

Because of the distances among the homes operated by Kardel, it is unlikely that all homes would be involved in a disaster. Homes not involved would be expected to assist with the provision of possessions i.e. clothing, radios etc. until the items can be replaced. Families may also be able to assist.

### 4.I. 6: Emergency Staffing

All staff members are required to remain on duty during a fire or other emergency until the situation is under control and all people supported and staff members are safe. In the case of a community wide disaster, off duty staff members are asked to get to the nearest home/program within walking distance if possible, after they have secured their own safety and that of their family. In a community wide disaster, staff members scheduled for duty may not be able to get to the home for their shift.

Managers maintain an emergency-staffing list of staff members that live in the vicinity of the home/program. In addition to regular staff and oriented casual employees at the home/program,

## SECTION 4: HEALTH AND SAFETY

this list may also include staff members that are no longer registered or have not been registered to work at the home/program but who could be contacted in an emergency.

Communication Headquarters will coordinate communication from Central office to ensure staffing coverage. A copy of the emergency staff list is kept within the home program Fire and Emergency manual and with central office as communication headquarters.

### 4.I. 7: Emergency: Communication Headquarters during a Disaster

Central office would be Communication Headquarters if it were a safe site after a disaster. In a disaster, CEO, Director of Human Resources and Director of Programs and Quality Assurance would be required to report to Communication Headquarters immediately. All managers/designates would be expected to report to his/her home/program immediately, and facilitate communications on site. If Central office were not a safe location, the Chair of OH&S would determine the most suitable home/program to serve as communication headquarters and forward this information to key staff members.

Due to the proximity to the office, Paskin would be the first home location considered as alternate. Information on the phone numbers for home/program phone numbers, staff members, family and next of kin phone numbers will be stored at the homes of those individuals who would be expected to staff a communication HQ as well as at a home in Sidney (Amelia) and a home in Victoria (Paskin). This provides multiple accesses to critical phone numbers.

<i>Policy Group:</i>	<i>Health and Safety</i>
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<i>Update on communication headquarters:</i>	<i>November 2005, November 2006, Jun 2008, June 2012, September 2013, December 2013</i>
<i>Reference:</i>	<i>Community Care Facilities Act; Search and Rescue Coordinator</i>
<i>National Fire Code of Canada 1995;</i>	
<i>National Building Code of Canada 1995</i>	
<i>B.C. Fire Code Regulation under Fire Services; Section 6.8 deals with standards that emergency lighting must meet</i>	
<i>B.C. Building Code Regulation</i>	
<i>B.C. Building Code section 3.2.7 deals with standards that emergency lighting must meet.</i>	
<i>Occupational Health and Safety Regulations (s. 4.13 to 4.18) deals with Emergency Preparedness and Response.</i>	
<i>Occupational Health and Safety Regulations (part 33) deals with first-aid regulation for B.C.; Section 4.69 deals with emergency lighting requirements; Section 4.27-4.31 deals with Violence in the Workplace</i>	
<i>Personal Information and Electronic Documents Act (emergency contact information)</i>	
<i>Carl Griffith and Rick Vulpitta, "Effective Emergency Response Plans...anticipate the worst, prepare for the best results". National Safety Council Website (online: <a href="http://www.nsc.org/issues/emerg/99esc.htm">www.nsc.org/issues/emerg/99esc.htm</a>)</i>	
<i>William H. Avery and Jamie Soo, "Emergency/Disaster Guidelines and Procedures for Employees". CCH Canadian Limited. Toronto, Ontario 2003 (online: <a href="http://www.cch.ca">www.cch.ca</a>)Telus Customer Service and Information Pages 23; Community Connections</i>	

### 4.I. 8: Out of Province contact

Emergency preparedness is essential in all of the homes and programs. After a disaster, it is recommended to call out of the region, as local phone lines will be tied up. Kardel has arranged an out of province contact with Signature Support Services in Grande Prairie, Alberta. Signature is a similar agency to Kardel, serving people with developmental disabilities in both homes and day programs.

Contact Information :       Darrin Stubbs  
  1-780-831-4033 (24 hour response - Cell)

## SECTION 4: HEALTH AND SAFETY

1-780-532-8436 (business hours)  
www.gpdapd.org

In a disaster, one staff member from the home would phone as soon as possible to alert Signature of the status of the home, staff members and the people residing in the home. Communication Headquarters team would phone Signature to get the report on all people that reported in. From Grande Prairie, families may be contacted to alert them to the status of their family member.

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>July 2008</i>
<i>Reviewed:</i>	<i>January 2014: January 2015: January 2016</i>
<i>Reference:</i>	<i>Government of Canada: Self-Help Advice: Be Prepared, Not Scared: Emergency Preparedness starts with you</i>

### 4.I. 9: Emergency Phone Numbers

Emergency phone numbers are posted in all homes and are on ShareVision. They are also kept in the van logbook in the vans for when evacuation is necessary.

### 4. J: Emergency Procedures and Drills

Fire drills are completed three times per year by all shifts. Other emergency drills: are completed annually. (See 4.G. 2)

#### 4.J. 1: Types of emergency drills

##### a) Bomb Threats

In the event of a bomb threat made to the home/program/office by phone, signal to staff members and people in the home to proceed to designated safe area outside as soon as you are aware of the threat. Signal to other staff members, if available to immediately go to another telephone or cell phone and Dial 911. Have them await further instructions and advice from 911 personnel.

Attempt to keep the person on the phone as long as possible and gain as much information as you can from the person making the threat. Ask:

- Where is the bomb located?
- When is it set to go off?
- What does it look like?
- What will cause it to explode?
- Did you place the bomb? Why?
- What is your name? Address? Telephone Number?
- Do not hang up. Keep the line open even if the other party hangs up. It is very important not to hang up. Pay attention to the particulars of the caller i.e. gender, age etc. Pay attention to background voices and noises.

