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## Section 1: Organizational Overview

### 1.A. 1: Mission, Vision and Values

#### ***Mission***

Kardel's mission is to help people with developmental disabilities have a good life and to respect their personal choices.

#### ***Vision***

Kardel's vision is that of a community where all members live a full life, feel included, and are empowered to make personal choices in their lives.

#### ***Values***

Kardel's is committed to enhancing the quality of life of the people supported. Kardel lives the following core values:

Respect

Community Inclusion and Participation

Human Connection

Person-Centered Approach

Open and Transparent Communication

High Standards and Quality

### 1.A. 2: Organizational History

Kardel is an incorporated company started October 15, 1987 by Dr. Karl Egner. As a psychologist at Glendale Lodge Society, Dr. Egner established Kardel to support individuals leaving institutions and moving to community-based settings. The first services contracted to Kardel by the Ministry for Children and Family Development (MCFD) were to provide professional support for individuals living in community-based settings. From this first contract, Kardel expanded to offer supported employment services, augmentative and alternative communication services, and home and day programs for individuals with developmental disabilities. In 2003, community living services became a separate service, known as CLBC. Kardel maintained its focus on the provision of homes and programs. Services were further expanded in 2007 with the development of the Individual Support Network and in 2008 we began engaging in home share provision.

Our emphasis remains toward informed choice, increased independence, and community inclusion for the individuals we support as well as maintaining a high quality of health care, safety, and security.

### 1.A. 3: Accreditation

In January 2004, Kardel's homes and Futures Club day program were accredited for a period of three years by the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is an independent, not-for-profit accrediting body whose mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the individuals supported. CARF establishes consumer-focused standards to help organizations measure and improve the quality of their programs and services. We have been through a rigorous peer review process and have demonstrated to a team of surveyors during an on-site visit that we are committed to

conforming to CARF's accreditation conditions and standards. We have received further accreditations for three year periods, the most recent being in May 2021.

We are accredited under the following classifications:

- Community Housing
- Community Integration
- Supported Living
- Host Family/Shared Living

## 1.B. Profile of Homes and Programs

All of the homes are integrated into residential areas and maintained to neighbourhood standards. Where there are three or more residents, the homes are licensed under the Community Care and Assisted Living Act.

We work towards cordial relationships with neighbours to ensure community acceptance of the individuals we support. The individuals we support are encouraged to have input into the decorating of their private rooms, common areas, and yard to the level of their interest.

### Community Housing

**Amelia Home:** Amelia is home to four individuals with extensive medical/physical support requirements. The home is designed for complete wheelchair accessibility. It is equipped with lift systems, a hydraulic lift tub, and has access to a wheelchair adapted van. Both in-home and community-based activities occur. Individuals are dependent on staff for personal care, feeding, and monitoring of their health concerns.

**Dustin Court Home:** Dustin is home to five individuals. The home is wheelchair accessible and has a manual bath lift, a floor lift to assist with transfers, and a wheelchair adapted van. Three people attend a day program in the community and the others participate in in-house and community activities. Individuals are non-ambulatory and may be supported through augmentative communication techniques. Varying degrees of support are required for personal care.

**Henry Home :** Henry is a home for five individuals. The home is wheelchair accessible and has a wheelchair accessible van. The home is equipped with a lift system and the shower and bath have chair lifts. Many activities are planned within the home and in the community.

**Hillside Home:** Hillside is an apartment suite. It has room for two individuals. The suite is designed to accommodate wheelchairs and many adaptations have been made for easy mobility and to ensure safety. Support is provided to each individual to assist them with their daily routines.

**Lakes Road Home:** Lakes Road is home to three individuals in Duncan. It is designed for wheelchair mobility and has an accessible tub and a lift system. The home and van is wheelchair accessible.

**Maryland Home:** Maryland is home to five individuals. It is designed for wheelchair accessibility. Special adaptations include a lift system, accessible tub, and a wheelchair accessible van. Activities take place in the home and in the community. Staff members provide support for all aspects of personal care, feeding, and monitoring of health concerns.

**Paskin Home:** Paskin is located in the Royal Oak area and is home to five individuals. The home is designed for complete wheelchair accessibility. The home has a lift system and wheelchair adapted van.

**Patterson Home:** Patterson is a home to three individuals and is located within easy walking distance of Saanichton town centre. There are in-home daily activities as well as regular activities in the community.

**Sentinel Home:** Sentinel is home to four individuals with extensive medical/physical support requirements. The home is designed for complete wheelchair accessibility. It is equipped with a lift

system, accessible tub, and has a wheelchair adapted van. Individuals require physical support for most aspects of personal care, and monitoring of their health concerns.

### **Supported Living**

**Individual Support Residential (ISR):** Kardel provides Supportive Living Services, known as Individual Support Residential (ISR), to individuals living semi-independently. Supportive Living situations come in all shapes and sizes. The individuals supported live in an environment that is developed to meet their specific goals.

### **Community Integration Programs**

**Futures Club:** Futures Club is a day program that provides community-based activities that meet the specific needs of the individuals. The program has one wheelchair accessible van. Basic work skills are encouraged and people are referred to supported work programs as appropriate. Educational groups and programs are offered for social and life skills. Photography, swimming and music are just some of the routine recreational activities. Individuals are assisted in volunteer work and a newspaper delivery route.

**Individual Support Network (ISN):** ISN was established in May 2007 in response to the change in service delivery offered by CLBC. Kardel is a designated host agency by CLBC. Kardel works closely with individuals and their families on program development, staffing, and service delivery. Individual Support Network provides life skills training that may include shopping, budgeting, home maintenance, and/or self-care. Training also helps individuals learn social skills to enhance their circles of support. Staff members assist people's access to community resources for financial, vocational, health, and housing needs. Advocacy is provided as required.

### **Host Family/Shared Living**

#### **Home Share Program**

To expand the range of residential options available within our array of services, Kardel has a Home Share program with offices in Victoria, Nanaimo, Courtenay/Comox and Campbell River. Kardel recruits, screens, matches, and monitors people who choose to support individuals with developmental disabilities within their home or in a suite in their home. (Refer: Home Share Provider Guidebook)

### **Community Response Team (CRT)**

The CRT is a multi-disciplinary team that supports individuals with development disabilities in the South Vancouver Island area who are at risk. Referrals for consultations are made through the Kardel online referral form and are directed to the CRT Coordinator. The team consists of a CRT Coordinator, Psychiatrist, Behavioural Consultants, and Counselors. This is a non-accredited program.

## **1.C. Admissions Process and Criteria**

### **1.C. 1: Population Served**

Adults are referred to our services by our funder, CLBC. The following is their criteria for eligibility:

Onset of disability before age 18

Measured significant limitations in two or more adaptive skill areas

Measured intellectual functioning of approximately 70 or below

Kardel serves individuals regardless of: ethnicity, place of origin, race, ancestry, political belief, religion, marital status, age, physical or mental disability, socio-economic status, political affiliation, gender identity, gender expression, sex, sexual orientation, or criminal or summary conviction, with the primary consideration being the ability to meet the needs of the individuals and the best fit with the other individuals supported within the home or program.

Services centre on individual needs and encompass social, physical, spiritual, cultural, and psychological aspects of each individual. We aim at supporting individuals to maintain positive contact, involvement, and participation with their family, community and culture.

### **1.C. 2: Referral Process for Homes & Programs**

CLBC refers potential candidates for service. With individualized funding, individuals may apply for services directly. The process of acceptance into the homes/programs operated by Kardel is collaborative. Stakeholders may include: the person requesting a service, their family/legal guardian, CLBC, Kardel administration, and the manager or coordinator. The managers and the staff members of the home/program are most aware of the needs of the existing individuals supported in the homes and are in a good position to provide input and help determine the fit of a potential new person.

Referrals by the funder, CLBC, are made only when there is availability; Should an opening become available, Kardel will inform CLBC of the availability. Consideration will be given to the best fit based on support needs and compatibility with the other people in the home or program. A guiding principle is that only individuals who can be accommodated in a safe and secure fashion with the resources available will be considered. This may require negotiations with CLBC based on the individual needs of the individual entering the group home/program.

When potential candidate(s) are referred, the family, the individual (if appropriate on a first visit), or people from the individual's support network view the home/program and meet the manager, staff members, and potentially the other individuals in the home/program. This may occur over one or several visits, depending on their needs. In the programs, the CLBC analyst may have the manager contact the person and family/caregiver directly.

If the individuals and family/caregiver wish to proceed further, the manager will complete the profile and admission form with either the individual or their family or caregiver and begin the process of information-gathering to make a more informed decision regarding the appropriateness of the placement. The admission checklist form is used as a guide. The manager will be the primary contact and address any questions that arise.

It is understood that at any time the individual, their family, or the Kardel manager may decide it is not in the best interest of the person or the other individuals in the home/program to proceed. It is

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incumbent upon the manager, with the Director of Quality Assurance, to provide clear reasons for not proceeding to assist individuals involved and their support networks with their search for an appropriate placement. With regard to the referral process for home share and respite, refer to the respective guide books.

### **Homeshare Referrals**

In Homeshare, potential providers apply to Kardel directly. Homeshare Coordinators meet the applicant and do a preliminary screen. If the applicant seems suitable in the preliminary screen, the HSC will do a Homestudy to ensure the individual, couple or family is appropriate for being a Homeshare Provider. They will also identify the characteristics that would best fit into the home.

In collaboration with CLBC and/or other service providers, profiles of individuals who need services are shared with Homeshare Coordinators who look for identified providers who are a good fit for the individuals.

In some cases, HSC are aware of individuals who need services, and they may recruit providers who have the needed skillset, and adequate living environments.

When a match has been made, Kardel focuses on a measured transition plan that everyone involved is comfortable with. The Home Share Coordinator, the individual requiring support, and their family when appropriate work with the home share provider to complete the transition plan. This plan lists any specific training required by the home share provider, any specific alterations that may be required for the home, the targeted move in date, and who is responsible to arrange things such as cable, internet, and telephone when applicable.

In order to ensure enough information is available to ensure safety for all involved, Home Share referrals where an individual is required to move in less than 60 days will not be accepted unless:

The individual and Kardel are already very familiar with each other (ex: the individual is currently supported by Kardel, or was recently), or;

If the Director of Contracted Services has determined that there are unique circumstances that would allow the process to proceed safely, and has approved an exception in writing.

It should be noted that accepting a referral does not guarantee that a suitable HomeShare will ultimately be found.

### **Wait List:**

Kardel does not utilize a wait list. At times, individuals may have to wait for services to begin, and Kardel will support the individual and their family, to the extent possible to find appropriate resources to meet their needs until a transition is complete.

### **1.C. 3: Transition into homes and programs**

The transition process is individualized with utmost consideration to the needs of the individual, the placement urgency, the needs of the other individual supported within the home/program, and the suitability of employees, resources, and space to meet the person's needs. Our goal is to introduce the individual to our services in a manner that is most suitable to their needs, using appropriate, timely transition planning. We create a welcoming atmosphere, which ensures the participation of the individual in the home/program and fosters their understanding that our aim is to make the home and/or program work for them.

The manager arranges a meeting with the individual referred, and family/caregivers or members of their circle of support to determine the most appropriate transition plan.

The manager completes a transition plan for clarity of communication. The transition plan addresses: issues of timing, length of visits, support requirements on visits, communication during the transition phase, health and safety, and medication issues. It also addresses introductions and the needs of the other individuals in the home around the integration of a new individual, personal belongings and their management during transitions, and parameters to determine suitability of placement. If the visits are not successful and either the individual/family or Kardel staff members do not feel it is an appropriate placement, CLBC will be informed.

Families are informed about the policy and procedure manual for further information on our services. Our handbook is made available to the individual referred and their family and any questions that arise from that are addressed.

Information such as: social history, relevant reports, and medical history information are collected to understand the person's social, cultural, emotional, spiritual, and physical needs for service. If the person has a history of aggressive behaviour, a written behavioural plan is required that will be shared with staff members prior to the transition process and, if necessary, a safety plan.

All people are required to present: an up-to-date immunization record, a TB screening test (licensed facilities), and a medical form stating that they are free of communicable diseases (including hepatitis) that would place staff or other people at risk or require special precautions.

Before the individual moves in permanently to a home, the following are completed: a consent to release information form, banking arrangements, health care benefits, consent for health care procedures, and an inventory of personal belongings. An individualized Person Centred Plan (PCP), a comprehensive plan of care, Individual Care Plan (ICP) (within one month), and a health care plan will be developed for the individual. Measurable goals are established within three months of an individual entering the home/program. The manager informs the Director of Finance of the admission to arrange for accurate billing.

Visitors are welcomed and encouraged within the homes to improve the quality of life and decrease the possibility of social isolation for individuals supported. If desired by the individual supported, a private location for a visit will be made available. In regards to the referral process, matching, planning, and monitoring for home share, refer to the guide books provided by Kardel and CLBC.

#### **1.C. 4: Moving On**

Kardel recognizes that individuals and their specific wants and/or needs may change. To remain sensitive to ongoing planning, a yearly update of the Person Centred Plan and Individual Care Plan is completed, reviewing the desires for the individual in the year ahead. If the individual expresses an interest in alternative living arrangements, an alternative day program, or different services, CLBC is informed and the staff members will assist the CLBC facilitator in understanding the individual's needs so a more suitable placement may be found. The individual will be supported emotionally throughout the process and contact will be maintained during the transition period. Aside from this yearly review, individuals may request a new placement/program at any time and this choice will be respected.

At times, it may become evident that the placement is no longer suitable for the provider, or for the person served. Kardel aims to find an appropriate alternative first within our own system, to ensure a smooth transition with continuity of ongoing relationships.

If this is not possible, the CLBC facilitator will be contacted, in writing, to seek out an alternative placement for the person, outlining the reasons why this is necessary. A discharge plan will be prepared for CLBC and the new service provider upon discharge from the service, or forwarded to the new service operated by Kardel. The manager/coordinator will work with the new placement team to ensure a smooth transition. The summary will include: up-to-date health care plans, a summary of outstanding needs and issues, and any information that would assist the new operator or program in meeting the needs of the person moving on. Our individual profile is passed on as an exit form with the relevant information added.

#### **1.C.5 Individual Exit Checklist (New)**

The Individual Exit Checklist is available on each individual's Sharevision page. It is to be completed when an individual leaves Kardel's services. It should be started once it is determined an individual will be leaving services, and should be completed after the 30 day follow up with the individual or their family/representatives, and/or with the new service provider.

The Individual Exit Summary will guide the manager or coordinator through the transition process and to demonstrate that a transition process was used to support an effective communication between Kardel, the individual and the new service provider, if there is one. The Individual Exit summary should identify the services that have been provided, the results of those services if there is any, and the needs/goals of the individual that has initiated the transition process.

It will also be explained to the individual and/or their representatives that Kardel will retain all records in compliance with Kardel and CLBC policy, that individuals and their legal representatives may request access to those records from the Director of Quality Assurance and that individuals and their legal representatives can provide consent to share those records by contacting the Director of Quality Assurance.

A consent form specific to the Individual Exit Summary is available and should be signed by the individual or their representative prior to sharing information with a new service provider. An Individual Exit checklist does not need to be completed when a person moves within Kardel services, or when someone passes away.

### **1.D. Rights and Responsibilities**

#### **1.D. 1: Rights**

Kardel's rights resources contain a number of summaries of rights using a variety of different communication styles. The manager/designate or coordinator should seek out the best way to explain rights for the comprehension of the individual supported.

Kardel has developed, in conjunction with individuals supported, a rights poster that is in all homes and programs as well as being available on the Kardel website. Our PCP document confirms that the individuals understand their rights and is reviewed annually with all people receiving services. The review includes rights:

As a Canadian and BC Citizen  
As a person with disabilities and  
As a person participating in Kardel's services

CLBC has circulated a guide "Rights and Safeguards: A guide for self-advocates" which is useful for people who benefit from pictures, and they have online videos available for those who benefit from that.

Under the Community Care and Assisted Living Act, a document on the rights of individuals supported must be posted in licensed homes. The Island Health Bill of Rights is reviewed annually with the individual supported and is tracked on ShareVision. Additionally, the Island Health Bill of Rights is distributed to family members of people supported in our licensed homes.

There is no retaliation for reporting a breach of your rights or submitting a complaint.

#### **1.D. 2: Responsibilities for Individuals Supported**

People are responsible for input into their Person Centred Plans and working towards the outcomes they hope to achieve.

People are responsible for caring for themselves, their personal space, and their belongings as much as they are able.

People are encouraged to follow the process outlined below for the resolution of conflicts.

#### **1.D. 3: Family/Support Network Rights**

To attend Person Centred Planning meetings with the permission of their family member

To visit the person in their home and to have privacy during their visits

To have visits at the family home facilitated and supported upon request

To appeal any decision that affects the health, safety, or quality of life of their family member

#### **1.D. 4: Family/Support Network Responsibilities**

To bring any concerns to the attention of a staff member and/or manager or coordinator and follow the process outlined below for the resolution of complaints

To abide by the home/program rules while visiting

To provide information that will be helpful in meeting the needs of the person being served

To support positive team dynamics

##### **1.D. 4 a) Investigation and Resolution of Alleged Infringement of Rights**

Respect for the rights of the individuals we support is an important principle of our services. Any breach of rights should be brought forward in the same manner as outlined under our complaint resolution process.

##### **1.D. 4 b) Appeals**

Individuals supported or their families may contact external organizations with concerns. Kardel welcomes outside investigations and recommendations pertaining to issues of quality within our services. Depending on the nature of the complaint, people may request external investigations from the following:

Advocate for Service Quality	1-800-663-7867
CLBC: Quality Assurance Office	1-855-664-7972
Community Care Facilities Licensing Branch	1-250-475-2235
The BC Human Rights Tribunal	1-888-440-8844
Office of the Information and Privacy Commissioner for BC	1-800-663-7867
Office of Public Guardian & Trustee	1-604-660-4444
Ombudsperson BC	1-800-567-3247
Patient Care Quality Office (Island Health)	1-250 370-8323

#### **1.D. 5: Informed Consent: Risk vs Choice**

Kardel adheres to the basic assumption that adults with developmental disabilities have the right to self-determination: to make decisions pertaining to their life.

Services offered by Kardel are voluntary. Individuals supported by Kardel must consent to use the services offered and are not forced to participate in the services. Individuals may consent to parts or all aspects of services. Individuals have the right to withdraw consent for parts of, or all services at any time. Should consent for services be withdrawn, Kardel will inform CLBC who will work with the individual and their family to identify alternative services (if desired), either with Kardel, or with another service provider.

##### **Informed Consent**

Staff members will provide information to the individual in a manner that the person understands. Individuals must be informed about the benefits and the potential risks involved in making informed choice. For individuals to make decisions independently, all information must be provided, and coercion avoided.

When the individual is requesting assistance with decision-making, Kardel will support them to engage their family, identified Representative, friends or advocates in a way that is meaningful to them.

### **Representation Agreement**

If a Representation Agreement is in effect the individual has named a Representative to support them with decision making, or to act as a substitute decision maker when they are no longer able. The representative may assist the individual supported to make financial, legal, health or personal care decisions, depending on the agreement signed. The representative ensures that the wishes and values of the people are honoured. When the Representative has taken on the role of substitute decision maker, they have the obligation to act on behalf of the individual's best interest and in line with their stated wishes.

Kardel's role as a service provider is to involve the representative in decision-making; to the extent the person served would like them involved.

### **Committee of Person**

A Committee appointed by the courts has legal authority to make decisions on behalf of the person supported. In these situations, the committee has the right to make all decisions pertaining to the person within the guidelines laid down in legislation.

Kardel's role as a service provider is to ensure the committee is involved in decision-making on the person's behalf.

### **HealthCare Consent**

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.

When a healthcare provider is not convinced the individual is able to provide informed consent, they may seek consent from a Temporary Substitute Decision Maker (TDSM). A TDSM for minor Healthcare decisions may be outlined in a Representation Agreement or is determined by the Healthcare provider from a defined list of family and friends.

Kardel's role as a service provider is to provide information that may assist the professional:

#### **For example:**

Managers or staff who is familiar with the individual may be able to clarify the individual's communication to assist the professional in assessing their level of understanding and consent of the treatment.

The manager/designate should inform the practitioner when the courts have appointed a committee and the name and phone number of that individual for consent.

Kardel may provide the name and phone number of the representative if a Representation Agreement is in place.

Kardel should provide the information on the appropriate Temporary Substitute Decision Maker when required.

For more information on Health Care consent, please see section 7.I Health Care Consent.

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### **Risk**

At times, an individual or their representatives may request services or supports that carry inherent risk. Kardel will work with the individual and their representatives to mitigate the risk to the individual, to staff and to Kardel.

When a requested service or support is deemed to carry too much risk to the individual, to staff and/or to Kardel, Kardel will inform the individual and their representatives of their concerns and provide alternate options to participation.

Cross reference: section 7.A. 1: Informed Consent

### **1.D. 6: Confidentiality**

Individuals supported, their families, and outside agencies entrust Kardel with important personal information. It is essential that staff members maintain the highest degree of confidentiality when they are dealing with personal information. Personal information is not shared outside the support team for the individual.

Upon hire, every employee must sign a “Confidentiality Agreement.” This agreement will be kept on their personnel file. Confidentiality will be explained to the new employee and by signing, they are agreeing to maintain confidentiality, even after they have terminated their employment with Kardel. Violations of confidentiality betray the trust of people receiving support and injure the reputation of Kardel. Breaches of confidentiality may result in discipline up to and including termination.

Staff members should respond in a friendly manner to individuals inquiring about the general well-being of the individual supported, but they must be careful not to speak on the individual’s behalf or divulge any information that could be construed as private.

The records of individuals supported are highly confidential and accessed only by staff members who have a need to know, in order to provide high quality support. CLBC, the Medical Health Officer, and their delegates may request to access records when required to fulfill their obligations under the Community Care Facility Act and Adult Care Regulations.

For details pertaining to the confidentiality of staff members records, refer to 3.G.1: PIPA or consult with the PIPA officer, Director of Quality Assurance.

**Cross reference 7.H: records of the persons supported.**

### **1.D.7: Consent for Release of Information**

All individuals have access to their own records by requesting access from the Manager or Coordinator of the program. With the person's written consent, families and/or support networks may also have access to the individual's records by request to the Manager or Coordinator.

Relevant information concerning individuals being supported may be shared with stakeholders after obtaining the appropriate consents. The information shared relates to what is needed to provide high quality service. Consent for release for information should be signed on the relevant Kardel form, which stipulates the information to be released, to whom, and is time limited.

A Committee appointed by the courts has legal authority to make decisions on behalf of the person supported and can access records by requesting access from the Manager or coordinator of the program. The Committee can legally give consent to release information.

If a Representation Agreement is in effect the Representative has the legal right to see any information relevant to their role as a Representative. They may provide consent to release information only after the individual is no longer able to provide consent themselves or when an individual has delegated the decision making to the Representative.

After an individual leaves services, they can access their own records by requesting access from the Director of Quality Assurance. They can also provide consent for others to access their information by contacting the Director of Quality Assurance.

## **1.E: Complaint Resolution**

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

Kardel will make every effort to address the concerns of the individuals we support and stakeholders of our services in a comprehensive, timely, professional, and sensitive manner. Complaints will not result in retaliation or barriers to service.

The people we support, families, employees, contractors, volunteers/students, advocates, and community members are encouraged to bring their concerns forward.

#### **Purpose**

Kardel's complaints process is intended to:

- demonstrate our commitment to the complaint resolution process
- encourage stakeholders to bring complaints forward in a timely and effective manner
- ensure that complaints will not result in retaliation or barriers to service
- provide information that can be used to deliver improvement in services, systems and complaint resolution
- comply with applicable legal and other regulatory requirements
- comply with applicable Kardel policy

#### **Definition of a Formal Complaint**

A formal complaint is any complaint forwarded to the Director of Quality Assurance, or designate, in which investigation or follow-up is required. Formal complaints may come in writing; hand delivered or by mail, can be by email, verbally in person or by telephone. If a complaint is delivered verbally, the complainant will be encouraged to submit the complaint in writing. Should a person be unable to or not wish to submit in writing, the DQA will transcribe the complaint and submit to the complainant to verify the details.

This is in Step 1 of the complaint's resolution process:

### **1.E. 2: Rights and Responsibilities Regarding Complaints**

It is the responsibility of all Kardel staff members to deal with complaints in a prompt, effective, comprehensive, and objective manner. Kardel staff members are to inform any complainant of the complaint resolution process. All parties have a responsibility to deal with complaints with mutual respect. Any private and personal information is disclosed only where it is essential to the resolution of the complaint and is otherwise kept confidential. All efforts at complaint resolution will be guided by the following considerations:

- Compliance with applicable legal and other regulatory requirements
- Compliance with applicable Kardel policy
- The best interests of the person(s) being supported
- Cultural sensitivity and inclusion
- General principles of fairness and practicality

- Anyone requiring assistance with the presentation of a complaint, may contact the Director of Quality Assurance at the Kardel administrative office telephone: 250-382-5959 ext. 232 or email [DQA@kardel87.com](mailto:DQA@kardel87.com)

### **1.E. 3: Compliance with Regulations**

It is recognized that issues may arise where there are differences in the assessment of the best interest of the person served and the best methods for service delivery. Our goal is to work cooperatively whenever possible toward an acceptable resolution of the complaint. As service providers, however, we are required to meet standards for licensing, CLBC, health care plans developed by Home and Community and Care, relevant provincial government ministries, accreditation, collective agreements, provincial and federal legislation, and Occupational Health and Safety. External bodies may have requirements that we are obliged to meet. Where these dictate the course of our actions, the details of the information will be provided to the complainant in writing for their information and consideration.

### **1.E. 4: Procedure**

Kardel has a complaints resolution process that pertains to complaints being made by individuals we support, employees, families, contractors, volunteers/students, advocates, and community members. This process gives stakeholders the opportunity to express concerns and follow steps with the intent of resolving the issue. In situations of urgent health and safety concerns or rights violations, the complainant is encouraged to immediately contact the relevant manager or coordinator. If the manager or coordinator is unavailable the complainant should contact the Director of Quality Assurance (DQA).

For any other complaint the following steps of the complaint resolution process are followed. The Complaints Resolution form is available from managers/coordinators, the DQA and on the Kardel website.

When a complaint is brought to the attention of a front-line staff member, they will:

Listen to the concern and clarify the issue(s).

Resolve the complaint if possible.

Communicate with the program's manager or designate within two days and ensure the manager has the necessary information to follow up.

The manager will meet with the complainant within seven days to:

Verify whether or not a satisfactory resolution has been achieved.

If unsatisfactory, further explore the concerns and clarify the issues.

Resolve the complaint if possible.

Provide a written summary to the complainant as to the outcome and reasons for any administrative decisions taken with respect to the complaint resolution.

If the complaint cannot be resolved, the manager or staff will direct the person to the Formal Complaints Process.

## **The Formal Complaint Process**

### **Step 1:**

The manager or staff member may support the complainant to complete the online Complaints Resolution form on the Kardel website, or by email, phone or in person. All complaints will be submitted to the Director of Quality Assurance (DQA).

The DQA will respond to the complainant within two days to acknowledge receipt of the complaint.

### **Step 2:**

The DQA will contact the complainant to arrange a meeting either in-person or via the phone within 10 days of the receipt of the written formal complaint.

The DQA may propose the participation of an independent third party ( e.g. CLBC analyst) for the meeting.

The DQA will investigate the complaint.

Within ten days of the meeting, the complainant will be provided a written summary of the complaint, with conclusions and recommendations. Should the investigation require more time, the DQA will communicate progress with the complainant every ten days.

In situations where the results and recommendations cannot be shared, where the complainant is not requesting a response, or is not entitled to a response the investigation will be completed and the complainant will be notified in writing that the process is complete.

If the complainant does not respond within 30 days of the date the DQA provided a written response the complaint will be closed and deemed resolved.

### **Step 3:**

If the complaint remains unresolved after Step 2, the complainant will be advised that an external review may be available and the complainant will be provided with the following contact information for their follow up; an individual supported or their support network always have the option of approaching the following directly:

Advocate for Service Quality 1-800-663-7867

CLBC: Quality Assurance Office 1-855-664-7972

Community Care Facilities Licensing Branch: 1-250-475-2235

The BC Human Rights Tribunal 1-888-440-8844

Office of the Information and Privacy Commissioner for BC 1-800-663-7867 Office of Public Guardian & Trustee 1-604-660-4444

Ombudsperson BC 1-800-567-3247

Patient Care Quality Office (Island Health) 1-250 370-8323

Kardel representatives will comply with requests from external investigators/mediators for appropriate documentation.

## **1.E. 5: Complaints in the community**

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If a person in the community complains to a staff member about the staff member's conduct the staff member should provide them with contact information for a supervisor. Staff members should not argue with a person in the community.

### **1.E. 6: Tracking Complaints**

The Director of Quality Assurance documents all formal complaints. The DQA will receive all formal complaints and provide support and investigation regarding the formal complaint. The DQA is responsible for an annual review of complaints and identification of trends with respect to complaints, outcomes, resolutions process, and recommendations. Our goal is to ensure that we create a community that is receptive to people with disabilities. Action taken to address complaints will be reflected in our annual Continuous Quality Improvement Plan.

For more information, see the annual Complaint Summary.

### **1.F. Monitoring and Safeguards**

Each home and program is monitored by a variety of means to ensure that high quality service is provided within our organization and that safeguards are in place for the protection of the individuals we support.

#### **1.F. 1: Hiring**

Kardel works toward hiring employees who are committed to people with developmental disabilities. Employees are required to have relevant education i.e. community support worker certificate, resident care aide/home support worker certificate, licensed practical nurses certificate, university degree, college certificate in the human services field, or relevant experience. All candidates submit a resume and an employment application. A minimum of two work-related references are required and checked. Prior to hiring, the following documentation is submitted and checked:

- Tuberculosis test
- Criminal Record Check
- Valid First Aid including C.P.R. certification
- Driver's Abstract when applicable
- Proof of full vaccination for Covid-19

Panel interviews are coordinated by Human Resources. The Manager of Human Resource coordinates the interview panel for manager positions and other excluded positions. The panel members consult to make a recommendation to hire/not hire.

The Human Resources Department coordinates and completes document processing, reference checks and introduction of new staff members to homes/programs in order to arrive at the best match possible. New employees are provided customized orientations of up to forty hours in each home/program they are registered to work. In addition, newly hired employees are required to attend Central Orientation.

The probationary period for all employees will be three months worked or the equivalent number of hours worked as based on the normal hours of work of a full-time employee, whichever occurs last. Notwithstanding the foregoing, the probationary period will not exceed six calendar months. At minimum, a performance evaluation is completed prior to the completion of the probationary period.

Where possible, new managers are scheduled to work with the outgoing manager in order to receive a detailed introduction/orientation to the home/program, individuals served, and team members. When this is not possible, the Directors of Programs, Quality Assurance and Finance as well as the Manager of Human Resources complete orientation with new managers.

No staff member works alone on an overnight shift until a pre-overnight evaluation has been completed by the manager or delegate.

**1.F. 2: Internal Monitoring**

Frontline staff is responsible for monitoring the quality of service provided within the home and for bringing concerns to the attention of the manager.

Employees are oriented to the philosophy of the company and to the need to protect and empower the individuals they support. The manager is responsible for monitoring staff members with respect to the performance of their duties and their conduct.

The program manager is responsible for completing annual evaluations of staff. The Director of Programs is responsible for completing annual evaluations of managers. The Manager of Human Resources and Director of Finance are responsible for annual evaluations of the administrative staff who they supervise. The Director of Contracted Services is responsible for completing evaluations of Home Share Coordinators, which is done after feedback is provided through satisfaction surveys sent to Home Share Providers.

All persons visiting, or involved with the people served, i.e. relatives, advocates, day program staff members, etc., are welcome to offer feedback regarding service quality through the manager and also receive a regular survey regarding the quality of service.

**1.F. 3: Community Living British Columbia (CLBC)**

CLBC is the funding agency of the services operated by Kardel. CLBC assigns a number of analysts who are responsible for overall monitoring of our homes and programs. CLBC specifies expectations for reporting to the homes/programs and monitors for compliance. CLBC has established guidelines for the use of behavioural techniques.

**1.F.4: Community Care and Assisted Living Act**

In a licensed home (i.e. three or more individuals) a Licensing Officer is responsible for ensuring that the home operates according to the regulations of the Community Care and Assisted Living Act. A Licensing Officer will visit the home periodically for inspection and review of operating procedures. The "Incident Report for Community Care Licensed Facilities" form is to be used in accordance with the instructions printed on the forms. A copy of this form is also sent to the CLBC representative. All records kept within the homes/programs are legal documents and may be reviewed by the Licensing Officer. They may also be subpoenaed in a court of law.

**1.F. 5: Workers Compensation Act**

Kardel has an Occupational Health and Safety Committee and worker representatives for each site. Safety issues are reviewed monthly in each home as required by the Workers Compensation Act. The goal is to monitor and analyze workplace health and safety and recommends procedures and protocols to reduce risk. The committee visits each home annually. Kardel works with WorkSafe BC to develop workplace safety programs. There is a night shift "buddy system" where employees' phone during the night to a designated house to ensure staff working alone is safe. All Home Share contractors are required to obtain and maintain a WorkSafe Personal Optional Protection plan.

### **1.F.6: Fire Inspections**

Fire inspections occur at least annually, and fire extinguishers and sprinkler systems are inspected according to established standards.

### **1.F.7: Pharmacist Review**

The pharmacist and the Medication Safety and Advisory Committee review the management of medications within the homes at least annually.

### **1.F. 8: Policy, Procedure and Other Material/Manuals**

A detailed Policy and Procedure Manual is available via ShareVision or the Kardel website. The following material is also available at each home and program: fire and emergency grab book, infection control manual, workplace hazardous materials information system (WHMIS) sheets, HEU collective agreement, medication and van logbook, violence protection information, and occupational health and safety required documents and reference material. Most of these materials are available on ShareVision, in some cases they are in hard copy format.

### **1.F.9: Health Monitoring**

Health tracking is completed for all individuals supported in Kardel and is based on the individual's needs. Examples may include: being weighed monthly, bowel movements, menstrual cycles, and seizures.

### **1.F.10: Accessibility of Leadership**

The leaders of the organization make themselves accessible to individuals supported and personnel on a regular basis. Examples include: visiting staff team meetings, focus groups, family, and home share provider gatherings. Phone and email addresses are readily available in the homes and on Sharevision.

Managers are available at each home and program site. Contact information for the CEO, Director of Quality Assurance, Director of Finance, Director of Programs, the Director of Contracted Services and the Manager of Human Resources is readily available in all homes and programs.

Home Share Coordinators leave contact information with the persons served as part of their regular visits. The ISN manager provides contact information to staff and people supported.

## **Section 2 Leadership**

### **2.A. Philosophy and Values**

#### **2.A. 1: Safeguarding Human Rights and Dignity**

The human rights of the individuals we support must be protected by the diligent efforts of all staff members. This requires that staff members are vigilant, not only with regard to their own behaviour but also that of others, to ensure that these rights are not compromised. These basic rights include, but are not limited to: safety, health care, nutrition, comfort, privacy, dignity, choice, shelter, social interaction, and emotional nurturance. Our services comply with the B.C. Human Rights Act, B.C. Human Rights Code and the Canadian Charter of Rights and Freedoms.

#### **2.A. 2: Self-Determination**

People express who they are by the choices they make in life, for example: their choice of foods, cultural connections, favorite colors, styles of clothing, types of recreation, type of music, the everyday decisions of “what to do” and “when to do it.” They make choices about things that matter to them. Personal choice is an essential component of a person’s quality of life. We must accord the individuals supported by us respect for their personal choices by offering them varied new opportunities, and also by educating them in making safe and responsible choices with their risks and rewards.

#### **2.A. 3: Community and Social Inclusion**

Community is not simply a geographical concept, but is a social one. Community inclusion is therefore not merely a matter of visiting places and making use of a community’s resources. Community inclusion is a matter of forming relationships, especially relationships beyond those defined by an individual’s need for paid support staff. Community and social inclusion is also a matter of contributing something, perhaps in some small way, to the community. Individuals supported need to be informed and exposed to what is available to them in their communities and encouraged to participate in decisions that affect them. The community needs to be challenged, encouraged, and assisted to make its services as accessible as possible to individuals with disabilities. Our goal is to ensure they participate in community life in roles that they and society value.

#### **2.A. 4: Personal Development Through Individually Relevant and Measured Plans**

There are two components to individual plans; one relates to individual care plans, and the other to person-centred plans. Both need to be clear, written, and able to stand out consistently against the background of day-to-day routines. This allows the support staff to remain focused on the short and long-term goals of the individual and to measure their progress towards these desired outcomes. Our aim is to provide opportunities for the individual to develop and practice skills in self-sufficiency.

The degree to which an activity or a plan is meaningful and beneficial to an individual may be difficult to determine and a number of factors must be considered. The most critical is the individual’s own expression of choice. Where the nature of the disability is such that the individual’s capacity to comprehend and to make independent choices is limited, support people must determine on behalf of the individual. This is with input from families, advocates, and staff who know the individual supported well and are familiar with their wishes. These judgments are made in accordance with accepted social norms and in a manner that sensitively balances individual freedoms within the broader social context;

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i.e. it ensures that the expression of individual choice does not jeopardize the rights and privileges of others, nor exposes the individual to risk judged to be unacceptable by the individual's support team.

## **2.A. 5: Behaviour is Viewed as Communication**

It is important to view behaviour as communication and to recognize that while some behaviour may appear inappropriate, it fulfills some purpose in the individual supported's life. Effective behaviour change requires that we understand what purpose or function the inappropriate behaviour serves for the individual. The most desirable and effective means for behaviour change are based on functional assessments and proactive positive approaches.

### **2.A.6: Support Family and Significant Others' Involvement**

Family involvement is to be welcomed and supported. Parents and other family members should be encouraged to participate to the degree they feel comfortable in the decision-making that may influence the quality of life of each individual supported. It is important to keep family members and significant others informed of the progress and events in the lives of the individuals supported.

As members of a supportive network, family members have the right to expect open, tactful, timely, and honest communication. Their family strengths should be recognized and their knowledge and history with the person valued. Their joy in their family member's achievements should be shared with them. Staff members should have an empathetic approach to the emotions families experience especially when a major change is contemplated or is occurring. If, for whatever reason, family is not involved, staff members assist the individual(s) supported as needed.

### **2.A.7: Staff with Values and Personality Factors Consistent With Philosophy**

Staff presence should signal safety, security, and a positive relationship for the individual supported. Through the development of this relationship, the staff member earns the respect needed to serve as an effective helper and support person.

A great deal of care is exercised in the selection of staff members since vulnerable individuals may be alone with a support worker for significant portions of time. In addition to the obvious factors of education and work experience, the selection process should be one that examines values and personality factors. The focus of the selection process should be to identify those individuals whose philosophical orientation and emotional disposition are already consistent with the principles outlined here, and are compatible with the personalities of the people supported.

Kardel believes that a collaborative management structure, characterized by shared decision-making, candid expressions of opinion, team work, the process of resolution of differences, and effective supervision will support the expression of these philosophical principles.

## **2.A. 8: Person Centered Planning**

The principles of "self-determination" and "personal growth" are translated into service through the process of Person-Centered Planning. This involves respecting the choices of the individual supported, and defining how an individual's strengths, the resources of family, friends and support staff, can come together to help the individual achieve the desired plans. Kardel is committed to Person-Centered

Planning and will produce a plan annually for each individual that guides service delivery and clearly defines measurable outcomes.

## **2.B. Code of Ethics**

### **2.B. 1: Overview**

This Code of Ethics provides guidelines for decision-making that reflect the moral principles and core values of the organization. The Code is intended to promote high standards of service delivery and business conduct. Kardel employees are required to adhere to this code as well as any Code of Ethics pertaining to professional affiliations. All new employees are oriented to the Code of Ethics during Kardel's Central Orientation.

Kardel's philosophy is based upon the recognition of basic human rights and the treatment of all persons with dignity and respect. The underlying premise is that no person shall be subject to discrimination on the basis of: disability (physical, developmental, or mental), gender, age, race or culture, religion, spiritual beliefs, sexual orientation, ethnicity, marital status, socio-economic status, or political affiliation. Services will centre on individual needs and encompass the social, physical, spiritual, emotional, and psychological aspects of each individual.

### **2.B. 2: Definitions**

**Confidentiality:** the principle that information received or observed about an individual supported, or about an employee, is held in confidence and disclosed only when properly authorized or obligated legally or professionally to do so.

**Ethics:** the discipline dealing with good and bad and with moral duty and obligation.

**Stakeholders:** all who have a vested interest in an issue. Within Kardel it may include the individual with disabilities, their family members, advocates, staff members, other agencies, funding sources, employers, regulatory bodies, and the general community.

### **2.B. 3: Ethical Responsibility in the Delivery of Services to Individuals Supported**

Kardel's responsibilities are:

- To maintain the best interests of the individuals supported

- Advocate for those interests as circumstances require

- To foster self-determination and to encourage individuality, accepting each person as unique and valuable

- To respect and individualize services based upon the person's culture, language, age, gender, sexual orientation, spiritual beliefs, and socio-economic status

- To maintain confidentiality

- To respect each person's privacy

- To be non-judgmental and supportive

- To encourage and support connections to the person's cultural heritage as desired

- To support their choice to either participate or not participate in religious or spiritual instruction or activities and to respect their culture;

- To protect the people supported from abuse and neglect and avoid participation in practices that are disrespectful, degrading, intimidating, psychologically damaging, or physically harmful

- To encourage individuals to talk about their feelings, teach them coping strategies, and problem solving;

- To provide assistance to the person to access appropriate and relevant services and to work cooperatively with other services in the community to ensure cohesive service delivery

- To use work time solely for the benefit of the individuals supported and not personal interests

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### **2.B. 3. a) Conflicts of interest**

#### **Employment of Relatives (see 3.D.2. a)**

Relative, for the purpose of this policy, refers to husband, wife, common-law spouse, son, daughter, mother, father, sister, brother, mother-in-law, father-in-law, primary caregiver (e.g. home share provider), grandparent, grandchild, step relatives, and relatives through adoption.

