

## SECTION 7: INDIVIDUAL CENTRED SERVICE PLANNING

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## INDIVIDUAL CENTRED SERVICE PLANNING

### *7.A. Respect, Dignity and Choice*

All people supported must be treated with respect and dignity and have their choices respected.

#### *7.A. 1: Informed Consent or Refusal*

Services offered by Kardel are voluntary and people consent to be part of the Kardel service system and have choice regarding service delivery. This includes but is not limited to release of information, concurrent services, composition of the service delivery team, and involvement in research projects where relevant.

Kardel adheres to the basic assumption that people with developmental disabilities are able to direct their affairs and make their own decisions.

Staff members must provide information in plain language and in a manner the individual understands to assist them with decision-making in a timely fashion. Informed decision-making requires that the individuals we support be educated about the potential risks and benefits involved in decisions. For individuals to make decisions independently, facts must be provided, and coercion avoided. Pertinent information must be provided in a timely fashion to facilitate decision-making. Risks and benefits must be weighed, with assistance provided to ensure the individual supported is making an informed choice. For decisions about concurrent services (e.g. Group Home and Day Program), staff members must ensure informed consent. For individuals who are non-verbal, this may involve accompanying the individual to assess their non-verbal communication about their receptivity and participation in the concurrent services.

In situations where the individual requests, requires, or agrees to assistance with decision-making, family or advocates will be invited to participate with the person as a “proxy.” For example, families/advocates review expenditures made on behalf of a person who is not able to manage money to ensure purchases are in keeping with the person’s best interests. This occurs as part of the annual Person Centred Planning (PCP) process.

In situations where the person we support has been judged by the courts not to be capable, a Committee of the Person, now referred to as Personal Guardian may be appointed to act on their behalf. In these situations, the committee has the right to make all decisions pertaining to the person within the guidelines laid down in legislation. Our role as service providers is to ensure the committee is involved in decision-making on the person’s behalf.

In situations where the individual we support has signed a Representation Agreement appointing a person(s) to be involved as their representative, the representative ensures that the wishes and values of the individual are honoured.

The representative may assist with financial, legal, health, or personal care decisions for the person. Our role as service providers is to involve the representative in decision-making.

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In situations where the person we support has a Public Trustee appointed by the courts, our role as service providers is to involve them in making decisions about their personal financial affairs and significant decisions.

Consent to provide health care is sought by the professional providing the health care, including physicians, dentists, nurses, physiotherapists, psychologists, occupational therapists, optometrists, chiropractors, and others. Our role as service providers is to provide information that may assist professionals. For example, service providers that are very familiar with the person may be able to clarify the person's communication to assist the professional in assessing their level of understanding of the treatment. Staff members should inform the practitioner when the courts have appointed a committee and the name and phone number of that person for consent; or the name and phone number of the representative if a Representation Agreement is in place. Staff members should also provide the information on the appropriate Temporary Substitute Decision Maker, as indicated on the admissions form, if required. In emergency situations, physicians may act without consent.

Managers/designates are responsible for requesting "permission to treat" forms from the physician prior to taking them for day surgery, etc.

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| <i>Policy Group:</i> | <i>Individual Centered Services</i>  |
| <i>Issued:</i>       | <i>November 2002</i>   |
| <i>Revised:</i>      | <i>December 2007; May 2009</i>   |
| <i>Reference:</i>    | <i>Reference: "Take Charge; It's your life!" available through the Kardel office or The People's Law School Telephone 604 331-5400 <a href="http://www.publiclegaled.bc.ca">www.publiclegaled.bc.ca</a><br/>The Representation Agreement Act; The Health Care (Consent) and Care Facility (Admission) Act<br/>The Adult Guardianship Act; The Public Guardian and Trustee Act<br/>Let Me Decide: The Health and Person Care Directive That Speaks for you when you can't; 3<sup>rd</sup> edition; Dr. D. William Molloy 2005; CARF handout: Informed Consent; 2002</i> |

### *7.A. 1 a) Self-Determination*

People have the right to self-determination to make decisions pertaining to their lives. We respect their right to decide on the participants for their planning meetings and have input into their service delivery teams and staff members working directly with them. (Cross Reference 3.A. 2 c)

### *7.A. 2: Personal Care*

The independence of each individual should be encouraged. Levels of care may include: reminders, prompting, partial assistance, hand-over-hand, and total assistance.

Dignity and respect are integral to the provision of personal care. A written individual care plan should outline the methods and sequences of personal care provisions for the individual supported to ensure proper care. The individual supported should be encouraged to participate to the best degree possible. The process of providing personal care should be used to teach personal boundaries and provide knowledge of the body. If the individual is able to give input, communication should occur relating to how personal care tasks will be performed.

Staff members assisting with personal care should do so in a private place, outside the view of other staff members and/or other people living in the home. Ensure the individual is not visible to

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people walking by the home or doorway. When away from home, determine in advance where suitable private washrooms exist so that personal care may be provided outside the view of other people. Cultural sensitivity issues re: personal care are addressed in the individual care plans.

Employees wear disposable gloves to prevent contamination of hands from blood, feces, or body fluids or to protect hands from strong cleaning fluids. Use a face cloth to avoid skin-to-skin contact when washing. Explain to the person what you are doing while you are doing it. Some individuals supported may need careful examination for signs of skin breakdown and this will be written in the health care plan. Use the correct words for parts of the body if making reference to parts of the body. Ensure your own actions convey confidence to avoid embarrassment. If the individual is able to grant permission, request their permission before proceeding. Keep private parts of the body covered with a sheet as much as possible.

Volunteers and other individuals supported should not be involved in the provision of personal care. The number of staff members involved in the person's personal care should be as limited as feasible. Individuals supported may request a staff person of their gender to provide personal care. Requests for gender-specific staffing would require the agreement between Kardel and the Hospital Employees Union (if applicable). Requests must meet the requirements of human rights standards

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| <i>Policy Group:</i>              | <i>Individual Centered Services</i>  |
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| <i>Revised:</i>                   | <i>May 2001; December 2007; May 2009</i>   |
| <i>Reference:</i>                 | <i>Protocol for Personal Care: Community Options for Children and Families</i>                     |
| <i>Study Guide:</i>               | <i>Infection Control for Community Care Workers: Developed by Alpha Home Care Services Ltd and</i> |
| <i>Fairfield Homecare Society</i> |  |

### 7.A. 3: Privacy

The individuals we support are entitled to privacy unless there are safety considerations that override the need for privacy. The team, in consultation with the CLBC facilitator/analyst/family, as appropriate, will weigh the conflicting values to ensure ethical decision-making.

Each individual living in a group home has a private bedroom and storage space as stipulated in the Community Care and Assisted Living Regulations. Private discussions with an individual should occur in a private location.

Staff are required to knock and wait for permission prior to entering a bedroom. If the individual is not able to give permission, staff knock first and enter after a reasonable interval.

People are entitled to privacy when they entertain family, friends, or visitors as long as there are no safety considerations. Staff will make an effort to provide privacy within common spaces if possible.

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### *7.A. 4: Telephone Usage*

Access to a telephone must be available to the individuals supported at all times and at their request. Assistance should be provided as required to access a phone number, dial the phone number, hold the phone as required, and hang up as required. Where the individual is able to hold the phone independently or with adaptations, the individual should have total privacy for their phone conversation. Directions for staff members for facilitating the use of a phone must be in the persons individual care plan.

The individual may choose to have a private line.

### *7.A. 5: Personal Possessions*

Individuals express their individuality by their personal possessions and every effort will be made to accommodate them. Individuals are encouraged to care for their personal possessions, to place their names on personal possessions and if they are not able to look after them, staff members may assist in caring for them.

An asset registry is completed on moving into the home and updated as new items are added or deleted for all personal possessions. If an individual supported dies in their home, the manager/designate must ensure the person's belongings are kept safe and secure until direction is received from the administrator of the estate as to the disposition of the items.