## SECTION 4: HEALTH AND SAFETY

If you find a bomb or suspicious item, or suspect you have do not touch it. Ask all persons to leave the area within the home/program/office. Seal the area as best as possible (e.g. block entrances). Immediately go to another area and Dial 911. Await further instruction and advice.

Direct staff members and people supported in the home to proceed to designated safe area immediately. Ensure all staff members and people supported are accounted for.

If you open a written threat, avoid handling the document further and place it in a safe location for police.

After the people supported are safe, complete the forms in the Fire and Emergency Manual, section: Hazards, Disasters etc. to assist police with their investigation. Notify the Manager/Designate and the OH&S Group.

### 4.J. 1 b) Natural Disasters

Employees must protect themselves first. Co-workers and people supported need you to be able to help them through the disaster.

In the case of a disaster, it may be best for people supported to stay at their group home/day program because public reception areas will be chaotic and this may prove distressing for them. Negotiate with another group home or one of the employees who live nearby to act as a back-up emergency place to take people supported during an emergency if the home has to be evacuated. In a large earthquake the program may be on its own for up to three days. Employees who live close to a group home should ensure their own family is safe, and then report to the group home as soon as possible to assist.

Many employees will not be able to reach the homes/programs. Employees should put a note on their home indicating where they have gone to assist:

- Ensure all staff members and people supported are prepared for an earthquake
- Know the safe spots in each room: under sturdy tables, desks.
- Know the danger spots: windows, mirrors, hanging objects, fireplaces and tall, unsecured furniture
- Practice natural disaster drills one time per year
- Ensure you know how to shut off gas, water, sprinkler system and electricity. Do not be surprised if the fire alarm and/or sprinkler systems activate during an earthquake
- Put breakables or heavy objects on bottom shelves always as good practice
- Tall heavy furniture, which could topple, such as bookcases, china cabinets or wall units, must be secured
- All water heaters and appliance, which could move enough to rupture gas or electricity lines should be secured
- Hanging plants and heavy picture frames or mirrors (especially over beds) should be secured or moved. Cabinet doors should have latches to hold closed during shaking. Keep them closed.
- Flammable or hazardous liquids such as paints, pest sprays or some cleaning products must be kept in the garage or outside shed

## SECTION 4: HEALTH AND SAFETY

- B.C. Housing and Kardel will check chimneys, roofs, walls, and foundations for structural condition after the earthquake
- Emergency food, water, First Aid Kit, and other supplies are available in each home and program near the exit for quick removal

### During the Shaking

- Don't panic. Do not attempt to assist others until the shaking stops
- If indoors, stay there. Get under a desk or table
- Drop to your knees and cover your head and neck with your hands
- If outdoors, get into an open area, away from trees, buildings, walls, overhead structures and power lines
- If driving, pull the van to the side of the road and stop. Avoid overpasses or power lines. Stay as low as possible and remain inside until the shaking is over
- If in a crowded public place, do not rush for the doors. Move away from display shelves containing objects that may fall

Doors may jam closed during an earthquake. Don't kick them open as this may do more damage. Use a window to access a room; or exit the building.

### After the Shaking Stops

- Stay Calm. Expect aftershocks
- Count to 60 out loud to assist other people in the home to localize to the sound of your voice and to know others are safe
- Assist people in the home and staff members as necessary. Call \*911 if emergency services are urgently required. Account for all people and staff. Inspect all rooms and leave doors open. Keep everyone away from windows and exterior walls
- Check yourself first for injuries. Help those around you and provide first aid. Do not move seriously injured individuals unless they are in immediate danger.
- Hunt for hazards. Check for fires, gas and water leaks, broken electrical wiring or sewage lines. If you suspect there is damage, turn utility off at the source. If there is no damage, do not turn off gas. Clear hallways and evacuation routes of hazards
- If you smell gas, douse all fires, do not use matches, candles, etc. and do not operate electrical switches. Open windows leave the building and shut off gas valve. Report the leak to authorities
- Check the building for cracks and damage, including roof, chimneys and foundation. If you suspect there is damage, turn off all the utilities and leave the building for the safe area
- If possible, stay within the home with the people supported rather than go to a public reception area, which would be chaotic for people supported. All homes have a partner home nearby; if possible, get to this home if you must evacuate
- Check food and water supplies. Emergency water may be obtained from water heaters, melted ice cubes, toilet tanks and canned vegetables
- Do not use BBQ's, camp stoves or unvented heaters indoors

## SECTION 4: HEALTH AND SAFETY

- Do not flush toilet until you are sure the sewage lines have not been damaged. Put a garbage bag into the toilet, or use the bucket that is kept with the earthquake supplies.
- Do not use the telephone unless there is a severe injury or fire
- Turn on your portable radio for instructions and news reports. Have a sticker that identifies the local radio station for emergency information. Cooperate fully with public safety officials
- Do not use your vehicle unless there is an emergency. Keep the street clear for emergency vehicles. Be prepared for aftershocks
- If everyone in the home is safe, put out the green sign for Search and Rescue; if assistance is urgently required, put out the red sign.
- The first phones to be reconnected will be pay phones and no coins will be required. One person should phone the out of province contact number Signature Association for Community Living: Grande Prairie 780-532-8430 business hours, 780-518-1469 for evenings, weekends and holidays and inform them of the status of the people supported and staff

### In a Vehicle

If you are driving, pull over to the side of the road and stop. Attempt to avoid stopping on or under an overpass, near power lines, signs, billboards and/or buildings. Stay inside the vehicle until the shaking is over. Lie down on the floorboard or on the seat inside the automobile and cover your head and neck.

