

SECTION 4: HEALTH AND SAFETY

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## HEALTH AND SAFETY

### 4 A.1. Safe Physical Assistance

Purpose: To promote safe physical assistance procedures to ensure quality of care for 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, e.g. 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 aids 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 and 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 the Point of Care Risk Assessment Tool.
- Reposition: A task that requires relocation of an individual on a surface, e.g. 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 (e.g. 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.

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### Responsibilities:

#### Senior Administration:

- Ensure that managers/designates 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/Designates:

- 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 (e.g. inspections) and informally (e.g. 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 the manager of any situations that arise where they are 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.
- Actively participate in promoting and fostering a safe and healthy work environment; work collaboratively with colleagues to ensure safe physical assistance procedures are followed.

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### Occupational Health and Safety Group:

- Develops resources (educational tools, orientation checklists, decision support tools, etc.) which support and promote a safe physical assistance environment.
- Communicates recommendations to administration and managers/designates to promote and foster a safe physical assistance environment in all Kardel homes and programs.
- Updates and maintains health and safety resources on ShareVision
- Actively participates in promoting and fostering a safe and healthy work environment.
- Reviews incident statistics on a regular basis to identify trends and evaluate corrective actions.
- Is a team resource which facilitates 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 the individual and proceed to the tool as indicated in the steps below. Document the outcome and refer to Occupational/Physiotherapist if support needs are 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.

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

3. Can move from lying to sitting and then maintain or correct their position with no/minimal physical assistance.

**If no:** Transfer using mechanical lift

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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)

*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."

Environment:

- Do I have the proper equipment?
- Proper set-up?
- Is the area safe for doing the task?
- **Assess the 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?
- **Assess the level of risk**

Individual Supported:

- Is the individual 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
- **Assess the level of risk**

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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?
- **Assess the level of risk**

Support workers must report changes by speaking with coworkers/manager, documenting in daily journal notes, and communication log.

If care cannot be provided safely:

- Can something be done to provide safe care right now (e.g. 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.

*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 individuals 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 link to the regulations is 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 the roles 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.

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Sites with more than nine workers must designate an OH&S representative. The manager/designate in conjunction with the representative is responsible for following up with accident investigations. On a quarterly basis, the manager/designate and OH&S representative are responsible for ensuring that workplace inspections are completed and submitted. This is to occur in January and July on an overnight shift, and in April and October on an 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 on the recommendations is the joint responsibility of the manager/designate and the OH&S representative/designate. The OH&S Group will review all inspections and if on-site inspection is required, will follow up.

Workplace inspections and accident investigations are to be completed during normal working hours. If this is not possible, time required must be pre-approved by the manager/designate. Committee members and worker representatives shall be granted leave without loss of pay, or receive straight time regular wages, to participate in the OH&S Committee activities as per the collective agreement. The representative and the program manager will normally carry out investigations jointly.

The Occupational Health and Safety Group members and representatives will each receive eight hours annually of training as required under the Act. New committee members and worker representatives must complete WorkSafe BC approved orientation or training.

### *4.B. 4: External Inspections and Equipment Maintenance*

Inspections of the homes are conducted by the local fire department once per year or less based on risk factors identified by the fire department. Licensing conducts inspections every 12 months. BC Housing conducts annual inspections. Building inspections may also be completed. Copies of inspections are to be forwarded to the main office to be scanned to ShareVision.

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

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

On a monthly basis, the manager/designate must inspect/test ground fault breakers, smoke alarms and fire extinguishers at the site, and record results in the Emergency Maintenance Section of ShareVision.

### *4.B. 5: Home and Community Care (HCC) Nursing Back Up*

Back up nursing support is available for the individuals registered with Health Services for Community Living. HCC Nurses may be reached from 8:30 am to 11:30 pm. (numbers posted by phone in homes and on ShareVision). For assistance and support from 11:30 pm to 8:30 am, 911 and the emergency department are our only resources. For less serious situations, HealthLink BC (811) may be contacted for confidential health information and advice. HCC

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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: Working Alone

Best Practices: All Homes, Programs, Home Share Administrative Sites:

- 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. For example, 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 to your direct supervisor.
- Refer to/follow the Guide to Managing Risk when Working Alone on ShareVision under the Health and Safety Resources Tab.

Group Home Overnight Shifts:

Employees are not eligible to work alone on night shifts 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.

Homes have developed a "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 or close by while attending to the individuals supported to ensure they answer the phone promptly.

Ensure the police re-contact you or have the 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/designate, or directors, or CEO to have staff relieved. The directors' and CEO's home phone numbers are available on ShareVision at each home/program.

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Risk Control Measures: All Homes, Programs (Futures, ISN/Community Inclusion), Home Share Administration Sites:

Physical Environment (where applicable):

- Door(s) should be locked if alone in the building.
- Property and parking area should be well lit. If not, have a flashlight accessible to worker.
- Emergency supplies and first aid kits are in place at the office and kept stocked.
- Buildings with exterior stairs are maintained (clear of snow/ice, secure handrails, free of trip hazards).
- Emergency evacuation plan is in place (exits clearly marked, evacuation routes identified)
- Fire extinguisher is available (has been inspected, worker knows how to use)

Driving: All employees who are required to transport individuals or must use their vehicle to carry out their duties:

- Consistent with WorkSafe BC recommendations, all Kardel employees who utilize their personal vehicle during the course of their duties must have a safety/first aid kit in their vehicles. The kit is provided to the employee and includes:
  - *1 pressure dressing;*
  - *6 sterile adhesive dressings, assorted sizes, individually packaged;*
  - *6 individually packaged towelettes;*
  - *1 wallet sized instruction card advising the worker to report any injury to the employer for entry in the first aid records and instructions on how the worker is to call for assistance;*
  - *1 pocket mask (single use only);*
  - *These items must be in a weatherproof container.*
  - *Kits must also include: flashlight, road hazard equipment, procedures of what to do in an emergency, contact numbers, and the Guide to Managing Risk When Working Alone document.*
- Risk must be assessed prior to each trip i.e. Is the trip necessary, is the vehicle safe to transport and is the individual safe to travel. Employees must implement appropriate risk control measures
- Employees must ensure a cell phone is available and charged prior to travelling/driving.
- Employees must assess weather conditions prior to making long trips or trips to remote areas. Employees should not make the trip if conditions are poor or expected to deteriorate.
- Home Share Coordinators. For trips out of town or to remote areas, employees will text or email a “buddy” worker with notification of trip, route taken, and expected time of return. The employee will text/email the “buddy” upon their return.
- Transport of individuals by the Home Share Coordinator is not part of their regular duties but may be considered in rare circumstances, if safe to do so, i.e. in the event an

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individual must leave a placement on short notice and be transported to a new location. In all cases the HSC must first assess the risk carefully and implement appropriate risk control measures.