Guns, weapons, explosives, illegal drugs, or other prohibited items are not permitted at any home or day program. The company will not assume responsibility for loss or damage to items of high value, i.e. jewelry, works of art, etc., and the person should be encouraged to make arrangements for personal insurance.

### *7.A. 6: Searches*

Staff may be required to complete a search of a private room within the home if there is reasonable cause to believe there is a weapon, illegal drugs, stolen goods, or possessions that may cause harm or be illegal. The search must be approved by the manager/designate and an incident report must be completed or it must be part of an approved safety plan. Any search procedure must be respectful and the least intrusive approach should be used. Under no circumstances are body or strip searches allowed.

### *7.A. 7: Pets*

Pets at the homes/programs must be there for the sole benefit of the individuals living in the home or at the program and with the supported person's permission. People with allergies, sensitivities, or fear of animals should not be exposed to animals in their home or workplace and aversion or sensitivity to pets should be discussed on intake if pets already reside in the home. Pets must not be at homes/programs where people may injure an animal.

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Staff members should recognize the need to support people in the lifestyle they select. In homes where the people supported have pets, staff members should consider this prior to accepting work in the home and should avoid these homes if they have allergies, sensitivities, or fear of animals.

All costs associated with pet care (i.e. food, vet care, etc.) must be borne by the individual that owns the animal. If the animal belongs to “the house” the costs must be shared among all people supported from their comforts money. It must be understood that if another individual supported in the home, for whatever reason, is unable to continue to benefit from the animal in the home, a new home will have to be found for the animal.

Pets that disturb the peace and quiet of the home and/or the neighborhood should not be at the homes and programs. The pet owner must dispose of any droppings. Our goal is to maintain an excellent reputation as a neighbor.

The care and control of any animal must not interfere adversely with the supervision and support required by the individuals in the home/program.

Pets are not allowed in Kardel vehicles.

People may benefit from having animals visit the home/program. The manager/designate should discuss this issue with individuals supported to get their input prior to animals coming to the home/program. Discussion should occur among the team to ensure agreement that an animal living on site or visiting would be beneficial to the individuals supported.

Pets may be brought to the home/program only with the direct approval of the manager after input from stakeholders. Consideration should be given to the following:

- Safety concerns: (i.e. mobility issues of the individuals in the home/ program, etc.)
- Health concerns: (i.e. fleas, allergies, shedding of hair, cleanliness, waste disposal, etc.)
- Work load concerns: (i.e. time for feeding animal, entertaining, etc.)
- Temperament of the animal (i.e. size, excitability of the animals, etc.)
- Stakeholder allergies, sensitivities, and fear of the animal

Any damage caused by a pet on site will be the responsibility of the owner.

### *7.A. 8: Visitors*

We encourage the involvement of family, friends, and acquaintances in the lives of the individuals we support and we work towards expanding their social networks. The home staff provides a welcoming atmosphere and makes refreshments available to guests. As appropriate, privacy is provided. Authorized visitors are invited to participate in activities occurring within the home, program, and community. Authorized visitors will be expected to respect the needs of all individuals in the home, and staff, and abide by the requests of staff that are familiar with the needs of all parties.

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If unauthorized visitors are requesting to visit in the home, staff will refer to form “Access to Person Supported” on ShareVision, which lists the names of people who may pose a health or safety risk. If the visitor is not listed on the form, the manager/designate and staff will verify to ensure the individual in the home wants to meet with the visitor, and that there is no indication that the visitor would cause risk or harm.

If any visitors pose a risk, cause disruption, or refuse to abide by requests, staff will then consult with the manager/designate on site or contact the on call manager. If an immediate threat is posed to staff or the individual supported, the police should be notified and an incident report should be completed on ShareVision in these situations.

### *7.A. 9: Legal Recreational Drugs*

Kardel respects the rights of people to make independent decisions pertaining to the use of legal recreational drugs (i.e. cannabis, alcohol, and tobacco products). People who are able to give informed consent and who request legal recreational drugs may be assisted with the purchase as long as they are legally entitled to do so. Staff who accompany individuals supported who use such products are considered on duty and must not consume them. Any legal recreational drugs in the home should be labeled with the name of the owner and stored securely.

When individuals are not able to provide informed consent, the Committee or representative will be involved in any decisions pertaining to consumption of these products. For individuals with medical or addiction problems, they will be encouraged and assisted to discuss the issue with their physician. Individual Care Plans (ICP) will address the issue of consumption to provide staff members with clear, consistent guidance.

The Kardel office the homes, and programs operated by Kardel, including all vehicles, are classified as areas for no smoking, any tobacco or vapour products. Please reference the links for further information:

[April 1, 2015, the Capital Regional District Clean Air Bylaw No. 3962](#)  
[September 1, 2016 Tobacco and Vapour Products Control Act](#)

Appropriate containers (large metal can with sand in the bottom) are to be used for the disposal of cigarette ash, butts, and chewing tobacco. People who smoke should assume responsibility for emptying the butt container as needed. Premises are defined as up to the property line.

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| <i>Reviewed:</i>     | <i>May 2009</i>  |
| <i>References:</i>   | <i>Tobacco Control Act</i>   |

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### 7.A. 10: Advocacy

Guidance is provided for individuals on self-advocacy as well as encouragement for the development of networks and friendships. Information is shared with stakeholders regarding advocacy activities in the community via our social media networks. Self-Advocates for a Brighter Future is a self-advocate group and is co-sponsored between Kardel and BeConnected Support Services.

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| <i>Cross References:</i> | <i>Section 3. D. 1</i>             |

### 7.A. 11: Cultural Sensitivity

Cultural heritage is the shared customs, beliefs, behaviours, and traditions of a particular group. We respect the right for people to maintain their cultural heritage for a positive sense of belonging and personal identity. Staff members must demonstrate respect for the person's unique culture and heritage. Support is demonstrated by providing access to resources and information where desired, as well as respecting the persons traditions, language, religion, food, and customs. Kardel hires people that are representative of a diverse group of cultures and heritages.

Kardel orients staff members to the requirement for respecting the culture of the people supported. Kardel ensures a representative from each site receives the Safe Harbour Program Training through the Affiliation of Multi-Cultural Societies and Service Agencies (AMSSA) and shares the information with their colleagues. Kardel also displays Safe Harbour posters to ensure we are recognized as an organization that protects against racism or harassment.

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| <i>Cross References:</i> | <i>Section 3. D. 1</i>             |

### 7.B. Planning

#### 7.B. 1: Individualized Planning for People Receiving Services

Consistent with Kardel's philosophy, our services work towards serving people in a manner that respects their individual choices, personalities, histories, culture and beliefs.

Prior to entering our services, we gather as much relevant information as possible from the individual themselves, and their support networks to assist in providing optimal service. Permission is sought from the person and appropriate consents signed in order to access prior assessments and reports that will assist our services in understanding the individual's needs. The Kardel handbook is available via our website and we ensure that materials are delivered in a manner that the individual supported and their support network understand to ensure our

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services will meet their needs. We work cooperatively with other services involved in the lives of the people we support to ensure efficient and effective services.

### *7.B. 2: Person Centred Planning (PCP)*

Person Centred Plans are completed by a PCP Facilitator within the first three months of the person entering a home/program and annually thereafter. A record of people in attendance is taken on the PCP form. The individual supported are assisted in providing as much input as possible into the process. Alternative communication strategies are used as required. The individual and their support network are encouraged to give input into the quality of life indicators. The likes and dislikes of the individual and this input is used as a basis for planning. The PCP form is sent to the Director of Programs and Quality Assurance to review the measurable plans. Attendees of the PCP receive a copy of the completed document and the manager/designate/Home Share Coordinator inputs the plans and progress into ShareVision. These plans are reviewed on a regular basis. Detailed PCP planning guidelines are available on ShareVision.