### Evacuation

Leave the building and prevent access if:

- The building has collapsed partially or completely;
- There is obvious and severe damage to primary structural supports, or other signs of distress;
- There are large ground fissures or massive ground movement near the building.

### 4.J. 1 c) Snow Storms

Though rare, Victoria has had snowstorms that have closed down roads in places for up to three days. This has resulted in staff members being unable to come to work or leave the work site. Staff members within walking distance of one of our homes are requested to contact the group home and be prepared to provide back up support in an emergency to that home and staff. Day programs would not operate and the manager would be responsible for informing families as soon as it is evident that a major storm front is coming. Err on the side of caution.

All homes must have a back up of three days supplies of food and medication at all times. In an emergency, pharmacists are linked and the homes closest pharmacist would be able to arrange short-term medications until the disaster was finished.

### 4.J. 1 d) Utility Failures

## SECTION 4: HEALTH AND SAFETY

Each home is equipped with emergency lighting that goes on automatically for 20 minutes. This allows staff members enough time to get out the three-day camp light from the disaster supplies. The camp light is checked at quarterly inspections.

All homes that have electrical medical equipment must have back up manual equipment in case of an emergency.

All employees must shutdown computers during a power failure. A power surge, which can occur after power is restored, can damage a computer.

For heat, some of the homes have fireplaces that may assist in an emergency. Back up wood supply must be kept available. Candles and extra blankets are available in all homes. Candles must never be left unattended. In the case of long-term power outages, the homes staff and people supported should go to the nearest partner homes that still have power. Large plastic bags are good conservers of body heat. Do not place over head. All homes have "Magic Heat" in their emergency kits with instructions.

The vans could be used as a warm place in the short term if necessary. Run the motor occasionally to warm up the vehicle. Be sure to open the window slightly for circulation. Use extreme caution not to run the motor if snow is blocking the exhaust pipe.

### 4.J. 1 e) Medical Emergencies

All Kardel staff members are trained in First Aid/CPR for Adult Residential Care.

#### Emergencies:

- For serious injuries and illness, staff must use appropriate first aid, call or have someone phone 911 for an ambulance
- Notify the manager/designate as soon as practicable
- Notify the doctors of the people served, or in the case of staff members, the emergency contact number on file
- Employees are encouraged to err on the side of safety in calling for medical assistance. If there is adequate coverage in the home to meet the needs of the other people supported, one employee should accompany the person in the ambulance
- If a staff member is too ill to continue duties, notify the manager for them to arrange additional coverage if necessary
- Individual Profile should be taken to the hospital with a copy of the most recent Medication Administration Record.
- The Manager or Designate is responsible for notifying relatives, Licensing ( as appropriate) and Community Living Services (CLBC) staff
- Back up medical advice is available for people registered with Health Services for Community Living. HCC Nurses may be reached from 8:00 a.m. to 12:00 p.m. (numbers posted by Phone in homes) and through the emergency department at Royal Jubilee Hospital from 12:00 p.m. to 8:00 a.m. HCC Nurses should be informed of hospital admissions

## SECTION 4: HEALTH AND SAFETY

### 4.J. 1 f) Violent, Aggression or other Threatening Situations

Individual plans are in place for all people that have a history of violent or aggressive behaviour's. Incidents are reported on critical incident forms. Training on responding to people with difficult behaviours is available. All incidents of threats, intimidation, harassment and violence from staff members will not be tolerated and should be reported to the manager for follow up.

During an escalating situation, keep it easy, low key, simple, direct, explicit, and accepting while still giving the safety, security and guidance.

- Do not engage in angry, verbal outbursts
- Keep verbal interactions and directions simple, clear, using a minimum of words
- Do not provoke a person in a rage
- Keep a safe distance away if possible
- Speak in a firm, calm voice
- Plan a safe route of escape if necessary i.e. stand by an exit door

Refer to the guide to managing risk when working alone. This can be found on ShareVision under Health and Safety Resource's.

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Revised:</i>	<i>March 2009</i>
<i>Reference:</i>	<i>Developmental Disabilities Mental Health Team January 1991</i>

### 4.J. 1 g) Sentinel Events

A sentinel event is an unexpected occurrence involving risk of death or serious physical or psychological injury, or the risk thereof. The phrase, "or the risk thereof" includes any process variation for which an occurrence would carry a significant chance of a serious adverse outcome. A sentinel event requires immediate action and response. Responses would be coordinated by the Manager, or in their absence, the longest serving staff member in the home. The first goal is always safety and prevention of loss of life. Current direction would be given community wide and CFX, (AM 1070) which has an agreement to broadcast for emergencies.

#### Example - Terrorism in British Columbia

There have been a number of identified alleged targets: BC Ferries (transportation). In the event of an act or terrorism or suspected act of terrorism we will follow official government and law enforcement regulations (Canadian Human Rights and Anti-Terrorism Act) and directions.

### 4.J. 1 h) Bio-Hazardous Incidents

These are defined as the release of any hazardous gas, vapour, liquid or other material into the atmosphere or environment that could pose an immediate threat to persons or property and/or has caused a threat to life, property or the environment.