New employees will not be hired for the purpose of providing service to a relative. Employees with relatives supported by Kardel will be excluded from the worksite where they would have direct work contact with the relative and have influence in team decision making. Home share providers may not be employed in positions with Kardel if they are contracted as a Kardel home share provider.

A relative of an employee or an individual supported may be refused employment in a home or program site when a conflict of interest occurs or when the reporting relationship would be direct.

#### **Outside Employment and other activities (3.D.2.b)**

Employees may engage in remunerative employment with another employer, carry on a business, or receive remuneration from public funds for activities outside their position, provided that:

It does not interfere with the performance of their duties as employees of Kardel;

It does not bring Kardel into public disrepute;

It is not performed in such a way as to appear to be an official act or to represent the organization's opinions or policies;

Conflicts of interest may include but are not limited to the following situations:

Where an employee's private affairs or financial interests are in conflict with their work duties, responsibilities and obligations, or may result in a public perception that a conflict exists;

Where such activities impair the employee's ability to act in the interests of the individuals they support first and foremost or the public interest generally;

Where the employee's conduct and behaviour would compromise or undermine the trust which the public places in the organization;

Where the employee would use his work place and access to people supported and colleagues to solicit or seek out opportunities for personal financial gain;

Where such activities are detrimental to the business of Kardel

Employees should not place themselves in a situation where they are under obligation to any person who might benefit from or seek to gain special consideration or favour from their employment within Kardel. The honesty and impartiality of employees must be above suspicion.

In the examples given above or any other situation where there is a potential conflict of interest for the employee, employees are expected to declare this conflict of interest to their supervisor immediately. The supervisor will forward this immediately to the Director of Quality Assurance and the Director of HR.

**2.B. 3. b) Exchange of gifts, money, and gratuities**

No employee shall accept compensation, gifts, or rewards from the individual supported, their families, or other agencies because of the position they occupy within the organization. With the exception of cards or small tokens of appreciation, money or other gifts offered should be firmly but kindly refused. If an individual supported or their family insists, staff must seek approval of the manager/designate. If problems arise, employees should seek advice from the Director of Quality Assurance.

Under no circumstances should staff members borrow money or items of value from individuals supported or their families or support network.

**2.B. 3. c) Personal fund raising**

Staff members' soliciting funds on behalf of a personal cause (e.g. selling cookies for Girl Guides, sponsorship for Hospice etc.) may occur with other staff members with the managers/designates' approval. No personal fundraising may be done with the individual supported. Staff members should not be placed under undue pressure to support personal fundraising. It should not detract from work time.

For information on fundraising for Kardel programs, please see Section 6.F Fundraising Activities

**2.B. 3. d) Personal property**

To prevent breakage or loss, staff members are discouraged from bringing their personal property to the work site. The property needs of the individuals supported are provided within their homes/programs. Exceptions may occur with managers/designates permission. If, for example, a staff person wishes to bring in a personal item for sharing with the individuals supported, the details should be documented in the ShareVision communication log and the item should be taken home when completed. Staff members are not to borrow or buy the personal property of the individuals supported. On occasion an individual supported may wish to sell their property. Fair market value would have to be determined and agreed to by the individual and their family prior to the transaction taking place.

For further information please reference section 3.D. 14: Personal Property and 7.A.5: Personal Possessions

**2.B. 3. e) Setting boundaries**

Reference: 2.B. 8: Ethical Responsibility as an Employee  
7.D. 2: 7.D. 2: Guidelines for Staff

**2.B.3.f) Witnessing of documents**

Because of a potential perceived conflict of interest, staff members are not to witness documents relating to individuals supported. Requests for witnessing documents should be forwarded to the Director of Programs or the Director of Quality Assurance for direction.

**2.B. 4: Ethical Responsibility to the Company**

- To work towards achieving the mission of the company
- To assist Kardel in providing the highest quality of service
- To be knowledgeable of and abide by the company's policies and procedures
- To maintain confidentiality concerning information obtained in the course of providing services, and make disclosures only with appropriate consent or, where required, by the order of a court
- To promote a positive image of the company in the community through friendly, respectful, and cooperative interactions

**2.B. 5: Ethical Responsibility as a Business**

- To adhere to Generally Accepted Accounting Principles
- To work towards "stakeholder satisfaction"
- To participate in the community as a good corporate citizen
- To work cooperatively with other agencies for the improvement of the community living sector
- To provide a safe and healthy worksite for our employees and the individuals we support
- To be an equal opportunity employer

**2.B. 5 a) Ethical Codes of Conduct in Contractual Relationships**

- To solicit information on the effectiveness and past history of the contractor's service delivery prior to completing a contract
- To complete a written contract that protects Kardel's interests
- To ensure the best contract from the standpoint of costs-benefits

**2.B. 6: Ethical Responsibility in Marketing Services**

- To reflect accurately the policies/positions of the company in public statements and to avoid any possible misrepresentation of personal opinion as company policy/position
- To clearly define the service that the company has the mandate and capacity to deliver
- To maintain the overall goal of building communities that best meet the needs of individuals with developmental disabilities with a cooperative approach to promoting our services
- To ensure other services are not disrespected as part of our own marketing
- To promote a positive, respectful image of individuals with developmental disabilities

**2.B. 7: Ethical Responsibility to Professions**

- To maintain membership in relevant regulatory bodies and relevant practitioner associations
- To ensure that the knowledge and skills of professional staff are used to greatest advantage in service delivery
- To ensure that neither the standards nor practices of the organization nor the job description and performance expectations of the profession conflict with the profession's regulatory and ethical requirements

**2.B. 8: Ethical Responsibility as an Employee in Service Delivery**

- To maintain high personal standards of professional conduct, avoiding any acts that may bring the profession or service into disrepute or which may diminish the trust or confidence of any stakeholders
- To avoid any conflict of interest issues and to bring them forward for review by the Director of Programs, or, in HomeShare by the Director of Contracted Services, or the Manager of Human Resources as required.

- To refuse any gift, favour, money, or gratuities that might be influential in obtaining preferential consideration
- To carry out professional duties and obligations with integrity and objectivity and to recognize how personal values, opinions, experiences, limitations, and biases can affect personal judgment
- To maintain appropriate boundaries between personal and professional relationships
- To avoid imposing personal religious convictions or personal biases based on culture onto others
- To acknowledge limitations in knowledge and competence
- To not use drugs or alcohol prior to or during work
- To maintain standards of safety through the use of appropriate equipment, clothing, and procedures
- To ensure resources in individuals homes are utilized to their benefit, and not for the personal pleasure of employees

#### **2.B. 9: Ethical Responsibility to Colleagues**

- To establish and maintain relationships of mutual respect, trust, courtesy, and cooperation with colleagues
- To foster a culture in which excellence in practice is pursued in all activities
- To act as a team member, supporting other members of the team by maintaining consistent standards and by offering and receiving support, especially in crises
- To maintain clear, open communication with individuals, team members, and management
- To not engage in any form of personal harassment towards any individual supported, colleagues, managers, or stakeholders
- To offer both positive feedback and constructive criticism
- To ensure fair and equitable distribution of work

#### **2.B. 10: Ethical Responsibility in Human Resources**

- To provide equal employment opportunity to qualified individuals able to fulfill the job description regardless of: disability, race, ethnicity, religion, gender, socioeconomic status, marital status, sexual orientation, national origin, political affiliation, age, or status. Harassment and misconduct are unacceptable behaviours for all employees of the company
- To ensure employee's work time is a resource committed to service delivery and not diverted to personal pursuits
- To ensure employees receive recognition for dedication to company and services
- To ensure that discipline, where necessary, is based on thorough investigation and fair and objective treatment of culpable employees

#### **2.B. 11: Ethical Responsibility as a Company to the Individuals Supported, Community and Taxpayer Including Prohibitions**

- To foster a spirit of cooperation with other service agencies, educational programs and volunteer organizations involved in community living services
- To maintain a commitment to a high standard of service, continuing quality improvement, and prudent financial stewardship
- To deal with all stakeholders with integrity, open communication, and social responsibility
- To behave in full and complete compliance with all applicable laws and regulations. In addition, our dealings with authorities will be based on complete candor, cooperation, honesty, and mutual respect

- To ensure that company property or the property of the individuals we support is not used in order to obtain personal benefit. This ethical policy prohibits employee theft, fraud, waste, abuse, and embezzlement or misappropriation of property belonging to the company or the individuals supported, another employee or any associate or supplier of the company
- To report financial results in accordance with generally accepted accounting principles. Those reports will fairly present Kardel's financial position and operating results
- To purchase supplies from reputable suppliers who will treat our company and employees with respect. Kardel shall interact with their suppliers in an open, honest, and timely manner. Such communication will create positive partnerships that will benefit the overall operation
- To use suppliers of goods and services on the basis of price, quality, and service only. In selecting suppliers, we also will be mindful of our commitment to supporting businesses that employ individuals with disabilities. No employee may profit personally from a relationship with a supplier
- To be respectful corporate citizens in the community, we will participate in activities within the community for the betterment of the community

#### **2.B. 12: Procedures to Deal with Allegations of Violations of Ethical Codes**

Any allegations, complaints, and concerns regarding possible violations of ethical codes are to be dealt with by following the complaints resolution process (See section 1: Complaints). There is a no-reprisal approach for reporting allegations of violations of ethical codes.

#### **2.B. 13: Education of Personnel and Other Stakeholders on Ethical Codes of Conduct**

Staff members attend a session that familiarizes them with Kardel's ethical code of conduct. Procedures for lodging a complaint or breach of ethics are outlined in the handbooks that are available to individuals supported, their families, staff members, and stakeholders on ShareVision and via the Kardel website.

#### **2.B.14: Advocacy Efforts for Individuals Supported**

Staff members are encouraged to bring forward problems encountered by the individuals we support, to staff and the manager/designate, for discussions on the best approach for advocacy. Details about advocacy needs and efforts are forwarded to the Director of Quality Assurance. These are tracked within the accessibility plan.

#### **2.B. 15: Demonstrated Corporate Citizenship**

Kardel works to be a good corporate citizen. Annual scholarships are provided to Camosun College to support two students seeking further education in the area of community living. Staff members also participate in a number of sectoral committees. Kardel also has a representative on the South Island Education Committee which coordinates planning events for front line staff members.

## **2.C. Planning**

### **2.C. 1: Overview**

The following plans below are included as part of Kardel's business improvement plans and are available on ShareVision. The Director of Quality Assurance reviews the standards of accreditation annually to ensure that we continue to meet the standards for all plans. Plans are reviewed and analyzed at least annually. The continuous quality improvement plan and strategic plan are also available on the Kardel website. All individuals supported, families, stakeholders, and staff are surveyed annually and their input is used for our continuous quality improvement planning. Summaries of the plan are circulated to each home/program for staff and individuals supported and are shared, if appropriate, via our website with all stakeholders.

#### **2.C.2: Accessibility Planning**

Kardel's Accessibility Plan identifies and addresses barriers at Kardel locations within the community, or services which are accessed by individuals supported. For the purpose of the plan, barriers are categorized in the following areas: architectural, environmental, attitudinal, financial, employment, communications, transportation, technology, community integration, and any other barriers identified by individuals supported, staff, and other stakeholders.

The plan is developed by the Director of Quality Assurance and input is provided by staff members, family members, and individuals supported. In addition, accessibility barriers may be discussed at the following meetings: Managers Group, Home Share Coordinator, OH&S group, Labour Management Group, Director Meetings, and staff team meetings.

Advocacy efforts occur to ensure an accessible community. These efforts may be initiated by persons served, staff, managers, coordinators, or family members. Kardel will support and advocate for persons served and their families' members to the extent desired. Advocacy efforts that are successful may be shared within Kardel publications as appropriate.

The Accessibility Plan is a "living" document and outlines: actions taken, timelines, person(s) responsible for tasks, progress made for identified barriers, and areas for improvement. The plan is approved by the CEO.

#### **2.C. 3: Technology Plan**

The Technology Plan is the responsibility of the Director of Finance and the Director of Quality Assurance to devise. Research is undertaken for technological improvements and their associated costs through technology support provided by relevant staff. Gaps in technology may be identified by staff, individuals supported, and all stakeholders, and are then forwarded to either the Director of Finance or the Director of Quality Assurance for review. The plan outlines: identified tasks, descriptions, person(s) responsible for tasks, priority, projected costs, timelines, and progress/status updates. The plan is approved by the CEO and made available via ShareVision.

**2.C. 4: Risk Management Plan**

The Risk Management Plan is designed to manage risk and reduce the severity of loss should any occur. The plan includes: the identification, analysis and rectification of loss exposures, actions that reduce risk, and how risk reduction is incorporated into performance improvement. The plan is updated as needed; it is approved by the CEO and shared via ShareVision.

**2.C. 5: Continuous Quality Improvement Plan**

Focus groups are arranged with individuals supported, families, advocates, staff, and other stakeholders annually. This is supplemented by surveys and a suggestion box to encourage feedback. The Director of Quality Assurance is responsible for the plan and collates the information. Effectiveness, Efficiency, Service Access and Satisfaction goals for the year ahead are determined with feedback received at Managers Group, Home Share Coordinator, OH&S group, Labour Management Group, director meetings and staff team meetings. Business functions for the organization are established at director's meetings. The information is assembled into our Continuous Quality Improvement Plan. The complete plan is approved by the CEO and is distributed via ShareVision and the Kardel website.

**2.C. 6: Strategic Plan**

Kardel's Strategic Plan is revised every three years. The leadership team utilizes a SWOT analysis to identify areas of focus for the next three years that reflect the vision and values of the organization. Consideration for expectations of individuals supported, staff, and other stakeholders are taken into account. When the leadership team has identified the main areas to pursue, input is elicited from all stakeholders before the strategic plan is implemented. The CEO approves the strategic plan and it is shared via the Kardel website and ShareVision.

**2.C. 7: Human Resources Plan**

A plan is produced summarizing the turnover and retention of staff. Planning occurs to determine ways to decrease turnover and increase retention. Variables that may affect turnover are evaluated. In addition, a plan for training is incorporated into the document. The Manager of Human Resources is responsible for the completion of the plan. The plan is approved by the CEO and made available via ShareVision.

**2.C. 8: Summary of Complaints**

A summary of complaints is produced, made via the complaints resolution process, with non-identifying information. The summary outlines: goals, actions, person(s) responsible, timelines, results, and status updates. The summary is the responsibility of the Director of Quality Assurance to produce, approved by the CEO and is made available via ShareVision.

Staff members' complaints and/or grievances are tracked separately by the Manager of Human Resources for trends.

**2.C. 9: Health and Safety Plan**

The Health and Safety Plan is a summary of the monthly OH&S group meetings. The OH&S group meetings review and address the following: types of injuries, time loss for incidents, number of form 7's, number of accident investigations, follow-up requested by the OH&S group, self-inspections completed, external inspections completed, and actions taken that are now corrected or outstanding. The plan is the responsibility of the Director of Programs, with support from the Manager of Human Resources and is made available via ShareVision.

**2.C. 10: Documentation Audit**

Annually, a documentation audit is completed that pertains to the homes/programs and individuals supported. This ensures that the most current information is available in the homes/programs and that the files of the people supported are complete. An audit is also completed of all home share provider records to ensure contractual and CARF requirements are being met. An audit of the records of the individuals supported in Home Shares is also undertaken to ensure they are complete.

**2.C. 11: Incident Summary Report and Plans**

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. The Medication Group reviews medication oversights and provides input to the summary report and plan. The summary outlines: plan type, description, person(s) responsible, timelines, results, and status updates. The summary is the responsibility of the Director of Quality Assurance to produce and is made available via ShareVision.

**2.C. 12: Succession Planning**

Kardel has an emergency succession plan that outlines the person(s) to assume responsibility for key positions in the event a staff member is unable to fill their duties on short notice. A succession plan has also been developed for key positions within the organization which outlines the orientation and training needs of each position. Planning is the responsibility of the leadership team (Directors and the CEO).

**2.C. 13: Cultural Competence and Diversity Plan**

The purpose of the plan is to demonstrate the knowledge, skills, and behaviours that have been implemented for staff members in addressing interactions with stakeholders from all cultural and diverse backgrounds. In addition, the plan demonstrates the cultural and diverse backgrounds represented in the organization. The plan outlines: goals, descriptions, timelines, persons responsible, and status updates. The Director of Quality Assurance is responsible for producing the plan.

## **2.D Technology**

### **Purpose**

To establish guidelines for Kardel staff, on the use of Kardel computer technology and communication systems including back up and storage to ensure safe and appropriate practices are adhered to and that are aligned with Kardel's operational goals.

### **2.D.1 Overview**

Kardel continues to work towards the best use of technology for increased efficiency and effectiveness as an organization. Computers, tablets, and phones owned by the individuals we support are intended for the sole use and benefit of that individual. Managers/designates are responsible for the Kardel-owned computer(s) in the home or program and the designation and supervision of staff members for tasks involving computers. Managers/designates maintain the security of the office computer. Each site has been equipped with an additional computer for staff use (except Hillside) when using ShareVision or accessing their Kardel email. Training is provided as appropriate.

### **2.D.2 Acceptable Use For Staff and volunteers**

The computers, tablets, and phones owned and provided by Kardel are meant for the sole purpose of Kardel business. Under no circumstances may computers be used to access pornographic sites or to download any imagery, information, or software unrelated to program objectives. Personal use of the computers by staff members may result in discipline up to and including termination of employment. Technology should be used to improve efficiencies within the organization.

All persons authorized to use Kardel's electronic network systems ("users") are limited to using the internet for the benefit of the individuals we support and to further the goals and objectives of the organization.

Any questions regarding internet use policy should be directed to the Director of Quality Assurance. At all times;

- Confidentiality is to be maintained while using the internet for any purpose.
- Access to Kardel's electronic networks, systems, and the internet is controlled through the use of user accounts and passwords.
- Users may not share their accounts or passwords.
- Users are required to change their password immediately if they have a reason to believe that their account has been compromised.

The use of the internet will comply with all Federal and Provincial laws and regulations, and all Kardel policies and procedures. See prohibited use below

The use of the internet must not jeopardize the operations of Kardel's electronic network systems and the internet itself

The network is monitored by an external technology company to ensure appropriate use, for capacity planning purposes, and to ensure reliable and continuous provision of services. Sanctions for the violations of this policy may include, but are not limited to, one or more of the following:

1. Cancellation of the access rights to the systems, equipment, and services covered by this policy;
2. Imposition of disciplinary measures as per applicable Kardel policies;
3. Legal action according to applicable laws and contractual agreements.

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**Disclaimer:**

Kardel assumes no liability for any direct or indirect damages arising from the user's connection to the internet. Kardel is not responsible for the accuracy of information found on the internet and only facilitates the accessing and dissemination of information through its systems.

**Prohibited use (includes but is not limited to):**

- Individual internet use will not interfere with others' use of the internet. Users will not violate the network policies of any network accessed through their account.
- Employees shall not use the internet to play games, enter chat rooms, or join discussion groups.
- The internet may not be used for illegal or unlawful purposes, including but not limited to copyright infringement, obscenity, libel, slander, fraud, defamation, plagiarism, harassment, intimidation, forgery, impersonation, illegal gambling, soliciting, or computer system tampering.
- The internet may not be used to access free web-based mail services (e.g. Hotmail) or engage in instant messenger services (e.g. MSN).
- The internet may not be used in any way that violates existing policies, rules, or administrative orders including, but not limited to, Kardel policies.
- Individuals may not, without authorization, access, view, alter, or destroy, data, software, documentation, or data communications belonging to others.
- In the interest of maintaining adequate network performance, users should not send unreasonably large electronic data sets.

**2.D.3 Individuals Supported**

Many of the individuals we support require assistance to use their computers, tablets, and phones. Kardel helps individuals supported in pursuing personal interests and activities. Individuals supported are expected to follow the Acceptable Use Guidelines of 2.D.2, with exception for identified use for the social or emotional needs of the individual including email, social networks and messaging. As Kardel computers are in common areas, absolute privacy may not be possible and the usage must respect the needs of others who may be in the area.

Within the homes/programs where individuals are using computers, tablets, and phones, a plan for support may be developed and included in person-centred plans. Kardel works to ensure staff members have adequate skills to provide the support required.

Kardel cannot guarantee competence of all staff to meet every level of need on every shift. If individuals ask staff to download or install software onto their computers, tablets, and/or phones, they should discuss this first with the manager/designate and seek guidance from the Director of Finance or the Director of Quality Assurance.

For computers, tablets, and phones owned by the individuals we support, costs associated with repair, internet services, general maintenance, and virus protection are the financial responsibility of the owners.

When individuals supported express goals associated with technology, these will be indicated in the person centred plan. Individual Care Plans will be expanded to include necessary information for all staff members to be oriented to the process of assisting the individual with computer, tablet, and phone use. The issue of security of the data should be addressed within the plan.

#### **2.D.4 Back Up and Safe Storage**

Managers/designates and Home Share Coordinators are to back up their essential data to Resilio (cloud software) which is backed up off site.

Crucial data stored on computer drives located at the Kardel office is backed up automatically off site. The Director of Finance is responsible for the backup of Accounting Software.

#### **2.D. 4 a) Disaster Recovery**

The goal will be to recover the server data from the offsite backups, build a new temporary server, and restore full server functionality. Should a disaster hit the Kardel Consulting Aldersmith head office and that the onsite server and both onsite external backup drives are damaged beyond their ability to function properly the Director of Quality Assurance will work with Silicon Solutions on server recovery to ensure continuous service provision.

Details of the Server Recovery are found in the "2021 Server Recovery Plan."

#### **2.D.5 Security and Virus Protection**

##### **Access Management:**

Computer files, emails, ShareVision, ComVida, cell phones and other technology must be password protected and where appropriate have controlled access levels. Users will be assigned network/drive/program credentials by the Manager or director in consultation with the appropriate Director. Upon the employment relationship ending, access is ended, and any property is returned.

**Audit Capabilities:** Silicon Solutions is able to audit activity reports which show the activity, the time, date and who accessed Kardel technology systems. Passwords for computer log in and email accounts are kept by the Finance Director.

**Data Export and Transfer:** Kardel employees are educated that transferring data by email, internet or other technical sources is not guaranteed secure and must use discretion about the data being transferred. Full names should not be used in emails. With consent, private information such as SIN numbers and income can be transferred through secure portals. Highly sensitive information such as critical incident reports will be sent via fax or secure portals (Licensing).

**External storage devices,** such as external hard drives, or jump drives should only be used as directed by the CEO or Director of Finance. These devices shall be treated with the level of privacy appropriate to the sensitivity of the information stored on the device. Confidential data should be password protected and deleted as soon as possible following the transfer of data.

**Decommission of physical hardware and data deconstruction:** When it has been determined that a computer or iPad is no longer viable for use it is given to Silicon Solutions to be decommissioned. Silicon solutions will ensure hardware is recycled through the Glanford Bottle Depot under the BC Encorp

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Return-It program. All EOL hardware is delivered to the depot, save and except for any hardware that contains any company data of any type. (For example: hard drives, SSDs, memory card, etc.) All hardware that contains such data is disassembled at Silicon Solutions and physically destroyed to prevent the data from ever being accessed or reconstituted. The waste created from this hardware destruction is then delivered to the aforementioned Bottle Depot. Recycling timeframe is set at 1 week.

### **Protection From Malicious Activity**

A Local Area Network (LAN) firewall is in place at the office. All networking infrastructure is periodically updated to ensure the most recent versions of firmware are running on the network hardware. Silicon Solutions has the ability to check for server exploits, both through manual periodic checks and automated persistent monitoring. If needed Silicon Solutions can audit system log files to ensure that no network breaches have occurred.

In addition, anti-virus protection is located on each computer station (including laptops) throughout the company to mitigate against viruses, worms, malware, ransomware, rootkits, and other forms of malicious code. Documents received by email attachments, downloaded from the internet or by other means must be closely examined for confidence in the sender's legitimacy and possibility of viruses in the documents. Monitoring of the firewall and server, as well as following up on any threats that get through the security points, is handled by Silicon solutions.

### **To ensure virus protection is up to date, the following procedures must be followed:**

- Virus protection software must not be disabled or bypassed
- Settings for the virus protection software must not be altered in a manner that will reduce the software effectiveness
- Automatic update frequency should not be altered to reduce the frequency of updates
- Any virus or suspected virus must be reported immediately to the Director of Quality Assurance and/or Director of Finance
- An antivirus (definition) update, full antivirus scan and windows update shall be undertaken on a monthly basis by each administration staff, manager and coordinator assigned to a station. Managers are responsible for doing these tasks on staff computers.
- Once the monthly maintenance tasks are completed, these need to be recorded on the ShareVision home page of the relevant residence/program.
- Do not open documents from an email or flash drive if you are uncertain and/or suspicious of their origin. If you encounter a questionable document report this to the Director of Quality Assurance and/or Director of Finance.

**Remote Access and Support:** Remote access to Kardel directories will be limited to those who have work-related needs to do so. Individuals will contact Silicon Solutions to set up a VPN for the employee, who is then provided access to the Kardel Server through the user login. Once provided, the authorized personal may access directories until no longer required. At the direction of the Director of Finance, and in consultation with the CEO, personal computers may be used for server connection where appropriate. Employees may also access their emails remotely but must ensure their hardware is password protected.

**Updates, configuration management and change control:** All hardware and software is tracked by the Finance Director. All updates and changes to computer systems are directed and approved by the Director of Finance and the Director of Quality Assurance and are done with the professional support of

Silicon Solutions. Implementation of new programs or software is assigned to the most appropriate Director or designate. Adjustments will be made as necessary as the new additions/changes are reviewed for effectiveness and efficiency.

## **2.D. 6: Installation and Maintenance**

Technical support and maintenance services are purchased as necessary. It is company policy that all repairs, maintenance, or application downloads made to Kardel computers, tablets, and phones should only be performed by the Director Programs and Quality Assurance, the Director of Finance, and/or our technology company. Programs or software including anti viruses, Cleaner, and Anti-Spyware should not be downloaded onto Kardel computers, tablets, or phones.

## **2.D. 7: Warranties**

Warranties of equipment stored and used at the main office are retained in the office of the Director of Finance. Warranties of equipment stored and used on program sites, are securely retained at the program sites. A scan of the warranty is attached to the asset registry entry on Sharevision

## **2.D. 8: Assistive Technology**

Assistive technology is provided as needs are identified. This includes augmentative and alternative communication services.

### **2.D.9 Social Media and Marketing:**

Kardel utilizes social media and other methods to reach out to a variety of stakeholders and the general public. This includes the use of images, video, text, audio, and both electronic and printed material.

All messaging must reflect the vision and values of Kardel as well as respect the dignity and privacy of the individuals supported.

#### **Kardel's social media program focusses on a number of goals, including:**

- Connecting Kardel with the wider community.
- Providing information to people receiving or interested in receiving our services.
- Providing information to potential employees, contractors, community stakeholders.
- Promoting a culturally sensitive and ability sensitive environment.
- Presenting a positive image of Kardel , the community living sector, and the individuals supported

#### **Procedures:**

Kardel's social media and marketing is overseen by the Director of Quality Assurance (DQA).

All images, video, text, audio, and both online and printed materials, are to be submitted to the Office Administrator. This is then directed to designated senior leadership for review and approval prior to posting. Senior leadership may, at their discretion, establish guidelines to allow authorized staff to post items independently.

All social media accounts are protected by a secure password. Only staff authorized by the DQA may post to them.

Valid consent must be obtained.

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### **Consent**

A valid consent form must be on file prior to the use of any image, video, text, or audio of an individual supported, an employee, or any other person. Consent must be in writing on a Kardel Photos/Video Recordings/Audio Recordings Consent form.

Any release of images, video, text, or audio authorized by a person and/or their legal rep is limited to the specific information identified and is time limited.

### **2 .D. 10 Email and Text Messaging Use**

The purpose of this policy is to define the acceptable use of email and text messaging as a method of communication at Kardel to outline responsibilities involving email and text messaging, and to provide guidelines for effective practices and processes.

This policy applies to all staff.

All staff members will have their own Kardel email address for business use only. Upon hire, each staff will be assigned a user name with password. Kardel's Office Administrator has access to accounts and passwords, should the need to access the emails arise, or to limit access due to misuse, or termination of employment. It is the responsibility of the account holder to ensure that email received at their email address is attended to in a timely manner. All emails will be deleted within 30 days of termination of employment.

Kardel's email and phone system are a vital part of the organization's information technology services infrastructure. They are provided to support necessary communication in conducting and administering the business of the organization including:

Engaging with stakeholders, other services within the system, families, and healthcare professionals, within the context of an assigned responsibility;

Acquiring or sharing information necessary or related to the performance of an assigned responsibility. The use of the systems, like the use of any other Kardel-provided resource, is subject to the normal requirements of legal and ethical behaviour within the organization.

Kardel provides cell phones to those staff that require one to complete their duties.

All users have a responsibility to ensure that they conduct exchanges with professionalism and courtesy, and manage their correspondence responsibly.

Users shall ensure that they use and manage their Kardel electronic resources in accordance with other organizational policies.

As per FOIPPA/PIPA it is the account holder's responsibility to securely retain any message or attachment that is required for ongoing purposes.

Users shall not give the impression that they are representing, giving opinions, or otherwise making statements on behalf of the organization unless appropriately authorized to do so.

In using messaging, users must comply with all applicable federal and provincial laws and all applicable Kardel policies and procedures. Examples of such laws, rules, and policies include, but are not limited to, the laws relating to libel, privacy, copyright, trademark, obscenity, and discrimination or harassment.

Any attempt to misrepresent the identity of the sender is prohibited

Inappropriate or offensive messages, or messages that are fraudulent, harassing, or obscene, must not be sent or forwarded, except as requested in making a complaint.

If a user receives harassing or threatening messages, they should refer to section 4.C.2.j Bullying and Harassment

### **Privacy**

Users should be aware that the confidentiality of the content of messages may be compromised by the applicability of law or policy, by unintended redistribution, or because of the inadequacy of current technologies to protect against unauthorized access. Users should exercise extreme caution in using messages to communicate confidential or sensitive matters. Kardel's requires all employees to use non-identifiers in all internal and external emails and text messages.

Kardel reserves the right to access Kardel email and text message records, including those which have been deleted by the user but which may not yet have been deleted centrally. In addition, the organization reserves the right to access records where there are reasonable grounds to believe that those records contain information necessary to the proper functioning of the organization's business. Such circumstances would include the absence of an employee where it is not reasonable to obtain the employee's consent. Wherever practical, employees will be notified promptly when their records have been accessed.

### **Violations of this policy**

Violation of this policy, or associated guidelines or standards established by Kardel may result in the temporary or permanent loss of access to the systems, their privileges, or discipline up to and including termination of employment depending on the nature of the violation

Violations of other policies, laws, or terms of employment which may occur through the use of Kardel-provided electronic resources are subject to all sanctions applicable under such policies, laws, or terms of employment

### **2.D. 11: Faxes**

When sending faxes that contain confidential information, the sender should verify they have the correct fax number, clearly mark the intended recipient and that the fax contains confidential information.

It is best practice to inform the recipient it is sent, and to confirm it has been received.

### **2.D. 12: Telephones**

Kardel telephones are for the use of the individuals we support in group homes, Futures Club, and for staff to use for Kardel business and emergencies only. If it is necessary for staff to make personal telephone calls, either on Kardel phones or their personal communication devices, employees should endeavor to make these calls at times that do not interrupt their duties in the home and to keep them short.

### **2.D. 13: Voice Mail**

Managers/designates, Home Share Coordinators, and administrative staff are to ensure their Kardel recorded voice mail messages are appropriate, informative, and timely. Managers/designate, Home Share Coordinators, and administrative staff are responsible for the security of their Kardel account and

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password and for taking precautions to prevent unauthorized access to mail boxes. The Director of Quality Assurance and the Director of Finance document Kardel voice mail passwords and keep them in a secure place.

### **2.D. 14: Cellular Phones**

Managers/designates, Home Share Coordinators, and administrative staff provided with cell phones must be aware that cellular communications are not secure and use discretion in relaying confidential information. Kardel cell phones are for Kardel business and emergencies only.

For cell phones owned by the company, all passwords should be registered with the Director of Finance. All employees must comply with traffic laws relating to use of cell phones while driving.

### **2.D. 15: Smartphones, Tablets, or Personal Audio Devices**

The use of these and similar devices is not appropriate while working within the homes and programs or driving vehicles. As part of a person-centered service for individuals we support, staff members must be fully engaged in attending to the communication and needs of the individuals they are supporting. These and similar devices may interfere with the ability to attend to the individual's needs.

### **2.D. 16: Confidentiality: Documents on Personal Computers and Devices**

Under no circumstances should there be a requirement for staff members to save or store documents on their personal computers, tablets, and phones.

### **2.D. 17: Website**

Kardel has a company website at <http://kardelcares.ca/>. The Office Administrator and Director of Quality Assurance update the website as required. Inquiries pertaining to the website should be directed to the Office Administrator or Director of Quality Assurance.

### **2.D. 18: Use of Personal Devices with Kardel's Systems**

In order to maintain security of our system network, unauthorized interaction of personal devices with Kardel equipment is prohibited. Employees are to report immediately any suspicion of tampering with the computer equipment to their manager/designate.

### **Wi-Fi**

Only Kardel devices should access Kardel wifi networks, unless a guest network has been created.

## 2.E. Research

Research is important for the long-term improvement of services and Kardel will cooperate with researchers and work with them to facilitate their work under the following conditions:

**All requests to engage in research on behalf of the company must be approved by the CEO prior to proceeding;**

- A written outline of the hypothesis and the methodology must be submitted to the CEO;
- Individuals supported by Kardel, involved in research endorsed by Kardel will be individuals that are able to provide informed consent for their participation; participation is completely voluntary; participants may refuse to respond to any questions or ask that the tape recorder be turned off;
- Participants may withdraw at any time, without explanation. They may choose to have their contribution to-date destroyed or not included in the study.
- Kardel's Images/Video/Text/Audio Consent Form will be explained and completed with the individual supported. A copy of this form will be given to the manager/designate, with the person's permission, and is scanned to ShareVision.
- The managers/designates responsible for the individual's support, or their caregiver/parents with whom they reside, will receive a detailed description of the project prior to discussions with the individual involved.
- Research results will not identify individuals by name or identifying information;
- Kardel will receive a copy of the research on completion;
- Kardel has the right to deny access to people on Kardel property;
- The researcher must agree to comply with the ethical standards of Kardel as outlined in our Policy and Procedure Manual;
- Original recordings, notes, etc., will be destroyed after analysis and the writing of the final copy of the research;
- Researchers must be affiliated with a college or university and the research proposal must be in compliance with their research ethics committee where applicable

## **2.F. Legal Responsibilities**

### **2.F. 1a) Subpoenas**

#### **Definitions**

##### **Court:**

For the purpose of this policy, the word “court” also includes administrative tribunals or an arbitrator whose position is governed by law. It also refers to any proceeding or activity in a court, including proceedings or activities other than trials.

##### **Subpoena**

A writ commanding under law a person designated in it to appear in court under a penalty for failure to appear. The documents requiring such appearance and testimony are called “summons” or “subpoenas.”

##### **Voluntary Witness**

A person who volunteers to appear and testify in court. One example is of a person who has information about an accident, a crime, or business dealing and feels obliged to “do the right thing.”

##### **Compelled Witness**

A person compelled to act as a witness to provide information. The information may usually be considered to belong to the company or to be confidential under the terms of employment and the subpoena requires them to testify.

### **2.F. 1 b) Rights and Responsibilities of Employees**

The purpose of this policy is to ensure that employees are aware of their public, legal responsibilities to the court to testify when subpoenaed and to tell the truth.

#### **This policy is also to make employees aware that they:**

- have some rights with respect to testifying in Court, as indicated below;
- have a duty to the company as their employer;
- can exercise their rights;
- must disclose to the Company any request or summons to testify to the court, well before any scheduled court date. ;
- emphasize that the overarching purpose of the company is to act in the best interests of people with disabilities

The purpose is also, wherever legally possible, that employees of the company:

- do not consent to testify in court regarding any question that might, in any way, compromise the company’s purpose and duty to act in the best interests of people with disabilities;

- ensure that any information that is the property of the company is not utilized in a court without the company's knowledge and permission;

Employees who become aware that information has been subpoenaed or otherwise compelled from the company, as evidence in court or by the police, must inform the CEO immediately. Only the CEO may provide such information or delegate the provision thereof.

### **2.F. 1 c) Compelled Witness**

A subpoena or summons to testify in Court raises special questions, places an employee in unusual circumstances, and imposes very serious legal obligations to the court, as well as to the company.

When employees are compelled, under the law through a subpoena, to testify in court, they do not have a choice about attendance. They must testify according to their legal obligations and they must tell the truth. The evidence that they give may or may not be in the best interests of the company or of a person with a disability. However, depending on the circumstances, employees have a right, within the law, to ask to not testify or to not answer some questions or parts of some questions. These rights are part of the Law of Evidence under our system of law. Employees may wish to seek legal advice.

### **2.F. 1 d) Voluntary Witnesses**

When employees are asked to voluntarily act as witnesses in a court related to their employment at Kardel, their testimony may or may not be in the best interest of the company or a person with a disability. They must first notify the CEO, in writing, of their intention, and receive his/her prior permission, in writing, to do so. The company may decide to require the employee to not testify under those circumstances. Similarly, when an employee is asked to voluntarily provide information to the police or some person or organization, which is not a court, doing so may or may not be in the best interest of the company or a person with a disability.

The company may decide to not permit the employee to provide such information under those circumstances, provided it is legal to do so. Non-compliance could result in discipline, up to and including termination of employment.

## **2.F. 2: Search Warrants**

### **2.F. 2 a) Introduction**

Search warrants are another investigative device used to obtain documentary and other physical evidence in corporate criminal investigations. The police, prior to executing the warrant, do not provide the reason for the search warrant. Government agents are authorized to enter premises by force if necessary and immediately seize the materials that fall within the scope of the warrant.

For a search warrant to be issued it must be demonstrated to a neutral and detached magistrate that there is probable cause to believe that a crime has been committed and that evidence, fruits, or instrumentalities of the offence will be found in the place to be searched.

**2.F. 2 b) Receipt of a Search Warrant**

- If government agents present a search warrant, copies of the search warrant should be requested.
- Verify that the search warrant actually is addressed to the facility that the agents seek to search. It must describe specifically the places to be searched and the items subject to seizure. The agents may only search in those areas identified as subject to the search and may seize only those items identified as subject to seizure.
- Identify safety and security concerns for the agents e.g. needs of the individual supported.
- Advise the CEO as soon as possible.
- Materials for which a claim of privilege may be made should be segregated and the agents advised that the materials should remain sealed until the parties (or the court if the parties cannot reach agreement) can resolve their status. For example, records of the individuals supported that are not identified in the search warrant may be questioned.
- The manager/designate on site would act on behalf of the organization's interests during the search. This person should not interfere with the agents, but should keep a detailed list of the areas searched, any questions asked by the agents, and any materials seized.
- The manager/designate should be adequately familiar with the material subject to seizure to be able to identify any potentially privileged materials. Essential business records (including computerized records) should be identified and backups maintained (off premises).
- Do not forcibly interfere with or willfully obstruct the conduct of search. Obstruction of justice may result in arrest and prosecution. If agents do something in excess of the warrant, object, but do not resist.
- Do not allow interviews on the company's premises. Designating an "interview room" may be deemed consent to interview. The warrant does not permit government agents to make use of home or program facilities.
- Employees should cooperate with agents conducting the search. Agents have a right to search for and take documents but do not have a right to compel employees to tell them where a particular document is located.
- Employees have a right to speak or not to speak to the agents; it is their choice. The company takes no position on the issue. Employees may choose to speak first with personal counsel in order to protect their individual rights.
- The government agents/police have the right to contact employees at their homes.
- Employees have the right to have a union rep present during debriefing.
- Police may confine staff members and restrict the use of telephones and electronic devices as part of an initial "security sweep." They do not have the right to unduly restrict a person's freedom of movement for a period longer than a few minutes, and employees may object. With a longer time frame, you may wish to ask whether persons whose movements are restricted are "under arrest."

**2.F. 3: Individuals Supported and Legal Actions**

Kardel helps an individual supported involved in legal actions by identifying appropriate legal assistance and through personal support.

Kardel does not assume responsibility for resolving legal actions involving individuals supported except in cases where Kardel is named in the legal action. We work cooperatively to facilitate compliance with orders from the court.

### **Procedures**

- If an individual supported is involved in legal action, such as receiving a summons or subpoena, being asked to be a voluntary witness, or being charged with an offence, the manager/designate supports the individuals supported to:
  - Notify family member(s), guardian(s) (if applicable) and CLBC contact(s);
  - Access appropriate legal representation;
  - Understand the nature of the person's involvement, rights, and responsibilities, and assist them with understanding the process using plain language;
  - Seek out additional expertise and resources as necessary in the best interest of the person;
  - Accompany the person to appointments if required and requested.

### **2.F. 4: Criminal Offenders:**

Kardel considers each request for admission based on the suitability of placement. Where there has been a history of criminal behaviour, Kardel would:

Assess the potential impact on other people in the home/program; we would not accept a person where there is a probability of placing other vulnerable people at risk. However, we would assist in either designing a more appropriate service under the auspices of the company or informing CLBC and other stakeholders of the resources required to assist in their search for a more appropriate resource;  
Assess the history of the criminal activity and chances of reoffending;  
Assess the resources required to meet the individual's needs and our ability to provide those resources;  
Work cooperatively with the probation officer and/or other members of the therapeutic team and the courts to assist in the rehabilitation, if the person is admitted to our services. These service providers would become stakeholders in our services and their input would be sought;  
Report any breaches of probation and document the person's behaviour

### **2.F. 5: Legislation and Referenced Codes of Ethics**

The following is a partial listing of legislation and other documents that impact Kardel's delivery of service.