### Violence:

- All Kardel employees who support individuals with Safety Plans, and Home Share Coordinators, will complete Mandt training annually. In addition, training may be provided to other employees as required.
- The Risk to Others Assessment for individuals is completed by the manager/designate or Home Share Coordinators where applicable and are reviewed as required (at a minimum, every six months for individuals with a Safety Plan, or annually). Risks to workers must be identified and risk control measures outlined.
- Managers/Home Share Coordinators must conduct a risk assessment prior to any staff visiting residences for the first time.

### Home Share Coordinators and Home Visits:

- This may include meetings with potential home share providers, family members or individuals supported
- Prior to meeting for the first time, the Home Share Pre Application Screen must be completed over the phone. The information will be kept on file.
- If, through the completion of the Pre Application Screen, risks are identified, the Home Share Coordinator (HSC) will determine and implement a plan to reduce or control the risks. Examples might include: arranging to be accompanied by a co-worker (HSC) or requesting that a pet be secured in a separate area during the visit.
- First visits must be conducted during regular office hours.
- The document should accompany the HSC on first visit. Any discrepancy in information provided should be assessed. The HSC should consider cancelling or rescheduling the visit if risk factors are observed or present themselves prior to entering the location.
- If, during the visit, risk(s) present themselves the HSC should end the visit and exit the premises.
- In the event of an emergency requiring 911 activation by the buddy/back up coordinator, a pre-arranged code or phrase will be texted or used over the phone.
- The Home Share Coordinator conducting a home visit will notify via text a “buddy/back up” coordinator the expected time the text will be sent to confirm safety. A text confirming safe return is to be sent.
- A shared calendar feature has also been installed on each Home Share Coordinator’s computer. This information is accessible to the identified “buddy/back up” coordinator. Appointments are to be documented so the location of the Home Share Coordinator can be tracked in an emergency situation. Information should include: name of the person being visited, address, phone number, and the time the meeting is expected to end.
- Home Share Coordinators are each provided with a smart phone. The Apps “Find my Friend” and “Find my iPhone” are pre-installed. Should a “buddy” not check in, these apps will serve to assist in locating the employee.

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- Subsequent visits: Risk must be assessed prior to each visit, i.e. Have conditions or circumstances changed?
- If dealing with a potentially tense or volatile situation and a meeting must take place, the Home Share Coordinator will be accompanied by a co-worker (HSC).
- Where possible, meetings should be arranged in a public space, during regular work hours.

<p>Policy: Group: Health and Safety Issued: March 1998 Revised: September 2000; November 2002; May 2007; September 2012; July 2013; June 2014, December 2017, April 2018 Reference: Workers' Compensation Act 4.21, 4.22, 4.23</p>
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### *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 individual in care or for whom there is the belief that the individual may pose a risk to the health, safety or dignity of the individual in care. Staff members are alerted to the need to protect vulnerable adults. Individual plans may be developed in conjunction with CLBC to inform staff members/home share providers of the appropriate protocol.

<p>Cross reference 4.N.1</p>
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### *4.C. Protection from Abuse*

Kardel is committed to protecting the individuals 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 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, and their dignity is respected
- That people are not neglected from having their physical, emotional, social or spiritual needs met.
- That people's funds or assets are not misused

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

No individual 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)*

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**Physical Abuse** is 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, pushing, body or strip searches, etc.

4.C. 2 b)

**Sexual Abuse** is any sexual behaviour directed towards an individual in care by an employee, volunteer, or any other person in a position of power or authority. It also may include unwelcome conduct of a sexual nature from staff member to staff member. Any sexual assault is covered under the Criminal Code. Examples of sexual abuse may include, but are not limited to, masturbating an individual 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 a tone of voice which communicates 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.

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 or demanding that work be done that is outside the realm of approved work programs. Exploitation consists in actions that meet the exploiter's needs rather than interests of the person or the program. Theft or fraud is also included as exploitation.

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### 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.

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

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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, and WorkSafe BC regulations prohibiting workplace bullying and harassment. Failure to meet the appropriate standards of workplace conduct and/or meet the requirements of the Workers Compensation Act 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."

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.

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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 BC 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 and possible 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.

### 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.

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- All reported incidents require preliminary inquiries be made by the manager/designate or director 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 director 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. If after hours, leave a message on their answering machine.
- Once notification has been given to Community Care Facilities Licensing Officer, the police or the CLBC analyst, the manager/designate will proceed in consultation with these officials.
- Managers/designates may be asked to coordinate the interviews with the individuals 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 Director of Human Resources in making timely decisions pertaining to employment status, the manager/designate is to record the basic details regarding the allegations. A written report is sent to the Director of Human Resources (or CEO, in their absence) as soon as possible and no later than 24 hours from the time the manager/designate become aware of the incident.
- The Director of Human Resources will inform the person(s) accused of the allegation(s) immediately after the manager/designate becomes aware of the incident(s). Depending on the urgency of the situation, a union representative will be requested to be present. The Director of Human Resources without notice, but with pay, may suspend the employee(s) from duty during the time of investigation, as the protection of individual supported is paramount. Depending on the nature of the incident, the Director of Human

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Resources may put restrictions on duties. Kardel's internal inquiries to determine culpability, and to make decisions pertaining to employee status, will be completed as soon as practicable. This employer/employee process will not interfere with investigations being conducted by the police, Licensing Officers or CLBC.