Emergency Procedure:

## SECTION 4: HEALTH AND SAFETY

- Notify Poison Control Centre 1-800-567-8911 and/or Fortis B.C. for gas emergencies as required 1-800-663-9911
- Evacuate immediately. Ensure all occupants are accounted for
- Evacuate upwind of vapours

Every chemical on Kardel property must have a readily available Material Safety Data Sheet (MSDS) that provides handling procedures and emergency response measures in the WHMIS Manual. Workplace Hazardous Materials Information System (WHMIS) legislation confirms employees have the right to know the chemical identity of “controlled products” (hazardous materials) in the workplace and the precautions that are necessary to work with them. WHMIS has three aspects: 1: labelling of containers, 2: MSDS sheets and 3: worker training. All workers receive work site-specific training during orientation to WHMIS, during in home orientation and generic training during Central Orientation.

It is imperative that all employees read product labels in order to be alerted to the hazards and safe procedures necessary. It is the employer’s responsibility to ensure that all employees are trained on the use of WHMIS procedures by the Manager. Any employee not using the proper procedures for handling hazardous materials and substances may be subject to disciplinary action.

All poisonous, flammable, or combustible material/substances are to be stored in a safe manner as soon as they come on site. The Manager is responsible for ensuring that the people in the home/program either:

- Understand the danger of poisonous, flammable, or combustible products; or
- Are able to access the storage place of substances that pose potential risk.

### Storage:

- Commonly used household cleaners and chemicals that are potentially dangerous to those who are unaware of the dangers, must be stored in a locked area. Such products include bleach, ammonia, Windex etc
- Commonly used products such as dish soap, laundry soap, foot powders etc. May be stored in an unlocked cupboard or box, that makes the product not visible, if the people living in the home:
  - Understand that these products are dangerous if ingested or
  - Cannot access the storage area without assistance
  - Have no history of ingesting products
- All poisonous, flammable, or combustible materials must be kept in a locked area in a separate building (i.e. shed). Such products include propane, paint, and pesticides
- Combustible materials/substances (e.g. oily or paint filled rags, paint thinner, turpentine, etc.) must be stored in a sealed, airtight container, away from any heat source
- The Manager ensures all products are properly labeled.
- The Manager or designated staff carry out periodic checks (quarterly and semi-annual inspections) of the home/program to ensure that any/all materials or substances that have potential risk to persons served (e.g. nail polish remover) are properly labeled and stored. Many commercially packaged products have Risk Warnings on the label.

## SECTION 4: HEALTH AND SAFETY

### Transportation/Disposal

- All compressed gases (specifically propane), flammable/combustible materials and oxidizing materials must be transported in a manner which prevents free movement, the possibility of spillage/leakage, or access by the people supported.
- When disposing of flammable/combustible or oxidizing materials, contact local municipality for disposal site information. Do not dispose of in regular garbage containers or in sewage/drainage system. With compressed gases, old cylinders/tanks should be “bled” away from heat, to remove any residual gas and the empty tank taken to supplier for disposal. Valves must be turned off when not in use.
- Check regularly for deterioration and replace as needed.

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>May 2002</i>
<i>Revised:</i>	<i>October 2006; January 2009</i>
<i>Reference:</i>	<i>Worker's Compensation Act/Regulations, WHMIS Community Living Services Collective Agreement, Article 22.1 Licensing bulletin January 2009 "Storage of Hazardous Products"</i>

### 4.J. 1 i) Lightning

- Stay updated on weather
- Get inside the house or large building
- Avoid the use of telephone
- Avoid the use of or touching plumbing fixtures
- Do not stand under trees or telephone poles
- Avoid projecting yourself above surrounding landscape i.e. standing on a hilltop
- Get off open waters, cars, or other metal equipment
- Stay away from wire fences, clotheslines, metal pipes and rails
- If in a group in the open, spread out, keeping several yards apart
- If caught outside and you feel your hair stand on end then lightning may be about to strike. Drop to your knees and bend forward. Place hands on knees. Do not lie flat on the ground

### 4.J. 1 j) Missing People

In the event of a missing person:

- Carry out a search of the home/program and immediate surrounding area (5 minutes).
- Ensure that the other people in the home/program have adequate support during this time.
- Telephone the Police through the local detachment number to report the missing person as well as contact the Manager/Designate, or if not available, Director of Programs and Quality Assurance, Director of Human Resources or CEO to arrange for relief and/or emergency back up staff members.
- The police determine when Search and Rescue are brought into the search.

## SECTION 4: HEALTH AND SAFETY

- Have the Individual Profile complete with current information and recent picture on file at all times. The profiles are also to be kept secured in the van log, along with emergency numbers.
- Write down the description of clothing at the time of disappearance.
- The Manager/Designate is to inform family/caregiver as soon as appropriate.
- The Incident Report should be forwarded to licensing (where required), Community Living British Columbia (CLBC) and central office as soon as practicable (within 24 hours).
- Plans should be in place for any person that has a history of wandering that outline ways to mitigate the risk.
- All people should have identification on them with his/her name and phone contacts.

### 4.J. 1 k) Suicide: Prevention and Response

- Where a person supported has a history of suicide attempts or threatening suicide, a health and safety plan will be written to ensure all staff members are familiar with the warning signs, risks and methods for intervention.
- Any attempted suicide is a critical reportable incident under the Community Care and Assisted Living Act and Community Living BC.
- Staff members would use the same protocols as for medical emergencies if warranted.
- Any sudden changes in behaviour should be reported in progress notes to ensure the team picks up on early warning signs in order for appropriate professional assistance to be arranged as required.