#### **Legislation:**

- \*Adult Guardianship Act
- \*B.C. Human Rights Code
- \*Canadian Charter of Rights and Freedoms
- \*Canadian Multiculturalism Act
- \*Child, Family and Community Service Act
- \*Coroner's Act
- Companies Act
- \*Community Care and Assisted Living Act: Residential Care Regulations
- \*Community Care and Assisted Living Act

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- \*Community Care Living Authority Act
- \*Criminal Records Review Act
- \*Document Disposal Act
- \*Emergency Program Act
- \*Employment Standards Act
- \*Freedom of Information and Protection of Privacy Act, & Regulations
- \*Employment and Assistance for Persons with Disabilities Act
- \*Health Act
- \*Health and Social Services Delivery Improvement Act
- \*Health Care (Consent) and Care Facility (Admission) Act
- \*Health Professions Act
- \*Human Resource Facility Act
- Motor Vehicle Act
- \*Representation Agreement Act
- Public Guardian and Trustee Act & Public Guardian and Trustee Regulations
- \*Social Workers Act
- \*Personal Information Protection Act
- \*Workers Compensation Act; WCB Regulations; Occupational Health and Safety Regulations

### **Ethics:**

- \*BC Association of Social Workers Code of Ethics
- \*Child and Youth Care Practitioners Professional Code of Ethics
- \*MCFD: Community Living Services: Province of B.C.; Guiding Principles for Service Delivery: Staffed Resources Revised 1999; Revised 2001

### **References: Policy and Procedures:**

- CARF Employment and Community Services Standards Manual
- \*Community Care Facilities Programs: Policies and Procedures
- Community Social Services Employers (CSSEA) Association: Personnel Policies and Procedures
- Community Support Services Policies and Procedures
- \*Community Services Collective Agreement

\*Indicates a link is available for this on the Policies and Procedures site in ShareVision

### **2.F. 6: Investigations**

A Licensing Officer is responsible for investigating every allegation or complaint of non-compliance in a licensed community care facility. The degree to which Licensing investigates depends on the nature and severity of the complaint. Some complaints, such as those involving abuse, are of a serious nature and require more immediate attention. For details on staff members' involvement in investigations, see 4.C.4 Alleged Abuse.

Investigations for home share situations are conducted by the Director of Contracted Services or a person designated by the CEO. CLBC may also conduct investigations.

2.G was repeated info, repealed

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## Section 3: Human Resources

### 3.A. Recruitment

#### 3.A. 1: Non-Discrimination in Hiring

In compliance with the Human Rights Act, Kardel does not discriminate based on race, colour, ancestry, place of origin, political belief, religion, spiritual beliefs, marital status, physical or mental disability, sexual orientation, gender identity, gender expression, age, or criminal or summary conviction that is unrelated to the employment or intended employment.

#### 3.A. 1 a) Non-Discrimination in Compensation, Assignment of Work, and Promotion

Compensation is commensurate with job duties and consistent within classifications and, where applicable, negotiated in the collective agreement. Work assignments are done in a fair and equitable manner. Promotions are based on performance evaluations (where applicable), interviews, and references. The issues of race, colour, ancestry, place of origin, political belief, religion, spiritual beliefs, marital status, physical or mental disability, sexual orientation, gender identity, gender expression, age, or criminal or summary conviction that is unrelated to the employment or intended employment are not considered in relationship to compensation, assignment of work, and promotion.

#### 3.A. 2: Recruitment and Hiring Practices

##### Recruitment Practices

The Human Resource Department (HR) collects data/feedback on a regular basis from managers/designates or directors to determine the need for new staff members, the degree of the urgency, and the qualifications and experience of staff members most needed. The organization actively recruits externally for positions.

HR reviews and screens the resumes and makes a decision about proceeding to an interview. Only those selected for an interview will be contacted.

Resumes and applications not short-listed for interviews will be retained for one year, after which time the information will be destroyed in a secure manner.

HR ensures people who are qualified, and have submitted a resume, are provided with an application/information package and directions to the office for their interview.

##### Interviews:

Panel interviews are coordinated by Human Resources Assistant.

Whenever possible, the HR Assistant and at least one other person in a leadership role will participate in the interview. The HR director coordinates the interview panel for manager positions and other excluded positions.

Zoom interviews may be required during times of pandemic and/or when candidates are outside of the Victoria area or unable to come to the office.

Candidates for frontline staff positions are requested to bring any relevant documentation to the interview. HR Assistant informs the applicants that there will be a panel interview, as well as written questions to complete.

Candidates are greeted before the interview and written questions are given to them to complete along with authorization forms for reference checks. The job description and a copy of the interview questions for review may also be provided.

Interviewers review the application and resume and list questions on the interview document if they arose from their review. Behavioural interviews are conducted based on recommended best practice. Questions may be forwarded from the individual supported in the home, based on their needs and we are asked to assist with appropriate matching. Responses are noted by the panel during the interview.

### **References**

If permission has been granted on the application form to check personal, professional, and previous job placement, HR may proceed with reference checks for potential interview candidates prior to the interview, though this would ordinarily occur after the interview to follow up on questions that arise in the interview. Two references from past employment in a related field or a program instructor are preferred. In addition, a character reference is required by licensing. Reference checks must be thorough and complete. Gaps in the employment record and any previous terminations are to be noted and explored fully. Explore fully any questions re: suitability for the position that arises from discussion with the references and previous employers.

An applicant is recommended for hire based on the interview and reference checks. After the successful interview and reference checks, any specific training that may be needed is noted by the HR department and is forwarded to the manager/designate for follow up.

For candidates not successful in the interview process. A letter of regret is sent, a copy of the letter is attached to the application, and is filed with resume and interview notes. The information is retained for one year and then securely destroyed.

### **Hiring Practices**

After the interviews and successful reference checks, the following is completed:

Letter is sent to the successful candidate with attached documentation requirements form. The successful applicant is asked to make an appointment with the HR Assistant when they have their documentation requirements completed.

The successful applicant fills out the personnel and payroll forms at their appointment and all the required documents are gathered.

The applicant receives their hiring letter and is advised of their Kardel email, how to access the email and ShareVision account. A copy of the hiring letter is kept on the personnel file.

Based on the employee's qualifications, experience, and the needs of the organization, the HR department will determine what home base to assign to the new employee. The HR Assistant will contact the manager to arrange orientation.

The HR Assistant creates the new employee personnel file and then enters the dates of the new employee's documentation in the database under Skillsets and EE Other Information. This includes but is not limited to: CPR/First Aid expiry dates, evaluation dates, credentials, TB test result, Criminal Record Check, and Driver's Abstract expiry date.

The name of the oriented staff member is placed on the home/program master list by the HR Assistant and managers add to their list at program level. For excluded managers, Home Share Coordinators, and office staff members, the directors are responsible for completion of the orientation checklist.

The new employee's personnel file is then forwarded to Payroll to enter remaining personnel information, TD1 Personal Tax Credits Return, Request for Payment by Direct Deposit, Municipal Pension Plan declaration, Hospital Employee's Union Application for Membership, Application for Registration in a Group Home's On-Call List, (where relevant).

The Managers along with the HR Department are responsible for ensuring In Home Orientation Checklists are complete, signed and placed on the personnel file.

### **Responsibilities of Managers: Recruitment, Hiring and Work Force Monitoring Practices:**

Managers/designates will seek input from the individuals supported regarding their opinions, about the attributes they consider helpful or unhelpful in staff members, including permanent, casual, volunteers, and students.

Part of the manager/designates' role is to ensure that the proper "fit" is made between staff recruited and the needs of the individuals in the home/program. Part of the director's role is to ensure an appropriate fit is made with the home/program or office position.

Any manager may review resumes submitted and bring any prior information or questions regarding the candidate to the attention of the HR department.

It is expected that the manager/designate will keep the HR department informed of needs within the home since the HR department will assign the home.

The manager/designate may submit questions pertinent to the wishes/desires of the individuals supported to be included in the interviews.

When the manager/designate has been informed that their home has been selected as home base and orientation may begin, the manager/designate contacts the new employee and arranges the orientation. The manager/designate becomes the "Home Base Manager."

Each manager/designate ensures that the new employee completes the In-Home/Program Orientation Checklist. The HR Director ensures the new managers staff orientation checklist is complete. Direct supervisors of admin staff ensure checklists are complete.

The home base manager/designate becomes responsible for tracking the probationary employee and for ensuring that the employee performance evaluation form is completed prior to working an overnight shift and prior to completion of the probationary period.

Performance reviews for excluded employees are completed by their direct supervisor. ie: managers are completed by the Director of Programs.

The probation period for employees will be three months worked or the equivalent number of hours worked based on the normal hours of work of a full-time employee (520) whichever occurs last. The probation period will not exceed past six calendar months for union employees, unless an agreement is reached with the Union to extend for a further period which will not exceed 3 months. Probation periods may be extended as required for exempt staff.

All managers/designates who have the candidate oriented in their home/program participate in the new employee's ongoing evaluation within the probationary period. All managers involved in the employee's orientation are expected to contribute to the performance evaluation at the end of the probationary period. The home base manager/designate facilitates this process and is responsible for completing the probation evaluation.

Managers/designates will consult regularly on the progress of probationary employee(s). This may include suitability of match, training needs, and availability. Direct contact/observation and check-ins with the new employees as well as discussion with individuals supported and home/program staff are critical in assessing suitability and performance.

All unionized homes/programs and the Hospital Employees Union are notified of posting awards for regular or temporary awards. Employees who post into regular or temporary positions may require a change in home base.

Managers/designates receiving new or post-probationary employees into their home/program should review personnel information including speaking with other involved manager/designates prior to an employee commencing work. This will assist the manager/designate to support and coach more effectively.

### **3.B. Conditions of Employment and Recognition of Prior Experience and Educational**

#### **3.B. 1: First Aid/CPR**

All staff members who support individuals are required to have a current First Aid/CPR Certificate from a certified instructor. Kardel has an account with Alert First Aid that provides us with a discounted rate. The course must be 8 hours in length with at least 4 of the hours being in person and include CPR level C. The HR department tracks certificates. Expiry dates are also on employee's paystubs for quick reference.

Staff members are to register and complete the First Aid course well before the expiry date of the current certificate in order that their certification does not expire. Employees with expired certificates will be considered unavailable for work. As per the requirements of the Community Care and Assisted Living Act, a copy of a current First Aid/CPR Certificate must be on personnel files for people working in licensed facilities.

The First Aid/CPR recertification registration cost is paid for all employees of Kardel. Employees will also be paid their regular hourly rate for attendance at the recertification course. Training does not trigger overtime.

Employees who choose to complete training by a provider other than Alert First Aid, will be reimbursed by the company as if they had completed the recertification through Alert at a discounted rate. Original receipts for recertification with appropriate documentation for completion of the requirement should be forwarded through the manager/designate to the HR Assistant at the Kardel office.

#### **3.B. 2: Documentation Requirements**

To ensure applicants are fully qualified for the position, the following documentation is required as a condition of employment and prior to orientation shifts:

##### **Criminal Record Check**

A Ministry of Public Safety and Solicitor General Criminal Record Check – Children and Vulnerable Adults must be completed through Kardel. The potential staff member provides consent for Kardel to do the Criminal Record Review. Kardel submits the request; the applicant is not formally hired until the clearance letter is received by Kardel.

If the applicant has completed a Criminal Record Check within the previous six months, they may complete a Sharing form to have the Ministry to share the results with Kardel.

Kardel may opt to submit our own form rather than the Sharing form as the Sharing form process can take longer. The result of the CRC and the original Consent for Release of Information and Acknowledgements form required for the Criminal Record Check must be electronically stored by Kardel for 33 years. All employees are required to update this Criminal Record Check every (5) five years. For a new recruit, if a Criminal record check is returned indicating they should not work with vulnerable populations, the person is not qualified and will not be hired.

For a current staff, when a Criminal Record Check is returned indicating a person should not work with vulnerable populations, the Manager of Human Resources will create a safety plan to ensure the individual is not working with the people we serve, nor will they have access to private and confidential information. If a remedy is not possible, the person is deemed unqualified, will be ineligible to work and termination is required. Expiry dates and re-submissions are tracked by the HR Assistant.

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The applicant's identity must be verified in person by providing two pieces of identification prior to proceeding with the criminal record check. One piece of ID must be government issued (driver license preferred) and displays applicant's name, date of birth, signature, and photo.

### **Valid First Aid and CPR**

Valid First Aid/CPR certificate (level C). Adult Residential Care Certificate offered through St. John's Ambulance is one example of a valid certificate. A "CPR only" certificate or an entire on-line course would not qualify. The certificate is kept on file, the HR Department notifies managers when updates are required after hiring. Expiry dates are listed on pay stubs to alert employees.

### **TB Test**

Staff must provide a negative TB test from within the past year or new staff can initiate employment provided they show proof of an upcoming appointment within 2 months of starting employment.

### **Driver's Abstract**

When applicable, submission of a current driver's abstract. There is no charge for the driver's abstract. This is requested annually and kept on file.

### **Other Documentation**

Employees must provide their Social Insurance Number (SIN). A SIN that begins with the digit "9" establishes the status of the holder as a person who may legally work in Canada only if the holder has a valid employment visa or temporary work permit. The HR department must see and make a copy of the the applicant's original work visa document. It is an offence under the Canada Immigration Act to hire a person who does not meet these requirements. The SIN card or work permit can be considered the second piece of ID required for the CRC. The expiry date of the work permit is tracked by the HR Department. It is the employee's obligation to ensure they are legally permitted to work in Canada.

Preferred Certification include: Community Support/Educational Assistant Certificate, Health Care Assistant Certificate, Health Care Assistant Program, Practical Nurse/Licensed Practical Nurse Certificate, equivalent post-secondary certificate, or one year of relevant experience, or proof of academic credentials as stated on the employment application. The original of the license or certification from the primary source of the credential must be viewed and a copy placed on the personnel file.

Completion of a "Proof of Continuous Service" form from a prior employer, if relevant (bargaining unit only). Prior experience in a CLBC-funded agency may result in a higher step on the wage grid.

Municipal Pension Plan Declaration of Employment

Confidentiality Agreement

Immunization Record or complete Kardel's Immunization Record Declaration form

LPN/RN Managers – must provide current original documentation of nursing credential at hire and will provide updated credential annually which is also verified from the primary source by the HR Department. Copy is kept on personnel file. This is reviewed and verified through appropriate B.C. Nursing registries online by the Manager of HR when the annual performance review is due. If verification indicates a person is no longer qualified to perform the required duties, they will be placed on leave until a remedy can be found. If a remedy is not possible, and the person is no longer eligible for that position, they may be placed in another position that does not require the credential. Termination may be appropriate.

### **Class IV Qualification**

\*For those positions (permanent or temporary) that require employees hold a Class IV license.

On a one time per employee basis, a valid Class IV Learners license will be accepted upon application to a job posting. The employee must obtain their full Class IV license within three (3) months from the closing date of posting. Failure to obtain the qualification will result in removal from the position. Exceptions: overnight positions, Patterson Home positions.

This process includes completion of the written sections for a Class IV driver's license, the Class IV medical completed through a Motor Vehicles branch, and road testing through a Motor Vehicle Branch.

Kardel will reimburse for the direct costs associated with obtaining the Class IV qualification and the cost of License Renewal for those with Class 4 licenses.

The cost for medical evaluation required by Motor Vehicle Branch to maintain Class IV qualification is to be submitted to Global Health CSBT by regular staff members with extended health benefit coverage, for 80% reimbursement

Kardel will cover the cost:

For staff who are not covered by the CSBT benefit plan – nonunion, casual and exempt staff  
That is not covered by the benefit plan. (Documentation must include amount paid by Benefit Company.)

A cheque request is completed by the manager of the program for reimbursement and submitted to accounts payable.

### **Recruitment: Special Circumstances**

Under exceptional circumstances, individuals without the preferred education and length of experience may be considered for employment.

Circumstances may include:

Low rates of response to recruitment drives/advertisements

Inability to fill internal vacancies

An opportunity may arise to assist an individual with a career development path

Under such circumstances, the following will apply:

Though not directly involved with people with developmental disabilities, the person has been in a position as a “helper” i.e. elderly, children, etc.

References are available to attest to their performance in the helping role.

The candidate meets all other hiring requirements

To ensure the candidate is competent to carry out assigned duties,

The HR Department will identify a manager who is willing and able to provide additional direct supervision.

Employees will have up to forty (40) hours of orientation. Managers have the option of requesting extension when necessary.

Employees will be oriented to a home where there is a high likelihood of casual work being available when they complete their orientation.

Employees are not eligible to work alone until the manager is confident, they are capable of assuming the responsibility, and signs off on their orientation.

Employees will be encouraged to take further education and training relevant to the community support worker position as it becomes available.

### **3.B. 3: Payment for Newly Hired Employees**

Kardel pays for/reimburses costs of approved First Aid Course, TB Testing and a medical note if required. Original receipts must be submitted.

Kardel reimburses costs associated with Motor Vehicles’ requirements for a Class IV license on submission of original receipts.

After hiring, medical re-evaluations required by the Motor Vehicle Branch are to be submitted to Global Group Health (CSBT) by staff members with benefit coverage for reimbursement. (See above re: Class IV).

### **3.B. 4: Recognition of Prior Experience for New Employees**

Kardel will recognize relevant experience from agencies which operate programs with similar Residential Care Assistant or Community Support Worker responsibilities, i.e. new employees who have worked with individuals with developmental disabilities in a funded resource. Experience within both union and non-union agencies will be recognized.

This will not include experience working with individuals supported through Individualized Funding (IF) or micro-boards. People working in these situations would not bring the breadth of experience required.

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In situations where the nature of the experience is not clear, the Manager of HR will request a written description of the program in order to make a final determination.

### **3.B. 4 a) Verification of Experience-THIS SECTION APPLIES TO BARGAINING UNIT ONLY**

The new employee will be responsible for getting a written confirmation from their past employer(s) to verify the number of hours they have worked in the above-described programs. Kardel will provide the verification form which will request verification of the start and end dates of employment and the number of hours of service.

Subject to the receipt of the verification document, the employee's starting wage rate will be assigned by payroll according to the current wage grid. For example, if the employee has accumulated 2500 hours of relevant experience with a previous employer, the employee will be assigned a start rate at Step 2 of the wage grid. Seniority hours are not transferable. The newly hired employee starts with 0 seniority hours with Kardel.

### **3.B. 4 b) Seniority and Benefits Not Portable**

The recognition of prior experience applies only to the wage grid. Seniority, continuous service, and associated benefits do not transfer with the employee.

### **3.B. 4 c) Probationary period**

Probationary periods are stipulated in the collective agreement, with 3 months or 520 hrs and a maximum of 6 months for all staff.

### **3.B. 5: Recognition of Educational Qualifications (Graduates of recognized training programs) Bargaining Unit only**

New employees with at least six (6) months of disability-related post-secondary education completed in Canada, but no prior experience, will be assigned the rate of pay corresponding to Step 2 on the current wage grid. They will start with 0 seniority hours. Further increments in pay will be attained based on total hours worked as per the wage grid in the collective agreement.

To qualify for the higher starting rate, employees must submit, upon hire, an original source certificate/diploma or letter from the recognized educational institution certifying completion of the program. Employees having the educational qualification and prior work experience will be assigned to the higher of the two possible pay rates (based on education OR experience).

### **3.C. Orientation**

#### **3.C. 1: Orientation on Hiring**

The HR department assesses the orientation needs of newly hired employees. Once documents are gathered, the HR Assistant meets with the new employee to complete hiring paper work. They are scheduled for the Kardel Medication Course offered by our Nurse Consultant and assigned to a home. The manager then sets up the home/program orientation.

Newly hired employees will be provided with a Kardel email address as part of the hiring process. Once a Kardel email address has been assigned, the HR Assistant will send newly hired employees a link and a password to access Kardel's information management system, ShareVision.

Employees are expected to adhere to all confidentiality requirements and agreements once access is provided.

#### **3.C. 2: Central Orientation**

All new employees are required to watch the Central Orientation session on Sharevision. Managers record this on the new employee's orientation check list.

The purpose of conducting a central orientation session is:

To establish a consistent understanding of the mission, philosophy, rights and responsibilities, approach to behaviour, incident reporting, policies and procedures, ShareVision, health and safety practices, company history, organizational structure and other plans and goals as relevant.

#### **3.C. 3: Practical Central Orientation**

Practical application of skills related to lifts and transfers, emergency procedures, wheelchair securement in vehicles and any other home/program related technical skills are covered by the manager/staff at the program level.

#### **3.C. 4: Home/Program Orientation**

Based upon the availability and skills of the new staff member and the needs of the home, the HR Department designates a home base. The manager/designate is to begin orientation as soon as possible.

The home base manager/designate remains responsible for tracking the employee, i.e. completion of pre night evaluation, probationary evaluation, and annual performance evaluation. Managers/designates are not to schedule and staff members must not work overnight shifts alone until the first satisfactory evaluation is completed.

Based upon experience and skills, the manager/designate may plan and arrange orientation from eight hours up to a maximum of forty hours. Orientation time may be distributed among different shifts and different days of the week to ensure maximum exposure to the people we support and to maximize exposure/familiarity with essential job responsibilities/duties. Best practice indicates shorter shifts are most effective when orienting new staff members.

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Employees are not eligible to work alone on night shifts until after the completion of a pre-night shift orientation. In homes with exceptional requirements on night shift, a four-to-eight-hour shift orientation may be scheduled for the night shift. For homes that have a high number of delegable tasks, additional hours may be added to the orientation to ensure ability to complete the tasks independently.

Managers/designates in each home sign the In-Home Orientation Checklist once the employee's orientation is complete. This form must be forwarded to the HR department who enters the In-Home Orientation Checklist date completed in Comvida, HR, Skillsets and places in the employee's personnel file.

### **Existing Employees**

Managers must make the determination if orientation for existing staff members who are available to pick up additional/casual shifts is current to meet the requirements of the job. If an employee has not worked at the home/site for a significant period of time i.e. six months, or less if there have been changes in the needs of persons supported, the manager will need to notify and reorient/update the employee. Managers must document that the employee was contacted, i.e. record on a telephone log form. The In Home Orientation Checklist will be completed and signed off by the manager and the staff member.

### **3.C. 5: Orientation for New Managers**

Where possible, all new managers will have some overlapping time, ideally one week, with the departing manager, to be acquainted with the home they will be managing, the staff members, and the systems which are in place. The form, Orientation Checklist for New Managers, is to be completed and placed on the file of the new manager/designate. The Director of Programs coordinates the orientation for new managers.

A "mentoring manager" is available to newly hired managers during their orientation to Kardel services. The Director of Programs will coordinate a mentor for each new manager.

The role of the mentor will include:

- Problem solving with the new manager;

- Answering questions that arise;

- Allowing them to be part of performance evaluation reviews to develop some understanding of the methods used by another manager;

- Acquainting the new manager with relevant resources that should exist within the home;

- Ensuring procedures are understood and followed.

New managers complete the Central Orientation session that is offered on Share Vision for all new employees. A similar process is undertaken for Home Share Coordinator.

### **3.D. Employee Requirements and Procedures**

#### **3.D. 1: Advocacy and Self Help**

It is an expectation that employees will endeavor to reduce barriers to community inclusion for individuals with developmental disabilities through a combination of education, good public relations, and the establishment of a positive example of respectful attitudes regarding the rights of individuals with developmental disabilities during both working and non-working hours.

When an architectural, environmental, communication, financial, transportation, employment, technology, community integration, attitudinal, or other barrier defined by the individual prevents the full inclusion of people with disabilities in the life of the community, these barriers should be brought to the attention of the manager/designate and Home Share Coordinator, noted in the communication log, and raised at team meetings for the information of all staff members. The manager/designate and/or Home Share Coordinator is responsible for following up with a plan of action. When managers/designates and/or Home Share Coordinators determine that the problem may be systemic, it may be more appropriate to discuss the issue at a manager's and/or Home Share Coordinator's meeting for a company response/action plan. The DQA will follow up on the systemic issues and keep managers/designates, Home Share Coordinators, and staff members informed.

#### **3.D. 2: Conflict of Interest**

##### **3.D. 2 a) Employment of Relative**

Relative, for the purpose of this policy, refers to husband, wife, common-law spouse, son, daughter, mother, father, sister, brother, mother-in-law, father-in-law, aunt, uncle, cousin, primary caregiver (e.g. home share provider), grandparent, grandchild, step relatives, and relatives through adoption.

New employees will not be hired for the purpose of providing service to a relative. Employees with relatives supported by Kardel will be excluded from the worksite where they would have direct work contact with the relative and have influence in team decision making. Home share providers may not be employed in positions with Kardel if they are contracted as a Kardel home share provider.

A relative of an employee or an individual supported will be refused employment in a home or program site when a conflict of interest occurs or when the reporting relationship would be direct.

##### **3.D. 2 b) Conflict of Interest: Outside Employment and Activities**

Employees may engage in remunerative employment with another employer, carry on a business, or receive remuneration from public funds for activities outside their position, provided that:

It does not interfere with the performance of their duties as employees of Kardel;

It does not bring Kardel into public disrepute;

It is not performed in such a way as to appear to be an official act or to represent the organization's opinions or policies;

Conflicts of interest may include but are not limited to the following situations:

Where an employee's private affairs or financial interests are in conflict with their work duties, responsibilities and obligations, or may result in a public perception that a conflict exists;

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Where such activities impair the employee's ability to act in the interests of the individuals they support first and foremost or the public interest generally;

Where the employee's conduct and behaviour would compromise or undermine the trust which the public places in the organization;

Where the employee would use his work place and access to people supported and colleagues to solicit or seek out opportunities for personal financial gain;

Where such activities are detrimental to the business of Kardel

Employees should not place themselves in a situation where they are under obligation to any person who might benefit from or seek to gain special consideration or favour from their employment within Kardel. The honesty and impartiality of employees must be above suspicion.

In the examples given above or any other situation where there is a potential conflict of interest for the employee, employees are expected to declare this conflict of interest to their supervisor immediately. The supervisor will forward this immediately to the Director of Programs and the Manager of HR.

### **3.D. 3: Criminal Records: Duty to Inform:**

Staff members, who are subject to Criminal Charges while in the employ of Kardel, are required to bring this information to the Manager of Human Resources immediately. Situations may exist where the presence of a criminal record will not preclude employment. Staff members who are ineligible to work with vulnerable adults will be terminated from employment.

### **3.D. 4: Criminal Record Updates**

The Criminal Records Review Act states that "anyone who works with children or vulnerable adults directly, or having, or potentially having unsupervised access to children or vulnerable adults in the ordinary course of employment or in the practice of an occupation must submit to a criminal record check."

The Criminal Records Review Act (CRRA) stipulates that any registrant whose criminal record clearance is either older than five years or their criminal record status has changed, must undergo a re-check according to the schedule set out by the Ministry of Public Safety and Solicitor General. This required check tracked by the HR Assistant is paid by the employer for employees.

### **3.D. 5: Footwear**

In keeping with section 8.22 of the Occupational Health and Safety Regulations regarding footwear, all Kardel staff members supporting individuals in homes and programs require footwear that provides: maximum stability, adequate support, no heels/wedges over 1", covers heels and toes, and has a non-skid sole.

Employees are expected to wear protective footwear at all times in the workplace and while performing duties with individuals supported in the community. Employees not in compliance with section 8.22 will be sent home.

**3.D. 6: Gifts**

See 2.B.3. b) Exchange of gifts, money, and gratuities

**3.D. 7: Licit or Illicit Drugs or Substances on Worksites****3.D. 7 a) Licit Drugs/Substances on Worksites**

Employees may require personal medication during their time at work. Employees are fully responsible for the safe storage of personal medication. It is recommended that the employee keep the medications on their person, or arrange with the manager/designate for a safe location for locking the medications apart from any of the medications for people in the home. Staff members should ensure they have adequate supplies in case of emergencies that prevent them from leaving the premises. Staff members are not allowed to use medication that is indicated for the use of the individual supported.

**3.D. 7 b) Unauthorized Use or Possession of Illicit Drugs or Substances**

No illicit substance may be kept on Kardel property. Staff members found harboring illicit substances will be subject to discipline up to and including termination. Staff members are not to provide services knowingly in a setting where illicit substances are present.

**3.D. 8 Workplace Impairment:**

Kardel is committed to providing a safe workplace. This includes addressing any issues that may impair the ability of staff to perform their work functions safely. In order to protect the individuals we serve, our employees, and other community stakeholders, the following policy and procedures have been put in place regarding workplace impairment.

Workplace impairment may have many causes, including but not limited to:

Fatigue

Alcohol

Recreational cannabis

Illicit drugs

Licit (prescription) drugs including medically prescribed cannabis to treat medical conditions

Over the counter medications

Being impaired means being mentally or physically unable to perform assigned work functions safely due to the use or after effects of alcohol, cannabis, illegal drugs, prescription drugs, or over the counter medications or any other issue that may impair judgement or performance. Impairment may place the employee, the individuals supported, or co-workers at risk.

Signs of impairment may include:

Impaired judgement, thinking, and decision making

Decreased motor coordination, reaction time, and sensory perception

Unusual emotional reactions, such as mood swings or personality changes

Any employee who reports for work impaired or become impaired while on duty will be deemed unfit for work and will not be permitted to remain on the employer's premises. The employer will arrange for the employee to be transported home safely.

**The following requirements will apply:**

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Employees must not work if they are impaired.

Employees must inform their supervisor if their ability to safely perform assigned work is impaired for any reason.

Employees must notify their supervisor if they have concerns about a co-worker's fitness to safely perform assigned work functions.

Storage or possession of impairing substances on employer premises is prohibited without prior approval of a designated supervisor.

Employees undergoing prescribed medical treatment with impairing substances of any kind are required to report this treatment in confidence to their supervisor and the Human Resources director. Employees must provide medical documentation confirming the prescription as well as the nature and degree of expected impairment. Kardel will work with the employee to determine what, if any, accommodation is necessary.

Violation of this policy may result in disciplinary measures being imposed up to and including dismissal.

### **Reporting Procedure:**

Employees must contact their manager/designate immediately if their ability to safely perform their duties is impaired. If not able to reach their manager/designate, the Director of Programs should be contacted immediately.

Employees with concerns regarding a coworker's fitness for duty must contact their manager/designate immediately. If not able to reach their supervisor, the Director of Programs should be contacted immediately.

The manager/designate and/or Director of Programs will complete an assessment and investigate.

If the employee is deemed unfit for duty, safe transportation must be arranged by the manager/designate or Director of Programs.

### **3.D. 9: Medical Issues for Staff Members**

Any employee who has health issues that may require emergency intervention should alert their manager/designate and colleagues of the correct procedures to use in case of emergency. This may include, for example, use of epi-pen (epinephrine) for severe allergic response, intervention required for a diabetic reaction, etc.

### **3.D. 10: Meals for Staff Members**

Kardel aims to provide a home-like atmosphere for the people we support. Employees are encouraged to sit at the table with the people for meals that occur while they are on shift.

Where employees are required to remain at work during meal periods and a meal is provided to the individuals supported, the meal will also be provided to the employees.

This does not encompass the provision of nutritional substitutes or supplements to the individuals supported and it refers to meals served at the home. The meal does not need to be consumed at the same time.

Managers/designates are ultimately responsible for overseeing the purchase and preparation of food for the people within the home. Managers/designates are responsible for ensuring overall costs remain within the budget available.

### **3.D. 11: Modesty**

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When supporting individuals within the community and where assistance is required, family change rooms must be used to respect the privacy and dignity of the individual supported. Staff members must change behind a barrier to avoid being exposed in front of a person supported. When two staff members are together at the pool, one staff member is to stay with the individuals supported while the other is showering/changing in private.

### **3.D. 12: Performance Evaluation**

The provision of ongoing direct supervision, feedback, and coaching is critical to the employee/employer relationship. Managers must complete a formal evaluation (Employee Performance Review Form) prior to completion of the probationary period, and on an annual basis thereafter. All originals are kept onsite at the Administrative office, in the employees Personnel File.

The goals of the performance evaluation are to:

Provide feedback specific to the employee's work performance i.e. acknowledge achievements/excellence and outline areas that require improvement.

Discuss with the employee factors that may be impacting/influencing their work performance.

Identify training and professional development needs and discuss the employee's future goals and objectives.

The Home Base Manager is responsible for completing the Annual Performance Review Form and for facilitating participation/feedback from other home/program managers, as applicable, through the probationary period and annually thereafter. Managers of the homes/programs in which the employee works are required to provide written feedback.

The goals at the end of the Annual Performance Review Form are derived from the ratings given on the form. The goals must be clearly written, specific, measurable, and time limited.

### **Probationary Period**

Probationary employees must be given a fair opportunity to perform the requirements of the job and meet the standards for regular employment. The onus is on the employer to establish clear expectations during the probationary period.

Probationary employees may be deemed unsuitable based on observed performance deficiencies. This must be documented in the probationary performance evaluation.

### **3.D. 13: Personal Appearance and the Use of Scents**

Personal appearance, including clothing, jewellery, and grooming, shall be neat and clean and shall reflect cultural standards of decency, utility, community living, health, and safety. Employees are not to wear “uniforms” or clothing intended for a health care facility setting.

Long hair must be secured off the shoulders when preparing or handling food, during mealtime support, and when providing direct care. Large loop or dangling earrings are not to be worn when providing direct care. Employees are required to refrain from the use of strong fragrances in locations where people have sensitivities to scents.

### **3.D. 14: Personal Property**

The employer shall repair or indemnify damaged employee property under the following conditions:

The damage was caused by the actions of a person supported by Kardel and the employee was on duty at the time.

The employee was exercising due diligence and following protocols in the course of their duties.

The personal property damaged was an article of use or wear of a type suitable and functional for use or wear while on duty within the home or program.

The item was necessary for the functioning of the staff member while on duty. This may include items such as glasses or hearing aids, but would exclude jewelry, accessories, or expensive clothing, for example.

Reasonable proof should exist and be provided by the employee that the damage was caused by the actions of the individual they supported and/or in the normal course of duty. A Program/Residence Incident Form on Share Vision should be completed by the employee and submitted as soon as possible to the manager/designate in the home/program where the incident occurred.

Repair and indemnification will be based on a reasonable market cost. The employee may be asked to submit two estimates prior to reimbursement.

### **3.D. 15: Pets**

Pets may be brought to the worksite only with the prior direct approval of the manager/designate and after receiving input from team members. Managers/designates should discuss this issue with individuals supported to get their input prior to animals coming to the home/program.

**Consideration should be given to the following:**

Safety concerns: (i.e. mobility issues of the people 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.) Workload should not be increased for team members because of the care of an employee's animal.

Temperament of the animal (i.e. size, excitability of the animals, etc.) Care and control of the animal must not interfere with the support required by individuals in the home/program.

Regular staff members' allergies, sensitivities, and fear of 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 neighbour.

Pets are not allowed in Kardel vehicles.

Pets at the homes/programs must be for the sole benefit of the individual supported and with their permission. Individuals supported 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. It must be understood that if another person 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.

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

In homes/programs where individuals choose to have pets, staff members should consider this prior to accepting work in the home/program and avoid if they have allergies, sensitivities, or fear of animals.

**3.D. 16: Succession and Promotion Guidelines**

The CEO in consultation with Directors, based on a person's experience, leadership abilities, recommendation and references from the current manager and people supported (where applicable), selects managers and designates. Selection is consistent with the requirements of Human Rights Legislation and is non-discriminatory.

Staff members should express an interest through their manager/designate if they wish to be considered for future manager/designate vacancies. The Licensing Branch must approve the candidate for positions in licensed homes. The Criteria for managers are laid down in the Community Care Facilities Act and we abide by these criteria for hiring.

Kardel supports staff who show aptitude and interest in exploring new roles within the organization. Succession is reviewed annually for key leadership positions including detailed job descriptions. Review and identification of back up for the key roles and responsibilities of each position is updated at this time.

**3.D. 17: Additional Hours for Bargaining Unit Sites**

Employees wishing to work additional hours (including a 6<sup>th</sup> day and blocks) must submit the Notice of Availability Form as per the provisions of the Casual Call-In Procedure in the Memorandum of Agreement between Kardel and HEU. Submission of this form as per Article 14.2 c and Article 3 of the Memorandum of Agreement "Casual Call In Procedure" will constitute the Employee's written notice of their desire to work additional hours as per Article 14.2 (e) (4). Availability forms are processed by the HR Assistant.

**3.D. 18: Master Lists- Bargaining Unit only**

The home/program call out list includes all employees registered at that specific site according to their status and seniority. It serves as the home/program call out list when:  
Vacancies are called out for a time frame beyond the requirement for availability notice.  
All staff that have submitted additional hours/casual hours availability notices have been called and the vacancy has not been filled.

The Home/Program Master List is kept in the home/program's call out binder. The HR Assistant maintains the Home/Program Master Lists which are updated and distributed to homes/programs quarterly following the first pay in January, April, July and October.

**3.D. 19: Call-out Procedures to Fill Shift(s) Unionized sites:**

Managers or designate fills the shifts in the following order when using both availabilities and master list.

Regular full-time employees working at the worksite must be offered the hours first by seniority.  
Regular part-time employees working at the worksite must be offered the hours next, by seniority.  
Regular full-time employees working at other worksites must be offered the hours next, by seniority.  
Regular part-time employees working at the other worksites must be offered the hours next by seniority.

Casual employees oriented and registered at program/home beginning with highest seniority

If shift vacancies remain after contacting all employees who have submitted the Notice of Availability form, phone from the home/program Master List.

If no employee responds and there is an urgent need to fill the shift, overtime may be approved. All efforts should be made to configure in a manner that reduces overtime. Employees who are phoning out last minute shifts must have manager/designate approval for overtime. If the manager/designate is off duty, the on-call manager should be contacted.

When calling from availabilities, Managers/designates are to use and retain the copy of the Notice of Availability form that was faxed from HR Assistant for calling out shifts, not original copies brought to the home by the employee. The faxed copies contain the date and time they were received.

Note \*\*When a regular employee from another program accepts an assignment over three days, the manager/designate must notify the home/program of origin to ensure adequate coverage in the other home/program.

### **3.D. 20: Casual Employees Information: Unionized Sites:**

Casual employees serve a probationary period of three (3) months or 520 hours of work. The probationary period shall not exceed six calendar months. Extension of probationary period may be necessary and is approved by HEU and Manager of Human Resources.

Casual employees will be contacted in the order of their seniority (senior first). The only exception to calling in of casual employees in order of seniority is that newly hired casual employees will be allowed to work up to five (5) orientation shifts in total.

Casual employees must have eight (8) consecutive hours off between shifts. Overtime will apply after eight (8) hours per day or forty (40) hours per week.

A casual employee who is available for only a portion of a casual vacancy is not available to fill the vacancy and is therefore not entitled to the work, (e.g. 5 day relief required, only available for 2 days). The next person on the casual list will be called.

When blocks are called out, if no employee accepts the block, the block will be broken up. Casuals will be contacted again starting with the most senior staff member. The shifts will be filled individually.

If all casual employees who have submitted a Notice of Availability have been phoned, and shifts remain unfilled, casual employees from the homes/program's Master List are contacted in any order however, the shift must be offered to all staff who qualifies for straight time before triggering overtime.

If no employee accepts a shift, the Manager/Designate is contacted to approve overtime.

A casual employee who accepts an assignment shall be deemed to have the same obligation to fulfill the assignment as a regular employee. Once a casual employee is called and accepts a work assignment, his / her obligation is for the duration of the assignment. The employee is therefore not available for other assignments and need not be called until the assignment's completion. Employees who are sick, or who have emergencies will contact the home as soon as possible.

A casual employee telephone log shall be maintained in each home/day program to record casual bookings. The log will show:

date and time of shift,  
Name of employee called,  
The time and date the call was made,  
The employee response to whether they are available or not available for the assignment, or fails to answer the telephone or pager, if there is a busy signal, or if a message is left, and  
The signature of the person who made the call.

When telephoning casual employees only one (1) call need be made to any one (1) casual employee, provided that the telephone shall be permitted to ring a minimum of eight (8) times. In the event of a busy signal, the employee shall be recalled after two (2) minutes and if it is still busy, the next person on the list shall be called. Casual employees who are contacted shall have five (5) minutes to respond before the employer proceeds down the list.

When called, the casual employee shall advise the employer of what other shifts they are scheduled to work around the time of the assignment. In accepting an assignment, it is the responsibility of the casual employee to inform the employer if it would put the employee into overtime.

Casual employees must submit their availability 10 days before the beginning of each month. It should be faxed to the HR Scheduler at Central Office Fax: 250-383-2835. If the employee fails to do this, the employer does not have to call that employee until such notice is received.

A casual employee may fill vacancies lasting less than three (3) months. Vacancies of duration greater than three (3) months are filled through the posting process. The employee retains casual status upon posting into a temporary position. A casual employee may become a regular employee only by successfully posting into a permanent position.

Selection of home base and subsequent home/program for orientation is coordinated through the HR Department. Selection is based on the employees' experience and the needs of the home/program.

Casual employees who refuse an assignment on five (5) consecutive occasions in a period or periods during which they indicate they will be available to work may be terminated.

A casual employee must work a minimum of 200 hours in any given year (April 1 to March 31). The employer and an employee may agree in writing on a lower annual minimum in specific circumstances, eg. The employee is a student.

If a casual employee has not worked the minimum hours established by the end of the 9th month, the employer will issue a notice that informs them that if the minimum hours are not worked by the end of the 12 month period, the employee will be terminated. If the employee does not meet the minimum threshold, another notice would be issued after 12 months advising that the employee has been terminated unless they can provide a valid reason within a further 10 days.

Regular employees may register for casual work to top-up total hours worked up to forty (40) hours per week. Where the regular schedule of a part-time employee conflicts with a casual assignment, the part-time employee shall be eligible only if the assignment consists of a block of more than three (3) days. The employee shall be relieved of his/her regular schedule at the option of the employee.

Notice of Availability submitted by a staff member is considered to apply to all homes in which the person is registered. Employees are responsible for accurately listing the homes/programs they are oriented and cross-registered to on the availability form. Availabilities will only be faxed by HR to homes/programs listed by employees.