- If an incident involves an allegation against a volunteer(s) or student(s), they will be suspended during the time of the investigation.
- Every attempt will be undertaken to respect the confidentiality of the parties concerned. Ensuring a fair process without undue assumption of blame or guilt is essential. Staff members and managers/designates must 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(s) 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 Licensing (if applicable) 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 individuals 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>

### 4.D. Incident Reporting

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

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### 4.D. 1: Reportable Incidents to Community Care Facilities Licensing (CCFL) and/or CLBC

- Emotional Abuse (CLBC/CCFL). 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.
- Financial Abuse (CLBC/CCFL). 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.
- Physical Abuse (CLBC/CCFL). Alleged or actual excessive or inappropriate physical force directed at an individual by:
  - a person in a position of authority or trust, including a staff member or volunteer, or
  - a person who is not responsible for providing services and is not a supported individual.
- Sexual Abuse (CLBC/CCFL). 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.
- Aggression between Individuals (CLBC/CCFL). Aggressive behaviour by an individual towards another individual 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.
- Aggressive/Unusual Behaviour (CLBC/CCFL). Aggressive behaviour by an individual towards a person (including another supported individual, staff, or others) or unusual behaviour that:
  - is not appropriately addressed or documented in the individual's Behaviour Support and Safety Plan, or
  - results in harm (physical or emotional)

If the harm is to another individual, refer to Aggression Between Individuals to determine if it would be more appropriate to report it as that incident type. Unusual behaviour is behaviour that is unusual for the individual.

- Attempted Suicide (CLBC/CCFL). Attempt by an individual to intentionally self-harm for the purpose of taking his or her own life.
- Choking (CLBC/CCFL). An individual's airway is obstructed, requiring first aid, emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.
- Death (CLBC/CCFL). Death of an individual while participating in a CLBC funded service.

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- Disease/Parasite Outbreak (CLBC/CCFL). Outbreak or occurrence of a communicable disease above the normally expected level, including a communicable disease or parasite such as scabies. Contact your local Health Authority if you have questions.
- Fall (CLBC/CCFL). A fall that results in an injury requiring emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.
- Medication Error (CLBC/CCFL). Mistake in administering medication that:
  - Adversely affects an individual or requires emergency care by a medical practitioner, nurse practitioner, or transfer to a hospital.
- Missing/wandering (CLBC/CCFL). Unscheduled or unexplained absence of an individual from a CLBC funded service.
- Motor Vehicle Injury (CLBC/CCFL). Injury to an individual as a result of a motor vehicle accident while accessing a CLBC funded service.
- Other Injury (CLBC/CCFL). Any other injury to an individual that requires emergency care by a medical or nurse practitioner, or transfer to a hospital.
- Neglect (CLBC/CCFL). Alleged or actual 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.
- Poisoning (CLBC/CCFL). Indigestion of a poison or toxic substance by an individual (excluding licit or illicit drugs).

### Restricted Practices:

- Exclusionary Time Out (CLBC Only). 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. Must be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.
- Restraint (CLBC Only). 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). Must be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.
- Restriction of Rights (CLBC Only). Removal of an individual's access to activities. It does not include standard safety practices or reasonable house rules. Must be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.

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- Service Delivery Problem/Disruption of Services (CLBC/CCFL). 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.
- Unexpected Illness/Food Poisoning (CLBC/CCFL). Illness of an individual requiring emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital, including food poisoning.
- Use of Seclusion (CLBC Only). 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 must be reported as a critical incident. It may never be included in a Behaviour Supports and Safety Plan
- Use of Possession of illicit drugs or misuse of licit drugs (CLBC Only). 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.
- Weapon Use (CLBC Only). 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 a person, or destroy property.

### *4.D. 2: Process for Reportable Incidents to Community Care Facilities Licensing (CCFL) and/or CLBC:*

- 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 the Kardel Policy and Procedure Manual (4.D.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's 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 ShareVision incident report, when completed by the manager/designate, creates an email alert for the Director of Programs and Quality Assurance and the Director of Human Resources to review. The CEO or Nurse Consultant is notified, when appropriate.
- The manager/designate must sign the Licensing form and fax to the Licensing office within 24 hours, and then send the white copy by mail, to the attention of the Licensing Officer.

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- The pink copy is faxed or mailed to the Funding Agency by manager/designate. In a situation where a Licensing investigation will be required, the manager/designate phones the Licensing Officer immediately and reports details or, if after hours, leaves a message on their answering machine.
- The yellow copy of the CCFL licensing form is retained on file at the home.
- Hillside, Futures Club, and Individual Support Network are unlicensed sites and complete the incident report form on ShareVision. The manager/designate shall review the information on the ShareVision incident report form and edit as required. An email alert will then automatically be sent to the Director of Programs and Quality Assurance and Director of Human Resources to review the report. Once the DPQA and DHR have reviewed the report an email alert is sent to the manager/designate who then faxes the final report to CLBC.
- Kardel requires incident reports for non-licensed homes to be sent to CLBC within 24 hours.

### *4.D. 3: Home Share/Respite: Reportable Incidents*

In regard to home share and respite situations:

- The home share/respite provider completes a paper version of the incident report form and forwards this to their Home Share Coordinator. If a home share/respite provider has access to ShareVision they can submit an incident report via this method.
- 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 scans this into ShareVision and then complete the required areas on ShareVision. An email alert is automatically sent to the Director of Programs and Quality Assurance to review the report. Once the Director of Programs and Quality Assurance has reviewed the report, an email alert is sent to the Home Share Coordinator. Only when the report has been reviewed and approved by the DPQA should the Home Share Coordinator fax the final report to CLBC.
- Kardel requires incident reports for non-licensed homes to be sent to CLBC within 24 hours.