### Common warning signs include:

- Signs and symptoms of depression: Depressed mood; (feeling sad, blue or hopeless; irritability; reduced interest in almost all activities; significant weight gain or loss, insomnia or too much sleep, too much or too little motor activity, fatigue or loss of energy, feelings of worthlessness or guilt, reduced ability to concentrate or think, difficulty making decisions, recurrent thoughts of death)
- Repeated expression of hopelessness, helplessness or desperation
- Expressions of interest in committing suicide
- Having a suicide plan
- Loss of interest in friends, hobbies or previously enjoyed activities
- Giving away prized possessions or putting affairs in order
- Telling final wishes to someone
- A change in personality or mood
- A change in appearance
- Failure to recover from a loss or crisis
- Refusing to eat, drink or take medications

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>October 2006</i>
<i>Reference:</i>	<i>Mosby's Canadian Textbook for the Support Worker</i>

SECTION 4: HEALTH AND SAFETY

4.J. 1 l) Tsunami

Although the risk is low in the Victoria area coastal communities such as Port Alberni are at higher risk. Tsunami Alerts may be issues for vulnerable areas and for specific time periods. In the event a distant tsunami is known to threaten any of BC, Tsunami Orders may be issues for specific areas and specific time periods. When the threat is over, Tsunami All-Clear is issued.

If you hear a tsunami bulletin follow instructions immediately. In the case of an alert, move pesticides and other dangerous goods from low lying areas. In the case of a Tsunami evacuation order, move to higher ground (greater than 20 metres or 60 feet above the tide line). Stay tuned to your radio. Follow the instructions of all emergency officials. In the first 24 hours use the telephone only to report life-threatening emergencies. Do not go to the beach to watch. Take emergency supplies with you to higher ground. If you are in a vehicle, move to higher ground. The van log contains the listings of other group homes in the region that are wheelchair accessible, and a safe haven.

If you receive a tsunami order to leave your home:

- Turn off the gas, power and water to the home/program
- Lock the doors;
- Move to safe ground inland or above 20 m elevation
- Know where you are to evacuate to in the event of a tsunami

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>December 2007</i>
<i>Reference:</i>	<i>BC Provincial Emergency Program; Telus Phone book: p. 23</i>

4.J. 1 m) Weapons: Use or possession

Anything capable of causing damage, even psychologically, can be referred to as a weapon. A weapon is a tool used to apply or threaten to apply force. No weapons may be used or present within the homes/programs operated by Kardel. Weapons banned would include items such as guns, pepper spray, clubs, projectiles, or knives for intimidation or any weapon within the meaning of Canada’s criminal code. Staff members hired to provide supportive living or community integration are not to enter a home where there is a known presence of weapons. If staff members suspect illegal weapons on a premise, the information should be brought forward to the manager for relaying to the police.

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>December 2007</i>
<i>Revised:</i>	<i>June 2009</i>
<i>Reference:</i>	<i>BC Provincial Emergency Program; Telus Phone book: p. 23; Residential Care Regulations #24 of Community Care and Assisted Living Act</i>

4.J 1 n) Futures Club Emergency Closure

Kardel recognizes that in order to minimize risks to the safety of participants and employees, students, and volunteers, decisions to close Futures Club may sometimes be required. The

## SECTION 4: HEALTH AND SAFETY

conditions that may give rise to such a decision include snowfall, flooding, power failure, earthquake, or other structural damage to the premises and/or public infrastructure.

In case of snowfall, the criteria the Manager will take into consideration may include, but not be limited to the following:

- Whether transit, including HandiDART, is operating that day
- School Closures
- Weather forecast for the remainder of the day
- Road conditions
- Other public safety advisories that may be issued

Closure decisions will give consideration to providing as much advance notice as possible before the scheduled opening of the program, to those affected. Notification will be delivered according to the Emergency Phone Tree.

Emergency Phone Tree:

Put a message on the Futures phone indicating the closure. Contact HandiDart, staff members, caregivers and families. When the decision to close is made during the operation of the program:

- Arrangements must be made by caregivers for the safe transport of participants to their homes or alternate locations
- Students and volunteers will be dismissed
- Employees may be instructed to leave the workplace or may be reassigned
- Under some emergency circumstances, employees may be required to work overtime

Employees may request to leave work prior to the complete discharge of responsibilities to participants, due to the employee's individual safety concerns (e.g. driving conditions on the Malahat) or other personal circumstances. The manager may grant such requests based on the resources available for the safe support of Futures participants.

Employee compensation:

- Employees notified in advance of closure and prior to leaving for work will not be paid
- Employees who arrive at Futures will be compensated in accordance with the provisions of the collective agreement Article 14.2 (b) (1) (2)
- Employees who are sent home due to closure during operation of program will receive no loss of pay
- Employees who have been granted their request to leave work prior to the end of their schedule shift due to safety concerns, may take lieu time, vacation or leave of absence without pay

### 4.J. 2: Emergency Drills and safety education for the people we support

Kardel works with the people we support to teach them about management of emergency issues, taking into consideration their cognitive ability and prior experience. Upon intake, new consumers are instructed on escape routes and fire drills. Staff members explain procedures

## SECTION 4: HEALTH AND SAFETY

pertaining to emergencies in plain language and at an appropriate level of comprehension. Pictures are used where appropriate. People supported may be included in emergency drills and included on the drill tracking form (Cross reference: 4.F.1).

### 4.K. Hospital Admission Procedures

The Manager/Designate is responsible for informing the CLBC analyst re: hospital admissions, central office and the HSCL nurse where applicable.

#### 4.K. 1: Planned Admission to Hospital

The Manager/Designate will determine through patient information, the unit where the person supported will be admitted. The Manager/Designate contacts the hospital social worker for the unit via their pager or through switchboard in situations where there will be the requirement for staffing exceptional to existing staffing levels.

The patient is assessed to establish the need for group home staff members to stay with the patient by the unit manager or designate or unit social worker in conjunction with the group home Manager. The unit social worker informed of person's care requirements for activities of daily living i.e. mealtime assistance, toileting, grooming, mobility; and exceptional needs i.e. behavioural issues (screaming, aggression, wandering etc.), monitoring requirements, augmentative and alternative communication; safety concerns i.e. inability to pull a cord to call for help, dysphagia etc.