**Comvida Automated Call Outs** Kardel is using an automated call out system that uses text messages, phone calls and emails to notify staff of available blocks and shifts. Staff can respond to these shifts by text, phone or email. All staff will be oriented to the system when it is initiated in their home or program.

Employees will receive either a text or automated phone call informing them of an available shift. (The call will come from 778-401-3255). The text/call will include the location, date and time of the shift and a unique shift code. You will be asked to accept or decline the shift within 15 minutes.

### **Procedure:**

The house or program manager will enter available shifts into the online system, and send to eligible staff.

Staff will receive a text, phone call and/or email with the shift details.

If you are using text notifications you will receive a text with the shift details. You will Accept or decline the shift using one of the two included shift codes.

If you are using the **automated phone call notification** you will hear the details of the shift and will be asked to press either 1 to accept the shift, 2 to decline, or 4 to repeat the message.

Once you make your selection, you will hear a notification that your response has been noted and you may then hang up.

You can receive more than one call out at a time for different shifts. All eligible staff will receive the notification at the same time, and the shift will be awarded after 15 minutes to the interested staff who meets the most senior staff, based on the criteria in the Shift Call out Procedure 3.D.19.

If you are awarded the shift you will receive a phone call informing you that you have been awarded the shift along with the shift details.

If you accepted the shift but were not the successful candidate you will receive a phone call thanking you for your interest.

Accepting a shift does not automatically mean you have been awarded the shift. You will receive a follow up text/call notifying you that you have been awarded the shift. You will be notified 15 minutes after the callout was sent.

### **Blocks**

Blocks will be called out the same way as individual shifts. You will see/hear the date range.

You will receive a phone call or text from your manager notifying you that you are the successful applicant for a block. It is up to the employee to notify their manager if they have accepted a block at another home.

If you showed interest in a block but were not the successful applicant, you will not receive any further texts or calls.

The shift call out procedure policy will remain in place with the addition of a 15 minute call out time limit for automated call outs.

The initial shift will be called out at regular time. If the shift puts you into overtime please decline the shift.

If a shift is being offered at overtime this will be indicated in the message during the call out.

For those who are receiving voice calls you will also receive an email with the shift details where you can log your response.

### **3.D. 21: Crisis Staffing Protocol**

A “crisis in staffing” occurs when scheduled staff members are not able to complete their assignment and given the demands of the home at the time, there is a determination of inadequate health and safety supports in place to provide for the needs of the individuals supported, or staff’s safety.

It is understood implementation of this protocol may cause disruption. It is to be used only as a last resort. Efforts must continue to recruit and retain adequate casual pools.

Staff at the “home in need” must:

Call out coverage needs through the casual availability logs.

Call out coverage needs through the master list.

Call Manager for overtime approval.

Call out overtime.

Contact the manager/designate to report inability to schedule second staff

The manager/designate of the “home in need” or the on-call manager contacts an available home to determine or confirm the ability to send assistance and request reassignment of one staff member.

Available homes are those that may have 3 staff scheduled or may have a larger casual pool that can be accessed in a crisis situation. Homes with possible third staff availability are:

Dustin Home

Henry Home

Maryland Home

Paskin Home

Sentinel Home

Amelia Home

The staff at the home that is called to assist will determine the most appropriate staff member to send to the “home in need.” Considerations for choice include whether the staff member has been oriented to that home

The staff reassigned to assist should be scheduled as close to their regular hours as possible. The assignment may also be scheduled to cover essential duties only e.g. mealtime, morning, or evening routine.

Staff at the “home in need” must ensure duties/activities assigned to the “crisis staff” helper are appropriate to their training and familiarity with the people supported. It is expected that routines and activities will be kept simple. Work volume will be affected. Staff must ensure that adequate direction or guidance is provided to the reassigned staff if they have not been oriented to the home.

These occurrences are reviewed monthly at the HR Status meetings in order to gather information about staffing needs.

### **3.D. 22: Media Relations and Social Networking**

#### **3.D. 22 a) Requests for Information from the Public/Media**

Requests for information from the media should be referred through the manager/designate/Home Share Coordinator to the CEO or designate. Staff members should not identify themselves as employees of Kardel to the media on subjects related to the sector. Only the CEO, or specific designate, may represent the opinions and position of Kardel in a public forum.

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### **3.D. 22 b) Employees Utilizing Social Media**

Kardel respects the right of any employee to engage in online social networking using the internet and other technology during their personal time. This specifically includes websites such as: Facebook, YouTube, Twitter, LinkedIn, Instagram, and Pinterest, as well as various blogs. This policy covers instant messages, text, video, photos, and audio.

Employees must adhere to the following guidelines:

Employees may not engage in such activities during work time or at any time with agency equipment or property.

All policies regarding confidentiality and personnel policies such as policies prohibiting harassment and discrimination should be followed. Information regarding persons receiving services must not be disclosed. The privacy rights of fellow employees must be respected.

Employees may not “friend” an individual currently receiving service from Kardel. This also applies to the individual’s caregivers and guardians.

Information that employees post on social media networks that relate to any aspect of their employment must comply with Kardel’s confidentiality statement, PIPA, FOIPPA, and Code of Ethics.

Kardel employees may not create a social networking site or service to conduct agency business without specific authorization from the CEO.

If the employee identifies themselves as working for Kardel while engaging in social networking and expresses a political opinion or an opinion regarding the agency’s actions, the person must specifically note that the opinion expressed is their personal opinion, not the opinion of the agency. This is necessary to preserve the agency’s goodwill among stakeholders such as funding and regulatory bodies, referral sources, families, and others.

Employees identifying themselves as employed by Kardel must ensure their profiles and related content are consistent with how the employee wishes to present themselves to colleagues, individuals receiving services, and other stakeholders.

Social networks are not the place to communicate to employees regarding agency policies.

Be respectful to Kardel, other employees, individuals receiving services, and competitors. Employees must not use ethnic slurs, personal insults, obscenity, or engage in any conduct that would not be acceptable in Kardel’s workplace.

Respect copyright laws, public record laws, and privacy protection laws. Plagiarism applies online as well.

Any conduct that is illegal if expressed in any other forum is expressly prohibited.

Kardel logos and branding may not be used. Employees are not to add “tags” to personal posts (@kardelcares #kardelcares).

Date of Last Review: June 1<sup>st</sup>, 2023

Kardel encourages all employees to consider the manner and the speed by which information can be relayed using technology and how such information can be misunderstood. Kardel promotes a culturally sensitive and ability sensitive environment. Kardel expects that any employee who is engaging in social networking is sensitive to disabilities as well as cultural, ethnic, sexual orientation, religious, and other beliefs. While an employee's free time and personal equipment is generally not subject to any restrictions by Kardel, the agency urges all employees to not post information about Kardel or their jobs which could lead to morale issues in the workplace or which could detrimentally affect the agency's interests. Kardel expressly reserves the right to discuss questionable material with the employee.

Employees should use their best judgment. If you are about to post something that makes you uncomfortable or that could be offensive to others, you should review the rules above.

Users must immediately report violations of this policy to the manager/designate, and/or the Director of Programs, or the Director of Contracted Services when related to Homeshare, CRT or Employment Programs.

### **3.D. 23: Tipping**

As per Section 6.B.2

Employees are responsible for helping the individuals Kardel supports to learn socially appropriate behavior and manage within their personal budgets. As per the Recreation Fund Policy, employee's snacks and meals in restaurants are covered up to the maximum amounts listed, with a 10% tip added on from the recreation budget. Employees who wish to tip at a higher rate must do so at their own expense.

### **3.D. 24: Training and Professional Development**

Mandt Training, and Kardel's Medication Administration Course are offered internally to meet the orientation and continuous training needs of employees. Notification is sent to the homes/programs with registration instructions.

Annually, all staff members are required to review information on Universal Precautions and view material on Values and Principles of Community Living, on ShareVision. As part of the annual performance evaluations, managers/designates outline staff training needs. Each year staff completes a review and written test of core competencies in several identified areas.

Managers of licensed homes are required to complete the "Introduction to Licensing" when offered through Island Health.

Training and a library of resources are available to all staff members on ShareVision. This includes website links and a YouTube/Vimeo channel.

A video channel is available to all staff to address gaps in learning for the following topics: Medication administration, Central Orientation, values and principles of community living, provision of personal care and hygiene, self-advocacy, rights, and safe lifts and transfers. Also available on the channel is information on dysphagia, epilepsy and autism.

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Occupational Health and Safety training is provided for the on-going training for employees as per the Workers Compensation Act.

Home and Community Care (HCC) and Kardel's Nurse Consultant provide ongoing Delegation of Task training as required to meet the specific needs of the individuals supported. A record of the staff member's completion of delegable training is retained at the home/program and in Sharevision.

The senior leadership team develops annual training priorities that form part of the Human Resources Plan. The Director of Quality Assurance must approve all training for reimbursement.

For courses paid for by Kardel, copies of the certificate of completion are forwarded by the employee to the HR Department to be kept on the personnel file. The HR Department tracks all credentials and continuing education of all staff members. Copies of any diplomas, certificates, or other documentation of the employees' training and skill acquisition are kept on the personnel file and recorded in HR database. Employees participating in training events are requested to complete a workshop survey.

Re-imbursement for training is withheld until documentation of completion is submitted.

### **3.D. 25: Attendance Management**

It is expected that employees will attend work as scheduled and on a regular and consistent basis. Kardel will work proactively with all employees to assist them in meeting attendance expectations. Assistance may include: communicating with individual employees regarding attendance concerns, providing health and welfare benefits, working with employees and the union in providing modified or graduated return to work programs, and accommodating employees with disabilities pursuant to human rights legislation.

Kardel's attendance management program is designed to address the issue of employee absenteeism due to illness or injury in a positive manner. The program provides guidance to managers/designates for managing attendance concerns through communication with employees. It is applied fairly and in a manner that is appropriate to each individual employee's attendance and/or health concerns.

If there is cause to question the legitimacy of an employee's absences, the matter will be investigated and dealt with through the imposition of discipline as appropriate.

Responsibilities and expectations are as follows:

Managers/designates are responsible for reviewing employee attendance and for implementation of the program.

Employees are expected to attend work on a regular and consistent basis.

Employees are expected to follow Kardel's policies regarding reporting if unable to attend work as scheduled and to communicate with their manager while away regarding their progress and anticipated return to work date.

Employees are responsible for taking proactive measures that will assist them in meeting attendance expectations. Employees are expected to cooperate with their physician's recommendations.

Employee attendance will be compared to the annual median absenteeism in Kardel for all employees. Absenteeism that exceeds the median absenteeism level within Kardel is an indicator of an attendance concern. There may be occasions, however, when absenteeism above the median level does not indicate an ongoing attendance problem e.g. where an employee is absent for a period of time due to a single injury or illness.

Kardel will work together with the employee to seek an appropriate accommodation for those employees who establish the existence of a disability and a need for accommodation arising from that disability.

It is expected that employees will provide full medical information that will assist Kardel in determining the limitations that arise from the disability and in searching for an appropriate accommodation. Employees are expected to participate in identifying appropriate workplace accommodation.

Employees who will be late or absent from work must notify the manager/designate or a staff member on shift if the manager is unavailable. To maintain adequate staffing, employees are requested to give as much notice as possible for the home/program to arrange replacements.

The employee must maintain regular contact with the manager/designate regarding the status of their illness/injury and the anticipated date of return.

At the conclusion of a period of illness/injury, the employer has the right to determine whether an employee is fit to return to work and perform all the duties within the job description. The employee must notify the manager/designate prior to their return to work.

Employees may be required to submit a doctor's note at any time.

The Doctor's note must include:

- The date of the first visit to the doctor;
- The nature of the illness/injury (not a diagnosis);
- Prognosis and anticipated return to work, including degree of contagiousness and potential for ongoing impacts on attendance;
- Any physical or mental limitations;
- On manager's request, that the person is healthy enough to return to full job duties.

A doctor's note may also be required under the following circumstances:

- When a definite pattern appears to be emerging for example, sick every second Saturday, frequently takes a sick day at the end of a vacation period, or sick days taken prior to or after regular days off.
- If there is reason to believe the person is not sick, for example, seen out at a recreational event, working elsewhere
- Indication exists the employee may not be healthy enough/able to fulfill their job duties.

Employees must complete a leave request form upon return to work, stipulating the reason for their leave. Failure to complete this form could result in the employee not being paid for the sick leave.

Pre-authorization of sick leave pay will only be given where the manager/designate is satisfied that the sick leave claim is valid, for example, scheduled outpatient surgery or appointments that cannot be scheduled outside work hours.

Vacation days are not to be used to cover sick time.

Sick leave shall be paid for the one (1) day or less not covered by the Workers' Compensation Act. Sick leave credits shall not apply to any period eligible for compensation under the Workers' Compensation Act.

Employees who continue to be off work following the expiration of their paid sick leave may be placed on an unpaid leave of absence without pay, provided the employee notifies the employer in writing of the need for such leave prior to the expiry date of paid sick leave. Sick leave credits will not accrue during any period of unpaid leave. Additional unpaid leave may be granted at the employer's option.

Failure to follow these procedures may result in disciplinary action up to and including dismissal.

### **3.D. 26: Return to Work and Community Social Services Early Intervention Program (CSSEIP)**

Kardel is committed to the well-being and rehabilitation of all employees unable to perform their normal duties as a result of an injury, or while recuperating from an illness.

CSSEIP is a mandatory program to assist all regular bargaining unit employees who are absent from work for five (5) consecutive days due to non-occupational illness or injury to return to work. Kardel is responsible for making the referral. This program is included in the collective agreement. Employees' basic information (home telephone number, home address, etc.) may be shared with CSBT for the purposes of implementing CSSEIP.

The CSSEIP team is composed of the employee, employer, the doctor and other health care providers, and the CSSEIP Early Intervention Coordinator (EIC), with our benefit company (CSBT) Disability Management.

The EIC contacts the employee to discuss CSSEIP and determine how the program may assist the employee to return to work.

Employees and their doctor will be required to complete an Occupational Fitness Assessment (OFA) form that provides information relating to the illness or injury and an assessment of the employee's anticipated return to work.

The EIC, in consultation with the CSSEIP team, will assess the employee's situation and recommend a plan tailored to individual circumstances.

Return to work is individualized for each employee and is supported by medical documentation. Safe return to work is an important component in Kardel's occupational health and safety program.

Kardel will work with the employee and relevant stakeholders to establish modified/transitional duties and ensure a safe return to work. To be successful, the injured/ill worker must also take an active role in their return-to-work plan.

### **3.D. 27: Smoking, Tobacco and Vapour Products**

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

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

Staff members may not smoke, use tobacco products, or use vapour products while supporting individuals. Staff members who smoke, use tobacco products, or use vapour products may do so off the premises and on their breaks.

Appropriate containers are to be used for the disposal of cigarette ash, butts, and chewing tobacco. Hands must be washed before resuming duties. People who smoke should assume responsibility for emptying the butt container as needed. An employee found smoking, using tobacco products or vapour products, on the premises will be subject to disciplinary action. Premises are defined as the property line.

### **3.D. 28: Alcohol and Substance Abuse**

Any employee reporting for duty under the influence of alcohol, drugs, or other prohibited substances, endangers their health or safety, and that of the individuals supported and other persons. They will not be permitted to remain on the premises.

If there is reason to believe that an employee reporting for duty is under the influence of any alcohol, drugs, or other substances, or to have consumed such substances while on duty, it is the co-worker's responsibility to report immediately to the manager/designate and remain on duty until relief can be arranged. Relief is to be arranged by the staff member even if they are unable to contact the manager. Transportation is to be offered for the employee who is unable to work. Appropriate disciplinary action will be taken following an investigation of the incident. Failure to report such an incident will result in disciplinary action against the co-worker.

Kardel's recognizes substance abuse as an illness and, as such, falls under the definition of a mental and/or physical disability under the Human Rights Code. It requires treatment.

It is the responsibility of the employee to seek treatment at the earliest possible time. The employer will determine the appropriate rehabilitative response. Every effort will be made to help the employee deal with the addiction; however, the employee must also demonstrate effort to address their illness. Sub-standard performance due to substance abuse will not be condoned.

Storage, possession, or consumption by staff members of alcohol or illegal drugs on the premises is strictly prohibited.

### **3.D. 29: Telephones, Texting and Headphones**

Kardel telephones are for Kardel business, emergencies, and for the use of individuals supported in Kardel homes/programs. If it is necessary for staff to make personal telephone calls, either on Kardel phones or personal cell phones, employees should endeavor to make these calls at times that do not interrupt their duties in the home/program. Necessary calls should be kept short and to a minimum. Personal business should not be conducted in the presence of the individuals supported. Texting falls under the same category with the same requirements. Headphones are not to be worn while on duty.

All employees must comply with traffic laws relating to use of cell phones while driving.

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**3.D. 30: Voice Mail**

Managers/designates, Home Share Coordinators, and administrative staff are to ensure their recorded voice mail messages are appropriate, informative, and timely. Managers/designates, Home Share Coordinators, and administrative staff are responsible for the security of their account and password and for taking precautions to prevent unauthorized access to mail boxes. The Director of Quality Assurance and the Director of Finance record voice mail passwords and store them in a secure place.

**3.D. 31: Vacation/Time Off- Bargaining Unit**

Annual vacation entitlement for bargaining staff is outlined in the Collective Agreement. Employees will make selections for annual vacation by the following dates:

November 1<sup>st</sup>, for the period January 1<sup>st</sup> through April 30<sup>th</sup>,  
March 1<sup>st</sup>, for the period May 1<sup>st</sup>, through December 31<sup>st</sup>.

The Kardel Vacation Committee coordinates and processes vacation selections in accordance with the collective agreement and Kardel policy.

In accordance with operational requirements and in an effort to maintain continuity of care, one staff member per shift up to a maximum of 2 staff members per day, per work site, may be granted vacation. Futures Club maximum is 2 employees on vacation per day. This applies to vacation requests submitted within the prescribed vacation selection period.

Additional Leave requests (including vacation, banked overtime and stat entitlement) submitted outside of the collective agreement deadline dates of November 1st and March 1st will be processed and approved by program/home managers based on:

The ability to fill the request at straight time.

The request

The request was received allowing 7 days of notice

The employee has sufficient vacation accrual bank- listed on pay slip

When a leave request is not approved, a manager may re-evaluate at a later date to see if the situation has changed.

### **3.D. 32: Vehicles for Futures Club**

The participants of Futures Club are transported to their activities in the community by way of staff vehicles. Several of the participants have limited mobility and need a low vehicle in order to get in and out on their own.

Any employee posting into or orienting at Futures Club day program (either as permanent or casual staff) will have to meet the following vehicle criteria:

The vehicle must be a car.

The car must be able to transport three (3) participants and driver.

The car must have storage for a wheelchair.

### **3.D. 33: Staff Meetings**

Staff meetings are an important component to the service we provide to individuals as well as to the efficient operation of the home/programs. Staff meetings are scheduled regularly by the home/program manager/designate, and staff members are encouraged to attend. The staff are paid at straight time for the length of the meeting. Minutes are recorded on ShareVision. It is the responsibility of all staff to review minutes of staff meetings. This includes staff members who were unable to attend the staff meeting. This ensures that all staff members remain current on decisions made and information conveyed at staff meetings.

### 3.E. Employee Conduct

#### 3.E. 1: Conflict Resolution between Staff Members and Manager/Designate

When one or more employees within a home/program have concerns about the performance of a manager/designate or the overall functioning of the home/program, they are expected to bring these concerns directly to the manager/designate in a timely fashion.

Concerns should be discussed and if not resolved, staff members should outline the concerns for the manager/designate in writing. This is consistent with the direction provided to staff members by their union representative. If the manager/designate and staff members are unable to reach a solution, the Manager of Human Resources should be asked to facilitate a meeting aimed at problem solving. The Manager of Human Resources

The goal of the meeting is not only to provide a plan of action but also to build a greater sense of individual empowerment and team-functioning by emphasizing cooperation. Participation requires willingness among all parties to work towards a solution.

All parties should come to the meeting having given consideration to the following:

- An understanding of the problem(s)

- The factors that have contributed to the problem(s)

- Maintaining a constructive emotional climate during the meeting

- The effect of the problem on all parties

- Fears if there is no resolution

- Constructive suggestions for resolving the problem(s)

- Prepared to work with the team to solve the problem(s)

The Manager of Human Resources will write up the summary of the meeting for distribution to all parties.

**Note:** In situations of urgent health and safety concern or significant breaches of ethics **immediate** contact with the Director of Programs and the Manager of Human Resources is essential.

#### 3.E. 2: Conflict Resolution between Staff Members

Where possible, employees are expected to bring concerns directly to the staff member in a timely and professional fashion. Concerns should be discussed and, if not resolved, staff members should outline the concerns for the manager/designate in writing. The manager/designate will follow through to assist with resolving the issue. In situations of alleged staff member harassment, the Manager of Human Resources should be notified (Refer to Bullying and Harassment Policy) the union also has resources available to assist union members.

Staff will not take photo, video or audio recordings of co-workers without their expressed consent.

### **3.E. 3: Insubordination**

Employees are required to follow directives issued by the employer. Employees who dispute the propriety of a directive must comply with the directive and challenge it later through the grievance or complaint resolution procedure. This is known as the “comply now/grieve later” principle. An exception to this principle arises where the directive is illegal or unsafe.

An employee has engaged in insubordination when:  
There has been a clear directive that was understood by the employee;  
The directive was given by a person in authority i.e. manager/designate etc.  
The directive was not followed.

An additional type of insubordination arises where the employee communicates in an insolent/defiant/rebellious manner to a person in authority. This form of insubordination is cause for disciplinary action up to and including termination.

### **3.E. 4: Protection, Privacy, Breaches of Confidentiality**

Failure to respect the confidentiality of the individual supported will result in disciplinary action up to and including dismissal. Staff members must not discuss the individual supported in a manner that breaches the person’s rights to dignity, respect, or privacy. Information regarding another employee is not to be given out to anybody (e.g. email, phone, or in-person).

### **3.E. 5: Conflicts of Interest Violations**

All employees have the responsibility to report any possible conflicts of interest to their manager/designate. The manager/designate is obligated to resolve the conflict or perceived conflict with the parties involved. When the situation is not resolvable at this level, the situation is to be referred to the Manager of Human Resources.

### **3.E. 6: Borrowing or Purchasing Personal Effects**

Staff members are not to borrow or purchase the personal effects of individuals supported.

### **3.E 7: Performance Correction**

Concerns regarding employee performance and conduct are addressed according to the “best practice” recommendations of CSSEA and the requirements of the BC Employment Standards Act and Regulations. Investigations are conducted according to principles of fairness, objectivity, accuracy, and timeliness. Effective performance management used in combination with principles of progressive discipline form the basis of performance improvement at Kardel.

In determining the appropriate employer response, consideration will be given to:

The employee’s prior work and discipline record.  
Mitigating circumstances.  
The severity of the misconduct.  
The employee’s attitude toward a solution.

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A combination of these factors will determine the type of correction and level of discipline to be applied. Levels of progressive discipline include corrective counselling, verbal warning, written reprimand, suspension, and termination.

### **Probationary Period**

Managers/designates are required to produce clear, specific, examples and evidence, to support a conclusion that an employee does not possess the necessary qualities.

As an employer we must be able to demonstrate:

That the standards of work performance expected of the employee have been conveyed clearly and repeatedly;

That the employee is provided with proper supervision and direction on how to meet the standards of work performance;

That the employee has been given a reasonable opportunity to meet these standards;

That the employee has been warned explicitly that an unsatisfactory probation may result in dismissal;

That an evaluation of the employee's suitability was carried out properly in a manner that was in good faith, reasonable, and without discrimination.

### **3.F. Compensation Administration**

#### **3.F. 1: Banked Overtime**

Employees who choose to bank overtime may request time off as per Kardel Vacation/Time Off policy. Unused banked overtime will be paid out twice per year in the pay period which includes March 31<sup>st</sup> and September 30<sup>th</sup>.

#### **3.F. 2: Direct Deposit**

Kardel directly deposits pay into the account specified by the employee upon hiring. Employees may complete a direct deposit form at any time during their employment to re-direct their funds to an alternate account.

#### **3.F. 3: Home Base Designation**

Information from payroll is distributed to the employee's home base. Home base is designated upon hire but may be changed by the HR department for an employee due to: position change, changes where the employee is oriented and picks up shifts. The new Home Base Manager assumes responsibility for completion of performance evaluations. The HR, or the manager/designate must confirm the change in home base with the employee.

#### **3.F. 4: Change of Name, Address, Phone Numbers**

To ensure accurate information for payroll purposes, employees must notify their manager/designate in writing of any change to their name, address or phone number. A Personal Information Change Form must be completed and forwarded to the HR department/payroll.

#### **3.F. 5: Night Shifts and Statutory Holidays**

Statutory premiums are allocated to the employees completing the majority of their hours on the actual paid holiday. An employee commencing work at 11:00 pm, for example, on the night before a paid holiday will be paid at the holiday rate for their complete 8-hour shift. The staff commencing work at 11:00 pm. on the night of a paid holiday noted above will be paid regular time.

#### **3.F. 6: Payroll Inquiries**

Employees with inquiries regarding compensation and benefits must direct them in writing to the home base manager. If the inquiry cannot be resolved by the manager/designate, details of the issue are to be clearly outlined on a Payroll Inquiry Form, including dates and times. The form is forwarded from the manager to payroll. A Payroll Inquiry form must be available at all homes/programs. Payroll inquiries must be submitted within 60 days of the pay date.

Inquiries unable to be resolved by the Compensation Administrator may require further review and investigation by the Manager of Human Resources.

#### **3.F. 7: Payroll calculation for meetings**

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Employees who attend meetings are paid for the time during the meeting. Attendance at staff meetings which are voluntary do not generate overtime.

### **3.F. 8: Retroactive Pay**

It is Kardel's practice to use direct deposit for retroactive pay. The formula used to calculate tax on retroactive pay is a Canada Revenue Agency formula based on estimated average annual earnings.

### **3.F. 9: Short term Partial Leave of Absence for Education**

We wish to facilitate further education for our employees. It is recognized that courses may be scheduled during regular hours of work. Requests for a partial leave of absence, without pay, from a regular position may be granted by the employer subject to a consideration of the following:

The employee has been in their position for a minimum of six (6) months;

The purpose of the partial leave is education;

The partial leave has a start and finish date within a semester from a recognized College or University;

The employee's performance appraisals are satisfactory;

There are no additional costs to the employer;

It is operationally feasible to fill the hours of requested leave;

It does not create undue hardship for the people being supported.

### **3.F. 10: Special Leave for Bargaining Union Employees**

Employees inform the manager/designate of the request for special leave and write the reasons on the Leave Request Form. The manager/designate approves or rejects the request, based on the collective agreement. The manager/designate sends the Leave Request Form to payroll. The Manager of Human Resources reviews special leave requests each pay period. Should more information be required, the Manager of Human Resources will discuss the request with the manager/designate involved. If the request is denied, the manager/designate will notify payroll and the manager/designate or the Manager of Human Resources will inform the employee.

### **3.F. 11: Time Change: Employees on Shift**

Employees at work during a shift when the time is changed between Pacific Standard and Daylight Savings will be paid for actual hours worked during the shift.

Employees affected by the spring change from Pacific Standard to Daylight Savings Time work only seven (7) hours and are paid for the actual amount of time on shift.

Employees affected by the fall change from Daylight Savings to Pacific Standard Time work nine (9) hours and are paid for eight (8) hours at straight time and one hour at time and one-half.

Employees at work during the change of time will record the actual time on the job on the sign in sheet.

### **3.F. 12: Sign In Sheets**

The employee must verify/record their time worked on the sign-in sheet provided. The 24-hour clock is to be used on sign-in sheets. This will be the document referred to in case of dispute.

### **3.F. 13: Union Leave**

Employees request Union Leave from their manager/designate using a Union Leave request form. The manager/designate determines the response based on operational requirements of the home/program and ability to fill the shift(s). Managers/designates indicate the hours as "Union Leave" on the sign in sheet. The leave form is sent to payroll in the applicable pay period so hours can be billed to HEU.

### **3.F. 14: WorkSafe BC: Employees on WorkSafe BC Claim**

All WorkSafe BC claims are paid directly to the claimant. For time loss claims, employees must provide the employer with the anticipated date of their return.

An employee enrolled in the Group Health Benefits plan may continue on benefits while away from work on unpaid leave over 20 days in a calendar year at full cost to the employee. Post-dated cheques are required to be submitted to the office.

### **3.F. 15: Benefits While on Unpaid Leave of Absence**

An employee who is on a leave(s) of absence greater than 20 work days in a calendar year may opt to continue coverage in the Group Health Benefit Plan, with full cost of premiums being assumed by the employee and paid by post-dated cheques to the employer. If payment is not received in full each month, the employee's benefits will be cancelled. If the employee does not wish to continue group benefits, the appropriate cancellation form(s) must be completed prior to the commencement of the leave. Forms may be obtained through the Compensation Administrator.

Details regarding billing and payment will be outlined in writing by the Compensation Administrator and sent directly to the employee.

### **3.G. Personnel Files: Human Resources and Payroll Office**

#### **3.G. 1: Personal Information and Protection of Privacy Act (PIPA)**

Kardel respects and upholds an individual's right to privacy and the protection of their personal information. We are committed to ensuring compliance with the British Columbia's Personal Information and Protection of Privacy Act (PIPA). Kardel stores personal information securely. Kardel is responsible to inform individuals what information will be shared with whom and why. The Kardel Privacy Officer is the Director of Quality Assurance.

#### **3.G. 2: Storage**

All personnel files of active employees will be kept in a lockable filing cabinet in the HR Office. The HR office shall be kept locked and only accessed by approved personnel. The HR Office is responsible for maintaining these files and for ensuring their confidentiality.

#### **3.G. 3: Retaining and Destroying Records Pertaining to Personnel**

All personnel files of past employees are kept in the Kardel archives. Complete Files must be kept for six years from the end of the year the employment was terminated prior to shredding.

No documents will be shredded if there are legal actions or investigations underway.

The following personnel documents are scanned and kept indefinitely:

Applications for employment

Criminal Record Checks, and/or vulnerable Sector checks, including consent

Reference Checks

Records of Abuse Training

Sign off of Abuse Policies and Procedures

Evidence of Competency Based Training in areas of abuse

#### **3.G. 4: Retaining and Destroying Records Pertaining to Payroll**

Payroll records must be retained for six years from the end of the fiscal year that they fell within. Payroll records and supporting records must be retained for dealing with an objection or appeal until it is resolved and the time for filing any further appeal has expired, or until the six-year period mentioned above has expired, whichever is later. No documents will be shredded if there are legal actions or investigations underway.

#### **3.G. 6: Personnel File Composition:**

##### **Credentials/Requirements:**

Application form

Resume

Interview question forms

Home Orientation

First Aid CPR

Food Safe

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Mandt Training Certificate  
Class IV/Driver's Medical Exam/ Annual Driver's Abstract  
Any relevant certificates: Mandt training, HCA certificate, Foodsafe etc  
Hiring checklist  
Vehicle insurance documents  
Tuberculosis screen  
Immunization Record or approved licensing Letter  
Medical forms  
Reference checks

**Payroll:**

Personnel information forms  
Direct Deposit form  
TD1 Forms  
Successful applicant for postings  
Payroll memos  
Past reimbursements  
Employment verification requests and copies of letters  
Cross-registration forms  
Record of Employment Requests and Forms  
Names/Address change forms  
Garnishee Orders

**Benefits\*:**

WorkSafe BC claims and correspondence  
Correspondence related to extended leave  
Medical notes re: returning to work/unable to work  
LTD Information  
\*All other benefit forms, information and pension information kept in payroll office.

**Communication:**

Hiring letters  
Displacement letters  
Letters of Expectation, Discipline  
Final outcomes of grievances  
Letters and notes to and from employee  
Records of coaching and consultation with supervisor  
Performance evaluations  
Employment contracts  
Signed Job Description  
Signed Confidentiality Agreement

**3.G. 7: Review of Personnel Files**

The manager may access the files of employees under their supervision and of employees who are being considered for employment in their home/program.

Upon request to the Manager of Human Resources, an employee shall have the right to review his/her personnel file. The file must be reviewed at the administration office of Kardel in the presence of a manager/director or designate. Time will be scheduled when a suitable private office and a manager is available. The employee or their Union Representative, as the case may be, shall give the employer seven (7) days' notice prior to examining the file. With express written consent by the employee, a union representative in the presence of a manager/designate or Director may review the file in the administrative office.

Personnel files will not be released to any other party, except by court order.

### **3.H: Volunteers**

#### **3.H. 1: Criteria For Use**

Volunteers will be recruited to enhance the quality of life for the individuals supported, and to serve as a valuable link to and from the community.

Volunteers are “supernumerary” (i.e. additional), to established positions within the Bargaining Unit and will not result in the layoff of Bargaining Unit employees; nor will volunteers be used to fill established positions within the Bargaining Unit.

#### **3.H. 2: Volunteer Supervision**

The manager/designate of the home/program is responsible for all aspects of the functioning of the home/program, including volunteers. Volunteers will work under the supervision of staff members while on site, with the manager/designate consulting with staff members re: job duties and feedback.

An administrative staff member appointed by the Manager of HR will be the volunteer/practicum coordinator. They will recruit and screen new volunteers, ensuring the application is complete and two references are checked, updates policies and procedures, and is involved in conflict resolution with volunteers.

#### **3.H. 3: Signed Agreement**

An agreement is signed between the volunteer and the manager/designate regarding job functions while on site. The volunteer reads the volunteer job description and signs that they have read it. Job functions and job duties are reviewed annually as part of the annual feedback given to volunteers. Volunteers also must sign that they have received Kardel’s Policy and Procedure information regarding volunteers, have had an opportunity to discuss concerns, and that they agree to uphold the requirements.

#### **3.H. 4: Documentation and Requirements**

Volunteers must complete the volunteer application; provide two character references, a Ministry of Public Safety and Solicitor General Criminal Record Check current within six months, and a negative TB test. A form will be provided to the volunteer to take to the Tuberculosis Clinic where the fee will be waived.

The Volunteer/Practicum Coordinator will make the initial phone call to the volunteer within one week of their application, and an appointment will be established no later than two weeks from the time of application.

Volunteers will be interviewed by the Volunteer/Practicum Coordinator or by the manager/designate of the home/program they have expressed interest in. If the candidate seems suitable, references will be checked. The interviewer will work with the volunteer to select the appropriate volunteer placement based upon the needs of the homes/programs and the interests/skills of the volunteer.

The Volunteer/Practicum Coordinator and/or the manager/designate is responsible for the final determination of the suitability of the person to volunteer within a home/program. If the volunteer is working on more than one site, one manager/designate will be assigned primary responsibility for completing the feedback form for the volunteer.

Volunteers are required to inform the manager of any criminal charges brought against them while they are a volunteer with Kardel.

### **3.H. 5: Files**

The manager/designate will complete the assigned volunteer duties form and the orientation checklist, and forward a copy to the Volunteer/Practicum Coordinator to serve as part of the volunteer's permanent records along with their application, TB screen, criminal records check, and reference checks. Volunteer files are kept in a locked cabinet and they are treated as confidential in the same manner as personnel records. The Volunteer/Practicum Coordinator ensures files are complete and orderly. A volunteer has the right to view their file by request to the Volunteer/Practicum Coordinator, who will make arrangements within one week of the request.

The managers/designate ensure staff members are aware of the volunteer's duties while in the home/program and staff members provide a welcoming attitude to volunteers who help to enhance the quality of life for the individuals supported.

### **3.H. 6: Orientation and Training**

Volunteers are provided with an orientation by the manager/designate and a volunteer orientation checklist is completed. For safety and security, volunteers will be oriented to the fire drill procedure, fire evacuation routes, and emergency preparedness, location of the first aid kit and disaster preparedness supplies, and accident reporting. The completed orientation form is forwarded to the Volunteer/Practicum Coordinator for tracking. Training is provided by staff members who are familiar with the individual supported. This will include an overview of their likes, dislikes, communication strategies, regular routines, and requirements for assistance. Volunteers may participate in training activities as approved by the Director of Quality Assurance.

### **3.H. 7: Performance Feedback**

The manager/designate completes a volunteer feedback form annually or, in the case of people accruing hours for entry into a training program, upon completion of the hours. The Volunteer/Practicum Coordinator will track volunteers and ensure documentation and feedback forms are on file.

If volunteers are accruing volunteer hours towards a recognized program of study, it will be incumbent upon them to sign in and out on a registry kept for volunteers for this purpose. They should also keep a personal log for their records.

### **3.H. 8: Confidentiality**

Individual supported files are highly confidential. Requests for personal information pertaining to the individuals supported are to be directed to the manager/designate. Failure to respect the confidentiality of the individual supported will result in dismissal. Volunteers should not discuss individuals supported

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outside the home in a manner that breaches the person's rights to dignity, respect, and privacy. Volunteers attending courses and workshops must not discuss individuals supported by name or in such detail as to identify them. Volunteers sign a confidentiality agreement.

### **3.H. 9: Restrictions**

Volunteers will not be involved in the provision of personal care or take the lead role in the provision of First Aid/CPR if a trained staff member is readily available.

They will not drive the individual in their vehicles unless this has been pre-arranged with the manager/designate and proof of appropriate insurance is provided (minimum \$2,000,000 liability).

Volunteer must also fill out a driver's information form and provide a current driver's abstract.

Duties will be assigned under the direction at all times of the manager/designate. Volunteers will not be left unattended with an individual supported until such time as the individual supported receiving services, the volunteer, staff and manager/designate are assured that brief 1:1 time would be advantageous. Any outing or 1:1 time must be with the approval of the manager/designate and should be discussed with the family to ensure their consent.

Volunteers and practicum students are not to be issued a username and password for ShareVision.

Volunteers and practicum students will not have access to the document finder.

Volunteers are not permitted to deliver any medication.

### **3.H. 10: Dismissal**

In the event of conflicts that arise with the volunteer and individual supported in the home/program, and/or staff, the manager/designate will mediate the conflict. Kardel reserves the right to terminate a volunteer placement if his/her participation is detrimental to the interests of the individuals supported, staff members, or operation of the service.

### **3.H. 11: Exemptions**

Friends of the individuals supported are not classified as volunteers and are not subject to the volunteer requirements. Where it is unclear whether a person's status is that of a friend, volunteer or a staff member, the matter must be brought to the Director of Quality Assurance for determination.

### **3. I: Practicum Placements**

#### **3.I. 1: Criteria For Use**

Kardel welcomes practicum students as a valuable link to the community and as a contribution to a well trained workforce. Students will be accepted within our services with the primary aim of improving the quality of life for the individuals supported both in the short and long term. The college or university provides the course description and the learning outcomes for the practicum, which are in keeping with Kardel's overall requirements for qualified staff members. An administrative staff member appointed by the Manager of HR will be the volunteer/practicum coordinator. The Volunteer/Practicum Coordinator works with the manager/designate to determine the appropriate practicum placement based upon the needs of the homes/program and the learning goals required for the student. The Volunteer/Practicum Coordinator tracks the number of students and the success of the experience and follows up with the learning institute if problems exist.

#### **3.I. 2: Supervision**

The roles and responsibilities of the instructor are stipulated by their college or university, and then are shared with the manager/designate and agreed to by Kardel. This would include the following areas: Orientation to the roles and responsibilities of the student, Kardel, and the instructor in the framework of the practicum;

Orientation of the manager/designate to the learning goals for the practicum;

Availability of the instructor for the student;

Maintaining a link with the manager/designate and getting input into the student evaluation from the manager/designate.

The manager/designate is responsible for all aspects of the functioning of the home/program, including students. The managers/designates are the primary link for the student and the instructor. Students will work under the supervision of staff members while on site, with the manager/designate consulting with staff members to outline job duties and get feedback on performance.

#### **3.I. 3: Signed Agreement**

The Volunteer/Practicum Coordinator coordinates with the college or university for the practicum placements. He or she ensures that proper documents are in place re: indemnity and updates of policies and procedures, and is involved in conflict resolution with the college or university if problems arise. The college or university provides the learning goals for the practicum and the signed agreement serves as an acknowledgement that Kardel will work with the student to provide experiences towards their learning goals.

#### **3.I. 4: Documentation and Requirements**

The college or university completes the Ministry of Public Safety and Solicitor General Criminal Record Check and negative TB test as part of our agreement with the college or university.

### **3.I. 5: Files**

Managers/designates will complete the orientation checklist with the practicum student, and forward a copy to the Volunteer/Practicum Coordinator to serve as a record of the student's involvement with the company. The student's file will consist of the orientation checklist and a feedback form. Files are kept in a locked cabinet with personnel files, and they are treated as confidential in the same manner as personnel records. The Volunteer/Practicum Coordinator ensures files are complete. A student has the right to view their file by request to the Volunteer/Practicum Coordinator, who will make arrangements within one week of the request.

Managers/designates ensure staff members are aware of the student's learning goals and assign appropriate duties to meet these goals while in the home/program and staff members are to provide a welcoming attitude to students to enhance the quality of life for the individuals supported.

### **3.I. 6: Orientation and Training**

Students are provided with an orientation by the manager/designate and an orientation checklist is completed. For safety and security, students will be oriented to the fire drill procedure, fire evacuation routes, and emergency preparedness, the location of the first aid kit and the disaster preparedness supplies, and accident reporting. The completed form is forwarded to Volunteer/Practicum Coordinator for tracking. This will include an overview of the person's likes, dislikes, communication strategies, regular routines, and requirements for assistance. Students will be invited by the manager/designate to participate in training activities occurring in the home that may be of interest to them and that are without cost.

### **3.I. 7: Assessment and Performance**

The manager/designate contributes to the student evaluations through feedback to the college instructor and student, which are part of the formal part of the evaluation process to determine the student's final grades in a particular course. These are confidential records between the student and instructor. The company student feedback form is used to complete our records to ensure we have an indication of the student's performance in our homes and programs. The Volunteer/Practicum Coordinator will track students and ensure orientation and feedback forms are on file.