### *7.B. 3: Individualized Plans from External Organizations*

Kardel staff may provide input into individualized plans conducted through external homes or programs that also support the individual. This is at the invitation of the individual supported and/or people involved with the planning.

A copy of the individualized planning document from the external home/program may be requested for the individuals Kardel records.

### *7.B. 4: Individual Care Plans (ICP)*

Individual Care Plans are developed, preferably, before the individual moves into a home/program. The plan is for the consistent understanding of the needs, personality, culture, likes, and dislikes of the individual supported. The plan should outline clearly the approaches to be used, the supplies, and equipment required. Based on need, topics covered include: communication, mobility, transfers, bladder, bowels, sleeping patterns, daily routines, showering/bathing, washing hands and face, tooth brushing, mouth rinse, shampooing, combing hair, shaving, menstrual care, dressing, fingernails, toenails, meal preparation, eating, use of telephone, transportation, allergies, skin care, circulation, independence (places to encourage choices), ways to respect rights & culture, leisure and recreation, nutrition, safety and security, seizures, exercises, vision, support systems to encourage, touch, use of hot and cold compresses, and social activities. These plans are updated at least annually.

### *7.B. 5: Risk versus Choice*

Kardel is committed to both:

- Ensuring the health and safety of the individuals we support
- Self-determination of those individuals

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We recognize the dignity inherent in taking risks. When an individual we support wishes to engage in potentially high risk behaviour, the support network needs to balance these conflicting values to make an appropriate decisions on how to best support the honour of the individual's choices. For example, there may be the conflicting values of respecting the right to privacy with locking bedroom and bathroom doors, and the need to provide safety and security.

The following is suggested as a process for the individual, the support network, and the team in situations where there are conflicting values and opinions:

- Be specific about the activity and the inherent risks.
- Ensure the individual has "expert" information on the risks and understands the same. When there may be physical implications, the person should receive information from their physician.
- Clarify with the individual the anticipated rewards/benefits for them from the activity.
- Clarify the ramifications of the individual not being supported to participate in the activity.
- Develop a plan to minimize risks.
- Have the individual, and their support network and team agree on a plan that specifically defines the activity, the risks, and the level of support to be provided.
- The plan should be kept with the Individual Care Plans and revisited annually in conjunction with ICP review.

### *7.B. 6: Health Care Plans (HCP)*

When the person has no significant medical issues, basic health care issues are outlined in the individual care plan and generic services are used as required.

If the person has significant medical issues, Island Health's Home and Community Care works in partnership with the individual and their support system to develop a Health Care Plan. This identifies and outlines treatments and procedures for health and safety issues. The plan is kept on ShareVision and reviewed regularly by the manager/designate and staff members and is revised as required by Home and Community Care.

### *7.B. 7: Schedules and Activities*

The services offered by Kardel are individualized to the likes, wishes, and needs of the individual supported. We use a team approach with monitoring by the manager/designate to ensure the biases, preferences, energy level, and personal wishes of staff members are not imposed inadvertently on the individual supported.

Individuals are involved in establishing their regular routines, and preferences are documented in Individual Care Plans.

Managers/designates develop the schedules for the individual supported with input from the individual, taking into consideration the resources and the needs and wishes of all people being served. Schedules are shared with the team for input. Variations in schedules are to be pre-

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approved; if this is not possible, reporting on the reasons for schedule changes should be documented and reviewed by the manager/designate.

To document all outings and activities, use the individual supported event calendar on ShareVision:

- Note the name of the activity.
- Be specific (i.e. Spitfire restaurant at airport so it will be identifiable for future reference).
- Note the date and time.
- If a planned outing does not occur, document in the daily journal on ShareVision.

Vigilance is required to ensure staff preferences do not override the choices of the individual. The following are examples of staff members extending their personal preferences into the lives of individuals supported with positive benefit for the individual. We trust the intent is in the individual's best interest:

- The individual may love animals and benefit from visiting the farm of a staff member.
- The individual may love hockey games and a staff member's child may be playing hockey nearby.
- The individual may like to bake in a peaceful setting, and a staff member may be willing to lend the use of their kitchen.
- An individual with no religious affiliation in their history may have expressed an interest in going to church, and the staff member knows that they could facilitate supportive relationships at the church they attend.

Given these same situations, the same activities may be highly inappropriate and may not meet the needs of the people supported:

- A staff member may be going to the farm and taking a person because they need to do a chore.
- A staff member may wish to see their child play hockey and is misconstruing the individual's pleasure in the activity.
- A staff member may wish to do personal activities at home and is using the individual as an excuse to do this.
- A staff member may wish to impose his or her own religious beliefs on the individual.

These examples all highlight the need for due diligence in the creation of approved schedules, careful monitoring, recording of follow up of activities, and team discussion. Spontaneous schedule changes should be reported and explained to ensure they are focused on the best interests of the individual supported.

Within all schedules and activities, safety is paramount. Supervision must be provided at all times. People are not to be left unattended. Activities are tracked on the person supported's calendar.

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### *7.B. 8: Plan Tracking*

Plans established at the PCP are recorded on ShareVision. Progress within plans is documented throughout the year, to ensure we are accountable for service delivery to individuals supported.

### *7.C. Behaviour Support: Based on the Mandt System*

#### *7.C. 1: Overview*

Based on functional assessments, our goal is to create “environments for competence.” This involves providing the least amount of structure necessary for individuals to live, learn, work, and play independently. We also develop support plans that are designed to help individuals use their own strengths to meet their own needs.

#### *7.C. 2: Positive Approaches*

Positive behavior support approaches are developed and used to address challenging behaviours. These may include modifying the environment to help the person function more successfully; reinforcing positive behaviour; teaching/shaping appropriate behaviours and/or communication; providing appropriate support for the best functioning. A team approach is used to determine the communicative intent of the person’s behaviour and establish care plans/protocols for helping the person supported. Professional consultation is available.

#### *7.C. 3: Proactive Intervention*

A preventative orientation to problems is paramount, in which foresight, tolerance, adequate planning, and realistic expectations keep fear, frustration, anger, misunderstandings, or longstanding habits from creating disruptive situations. There are no “make or break” situations in pursuit of community inclusion and personal growth. A constructive process avoids power tactics and confrontation and is paced and ongoing. There will always be further opportunities for learning to occur. Positive training approaches, a preventative orientation, an environment conducive to growth, and the absence of restrictive, punitive measures, will assist in minimizing the number of crises.

#### *7.C. 4: Motivating People*

Where a concentrated effort at behavioural change is necessary, it is important to determine, in addition to what needs to be learned, how best to motivate the individual in support of such a change. Staff members must challenge themselves to identify and provide the motivators (incentives) that make the challenge of replacing potentially longstanding and automatic behavioural patterns worthwhile.

#### *7.C. 5: Written Behaviour Support Plans for Challenging Behaviours*

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Behaviour support is a practical approach to address challenging behaviours by replacing them with positive social skills. It concentrates on understanding the context, triggers, and outcomes of behaviour for an individual and using this information to decrease the need for more intrusive interventions. Generally, this is achieved by reinforcing desired behaviours and modifying the environment to strengthen positive and participatory behaviour.

A Behaviour Support Plan must include the following:

- A functional behaviour assessment that focuses on the underlying function of an individual's behaviour and how behaviour may serve as a means of communication for that individual
- A lifestyle review and strategies to modify or eliminate triggers
- An outline of desirable behaviours and objectives in context of an individual's best interests
- Strategies for establishing or increasing desirable behaviours
- A process for managing emergency situations including establishing roles and detailing permitted and restricted practices (remove bullet point)
- A reference to training, feedback, and ongoing communication and review
- Evaluation and a timeline for review

Behaviour Support Plans are implemented for individuals supported who are exhibiting challenging behaviours that interfere with their learning and daily activities when the behaviours are likely to become severe if they are not addressed. Behaviour Support Plans are developed with the involvement of the individual supported, the individual's support network, substitute decision makers (as noted on their Profile, Admission and Transfer Form) the individual's Committee or representative, and others as required. A person with training and expertise in completing functional behavioural assessments and demonstrated expertise in developing multi-element behaviour support plans needs to lead the development of the Behaviour Support Plan. Behaviour Consultants develop Behaviour Support Plans with assistance of the individual and their support network. The Behaviour Consultant may also assist with implementation of Behaviour Support Plans.