VGH: 250-727-4212 or

RJH: 250-370-8000 or

Saanich Peninsula: 250-652-3911

The unit social worker must reassess the person for support required greater than 4 days. Hospital staff members complete the Form "Authorization for Staff to Support Adults with Developmental Disabilities". See Forms. He/she notifies the group home manager and the Manager/Designate arranges the care required. Nursing staff members document the presence of group home caregiver in the progress notes.

If families are available and wish to be on site for a portion of the day, and are able to provide the activities of daily living support, that may be taken into consideration as part of the staffing plan. Upon patient discharge, the home manager sends the completed "Authorization for Staff to Support Adults with Developmental Disabilities" to Kardel Finance and Administration, for them to fax an invoice and a copy of the authorization form to the Health Records Department where patient was admitted.

Accounting invoices indicating rate of pay, number of hours (manager provides this information) and the total costs:

- Health Records provides verification of service and LOS (length of stay)
- Health Records completes authorization form and forwards to the Director with signing authority for cost centre
- Director or designate signs invoice and sends to Accounts Payable Department

## SECTION 4: HEALTH AND SAFETY

- Accounts Payable Department reimburses Kardel

### 4.K. 2: Emergency Admissions to Hospital

Determine through patient information, the unit where the person supported is being admitted. Request the unit social worker, unit manager or designate contact you as soon as possible if a need for group home staff exists. Manager/staff members exercise judgment based on the needs of the person supported re: staff coverage while in hospital and ensure adequate support from the group home is arranged.

Staff Member's Role while supporting a person in hospital:

- Hospital staff performs the acute care roles and are the primary care giver
- Group home staff may perform some regular activities of daily living support that are part of their job description within the home e.g. Companionship, feeding, grooming
- Exceptions may be negotiated with the nurse/staff in the best interest of the person supported. For example, the nurse may oversee the group home staff member administering the person's routine medications when the person will not accept the meds from a stranger. Note this is not to include lifts and transfers.

### 4.K. 3: Exceptional Considerations

The hospitals have a patient care coordinator who deals with more global issues. They may be contacted through the switchboard in situations such as:

Example 1: Two of the people supported are in hospital at the same time and having them in the same room would save staffing costs, the patient care coordinator would be contacted to assist with making these arrangements.

Example 2: The person becomes agitated with noise and may scream. A request could be made through the patient care coordinator to have access to the grief room to decrease stimulation.

<i>Policy:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>April 2002</i>
<i>Revised:</i>	<i>June 2003; May 2007</i>
<i>Reference:</i>	<i>Vancouver Island Health Authority; Process for Authorization and Documentation of Caregiver Support: Adults with Developmental Disabilities</i>

### 4.L. Death of a Person Supported

#### 4.L. 1: Unexpected Death:

Immediately call for police and ambulance, and then contact the Regional Coroner 1-855-207-0637. Licensed facilities are required to report all deaths to the licensing officer. If it is after hours or on the weekend, leave a message on the machine of the licensing officer.

Contact the Manager/Designate of the home or in their absence, the Director of Programs and Quality Assurance. Home Share Providers should phone the coordinators between normal work hours 8:30a.m to 4:30p.m. Outside of the afore mentioned hours the Home Share Provider would contact the following:

## SECTION 4: HEALTH AND SAFETY

Director of Programs and Quality Assurance: Stuart Munger: 778-433-0059  
cell: 250-508-2514 or  
CEO: Karl Egner: 250-721-4097;  
cell: 250 216-6990 or  
Director of Human Resources Cathy Elford: cell: 250-744-8850

The Manager or designate informs the family. The Home Share Provider informs the family. The Manager or designate, or coordinator as applicable, will inform the CLBC analyst.

### 4.L. 2: Anticipated Home Deaths:

The coroner does not need to be notified of an anticipated home death from natural causes, unless there are concerns regarding the cause of death. Police do not need to be called when a death is the expected outcome of a progressive illness. Ambulance services and/or 911 should not be contacted when the death was expected. The funeral home may be contacted directly once pronouncement of death has occurred.

A plan of care should be in place for a home death and it includes:

- The names and numbers of the health care professionals who will pronounce death: Physicians, registered nurses and LPN's are allowed to pronounce death
- The B.C. Funeral Association recommends that the family not wait longer than 4 to 6 hours after a death has occurred to have the pronouncement of death
- The name and number of the funeral home to be contacted for transportation of the deceased. When the person has no family, contact First Memorial and inform them that the services for the person are under the guidelines of the Ministry of Employment and Income Assistance. MSD has an arrangement with funeral homes for managing the remains of persons in receipt of PWD

BC: Ministry of Health form "No Cardiopulmonary Resuscitation" available from office or Product Distribution. The CLBC End of life Policy is available in the Resources section on ShareVision and should be consulted for additional information.

### 4.L. 3: Duties after the Death

The family members and CLBC analyst must be informed within (2) hours of the death. When the death occurs outside of normal Ministry working hours, service providers are to follow the CLBC regional protocols for reporting after hour emergencies: Victoria 250-310-1234 or the number on the answering machine at 250-952-4067.

For an unanticipated home death, 911 would be contacted and the ambulance attendant would determine if the person should be transported to the hospital. Ambulance attendants only transport person who are not pronounced dead in cases where there is hope for survival. They advise service providers to notify the police and coroner, if it is obvious the person has died. Ambulance attendants do not pronounce death or transport bodies that have been pronounced dead.