*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, the request should be referred initially to the manager/designate or coordinator. The manager/designate or coordinator will then notify the Director of Programs and Quality Assurance, who will direct this request to Kardel's CLBC analyst.

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

The benefits of completing non-critical incident reports are:

- To monitor new or emerging trends.

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- To ensure a clear plan of action is in place for addressing the issues.
- To enable evaluation of the effectiveness of the action(s) taken for curbing the behaviour.
- To determine if environmental modifications are required or equipment needed.
- To provide a written record for communication and information among the staff team, administration, and consultants, if appropriate.

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 (with the exception of Home Share/Respite) are to document non-critical incidents. Where applicable, the manager/designate should make recommendations regarding corrective action and prevention of future incidents.
- Any person that displays aggressive behaviour may require 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.
- Although falls are listed on the non-critical form, they are actually only charted with the exception of those incidents which are reportable.
- The Director of Human Resources and Director of Programs and Quality Assurance should be notified of incidents by the manager/designate, where there is an indication of an accelerating pattern of behavior that may place people at risk.

<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 March 2016</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
- 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.

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### 4.D. 7: Incident Summary Report Plan

Annually, a summary is made of critical incidents, non-critical incidents, medication oversights, and program/residence incidents, to detect trends and areas needing collective action. This is shared with all staff.

<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 March 2016</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 records on ShareVision that they have reviewed the reports. 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 employee's personnel file.

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 (Worksafe BC Form 7):

- This form must be completed by the manager/designate and forwarded (by fax) to Worksafe BC within 72 hours of the injury.
- 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.

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### Application for Compensation and Report of Injury or Occupational Disease (Worksafe BC 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*

- The accident investigation form is to be completed by the manager/designate, the worker representative. Others knowledgeable about the type of work/task may also be involved in the investigation, e.g. OH&S group members and/or 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 may include interim corrective actions that address 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 WorkSafe BC 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 have been a minor injury or no injury but had potential for causing serious injury ("near miss").
  - 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 the 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. In this case, the accident investigation report 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.

#### *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.

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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 support 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.

Critical incident reports and non-critical incident reports may trigger investigations by the OH&S group if risks to employees are identified.

*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 the bodily 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 any 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 an individual supported to an employee, from an employee to an individual supported, from one individual supported to another, or from employee to employee.

Universal Precautions are intended to minimize transmission from sharps (e.g. needles) contaminated by infected blood or bodily fluids penetrating the skin, and infected blood or bodily 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 bodily fluids. They are not necessary when staff members are feeding an individual 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.
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

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close as practical to areas where sharps are being used must be in place. Full sharp containers must be replaced by the manager/designate making arrangements with the local lab. No one is permitted to touch 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. Individuals living in the homes operated by Kardel are generally immunized against influenza.

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

Kardel adheres to the Influenza Protection Policy issued through the BC Ministry of Health/ Island Health. 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/designate will then submit to central office. The immunization status of all staff members within the home/program is tracked through personnel file records.

The BC Ministry of Health and Community Care Facilities and Licensing (CCFL) directs that 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 that the requirement for staff to wear a mask is based on the nature of contact/support provided to individual(s). Managers/designates 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, and when administering medications.

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

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 will not be able to work in another home or program 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 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-

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viral medication 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. 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 BC Ministry of Health and participate in its tuberculosis control program. Individuals 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 individuals 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.

To prevent the spread of communicable diseases in a situation of a pandemic or a very serious disease, the person who is sick should be supported 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 individual will be supported in their bedroom. One staff member on each shift will be assigned duties to the individual who is sick; however, they 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>

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### 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 requires 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 individuals supported and staff members. Management may limit the work locations of an employee to ensure safety.

<i>Policy Group:</i>	<i>Health and Safety</i>
<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

Refer to BC Healthlink Files List for explanation about scabies.

<https://www.healthlinkbc.ca/services-and-resources/healthlinkbc-files/health-files-list>

Procedure when staff member or individual supported develops symptoms:

1. Report to the manager or designate immediately.
2. Limit exposure to others i.e. individual supported stays home from day program; no outings with public. Staff member and individual 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.
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 members may return to work 72 hours after treatment of a confirmed case.
9. Individuals supported may resume normal activities 72 hours after treatment of a confirmed case.

Procedure for Manager/Designate 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. Island Health is contacted by the 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 have been in skin-to-skin contact who choose 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

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Procedure for manager/designate 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. Island Health 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 the day program. The form "Confirmation of Treatment: Scabies" must be submitted to the manager.
  - f. If a staff member, visitor, caregiver or family member does not obtain treatment, they must remain away from the Kardel homes/programs for 6 weeks.

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>May 2006</i>
<i>Reviewed:</i>	<i>May 2010; September 2011; Sept 2012; Sept 2013; Sept 2014</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

Refer to BC Healthlink Files List for explanation about Head Lice.

<https://www.healthlinkbc.ca/services-and-resources/healthlinkbc-files/health-files-list>

For people residing in licensed community care facilities, treatment for lice includes specialized shampoo which has a drug information number. Contact must be made with the physician for them to prescribe and have the shampoo added to the MAR sheets.

For people attending one of Kardel's programs, the manager/designate contacts the family or caregiver of the infested individual and requests that the individual not attend until the treatment with shampoo has occurred. Verification of proper treatment with the shampoo must be confirmed between the manager/designate and the person who assisted with the treatment.

If the individual is known to have had close personal contact with others, the manager/designate informs the individual and/or caregivers and it is expected that those individuals will also undergo treatment.

The manager/designate 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.

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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 individual and/or caregiver is to confirm treatment has occurred to the manager/designate.

<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 an influenza pandemic*

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

Responsibilities:

- Directors of Programs and Quality Assurance and Human Resources monitor company-wide illnesses of individuals supported or staff members as an early alert system.
- All staff members are responsible for reporting any signs and symptoms experienced to their manager/designate, or potential signs and symptoms with the individual supported.
- Managers are to forward information to the Director of Programs 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

The Directors of Programs and Quality Assurance and Human Resources, the RN Consultant, and the OH&S group will coordinate communication from the main office to ensure staffing coverage and adequate supplies in the homes and programs. An emergency staffing list is kept within the home/program in the Emergency Grab Book (also available on ShareVision) and with the main 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 individuals supported that attend day programs, communication should occur between the manager/designate and the day program to ensure any outbreaks are reported to the home. Where the disease is suspected, Island Health will provide direction regarding the necessity of program closures. We will comply with their direction.