The Behaviour Support Plan is a written document that evolves over time and outlines environmental changes, antecedent changes, replacement behaviours, consequence changes, and the strategies and activities that will be used to bring that about. The primary focus of any plan should be linked to person centred planning, improving the quality of an individual's life and enhancing their capacity to engage in meaningful activities. The approaches used are individualized to the person's needs. Written behavioural plans as well as care plans/protocols are completed to ensure consistency among staff. All employees are required to follow written protocols. During orientation, employees are oriented to the protocols of each individual supported and sign off on the orientation sheet. The individualized protocols list expectations regarding response by personnel to emergencies involving assault or aggression if applicable.

### *7.C. 6: Safety Plans*

A Safety Plan is developed when an individual supported's behaviour is unsafe and of such intensity, frequency, or duration that the physical safety of the individual or those nearby is put

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at risk. Kardel works with a qualified\* Behavioural Consultant to develop a Safety Plan. Restricted practices may only be used as a planned response to unsafe behaviour when they are outlined in a Safety Plan and required authorizations have been provided. In an emergency where there is a real threat or risk of harm is imminent to the person served or other, restricted practices may be used without a Safety Plan or authorizations. A Safety Plan specifically addresses how to respond to the unsafe behaviours while reducing risk of harm to the individual and those around the individual. A Safety Plan can only be put in place as an adjunct to a Behaviour Support Plan or may be temporarily in place while a functional behaviour assessment is being conducted to develop a Behaviour Support Plan. A Safety Plan has specific, limiting requirements for development, approval, and review.

Safety Plans that include restricted practices as outlined in A Guide for Service Providers must be authorized in writing by each of the following people:

- \*A qualified Behavioural Consultant (a qualified Behavioural Consultant is a Behavioural Consultant as defined in the CLBC Behaviour Support and Safety Planning Policy)
- A physician
- CLBC representative
- The service provider
- The individual and/or their parent or family member or formal representative

Individuals and families and other support network members should participate in developing the Safety Plan. They must be fully informed about the rationale for its use including any proposed restricted practices. The Safety Plan must be reviewed every six months by the service provider and the Behavioural Consultant to evaluate the effectiveness of the plan and its implementation. Documentation of the review process must be created, maintained, and submitted to CLBC every six months.

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| <i>Policy Group:</i> | <i>Individual Centred Services</i>   |
| <i>Issued:</i>       | <i>June 2009; May 2012</i>   |
| <i>Reference:</i>    | <i>Behaviour Support and Safety Planning: A Guide for Service Providers CLBC</i> |

### 7.C. 7: Aggressive/High Risk Behaviour

As mandated by the Worker's Compensation Act, an individual supported who displays aggressive behaviour requires a written behavioural plan and/or safety plan to ensure the risk to staff members is reduced. A "risk to others assessment" must be completed on an annual basis for individuals who display aggressive/high risk behaviour.

Managers/Designates must ensure that all staff members receive training in the use of any specified behavioural approach and guidelines for application prior to working with the individual. The plan can be reviewed in conjunction with the annual review of the Individual Care Plan, or on a schedule prescribed by an outside consultant to evaluate the outcomes in reducing the problem behaviour.

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### 7.C. 8: Restraint

Restraint is defined as the application of chemical, electronic, mechanical, physical or other means in order to limit or restrict the freedom of movement of a individual supported. It is a restriction of a person's rights.

Restraint includes but is not limited to:

- Holding or restraining an individual
- Physically moving an individual from one location to another against their will
- Wheelchair seat/lap belts
- Splints
- Covering on the hands
- Bed rails
- Positioning individuals supported in order to restrict/limit movement

Restraint is not to be used for the purpose of changing behaviour, punishment, or for the convenience of staff members. Restraint is only to be used as a safety response. The duration of the restraint should be as brief as possible.

Restraint will only to be considered if:

- There is a real threat of harm to the individual supported or others.
- The risk of harm is imminent to the individual supported or other people.
- All alternatives for safety have been exhausted and discussed among the support team;
- The restraint is as minimal as possible and safeguards are in place, if applicable, for the use of the restraint;
- The individual has approved the restraint or, if the person is not capable of giving consent, the person's substitute decision maker gives consent;
- The individual's medical practitioner approves the restraint method for safety;
- The use of the restraint is documented in the person's Individual Care Plan on "Consent Protocol for Restraint" form;
- The staff member administering the restraint has received training in the use and monitoring of the restraint;
- There are written policies and procedures acceptable to the medical health officer to all aspects of the use of the restraint.

The conditions must be serious enough to justify the methods used. Restraint protocol is developed as needed. The manager, the individual's physician, OT/PT, a Behavioural Consultant, or Developmental Disabilities Mental Health Services may write the protocol. Consideration is given to an assessment of the individual's physical and emotional well-being as part of the protocol. The staff team must review and familiarize themselves with the protocol in order to ensure consistency. Reviews should be conducted through regular team meetings. Restraint protocols are signed off by the individual supported, if possible, and the individual's family and physician.

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A current “Consent and Protocol for Restraint” form must be completed. Documentation includes: specific protocols, including clear directions and time limits with the goal of ensuring the reinstatement of rights as soon as possible. This form is updated as per the stated review date. Reviews of the restraint protocol occur at least annually. The review should include the frequency of restraint use, reasons for use, alternatives tried, outcome, and individual’s reaction to intervention.

### *7.C. 9: Emergency Restraint*

The use of an emergency restraint to preserve life or prevent serious harm to the person or others should be as minimal as practicable. Emergency restraint is a Reportable Incident to Licensing and our funder, CLBC. The home and/or program should evaluate an incident that has resulted in an emergency restraint as soon as possible to prevent future incidents. If the incident is likely to reoccur, a plan should be set in place to address the behaviour.

Debriefing should occur with the person involved: other people in the home, if involved, and when appropriate, the family. The manager/designate provides staff with ready access to personal debriefing, supervision, risk assessment and reviews, on-going training, and direction regarding the future use of physical restraint when protecting an individual supported or others from physical harm. If the restraint is used as a result of an emergency incident and continues to be necessary, the review must occur every 30 days.

### *7.C. 10: Seclusion*

Seclusion, where an individual is involuntarily left alone, is not used within any home or program operated by Kardel.

### *7.C. 11: Exclusionary Time-Out*

Exclusionary Time-Out is the removal of an individual from a situation and environment for a limited period of time, so as to prevent harm to him/her or to others. For this to be used, Exclusionary Time-Out must be part of an approved Behaviour Support/Safety Plan. Each incident must be reported and documented on an individual’s file. This does not include positive re-direction to a safe, quiet place.