### **3.I. 8: Confidentiality**

Individual supported files are highly confidential. Requests for personal information pertaining to the individuals supported are to be directed to the manager/designate. Failure to respect the confidentiality of the individual supported will result in dismissal. Practicum students should not discuss individuals supported outside the home in a manner that breaches the person's rights to dignity, respect, and privacy. Students must not discuss individuals supported by name or in such detail as to identify them. They must sign a confidentiality agreement.

### **3.I. 9: Restrictions**

Students will not be involved in the provision of personal care or take the lead role in the provision of First Aid/CPR unless closely supervised by a trained staff member.

They will not drive the individual in their vehicles unless this has been pre-arranged with the manager/designate and proof of appropriate insurance is provided (minimum \$2,000,000 liability). They must also fill out a driver's information form and provide a current driver's abstract.

Duties will be assigned under the direction of the manager/designate at all times. Practicum students will not be left unattended with an individual supported until such time as the individual supported receiving services, the student, staff and manager/designate are assured that brief 1:1 time would be advantageous. Any outing or 1:1 time must be with the approval of the manager/designate and should be discussed with the family to ensure their consent.

Practicum students are not to be issued a username and password for ShareVision.

Practicum students will not have access to the document finder.

Practicum Students are not permitted to deliver any medication.

### **3.I. 10: Dismissal**

The manager/designate of all homes/programs reserves the right to approve the acceptance of a student. If conflicts arise with the student and individual supported in the home/program, and/or staff members, the manager/designate will mediate the conflict. Part of the role of the college or university instructor is to liaise between the manager/designate, student, and the college or university should any concerns or conflict arise. The instructor will be invited to be part of any mediation or conflict resolution process.

Kardel reserves the right to terminate a student if their participation is detrimental to the interests of the individuals supported, staff members, or operation of the service. However, an attempt may be made to place the student elsewhere within the system. Kardel will work cooperatively with the instructor of the program to address needs and issues.

### **3.I. 11: Accident/Injury**

If a student has an accident/injury on site the incident is to be entered under Staff Injury Form by the manager/designate. This applies to volunteers as well.

### **3: J: Excluded Staff**

#### **3.J. 1: Benefits**

Statutory benefits include WCB, EI and CPP.

Excluded employees working a permanent schedule of 20 or more hours per week receive the following benefits after they have completed 3 full calendar months:

Long Term Disability (LTD). LTD premiums are employee-paid which means the benefit payments are tax-exempt.

Group Life Insurance and Accident and Serious Incident (ASI) coverage is mandatory.

All excluded employees will have extended health premiums paid by Kardel, if they are not otherwise covered.

All excluded employees will have dental premiums paid by Kardel, if they are not otherwise covered.

Note: There is no orthodontic coverage.

The impact of premium increases for all categories listed above will be assessed by Kardel at time of plan renewal and some or all of such increases may be passed on to the employees.

Detailed information regarding benefits is available through compensation administrator.

#### **3.J. 2: Vacation**

Vacation will be based on years of continuous service, increasing annually to a maximum of 7 weeks (13.6%). All newly hired excluded staff will start with a vacation entitlement of 15 days after 1 year of continuous service and will accrue additional vacation entitlement in increments of 1 day per year.

Exception: At the completion of ten years of continuous service (commencement of year 11), there will be a 2-day vacation entitlement increment for that year only.

All vacation taken per year is non-inclusive of statutory holidays. In order to meet operational needs, excluded personnel are limited to a maximum of 5 consecutive weeks per vacation block/planned absence.

Leave requests must be submitted for approval to the direct supervisor with as much notice as possible.

#### **3.J. 3: Sick Days**

All excluded employees will have an annual entitlement of 12 paid sick days. The current sick bank and unused sick days is cumulative for all excluded employees up to a limit of 85 work days. Sick days will be paid at 100%.

The "Sick Bank" will not be paid out at termination.

#### **3.J 4: Paid Bereavement Leave and Leave of Absence Without Pay**

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Excluded personnel will be granted up to 5 days with pay at the time of notification of death, upon submission of appropriate documentation, in the event of a death of a member of the employee's immediate family. This includes: parent (or alternatively step-parent or foster parent), spouse, common-law spouse, child, stepchild, brother, sister, father-in-law, mother-in-law, grandparent, grandchild, legal guardian, ward, and relatives permanently residing in the employee's household or with whom the employee permanently resides.

Excluded staff may utilize up to five (5) sick days in addition to bereavement leave. Leave of absence without pay is available for family responsibility leave, compassionate care leave, and jury duty as stipulated in the Employment Standards Act.

All requests, approvals, and denials for leave shall be in writing with as much notice as possible. Approvals shall not be withheld unjustly.

### **3.J.5: Travel Claims**

Travel and meal allowance for excluded employees is consistent with the HEU contract. Expenses are claimed upon return on the cheque request form and submitted to the Director of Quality Assurance for approval and reimbursement. The costs come out of the training budget. All receipts for travel, meals, and accommodation need to be submitted. If an advance is required to cover costs, the manager/designate should contact the Director of Quality Assurance.

### **3.J. 6: Manager Compensation Working Front Line Hours**

All overtime must be called out to bargaining unit members prior to being worked by managers. Managers have discretion with respect to refusing overtime to employees if there is reason to question the employee's ability to fully and safely perform the work during the additional hours.

#### **When managers are required to work front line hours:**

Managers should try to fit those hours into their defined weekly hours.

Hours worked above their agreed work week, can be banked as Accumulated Time Off (ATO), as outlined in Policy 3.J.10.

Managers can be paid for those hours with overtime rates stated below.

#### **Overtime Rates:**

The first two hours of an extended shift is paid at 1.5 times the regular rate of pay.

Any hours over 10/day will be paid at 2X the regular rate of pay.

If a manager is required to work a weekend shift (Saturday or Sunday), it will be paid at 2X their regular rate of pay.

For shifts worked on a statutory holiday the manager is entitled to 1.5x their rate of pay and a paid day off, rescheduled as soon as possible.

Managers, whose regular hours are less than 40, will be paid at the management rate of pay for all hours up to 40 hours unless worked on a weekend. Weekend rates will be as per #3 above.

Managers working weekday day shifts when they are typically scheduled are not eligible for additional compensation. If it is necessary to complete management duties after hours as a result of working

front-line on the day shift, those hours are counted as ATO and are to be used in accordance with policy 3.J.10.

### **3.J. 7: Cell phones**

All Directors, Managers and Home Share Coordinators will have Kardel cell phones. Managers and Home Share Coordinators provided with cell phones must be aware that cellular transmissions are not secure and use discretion in relaying confidential information. Kardel cell phones are for Kardel business and emergencies only.

For cell phones owned by the company all passwords should be registered with the Director of Finance.

### **3.J. 8: Provision of References**

Managers/Directors/CEO serves as the only authorized representatives on Kardel's behalf for giving references.

On request, all employees are entitled to a confirmation of employment letter that sets out objective information such as the employee's start and end dates, the positions held, and the key responsibilities.

Managers/Directors/CEO must ensure they have the employee's consent prior to providing a reference to a prospective employer. An "Authorization to Provide a Reference" form is available for the managers to obtain written confirmation.

Managers/Directors/CEO may at their discretion provide a more detailed reference letter that speaks to the employee's ability to perform their job and the diligence, skill, and reliability with which they carried out their duties. Managers/Directors/CEO is to provide the letter in a timely fashion. The employer takes reasonable care in both ascertaining the facts on which the reference is made and in drafting the letter itself. This could include discussing the employee's performance with their direct supervisor and reviewing performance appraisals.

In cases where employment ended by mutual agreement or the employee resigned, and where there are no concerns about the employee's performance, employers should not hesitate to provide a reference letter.

Where the employer has minor concerns about the employee's performance, the employer should consider providing a reference letter that simply focuses on the employee's positive attributes.

If the performance concerns are significant, the employer should consider pointing this out in generalized language (i.e. "While employee has positive qualities, his attendance could be improved," or "Employee Y always met deadlines but he worked most effectively when he worked alone.").

In cases where the employee is dismissed for cause, the employer should provide only a confirmation of employment letter.

A reference should be an accurate, fair, and well-balanced representation of the employee's work performance and work-related behaviour. Avoid exaggeration, making inaccurate statements, or omitting relevant facts. Provide a reference as requested by the prospective employer and answer only

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the questions asked. A reference could be challenged if the manager made slanderous falsehoods about an ex-employee.

It is important to ensure that the person requesting the reference has been authorized by the employee to seek the reference. It may be wise to phone the employer back after you have confirmed with the employee that they have agreed to your name being used as a reference.

If there is uncertainty on the part of the manager about the reference, refer to the Manager of Human Resources.

### **3.J. 9: Manager's Absences**

The appointment of a replacement by a manager during absences is at the discretion of the manager in consultation with the Director of Programs.

Managers may opt to choose a "buddy" manager from another home/program to oversee operations during short absences.

The designate chosen to cover during manager absences is selected by the manager of the home/program based on performance, leadership, relevant skills, and service. The staff members eligible to meet the requirements of Licensing for the manager's role will be selected to act in the role of designate. The selection is reviewed and approved by the Director of Programs and the Director of Quality Assurance. The designate does not have to be the same person for the full duration of the manager's absence.

The manager will determine the designate schedule in advance of the absence, where possible. The schedule should be arranged to facilitate essential administrative and operational duties (payroll, scheduling, and banking). In most cases, it is expected that the designate will continue with their front line duties. However, should circumstances arise that require follow up, the designate will consult with the Director of Programs or Director of Quality Assurance to discuss changes to the schedule.

Leave for managers of over 30 calendar days should be submitted to the Director of Programs 8 weeks in advance to ensure adequate time for approval of the designate by the Licensing Branch.

#### **3.J. 9 a) Front Line Duties**

Care for the individuals supported is not to be compromised by virtue of the manager's absence. Additional front line staff may be booked depending on the requirements of the home/program, the length of absence, and the workload.

#### **3.J. 9 b) Management Function**

The temporary replacement is not expected to assume full managerial duties. In some circumstances the Director of Programs or another manager might be the only designated manager replacement. In all circumstances, a greater administrative vigilance is maintained when the regular manager is unavailable.

When a Manager may be away for an extended period and in consultation with the Director of Programs, the temporary replacement may attend manager group meetings.

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For unplanned absences (e.g. sick days) no specific provision for replacement of on site management is made. Other managers are available for consultation regarding non-urgent issues, and anything of an urgent nature, when the manager cannot be contacted, is referred to the Director of Programs.

### **3.J. 9 c) Compensation**

A bargaining unit employee appointed as designate for more than one day will get 10% above their rate of pay. The designate must be on shift for the 10% differential to be paid. This is called the PIC (person in charge) premium. This premium relates to work Monday through Friday as there is a weekend on call managers for urgent matters.

### **3.J. 9 d) Weekend On-Call Manager Rotation**

There is one manager on-call assigned for the agency each weekend. The cell phone number is posted in each home: 250-589-5308. The manager is responsible 24 hours per day beginning Friday 5:00pm and ending Monday 7:00am. There will be extra days for weekend statutory holiday coverage.

All emergency calls requiring direction from a manager, including approval for overtime, from homes are to be made to the manager on-call. The manager on-call will deal with the emergency in the appropriate manner, make further contact if necessary, and consult with the manager only if necessary. This may include the requirement to attend hospital in the event of a serious illness/injury of an individual supported.

The manager on-call each weekend is provided with the following:

On-call communication/log book with list of manager's names and home phone numbers and a list of home/program numbers.

Access to relevant information via ShareVision

Crisis staffing protocol policy

Cell phone and charger

The manager on-call must record each call received, noting the date, time, nature of the call, and action taken. The manager will receive: 8 hours of ATO for a 2 day weekend (Friday evening to Monday morning), and an additional 4 hours of ATO for each additional day.

If an extraordinary situation arises requiring significant involvement by the on-call manager (over four hours) time will be reimbursed at straight lieu time. Managers will provide documentation. Hours banked are to be taken at no cost to Kardel.

### **3.J. 10: Accumulated Time Off: Excluded Staff Members Only**

Excluded staff members may need to work additional hours in order to complete duties required within their role/position. Excluded staff members may accumulate time worked beyond their regular hours and take the time off at a later date. These hours (ATO) are to be scheduled as soon as possible. ATO banks should not exceed 25 hours and accumulated time off is not paid out upon termination of employment.

Managers are required to inform the Director of Programs of any/all changes to their schedule. Managers are required to submit a “Leave Request Form” to the Director of Programs for approval prior to taking one (1) or more days of accumulated time off.

### **3.J. 11: Grievance and Appeals Procedures**

As with all staff members, excluded staff members should bring grievances to the attention of their immediate supervisor. The supervisor should address the issue within seven days. If the issue cannot be resolved with the immediate supervisor, the issue should be brought to the Director of Programs by the manager and the staff member. The Director of Programs will address the issue within seven days. If not resolved with Director of Programs, then the employer should forward the complaint to the CEO who will address the issue within seven days. A written summation of the decision should be provided to the excluded staff member and a copy forwarded to Director of Programs and the Manager Human Resources.

Depending on the nature of the complaint, if the issue is unresolved internally it may be appealed by the employee to the appropriate external body. Though not a comprehensive listing, these bodies may include; WorkSafe BC, Employment Standards, BC Human Rights Commission, Information and Privacy Commissioner, Community Living BC, and Community Care Facilities Licensing. Kardel would work cooperatively with the external investigating body to ensure our legal and ethical responsibilities are met.

### **3.J. 12: Benefits While on Disability Leave of Absence**

If, while working for Kardel, an excluded employee becomes totally disabled from any cause and is unable to work, thereby qualifying for disability benefits from Employment Insurance, Canada Pension Plan, group or private disability, Kardel will continue to provide the employee’s insured benefits on the same basis as prior to disability\* for the 4 month qualification period for long term disability.

(\*Excluded employees are responsible for 100% of their LTD premiums)

Following the qualification period, the employee may choose to continue benefits paying 50% of the cost. The maximum period that insured benefits will be continued for a disabled employee is 16 months (i.e. throughout the 4 month qualification period for long term disability and during the following 12 months if disability continues) or until the employee’s employment is terminated, if earlier.

In the event that an employee does not pay his/her share of the insurance premiums, coverage for the insured employee and their eligible dependents (if any) will be discontinued after a 30-day notice period served in writing by Kardel.

If the employee is still disabled and unable to return to work following 16 months of continuous disability, their group insurance benefits will be terminated. Written notice will be given at least 30 days prior to the termination date.

Employees may pursue a personal extended health care and/or dental plan at their own expense when group benefits are no longer available. Coverage may be available through Kardel’s benefit carrier without medical evidence of insurability if application is made within 60 days of the end date of group coverage. If the application is made more than 60 days following termination of group benefits, medical evidence may be required for the employee and their eligible dependents, if any. Coverage would be

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effective on the first day of the month following approval by the insurer. It is the employee's responsibility to locate and apply for personal coverage within the specified timeframe.

## Section 4 Health and Safety

### 4.A. Safe Physical Assistance

#### 4.A.1 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.

**Post Falls Procedure:** The procedure outlines the steps staff should follow in the event an individual supported falls. **Staff is required to review and sign off the Post Falls Procedure prior to supporting individuals at the start of their first shift.** The Post Falls Procedure can be found in the Health and Safety Resources tab on the Residence Page of ShareVision

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.

### **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.)
- 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.

#### **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

#### **4.A.2 Post Fall Procedure**

1. Make sure immediate environment is safe
2. Do not move the individual unless position following fall could potentially put them at further risk of injury
3. Apply first aid
4. Provide comfort and reassurance

**Contact 911 immediately** if the any of the following occur:

- Individual has hit their head
- Individual is not responsive
- Individual is in distress
- No one witnessed fall
- Individual's bleeding cannot be controlled

**If 911 call is not necessary (as per above) you need to follow up immediately with manager, Kardel nurse or 811 within 20 minutes of the incident.**

#### **Weekday during regular hours**

Contact manager

If they are not immediately available contact Kardel Nurse or 811

Contact manager to inform them of fall

#### **Weekday Evening**

Immediately contact 811

Contact manager to inform them of fall

#### **Weekend**

Immediately contact 811

Contact weekend on-call manager (not the program manager) to inform them of fall

**\*\*Do not delay transport of an individual to seek medical attention. If there is no other staff on shift to stay in the home with other resident(s) call 911.**

If individual is examined by a health professional staff must complete a ShareVision Critical Incident Form and the Licensing Electronic Incident Report. A PDF of the Licensing Electronic Incident Report must be faxed or mailed to CLBC.

**If the individual is not seen by a health professional document this under "Fall Charting".**

#### 4. A 3: 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

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.4: 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**

**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 plan.
- Follow the reporting process to communicate changes and update care plans.
- A reassessment may be required.

### **4.B Emergency Survival Kits and First Aid Kits**

**4.B.1 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.

**4.B.2 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 and that monthly checks are recorded. Cards are attached to each kit stating what supplies are available in the kit.

Items taken from the first aid kits or emergency survival kit should be noted, including a date and signature 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.C Health and Safety Training**

##### **4.C.1 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 should be included in emergency drills.

##### **4.C.2 Staff Training**

The organization provides comprehensive training so that personnel can demonstrate their competency in health and safety. Emergency drills and employee education are required at all program sites including administration offices and Homeshare offices.

##### **4.C.3 First Aid**

All staff members who support individuals are required to have a current First Aid/CPR Certificate from a certified instructor who meets Community Care Facilities Licensing requirements. Kardel offers re-certification training course throughout the year for staff. The HR department tracks certificates.

Please refer to section 3.B. 1: First Aid/CPR

##### **4.C.4 Competency Based Training**

Personnel receive documented competency-based training in the following areas:

###### **At orientation, and annually thereafter:**

- Health and safety practices.
- Identification of unsafe environmental factors.
- Emergency procedures.
- Evacuation procedures, if appropriate.
- Identification of critical incidents.
- Reporting of critical incidents.
- Medication management.
- Reducing physical risks.
- Workplace violence
- Dementia
- Emergency Evacuation and Drills

##### **4.C.5 Homeshare Providers Training**

Homeshare Providers are contracted by Kardel and are not Kardel employees. They must participate in training as outlined in the Homeshare contract.

HomeShare providers participate in the following competency based training:

- Implementation of program values.
- First aid
- Basic healthcare expectations.
- Documentation practices.
- Medication management, when applicable for the person served.

Date of Last Review: June 1<sup>st</sup>, 2023

- Other specific areas as applicable to the person served.

Homeshare providers will work with the people they support to learn health and safety procedures specific to their homes, in ways that are understandable to them.

#### 4.D Emergency Drills

Each program site and all administration office including Homeshare offices must participate in emergency drills as outlined in this policy.

Established emergency procedures detail appropriate actions to be taken to promote safety in all types of emergencies. Emergency procedures are created to support staff and individuals we support to use best practice when dealing with crisis that occur.

Being prepared and knowing what to do help the persons served and personnel to respond in all emergency situations, especially those requiring evacuation. The evacuation procedures guide personnel to assess the situation, to take appropriate planned actions, and to lay the foundation for continuation of essential services.

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.

Fire drills are to be conducted, at minimum three times each year. Where practical emergency drills with evacuation 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.

**Emergency drills are also completed annually for each of the emergency situations listed below:**

- bomb threats
- natural disasters
- earthquakes and tsunamis
- utility failures
- medical emergencies
- snow storm
- violent or threatening situations
- environmental hazards

Emergency drills are scheduled through the OH&S group in Sharevision via ShareVision alerts. Drills that are overdue will appear in red. 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 feedback, analysis and recommendations. The manager/designate reviews the recommendations with team or individual staff members.

**Feedback and analysis is in writing and will include:**

1. Areas needing improvement.
2. Actions to be taken.
3. Results of performance improvement plans.
4. Necessary education and training of personnel.
5. Whether the action taken accomplished the intended results.

If completing a drill or evacuation will create a health and safety concern for staff and the individuals served, drills may be simulated. Examples of this may be during bath times, meal times or overnight. Simulated drills must include a detailed conversation about what should happen is facilitated. Drills involving evacuation must be completed at least once per year for all shifts.

#### **4.E Evacuation Policy**

##### **4.E.1 Evacuation**

Each home and program is responsible for providing an Evacuation Plan that is specific to their site. This evacuation plan is available in Sharevision on the Home/Program page under the Emergency Grab Book and a paper copy is posted in the home and in the Red Emergency Grab Book. This policy is to support House and Program managers to create effective evacuation plans.

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.

Evacuation drills will be administered at least annually on all shifts in all programs and administration offices including Homeshare offices in Nanaimo, Courtney and Campbell River.

##### **4.E.2 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.E.3 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.E.4 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.E.5 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 the manager/designate is not in the home, the most senior staff person is to assume this responsibility.

#### **4.E.6 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.

#### **4.E.7 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.E.8 Notification of Authorities During Temporary Relocation**

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.

#### **4.E.9 Continuation of Essential Services During Evacuation**

##### **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.

##### **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.

##### **Emergency Medical and Health Information**

Individual Care Plans and all individual's information can be accessed by authorized personnel via ShareVision on any computer with internet access. The Individual Profile is kept in the Emergency Grab Book at each site.

##### **Emergency Service Plans**

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

##### **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.

##### **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.

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.E.10 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 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 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.

#### **4.E.11 Out of Province contact**

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

Contact Information :                      Darrin Stubbs  
   1-780-831-4033 (24 hour response - Cell)  
   1-780-532-8436 (business hours)  
   [www.signaturesupport.ca](http://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.

#### **4.E.12 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.F First Aid Procedures**

##### **4.F.1 Human Bites:**

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;
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.2 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.

- As the risk of a burn is high, 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 use of individuals supported.
- 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.G Service Disruption Community inclusion**

##### **4.G.1 Emergency Closure: Futures**

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:**

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

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

##### **Emergency Phone Tree:**

Put a message on the Futures phone indicating the closure. Contact HandiDART, staff members, caregivers, and families.

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

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

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

##### **Employee compensation:**

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

#### **4. G.2 ISN Closure**

Date of Last Review: June 1<sup>st</sup>, 2023

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

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.H Critical Incidents

### 4.H.1 Definitions of Critical Incidents

#### Definitions of Critical Incidents Reportable to Licensing and CLBC

##### Abuse:

**Emotional Abuse:** 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:** Alleged or actual misuse or abuse of an individual's funds or assets by a person in a position of trust or authority. Also includes obtaining property or funds without the knowledge and full consent of the individual or a formal or informal representative.

**Physical Abuse:** 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:** 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.

##### Restricted Practices:

**Restraint:** 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:** 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.

**Exclusionary Time Out:** 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.

**Use of:** Involuntary separation of an individual from normal participation and inclusion. The person is

**Seclusion** 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

### Other Reportable Incidents Defined

**Aggression between Individuals** 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** 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** Attempt by an individual to intentionally self-harm for the purpose of taking their own life. Suicidal threats are not critical incidents, but they should be recorded as non-reportable incidents by the service provider and reported to a healthcare professional. If there is a pattern of suicidal threats or suicidal ideation, it is important that the service provider notify their liaison analyst and follow-up with a healthcare professional

**Choking** An individual's airway is obstructed, requiring first aid, emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.

**Death** Death of an individual while participating in a CLBC funded service.

**Disease/ Parasite Outbreak** 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** A fall that results in an injury requiring emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.

**Medication Error** 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** Unscheduled or unexplained absence of an individual from a CLBC funded service.

**Motor Vehicle Injury** Injury to an individual as a result of a motor vehicle accident while accessing a CLBC funded service.

<b>Other Injury</b>	Any other injury to an individual that requires emergency care by a medical or nurse practitioner, or transfer to a hospital.
<b>Neglect</b>	Alleged or actual failure of a provider (e.g. contracted service provider, HomeShare provider) to meet the individual's needs, including the need for food, shelter, medical attention, or supervision, which endangers the individual's safety.
<b>Poisoning</b>	Ingestion of a poison or toxic substance by an individual (excluding licit or illicit drugs).
<b>Service Delivery Problem/ Disruption of Services</b>	Condition or event that could impair a service provider and its staff to provide service or which affects the individual's health, safety, dignity or well-being. Examples include flood and fire.
<b>Unexpected Illness/Food Poisoning</b>	Illness of an individual requiring emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital, including food poisoning.
<b>Use or possession of illicit drugs or misuse of licit drugs:</b>	Misuse of a legal substance such as mouthwash, or ingestion of aftershave. Also includes serious misuse of legal substances such as a prescription drug or alcohol or any use or possession of an illicit drug.
<b>Weapon Use</b>	An individual uses or threatens to use a weapon to harm or threaten somebody. Use of a weapon by a person to harm or threaten an individual. A weapon includes any object used to threaten, hurt or kill a person, or destroy property.

#### 4.H.2 CRITICAL INCIDENT REPORTING PROCESS

##### 4.H.2.a In a Licensed Home

*Incidents will be reported to Island Health licensing and to CLBC within 24 hours of the incident happening.*

1. Complete the Critical Incident Form on Sharevision FIRST - this can help you with the Island Health Form.

Print the COMMUNITY CARE FACILITIES LICENSING INCIDENT REPORT form using the link on Sharevision and complete the form by hand. The Sharevision critical incident form may have further details about the incident and can be faxed, along with the Incident Report.

2. Fax the completed COMMUNITY CARE FACILITIES LICENSING INCIDENT REPORT to:

**Victoria: 250 519 3402**

**Duncan: 250 740 2675**

3. Fax the COMMUNITY CARE FACILITIES LICENSING INCIDENT REPORT form to Kardel's CLBC Analyst at 250-387-6260. *This number is the same for Victoria and Duncan.*

4. If a report is for an allegation of abuse, or the unexpected death of an individual, a call is to be made to the Licensing officer to report it. If the Licensing officer is unavailable, a message should be left. The Licensing numbers are as follows:

**Victoria: 250 519 3401**

**Duncan: 250 739 5800**

5. The manager will scan the COMMUNITY CARE FACILITIES LICENSING INCIDENT REPORT and attach it to the Critical Incident Form in Sharevision.

**In a Non-Licensed Homes, Futures, ISN and ISR:**

*Critical Incidents must be submitted to CLBC within 24 hours.*

1. Complete the Critical Incident Form on Sharevision FIRST - this can help you with the Island Health Form

The CLBC Critical Incident Report can be printed using the link on Sharevision and complete the form by hand, or completed online and printed. The Sharevision critical incident form may have further details about the incident and can be faxed, along with the Incident Report.

2. Fax the same CLBC Critical Incident Report to CLBC to

**Victoria: 250-387-6260**

3. The manager will scan the CLBC Critical incident Report and attach it to the Critical Incident form in Sharevision.

**In HomeShare or Respite (Nanaimo, Parksville, Courtenay and Campbell River):**

*Urgent Critical Incidents (defined below) must be submitted within 24 hours.*

*All other CIR's must be submitted within five working days.*

1. The HomeShare/respice provider completes a paper version of the CLBC incident report form and forwards this to their HomeShare Coordinator. They may also complete the online form and send it by email (Password protected) to the HomeShare Coordinator.
2. The HomeShare Coordinator reviews the information on the incident report form and follows up with the HomeShare provider if necessary. The HomeShare Coordinator then signs the incident report form and send it to CLBC Analyst by email (Password Protected). If a Coordinator is unable to send a password protected email, they can request support from the Office Administrator, or can send a fax to their analyst at CLBC.

**Nanaimo, Parksville, Courtenay and Campbell River**

**Fax: (250) 390-2610**

3. The Coordinator completes a Sharevision Critical Incident form and attaches the scanned CLBC report to the Sharevision form. Because the copy of the incident report is included, the coordinator does not need to complete all the lines of the Sharevision form, however the "What happened" and "Further action required" are important to complete.
4. Once entered into Sharevision, an email alert is automatically sent to the Director of Quality Assurance, CEO and the Director of Contracted Services to review the report. When the Director of Quality Assurance and/or the Director of Contracted Services have reviewed the report, an email alert may be sent to the HomeShare Coordinator.

**For Urgent Critical Incidents only:**

In some cases after urgent Critical Incidents, providers may not be able to submit the form to the HSC within the reporting timeline. The HomeShare Coordinator may speak to the provider by phone and complete Kardel's Sharevision Critical Incident Form, save it and send by email (password protected) to the CLBC Analyst. HSP are still required to provide a completed CLBC incident form as soon as possible.

**In Homeshare or Respite (Victoria):**

*Urgent Critical Incidents (defined below) must be submitted within 24 hours.*

*All other CIR's must be submitted within five working days.*

1. The HomeShare/respice provider completes a paper version of the CLBC incident report form and forwards this to their HomeShare Coordinator. They may also complete the online form and send it by email (Password protected) to the HomeShare Coordinator.
2. The HomeShare Coordinator reviews the information on the incident report form and follows up with the HomeShare provider if necessary. The HomeShare Coordinator then signs the incident report form and send it to Kardel's analyst at CLBC by fax. This should be sent to CLBC within 24 hours of the incident.

**Fax: 250-387-6260**

3. The Coordinator completes a Sharevision Critical incident form and attaches the scanned CLBC report to the Sharevision form. Because the copy of the incident report is included, the coordinator does not need to complete all the lines of the Sharevision form, however the "What happened" and "Further action required" are important to complete.
4. Once entered into Sharevision, an email alert is automatically sent to the Director of Quality Assurance, CEO and the Director of Contracted Services to review the report.
5. When the Director of Quality Assurance and/or the Director of Contracted Services have reviewed the report, an email alert is sent to the HomeShare Coordinator.

**For Urgent Critical Incidents only:**

In some cases after urgent Critical Incidents, providers may not be able to submit the form to the HSC within the reporting timeline. The HomeShare Coordinator may speak to the provider by phone and complete Kardel's Sharevision Critical Incident Form, save it and send by email (password protected) to the CLBC Analyst. HSP are still required to provide a completed CLBC incident form as soon as possible.

### **Critical incidents that will require a follow up investigation:**

This includes:

#### **1. The Death of an Individual**

Any time a death has occurred, the Coordinator and the manager or designate will refer to the Policy and Procedure manual Section 4.N. Death of an individual in Care.

#### **2. Reports or allegations of abuse or neglect**

Types of Abuse:

- Physical Abuse
- Emotional Abuse
- Financial Abuse
- Sexual Abuse

House and Program Managers, or their designate should call the Director of Programs, Director of Quality Assurance, and the CEO to report the circumstances of the incident of abuse. Together, a Safety Plan, assuring the safety of the individuals we support through an investigation will be developed.

HomeShare Coordinators will contact the Director of Contracted Services, The Director of Quality Assurance and the CEO to report the incident of abuse. Together, a Safety Plan, assuring the safety of the individuals we support through an investigation will be developed.

Safety plans can vary depending on the circumstance. Safety plans, and follow up investigations should include the Director of Contracted Services, the Director of Quality Assurance, The Director of Programs and the Manager of Human Resources to the extent they are required.

Any incidence of abuse will trigger an investigation by Kardel, CLBC and/or Licensing. The staff member or staff members may be suspended or redeployed pending the outcome of the investigation. All staff are expected to participate in investigations when asked.

Kardel will report the breeches to police if warranted.

### **Definitions as per CLBC Policy 4.3**

#### **Urgent Critical Incidents**

Urgent critical incidents are incidents that result in serious harm to an individual and/or require immediate action by CLBC or others (e.g. any allegations of abuse or neglect, sudden or unexpected death, disruption of services that requires immediate action).

Service providers must call CLBC (their liaison analyst) immediately after the incident has occurred. If, during regular business hours, the liaison analyst is unavailable, service providers are to contact the local CLBC office directly and ask to speak to another analyst.

#### **Non-Urgent Critical Incidents During or Outside Regular CLBC Work Hours**

Non-urgent critical incidents are incidents that do not result in serious harm or require immediate action by CLBC or others (e.g. unexpected illness, aggressive/ unusual behaviour or expected death).

#### **Urgent Critical Incidents When CLBC Office is Closed**

For urgent critical incidents that occur when CLBC offices are closed, service providers are to report the critical incident to Ministry of Children and Family Development Provincial Centralized Screening (MCFD PCS) who provide Out of Core Services (formerly After Hours) @ 1-800-663-9122.

This includes:

- Allegations of abuse and neglect
- Sudden or unexpected deaths
- Disruption of services that requires immediate action

If the critical incident requires CLBC's immediate involvement, MCFD PCS will contact the on-call CLBC Manager in the region where the incident occurred for response.

### **Non-Critical Incidents Relating to Individuals Supported**

HomeShare Coordinators are not required to report Non-Critical Incidents.

All homes and programs (with the exception of HomeShare/Respite) are to document Non-Critical Incidents. Where applicable, the manager/designate should make recommendations regarding corrective action and prevention of future incidents.

The Director of Programs and the Director of Quality Assurance should be notified of incidents by the manager/designate, where there is an indication of an accelerating pattern of behaviour that may place people at risk. The Directors may also report the circumstances to the Manager of Human Resources, as required. Directors review all Critical and Non-Critical Incidents on a monthly basis.

#### **The benefits of completing Non-Critical Incident reports are:**

- To monitor new or emerging trends.
- 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.

#### **Aggressive/Unusual Behaviours:**

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. For many, this includes a Behaviour Log that is requested through the DQA and/or Office Administrator.

#### **Falls:**

Falls where there is an injury and/or require medical intervention will be entered as a Critical Incident: Fall. Please note unwitnessed falls, and falls where a person has hit their head require medical follow up.

If a Fall occurs that does not cause injury, and does not require medical intervention, it should be charted on Sharevision using “Individual---Charting---Add new charting-----check Fall” and the boxes for further details will open. Managers can then access a Fall Record Report on Sharevision.

### **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

- 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 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.

### **Incident Summary Report Plan**

Annually, a summary is made of all critical incidents, non-critical incidents, medication oversights, and program/residence incidents, to detect trends and areas needing collective action. This is prepared by the Director of Quality Assurance, reviewed by the CEO and Directors and shared with all staff in Sharevision.

### **4.H.3 Critical Incident Prevention**

Kardel is committed to a safe and healthy environment for the individuals we support and our employees. Kardel's Health and Safety practices are informed by best practice. A mix of Health and Safety Training, Internal oversight and external controls

#### **External Authorities**

**WorkSafe BC:** The Occupational Health and Safety (OH&S) Regulations of the Workers' Compensation Act apply to all programs and administrative offices of Kardel. The link to the regulations is available on ShareVision. (Cross reference other legislations: 2.F.5)

**Community Care Facilities Licensing:** The Community Care and Assisted Living Act and Regulations guide the Occupational health and Safety practices in licensed group homes. Where possible, Kardel will implement all Health and Safety guidelines of licensing, in non-licensed homes and admin offices. Licensing requirements including the act 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.

A licensing officer completes inspections at least annually and as needed as part of investigations related to allegations or critical incidents.

**Community Living British Columbia:** As Kardel's primary funder, CLBC provides guidance and expectations regarding health and safety including staff training, reporting requirements and annual inspections.

#### **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.

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.

### **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, Henry, Maryland, Dustin, Sentinel and Patterson, have fire extinguishers and sprinkler systems maintained through a vendor assigned by BC Housing., 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.

### **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 Nurses are to be informed of hospital admissions. It is written in the health protocols when they need to be called.

## **4.I Working Alone**

### **4.I.1 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.

### **4.I.2 Group Home Overnight Shifts:**

Employees are not eligible to work alone on night shifts until after the completion of a pre-night shift orientation. They should also complete an overnight shift orientation. This will be indicated in their personnel file.

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; 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, uses 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 cell phone numbers are available on ShareVision at each home/program.

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

### **4.I.3 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.
- 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.
- 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.

#### **4.1.4 Admin office or other Physical Environments (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)

#### **4.1.5 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);

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- 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 employees 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 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.

#### **4.1.6 Working with Individuals with Potential for 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.

#### **4.J Release of Individual to the Care of Others**

##### **4.J.1 Prevention of Release of Vulnerable Adults to High Risk Situation(s)**

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.

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.

##### **4.J.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.J.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.J.4 Consent to visits and release**

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.

### **4.K Protection from Abuse**

#### **4.K.1 Purpose of this Policy:**

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.

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.

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.K.2 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.

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#### 4.K.3 Definitions of inappropriate and abusive conduct

**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.

**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.

**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.

**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.

**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.

**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.

**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.

**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.

**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.K.4 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

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

**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.

The Canadian Human Rights Code considers harassment to include also: displaying offensive or derogatory pictures; practical jokes which cause awkwardness or embarrassment; unwelcome

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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.

### **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.K.5 Reporting 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.

1. 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.
2. 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.
3. 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.)
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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 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.

10. If an incident involves an allegation against a volunteer(s) or student(s), they will be suspended during the time of the investigation.
11. 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.
12. 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.
13. 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:

- a) Immediate termination of employment;
  - b) Suspension from duties for a pre-determined time without pay;
  - c) A written reprimand with a copy sent to Licensing (if applicable) and a copy placed on the employee's file.
14. 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.
  15. The individuals we support will be informed of incidents that are reportable, to the level of their comprehension, using plain language.

#### **4.L Work-Related Staff Injuries**

##### **4.L.1 Reporting work Related 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.L.2 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.

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.L.3 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.M Hospital Admission Procedures**

The manager/designate is responsible for informing the CLBC Analyst, main office and the HCC nurse and submitting Critical Incident Reports as required.

#### **4.M.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 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.

When staff are supporting an individual at the hospital, the manager or designate will make arrangements for proper staffing, funds for parking, methods of communicating between workers and any other system to ensure adequate support for the individual and staff at the hospital.

#### **4.M.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.M.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.

#### **Discharge Planning**

It is important to ask for a Discharge Planning meeting when an individual is returning home and requires:

1. Increased care needs that require staff training or specialty equipment.
2. New medications that need to be ordered from the pharmacy.
3. A new delegated task. A representative from HSCL who is required to do the delegation should be present.
4. Any situation deemed extraordinary or complex that may require added planning for Kardel with supports from medical professionals.

#### **4.N Death of an Individual Supported**

##### **4.N.1 Unexpected Deaths (All Programs):**

If a death of an individual in care is suspected, but has not been confirmed by a medical professional authorized to pronounce death, treat as a Medical Emergency as outlined in the Emergency Procedures of this document.

Contact 911 and Paramedics will determine if the person should be transported to the hospital. Ambulance paramedics only transport individuals where there is hope for survival. Paramedics do not pronounce death or transport bodies that have been pronounced dead. If it is evident the person has died, Paramedics will advise service providers to notify the police and coroner.

**Coroner:** 1-855-207-0637

The Coroner will conduct their initial review to determine if the deceased body will be transported to hospital for autopsy or released to the family to make funeral arrangements. After the Coroner has released the body for funeral arrangements, the Manager should work with the family to make funeral arrangements as per the individual's wishes when possible.

#### 4.N.1. (a) Death of Individuals in Group Homes and ISR

**Once medical services confirm the death of an individual in care that is not expected:** This includes individuals who die while at home, in the community or while in hospital.

1. Contact the manager/designate of the home. If it is a weekend, contact the manager on-call. The manager on-call will contact the house manager to inform them of the death.

**On Call Manager:** 250-589-5308

2. The manager, or the manager on-call will contact one of the following who will inform the other two:

- **Director of Quality Assurance:** Cell: 250-415-1527
- **CEO:** Cell 250-415-1302
- **Director of Human Resources:** Cell: 250-744-8850

3. In licensed facilities the manager will report the death to the Licensing Officer by telephone. If, during business hours the Licensing Officer does not answer, call back and report it to an alternate officer. If it is after hours or on the weekend, leave a message on the machine of the Licensing Officer.

**Victoria:** 250.519.3401

**Duncan:** 250.739.5800

4. The Director of Quality Assurance will inform the analyst from CLBC and ensure a completed Mortality Report is submitted within 12 hours of the death. When CLBC offices are closed the death must be reported to the Ministry of Children and Family Development's Provincial Centralized Screening at **1 800 663-9122**.

#### [MORTALITY INFORMATION SUMMARY](#)

5. The manager/designate will ensure a Critical Incident Report is submitted to CLBC and, if required, to Community Care Licensing office within 24 hours of the death.
6. The manager/designate ensures the family and representatives have been informed as soon as possible. As this can be a busy time, a manager may delegate the task to the CEO or one of the directors.
7. The manager/designate will inform the staff as deemed appropriate. Should team members require support services, the manager will can contact the Director of HR to determine strategies for support.

#### 4.N.1.(b) Death of Individuals in HomeShare

**Once medical services confirm the unexpected death of an individual in care:**

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1. Home share providers should phone their Homeshare Coordinators as soon as possible.
2. The HomeShare Coordinator will inform the CLBC analyst within two hours and ensure a Critical incident Report is completed and submitted to CLBC.

When CLBC offices are closed the death must be reported to the Ministry of Children and Family Development's Provincial Centralized Screening at **1 800 663-9122**.

3. The Homeshare Coordinator will inform the Director of Contracted Services who will inform the CEO and Director of Quality Assurance.

**Director of Contracted Services:** Cell 250-415-2280

**Director of Quality Assurance:** Cell: 250-415-1527

**CEO:** Cell 250-415-1302

4. The Home Share Coordinator works with the Home Share Provider to ensure that family, friends, and representatives are informed as soon as possible. They will also support the family and/or HomeShare provider to inform other relevant stakeholders in a timely fashion.
5. The Director of Quality Assurance will inform the analyst from CLBC and ensure a completed Mortality Report is submitted within 12 hours of the death. When CLBC offices are closed the death must be reported to the Ministry of Children and Family Development's Provincial Centralized Screening at **1 800 663-9122**.

[MORTALITY INFORMATION SUMMARY](#)

#### **4.N.1.(c) Unexpected Death of Individuals in ISN or Futures Club**

**Once medical services confirm the unexpected death of an individual in care:**

1. Staff will inform the manager or designate as soon as possible. The manager/designate ensures the family, group homes, representatives and all relevant stakeholders have been informed.

The manager may delegate the task to the CEO or one of the directors.