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

### **Families and Caregivers**

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Families and caregivers should be informed of the status of the pandemic within the home. In some situations, families and caregivers may choose to take the individual home to avoid exposure. Clear communication is essential.

### **Privacy Rights**

The employer may ask a sick employee how contagious they might be, and with whom they were 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 who support individuals are required to have a current First Aid/CPR Certificate from a certified instructor who meets CCFL requirements. Kardel offers re-certification training course throughout the year for staff. The HR department tracks certificates.

In the case of serious accident/injury to individuals supported or co-workers, attending staff members will 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/designate as soon as practicable. 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 a taxi if necessary.

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. A copy of: the Individual Profile, most recent Medication Administration Record and any advanced health care plans should be taken to the hospital with the individual supported.

The manager/designate is responsible for notifying relatives/guardians, CLBC ,and sending the incident report to Licensing.

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

Individuals supported and staff members who have sustained injury as a result of a human bite or who have 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;

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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;
5. Seek emergency medical care.

If tetanus immunization is over five (5) years past, 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 non-prescribed 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 individuals 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 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 must ensure review of the contents quarterly and replace 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. The manager/designate must ensure First Aid kits are checked monthly. The manager is to ensure that a record of monthly checks is kept. Cards are attached to each kit. The 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 semi-annual inspections and in April by the OH&S group.

### *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 individuals supported and the location of their bedrooms within the homes
- All staff members on duty in the home that must be accounted for in an evacuation situation (refer to the sign-in sheet)
- Staff members must always minimize risk of injury to themselves or others.

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- They must use equipment provided within the home/program to prevent injury.
- Safety hazards must be reported to their manager/designate or worker representative as soon as possible. Managers/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 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.
- Staff members supporting individuals in the community must conduct risk assessments prior to all outings (e.g. any activity that could pose a risk to staff or the individual support). Refer to 4.A.3 Point of Care Assessment
- Emergency information for individuals 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/designate of the home/program for each individual supported
  - No Cardio Pulmonary Resuscitation order (if on file)
- The contents of the Emergency Grab Book, including:
  - Emergency Evacuation Procedure (ShareVision)
  - Vehicle keys and money 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 individuals supported when in the community:

The Location of:

- Designated safe area to gather after evacuating home/program (ensure it is not at a fire hydrant);
- An alternate meeting area is required because ruptures in city water or sewer may affect your meeting 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.

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- A head count is required to ensure everyone is safely out of the home/program.
- Telephones and emergency telephone number: (911)
- 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.
- An employee will phone the out-of-province contact number with a report on the individuals living in the home/program and staff members. (See 4.I. 8: Out of Province contact). Families of individuals supported shall have access to this phone number via the Kardel Handbook. 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.

Policy Group:	Health and Safety
Issued:	May 2002; Revised: November 2006; September 2014
Reference:	Victoria Coordinator Provincial Emergency Program (PEP)920-3355

### *4.F. 6: Managing Medical Situations for Individuals 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 cannot reach the manager/designate and/or the on-call manger and they require medical advice, the following are resources that can be accessed (this list is not order of priority): if the individual is registered HSCL/HCC, family doctor, nearest clinic or Emergency Department. If it is after hours, a call number may be available which allows staff to get direction from a physician.

### *4.G. Fires*

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

Each site must participate in fire drills not less than three times per year, per shift. Emergency drills for each of the following emergency situations must complete annually on each shift: bomb

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threats, natural disasters/earthquake, utility failures, medical emergencies, snow storm, violent/threatening situations, and environmental hazards. Drills involving evacuation are simulated once per year for all shifts.

Where practicable actual emergency drills are conducted. Where it is not possible, based on the needs of the individuals we support, we do not conduct emergency drills. This currently is the case for all sites with the exception of Futures and administrative office sites.

Fire and emergency drills will be arranged through the OH&S group via ShareVision alerts. They must occur on all shifts. Staff members on specified shifts complete the form on ShareVision. Once completed, the reports are automatically directed (via ShareVision) 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 or the presence of smoke, the first priority is the safety of individuals supported, other occupants of the house/site, and staff members:

- Sound the FIRE ALARM and yell fire. Remove the individuals supported from immediate danger and alert other occupants of the house/site.
- 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/site 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 experienced 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 extinguishment 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 will control or extinguish the fire.
- It may be easiest to evacuate non-ambulatory individuals 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.

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### *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 the people supported. There are situations, however, where for the safety of the individuals supported and staff members, 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;
- If 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/site is being renovated which may pose risk to individuals supported. A health and safety plan must be submitted to the Licensing branch if individuals residing in licensed homes are being temporarily relocated.

#### *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 will be made with the Licensing Officer and CEO to determine the best 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/program 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 individuals we support is paramount. After calling 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/designate working within the home is designated to ensure all occupants are accounted for after evacuation. If it occurs when

## SECTION 4: HEALTH AND SAFETY

the manager/designate 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 individuals supported to the closest safe site within the organization to have a base from which to make phone calls and to make further arrangements. The most likely combinations of sites are:

- Amelia/Henry
- Maryland/Sentinel/Patterson
- Paskin/Dustin
- Hillside/Paskin
- Futures Club would use the boardroom at the main office. Lakes would go to family members of the individuals supported in the area.

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

- For individuals 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 basis.
- If there is a vacancy within the organization, contact the home with the vacancy to determine if they can accommodate an individual(s).
- Have one of the homes contact each home to determine if there is capacity to offer space.
- Futures Club could be utilized on a short-term basis. For assistance, contact the Futures Club manager/designate.
- In a community-wide disaster, 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 organizations in the region, and an indication if they are wheelchair accessible.