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| <i>Policy Group:</i> | <i>Individual Centered Services</i>                                     |
| <i>Issued:</i>       | <i>July 31, 2009</i>  |
| <i>References:</i>   | <i>CLBC Policy Number SE4.250 Behaviour Support and Safety Planning</i> |

### *7.C. 12: Prohibited Practices*

Any actions that are reliant on fear, pain, or threats, or that constitute an infringement on the fundamental human entitlements or rights of an individual supported are prohibited practices. The following procedures are strictly prohibited and could result in discipline up to and including termination:

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- Physical abuse (i.e. pinch, slap, pull hair, spray with water)
- Seclusion in a locked room
- Verbal or mental abuse: i.e. swearing, yelling, demeaning, name calling
- Inflicting pain/discomfort: i.e. electric shock, use of noxious substances such as lemon juice, Tabasco sauce
- Medication without medical authorization, including herbal or alternative medications or treatments
- Restriction of basic rights, the removal of the individual's access to activities, (i.e. food, clothing, bedding, heat, strip searches or body searches)
- Inappropriate punishment/consequences: degrading actions, denial of contact with family, unreasonable exercise or work, having one person in the home impose discipline on another
- Threats/coercion: attempting to control the person supported through threat of unpleasant events or removal of privileges for non-compliance, staff imposing religious or personal beliefs on individuals supported

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| <i>Policy Group:</i> | <i>Individual Centered Services</i>   |
| <i>Issued:</i>       | <i>1992</i>   |
| <i>Revised:</i>      | <i>October 2000; September 2002; January 2004; October 2005; November 2007; May 2009; July 2009</i>   |
| <i>References:</i>   | <i>Community Care Facilities Act: Adult Care Regulations Section 1 definition and 10 (2). Community Care Facilities Act: Chapter 60: 5- Variance Committee; Community Support Services Policy Manual Part 2: CLBC Policy Number SE4.250 Behaviour Support and Safety Planning</i> |
|                      | <i>CARF Employment and Community Services Standards Manual</i>  |
|                      | <i>Mandt Trainer's Manual</i>   |

### *7.D. Physical Interaction*

#### *7.D. 1: Overview*

Staff members' interactions with the individuals supported which convey fond feelings, goodwill, empathy, and caring are positive attributes. Touch, in all forms, is communication. Individuals supported by Kardel are entitled to give and receive physical contact necessary for human growth and development in a manner that authentically respects the relationship between a staff person and an individual supported. The form of expression must be based upon the quality and length of the relationship, the history, personality and cultural perspectives of the individuals involved, and the personal meaning and interpretation of touch and personal space.

Staff members must at all times exercise good judgment, ensuring all physical interactions will not be construed as sexual or inappropriate. Staff members must role model socially appropriate touch and demonstrate safe and appropriate boundaries in their daily interactions. Staff must be aware of support needs outlined in Individual Care Plans and Behaviour Support Plans that relate to appropriate touch with each individual.

#### *7.D. 2: Guidelines for Staff*

Touch is communication. Touch is highly subjective and each individual may respond differently. Interactions should be authentic, natural and spontaneous for staff members and the people

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they support. Guidelines for touch must be referenced and clearly defined in a behavioural support plan for individuals who may be sensitive to touch/have difficulty with touch.

- Staff should ask permission to touch whenever possible or excuse themselves for touching;
- Touch as little and as gently as possible. Some individuals may perceive physical contact as a threat;
- Be aware of individual's likes, dislikes, and emotional needs. Physical interactions must be individualized;
- Relax and touch slowly so as not to startle or confuse the person supported;
- Maintain touch only as long as necessary;
- Hugs as touch – many of the individuals supported may need the emotional and physical reassurance a hug gives. Hugs must be given in a way that promotes appropriate, safe boundaries within that relationship;
- Expressions of affection must not be sexual in nature or likely to be perceived by observers as sexual in nature;
- A plan for dealing with the issue of the expression of nurturing and affection should be discussed among the larger working team if there are areas of ambiguity or discomfort;
- All incidents of individuals supported initiating sexual touch towards staff are to be documented. The manager, with team members, must ensure appropriate follow up and ensure adequate planning occurs to address the issue and protect the individual and staff members.

### *7.D. 3: Examples of Appropriate Touch*

- Gently touching the individuals upper arm to redirect their attention and support them during a painful procedure;
- A hug from a long-term staff member when the person returns from holidays or on special occasions;
- A shoulder massage when the individual is tired and this has proven comforting to them.

### *7.D. 4: Examples of Inappropriate Touch*

- Full frontal hugs;
- A kiss on the lips;
- Touching the private parts of the person (with the exception of necessary provision of personal care which should always be completed with gloves on to convey the professional aspect of the touch).

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| <i>Policy:</i>    | <i>Individual Centered Services</i>  |
| <i>Issued:</i>    | <i>June 1992</i>   |
| <i>Revised:</i>   | <i>October 2000; December 2007; May 2009</i>   |
| <i>Reference:</i> | <i>"Touch and Communication": Booklet of R.N.A.B.C.<br/>The Mandt System: Trainer's Manual</i> |

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### *7.E. Sexuality*

#### *7.E. 1: Overview*

As service providers we have a responsibility to respect the individuals' choices regarding their sexuality. We also have a responsibility to ensure the individual's health, safety, and access to required information, as well as appropriate alternative communication systems to help them with responsible decision-making. We have a responsibility to arrange for specialized assistance as required.

An individual's expression of their sexuality may encompass relationships with others and/or autoerotic sexuality. As a service provider, we will respect the individual's right to choose their own methods of sexual expression providing that we are assured that:

- Any other person involved is an adult, and that both parties give their informed consent;
- The appropriate time and place is chosen;
- There is no infringement on the rights of other people;
- The behaviour is not illegal;
- Physical safety of the parties involved is assured.

#### *7.E. 2: Respect for Moral Choices*

Kardel acknowledges and respects variations of sexual choice and expression as exists in a pluralistic society.

Employees are expected to support sexuality choices as well as exercise good judgment to ensure health and safety. Staff members will avoid imposing their own moral choices and respect the moral choices of the individuals they support.

#### *7.E. 3: Education and Training*

Staff members will respond to questions from individuals supported regarding sexuality in an accurate and non-judgmental manner in an appropriate place. They will inform the manager/designate if questions are being asked so the team will ensure consistency of information and so staff members are not handling situations in isolation. If staff members are uncomfortable with the subject matter, the questions are to be forwarded to the manager/designate for follow up.

If a need exists for further sex education, the manager/designate will attempt to arrange for appropriate instruction.

#### *7.E. 4: Support for Special Needs*

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When sexuality issues arise for the individual supported, very clear, specific sexuality protocols will be set in place to assist staff members in understanding their roles and responsibilities. The home manager will seek additional consultation as required.

Medical input may be sought through the individual's doctor. A referral could be made to the GF Strong Sexual Health Unit in Vancouver, if questions are raised of a medical nature, to ensure appropriate information re: health risks and safety, is available to the person supported and to staff members.

Alternative communication input will be sought when the person supported is without a means of communication pertaining to sexual issues.

### *7.E. 5: Privacy and Respect*

The people in the homes will have private bedroom space. Staff members will not enter bedrooms without knocking; staff members should try to attain the permission of the individual, unless there are emergency concerns re: health and safety, or unless the person is not able to give consent. Erotic material, if chosen by the individual supported, should be kept in the individual's private space outside of public view.

When documenting sexuality issues, staff members should ensure that the language used to describe the issues is positive and respectful of the individual.

Approaches dealing with issues of sexuality will be documented when necessary for consistency, and the supported individual's privacy will be respected by ensuring only people required to know have access to the information. Sexual history that is not relevant to the current support needs should not be included in the person's records and will be treated as confidential by the manager/designate.

### *7.E. 6: Sexual Safety*

Under no circumstances will staff members or volunteers in the home engage in sexual talk or touch with a person supported or share erotic materials. Staff members will protect the people they support from sexual exploitation by other people in the home/program, staff members, or people outside the Kardel service system.

### *7.E. 7: Development of Friendships*

Staff members will facilitate appropriate social interactions and ensure opportunities exist to form and sustain friendships.

### *7.E. 8: Informed Consent for Sexual Relationship*

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Informed consent is achieved if:

- The person is 19 or older;
- Sex education appropriate to the person's level of understanding has been provided;
- The person has demonstrated an understanding of, and responsibility for, their sexual behaviour through discussions with appropriate staff members and/or a professional counselor (i.e. clergy, psychologist, therapist, social worker);
- Birth control and sexual safety issues have been discussed and understood;
- Safeguards are built in to assist the person if assistance is required.