2. The manager will contact one of the following who will inform the other two:

- **Director of Quality Assurance:** Cell: 250-415-1527
- **CEO:** Cell 250-415-1302
- **Director of Human Resources:** Cell: 250-744-8850

3. The Director of Quality Assurance will inform the analyst from CLBC.

When CLBC offices are closed the death must be reported to the Ministry of Children and Family Development's Provincial Centralized Screening at **1 800 663-9122**.

The manager will ensure a Critical incident Report is submitted to CLBC as soon as possible, and within 24 hours.

If requested by CLBC, the Director of Quality Assurance will submit, or support the submission of a Mortality Information Summary.

4. The manager/designate will inform the staff as deemed appropriate. Should team members require support services, the manager will can contact the Director of HR to determine strategies for support.

#### **4.N.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 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.

[CLBC End of Life Policy](#)

#### **4.N.3 Administrative Responsibilities:**

Kardel's primary role is to support the family and/or representatives to coordinate funeral and burial services in line with the wishes of the individual. When the person has no family, the manager will initiate the process according to their directives, or, based on what we know their wishes to be. When their wishes are unknown or 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 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 from Kardel
- Pharmacy to cancel medications

Managers/designates and Home Share Coordinators are to complete the Program History Tab on Sharevision. An Exit summary is not required for a person who has died.

Any records regarding the individual should be forwarded to Director of Quality Assurance for appropriate storage.

Arrangements should be made with the family, public trustee, executor, or administrator of the estate for the disposition of the individual's belongings.

#### **4.N.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.

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.

#### **4.N.5 Estate Assets**

Upon death, an individual's funds in trust will be kept secure until instructions are received from the administrator of the individual's estate, whereupon they will be paid out as directed by the administrator. If possible, all individuals who have funds in trust should have a written will naming an

executor, although we as a service provider are not allowed to advise an individual supported about creating a will.

A Kardel employee cannot be the executor or administrator for the estate of an individual supported. In cases where no executor is named, and no person assumes the responsibility of being named the estate administrator, Kardel will alert the Public Guardian & Trustee so that their office can assume responsibility for the estate. In some cases, the Province will claim funds from the individual's trust account to recover funeral costs when the Province has assisted with those costs.

Please Refer to Policy 6.A.7 **Funds Held by Accounting** in the Financial Planning and Management Policies.

#### **4.N.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.

## **4.O Emergency Preparedness in the Community**

### **4.O.1 Staffing and Planning**

Staffing (including volunteers) for an outing shall be based on:

- the number of individuals going;
- the individual(s)' needs;
- the staffing needs of the home/program;
- the physical environment, including accessibility, of the community site;
- any behavioural support needs;
- the type of outing planned;
- the amount of supervision required; and,
- driver license classification (e.g., Class 4 needed for wheelchair van).

Staff members supporting individuals in the community must conduct risk assessments prior to all outings. Refer to 4.A.3 Point of Care Assessment. If staff has any concerns that a particular location or activity poses risks, contact the program supervisor to determine whether to proceed with plans.

Employees and volunteers must be aware of and plan for the individual(s)' specific:

- behavioural support needs;
- medical needs (including medications, medical equipment and supplies);
- personal care needs (including a change of clothing if required);
- basic needs in the event of an emergency; and,
- Actions to be taken in the event of an emergency.

Employees must be familiar with emergency procedures and protocols while participating in activities in the community. This includes consideration of any emergency procedures that may already be in place at the community site.

### **4.O.2 Accessing Community Facilities**

If an emergency occurs while accessing the community, staff and persons served will follow existing current guidelines for that location. If the group frequents a location in the community the emergency procedures and evacuation protocols for that site will be recorded in ShareVision under the "Offsite emergency Preparedness" Tab. This assessment should be printed, reviewed and brought on outings to that location. It is important for staff to be aware of client specific accessibility needs should an evacuation take place.

When able, the staff will inform the manager or delegate of an evacuation while accessing the community. Together the staff, the individual and the manager will decide whether or not an activity should be continued after the evacuation. Individuals requiring supervision in the community must not be left unattended in a vehicle or public place.

### **4.O.3 Emergency Information**

Emergency information for individuals supported should be easily accessible when in the community and should include the following:

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- 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)

#### **4.O.4 Managing Emergency Medical Situations in the Community**

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.

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.

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

### **4.O.5 Community Wide Emergencies**

Should a widespread emergency, such as an earthquake, strand a staff member and a person served, the employee will contact their manager, designate or other Kardel emergency contact. If the staff is unable to reach local Kardel personnel, the 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).

Radio Coverage during any local emergency: All local Victoria radio stations have agreed to broadcast emergency information in the event of a local emergency. The Provincial Emergency Preparedness Plan is to have radio broadcasts of important information on the hour and the half-hour.

## **Section 4.P Emergency Procedures**

### **4.P.1 Medical Emergencies**

#### **Medical Emergencies for Person's served:**

- For serious injuries and illness, staff must provide first aid, call 911, or have someone else call 911 for assistance.
- 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.
- Notify the manager/designate as soon as practical.
- The Individual Profile should be taken to the hospital with a copy of the most recent Medication Administration Record.
- Backup medical advice is available for people registered with Home and Community Care. HCC Nurses may be reached from 8:00 am to midnight (numbers posted by phone in homes) and through the emergency department at Royal Jubilee Hospital from midnight until to 8:00 am. HCC Nurses should be informed of hospital admissions.
- The manager/designate is responsible for notifying relatives, Licensing (as appropriate), CLBC staff and the doctors of individuals supported.

#### **In the case of a medical emergency for a staff member:**

- For serious injuries and illness, staff must provide first aid, call 911, or have someone else call 911 for assistance.
- If a staff member is too ill to continue duties, notify the manager or designate. Managers will arrange additional coverage if necessary.
- Managers or designate will communicate with the person's emergency contact using the number on file.

**4.P.2 Fire:**

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. 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. You should not attempt to put out anything larger than a wastepaper basket size. In most cases, the installed fire sprinkler system will control or extinguish the fire.
- 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.

### **4.P.3 Natural Disasters**

In the event of a natural disaster, employees must ensure their own health and safety and to protect themselves first as they will be required to support co-workers and individuals supported 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 may prove distressing. 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 significant natural disaster, 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.

Some employees will not be able to reach the homes/programs they work in, but are able to access homes closer to where they live. Employees should notify their manager/designate or the communication headquarters and indicate where they have gone to assist.

#### **4.P.4 Earthquakes:**

##### **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,
- 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.
- 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.

#### **4.P.5 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. It is important to know your risk, know your level of elevation and if higher ground is required, your best option to get there quickly and efficiently. Many others will be moving to higher ground at the same time.

**If you receive a tsunami order to evacuate:**

- 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.

**Evacuation after Earthquake or Tsunami:**

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.

Should evacuation be necessary, follow the site based evacuation plan located on Sharevision, posted near exits and in the red Emergency Grab book.

**When the threat is over, a tsunami All-Clear is issued.**

If you hear a tsunami bulletin or alert, follow instructions immediately. In the case of a Tsunami Evacuation Order, move to higher ground (greater than 20 meters or 60 feet above the tide line). Stay tuned to your radio and follow the instructions of all emergency officials. In the first 24 hours use the telephone only to report life-threatening emergencies. Take emergency supplies with you to higher ground. If you are in a vehicle, move to higher ground. The emergency grab book contains the listings of other group homes in the region that are wheelchair accessible, and a safe haven.

#### **4.P.6 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 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.
- Any attempted suicide is a critical reportable incident under the Community Care and Assisted Living Act and CLBC guidelines and must be reported to licensing (if applicable) and to CLBC.
- If a staff person encounters a suicide attempt, or a suspected suicide attempt, they will use the Medical Emergencies protocols.

#### **Common warning signs of depression and possible suicidal ideation:**

- 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;

#### **4.P.7 Overdose or Suspected Overdose**

All Kardel, staff members who provide direct care are trained in Standard First aid and CPR Level C. Hillside, Maryland and Sentinel staff has mandatory annual Naloxone Training.

The exact signs of a drug overdose will vary from person to person, as different drugs and varying body chemistry can result in a variety of overdose symptoms.

**Common signs that someone is experiencing a drug overdose include:**

- Rapid heartbeat
- Increased body temperature
- Chest pain
- Dilated pupils
- Difficulty breathing
- Cessation of breath
- Gurgling sounds (which indicate airway obstruction)
- Blue fingers or lips
- Nausea
- Vomiting
- Confusion
- Violent behavior
- Aggression
- Dizziness
- Seizures
- Unconsciousness

A person may not experience all of these signs, but even a few of these symptoms can indicate a person is experiencing an overdose.

Staff members must call 991 immediately and activate the Medical Emergencies Procedure.

If attempted suicide is suspected See procedure Suicide Prevention and Response

If admission to hospital is required, see Procedure Hospital Admission

In the case of death, See Policy Death of an Individual Supported

### **4.P.8 Lightning**

If you witness someone being hit by lightning, or suspect a person has been hit by lightning, please treat as a Medical Emergency. Call 911 and, when it is safe to do so, administer First Aid.

#### **To avoid being struck by 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, 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.P.9 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. Some 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.

#### **Communication and Advance Warning**

- Staff and managers should be aware of changes in weather, and winter weather warnings. It is recommended managers and staff members sign up for weather alert systems from one of Environment Canada or The Weather Network.
- Staff at the admin office will, to the best of their ability, post weather warnings in Sharevision.
- Managers should begin to reach out to staff and other managers as soon as possible and keep in contact until the crisis has subsided.
- Admin staff (CEO, DQA, DHR) is available to support managers to problem solve issues with crisis staffing.

#### **Best practices prior to a snowstorm:**

- Ensure you have adequate salt for outdoor walkways and proactively spread prior to a snowstorm or ice storm. A battery operated seed spreader may be helpful in spreading salt on sidewalks and driveways.
- Have shovels, outdoor clothing and other supplies available prior to a snowstorm.
- If you know a snowstorm is coming, ensure adequate food, water and other supplies are available, to ensure you don't need to use emergency supplies. Having some pre-made meals, or easy to prepare meals available may be helpful if we are down to essential staffing only. Having food available that does not need to be heated may help during periodic power failures.
- Emergency food, water, first aid kits, and other supplies are available in each home and program near the exit for quick removal. If supplies are kept in a place that may be dangerous to access during a snowstorm, ensure they are accessible.
- Ensure you know how to shut off the gas, water, sprinkler system, and electricity.
- As appropriate, managers should contact BC Housing to ensure sites will be accessible as soon as possible following a snowstorm. Contact numbers are available in Sharevision under Operational contact Numbers.

#### **Essential Staffing/Emergency Staffing**

#### **Staff Responsibility**

- Staff members are expected to work their shifts and should make reasonable efforts to get to the jobsite including taking BC Transit, taxis or other safe methods of transportation. Staff should leave early to allow for significant delays. Staff could stay with friends or relatives who live closer to the worksite. Please discuss your challenges with your manager well before your shift.
- Carpooling with co-workers at the same site, or nearby, may be a viable alternative.
- Staff members are required to remain on duty until the situation is under control and all individuals supported and staff members are safe.
- Off-duty staff members are asked to connect with house managers to communicate availability and how they can support this or other homes or programs particularly when they are within walking distance.
- A copy of the emergency staff list is kept within the home/program and on ShareVision.
- Individuals served will avoid going out in the community until it is deemed safe to do so. Any trips in the community, including local walks must be approved by the manager.

### **Managers Responsibility**

- During any essential staffing crisis such as a snowstorm, managers or delegates (PIC) will be available in-person or on-call. In cases where homes are using crisis staffing, managers should be prepared to support staff remotely including call outs and other external communication.
- Managers should connect with scheduled staff members and determine a plan for transportation, overtime, keeping staff safe, accommodation plans etc.
- Managers should connect with part time and casual staff to determine their ability to support this home, or others while in crisis.
- Connect with other managers to plan for potential crisis including staffing. By connecting with staff and managers, you can determine alternate worksites for staff that live close to other group homes.
- 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.
- If Futures program is closed due to inclement weather, staff may be re-assigned to residential programs. ISN staff may be utilized to support the ISR program sites.

### **Communicating with DHR, DQA and CEO**

During a crisis that requires emergency staffing, The CEO, DQA and DHR are available by phone. Office and emergency cell phone numbers are listed in Sharevision under office/all sites contacts.

### **Evacuation**

Should evacuation be considered, please refer to Kardel's Policy and Procedures section 4.H. and to the Evacuation plan at each home or program.

### **Utility Failures during Snowstorms**

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, if it is safe to do so. 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.

### **Futures Club and ISN 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 or cancel ISN services may sometimes be required.

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

Closure decisions will give consideration to providing as much advance notice as possible before the scheduled opening of the program, to those affected.

Please see policy 4.H for specific details.

### **4.P.10 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.

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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.P.11 Violent, Aggression or other Threatening Situations**

Including possession or suspected possession of weapons

This procedure is to be followed when violent, aggressive or other threatening situations will have an impact on staff or the person served.

Procedures to follow when a person served is potentially aggressive or violent are documented in a safety plan. Policy regarding Safety Plans is available in Section 7.C Behaviour Supports.

They may include:

- Acts or threats that include weapons,
- Violent, aggressive or assaultive behaviours,
- Acts or threats of terrorism or others that.

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:

- Determine if police intervention is required and phone 911 as soon as it is safe to do so. If one staff is dealing with a situation, a second staff, if available should phone 911.
- If emergency assistance is not required, phone the police non-emergency line to report the incident as soon as you are able.
- Keep a safe distance away if possible. If at the home, lock doors and windows, move staff and individuals to a safe place.
- Speak in a calm voice.
- 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.
- 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.

As per 7.A. 5: Personal Possessions “The possession and/or use of weapons are not permitted on the property of the homes or 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.”

**4.P.12 Elopement or Individuals unaccounted for:**

Individualized plans should be in place for any person that has a risk or history of wandering, outlining the ways to mitigate the risk.

**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 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).
- All individuals accessing the community should have identification on them with their name and phone contacts.

**Emergency Numbers:**

Manager On-Call:	250-589-5308 (Weekends)
Police, non-emergency line:	250-995-7654 call 911 if delayed response
CEO:	250-415-1302
Director of Quality Assurance:	250-415-1527
Director of Programs:	Will be updated when hired

#### **4.P.13 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?
- 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.P.14 Bio-Hazardous Incidents**

These are defined as the release of any hazardous gas, vapor, 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 the home immediately and move upwind of vapors and as directed in the house or program, evacuation plan.
- Ensure all occupants and staff are accounted for.

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:

- 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 of Biohazardous Materials:**

- 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.

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- 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 and Disposal of Hazardous Material**

- 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 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.

### Section 5: VEHICLES AND TRANSPORTATION

#### 5.A. 1: Driver Responsibilities

Employees are expected to drive in a responsible, safe manner, and to comply with applicable laws and legislation while operating a vehicle in the course of their work. Employees assigned to driving duties must at all times have a current, valid driver's license for B.C. and, if using their own vehicle, must be properly insured.

Smoking and the use of tobacco or Vaping products is not permitted in company vehicles or private vehicles when people supported are transported. Animals are prohibited from vehicles. When a company vehicle is available, the company vehicle is used for the transport of individuals supported. For security, staff members are to ensure vehicles are locked when parked.

Staff members are not to use hand-held cell phones and other portable electronic devices while driving.

No staff member may consume alcohol, use recreational drugs, or illegal drugs while driving on company business or prior to the staff member's shift if such consumption would result in impairment. In addition, no driver may consume or use any substance, regardless of legality or prescription status, if by so doing, the driver's ability to safely operate a motor vehicle and carry out other work-related duties would be impaired or diminished. Any illegal, dangerous, or other conduct while driving that would tend to place the lives or property of others at risk is prohibited.

Regardless of fault or circumstance, any employee who receives a traffic citation or who is involved in any kind of accident or incident while driving during the course of their duties must inform an appropriate supervisor about the incident immediately, or as soon as possible thereafter. The driver involved in an accident or cited by a law enforcement official for violating a motor vehicle law must turn over any documentation related to such incident as soon as possible to the employer, and must cooperate fully with the employer in verifying the information with other parties involved and with law enforcement authorities.

Kardel requires that all employees who drive submit a driver's abstract upon hiring and annually thereafter in conjunction with performance evaluations. If there is reason to believe an infraction has occurred, a request may be made of the employee to re-submit the abstract at any time.

Staff members are responsible for the safety of people they transport in the vehicle. Any incident that results in driver interference must be reported on an incident form. A plan of action must be prepared and included with the person's individual care plan under "Transportation." For example, if a person, in a period of upset, has interfered with the driver, in future situations the staff member may be directed to pull over when the person becomes upset and call for back up. Plans may also stipulate the safest place for the person to sit in the vehicle. Potentially, safety locks would be engaged if there was a risk of the person trying to open the door. The appropriate restraint form would need to be completed and signed off.

Staff members are not to leave individuals from our licensed homes unattended in a vehicle at any time or for any reason no matter how short the duration.

Any employee who violates any part of this policy, or who becomes legally prohibited to drive, will be subject to reassignment and/or disciplinary action, up to and possibly including termination from employment.

### **5.A. 2: Staff Transporting Individuals Supported in Their Own Vehicles**

Private vehicles used for transporting individuals supported must be clean and in safe working condition. In homes and programs where staff members are required to transport individuals supported in their own vehicles, the following documents will be kept at the home/program and in the employee's personal file:

1. A Driver Information Form is completed once per year by all staff members using their own vehicles to transport people.
2. A copy of current, valid, business class insurance with a minimum of \$2,000,000.00 liability

(Staff members transporting individuals supported in their vehicles up to six times per month do not require business insurance when it is not part of the regular job duties)

This information will be stored in the binder titled "Driver Information" and kept in a secure area at the home/program. Managers/designates will review monthly and track expired insurance and driver's license documents. Managers/designates will ensure a new Driver's Information Form is filled out each year.

#### **5.A. 2 a) Staff Transporting Individuals in Their Own Vehicles: Safety and Risk Reduction**

If staff members are required to transport individuals supported, a personal first aid kit for their vehicle with basic supplies will be provided.

It is staff members' responsibility to know the needs of the individual that will be transported.

- Utilize adequate protective covers on seats if necessary i.e. soaker pads from the home/program.
- Ensure safe seating in the vehicle.
- Ensure familiarization with behaviour support plans, if necessary.

Staff members are responsible to keep their vehicle in good working order and some tips are listed below.

Perform a monthly check as follows:

- Most maintenance should be left to the professionals. However, once a month, you should perform the following checks to help identify and head off problems that can cost you fuel and money down the road.
- Measure tire pressure and look for signs of uneven wear or embedded objects that can cause air leaks. In winter, measure tire pressure whenever there is a sharp change in temperature.
- Check around the car and under the engine for fluid leaks. You can often identify the type of fluid that is leaking by its colour. Oil is black, coolant is a bright greenish yellow, automatic

transmission fluid is pink, and power steering and brake fluids are clear, with a slight brown tinge. All of these fluids are oily to the touch.

- Check fluid levels, including engine oil, engine coolant level, transmission fluid, and power steering fluid according to the instructions in the owner's manual.
- Check under the hood for cracked or split spark plug wires, cracked radiator hoses or loose clamps, and corrosion around the battery terminals.
- Check for problems with the brakes. On a straight, flat, and traffic-free stretch of road, rest your hands lightly on the steering wheel and apply the brakes gradually. If the vehicle swerves to one side, one of the brake linings may be worn more than the other, or the brakes may need adjustment.
- Use a similar test to check for problems with wheel alignment. On a straight, flat, and traffic-free stretch of road, rest your hands lightly on the steering wheel and drive at an even speed. If the vehicle pulls to one side, the wheels may be misaligned

If an individual supported cannot be transported safely, employees must not transport them. Staff may need to support the individual until they can be transported safely or direct the individual to safe alternative transport as required and as appropriate to their skill level i.e. bus connection, taxi.

#### **5.A. 3: Auto Insurance for Employer's Business**

Employees required to use their personal vehicles for the Kardel business must ensure that their vehicles have adequate auto insurance to cover the business purpose for which it is used.

When a Kardel employee is required to use their vehicle up to 6 times per month in the performance of their duties, business insurance (Class 7) coverage is required.

Kardel does not reimburse for the increased cost of such coverage. Kardel adjusts mileage rates paid to staff for kilometers driven to incorporate the cost of the enhanced insurance. Mileage allowances where applicable have also been adjusted to incorporate the cost of business insurance.

Kardel will not assume responsibility for loss or damage to an employee vehicle or its contents, except as this may be due to actions and needs of the individuals supported. Kardel is not responsible for the deductible on claims made by employees regarding their own vehicle, whether on company business or not.

#### **5.A. 4: Vehicle Safety/First Aid Kits**

Consistent with WorkSafe BC recommendations, all Kardel employees who transport persons in their personal vehicles must have a vehicle safety/first aid kit in their vehicles. This kit 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 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, contact numbers and procedures of what to do in an emergency.

### **5.A. 5: Class 4 Driver's License and Driver's Abstract**

Only drivers with a class 4 driver's license may operate Kardel vehicles while using accessibility modifications. Drivers must have a Class 5 Driver's License when driving Kardel vehicles without the use of accessibility modifications.

The requirements for each position are noted on the postings. Staff members are required to notify their manager/designate immediately if they lose their license or they have an occurrence that jeopardizes their ability to legally drive. All drivers transporting individuals must submit a driver's abstract annually. Infractions noted either by disclosure or on the driver's abstract would be brought to the attention of the DQA and DOP for a decision on the relevance and seriousness of the infraction and whether the person is suitable to transport individuals supported by CLBC. Reports of violations, convictions, or accidents will be kept in confidence by the DQA and DOP.

### **5.A. 6: Traffic Violations, Accidents, and Fines**

Traffic violations and unauthorized and/or careless use of any Kardel owned/leased vehicles are grounds for disciplinary action up to and including termination of employment.

All vehicle violations committed while operating a company vehicle or any other vehicle where people supported are passengers must be reported immediately to the manager/designate. The Program/Residence Incident Report form must be completed and submitted to the manager. An incident report for Community Care Licensed Facilities must be completed when there is injury to the individual supported.

Employees are responsible for completing the Van Log prior to each trip. This maintains a record of the operator of a vehicle owned by the company during any trip.

Any fines resulting from violations of the Motor Vehicle Act, city by-laws (e.g. parking violations), or any other legislation, will be the responsibility of the employee operating the company vehicle at the time of the violation. The employer requires employees to take responsibility for challenging and/or paying fines issued to a vehicle in their charge.

Employees who do not demonstrate the requisite degree of care and attention while operating a vehicle for Kardel may, in addition to the discipline referred to above, be required to repeat their Class IV certification, as determined by the Office of the Superintendent of Motor Vehicles. The employee may be deemed unavailable for work until evidence of fitness to operate a motor vehicle or re-certification is submitted. The Motor Vehicles Branch re-certification costs will be reimbursed as per the requirements of the collective agreement.

In the event of a collision, where the combined damage exceeds \$1000.00 or when there is an injury, the motor vehicle accident must be reported to the police. The vehicle should be taken to ICBC for an estimate.

### **5.A. 7: Van Maintenance**

Kardel has accounts with firms that provide all the van maintenance. Any “non-routine” maintenance, e.g. major transmission work/replacement, will be pre-advised to the Director of finance directly by these firms. Staff members should also submit the invoices to the Kardel office (Finance) in case they are not forwarded from the businesses involved. Vehicles under warranty must be maintained and serviced by authorized dealers. The managers/designates must keep copies of all service orders in an orderly fashion.

### **5.A. 8: Vehicle Safety Equipment and Information**

All Kardel vans are required to have the following safety equipment: basic first aid kit, including scissors (able to cut seatbelts), reflectors, flashlight with operating batteries, flags/flares and emergency warning triangles, and basic earthquake supplies, i.e. food, water, blanket, garbage bags.

All vans have a Van Logbook that contains records and information required to be kept in the vehicle (mileage sheets, sign off of pre-trip inspections, what to do in case of an accident). Vehicles should also have a copy of the Emergency Grab Book that includes all required information excluding individual supported records.

### **5.A. 9: Operation of Lifts on Wheelchair Accessible Vans.**

Employees operating a lift on the wheelchair vans are required to do so in a safe manner by following the procedure as outlined in the manual and in the following general safety rules:

- New employees receive a demonstration before operating lifts independently;
- Keep the operator, bystanders, and rider clear of all moving parts;
- Load and unload only in a level area;
- Avoid unloading into traffic;
- Ensure the emergency brake on the vehicle is properly and securely in place before using the lift;
- Inspect the lift before using it if you suspect damage or improper maintenance and report problems to manager/designate immediately;
- Do not overload the lift and use only as prescribed in the manual;
- Make sure the wheelchair has its brakes and belts secured when the occupant is riding the lift;
- Do not remove any guards or covers;
- The person operating the lift must wear proper footwear as outlined by WorkSafe BC: heels and toes covered and non-skid shoes.

Lift operator may determine if it is safe to accompany the rider on the lift. If safe to do so, staff stand outside of the belt and place themselves in a safe/stable position prior to raising/lowering the lift. Do not rest feet on the ledge of the lift platform. When the lift is fully up/down, disengage the belt. Release the wheelchair brakes and push the chair into the vehicle or off of the platform.

**5.A. 9 a) When the Lift Fails: Emergency**

A situation may arise when a person is in the van and the lift fails. There is a manual pump in the lift mechanism emergency release. Bleed the system first and then operate the hand pump.

If this fails, phone Medi-Van Canada Inc. and inform them that you have an emergency situation. Though there may be some wait time, staff members said they would respond to this type of situation and remove the person from the vehicle.

**5.A. 10: Emergency Wheelchair Accessible Vans**

In an emergency, it may be necessary to locate a van that is able to accommodate wheelchairs. The first option is to contact the other homes operated by Kardel. In an emergency, please contact Handidart, taxi companies with wheelchair accessible vans or companies who provide emergency transport such as Medi-van.

**5.A. 11: Van: Securement Straps**

Straps and belts should be kept off the floor in closed containers that are secured to the floor. As needed, take out the straps/belts and secure them to the floor tracking. Visually inspect straps and tracking and report any malfunction or observation of wear/damage to the manager/designate immediately. Do not transport individuals if securement straps or tracking is damaged. Do not wheel the chairs over straps and belts on the floor.

Follow these steps:

1. Put brakes on the wheelchair.
2. Secure front securement straps (QStraints/tie downs) first to the solid part of the frame of the chair with straps at a 45-degree angle. Keep the front brakes of the chair on until the front straps are tightened almost all the way but not really tight.
3. Secure the rear securement straps (QStraints/ tie down ratchets) to the solid part of the frame at a 45° angle. Ensure the straps are not twisted.
4. For Ratchet System: Secure the ratchet hook to the wheelchair, then pull the end of the strap loosely and crank the ratchet so that two turns of strapping wind around the spool. If the strap is too loose prior to tightening with the ratchet, it will jam. Over-tightening may result in damage to the wheelchair. Tightening the rear straps will create enough tension on the front straps. The ratchet handle must be fully closed and locked. Do not cross the straps.
5. Apply the lap belt (and shoulder restraint if the vehicle is equipped). Secure the lap belt over the pelvic area of the passenger at a 45 degree angle. The shoulder restraint is to be secured over the hip bone area. Lap and/or shoulder restraints must not rest on the wheelchair but be positioned securely against the individual.
6. Release the brakes of the wheelchair. The brakes of the wheelchair must be off while the van is in transport so they don't pull against the force of the secured straps. After the chair is secured, it should feel stable and not move when it is pushed or pulled. Check each chair.

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The recommended loading sequence for boarding individuals in wheelchairs in a standard one-ton van is as follows:

- With the back door open, facing the front, first secure the wheelchair in the front left hand position; second, the front right hand position; third, the back left hand position; fourth, the back right hand position.
- Ensure the floor space is kept clean. Put securement straps away after each trip. Clean as needed after trips, vacuum tracking as required (weekly).

In the event of accident or injury, a driver may be considered negligent if this approved secured procedure has not been used. All staff must be familiar with and adhere to this procedure and are expected to assist with loading/unloading. Staff may also refer to the manufacturer's guide. Exceptions to this procedure must be clearly stipulated in a care plan and all staff members must be trained in the alternate procedure. The OH&S group needs copies of the exceptional procedures for approval. This procedure will be posted/available to staff as a quick reference guide in vehicles equipped with securement systems.

#### **5.A. 12: Gas in Vans**

Vans are to be fueled with regular gasoline only. Premium grades of gas are not necessary. Credit cards are set up for each home for CO-OP and Save-On-Gas stations and staff fill up as required, ensuring there is adequate gas for the next staff using the vans (1/4 tank). All gas purchases occur using a CO-OP credit card at CO-OP or Save-On-Gas. The CO-OP card has the membership number as well as the name of the individual home/program.

#### **5.A. 13: Van Lift System Repairs**

All homes/programs, with the exception of Lakes Road, are to direct any van lift repairs and maintenance to Vancouver Island Fleet or otherwise as directed by the Director of Finance. Kardel has an account with this company, and any charges are to be billed to Kardel.

#### **5.A. 14: Parking Permits for People with Disabilities**

The Disability Resource Centre renews parking permits to Kardel homes each year. The fee for replacing the permits will be paid by the Kardel office.

#### **5.A. 15: Individual Support Network: Driving the Vehicle of an Individual Supported**

Staff members within the Individual Support Network may be requested to drive the vehicle of the individual they support. The vehicle, which may be modified or unmodified, would be under the ownership of the individual supported, their family, and/or home share provider. ICBC has specific rules regarding the need for Class 4 or Class 5; check with the Manager of Human Resources to determine if a Class 4 is required.

### 5.A. 16: Using Public Transportation

A guiding principle for Kardel's services is to use generic community services whenever possible and practical. The Greater Victoria Region has worked towards improved access on city buses with wheelchair accessible low floor buses. Almost all of the buses are low floor and do not have stairs. If the individual supported uses a wheelchair or has a HandyPASS, the staff member attending travels free. A free orientation for accessing low floor buses is available through BC Transit. Additional information is available through [www.accessvictoria.ca](http://www.accessvictoria.ca). When an individual is travelling with a staff member, the staff member assumes responsibility for securing the chair. If staff members are unsure of safe securing process, ask the bus driver for assistance. The responsibility of staff members is to:

- Ensure the bus stop is accessible.
- Ensure that the chair is in the most upright position possible.
- Ensure that the chair has been properly secured; if no tie straps, then secure to a point on the frame (not the wheel).
- Bring the chair onto the bus.
- Take the chair off the bus.
- Remove any flags or bags that might be a hazard.
- Pay the correct fare; staff members rides for free.
- Secure the chair. If unsure ask the driver for help; it should take no longer than 2 minutes to secure the chair.

The driver's responsibility includes:

- Ask the passengers to vacate the accessible area.
- Ensure that the chair is secured properly before moving the bus. This might include securing the mobility aid if the attendant is unsure.
- Ensure that the mobility aid can be off-loaded at an appropriate place in the zone.
- Provide a safe ride.

### Section 6: Financial Planning and Management

#### 6.A. Funds and Property of Individuals Supported

##### 6.A. 1: Bank Accounts

It is expected that an individual's monies be kept in the individual's name and that they have a bank account in their name whenever possible. It has become increasingly difficult to get banks to establish bank accounts for the individuals we support.

##### 6.A. 2: Monies Received

Eligible people receive their B.C. Persons with Disabilities (PWD) funds from the Ministry of Social Development & Poverty Reduction on a monthly basis (generally the third week of the month for the following month).

Individuals age 65 or over are not eligible for PWD payments and will receive monthly payments from the federal Old Age Security (OAS) program instead.

Eligible people receive a federal GST Credit payment on a quarterly basis.

Arrangements should be made (with the assistance of the manager, as needed) for direct deposit when the individual has their own bank account. If Kardel holds the funds of the individual served "in trust," arrangements should be made by the manager for the cheque(s) to be forwarded to the office.

##### 6.A. 3: Expenses

It is important that individuals supported are informed regarding the expenses that must be covered from their personal funds. When the individual supported is able to complete their own banking and manage their own money, the manager and the Director of Finance should establish with the person a clear process for paying expenses they will be responsible for.

Appropriate expenses are explained in the Personal Funds (Comforts) section of the Policy and Procedure Manual (6.B.1).

##### 6.A. 4: Joint Bank Accounts

In some situations, a financial institution will not open an account solely in the individual's name but will require a joint bank account. While this is not an ideal arrangement, where there is family involvement families may choose to set up such an account, and then make arrangements to make the money available for the individual supported as needed. Staff are not permitted to have a joint account with an individual supported.

##### 6.A. 5: Controls

Where Kardel is involved in assisting an individual supported with their finances, managers should receive a monthly statement from the bank (or the Kardel office in situations where there is no bank account and Kardel acts as trustee) and sign the statement after reviewing it for accuracy. Alternatively,

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they should initial the bank debit slips and review the balance for accuracy. All discrepancies should be investigated.

Information from the monthly statements should be communicated to the individual supported in the most effective way for that individual. All financial records must be kept secure and confidential, but also accessible to the individual who owns the records or their legal representatives.

An annual review is to occur, typically at the time of the Person Centred Planning meeting, to ensure expenditures and financial controls are appropriate. In situations where individuals supported are not able to manage money, their families, advocates, or the Director of Quality Assurance will be requested to review expenditures to ensure they agree that the transactions are in keeping with the best interest of the individual supported.

#### **6.A. 6: Bank Cards**

Individuals we support may be issued a bank card for ease and convenience of banking through ATM machines. When the individual is not able to adequately maintain the safety and security of the bankcard, the manager/designate, with appropriate consent, assumes responsibility for the security and safekeeping of the card. The manager is to keep the card in a safe and secure location. Only the manager/designate and the individual supported are to have access to the card and the PIN number. If the manager/designate is assisting with banking, in conjunction with the individual supported they should change the PIN number every six months, to ensure security. The manager is responsible for ensuring adequate funds are available for the individual's use. Designates in the absence of the manager would have access to the PIN.

#### **6.A. 7: Funds Held by Accounting**

When individual(s) supported who are not able to manage their own funds are accepted into a group home operated by Kardel, their family member(s) or other representative will take responsibility for the management of funds.

In situations where an individual residing in a Kardel group home

cannot obtain a bank account in their own name,  
has no family member or other representative who can manage the individual's funds,  
and the Public Guardian & Trustee is not willing to assume responsibility for the individual's finances,  
Then, as a last resort the individual's funds may be paid directly to Kardel "in trust" for the individual.  
These funds will be deposited to a company bank account that isolates the funds of the individuals supported from the general funds, and the individual account records will be maintained by Kardel's accounting system.

Per the terms of Kardel's agreement with the bank, all fees and interest are applied to Kardel's operating account, and individuals do not pay banking fees or collect interest on their balances. Kardel does not charge any fees for managing these funds.

These individual accounts will show the dates of deposits and dates funds are paid out. For accounts held in trust, managers/designates may request direct payment for major purchases made on behalf of the individual by completing a Cheque Request in the normal manner, identifying the nature of the

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purchase and which person the purchase is for. Managers/designates may also request funds to have on hand to cover future expenses that are to be covered by the individual's personal funds. The manager/designate is responsible for ensuring the individual's consent (see informed consent 7.A.1). Release of the funds requires two signatures: the CEO, Director of Quality Assurance, and the Director of Human Resources may sign trust cheques.

If an individual with funds in trust with Kardel leaves our services, the funds will be transferred promptly once clear instructions are received regarding who will be responsible for administering the finances.

Upon death, an individual's funds in trust will be kept secure until instructions are received from the administrator of the individual's estate, whereupon they will be paid out as directed by the administrator. If possible, all individuals who have funds in trust should have a written will naming an executor, although we as a service provider are not allowed to advise an individual supported about creating a will. A Kardel employee cannot be the executor or administrator for the estate of an individual supported. In cases where no executor is named, and no person assumes the responsibility of being named the estate administrator, Kardel will alert the Public Guardian & Trustee so that their office can assume responsibility for the estate. In some cases, the Province will claim funds from the individual's trust account to recover funeral costs when the Province has assisted with those costs.

#### **6.A. 8: Tracking and Monitoring Expenditures on Behalf of the Individual Supported**

Where Kardel is involved in supporting an individual with their spending, staff must track in ShareVision any cash transactions, (including expenditures, withdrawals from banks/trust funds, gifts, cashed cheques, etc.).

The staff member taking the funds from the home will be responsible for checking that the funds on hand are equivalent to the balance showing in ShareVision. Upon return, the receipts for purchases shall be submitted and the balance again checked. All initialed receipts must be kept with the individual's financial records.

The manager shall check each individual's ledger on ShareVision regularly. As part of the duties for night shift staff members, they must review the balance in the ledger on ShareVision and the cash in the wallets to ensure that the day balances (i.e. the journal balance and the money on hand coincide). Night staff initial if it matches. If it does not match, the night staff will write up the details for the manager/designate to follow up.

#### **6.A. 9: Income Tax**

Managers/designates are responsible for ensuring income tax returns are submitted by or on behalf of the individuals supported within the homes and that individuals supported are receiving GST rebates. In some cases the manager/designate may need to personally assist the individual with filing their income tax, but only as a last resort. Managers/designates should not typically have to submit tax forms on behalf of an individual if another party has responsibility for the individual's overall finances.

**6.A. 10: Eligibility for Persons with Disabilities Benefits**

Previously, under the Employment Assistance for Persons with Disabilities Regulations, people remained eligible for Disability (PWD) Benefits only if their asset level is below \$5,000.00. This has now been raised to a limit of \$100,000.00.

Individuals who are 65 or over receive OAS benefits, not PWD benefits. There are no asset limits for OAS recipients.

**6.A. 11: Accounts administered by the Public Trustee**

The Office of the Public Guardian and Trustee is a provincial government office. The staff in this office may make decisions for individuals who cannot manage their own affairs and do not have a Representation Agreement (or enduring power of attorney) or any family members willing or able to make decisions for them. Individuals whose affairs are managed by this office are under “public guardianship.” If a manager/designate is unsure if the person has a Public Trustee account, the Public Trustee office should be contacted.

The manager/designate writes to the Public Trustee directly for financial support when a Public Trustee administers a trust account. They may request funds for expenses above what is basically covered within group home living. The letter is directed to the Public Trustee to the attention of the individual’s worker. The individual’s ID number should be on the correspondence. If the item requested is expensive, copies of price quotes must be attached. Indicate the reason the item is needed e.g. special birthday purchase, occupational therapy/physiotherapy equipment, etc. Periodically, the Public Trustee requests that the manager complete a form for their records. The Public Trustee completes income tax returns and the Public Trustee receives the GST cheques for the individuals who have Public Trustee accounts. Managers/designates should keep a record of the expenditures of funds received from the Public Trustee in the same manner that they keep the records of any individual supported.

Managers/designates should discuss with the Public Trustee Case Manager the funds available in the account to ensure spending is planned appropriately.

Fees are charged to the individual’s account by the office of the Public Trustee for administration of the funds.

**6.A. 12: Asset Registry**

Accurate and up-to-date records of the individual’s belongings (e.g. bed, dresser, chair, TV etc.), must be kept on ShareVision. At a minimum anything with a value of a \$100.00 or more should be documented. The intent is to ensure that, with changing staff members and over time, possessions are recognized as belonging to the individual supported.

Managers/designate are to keep current the Asset Registry for each individual supported. When an individual moves into one of the group homes, he or she should have a completed registry from the previous caregiver or parent. The registry should be updated whenever a person acquires or disposes of a possession. The value of the possession should be noted if known. Items owned should have the person’s name on them. Clothing is to have the individual’s name on it in an inconspicuous place to ensure individuals’ wardrobes are not confused.

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### **6.A. 13: Registered Disability Savings Plan**

Individuals supported and their representatives should be informed of the option of opening an RDSP as a way to build and protect funds for future disability-related needs, and this option should be made known during times where financial planning is being done (such as during a PCP). Kardel will not serve as the administrator (“holder”) for any new RDSPs opened up, but where Kardel is involved in assisting with an individual’s finances, the manager and the Director of Finance should provide any appropriate information to the individual supported or their designated holder to assist them in setting up the RDSP. Information is available through the PLAN website. Questions may be directed to PLAN. Where older RDSPs have Kardel designated as the holder, the RDSP statements will come to the Director of Finance who will serve as the contact with the financial institution. These historical RDSPs will be moved to the administration of designated representatives as such representatives are formally identified by the individuals affected.

### **6.A. 14: Funds in the homes**

When managers are responsible for assisting an individual with their personal funds, they are to ensure there is no more than \$200.00 for each individual supported kept on hand in the homes at any time. Funds in excess of this should be forwarded to the office for deposit into the trust account, or deposited in the individual’s bank account.

Where individuals supported are responsible for their own funds, they should be encouraged to keep less than \$200.00 on hand or accept any risk inherent in managing their own money. Kardel will not assume responsibility and will require a signed statement acknowledging the individual’s responsibility.

Kardel managers will support individuals to keep their personal funds in a secure location that is accessible when they want it.

### **6.A. 15: Shelter Contribution and Repayment Agreement**

All individuals in CLBC-funded residential programs will pay a monthly shelter contribution in the amount specified by provincial legislation (for individuals under 65) or by CLBC policy (for individuals 65 and over). Each payment is due on the first of the month for individuals supported who live in Kardel group homes. For simplicity and clarity of records, the shelter contribution on behalf of individuals supported who receive monthly PWD funding should be paid directly by the Ministry to Kardel whenever possible. A written explanation of the aforementioned policy is given to any individual supported in a Kardel group home (or their representative if applicable), and a copy is kept on ShareVision.

Individuals who permanently leave a residence part-way through the month will be repaid a pro-rata amount of the month’s shelter contribution equal to the percentage of full calendar days remaining in the month at the time the change becomes official. In the case of deceased individuals supported, the repayment will be made to their estate.

## **6.B. Personal Funds, Recreation Funds, Fees**

### **6.B. 1: Personal Funds (Comforts)**

“Comforts” is a term used to describe the portion of an individual’s monthly funds remaining after their shelter contribution, available to meet personal care and recreation needs.