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

If a temporary relocation is required due to a household emergency (flooding, structural damage), the Licensing Officer must be notified immediately to approve the location(s). CLBC is to be notified as soon as everyone is safely settled at another site.

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>November 2006</i>
<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*

SECTION 4: HEALTH AND SAFETY

4.1. 1: Emergency: Medication Disaster Supplies

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

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.

Policy Group:	Health and Safety
Issued:	May 2002
Reference:	College of Pharmacists; Licensing Newsletter 2001

4.1. 2: Emergency: Adaptive Equipment

Each manager/designate is responsible for having a backup plan for adaptive equipment in case of emergency, i.e. power outages, breakage etc. Backup plans should be recorded in the individual care plan's safety and security section and in the emergency evacuation plans.

4.1. 3: Emergency Medical and Health Information

Individual Care Plans and all individual' 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.

4.1. 4: Emergency Service Plans

Individual profiles and emergency protocols are stored on ShareVision and are available to authorized personnel on any computer with internet access.

4.1. 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/advocates may also be able to assist.

4.1. 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 individuals 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.

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Managers/designates 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, 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 the main office to ensure staffing coverage. A copy of the emergency staff list is kept within the home/program and on ShareVision.

### *4.1. 7: Emergency: Communication Headquarters during a Disaster*

The main office would be communication headquarters if it were a safe site after a disaster. In a disaster: The CEO, Director of Human Resources, and Director of Programs and Quality Assurance would be required to report to communication headquarters immediately. All managers/designates are expected to report to their home/program immediately and facilitate communications on site. If the main office is not a safe location, the CEO, Director of Human Resources, and Director of Programs and Quality Assurance will 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 headquarters.

<i>Policy Group:</i>	<i>Health and Safety</i>
<i>Issued:</i>	<i>June 1998</i>
<i>Revised:</i>	<i>September 2000; January 2002, October 2002, June 2003</i>
<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>

### *4.1. 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

## SECTION 4: HEALTH AND SAFETY

1-780-831-4033 (24 hour response - Cell)  
1-780-532-8436 (business hours)  
www.signaturesupport.ca

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 emergency grab book.

### *4. J: Emergency Procedures and Drills*

Fire drills are completed three times per year by all shifts. Other emergency drills are completed annually on each shift. (See 4.G. 2). This information is available under the Emergency Grab Book on ShareVision.

#### *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 the 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 call 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?

## SECTION 4: HEALTH AND SAFETY

- 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.

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 call 911. Await further instruction and advice.

Direct staff members and individuals supported in the home to proceed to the designated safe area immediately. Ensure all staff members and individuals 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 individuals supported are safe, notify the manager/designate.

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

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

In the case of a disaster, it may be best for individuals supported to stay at their group home/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 individuals supported during an emergency if the home has to be evacuated. In a large earthquake, the home/program may be on its own for up to three days. Employees who live close to a group home should ensure that 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 notify their manager/designate or the communication headquarters and indicate where they have gone to assist.

General guidance is as follows:

#### Best practices prior to an earthquake

- Ensure all staff members and individuals 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 the 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 appliances, which could move enough to rupture gas or electricity lines should be secured,

## SECTION 4: HEALTH AND SAFETY

- 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.
- Emergency food, water, first aid kits, 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 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.
- If in a crowded public place, do not rush for the doors. Move away from display shelves containing objects that may fall.
- BC Housing and Kardel will check chimneys, roofs, walls, and foundations for structural condition after the earthquake.

### 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.
- 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.
- Hunt for hazards. Check for fires, gas, and water leaks, broken electrical wiring or sewage lines. If you suspect there is damage, turn the utility off at the source. If there is no damage, do not turn off the 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.

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- 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. For homes that 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 BBQs, camp stoves, or unvented heaters indoors.
- Do not flush the 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.
- Turn on your portable radio for instructions and news reports. 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.
- Do not use the telephone unless there is a severe injury or fire. Land lines may only be operable for a few hours if there is a power outage. Land lines may also be unavailable due to the network damage. For non-emergency communications, use text messaging. 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 Supports Association.

### Evacuation

Typically, evacuation would only be considered 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 backup support in an emergency to that home and staff. Programs will not operate and the manager will 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 backup of a three-day supply of food and medication at all times. In an emergency, pharmacists are linked, and the homes' closest pharmacist will be able to arrange short-term medications until the situation is back to normal.

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

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

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

All employees must shut down and unplug 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. Backup wood supply must be kept available. Emergency lighting and extra blankets are available in all homes. In the case of long-term power outages, the homes' staff and people supported should go to the nearest homes that still have power. All homes have "Magic Heat" in their emergency kits with instructions.

The vans may 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 air circulation. Use extreme caution not to run the motor in a confined space and ensure that no 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 first aid, call 911, or have someone else call 911 for an ambulance.
- Notify the manager/designate as soon as practicable.
- Notify the doctors of individuals supported, 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/designate for them to arrange additional coverage if necessary.
- The Individual Profile should be taken to the hospital with a copy of the most recent Medication Administration Record.
- The manager/designate is responsible for notifying relatives, Licensing (as appropriate) and CLBC staff.
- Backup medical advice is available for people registered with Home and Community Care. HCC Nurses may be reached from 8:00 am to 12:00 pm (numbers posted by phone in homes) and through the emergency department at Royal Jubilee Hospital from

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12:00 pm to 8:00 am. HCC Nurses should be informed of hospital admissions (these hours look wrong—should it be 8am to 12am and 12am to 8am?)

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

All incidents of threats, intimidation, harassment, and violence from staff members, other stakeholders, and members of the general public will not be tolerated and should be reported to the manager/designate for follow up. These incidents should be documented on program/residence incident forms.

During an escalating situation:

- 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 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 Resources.

<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*

Removed from Policy and Procedure Manual (revision November 2018).