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| <i>Policy Group:</i> | <i>Individual Centered Services</i>  |
| <i>Issued:</i>       | <i>June 1998</i>   |
| <i>Revised:</i>      | <i>September 2000; June 2004</i>   |
| <i>Reviewed:</i>     | <i>December 2007; May 2009</i>   |
| <i>References:</i>   | <i>"Human Sexuality Handbook: Guiding People toward Positive Expressions of Sexuality" The Association for Community Living.; Sexuality Policies and Procedures Manual;"<br/>The ARC of Morris County, New Jersey: Ethical and Legal Responsibilities for Protecting Residents from Abuse.</i> |

### 7.F. Nutrition

Kardel complies with the requirements of the Community Care and Assisted Living Act, and has inspections by a Licensing Dietician as required. Meals and More is available as a reference guide in each home/program. Registration costs are covered for staff members to complete Food Safe training upon request to and with the approval of the Director of Programs and Quality Assurance.

Consistent with Kardel's philosophy of ensuring that basic rights are met, each individual supported has the right to three meals and two nourishing snacks per day. Food preferences of the individuals supported are respected and personal choices and cultural food expectations are taken into consideration. Our goal is to serve meals in a pleasant, relaxed manner. Appropriate feeding aids are used and individualized assistance will be provided as required. Adequate supervision is available for meal and snack times to ensure the safety and monitoring of all people supported. All staff members are oriented to the individual care plans, health care plans, and nutrition care plans of the individuals supported.

The individual care plans indicate meal preparation involvement, eating issues, including staff assistance, utensils, seating, apron, etc., nutrition issues and diet concerns, issues pertaining to fluids, and mealtime instructions. Monthly weight records are completed for all individuals supported. Nutrition Care Plans are completed within two weeks of the person moving into a home. When nutritional concerns are assessed, a referral is made to HCC professionals and a health care plan is provided. The care plan outlines the method for regular follow up of the person's nutritional needs.

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| <i>Policy:</i>     | <i>Individual Centered Services</i>   |
| <i>Issued:</i>     | <i>October 2001</i>   |
| <i>Revised:</i>    | <i>June 2007</i>  |
| <i>Reviewed:</i>   | <i>December 2007; May 2009; November 2013</i>   |
| <i>References:</i> | <i>Meals and More: Quality Improvement and Resource Guide for Small Adult Care Facilities; B.C. Ministry of Health and Ministry Responsible for Seniors June 1999</i> |

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*Community Care and Assisted Living Act Adult Care Regulations; 7-7.11*

### *7.F. 1: Nutrition and Food Services Audit Program*

Managers are responsible for ensuring compliance with the Nutrition and Food Services Audit Program. A food and nutrition information sheet and a nutrition care plan summary with concerns, goals, actions, and person responsible are completed within fourteen (14) days of a person moving into a home, are reviewed at 14 weeks, and as needed thereafter.

- The Resident Satisfaction Survey is completed annually.
- As a screening tool, the form “When to Obtain Services of Registered Dietitian” is completed annually or as needed based on the presentation of the person supported.
- The Nutrition Care Plan Checklist helps to keep the nutrition care plan up to date and is completed annually.

These documents are kept in the “My Documents” section of an individual supported’s record on ShareVision.

All Managers keep a Nutrition Audit File with a menu checklist. This checklist is completed whenever there are changes to the menu. The Licensing Dietitian recommends a four-week menu cycle.

Individual Care Plans or nutritional care plans (if one exists) are used to train staff to the needs of the individual in the homes. These may outline assistance/special requirements during eating, nutritional concerns, food and drink textures, the person’s participation in food preparation, and any special considerations for getting monthly weights.

Annually, Kardel completes an audit via ShareVision in all homes and programs to ensure comprehensive documentation and follow through.

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| <i>Policy:</i>     | <i>Individual Centered Services</i>   |
| <i>Issued:</i>     | <i>June 2007</i>  |
| <i>Reviewed:</i>   | <i>December 2007; May 2009</i>  |
| <i>References:</i> | <i>Meals and More: Quality Improvement and Resource Guide for Small Adult Care Facilities; B.C. Ministry of Health and Ministry Responsible for Seniors June 1999 Community Care and Assisted Living Act Adult Care Regulations; 7-7.11</i> |

### *7.G. Home Community and Care (HCC): Delegation of Tasks and/or Personal Assistance Guidelines (PAG)*

#### *7.G. 1: Overview*

The people we support may require the professional services of a nurse (RN or RPN), occupational therapist, physiotherapist, dental hygienist, a registered dietician, a speech language pathologist or dysphagia specialist. A request for these services should be made through HCC Central Intake.

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Although not able to delegate tasks to staff, registered dietitians and registered respiratory therapists are able to provide consultation and training to staff for the delegable tasks.

HCC reviews the request and determines if they will provide the person with HCC professional services and back up support or if an alternate plan will meet the needs. Not all the people we support with medical issues require service. Standard practices for care may have been previously developed and Individual Care Plans (ICP) are already in place for the long term. HCC bases their decision on the current situation and need, as well as judgment about the severity of the situation. There is a need for HCC to provide direction and teaching to the unregulated caregiver.

When HCC accepts a person for service, they work with the manager and team to develop a Health Care Plan (HCP). The Health Care Plan is an HCC document and any changes/alterations to the document must be signed by HCC.

People that are not supported by HCC may have similar health care and/or personal care issues that will be addressed in an Individual Care Plan (ICP) that is produced by a Kardel manager and staff members with input from health professionals, other than HCC, as required. Kardel's nurse consultant is available as a resource.

### *7.G. 2: Consent to Health care and Rehabilitation Treatment*

All health care practitioners are required to have the consent of the person being treated prior to provision of health care. When the health care professional, based on their assessment of the situation, determines that the person is not able to give consent, substitute consent can be given from the committee, representative, or temporary substitute decision maker prior to proceeding with the provision of health care.

It is Kardel's responsibility to remain current on the appropriate person to provide consent and provide this information to the health care provider.

### *7.G. 3: Levels of Care*

It is the responsibility of Kardel managers to inform the HCC team of the care needs of the person, provide details of the care environment (home, equipment etc.), and relevant information pertaining to the training and skills of staff members to assist HCC in their decision making re: the delegation of tasks.

### *7.G. 4: Assignable Tasks: Standard Practice Tasks*

Assignable Tasks are tasks that are within the role description and training as defined by Kardel. These tasks are not considered to be person supported specific and do not require ongoing professional judgement or monitoring. One caregiver may teach another caregiver. HCC may include general recommendations.

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### *7.G. 5: Delegable Health Care Tasks Which May Be Delegated to a Support Worker/Unregulated Care Provider*

Delegable tasks require the expertise and clinical judgment of a health care professional who trains the staff members directly and signs off as the fixed point of responsibility that the staff members have the competence to complete the delegable task. The training is always person specific and not generic. The health care professional has the responsibility for producing the written health care plan and the staff members perform the duties consistent with this plan. The health care professional who delegates the task remains responsible for the determination of the person's status, care planning, interventions, and evaluation of care until the person no longer requires the task.

The HCC nurse functions as the primary support. A Health Care Plan is written by the HCC Nurse in conjunction with the health care team. The HCC dysphasia, nutrition, and physiotherapy team members are responsible for their own contribution to the care plan. The HCC nurse formats the plan into the HCC format and forwards to the HCC and Group Home.

### *7.G. 6: Health Care Professional Tasks: Not Normally Delegated*

These tasks require the expertise and clinical judgment of a health care professional and are not normally delegated. Exceptions may occur when the person's status in a home is stable. HCC staff members must consult with the Kardel manager/designate, the Community Services Coordinator responsible for HCC, and with the discipline-specific professional associations/colleges prior to the transfer of these tasks.

Otherwise, Kardel staff will call upon HCC to perform these tasks. Examples of such tasks include: Tracheal suctioning, tracheotomy care, ventilator care, nasogastric and gastrostomy tube insertion, insertion of an indwelling catheter, bladder irrigation, application of complex dressings, administration of IM injections, initiating and monitoring present medication pumps, electrotherapy modalities, joint manipulation, vertebral joint mobilizations, selection of fluids/feeds, feeding pump, and the rate of infusion, change of food/liquid and textures/consistencies, and equipment prescription.