## SECTION 4: HEALTH AND SAFETY

In an anticipated home death, the RN can pronounce death. In an unanticipated home death, the Manager, Designate or Home Share Provider would contact the coroner's office as required under the Coroner's Act. The Coroner must conduct his/her initial review before the body can be moved. This initial review will determine if the deceased body will be transported to hospital for possible autopsy or released to the family to make funeral arrangements. Where no family is involved and funeral arrangements have not been made, the Manager contacts the funeral home. Contact First Memorial. The funeral association of BC offers telephone counseling and acts as a provincial referral service to member funeral homes. The toll-free number is 1-800-665-3899. The funeral home takes care of the body. The ashes may be taken to Royal Oak and MSDI now provides coverage for the ashes to be buried. No marker is provided.

Within 12 hours of the death, the service provider (Manager or Coordinator) must complete and submit the CLBC Mortality Information Summary (updated copy available in the forms book and on the forms disk) to the analyst. This also applies to Home Share situations. In licensed facilities, in addition to completing and submitting the CLBC Mortality Information Summary, the service provider must complete a licensing reportable incident form to the licensing officer and to the analyst.

The Provincial Medical Consultant and Provincial Clinical Consultant for adults with developmental disabilities, work together to ensure due diligence for health services for people served by CLBC. The Provincial Clinical Consultant, reviews the Mortality Information Summary which is forwarded to her by CLBC. If there is the opportunity to learn from in depth reviews of the deaths i.e. for the improvement of care, treatment and services for persons with developmental disabilities, she would consult with the Provincial Medical Consultant and together they would do follow up.

As service providers, we cooperate with the local Coroner and local Licensing Officer (for licensed facilities) in providing factual information for their review and investigation of the unexpected death. The service provider will participate in any reviews required by the provincial medical consultant and do any necessary follows up on identified areas of concern in respect to the safety and well being of other adults with developmental disabilities involved in the agency's services and programs.

The Manager/Designate is to arrange ASAP debriefing for the staff members and other people residing in the home with Hospice, Community Support Team counselors, or another appropriate agency knowledgeable about issues of grief. In consultation with the family members, Managers/Designates arrange to inform friends of the deceased, (including volunteers, former and current staff members, friends, advocates etc.) of the death and answer their questions. Also inform the involved professionals i.e. HCC staff, Doctors, Dentist etc. as well as the Medical Services Plan.

The Manager/Designate will facilitate regular staff attendance the day of debriefing, if at all possible. However, attendance is voluntary and not paid time.

For homes operated by Kardel, the Manager/Designate will inform the employment assistance worker (MSD) and make adjustments to B.C. Benefits as necessary. The Income Tax Bureau is

## SECTION 4: HEALTH AND SAFETY

informed of the death. Inform the public trustee if they are involved with the person. Notify the person's bank and accounting at the office if the person has funds in trust for settling the account. For home shares, these duties are the responsibilities of the Home Share Provider.

Managers/Coordinators are to complete the Kardel discharge summary. All file information should be forwarded to Director of Programs and Quality Assurance at Central office for appropriate storage. Inform the pharmacy and cancel medications. Arrangements should be made with the family for the disposition of the person's belongings.

### 4.L. 4: Memorial Service

For people residing in the group homes, if the family chooses to have the memorial service in the home, the Manager/Designate would facilitate the process as much as possible to make it respectful, and meaningful, for the family, staff members and friends. The Manager/Designate would be responsible for making arrangements in consultation with the family ensuring assistance is provided as required for issues such as arranging clergy, issuing invitations, order of service, luncheon afterwards etc.

For people residing in home shares, the coordinator would ensure the family or home share provider arranges the memorial service. Where help is required, the coordinator would assist.

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued</i>	<i>September 1998</i>
<i>Revised:</i>	<i>September 2000, March 2002, July 2003; November 2008; July 2009; March 2011; May 2011</i>
<i>Reference:</i>	<i>Coroner's Act Field Guide on Death and Dying available at each work site CLBC has drafted new protocols; refer to CLBC website for protocols pertaining to death and dying: March 2012;</i>

### 4.L. 5: Estates Assets

The PGT will not usually administer estates with assets less than \$5,000 as this is neither practical nor cost effective. When the estate has less than \$5,000.00 worth of assets it is likely that all of the estate's assets will be required to pay for funeral costs. When this situation arises and Ministry of Social Development is assisting with funeral expenses, the MSD EAW will seek repayment of these costs from the estate's resources. If a will is in place, the estate is released as per the will. Otherwise, the next of kin should put in writing a request for remaining funds to be released to them to the Director of Finance.

### 4.L. 6: HCC Palliative Care

When a client is deemed palliative it means they have a diagnosis that suggests they are now terminal. A doctor makes this determination, and it may be in conjunction with family members. Home and Community Care nurses (HCC, RN's) are the ones involved in writing care plans for HCC clients, and are the main contact as issues arise. The doctor is the person who writes orders for medications that may be needed to control symptoms, and the nurse will liaise with the doctor when the nurse is aware of changing needs. Some HCC homes have frequent visits by nurses, but more often visits are only made when caregivers contact the nurse with new information or concerns.

## SECTION 4: HEALTH AND SAFETY

People supported are registered with hospice when the doctor approves it. Again, there has to be palliative diagnosis. The Home and Community Care Nurse is the one who will register the client with hospice when it is deemed appropriate. Hospice is a busy organization and cannot have persons supported on care just because they are aging; there must be an end-stage condition requiring their assistance. Hospice is a service that provides nursing, Palliative Care Physician, and counseling care to people supported, families and caregivers of group homes. When a person supported is on care with hospice the group home does not see persons from hospice unless, and until, their services are needed.