### 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:

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

Potentially hazardous chemicals on Kardel property must have a readily available Safety Data Sheet (SDS) that provides handling procedures and emergency response measures. The Workplace Hazardous Materials Information System (WHMIS) Manual has three aspects:

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- Labelling of containers
- SDS sheets and
- Worker training

All workers receive work site-specific training regarding WHMIS during their 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. 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/designate is responsible for ensuring that the people in the home/program either:

- Understand the danger of poisonous, flammable, or combustible products; or
- Are not 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, or
  - 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/designate ensures all products are properly labeled.
- The manager/designate carries 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 individuals supported (e.g. nail polish remover) are properly labeled and stored. Many commercially packaged products have risk warnings on the label.

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 individuals supported.
- When disposing of flammable/combustible or oxidizing materials, contact the local municipality for disposal site information. Do not dispose of in regular garbage containers

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or in the 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 the 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 a landline phone.
- Avoid the use of or touching plumbing fixtures.
- Do not stand under trees or telephone poles.
- Avoid standing out in the open.
- 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.

### 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 (approximately 5 minutes).
- Ensure that the other people in the home/program have adequate support during this time.
- Contact the police through the local detachment number to report the missing person.
- Contact the manager/designate, or if not available, the Director of Programs and Quality Assurance, the Director of Human Resources ,or CEO to arrange for relief and/or emergency backup staff members.
- The police determine when Search and Rescue are brought into the search.
- Have the Individual Profile complete with current information and recent picture on file at all times.
- The manager/designate is to inform the family/caregiver as soon as appropriate.
- The Incident Report should be forwarded to Licensing (where required), CLBC, and the central office as soon as practicable (within 24 hours).
- Plans should be in place for any person that has a history of wandering outlining the ways to mitigate the risk.
- All individuals accessing the community should have identification on them with their name and phone contacts.

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

- Where an individual 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 CLBC.
- Staff members would use the same protocols as for medical emergencies if warranted.
- Any sudden changes in behaviour should be reported in daily journal 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 expressions 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>

### 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 issued 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 issued for specific areas and specific time periods. When the threat is over, a 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

## SECTION 4: HEALTH AND SAFETY

ground. The emergency grab book 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*

The possession and/or use of weapons is not permitted on the property of homes/programs operated by Kardel.

Weapons include, but are not limited to, guns, knives or swords, explosives, and any instrument designed to inflict injury upon or intimidate another person, or any instrument that is used in this manner.

The authorities will be notified immediately of any person(s) possessing a weapon.

<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 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/designate 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

## SECTION 4: HEALTH AND SAFETY

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. 1 o) ISN Service Disruption:*

Kardel recognizes that in order to minimize risks to the safety of individuals supported and employees, decisions to cancel or postpone service hours may sometimes be required. The conditions that may give rise to such a decision may include snowfall, flooding, earthquake, or other structural damage to the public infrastructure.

In case of snowfall, the criteria the manager/designate 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

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Decisions to cancel or postpone service delivery will give consideration to providing as much advance notice as possible before the scheduled hours, to those affected. The ISN manager will contact staff members, caregivers, and families.

When the decision to close is made during the operation of the program:

- Arrangements must be made for the safe transport of individuals to their homes or alternate locations.
- 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 individuals 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 the individual.

Employee compensation:

- Employees notified in advance of cancelled or postponed service and prior to leaving for work will not be paid.
- Employees who report for work where service hours have been cancelled or postponed will be compensated in accordance with the provisions of the Employment Standards Act.
- Employees who are sent home due to service disruption during their shift 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 leave of absence without pay.

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

Kardel works with the individuals we support to teach them about emergency issues, taking into consideration their cognitive ability and prior experience. Staff members explain procedures in plain language and at an appropriate level of understanding. Pictures are used where appropriate. Individuals supported may be included in emergency drills (Cross reference: 4.F.1).

### *4.K. Hospital Admission Procedures*

The manager/designate is responsible for informing the CLBC Analyst, main office and the HCC nurse where applicable.

#### *4.K. 1: 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 in situations where there will be a requirement for staffing exceptional to existing staffing levels. The patient is assessed to establish the need for Kardel staff members to stay with the patient by the unit manager or designate or unit social worker in conjunction with the

## SECTION 4: HEALTH AND SAFETY

manager/designate. The unit social worker is informed of the individual's care requirements for activities of daily living, such as:

- mealtime assistance,
- toileting,
- grooming,
- mobility,
- behavioural issues i.e. loud vocalizing, aggression, wandering etc.
- monitoring requirements,
- augmentative and alternative communication, and
- safety concerns, i.e. inability to pull a cord to call for help, dysphagia, etc.

Hospital staff members complete the Form "Authorization for Staff to Support Adults with Developmental Disabilities." They notify the manager/designate who arranges the staffing required. Nursing staff members document the presence of staff members in the progress notes.

If families are available and wish to be on site, and are able to provide the support, that may be taken into consideration as part of the staffing plan. Upon patient discharge, the manager/designate sends the completed "Authorization for Staff to Support Adults with Developmental Disabilities" form to the Kardel Finance Department, for them to fax an invoice and a copy of the authorization form to the Island Health.

### *4.K. 2: Staff Member's Role while Supporting an Individual in Hospital*

Staff member's role while supporting an individual in hospital:

- Hospital staff perform the acute care roles and are the primary care provider.
- Kardel staff may perform some activities of daily living support that are part of their job description within the home e.g. companionship, feeding, grooming, etc.
- Exceptions may be negotiated with the nursing staff in the best interests of the individual supported. For example, the nurse may oversee the Kardel staff member administering the individual's routine medications when the person will not accept the medication from a stranger.
- Kardel staff should not operate hospital equipment, including hospital lifts.

### *4.K. 3: Exceptional Considerations*

In the event exceptional circumstances are present, staff should contact the hospital Patient Care Coordinator. Some examples of exceptional circumstances are:

- If two individuals supported are in hospital at the same time, staying in the same room will save Kardel staffing costs. The hospital patient care coordinator should be contacted to assist with making these arrangements.
- The individual becomes agitated with noise. A request can be made through the hospital patient care coordinator to have access to the grief room to decrease stimulation.