### *7.G. 7: Acceptance of Delegation of Function*

Kardel has the right to refuse a delegation of task from the professional without prejudice when they are unable to meet conditions of insurance liability and risk.

Staff members are responsible for ensuring their readiness to carry out a delegated task as directed, and following the written protocol. HCC completes the "Record of Current Trained Caregivers" and an original is kept in the delegated task file in the homes. If a staff person has concerns about the process for completing the delegated tasks and would like to advocate for a change, they may bring their concern in writing to the manager. The manager/designate will review the concern and may request a review by the HCC professional. If concern remains, the manager may request a second opinion from HCC.

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### *7.G. 8: Physicians Input*

A physician may make recommendations for changes to the provision of health care that vary from the methods recommended by HCC. The manager should request that the physician provide written direction. The manager/designate should arrange for new training if it is necessary. A delay in response from HCC should not subject the person supported to incorrect or insufficient care. The manager/designate should ensure clear directions are available to staff members to avoid confusion and protect the person, the staff members, and the agency.

### *7.G. 9: HCC Staff Training for a Delegated Function*

The HCC health care provider teaches performance of the task. In situations where it is not practicable to observe all the staff members demonstrating, i.e. enemas, a detailed description of the procedure to meet the training requirements is provided. The HCC professional that completes the written plan is at a “fixed point of responsibility.” This HCC professional may assign the training task to another HCC professional. Kardel’s manager/designate identifies the community support workers who will be trained to perform the task. Managers/designates are responsible for letting HCC know when more staff members require training, informing them of when renewals are necessary, and removing names from the list of trained caregivers in the delegation binder as the staff members leave. Managers/designates should ideally internally monitor caregivers’ opportunities to perform the delegable tasks to ensure they remain competent. Re-training should be requested if required. Managers/designates must ensure one staff member at all times is available on all shifts to perform delegable tasks.

### *7.G. 10: HCC Monitoring of a Delegated Function*

The Health Care Professional will continue to monitor the care annually if necessary.

### *7.G. 11: Staff Members Cross-Registered Without the Necessary Delegation of Training*

Staff members that have not participated in training in a home in which they are registered may not work alone with the person but may work with another staff member that has the necessary training. Scheduling should never result in a situation where no staff member is on duty without the necessary training.

### *7.G. 12: Private Therapists*

When an individual supported is receiving therapy from a private therapist, private practice therapists may delegate tasks. The same procedures with regard to referral, training, and care plan development are used. User fees are the responsibility of the person requesting service.

|                   |   |
|-------------------|---|
| <i>Policy:</i>    | <i>Individual Centered Services</i>   |
| <i>Issued:</i>    | <i>December 2003</i>  |
| <i>Reviewed:</i>  | <i>November 2007; May 2009 ;February 2011;November 2013</i>   |
| <i>Reference:</i> | <i>Transfer of Function Guidelines<br/>Bill 51 Health Care Consent<br/>Ministry of Health Guidelines: Section 11: Health Services for Community Living: Transfer of Function Guidelines</i> |

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*Ministry of Health Personal Assistance Guidelines: November 2008  
Maureen Thomas Nurse Consultant*

### *7.G. 13: Seizure Management*

For individuals supported who experience seizures, the manager/designate should request referral either to the Seizure Clinic, or another neurologist.

### *7.H. Records and Documentation: Records of the Individuals Supported*

#### *7.H. 1: Overview*

All documentation must be respectful of individuals supported, other staff members, and professionals, or other support people. It is essential that each staff member document clearly and concisely and reflect accurately their observations and/or support provided. All documentation is considered legally representative of the staff member who recorded the entry and can be summoned in a court of law. Staff members are not to enter or document information on behalf of another staff member.

#### *7.H. 2: People Accessing Their Records*

All individuals supported have access to their records by requesting access from the manager/designate in the homes/program. Access should be provided as soon as possible to individual supported. The manager/designate and/or staff members familiar with the needs of the individual will remain with the person to review the records and ensure the information is presented to them in a manner that they understand and to provide emotional support where required. Reports that are part of an ongoing law enforcement investigation may not be released in accordance with s.23(3)(c) of the *Personal Information Protection Act*. With the permission of the individual supported, families and/or caregivers may also have access to the individual's records by request to the manager.

#### *7.H. 3: Protection of Records*

All reports and documentation prepared by staff members in the course of their employment remain under the protection of Kardel and may not be used except by express permission of the CEO (or designate) for any purpose other than that which they were originally prepared. They may not be used for training, research, or publication. Records may be requested by CLBC.

#### *7.H. 4: Security, Contents, Transfer, and Storage*

The records of individuals supported should be kept in a safe, secure place, and not in public view. They should not be left unattended in unsecured areas. The office or the file cabinet containing confidential information should be locked when unattended by staff members. After accessing records on ShareVision, a user must ensure they log out of ShareVision.

For transfer to hospital, the individual profile form, emergency protocols, and the most recent medication administration record should accompany the person. The records of deceased

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individuals will be kept in a secure location on ShareVision, and/or a locked area at the central office, or managed in the manner outlined for off-site storage and transfer of contractor records as outlined by CLBC. Refer to the CLBC Terms and Conditions for records retention.

|                    |   |                        |
|--------------------|---|------------------------|
| <i>Policy:</i>     | <i>Orientation</i>  | <i>Confidentiality</i> |
| <i>Issued:</i>     | <i>1999</i>   |                        |
| <i>Revised:</i>    | <i>October 2000; April 2001; January 2004; May 2009</i>   |                        |
| <i>Reviewed:</i>   | <i>November 2007;</i>   |                        |
| <i>References:</i> | <i>Freedom of Information and Protection of Privacy Act<br/>Community Care Facility Act: Adult Care Regulations 9.4<br/>Off-site storage and transfer of contractor records: MCF: Administrative Services Division, Information and Records Management Branch 1995<br/>Clients with Criminal Records: Policy 2806<br/>A Guide to the Privacy Charter<br/>A Guide to B.C.'s Personal Information Protection Act for Businesses and Organizations Oct 2015 (5<sup>th</sup> Edition)</i> |                        |

### *7.H. 5: Daily Journal/Charts*

Many of the individuals supported are not able to manage their own health issues or issues of daily living. The following information is recorded in the daily journal or charted on ShareVision during or at the end of each shift:

- Changes in health status; medications changes or observations; seizure activity; menstrual cycle; appetite changes; behaviour changes; emotional changes; routines, activities and recreation; sleep patterns; falls
- Bowel movements, if the person is not independent for bowel care, are recorded on a Bowel Chart. Weight is monitored monthly on a weight chart
- Administration of PRN medications are noted in red.

Staff members are required to read each individual's daily journal at the beginning of each shift. They should read back to when they last worked in the home. Staff members are required to record in the person's daily journal by the end of each shift on ShareVision. Destruction of an individual's records is prohibited, subject to the CLBC Terms and Conditions for record retention.

### *7.H. 6: Staff Communication Log*

All entries must be respectful of the individuals supported, other staff members, professionals, and other support people. Staff members must document in a manner that is positive, collaborative, and professional in tone. The communication log, which is on ShareVision, is not to be used as a means to criticize others. The intent is to share information that will contribute to the provision of high quality service and continuity of care.

Staff members are expected to read the communication log at the beginning of each shift.

The communication log addresses general home/program information. This may include, but is not limited to, the following:

- Visitors/tradespeople expected on shift;
- Repairs or home maintenance required;

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- Special events;
- Manager/designate schedule changes;
- Specific documents and /or reports
- Low on petty cash; low on funds of individuals supported

Communication log entries are the property of Kardel, are legal documents, and may be summoned in a court of law.