When the needed items or services are covered in the home’s operation budget, the individual’s personal funds should not be used. Kardel supports the individual’s right to choose how personal funds are utilized. Where there are concerns for potential financial abuse, the manager/designate must be informed and is expected to follow up as appropriate.

Some examples of items intended for individual use to be charged to personal funds are: hairdressing supplies and services, deodorant, toothpaste, facials, manicures, nail products, makeup, shaving supplies; admission fees, memberships, magazine subscriptions, newspapers, music, craft supplies, non-prescription medications (on a sliding scale), DVDs, order in food more frequent than once a month, gifts to family and friends, etc.

Personal funds may be used to cover the cost of hiring therapists/entertainers etc. that will benefit the individuals in the home (i.e. music therapist, massage therapist, etc.) and costs should be allocated on a proportional basis.

Some individuals who received no gifts from family or friends supporting them may have gifts purchased for them with their own personal funds, depending on the amount of personal funds available, and the needs and desires of the individual.

### **6.B. 2: Recreation Funds**

A limited budget is provided to the homes and programs to cover the costs of items that provide leisure and recreation for the individuals supported. The responsibility for determining the best allocation of limited funds and remaining within budget rests with the manager/designate of each home and program.

The recreation funds are intended to cover the following:

To cover staff member’s admission/participation to movies, IMAX, swimming, skating, bowling, craft fairs, plays, museums, and musical events. The admissions costs for the person supported come from their personal funds.

Note: The Leisure Assistant Pass is for people with disabilities, of all ages, who require the assistance of a support person when engaging in leisure activities. Upon presentation of the pass at a participating venue one support person will be given free or reduced admission; facilitating participation, while ensuring the person with a disability does not pay double for their admission. Passes are valid for a 3-year term from the date of issue. Leisure Assistant Passes can be acquired at a local recreation center in the municipality you reside.

Access 2 Entertainment Cards, to cover the cost of the staff member to accompany a person with a disability to a movie in designated theatres.

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To cover staff members' transportation costs when they accompany individuals on any form of transportation i.e. buses, trains, ferries, and/or taxis. Handidart is free for attendants if the person requires assistance. BC Ferries requires a doctor to complete a medical form to allow 50% off the cost of sailing for an individual and their attendant.

To cover the cost of staff members' snacks and meals in restaurants, receipts need to be submitted and initialed by the manager. The frequency and type of outing that involves staff members incurring expenses must be pre-planned and approved by the manager. A guiding principle should be that the cost of the staff member's snack or meal does not exceed the cost of the supported individual's snack or meal, and maximums are consistent with the HEU collective agreement (As of April 1, 2018: Breakfast: \$10.56; Lunch \$12.94; Dinner: \$22.44) plus 10% tip. Snacks are not specified in the collective agreement and remain at \$3.00.

Employees are responsible for helping the individuals Kardel supports to learn socially appropriate behavior and manage within their personal budgets. As per the Recreation Fund Policy, employee's snacks and meals in restaurants are covered up to the maximum amounts listed, with a 10% tip added on from the recreation budget. Employees who wish to tip at a higher rate must do so at their own expense. To help manage within a limited recreation budget, managers/designates may purchase restaurant coupons using recreation funds to assist in covering the employee's costs when supporting an individual out for a meal.

The cost of "order in" food i.e. pizza, Chinese food etc., at the request of an individual supported, may be covered from the recreation budget once a month maximum. Any increased frequency should be paid for from the individual's personal funds.

To cover the cost of purchase of entertainment products for the home that benefits all individuals supported. However, entertainment products purchased for an individual person are covered from that person's personal funds. Purchases for the enjoyment of more than one individual should be cost shared among each individual's personal funds.

To cover the cost of arts and craft books and supplies i.e. paints, play dough, etc. that will benefit all people in the home

To cover extra party costs, purchased separately from regular groceries. These items may include: decorations, specialty cakes, and grocery items above and beyond for people invited, small prizes, and entertainment.

To cover the cost of hobbies for the benefit and interest of all the people in the home i.e. aquarium, fish and fish food, plants and planters. However, these types of supplies, when used by one person for their own recreational purposes will be covered by that individual's personal funds

### **Vacations:**

Projected costs for vacations must be submitted by the manager/designate via ShareVision to the Director of Quality Assurance for approval. Projections should include the costs of transportation, food, accommodation, recreation, and additional staffing costs. Projections will assist in ensuring that holiday plans are in keeping with the budgets available, and avoid excessive cost overruns. Projections will also assist in ensuring fair and somewhat equitable distribution of holiday opportunities for the individuals supported by Kardel.

Vacation costs will often be shared between Kardel and the individual, based on factors such as the overall cost, the frequency the individual has gone on vacation trips, the financial resources of the individual, etc. In most cases the cost of hotel rooms for staff members is to be covered by recreation funds and the rooms for individuals supported are covered by their personal funds. The cost of staff members' meals are consistent with maximum rates noted in the collective agreement, and are paid from recreation funds. Receipts must be submitted.

### **6.B. 3: Futures Club Recreation Budget**

Participants provide input to the manager/designate before the recreation budget is allocated. Input from participants is made at Person Centre Planning meetings and ongoing discussions. This input is documented on ShareVision.

### **6.B. 4: Fees for Day Program**

In the past, Futures Day Program charged a fee to cover the cost of recreational outings, admissions, and materials which are not covered by the program's budget from CLBC. This fee was suspended in March 2020, and permanently discontinued in January 2023. Funds in this account will be used to cover costs not typically covered by CLBC funding. Once the account is depleted, if individuals require additional funds to cover special events, or activities that are not typically covered by CLBC funding, notices will be sent home to request individuals bring the needed funds to program. No individuals will be excluded from any programming due to lack of funds.

## **6.C. Financial Practices**

### **6.C. 1: Operational Expenses**

For purchases such as groceries, automotive expenses (including fuel and repairs), medical equipment repairs/replacement/maintenance, cleaning supplies, household supplies, household maintenance, etc:

Managers are to review invoices/receipts for goods purchased and initial each invoice/receipt, indicating approval for payment, and forward to the Finance Department. Staff members, when they make a purchase and get a receipt, should initial the receipt

A manager/designates purchasing limit is \$250.00. Administrative approval through the Director of Finance is required for purchases between \$250.00 and \$750.00. Purchases over \$750.00 require approval by the CEO

Invoices, receipts, and cheque requests will be reviewed by the Finance Department for reasonableness and compliance with policies.

### **6.C. 2: Petty Cash**

Petty cash is to be considered as a “loan to the manager/designate” which needs to be accounted for with receipts. Should a receipt not be available or lost, a receipt slip must be written up in place to outline details of the purchase. It is used to purchase any item where cash is required. All petty cash spent is allocated to the appropriate category on the Petty Cash Reimbursement Request and submitted when replenishment to the original amount is required. Cash on hand should be counted daily at a minimum. The manager/designate will verify that the petty cash account is balanced or account for discrepancies prior to submitting the Petty Cash Reimbursement Request for payment.

Occasionally, (four times per year), reasonable costs may be paid from petty cash for food for staff meetings. It should be reported on the Petty Cash Reimbursement Request under Miscellaneous. Gifts for employees are not to be paid for through petty cash.

### **6.C. 3: Capital Equipment / Asset Registry**

No item of capital nature may be purchased, replaced, or disposed of, without the permission of the Director of Finance or the CEO.

All Kardel-owned items (whether capital items or not) which would cost more than \$100.00 to replace should be listed by the manager/designate in the asset registry for that home or program which is located on ShareVision. This registry should be reviewed for accuracy by the manager/designate periodically, at minimum annually at the end of the fiscal year. At the same time, the condition of the asset should be reviewed, and if it shows signs of approaching the end of its useful life soon, this should be reported to the Finance Department or CEO.

### **6.C. 4: Warranties**

Warranty documents should be scanned and attached to the item’s record on the residence/program ShareVision asset registry. The original copy should be kept in a warranty file by the manager/designate in the home for ease of access.

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### **6.C. 5: Risk Management**

Effective risk management ensures the protection of the interests of individuals supported, as well as families, staff members, volunteers, the public, and the continuity of organizational operations. Because risks are present in all activities and organization operations, successful delivery of services is contingent upon effective management of risks.

Our goal is to identify and reduce or eliminate risks to individuals, organizational property, and interests, to minimize and contain the costs and consequences in the event of harmful or damaging incidents arising from those risks, and to provide for adequate and timely restoration and recovery.

**Risk management is the responsibility of everyone.**

1: Kardel develops an ongoing risk management plan to address every foreseeable area of risk and note strategies in place to reduce, eliminate, or manage risk. The plan is reviewed by the Directors and the Occupational Health and Safety group, and approved by the CEO.

2: The Risk Management Plan involves the following steps:

Risk identification on a risk worksheet, including evaluation of the risk and a reference to how the risk is managed;

Where an area of risk is deemed to be high risk, goals are developed and strategies outlined to reduce or minimize the risk;

Responsibility for monitoring the risk management plan and adjusting as necessary is assigned to the Director of Quality Assurance.

### **6.C. 6: Insurance**

Kardel is insured under AON Reed Stenhouse (CLBC-provided), Northbridge Insurance (through our agent Westland Insurance), ICBC and WorkSafe BC. The Director of Finance and CEO review insurance needs with our agent annually.

A business insurance policy is in place which includes: property, business income, commercial general liability, and non-owned auto.

### **6.C. 7: Bad Debt**

The CEO and Director of Finance review accounts receivable on a quarterly basis. For outstanding accounts, the financial department follows up with the debtor. If no response, we make a decision that could take the form of: directing the solicitor to send a demand letter, proceeding to small debts court, or writing it off, depending on the amount and the likelihood of collection.

**6.C. 8: GST: ICBC Claims**

Where vehicles are registered to a company such as Kardel, ICBC will ask the registered owner to pay the GST, regardless of who is at fault. This is based on the assumption that registered companies have the ability to reclaim the GST on a quarterly basis. With Kardel, it is not possible for us to reclaim the GST on group home vans. We should refuse to pay the GST and advise the requesting party that Kardel cannot recover the GST.

**6.C. 9: Contracted Services**

Definition: Arms-length third party agreements which fall outside the employee/employer relationship as defined by Canada Revenue Agency.

Contracted services will:

- Be provided under written agreement and evaluated regularly;
- Be monitored for cost effectiveness based on industry standards;
- Have concerns addressed in the same manner as resolving concerns generally within the company;
- Be approved by the CEO and reviewed for cost effectiveness.

**6.C. 10: Transportation Allowance/Mileage**

Kardel employees may claim vehicle expenses on a cents per kilometer basis on the Kardel Mileage Log form. The claim must indicate the dates, destination and/or purpose of any kilometers claimed. Individual Support Network employees must also indicate the name of the individual supported. All claims must be submitted to and approved by the manager/designate. Employees must submit their monthly claims prior to the 15th of the following month in which they were incurred. Staff members who leave Kardel's employment must submit all claims within 2 weeks of their last day of work.

It is suggested employees get a copy of the "Income Tax Guide: Employment Expenses," which explains vehicle expenses in detail. Canada Revenue Agency requires a vehicle log be kept to explain expenses. This will assist in determining eligible expenses by their criteria, and prevent them from treating vehicle expense claims as taxable income.

Employees may not charge for transportation from home to place of employment. For example, employees may charge from the place of employment to any location and return, including the central office while on company business. However, employees may not charge from home to either central office or the group home or day program.

**6.C. 11: Cheque Requests**

The cheque request form is used to request reimbursement to staff members who paid for expenses out of pocket, to request payment to a vendor where an invoice is not being submitted, or to request funds for the individual supported. Cheques are done semi-monthly at the middle and end of each month. The cheque requests must be approved and received by the accounting department by noon on the Tuesday the week before the cheque date.

The cheque request form is not used for petty cash. Whenever possible, outside vendors should invoice Kardel directly.

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**6.C. 12: Confidential Administrative Records**

All administrative records are kept in a locked cabinet in a locked office. All electronic administrative records are on password protected computers.

## **6.D. Purchasing: Expense Approval and Review**

### **6.D. 1: Furniture and Appliances**

When furniture or appliances require replacement, the manager/designate should request approval from the Director of Finance prior to proceeding. Indicate in writing the urgency of the need.

Managers/designate should get 3 quotes of suitable products and make a written recommendation with rationale to the Director of Finance or CEO. When approved, the manager makes a cheque request and arranges payment, or, if possible, covers the cost through their petty cash fund.

### **6.D. 2: Groceries and Vehicle Expenses**

Managers must initial or stamp receipts, indicating that they have reviewed the purchases. All homes have a CO-OP card and membership. Gas is to be purchased at CO-OP gas stations. Receipts should be forwarded by the first of the month.

The following principles should guide shopping for groceries:

- Purchase quality, nutritious products;
- Use grocery shopping as a place to build relationships for the people we support in the community;
- Have the people we support involved in grocery shopping to the level they choose;
- Ensure cost control;
- Buy local to support our community;
- Use stores which are accessible for all people with disabilities
- Purchase proper amounts, specific to needs, to avoid waste;
- Recognize the personal taste preferences of the people we support;
- Encourage stores we support to hire people with disabilities;
- Reduce the cost of gas and delivery as much as possible.

All homes have a grocery charge account, some of which have negotiated discounts. All minor purchases that may occur at other stores should be paid for in cash. CO-OP fuel and grocery cards for purchases on the Kardel CO-OP account must be kept in a safe place and any lost or stolen cards must be reported immediately to the Director of Finance and CO-OP.

### **6.D. 3: Cable**

All cable bills are mailed directly to the main office. Kardel pays basic cable only. Any amount above basic cable will be invoiced to the individual(s) supported who use the service. Where the individual has their own independent financial arrangements, the manager/designate collects the invoiced amounts from them and forwards the money or cheques to the office. Where Kardel holds their funds in trust, payment will be made from the trust.

**6.D. 4: Telephone**

All telephone bills are mailed directly to the main office. A copy is sent to the manager/designate if there are unusual charges. The manager/designate is to review long distance charges and initial calls that are work related. Personal long distance calls should not be on business phones, except in an emergency. In those situations, the manager/designate would collect the amount, including taxes, from the employee and indicate it as a credit on petty cash request form. There is a cost associated with \*69 and it should not be used by staff members in the home.

**6.D. 5: Medications**

Pharmacies will mail most statements directly to the Kardel office at the end of each month. Medication not paid directly by the individual supported's provincial coverage will be recovered from the relevant person as per the formula for medical supplies (see 8.A.2). The Finance Department will distribute copies of the invoices for the manager/designate to review. Any apparent irregularities should be followed up by the manager/designate with the pharmacy, and the Finance Department alerted. Where an individual or their representative (such as the Office of the Public Guardian and Trustee) pays for pharmacy costs directly, the invoice will be mailed to them by the pharmacy, and any review of the pharmacy records would have to be done by the manager contacting the pharmacist directly. There is no "back ordering," and homes are only billed for what they have been sent. When supplies are received, the staff members will need to check amounts and make a note to reorder.

Special Authority is given based on specific criteria for a drug not normally covered by Pharmacare. Physicians must periodically reapply for Special Authority for Pharmacare to cover the costs. The physician sends a form to Pharmacare requesting coverage. The pharmacy has been requested to alert the manager two months prior to the special authority expiry date so that the manager may have the physician reapply for this coverage. There is now a 6-8 week wait on Special Authority medication approval. We are billed for the amount until the authority comes through

**6.D. 6: CO-OP Cards**

See 6.D.2: Groceries and Vehicle Expenses

**6.D. 7: CIBC Debit Cards**

CIBC debit cards will be issued to the manager/designate to assist in managing their petty cash fund; the cards must be signed for at the bank prior to use and any lost or stolen debit cards must be reported immediately to the Director of Finance and CIBC. Managers/designates have online access to the bank account records, and it is required that they do a monthly bank reconciliation as part of preparing their petty cash reimbursement claim. The reconciliation and petty cash claim will be considered the manager/designate approval of all bank transactions within the reconciled month.

## **6.E. Unethical and Illegal Practices**

### **6.E. 1: Fraudulent Practices, Theft, Waste and Other Wrongdoing**

Kardel is in receipt of public funding to provide services under contract to CLBC. The agency is committed to protecting its revenue, property, information, and other assets from any attempt by its own employees or others to gain financial or other benefits by deceitful means.

Fraudulent practices include, but are not limited to:

Forgery or alteration of cheques;  
Misappropriation of funds, supplies, or other assets;  
Waste;  
Any irregularity in the handling or reporting of money transactions;  
Misappropriation of furniture, fixtures, and equipment; seeking or accepting anything of material value from the individual supported, their families, suppliers other than token gifts of thanks of limited monetary value;  
Unauthorized use or misuse of property, equipment, materials, or records; any computer related activity involving the alteration, destruction, forgery, or illicit manipulation of data, or misappropriation of copyright software;  
Any fraudulent claim for reimbursement of expenses.

An objective and impartial investigation will be conducted regardless of the position, length of service, or relationship of the employee to the company. Each manager/designate is responsible for maintaining a system of internal control consistent with company policy, to provide reasonable assurance for the prevention and detection of fraud, misappropriations, and other irregularities. Timely action is necessary and follows the time frames for resolving concerns within the company. The Director of Human Resources, in consultation with the CEO, has the primary responsibility for the investigation of all activities as defined in this policy. In all circumstances where reasonable suspicion of illegal activity exists police and the funding body, if applicable, will be notified immediately. Kardel will pursue every reasonable effort, including legal action, to effect recovery of the losses from the offender.

It is an expectation that any staff member who suspects fraud or any fiscal wrongdoing will bring the concern to the attention of the manager/designate as early as possible, or, when that is not possible, to the CEO.

Once a suspected fraud is reported, immediate action shall be taken to prevent the theft, alteration, or destruction of relevant records or other materials that may be taken into evidence. All participants in a fraud investigation shall keep the details and results of the investigation confidential. Where warranted, disciplinary action, up to and including dismissal, shall be taken.

**6.E. 1 (a) Whistle Blower Protection**

There will be no reprisals for any person bringing forward concerns about fraudulent practices, theft, waste, or other wrongdoing for investigation.

No employee, having acted in accordance with the requirements of our Code of Ethics and/or Fraudulent Practices policy, shall be subjected to any of the following:

Dismissal or threatened dismissal;  
Suspension or other discipline, or threats to suspend or invoke other discipline;  
Imposition of any penalty;  
Intimidation, coercion, or harassment.

The violation of this section will result in discipline up to and including dismissal.

#### **6.F. Fund Raising Activities**

Fund raising activities, such as garage sales or bake sales, may occur on a Kardel site under the following conditions:

Individuals supported approved of the event at their home and are actively involved in the planning of the event.

Committee, Representatives and/or family advocates should be involved in this process, to the extent needed.

The manager has approved the event and the timetable.

The event complies with all municipal bylaws.

People contributing to the event are aware of and agree with the distribution of the proceeds. Proceeds may be used to purchase something for the house, or will be retained by the individual who sold the item.

Requirements for staff member's time for organization are not excessive and will not interfere with required support responsibilities.

If the individual supported is no longer in need of an item and wishes to sell this, it is to be sold at a fair market value. Items sold at below market value may be at risk of allegations of Financial Abuse.

#### **6.G. Business License**

The municipality in which the home/program is situated sends out the invoice annually for business licenses if a license is required under local regulations. They are paid by the Kardel office. In keeping with the requirement of the business license, they are displayed in a prominent place.

### Section 7 Individual Centered 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. In order to ensure informed consent or refusal, staff members must provide information 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.

##### Deemed Capable

Kardel adheres to the basic assumption that adults with developmental disabilities have the right to self-determination: to make decisions pertaining to their life. By law, all individuals are deemed capable, until it is determined by a court that they are not capable.

When the individual is requesting assistance with decision-making, Kardel will support them to engage their family, identified Representative, friends or advocates in a way that is meaningful to them.

##### Committee of Person:

A Committee is appointed by the courts and has legal authority to make decisions on behalf of the person supported. The committee has the right to make all decisions pertaining to the person within the guidelines laid down in legislation.

Kardel's role as a service provider is to ensure the committee is involved in decision-making on the person's behalf.

#### Representation Agreement 7 (Rep7):

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**Supported Decision Making:**

A representative's first legal responsibility is to assist the adult to make their own decisions. The representatives are named by the individual to assist them in making the important financial, legal, health or personal care decisions, depending on the specific agreement signed.

Kardel's role as a service provider is to involve the representative in decision-making; to the extent the person served would like them involved.

**Substitute Decision Maker**

If a person with a Rep 7 were to become incapable of making decisions for them, the Representative will act as a substitute decision maker.

When making decisions on the adult's behalf, a representative must still check with the adult first to determine the adult's current wishes. If the current wishes cannot be determined or are not reasonable to follow, then any pre-expressed wishes must be followed. If these are unknown, then decisions are made according to the adult's values and beliefs. The adult is always at the centre of all decisions.

**Temporary Substitute Decision Makers for HealthCare Consent,**

Consent to provide health care is sought by the professional providing the health care. When a healthcare provider is not convinced the individual is able to provide informed consent, they may seek consent from a Temporary Substitute Decision Maker (TDSM).

A TDSM for minor Healthcare decisions may be outlined in a Representation Agreement or is determined by the Healthcare provider from a defined list of family and friends.

Kardel's role as a service provider is to provide information that may assist the professional:

**Power of Attorney**

A Power of Attorney form, also referred to as a POA, is a legal document that gives one or more persons the authority to make financial, property, and real estate decisions on your behalf.

There are generally two types of Powers of Attorney used in Canada: ordinary and enduring.

**An Ordinary Power of Attorney** is valid while you are judged to be mentally capable. Mental capacity generally means you understand how a Power of Attorney works and can freely agree to its provisions.

**An Enduring Power of Attorney** sometimes referred to as a continuing Power of Attorney, remains valid if you are ever incapacitated and unable to manage your own affairs.

In Canada, every province and territory has its own laws concerning specific provisions and restrictions relevant to a POA.

**Accounts administered by the Public Trustee**

The Office of the Public Guardian and Trustee is a provincial government office. The staff in this office may make decisions for individuals who cannot manage their own affairs and do not have a Representation Agreement (or enduring power of attorney) or any family members willing or able to make decisions for them.

Individuals whose affairs are managed by this office are under “public guardianship.” If a manager/designate is unsure if the person has a Public Trustee account, the Public Trustee office should be contacted.

In situations where the individual requests, requires, or agrees to assistance with decision-making, one or more family members 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.

In some situations the individual we support has signed a Representation Agreement appointing a person(s) to be involved as their representative. The representative may assist with financial, legal, health, or personal care decisions for the person. Being a legal representative does not pass decision making power from the individual to the representative; the representative is responsible for supporting the individual to make their own decision and ensures that their wishes and values are honoured. Our role as service providers is to involve the representative in decision-making.

In situations where the person we support has been judged by the courts not to be capable of making decisions for themselves, 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 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 related 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 information the professional would require in order to determine the appropriate Temporary Substitute Decision Maker.

In emergency situations, physicians may act without consent.

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

### 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.

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

The independence of each individual should be encouraged, and individuals should participate as independently as they are capable. Levels of care may include: visual schedules and prompting, verbal prompting, partial assistance, hand-over-hand, and/or total assistance.

Dignity and respect are integral to the provision of personal care. A written individual care plan will outline the methods and sequences of personal care provisions for the individual supported to ensure proper care. The individual supported is encouraged to participate to the extent possible. The process of providing personal care should be used to teach personal boundaries and provide knowledge of the body. Communication should occur throughout the procedure relating to how personal care tasks will be performed.

Staff members assisting with personal care will do so in a private place, outside the view of other staff members, other people living in the home and any visitors who are present. Staff will ensure the individual is not visible to people walking by the home or outside the doorway. When away from home, staff will determine in advance where suitable private washrooms exist so that personal care may be provided outside the view of other people. Cultural sensitivity issues relevant to personal care is addressed in the individual care plans.

Employees are to wear appropriate PPE including disposable gloves to prevent contamination of hands from blood, feces, or body fluids and to protect hands from strong cleaning fluids. Use a face cloth to avoid skin-to-skin contact when washing. Staff will explain to the person what they are doing while they 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. Staff will use the correct words for parts of the body if making reference to parts of the body. Staff will convey confidence to avoid embarrassment. Staff will request the permission before proceeding with care routines and procedures. Staff will keep private parts of the body covered as much as possible. Personal care will be done privately and 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 to the number of people required to do the care safely. 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.

### **7.A. 3: Privacy**

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The individuals we support are entitled to privacy. In extraordinary circumstances, privacy may be breached when the safety of an individual is compromised. Any breaches of privacy must be reported to the Director of Quality Assurance who will inform CLBC if required. 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 is required to knock and wait for permission prior to entering a bedroom. If the individual is not able to give permission, staff knocks first and enters after a reasonable interval.

People are entitled to privacy when they entertain family, friends, or visitors. Staff will make an effort to provide privacy within common spaces to the extent possible without compromising the health and safety of the individual. In rare circumstances, and as noted in a care plan, visits may need to be supervised.

Staff may take photos, videos or audio recordings of individuals with their consent for the purpose of documenting social, recreational or leisure activities, for the purpose of emergency preparedness (emergency profile photos) or with explicit direction from the manager for documenting individualized care procedures such as proper positioning. These photos, videos or recordings can only be shared including but not limited to our website or social media by Kardel with signed consent of the person served or their legal representative.

Kardel staff may support an individual to share their personal photos with friends and family in a way that respects the privacy of themselves and others.

Staff will not take photos, video or audio recording of person's served nor will they threaten to take photos, videos or voice recordings, for the purpose of documenting behaviours.

### **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, to dial the phone, hold the phone as required and to hang up as required. Where the individual is able to hold the phone independently or with adaptations, the individual should have 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**

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

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

People may benefit from having animals live in or visit the home/program. Pets in the home must be approved by the manager who will discuss this issue with individuals supported to get their input prior to animals coming to the home/program. Pets can be in the homes or program site with the permission of the person supported. Pets must be there for the sole benefit of the individuals living in the home or at the program.

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. 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. Pets must not be at homes/programs where people may injure an animal.

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.

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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 Guidelines**

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.

Unauthorized visitors are noted in the “Access to Person Supported” section on ShareVision. This lists the names of people who may pose a health or safety risk and what limitations exist. 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 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.

Specific guidelines around visitation during the Covid-19 pandemic are available in Kardel’s Communicable Disease Plan.

#### **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.

### **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.

### **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 of the requirement to respect the culture of the people supported. Kardel also displays Safe Harbour posters to ensure we are recognized as an organization that protects against racism or harassment.

Cultural Sensitivity is demonstrated in the annual Cultural Competency and Diversity Plan, The Cultural Competency and Diversity committee and the annual Accessibility Plan.

## **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 assessments and reports that will assist our understanding of 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 understands to ensure our services will meet their needs. We work cooperatively with other service providers to ensure efficient and effective services.

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

Person Centred Plans are completed within the first three months of the person entering a home/program and annually thereafter. They are structured to include the Quality of Life Indicators as defined by Dr. Shalock. 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 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 Quality Assurance to review the measureable 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.

For individuals who live in Group homes, or in the Futures Club program, PCPs are facilitated by a staff or contractor who do not provide direct service to the individual, in order to allow all staff to participate in the PCP process. A detailed PCP planning process is available on ShareVision.

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

Kardel staff may be invited by the person served and/or another service provider to give input into individualized plans created for individuals supported by both providers. A copy of this individualized planning document may be requested for the individuals' Kardel records.

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

Individual Care Plans are developed 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 provide a detailed outline of 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

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.
- 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 services are used as required. If at any time, there are changes to an individual's health care an individual under CLBC can access Nursing, Dietary, Occupational Therapy and Physical therapy supports through HSCL by calling the Community Access Line for a referral to the desired professional.

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.

The Health Care plan is reviewed and updated annually with the HSCL Nurse, Group Home Manager/Designate and when available, the Kardel Nurse. This document is signed off on by the family member/representative and uploaded onto Sharevision. If there are changes to an Individuals Health throughout the year or the Health Care plan needs to be revised during that time, the Kardel Nurse is

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contacted. If required, Home and Community Care is also contacted for assessment. An updated plan or protocol is then created and added to the Individuals Care Plan.

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

We use a team approach to ensure the services offered by Kardel are individualized to the likes, wishes, and needs of the individual supported. Individuals are involved in establishing their regular routines, and preferences are documented in their Individual Care Plan. Vigilance is required to ensure staff preferences do not override the choices of the individual.

Managers or designates work with the individual and their support team (staff, family, advocates) to develop the schedules for the individual supported taking into consideration the resources and the needs and wishes of all people being served. Variations in schedules are to be pre-approved; if this is not possible, reporting on the reasons for schedule changes should be documented and reviewed by the manager/designate.

Document all outings and activities; use the individual supported event calendar on ShareVision including the name of the activity, the date and the time. If a planned outing does not occur, document in the daily journal on ShareVision.

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.

### **7.B. 8: Goal Planning and Tracking**

Goals are established at the annual Person Centered Planning meeting and are entered into ShareVision. Goals are decided by the individual with support from their network of staff, family and friends. When an individual is determined to be unable to make these decisions, a legal representative will decide on the priority goals for the year,

All goals should be written as SMART goals that are relevant to the wants/desires of the person they are written for.

#### **SMART goals are:**

Specific: Well defined, clear, and unambiguous

Measurable: With specific criteria that measure your progress toward the accomplishment of the goal

Achievable: Attainable and not impossible to achieve

Realistic: Within reach, realistic, and relevant to your life purpose

Timely: With a clearly defined timeline, including a starting date and a target date. The purpose is to create urgency.

Progress on these goals is documented in Sharevision and monitored by the house or program manager at least quarterly, to ensure we are accountable for service delivery to individuals supported. Should established goals be no longer relevant, it will be marked as discontinued. If more than one goal is discontinued within the year, a new Person Centered Planning meeting should be held to establish new relevant goals.

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

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

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. Strategies and planning will be based on functional assessments.

#### **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.

Annual training in Positive Approaches is required for all Kardel staff who works in our homes and programs. The training videos are available in Sharevision in the Positive Behavioural support Training module.

#### **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 what needs to be learned and how best to motivate the individual in support of such a change. Staff members must 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**

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 clear direction for permitted and restricted practices.
- 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 and trained 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 incidents of 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 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. The exception to this is in an emergency where there is a real threat or risk of harm is imminent to the person served or others.

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. A Safety Plan may be temporarily in place while a functional behaviour

assessment is being conducted in order 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 “Behavior support and Safety Planning: A Guide for Service Providers” must be authorized in writing by each of the following people:

A qualified Behavioural Consultant as defined in the CLBC Behaviour Support and Safety Planning Policy

A physician

CLBC representative

An authorized representative of the service provider

The individual or their court appointed Committee. When a representation agreement is in place, the individual will sign if able, and witnessed by the Representative when the individual has requested their support.

In situations where a formal representation agreement is not in place, a family member should sign as a witness or advocate for the person served.

Individuals, 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.

A Safety Plan is developed only to respond to and de-escalate unsafe behaviour. When a Safety Plan is in place it is essential to continue to revisit person-centred plans and to continue to focus on enriching lifestyles with a goal of reducing the need for the use of restricted practices.

All staff who work with individuals with a Safety Plan must participate in MANDT Training including annual refreshers on Sharevision.

### **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. The Risk to Others Assessment is available on individual’s page in Sharevision.

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.

### **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 an individual supported. It is a restriction of a person’s rights.

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**Restraint includes but is not limited to:**

- Holding or restraining an individual
- Physically moving an individual from one location to another against their will
- Providing a PRN to prevent aggressive behaviours.
- 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 or their legal representative has approved the restraint;
- 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 and on a "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, or their legal representative and the individual's family and physician.

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.

### **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:

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

## **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 time 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 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).

### **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.

As required, the manager/designate will arrange for appropriate instruction from a qualified practitioner.

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

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.

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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**

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.

### **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 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.

#### **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.

## **7.G. Direct Staff – Assignment of Tasks and Delegation of Tasks**

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

Direct staff (also known as Unregulated Care Providers) provides care to individuals supported who require personal assistance with activities of daily living. Direct staff members are defined as paid care providers who are neither registered nor licensed by a regulatory body and who have no legally defined scope of practice (CRNBC, 2000).

**The tasks performed by direct staff fall into two general areas:**

#### **Assignable Tasks**

#### **Delegable Tasks (or delegation of a professional task)**

Assignable Tasks are tasks that are within the direct staff members role description and training as defined by Kardel. These tasks are not considered to be individual supported specific and do not require ongoing professional judgement or monitoring.

Delegable Tasks are tasks that are individual supported-specific and are outside the role description and basic training of the UCP. Registered Nurses (RN), Registered Psychiatric Nurses (RPN), Physical Therapists (PT), Licensed Practical Nurses (LPNs) or Occupational Therapists (OT) is responsible for delegating a professional task to Kardel. Delegable tasks are normally performed by a RN, LPN, RPN, PT, OT, but under certain circumstances it may be in the best interest of the individual supported to delegate the task to a direct staff member.

Although not able to delegate tasks to direct staff, Registered Dietitians (RD) and Registered Respiratory Therapists (RRT) are able to provide consultation and training to direct staff for the delegable tasks.

#### **Delegation and/or Assignment of Task does not apply to:**

1. Family members
2. Informal caregivers (e.g. friends, neighbours)
3. Private care hired by client and/or family

## **7.G. 2: Criteria for Assignment of Tasks and Delegation of Tasks**

### **7.G. 2.a: Assignment of Tasks (PAGs, 2008)**

Assignable tasks are tasks that may be performed routinely by a direct staff, which has the training, knowledge, and skills based on provincial core competencies.

The employer (Kardel) may provide additional training to their direct staff as needed. Assignable tasks must have a written service plan developed by the Health Authority in collaboration with the individual supported/caregiver and service provider (Kardel). Adequate supervision of the direct staff must be available from Kardel.

Assignable Tasks may have additional complex practice components and therefore may require a Community Rehabilitation Therapist (OT/PT), Registered Respiratory Therapist (RRT) or Registered

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Dietitian (RD) consultation to assist Kardel to develop a written service plan, e.g. feeding issues when there are swallowing difficulties, prosthetics/orthotics where there is circulatory impairment, a client lift, or complex transfer.

Even if a task is categorized as assignable, falls under the role of the direct staff, and the direct staff is competent in the performance of the task, it must not be assumed that it is safe or appropriate to assign the task in all situations. An example is the application of a non-prescription skin cream labelled “not to be ingested” for an individual supported who has dementia with the obsessive habit of licking their skin. In this case, the task could not be assigned as safety controls would need to be put in place, making the task individual supported-specific, and therefore delegable.

### **7.G. 2.b: Delegation of Tasks (PAGs, 2008)**

A direct staff member may be requested to perform a delegable task when a healthcare professional and the individual supported (where the individual supported is able to direct their own care) have determined that the task needs to be done.

The delegation of task is considered after other alternative care options have been explored. The task cannot be managed by the individual supported and there is no other person in the individual’s support system to do the task, or the regular caregiver needs respite.

It is in the best interest of the individual supported, and the individual supported (or responsible representative) consents to the Delegation of the Task to a direct staff.

The individual’s supported health status is stable and/or the individual’s response to the proposed task or procedure is predictable.

There is adequate supervision and monitoring of the staff member by Kardel or other health professional (i.e. Community Rehabilitation Therapist).

Kardel accepts the Delegation of the Task.

A staff member is available and demonstrates the competency (or has been previously trained or has equivalent competencies) to do the specific task.

A healthcare professional is available for assistance with training, monitoring and back-up as needed.

### **7.G. 3: Accountability and Responsibility**

#### **7.G. 3.a: Service Provider/ Employer (Kardel)**

Kardel will provide the direct staff member with appropriate training program(s) and supplement this training if needed, with in-person orientation/training.

#### **7.G. 3.b: Healthcare Professional**

The healthcare professional who delegates the task will be responsible for the determination of an individual’s health status, care planning, interventions and evaluation of care until the individual no longer requires the task (Assignable or Delegable). Further, there is an understanding that the healthcare professional is accountable for:

#### **The decision to delegate a task;**

- To accept or decline the delegated task;
- Determining that the direct staff member has the necessary knowledge and skills to perform the task safely either through direct or indirect supervision;

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- Teaching the task to the direct staff member;
- Supervising the direct staff member in the performance of the task (directly or indirectly);
- Monitoring outcomes and effectiveness of interventions related to tasks assigned.

### **7. G. 3.c: Direct Staff Member**

Direct staff is accountable to their supervisor for the satisfactory performance of any and all of these tasks. Direct staff is responsible for acknowledging their own level of knowledge and understanding of a given task and to seek out additional training/ education as required.

The direct staff member is accountable to the delegating healthcare professional for the performance of a Delegated Task.

The direct staff is accountable to their supervisor for the performance of any or all of these tasks within the role description, often referred to as an Assignment of Task.

### **7.G. 4. Education/Training and Re-Training**

The direct staff will receive training and demonstrate competence in the performance of the task. It is the task, not the function that is delegated to the direct staff. The direct staff member's supervisor will ensure that the direct staff has been provided training in the specific task. Ongoing monitoring of the direct staff member's ability to perform any given task will be expected.

Kardel's process for Medication Assistance/ Administration education and training are as follows. All direct staff will adhere to the standards and protocol set out below:

#### **Attend Kardel's Medication Course;**

During employment orientation, the employee will shadow a minimal two (2) times with a co-worker to observe the routine and process for which medications are assisted/ administered within the residential setting;

During employment orientation, the employee will walk through the medication process a minimal two (2) times with a co-worker shadowing. The new employee is not permitted to sign off any medications, nor are they permitted to assist/ administer medications independently or entirely on their own at this time. The employees are working as a team during the orientation process.

The orientation medication assistance/ administration checklist is to be completed with the new employee by the site supervisor/ manager. A copy is to be sent to Kardel's Nurse Consultant for review.

Once items #1- 4 are complete, Kardel's Nurse Consultant will then assess the employee's ability to safely and effectively perform the Delegation of Task of medication assistance/ administration. If successful the employee will be delegated to this task. If unsuccessful, further training and education will be required before another assessment is arranged.

Kardel's Nurse Consultant will complete the required documentation related to the Delegation of Task, as per Kardel's policies and procedures.

Please Note: Medication via a J or G-Tube (feeding tube) is not included with this Delegation of Task. J or G-Tube feeding and medication administration is a separate training process and DOT.

Elements of education/training may include (are not limited to) the following steps:

- Overview of the health issue or health care task;
- Demonstration of a task;
- Review and practice of a given task;
- Demonstration of the competency by each direct staff to complete a task;
- Documentation of the training of each direct staff.

A direct staff member's competencies may diminish over time, particularly with skills/ tasks that are not frequently used. The healthcare professional, therefore, has a responsibility to determine the frequency of the retraining or re-testing for the delegable task. If, at any time, the healthcare professional or Kardel believes that the competency of a direct staff is in question, or if there are significant changes in the individual supported health or the delivery of the delegable task, then negotiations for additional training, funding, or other provisions may be required.

Kardel's Nurse Consultant will review all delegations annually, and contact the appropriate HealthCare professional when needed.

#### **7.G.5: Removal of an Assignable Task or Delegable Task**

In general, delegation to direct staff requires an individual with a stable condition and a predictable response to care where the competency of a RN or another regulated provider is not required. Appropriate training and supervision, including support for the direct staff member, are also critical issues to consider in the decision to delegate. If, once the decision to delegate has been made, any of these factors change, the registered nurse may decide at any point not to proceed with delegation of the task. Issues of the individual's best interest must be considered at each stage of the decision to delegate (CRNBC, 2013).

Kardel's Nurse Consultant has a professional obligation to intervene if they become aware of any situation of unsafe or unethical care (e.g., if the direct staff is unable to do an assigned task or completes it in an unethical way). Interventions may include guidance, teaching and direction, clarification of the care plan and, if necessary, reporting to the appropriate authority.

#### **7.G.6: Consent to Health care and Rehabilitation Treatment**

All healthcare practitioners are required to have the consent of the individual supported being treated prior to provision of health care. When a Committee of Person is determined, consent must be obtained from that person. When the healthcare professional, based on their assessment of the situation, determines that the individual supported is not able to give consent, substitute consent can be given from a formal representative, or temporary substitute decision maker prior to proceeding with the provision of healthcare.

It is Kardel's responsibility to remain up to date regarding the appropriate people in the individual supported's life who a healthcare professional may wish to contact to seek consent, and provide this information to the healthcare provider when requested.

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

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

## **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 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.

### **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

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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;
- 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.

#### **In Homeshare, the following is provided at the time of placement:**

- All Home Share Providers are given a copy of the Home Share Guide Book. This guide book is a detailed booklet that forms part of the contractual agreement with the Home Share Providers. Home Share providers also receive the following documents:
- A copy of the Personal Support Plan
- A copy of the individual's care plan and health care plan if applicable
- Critical Incident forms
- A link to CLBC's Home Share Provider's Handbook through their website ([www.communityliving.bc.ca](http://www.communityliving.bc.ca))

Home Share Providers are responsible to report any changes or significant issues/events that may occur for the individual or within the family dynamics on an ongoing basis. Regular ongoing communication is encouraged and expected between the Home Share provider, the individual's family and the Home Share Coordinator.

In addition to ongoing communication throughout the year, Home Share Providers are responsible to complete the Quality Of Life Report semi-annually. This report is due at the end of June and December each year.

For a new Home Share Provider it is required that the Person-Centred Plan (PCP) is completed within 3 months of the person moving into the home and annually thereafter.

The coordinator meets with the individual and home share provider to conduct formal monitoring of the home share arrangement. This Monitoring Tool occurs within 30 days for new placements and every 90 days thereafter in the first year. After the first year, monitoring visits will be done quarterly, unless the individual's situation merits more frequent visits.

For existing Home Share Providers, Monitoring Tool visits will also be completed quarterly.

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

### **7.I. 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.I. 2: Test of Incapacity**

The medical professional makes the decision as to the capacity of the person to provide consent. Some individuals supported by Kardel may be deemed incapable by the test of incapacity, and require an alternate decision maker as defined below.