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<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 an Individual Supported*

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

Immediately call for police and ambulance, and then contact the Coroner's Service (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 8:30 am to 4:30 pm. Outside of the aforementioned hours, the home share provider will contact the following:

- Director of Programs and Quality Assurance: Stuart Munger: Cell: 250-508-2514
- CEO: Karl Egner: Cell: 250-216-6990
- Director of Human Resources: Cathy Elford: Cell: 250-744-8850

The manager/designate informs the family, if there is a family involved. The Home Share Coordinator ensures the family is notified, if there is a family involved. The manager/designate, or coordinator, as applicable, will inform the CLBC analyst.

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

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

- The names and numbers of the health care professionals who will pronounce death: Physicians, Registered Nurses and LPNs are allowed to pronounce death.
- The BC 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 Social Development and Poverty Reduction (MSDPR). MSDPR has an arrangement with funeral homes for managing the remains of persons in receipt of PWD

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

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not be contacted when the death was expected. The funeral home may be contacted directly once pronouncement of death has occurred.

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 immediately or 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.

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

In an anticipated home death, the Registered Nurse can pronounce death. In an unanticipated home death, the manager/designate or home share provider will first contact 911, then under advice from paramedics will contact the Coroner's Office as required under the Coroner's Act. The Coroner must conduct their 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/designate or Home Share Coordinator contacts the funeral home. Contact First Memorial. The BC Funeral Association offers telephone counseling and acts as a provincial referral service to member funeral homes. The toll-free number is 1-800-665-3899. MSDPR now provides coverage for the ashes to be buried. No marker is provided.

Within 12 hours of the death, the service provider (Director of Programs and Quality Assurance) must complete and submit the CLBC Mortality Information Summary to the analyst. Within 24 hours of the death, at licensed facilities, the manager/designate must complete a Licensing reportable incident form to the Licensing Officer and to the analyst. When the death occurs outside of normal Ministry working hours, the service provider is to follow the CLBC regional protocols for reporting after hour emergencies: Victoria 250-310-1234 or 1-604-660-4927.

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, they 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

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Medical Consultant and do any necessary follow 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 Provincial Medical Consultant and Provincial Clinical Consultant for Adults with Developmental Disabilities work together to ensure due diligence for health services for individuals supported by CLBC.

The manager/designate may arrange debriefing for the staff members and individuals supported residing in the home, with Hospice, Community Response Team counsellors, or another appropriate agency knowledgeable about issues of grief. In consultation with the family members, managers/designates arrange to inform friends of the death of the deceased (including volunteers, former and current staff members, friends, advocates etc.). Also inform the involved health professionals.

If a debriefing session has been planned, the manager/designate will facilitate regular staff to attend. Attendance is voluntary

The manager/designate or home share provider will ensure the following are informed:

- MSDPR
- BC Benefits
- Canada Revenue Agency
- Public trustee (if applicable)
- Old Age Security (if applicable)
- Financial institution
- Director of Finance who will arrange any shelter refund owing to the estate of Kardel
- Pharmacy

Managers/designates and Home Share Coordinators are to complete the Kardel Exit Checklist. Any records regarding the individual should be forwarded to Director of Programs and Quality Assurance for appropriate storage. Inform the pharmacy and cancel medications. Arrangements should be made with the family, public trustee, executor, or administrator of the estate for the disposition of the individual's belongings.

### *4.L. 4: Memorial Service*

For individuals 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 for an officiant, issuing invitations, order of service, luncheon afterwards, etc.

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For individuals residing in home shares, the Home Share Coordinator will ensure the family or home share provider arranges the memorial service. Where help is required, the Home Share Coordinator will 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</i>
	<i>Field Guide on Death and Dying available at each work site</i>
	<i>CLBC has drafted new protocols; refer to CLBC website for protocols pertaining to death and dying: March 2012;</i>

### *4.L. 5: Estate Assets*

Refer to 6.A.7 Funds held by Accounting.

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

When an individual is deemed palliative it means they have a diagnosis that suggests they are now approaching the end of life. A doctor makes this determination, and it may be in conjunction with family members. Home and Community Care nurses are involved in writing care plans for HCC clients, and are the main contact as issues arise. The doctor 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 homes have frequent visits by HCC nurses, but more often visits are only made when caregivers contact the nurse with new information or concerns.

Hospice is a service that provides nursing, a Palliative Care Physician, and counseling care to individuals supported, families, and caregivers of group homes.

<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*

As part of Kardel's health and safety program, all managers/designates are required to facilitate and monitor competency based training and testing via ShareVision for employees upon hire and annually. Satisfactory completion (100%) of a written quiz is required for all staff members. Managers are responsible to ensure staff members are provided with the time and support needed to facilitate completion. Information materials are embedded into the training site on ShareVision. Managers/designate may track completion by staff member or by category via ShareVision. Annual Competency Based Training/Testing includes the following categories:

- Environmental Hazards Awareness
- Emergency Procedures
- Risk Awareness
- Reporting and Documentation
- Medication Administration

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Dementia

Content in each category is reviewed annually. Content and quizzes can be viewed on ShareVision.

*4.N. Release of Individual to the Care of Others*

*4.N. 1: Overview*

When an individual is in the care of Kardel, it is our responsibility to protect the person in our care and ensure their safety. Staff must ensure that when a person arrives to take an individual supported out, they are assured of the safety of the person.

*4.N. 2: Restrictions or Prohibition by a Court Order or an Order Under an Enactment*

Staff members must not release an individual supported to the care of a person restricted or prohibited by a court order or an order under an enactment. 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 a threat. In situations where no threat exists, assistance should be sought from the manager/designate and, in their absence, directors. Emergency phone numbers are at each site.

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

Staff members must not release an individual 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 an individual supported and they appear impaired, the staff member should not release the person. If the situation appears volatile, police should be contacted. If not, the manager/designate should be contacted.

The 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 Individual Supported*

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

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