### *7.H. 7: Time Frames for Documentation in the Records of the Persons Served*

Admission forms should be completed prior to the move-in date. The checklist of items required should be completed either prior to or at the time of admission. PCP's must be completed within three months of admission. ICP's should be completed at the time of admission and revised as new information becomes available. Both ICP and PCP are reviewed annually. Staff members are to complete journal notes and items for the communication log at the end of each shift. An exit checklist must be completed within 30 days of the discharge or transfer date.

### *7: I. Health Care Consent*

#### *7.1. 1: Advance Directives for Capable Adults*

An advance directive is a document that states wishes for future health care if the time comes when a person is unable to make or communicate the decisions for them.

#### *7.1. 2: Test of Incapacity*

The medical professional makes the decision as to the capacity of the person. Some individuals supported by Kardel may be deemed incapable by the test of incapacity.

#### *7.1. 2 a) Mode of Communication*

It is the duty of the medical professional to communicate the following to the individual supported: obtain consent, outline the process of how the decision is made, and inform them of the decision of incapacity. Staff members that know the individual well may need to share with the health professional how they communicate in order to ensure the person's rights are protected.

#### *7.1. 3: Temporary Substitute Decision Making (TSDM)*

In the event an individual supported does not have legal representation to assist them in making decisions regarding health and medical a TSDM may be identified.

Kardel must keep up-to-date name and contact information of the temporary substitute decision maker (if applicable) and provide this to the medical professional when necessary.

#### *7.1. 3 a) Descending Order of Priority for Temporary Substitute Decision Maker (TSDM)*

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The legislation dictates the order of priority of the TSDM:

- Spouse or partner
- Child
- Parent
- Brother/sister
- Grandparent
- Grandchild
- Any other family member by birth or adoption
- Close friend
- Person “immediately related by marriage”
- None of the above: Person appointed by the Public Guardian and Trustee (PGT)
- Paid caregivers are not excluded and may be considered “close friend” but the public guardian would have to bestow that right.

### *7.1. 3 b) Qualifications for TSDM*

- At least 19 years of age
- Contact within the last 12 months
- No dispute
- Be capable
- Willing to comply with TSDM duties

### *7.1. 3 c) Duties of TSDM*

- Consult with the adult “to the greatest extent possible”
- If it is a person appointed by the PGT: Consult with any near relative or close friend asking to assist
- Comply with previously expressed capable instructions or wishes
- If none, decide on basis of known values and beliefs
- If none, decide “best interests”

### *7.1. 3 d) “End of Life Situations”*

A TSDM has the authority to refuse substitute consent to health care necessary to preserve life, but only if there is substantial agreement among the health care providers caring for the adult that in so doing the decision is medically appropriate.

### *7.1. 3 e) TSDM Cannot Give Substitute Consent to:*

- Non-therapeutic sterilizations
- Involuntary admission to and psychiatric treatment in designated mental health facilities
- Abortions (unless a second medical opinion is obtained)
- ECT (unless a second medical opinion is obtained)

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- Psychosurgery
- Removal of tissue for transplantation, medical education or research
- Experimental treatment
- Research not approved by designated ethics committee
- Aversive stimuli to induce change in behaviour

### *7.1. 3 f) Office of the Public Guardian and Trustee (PGT)*

When no one from the ranked list of substitute decision makers is available or qualified, or there is a dispute between two equally ranked substitutes about who is to be chosen and it cannot be resolved by the health care provider, the health care provider must contact the Public Guardian and Trustee (PGT).

### *7.1. 3 g) Emergency/Urgency Situations*

No consent is necessary in “emergency/urgency” situations. This means situations where:

- Delay would jeopardize life or threaten serious physical, or mental harm, or severe pain is present.
- Adult must be incapable of giving or refusing consent
- No committee of person (personal guardian) or representative authorized to make the pertinent health care decision is available.
- If practicable, a second health care provider confirms the need for intervention and confirms incapability.

### *7.1. 3 h) Direction and Assistance for Health Care Consent Decisions*

The medical professional may consult with the Provincial Medical Consultant for Adults with Developmental Disabilities if they require clarity around proceeding without consent. The medical consultant investigates the death of people in the care of CLBC. Questions pertaining to health care consent may also be directed to the Provincial Clinical Consultant for Adults with Developmental Disabilities at 1-604-587-4620.

### *7.1. 4: Representation Agreements*

Representation Agreements can be for adults planning for the possibility of incapability to appoint a person to assist making health care decisions when the time comes (Representation Agreement Act). A representation agreement may be made where there is evidence of a trust relationship. The representation agreement remains in effect unless cancelled by the individual, challenged in court, or death of the individual.

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### *7.1. 4 a) Section 7: Standard Provisions of a Representation Agreement*

This allows the appointment of a representative for personal, health care, (routine) financial and legal decisions. Anyone may sign a section 7 agreement without an incapability test being applied. A test of incapability (which is weaker than the “ordinary” test) is only applied if the validity of the agreement is challenged.

Under a section 7 agreement a person cannot authorize:

- The admission to care facilities unless they are: family care homes, group homes for persons with developmental disabilities, or mental health boarding homes.
- “End of life” health care decisions.
- Non-therapeutic sterilizations.
- Ulysses agreements.
- Health care decisions TSDM’s are not allowed to make.

### *7.1. 4 b) Section 9: Non-Standard Provisions*

Section 9 agreements require the adult to be capable of understanding the nature and effect of the agreement (common law test of capability). Under section 9, agreements may give the representative plenary powers to make decisions on the adult’s behalf or specify particular powers, but it is advisable to state certain powers if desired, including:

- The Ulysses clause is a term used by people who suffer from episodic mental illnesses. This authority may also be relevant to other conditions such as dementia
- End of life decisions
- Admission to care facilities

### *7.1. 4 c) Setting up a Representation Agreement: Nidus*

Nidus (1-877-267-5552) is the resource to consult on Representation Agreements. BC’s Representation Agreement Act inspired Article 12 of the United Nations Convention on the Rights of People with Disabilities (2008) which calls on governments to implement legislation that ensures all adults receive support with decision making without the need to take away or restrict their rights. The Convention has been ratified by Canada.

Nidus serves the entire province of British Columbia. Nidus provides:

- Public legal education on personal planning and related matters.
- Training for volunteers and groups.
- Problem solving and coaching in support of best practices for attorneys, representatives, and monitors.
- Policy consultation for third parties.
- Nidus also operates a centralized Registry for personal planning documents in partnership with Juricert Inc. of the Law Society of British Columbia.

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### *7.1. 5: Personal Guardian/Committee of the Person*

The term committee of the person has been changed to “personal guardian.” Since the introduction of the legislation pertaining to representation agreements and TSDM, the process of applying to the courts for this designation is rarely used. The personal guardian may make all personal and health care decisions for the adult. The only guidance to the personal guardian is that they must act in the adult’s best interest. A copy of the legal document giving the committee/ personal guardian status should be on the files of the person we support when in effect.

### *7.1. 6: Preliminary Examinations*

No “informed consent” is necessary for triage/preliminary examinations, diagnosis, and treatment if the adult indicates willingness or, in the absence of indication by the adult, if a spouse/partner, near relative, or close friend indicates agreement.

### *7.1. 7: No Cardiopulmonary Resuscitation*

The BC Ministry of Health has a form for “No Cardiopulmonary Resuscitation” that must be signed by the patient, or TSDM and the physician, for ambulance attendants to refrain from commencing CPR. This form states that the patient has been diagnosed as having a terminal illness, or is considered to be near the natural end of their life. All staff members should be aware when this form is completed so they can provide it to the paramedics when necessary.

### *7.1. 8: Anticipatory Health Care Planning: Families’ Input*

Though there are no advanced directives or DNR orders for people that do not meet the capacity test, families may wish to put in writing their beliefs about the wishes and values they have as a family pertaining to end of life wishes. In case they are not available at the time the health care provider is making decisions, their written directions may assist with decision-making. The categories outlined in an advanced directive form may assist families in writing out their hopes regarding interventions on behalf of their family member.