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

If you become incapable and need a health care decision to be made and you do not have a court appointed personal guardian (committee of person) or a representative, then B.C. law provides for a health care provider to choose a Temporary Substitute Decision Maker (TSDM) who may decide on your behalf. The TSDM must make their decisions based on your known wishes expressed while you were capable or, if your wishes are unknown, in your best interests. A TSDM may not give consent for an adult's admission to a residential care facility.

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

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

**The legislation dictates the order of priority of the TSDM:**

1. Spouse or partner
2. Child
3. Parent
4. Brother/sister
5. Grandparent
6. Grandchild
7. Any other family member by birth or adoption
8. Close friend
9. Person "immediately related by marriage"
10. None of the above: Person appointed by the Public Guardian and Trustee (PGT)
11. Paid caregivers are not excluded and may be considered "close friend" but the public guardian would have to bestow that right.

### **7 I. 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.I. 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.I. 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.I. 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)  
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.I. 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.I. 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.

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If practicable, a second health care provider confirms the need for intervention and confirms incapability.

### **7.I. 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.

### **7.I. 4: Representation Agreements**

Representation Agreements have two general purposes.

It provides an opportunity for a person to formally name a representative to consult with regarding any decision making.

It provides an opportunity for an individual to formally plan for legal decision makers, should a person become incapacitated.

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 after the death of the individual.

#### **7.I. 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.I. 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.I. 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.

#### **7.I. 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.I. 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.I. 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.I. 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.

## Section 8: Medications and Treatments

### **Purpose:**

To ensure all medication policies, procedures and practices are aligned to comply with all applicable laws and regulations pertaining to medications and controlled substances.

### **8.A : Pharmacy Services Victoria and Area**

External pharmacists are used for prescribing and dispensing all medications:

#### *8.A. 1(a):*

*All homes in the CRD:*

#### **Joe's Family Pharmacy**

7819D E Saanich Rd, Saanichton, BC, V8M 2B4

**Phone:** 778-426-2420

**Fax:** 1-778-506-2391

**Contact Person:** Joe Piggot

#### **Hours of Operation**

Monday to Friday: 8:00AM to 6:00PM

Saturday 8:00-2:00

Sunday 10:00-2:00

**Emergency Cell coverage:** will call you back within 30 minutes.

#### **Pharmacy After Hours Phone Number**

**250-812-7952**

**Only use this number if you have a pharmacy related issue that should not wait for the pharmacy to reopen.**

**Kardel Medication and Treatment Policies and Procedures have been reviewed and are approved by:**

Joe Piggot, Pharmacist Joe's Family Pharmacy

\_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

## **8.A Pharmacy Services Duncan**

### **Lakes Home:**

SaveOn Foods Pharmacy  
181 Trans-Canada Highway  
Duncan, British Columbia V9L 3P8  
Phone: (250) 715-0870  
Fax: 250-715-1064  
Hours: Everyday 09:00-17:00

Pharmacist on-call: Stevyn Llewellyn 250-701-1187 or 250-710-7210

**Kardel Medication and Treatment Policies and Procedures have been reviewed and are approved by:**

Stevyn Llewellyn, Pharmacist SaveOn Foods

\_\_\_\_\_ Date \_\_\_\_\_  
(signature)

## **8.A 2: Medical Supplies**

The budget category for non-prescription medical supplies is intended to cover the costs of items such as briefs, gloves, catheters and trays, cleansers, rubbing alcohol, medication cups, first aid supplies, and medi-pads. These items are not dispensed by the pharmacy and are not listed on MAR sheets.

Items that are for the use of the individual, and that are excluded from payment under the medical plan, are paid for by the individuals supported.

These include but are not limited to:

- Vitamins and minerals.
- Over the counter medications: ASA, acetaminophen, Gaviscon, antibiotic ointments, Fleet enemas, etc.
- Brand name medications where generics are an option.
- Fluoride gel and dental rinse.
- Alternative and herbal therapies, e.g. Echinacea, cranberry tea, etc.

It is appreciated that some of the individuals supported may have limited funds in regard to the above items. Individuals supported with over \$5000.00 available in their bank or trust accounts are expected to cover the full cost of the above items.

Individuals supported with between \$1000.00 and \$5000.00 available in their bank or trust accounts are expected to cover the full cost of the above items up to a maximum of \$60.00 per month based on the actual costs of the items for the month in question.

Individuals with over \$200.00 and less than \$1000.00 are expected to cover the items noted above up to a maximum of \$20.00 based on the actual costs of the items for the month in question.

Individuals with less than \$200.00 will have these costs covered from the non-prescription medication supplies budget. Managers/designates should review their budgets to ensure discretionary funds are spent in a responsible manner.

Individuals with accounts with the Public Trustee will have the invoice forwarded on their behalf to the Public Trustee.

## **8. A 3: Medically Essential Equipment**

Requests for the purchase of medically essential equipment and devices must be initiated by a prescription from a medical practitioner and supported by the functional assessment of a relevant health professional (e.g. OT, PT, respiratory technician). To receive funding, the purchase must be pre-approved by Ministry of Social Development and Poverty Reduction - Health Assistance.

When in doubt about the eligibility of an expense, contact the worker at the Ministry of Social Development and Poverty Reduction for clarification.

If an application is approved, an approval letter will be issued to the individual supported and Product Distribution Centre (PDC) or Service Provider. If denied, a letter and decision summary outlining reasons for the decision will be sent to the individual supported.

Managers/designates need to track the expiry dates for all such products. The process for re-application is the same as for the original application (as above). It is recommended that the manager/designate begin the re-application process at least two months prior to the expiry date.

Contact the regional CLBC office for any items that MSDPR does not approve.

## **8.B. Staff Education**

### **8.B. 1: Orientation**

Staff are not eligible to administer medications until completing the Medication Administration course.

During orientation to homes/programs, employees will be orientated and supervised, for medication administrations within that home/program by the manager/designate. Staff will observe the medication administration process on two occasions and they will do the medication administration twice while supervised by the house manager or designate. Once the house manager feels the staff is competent, the Nurse Consultant will come in to complete the delegation.

Typically, the Nurse Consultant will spend up to 2 hours with a staff to review the PRN protocols and health care plans. The staff will then administer medications to 1 person with the Nurse Consultant observing. The Nurse Consultant will complete the Medication Checklist from the orientation package. When the Nurse Consultant is confident that the new employee can safely administer scheduled medications, the home orientation sheet will be signed off. Employees can request additional training or orientation to ensure their own confidence and competence. Orientated staff members must sign the record of staff signatures form located in the MAR binder.

Training provided by the Nurse Consultant is referred to in section 7.G. For newly hired employees, the manager/designate will complete a competency-based checklist with the employee.

For any delegable tasks managers/designates will make arrangements with their HCC Health Unit or Kardel Nurse Consultant to arrange for delegation to occur in a timely fashion.

### **8.B. 2: Training: Basics of Medication Course**

All new staff members will attend an in-house Medication Administration course provided by Kardel's Nurse Consultant. When possible, staff will participate in the Medication Administration course before starting their orientation. When that is not possible, the Kardel Nurse consultant will organize a detailed medication orientation with the new staff to cover the aspects of the Medication Administration course as soon as possible.

Documentation of course completion is kept on the employees personnel file at the main office.

At times, the Nurse Consultant, a manager or the Director of HR may recommend a staff member participate in retraining on Medication Administration that will require them to attend an in-person course. All staff must complete the Medication Administration test found on ShareVision as part of their annual competency review.

### **8.B. 3: Competency: Knowledge of Medications**

All staff members must be knowledgeable of all medication used within the home/program. In order to assist staff members, a medication information sheet for each medication the individual supported is receiving will be kept on site. This information is stored behind the MAR record sheets in the MAR book, or in a separate binder easily accessible to staff. The pharmacy provides this information each time a new medication is ordered.

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Staff members are expected to know where to access the information including:

- The drug name, usual dosage, its proposed action and expected effect.
- How the drug is to be administered and how often.
- Special considerations for that particular drug e.g. taken with milk.
- The major side effects and what to do about them.
- Precautions.
- The duration of the medication order and review date and time frame.

Identified gaps in performance regarding administration of medication shall require the employees to complete a specific follow up as determined by the manager/designate. This might consist of a review of an information video on the staff computer desktop, attendance at the Medication Administration course, or completion of the Medication Administration competency checklist.

#### **8.B. 4: Home and Community Care (HCC); Delegation of Tasks and/or Personal Assistance Guidelines (PAG)**

Direct staff (also known as Unregulated Care Providers) provide care to individuals supported who require personal assistance with activities of daily living. Direct staff members are defined as paid care providers who are neither registered nor licensed by a regulatory body and who have no legally defined scope of practice (CRNBC, 2000).

The tasks performed by direct staff fall into two general areas:

##### ***Assignable Tasks***

##### ***Delegable Tasks*** (or delegation of a professional task)

**Assignable Tasks** are tasks that are within the direct staff members role description and training as defined by Kardel. These tasks are not considered to be individual supported specific and do not require ongoing professional judgement or monitoring.

**Delegable Tasks** are tasks that are individual supported-specific and are outside the role description and basic training of the UCP. Licenced Practical Nurses (LPN), Registered Nurses (RN), Registered Psychiatric Nurses (RPN), Physical Therapists (PT), or Occupational Therapists (OT) are responsible for delegating a professional task to Kardel staff members. Delegable tasks are normally performed by a RN, LPN, RPN, PT, OT, but under certain circumstances it may be in the best interest of the individual supported to delegate the task to a direct staff member.

Kardel's Nurse Consultant is able to delegate tasks to direct staff as long as it falls under the Standard of Practice and there are current orders in place from the physician or Health Care Professional.

*The Working with Health Care Assistants Practice Standard for RN's and LPN's identifies the regulatory requirements (standards of practice) an RN or LPN must meet when they are working with Unregulated Health Care Providers and assigning client care, or parts of client care, to them. It is important to*

*consider your organizational policy as it relates to such a process and ensure appropriate supports are in place such that RN's and LPN's can meet all relevant Standards of Practice.*

Although not able to delegate tasks to direct staff, Registered Dietitians (RD), Registered Respiratory Therapists (RRT), are able to provide Consultation and training to direct staff for the delegable tasks.

A more detailed summary of Assigned and Delegated Tasks is available in Policy and Procedure Manual Individual Centred Services Planning Section 7.G.

## **8.C. Safety Standards**

### **8.C. 1: Doctor's Orders**

No medication is to be administered to an individual without a doctor's order. Any change to an existing medication or any new prescription may be received from a physician. Verbal orders from a physician to an RN, RPN or LPN are also acceptable to the British Columbia College of Nurses and Midwives. The computer printout and/or label from the pharmacy are considered to be a legal doctor's order.

### **8.C. 2: Double Checking Procedure**

Medication Checks are done by another staff member within one hour of the scheduled administration time. The checker is to check that all medications, PRN's, and treatments have been administered and signed for. This is to ensure that all blister bubbles and/or pouches have been dispensed and that the staff who has administered the medication has initialed in the appropriate area on the MAR. The checker initials the Medication Check Form.

When there is not a second staff member available to check during medication times, a check is done at the end of the shift. All staff members are responsible for ensuring medication oversights are documented on ShareVision in a timely manner

### **8.C. 3: Quality Improvement Program**

The purpose of these quality improvement measures will ensure an approach to medication management where prescribed medication is integrated into a person served overall plan of care, linking their medical needs with their desired lifestyle.

The pharmacist and the individual supported's physician review their medications at least every six months. This does not need to be done onsite. A new Medication and Order Review form is processed at this time. The pharmacy keeps a record of this review for three years. Managers/designates must ensure a copy is available at the home/program and is scanned into ShareVision in a timely manner.

The pharmacist completes an annual inspection of the medication room and medication administration procedures at each home. Included in this are:

- Inspection of the medication room to ensure security of medications, proper labelling, and that medications are within expiry dates,
- Confirmation that staff members are aware of the Policy and Procedure manual and that it is readily available, and
- Discussion of past errors and oversights, and other problems related to medication.

A record of this inspection and outcomes will be stored on ShareVision. Managers/designates are responsible for arranging this annual inspection.

The Medication Safety and Advisory Committee consist of the pharmacist(s) in charge of pharmacy services, a group home manager, and the Kardel Nurse Consultant. An annual meeting is organized by Kardel's nurse consultant with the committee to address the following:

The policy and procedure manual is reviewed and signed by pharmacist(s)  
Staff training and education programs  
Concerns related to medication  
Billing  
Errors  
Other issues related to pharmacy services

Minutes of the meeting are taken and stored on the shared drive. Recommendations from the meeting will be followed up upon by a member of the committee.

### **8.C. 4: Home and Community Care (HCC) and Health Services for Community Living (HSCL)**

**Home and Community Care** is a publicly subsidized home and community care services providing a range of health care and support services for people who have acute, chronic, palliative or rehabilitative health-care needs.

Individuals supported by Kardel have access to HCC nursing. HCC nurses are based at local health centers, and their contact details are available on ShareVision.

This non-emergency service adds to and complements existing formal and informal community services.  
Nursing  
Rehabilitation  
Nutrition  
Dental Hygiene  
Dysphagia

**Health Services for Community Living (HSCL)** provides professional consultation, care planning, education, advocacy and direct care to adults with developmental disabilities.

HSCL addresses the importance of health in its broadest sense, i.e. optimal physical, emotional and intellectual health for the individual in their community.

Services are free of charge. This service delivery is carried out in partnership with Community Living BC. Community Living BC provides support and services through funds from the BC Ministry of Housing and Social Development to adults living with developmental disabilities and their families in British Columbia.

#### **HSCL Contact Information**

South Island  
250-388-2273  
Toll-Free 1-888-533-2273  
Central Island  
250-739-5749  
Toll-Free 1-877-734-4101  
North Island  
250-331-8570  
Toll-Free 1-866-928-4988

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## **8.C. 5: Narcotics and Controlled Medication**

### **Narcotics**

Examples of narcotic medication are fentanyl and dilaudid. Two staff members check narcotic supplies at shift changeover. Staff members count each narcotic and account for the doses given, and then sign the Narcotic Medication Count – Shift Changeover form. If narcotic medication is wasted, it must be witnessed and/or reported and recorded on the Narcotic Medication Count – Shift Changeover form.

Extra safeguards (such as required witnesses for administration) may be implemented by: Kardel's Nurse Consultant, HCC nurses, and/or the Hospice Team. Kardel staff members are to adhere to these safeguards as established.

If there is a discrepancy with the count of narcotics staff must ensure that this is documented as a medication oversight on ShareVision.

**\*\*Those homes with Narcotics on site will also do additional training around the administration of Naloxone and have Naloxone kits available\*\***

### **Controlled Medication**

Controlled medication such as Ativan is provided by a pharmacy in the smallest supply necessary. Generally ½ blister packaged card is sufficient for PRN's for most individuals supported. In addition to following the medication administration procedure, staff members must initial and date in the corresponding numbered grid on the back of the blister card. Managers/designates will coordinate with the pharmacy to ensure there are not excessive supplies of controlled medications on site.

A monthly count of controlled PRN's must be completed using the Controlled Medication Count - Monthly form.

If there is a discrepancy with the count of controlled medication staff must ensure that this is documented as a medication oversight on ShareVision.

### **CBD Oil**

CBD oil is considered a controlled medication. Individuals taking CBD oil are monitored by Dr Sealey. CBD oil is ordered through the medical cannabis supplier Tilray and taken to Kardel's contracted pharmacy to be labelled.

A monthly count of CBD oil must be completed using the Controlled Medication Count - Monthly form and signed off by 2 staff members.

If CBD oil is wasted, it must be witnessed and/or reported and recorded on the Controlled Medication Count – Shift Changeover form. Extra safeguards (such as required witnesses for administration) may be implemented by: Kardel's Nurse Consultant, HCC nurses and/or Home Manager. Kardel staff members are to adhere to these safeguards as established.

If there is a discrepancy with the count of CBD oil staff must ensure that this is documented as a medication oversight on ShareVision.

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**Legal Recreational Marijuana will be stored and tracked in the same manner as Controlled Medication. Please refer to Section 7.A.9 Legal Recreational Drugs for more information about rights and responsibilities.**

#### **8.C. 6: Storage and Preparation**

All medication will be stored in a locked cupboard. The key is kept in a secure place. An extra key is kept in a designated place. In rare situations, a physician may order that a medication or medications remain with the person. An order to this effect must be on the MAR sheet. New shipments of medication are kept in a locked cupboard.

Medication that requires refrigeration or protection from light will be stored in a separate container to ensure safe handling and secure access. Refrigerated medications will be stored in a locked fridge or a locked container inside a fridge to ensure the safety of the medication.

If possible topical ointments and medications are to be stored distinctly apart from internal medications. Liquids are stored safely and securely to prevent spillage onto other medications. Expired, discontinued and wasted medication is kept in a separate basket in a locked cupboard until it is returned to the pharmacy.

Medication to be given off-site is kept in a locked cupboard until departure. Medication must not be pre-poured, unless it is for off-site administration.

A separate, marked basket or container for expired or wasted meds will be stored in a locked cabinet until they can be returned to the pharmacy.

Paper medication cups are to be used for administering medications in pill or tablet form and plastic medication cups are to be used for liquid/powder medications. Plastic medication cups can be re-used for the same person if they are washed, air-dried thoroughly and labeled with the individuals name in permanent marker.

Staff members will sign for all medication given immediately after they are given, except as noted for off-site administration. Staff members are not to make handwritten changes to medication containers or MAR's.

#### **8.C. 7: Informed Consent**

Consent by the individual supported or legal guardian for administering medication is reviewed annually and a signature obtained on the Annual Information Update form. If the individual supported or the legal guardian has concerns about medications, the manager/designate will direct them to the doctor for additional information.

If unable to obtain consent, the manager/designate will document this on case notes on ShareVision.

## 8.D. On-Site Administration

### 8.D. 1: Definitions

**Blister card/pack:** A card containing numbered, foiled blisters, with a month's supply of medication (Blister Package)

**Blister card/pack Divider:** A divider that separates one person's medication from another. The divider lists the person's name and/or time of administration.

Dispensing metal racks hold blister cards and dividers.

**Medication Administration Record (MAR):** A profile of the individual's medication, is issued monthly by the Pharmacy. MARs are kept in a separate binder with dividers for each individual, photos of each individual, special considerations and allergies. Drug information sheets for each medication individuals supported are receiving will be kept in a binder in the medication area. All medications given on-site must be signed for on the MAR immediately after dispensing. Completed MAR sheets must be kept on site for two years, then securely destroyed at the main office.

#### Dispensing times:

OD	Once daily
BID	Twice daily
TID	Three times daily
QID	Four times daily

**Medication Order Review or Medication Review:** A list of medications prescribed and signed by the Physician which is scanned onto ShareVision. A review at six months minimum is to be carried out by the physician and pharmacist.

**PacMed Pouch System to definitions:** Consists of a strip (roll) of cellophane labelled pouches containing multi dose or single unit dose medications. Each pouch is labelled with the individual's name, date, time medications are to be administered, medications that are inside the pouch and a brief description of each. Each roll consists of 7 days' worth of medications.

### 8.D. 2a: Medication Administration Procedure for Blister Packaging System

This procedure must be followed each time medication is administered. Giving medication is an important responsibility and must be done in a systematic, careful way.

Medications must be administered as indicated on the label. The 1 hour grace period for medication administration is to be used only in certain circumstances, for example, if there is an emergency at the scheduled medication time and you are unable to dispense medications or if an outing is planned for a specific time. The 1 hour grace period is not to be used on a regular basis as this could affect how the medication works or interacts with other medications.

**Below are the steps all employees are to follow when dispensing medication from blister packs:**

Wash hands

Check the current date to establish the blister number of the day.

Locate and positively identify the individual.

Find the individual's MAR.

Read the MAR directions for the first medication to be given in the time slot you are dispensing. Pay careful attention to the time, medication, reason, dosage, individual, and route. Check for special considerations.

Confirm that the MAR directions concur with the blister card/pack.

Punch the medication blister into the med cup. Ensure medication isn't attached to the foil on the back of card. If dispensing a liquid, place the medication on a flat surface and view at eye level or measure in a syringe.

Check the MAR once again and mark the appropriate square with a dot.

Continue for all medication to be given at that time.

Check the MAR for special directions i.e. crush, give with juice, give with milk, etc.

Approach the individual supported, saying their name. Tell the individual supported it is time for their medication.

Administer the medication to the individual. DO NOT LEAVE MEDICATION UNATTENDED. Ensure the person has swallowed the medication.

Initial the MAR sheet in the appropriate date and time space. Also initial the "Medication Check" form for the appropriate time.. Do not go on to the next individual until this documentation has occurred.

Report any discrepancies, refusals, meds withheld, absent people, and observations of anything unusual regarding the individual's status immediately and record on MAR using the appropriate codes.

A second staff member, the "checker" must ensure that all medications, PRN's, and treatments have been administered and signed for. This is to be done within one hour of medication/treatment delivery time. The checker initials on the medication check form to confirm the medication has been administered.

When a checker has been unavailable to check administered medications during the shift, medications must be checked with an on-coming staff member. This is recorded under "Shift End Check" on the Medication Check form.

**8.D.2.b Medication Administration Procedure for PacMed Pouch System**

Wash hands

Check the next pouch in the roll to ensure it is for the correct time and date

Locate and positively identify the individual

Find the individuals MAR

Read the MAR directions for the medications that are to be given during the time slot you are dispensing

Check the information on the pouch paying close attention to the name, date, time and medications to be dispensed. Check that the # of medications that are to be dispensed match the # of medications in the package.

Ensure the information matches the information on the MAR. Check for any special considerations.

Dot the appropriate square on the MAR corresponding to the medications you are dispensing

Open the pouch and pour out all of the medications into a med cup

Keep the pouch until it has been checked by the med checker to ensure all medications have been administered

Check for special directions eg: crush, give with yogurt, give with juice etc Approach the individual supported, and saying their name. Tell the individual supported it is time for their medication.

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Administer the medication to the individual. DO NOT LEAVE MEDICATION UNATTENDED. Ensure the person has swallowed the medication.

Initial the MAR sheet in the appropriate date and time space. Also initial the "Medication Check" form for the appropriate time.. Do not go on to the next individual until this documentation has occurred. Report any discrepancies, refusals, meds withheld, absent people, and observations of anything unusual regarding the individual's status immediately and record on MAR using the appropriate codes.

A second staff member, the "checker" must ensure that all medications, PRN's, and treatments have been administered and signed for. This is to be done within one hour of medication/treatment delivery time. The checker initials on the medication check form to confirm the medication has been administered.

When a checker has been unavailable to check administered medications during the shift, medications must be checked with an on-coming staff member. This is recorded under "Shift End Check" on the Medication Check form.

#### **8.D. 3: Wasted and Refused Medication**

An individual supported may refuse medication. Do not force the individual supported; discuss the situation with the manager/designate. They may suggest different ways of approaching and/or presenting medication (i.e. meds in peanut butter or banana). Record the refusal on the MAR sheet as coded and note in the daily journal. Managers/designates should seek consultation from the pharmacist, Kardel's Nurse Consultant, HCC RN, and/or the physician as to the potential impact of missed medications where this may be an issue. If the refusal appears to have a behavioural component, input may be sought from a behavioural consultant.

If a dose is inadvertently wasted (e.g. dropped on the floor, spit out etc.), repeat the dose by giving medication from the last bubble of the same blister package or the last pouch, if available. Inform the manager/designate via the communication log and fill out the back of the MAR sheet to alert staff of the incident and that a dose of medication was taken from the last dose available. The manager/designate will ask the pharmacy to replenish the missing doses of medication.

Wasted medication(s) and the Wasted, Expired and Discontinued Return to Pharmacy form are to be secured in a locked cupboard. Returns to the pharmacy are to be completed on a monthly basis from the start of each month or earlier if needed (i.e. controlled medication). The Wasted, Expired and Discontinued Return to Pharmacy form stays on site.

#### **8.D. 4: Administering PRN Medication**

Protocols will be written for PRN medications prescribed for the individuals served. All staff must follow these protocols when administering any PRN medication. Some PRN medications may require delegation or administration may be considered assignable. Factors in making this determination may include, but are not limited to: the type of PRN medication prescribed and the level of experience of the staff member. The home manager will consult with the Home and Community Care RN or Kardel Nurse Consultant to make this determination regarding every PRN medication.

Staff members may administer a PRN medication without consultation with the manager/designate or the HCC nurse if an order for the PRN has been made and the staff member has been delegated this task. Check the current protocol for the PRN medication and the individual's MAR sheet.

PRN medication is kept in a locked cupboard, should be clearly separated from regularly scheduled medications. For all PRN medications, staff members should be delegated by the HCC RN or the Kardel Nurse Consultant.

After carefully following the medication administration procedure, staff members must record the administration of the PRN medication on the back of the MAR sheet, noting the following:

Date

Time

Blister package bubble #

Reason for administration

Initials of staff member administering medication

Effect of the medication **must** be recorded even when there is no effect noted.

All administered PRN's must be documented on the medication check form and initialed. All administered PRN's must be documented in red on Sharevision under PRN section in the Daily Journal notes

If no results are seen by administering staff, they are to document "no results" on the back of the MAR and staff from the next shift is then responsible for observing and recording results on the next line on the back of the MAR.

Ensure that the PRN medication has been checked by a co-worker and initialed.

## **8.E. Off-Site administration**

### **8.E. 1: Medication at Day Programs**

For individuals who are involved in day programs, at the request of the manager/designate, the pharmacy will supply separate medication and MAR sheets for day programs. The medication must be sent to the home first to be checked against doctor's orders according to policy before it is sent to the day program.

All medication given at Kardel Day Programs must be supplied in packages and accompanied by MAR sheets. Medication will be kept in a locked area and will be given out by the designated staff person according to the Medication Administration Procedure.

### **8.E. 2: Administering Medication in the Community**

When an individual requires medication outside of their home or day program, it is the duty of the staff taking the individual supported out to ensure they receive the scheduled medication.

**For the blister-packaging system**, the medication will be dispensed at the home/program according to the medication administration procedure and placed in a secure container labeled with:

Individual's name  
Medication and dosage  
Date and time of administration  
Signature of staff member who prepared the medication must be on label  
Contact phone number: home or day program

Documentation on the MAR will be recorded in ink using the number indicating "absent from home with medication."

Medication administration is checked by a co-worker prior to leaving the home or day program. For blister-packaged medications, the pharmacy will provide compliance packages for people away from home for more than three (3) days. The request for this medication must be received by the pharmacy seven (7) days prior to the leave.

**For the Pac-Med system**, remove the correct pouch from the roll pertaining to the correct date and time. Check the medications in the pouch against the MAR sheet to ensure you have:

Correct individual  
Correct medication and dosage  
Correct date and time

*Documentation on the MAR will be recorded in ink using the number indicating "absent from home with medication."*

Medication administration is checked by a co-worker prior to leaving the home or day program.

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### **8.E. 3: Provision of PRN Medication in the Community**

PRN medication that may be necessary for an individual supported while away from the home or program must accompany the individuals supported. The following procedures must be followed: Labeled vials or blistered medication prepared by the pharmacy for vacations or extended periods away from home must accompany the individual supported.

All unused PRN medication dispensed by the pharmacy must be returned to the pharmacy when no longer needed or expired.

PRN medications prepared for administration at the day program or on community outings are returned to the home. They are restocked as needed, stored securely, and they are not to be placed back into the blister pack.

Other medication, i.e. epi-pens, must be labeled with the individual's name and instructions.

Staff members ensure an adequate supply is transported.

Medication is kept in the locked cupboard when the person is at home or at the day program.

The staff member responsible for the individual ensures the safe transport of the medication.

Documentation of administration and effect is recorded upon return.

### **8.E. 4: Self-Administration of Medication**

An individual supported may self-administer medications if a plan for self-medication is:

Approved by a health professional who can prescribe the medication and;

Included in the individual care plan of the individual

An Authorization for Self-Administration of Medication form must be completed by the prescribing health professional and must be stored safely. The individual living in a staffed residence who self-administers medication must be provided with:

The medication as required.

A secure place to store the medication.

Education relevant to self-administration and any risks or side effects inherent with the medication.

Kardel does not maintain physical control of medications self-administered by individuals supported who live semi-independently or independently.

### **8.E. 5: Representatives Administering Medications**

If a representative of the individual requests that an individual be given an over-the-counter medication, pill, liquid, or cream that has not been prescribed by the individual's physician, staff must inform the representative that they are NOT allowed to administer medications that have not been prescribed by the physician. If the representative insists on giving the individual the medication, staff should document this. If the representative chooses to administer the medication, staff should document the interaction they had with the representative and the actions the representative took. The manager/designate should be notified, who may then refer to the Director of Quality Assurance to determine further action.

## 8.F. Medication and Procedural Oversights

### 8.F. 1: Medication Oversights – Critical Incident Form

When a medication oversight takes place that adversely affects an individual we support, or requires emergency intervention or transfer to a hospital, a Critical Incident Report must be completed. Critical Incident Reports are sent to CLBC and to Island Health (Licensing) in Licensed Homes.

For information on follow up see Health and Safety Section 4.H.

### 8.F. 2: Medication Oversights

Medication oversights include, but are not be limited to, the following:

- Medication not administered
- An incorrect medication dose was administered
- Medication administered the wrong way
- Medication was given at the wrong time
- Administering the wrong medication to the individual
- PRN Medication given without following the protocols in place

All oversights are to be reported to the manager/designate. Depending on the nature of the oversight, the Manager/Designate may need to be notified immediately. All medications oversights are to be entered into ShareVision by staff members who notice the oversight. The most important action is to ensure the health and safety of the individual(s) involved.

### **You MUST seek further direction/instruction.**

If the medication oversight has created an emergency, call 911 immediately.  
Contact the pharmacy as soon as it is safe to do so. If you are unable to connect with our contracted pharmacy, you can speak to a pharmacist from another pharmacy.  
If you are unable to connect with the pharmacy, and you are concerned about an overdose due to incorrect medications, or incorrect dosage, please call Poison control. Poison Control if needed and emergency intervention will occur as needed. **Poison Control number: 1-800-567-8911**  
If you are unclear of the direction given, call the Kardel Nurse Consultant or the manager on-call.

If an oversight is made on the MAR by signing for the wrong medication, for the wrong time, for the wrong individual, or for any other reason not previously stated, circle your initials on the MAR to indicate an oversight. Do not write over the entry and do not use white out or liquid paper on the MAR.

On the back of that MAR page write the date, time, and what happened (i.e. incorrect time, incorrect individual) and then sign. Follow the policy on medication oversights and complete a medication oversight report on ShareVision.

### **Procedural Oversight:**

- Medication given but not signed for
- The medication was signed for on the MAR but in the wrong box
- Medication given and signed for but the checker form was not completed

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PRN information not completed on the back of the MAR

Complete the Medication Oversight Report. In this case, Manager/Designate do **not** need to be notified immediately. Notification through the Oversight report is sufficient.

### **8.F.3: Oversight Follow Up**

Once a medication oversight is discovered and has been documented by a staff member, the manager/designate must follow up and complete the manager/designate section of the form. The manager/designate shall indicate factors that may have contributed to the oversight, make recommendations/develop an action plan, or forward to the Kardel's Nurse Consultant and Director of Quality Assurance for review. Corrective measures may be required that include non-disciplinary follow-up with an employee. This may include an in-house medication administration course for staff members who have made repeated medication oversight. More serious oversights or patterns of oversights could result in disciplinary action. Consultation with the Director of Human Resources would take place to determine the appropriate level of discipline.

Information regarding medication oversights is generated by ShareVision and incorporated into the annual Incident Summary Report for written analysis. The Incident Summary Report is reviewed by the CEO, Directors, Community Nurse, Program Managers and others as required.

### **8.F. 4: Adverse Reactions and Drug Interactions**

If an individual is observed to be experiencing a drug reaction or interaction as outlined in the drug information sheet, i.e. rash, vomiting, change in behavior, etc., the following steps must be taken:

Stop administering the medication

Ensure the individual receives necessary medical care: i.e. medical treatment center, doctor's office, or emergency department of local hospital;

Report the incident to manager/designate

The manager/designate will inform the pharmacist of the reaction/interaction

At Futures Club and ISN, the contact person of the home of the individual supported is notified immediately.

Drug reactions and interactions must be recorded in the daily journal on ShareVision.

The most important action to be taken when you notice an adverse reaction is to ensure the health and safety of the individual(s) involved. Reactions are to be reported immediately to the manager/designate. If required, and depending upon the nature of the reaction, contact the following in no particular order:

HCC Nurse

Kardel Nurse Consultant

Pharmacy

Physician

Poison Control if needed and emergency intervention will occur as needed.

**Poison Control number: 1-800-567-8911**

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## **8.G. Processing Orders**

### **Processing New Orders**

There are a number of ways the new orders can be processed. Staff and managers/designates cannot take a verbal order over the phone. Ideally orders are to be communicated directly between any medical professional who can prescribe medications and the pharmacist. In the event a written order is given to a staff at a medical appointment or faxed to a home, the staff will fax the order or give it to the pharmacist in person. It should be documented in the communication log that the order has been sent or dropped off at the pharmacist.

The pharmacist may contact the home should there be any concerns, questions, issues or clarifications. Staff can answer these queries, or discuss this with the manager or Nurse Consultant if they are unsure.

### **8.G. 1: Processing Received Medications**

Follow the steps below:

When the medication arrives, two extra labels will be provided. One is applied to the MAR sheet, and the other is applied to the Medication Review sheet.

The drug information sheet is added to the drug information binder located in the medication preparation area.

The manager/designate reviews the drug information sheet and checks again for allergies and contraindications based on the new drug information sheet.

The manager/designate checks the medication label on the new medication and compares it to the label on the MAR sheet.

A Medication Change is created on ShareVision and then is printed and placed in the MAR book.

Staff members coming on duty must review the medication changes noted on ShareVision and then check the MAR and the new drug information sheet to clarify new and changed orders.

Day Programs are sent new medications as required and a copy of Medication Change for their staff members.

Changes made to compounded liquid medication require relabeling to be done by the pharmacist. The new prescription and the liquid medication are to be brought to the pharmacy for the pharmacist to ensure correct relabeling of the bottle and new labels to be provided for the MAR.

### **8.G. 2: New Orders in Emergency Situations After Hours**

For emergencies outside of regular business hours, the staff members should make arrangements for an individual supported to be examined at a Medical Treatment Centre or Hospital Emergency Unit. If medication is required, the treatment centre will usually supply adequate doses to cover the person's needs until the medication can be ordered. This new information should be clearly documented in the daily journal, and in the communication log. The next morning, the manager/designate or designated staff member will fax the order to the pharmacy. The pharmacy staff will contact the individual's physician, add the information to the individual supported's documentation, and send the balance of the medication as required.

For individuals receiving HCC services, the nurse may be contacted to process the new orders.

### **8.G. 3: Discontinued/Changed Orders**

When a drug is discontinued, or an order for a medication is changed by a medical professional (e.g. the dosage or the administration time), the manager/designate or staff member responsible for medication administration, will remove the medication from each time slot and return it to the pharmacy.

The manager/designate or person responsible for medication administration will write "D/C" next to the drug order on the MAR, and draw a diagonal line through the remaining days of the month on the MAR for that order. A Medication Change form is created on ShareVision and is printed and placed in the MAR book

The change is recorded on the Medication Order Review sheet. The person's day program is notified, if applicable. Unused medication must be stored in a locked area (see 8.C.7) until it is returned to the pharmacy.

## **8.H. Changes in Individuals Supported**

### **8.H. 1: Admissions, Transfers and Exiting Services**

Managers/designates must notify the pharmacy in the event of an admission. The pharmacy will confirm all medication orders with the attending physician.

When an individual is temporarily transferred to another facility (e.g. in hospital), the manager/designate will inform the pharmacy, and hold medication in the locked storage cupboard until the individual returns.

In the event of an individual exiting service the pharmacy will be notified accordingly and medications returned.

## **8.I. Inventory**

### **Purpose:**

To ensure all medication policies, procedures and practices are aligned to comply with all applicable laws and regulations pertaining to medications and controlled substances.

### **8.I. 1: Receiving and Checking New Monthly Medication**

The pharmacy system automatically refills all regularly scheduled medications. The pharmacy delivers all medications at the end of each month. New cards are checked as per 8.I.1(a). The designated staff member transfers the new cards to the existing racks after the last bubble of the cards has been administered.

All unused medications must be returned to the pharmacy. See expired, wasted and discontinued policy (8.L.1).

#### **8.I. 1 (a) Checking and Adding New Medications**

Check new MARs against the previous months MAR to ensure orders are correct, and that the new orders have been processed and added correctly.

Check medication with the MARs to ensure the right medication, name, times, and dosage. Check that:

The card is labeled correctly.

Special considerations are noted, including dietary.

Check to ensure adequate supply of PRN orders.

Check for expired drugs.

Sign the bottom of the MAR sheets, indicating that medications have been checked according to the above specifications: date and initial.

#### **8.I. 1 (b) Adding New Blister Card/Packs**

For Blister Packages:

After medication has been checked, check the individual's name and medication times on the card, and ensure that no bubbles have been opened. Remove the old card and replace it with the new card.

Old cards are not to be returned to the pharmacy unless there are unused medications in the blister pack. Blister package labels identifying the person and medication must be redacted prior to disposal.

For the PacMed System:

The pharmacy will send out the weekly Pouches on a Wednesday. The pouches run from Monday morning to Sunday evening. Each roll of the pouch medications contain 7 days' worth of medications. Ensure all medication pouches have been checked prior to adding them to the Individuals Medication box.

Once used, the empty pouches will be returned to pharmacy for proper disposal because of the pertinent information on each pouch. DO NOT THROW THE EMPTY POUCHES IN THE GARBAGE

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**8.I. 2: Medication Reordering Procedure: PRNs and Liquid Medication**

A pharmacy provided reorder sheet will be completed for reordering PRN medications and then faxed to the pharmacy. A copy of the reorder sheet will be kept on file at the home/program. The reorder sheet or fax form may also be used to provide special instructions to the pharmacy and for placing orders for general supplies.

Once received from the pharmacy the reconciliation will be made against the order form.

To maximize efficiency, the pharmacy requests that supplies, PRN medication cards, cards for day programs, and other supplies be ordered with as much notice as possible so to be delivered with next month's medications. Please indicate on the fax whether the order is:

Rush delivery

Regular delivery

Delivery with monthly medications or;

We will pick up the order

**8.I. 3: Supplies in the Home**

Though the contracted pharmacy must provide all oral medications, certain low-risk medical supplies may be available in large quantities from Product Distribution. Product Distribution requires a doctor's order for supplies, which is also given to the pharmacy who will ensure this is on the individual's MAR sheet. The manager/designate will also need to estimate the quantity of supplies used per year, and the Ministry will approve a certain number of supplies.

Supplies in the home must also be kept in a locked and secured area. Labels must be carefully checked before administration.

## **8.J. Transportation**

### **8.J. 1: Transportation of Medication**

New medication or refill orders are delivered via the pharmacy to group homes. The manager/designate may also pick up medications from the pharmacy to expedite delivery.

If narcotics or controlled medications are delivered, two staff members document on the relevant form and indicate the total number of doses received and the date. Any discrepancy should be reported to the pharmacy immediately. Once the medication is checked it is to be stored in a locked and secure area. Medication is not to be left by the pharmacy unless received by a staff member.

## **8.K. Lab Work and Alternative Therapies**

### **8.K.1 Lab Work**

It is the manager/designates responsibility to ensure that lab work ordered by a medical professional is completed as required. Routine blood work must be scheduled and documented on ShareVision - staff should be alerted to any special instructions related to lab work. The manager/designate discusses results with the physician as necessary.

### **8.K.2 Alternative Therapies**

Individuals may choose to make purchases using their own funds, i.e. comforts allowance. Informed consent for the use of any alternative therapies e.g. herbs, multi-vitamin therapy, magnets, etc. must be made by the individual themselves. If the individual is not able to give consent, consent will be given by their committee, by their representative, or by the person designated as their Temporary Substitute Decision Maker.

Staff supporting the individual must be trained in the administration and/or use of the product.

Kardel does not endorse any specific products. The cost implications of alternative therapies would have to be considered. Consent for money to be used for payment for alternative therapies would follow the same formula as consent for the use of the product.

## **8.L. Biohazard Management**

### **8.L. 1: Wasted, Expired and Discontinued Medication**

Staff must document the following on a *Wasted, Expired and Discontinued Return to Pharmacy form*:

The date the medication was added to the container

Staff documenting the medication added to the return to pharmacy container

Individual supported

Medication(s)

Reason for return to pharmacy

Staff returning medication(s) to the pharmacy

Date of return to the pharmacy

Wasted, expired and discontinued medication(s) and the return to pharmacy form are to be secured in a locked cupboard. Returns to the pharmacy are to be completed on a monthly basis from the start of each month. The *Wasted, Expired and Discontinued Return to Pharmacy form* stays on site.

### **8.L. 2: Sharp Object, Transdermal Patches and Needle Disposal**

The laboratory and pharmacy will provide Sharps containers for disposal of sharp objects, transdermal patches (such as fentanyl patches) and needles as required. These containers are returned to the lab or pharmacy when they are full.

## **8.M. Immunizations**

### **Immunization:**

The pharmacists utilized by Kardel provide the annual flu vaccine and the pneumonia vaccine to the individuals supported in group homes. The managers/designates in group homes are to ensure that permission has been obtained and that the record of vaccination is uploaded to Sharevision. Staffs in these homes are welcome to receive their flu vaccines at the same time.

Documentation of immunization will be kept on file in ComVida. Please be sure to get proof of vaccination from the medical provider who administered the shot, and submit to HR.

As of September 2021, all staff are required to report their Covid-19 Vaccination status and must be fully vaccinated to be eligible to work. Staff who has not provided documentation for complete Covid19 vaccination will be considered unvaccinated, and subject to restrictions based on current Public Health Orders as outlined in the Communicable Disease Safety Plan.