Team members in a group home setting may feel stressed and distressed when one of their people supported is palliative. If there is an issue of concern, whether it is pain, nausea, skin breakdown, anxiety, incontinence, constipation, restlessness, or anything else that is different for the person supported, it is appropriate to call the HCC nurse at the Health Unit that is covering the home. The nurse's role is to assess the client relying often on the feedback of individual caregivers who know the person supported best. The nurse may offer suggestions, and may liaise with the doctor especially during office hours. If the situation seems more urgent the nurse may call hospice for support. The only time the group home needs to call hospice directly is after hours (between 11pm and 8.30am). If hospice is called during the "daytime" hours they will likely defer back to the nurse at the health unit.

Hospice is a wonderful supportive service that, like all our resources is stretched thin. They are not able to provide support for an indefinite period of time, however they will do their best to support palliative patients through HCC.

Giving subcutaneous medications is generally not done in group homes except by family members. If there is no family, it may be possible to teach some caregivers to do this task, but this requires special training and special permission within VIHA. Medications may be given sublingually or rectally by caregivers or by patch (done by nurse), so these routes are sometimes preferred. If pain cannot be managed this way then the special training may be the only option. Caregivers must be advocates for their clients, and let the whole team know if they have concerns. Communication with nurses is so helpful. Remember, when a nurse visit there is only a short picture of the client's condition at that specific time seen. Caregivers see the broader picture of how that person supported life is, and nurses rely on this.

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued</i>	<i>July 2013</i>
<i>Reference:</i>	<i>Island Health Palliative Care Team</i>

### 4.M. Annual Competency Based Training

#### 4.M. 1: Overview

As part of Kardel safety month in April, all Managers are required to hold a meeting to provide competency based training and testing. Satisfactory completion of a written test is required for

## SECTION 4: HEALTH AND SAFETY

all staff members. Completed tests are placed on personnel file. Managers are responsible to provide the staff member with the written materials and the test and facilitate completion. Information materials including a guide sheet is provided to all sites for reference at the meeting. Annual Competency Based Training/Test is to include the following:

### 4.M. 2: Unsafe Environmental Factors:

- Utilize the quarterly OH&S worksite inspection form as a reference to ensure awareness of requirements to maintain a safe work place and identification of hazards.

### 4.M. 3: Emergency Procedures:

- Utilize the yellow Emergency procedure sheet as a reference

### 4.M. 4: Evacuation Procedures: The following policies/procedures are to be used as a reference:

- 4.G.2 Fire Evacuation Procedures
- 4.H Evacuation
- 4.H.1 – 4.H.6
- Review site specific Emergency Evacuation Procedures Guidelines

### 4.M. 5: Identification and Reporting of Critical Incidents:

- 4.D. 1: Licensed Programs: Reportable Incidents to Vancouver Island Health Authority (VIHA)
- 4.D. 2: Licensed Homes: Reportable Incidents to CLBC
- 4.D. 3: Other Programs: Reportable Incidents
- 4.D. 4: Minor Incidents or Injuries relating to Person Supported
- 4.D. 5: Vehicle and Property Damage
- 4.D. 6: Annual Review
- 4.D. 7: Work Related Staff Injuries
- 4.D. 8: WCB Forms
- 4.D. 9: Accident Investigation Report

### 4.M. 6: Reducing Risks:

- Utilize the Managing Risk: Community Support Work manual as a reference
- Physical Assistance Procedures reviewed
- Review Bullying and Harassment Policy

### 4.M. 7: Medication Management: This area is to be tested as indicated below:

- Annual Medication Administration Competency Checklist to be completed annually and attached to performance review form

### 4.M. 8: Health and Safety Practices: These areas are to be covered as indicated below:

- Universal precautions are reviewed as part of annual evaluation
- Managers are to ensure all evaluations are up to date
- Lifts and Transfer Overview available through Central Orientation 6 x annually. Managers to coordinate long term staff members to attend.

SECTION 4: HEALTH AND SAFETY

4.N. Release of a Person Supported

4.N. 1: Overview

When a person is in the care of Kardel by contract, it is our responsibility to protect the person in our care and ensure their safety.

Hence, staff must ensure when a person arrives to take a person supported out, they are assured of the safety of the person.

In circumstances where an external contractor provides direct support to an individual, they must have WorksafeBC coverage in place.

4.N. 2: Restrictions or prohibition by a court order or an order under an enactment

Staff members may not allow a person restricted or prohibited by a court order or an order under an enactment to take a person supported from the home. The order will be on the file. If the situation appears volatile, police should be contacted to enforce the order and ensure the person is off the property and does not pose threat. In situations where no threat exists, assistance should be sought from the Manager, and in their absence, Directors. Emergency Phone Numbers are at each site.

4.N. 3: Risks to Health, Safety or Dignity

Staff members are not to release a person supported to anyone who they assess may pose a risk at that time to the health, safety or dignity of the person. For example, if a family member arrives to take out a person supported and they appear impaired and are driving, the staff member should not release the person. If the situation appears volatile, police should be contacted. If not, the Manager should be contacted.

CLBC analyst for Kardel may also be involved as CLBC is the authority for investigating and enforcing Part 3 of the adult guardianship act which provides the legal authority for ensuring that adults who may require protection from abuse, neglect or self-neglect have access to timely response and support.

4.N. 4: Form Part 5: 57 Residential Care Regulations: Access to Person Supported

As part of Kardel's admission process written consent from the person supported or their representative is provided, outlining to whom the person may be released. This is kept on the persons profile and updated as required.

<i>Policy:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>July 2010</i>
<i>Reference:</i>	<i>Residential Care Regulations: Community Care and Assisted Living Act Part 6: 78 e)</i>