

# Section III

## Part 4-3

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### Expectations at CLS - Keeping Supported Individuals Healthy & Safe

#### Positive Behaviour Support & Safety Planning

CLS has a commitment to provide Positive Behaviour Support and Safety Planning for every individual we support as outlined in the Guide for Service Providers published by Community Living British Columbia. The commitment is supported by Senior Management and evidenced by: our approach to support; safety planning; emergency use of restraints; complaints and dispute resolution; consent and rights of individuals; All of these areas are covered in this Handbook. In addition, we comply with external policies and service standards as directed by our funder, those legislated requirements monitored by Community Care Licensing, and accreditation standards as required.

#### Emergency Procedures

Because meeting health and safety needs is of crucial concern to the Community Living Society, each work location implements safety measures. Many of these safety measures are outlined in the regulations under which CLS is licensed. You are responsible to be aware of emergency procedures for any location where you are working, before you work any regular shift alone. A copy of all emergency procedures is kept at the work location in the red Emergency Binder for quick reference. If you have any questions, ask your Coordinator. In applying any safety measures, you should always be mindful of the Community Living Society's belief the individual is best served in their community in circumstances that most resemble family-like arrangements.

In the case of any emergency, you must first attend to the immediate needs of the supported individual(s) while another CLS employee contacts the appropriate emergency service. If you are the only person on shift, removing the supported individual(s) from danger is your first

priority. Once medical attention has been obtained, inform the Director and Coordinator of the situation. Confirm who will contact the family members.

## **Internal Response for Emergencies**

Using the CLS emergency response line you will be connected to a Director who is on-call (the Director on call). This internal service is provided as a support to give you direction and guidance in the event of an emergency while you are at work. This person is not available to work shifts and does not have the ability to contact relief employees. Coordinators and employees are provided with training and resources that will, in most cases, enable you to solve problems. Each team will have an emergency plan worked out specific to their particular needs.

### **Examples of What an Emergency Is:**

- An individual is taken sick and must be rushed to hospital. You should call 911 followed by making a call to your Coordinator. If your Coordinator is unavailable then report to the Director on call who will give further instructions, otherwise it is the Coordinator's responsibility to report either to the Director on call or their immediate Director.
- You are taken ill while alone on shift and must leave immediately. Please notify the Director on call immediately.
- A serious event occurs such as a tree falling on the home, the roof blowing off, a major flood, etc. Please call 911 and the emergency line immediately.

### **Examples of What an Emergency Is Not:**

- A leaking toilet or other minor household problems. These should be reported to your Coordinator. There is a list of approved CLS contractors in each home. Please consult this list and take the initiative to contact someone who can come and assess for necessary repairs.
- You are taken ill on shift and would prefer to go home. In this case it is important that you first contact employees on the relief list to see if anyone is available to relieve you. If not, you should contact your Coordinator. If all else fails and you cannot find someone to take your place and you still cannot remain at work then you may contact the Director on call and obtain some advice from them as to your next step.

**It is vital to note that individuals cannot be left alone.** An individual can be sent to hospital alone initially if needed if there is only one employee on shift at the time. In the event that an employee working alone must be rushed to hospital the Director on call will make arrangements for relief to be dispatched. If you leave an individual alone without informing the Director on call your employment will be terminated.

It is our expectation that employees will work together in the event of an emergency to support each other or obtain support so that everyone remains safe.

## Missing Person's Protocol and Procedures

You are responsible to be familiar with each supported individual's Missing Person's Protocol (as necessary) as outlined in their Individual Service and Quality of Lifestyle Plan Binder, Section 13. If a supported individual is missing, you are responsible for following the protocol for that person and completing a missing person's procedures checklist also found in Section 13 of the ISQLP Binder. If a supported individual is missing from a day centre, vocational employees must complete the missing person procedures checklist found in the Vocational Forms Binder.

## Bathing Procedures

Bathing procedures must ensure the safety of individuals and respect their privacy and dignity. The Coordinator will ensure all employees, including relief employees, adhere to and are trained in both the following general bathing guidelines and in specific bathing procedures as documented in the individual's Care Plan, Section 5—Bathing and Hygiene. The Coordinator will ensure each individual's Care Plan is reviewed and updated annually and employees informed immediately of any changes to an individual's bathing routine. The Director and Coordinator will also ensure the Care Plan, written protocols and Risk Assessment are reviewed and amended as necessary in response to any directives from Licensing and/or CLBC.

Any individual who bathes alone must have a person-specific Bathing Policy which is located in their Personal Care Plan - Section 5 - Bathing and Hygiene. Should this decision be made, it must be documented and signed by all persons who have agreed to the decision and who are responsible for the decision: the supported individual, family and/



**Coordinators must ensure all employees, including relief employees, are aware of and trained in bathing procedures for each individual, as outlined in their Care Plan**

or personal network and the Coordinator and Director. When there is no family and/or personal network the Coordinator and Director can sign instead. If for any reason you cannot locate the Bathing Policy in an individual's Care Plan, they must not bathe alone. Immediately call your Coordinator or Director. This document must reside in the individual's Care Plan, Section 5—Bathing and Hygiene and must be reviewed annually and amended if necessary and re-signed.

### **General Bathing Guidelines**

*(To be observed and followed for all individuals, unless otherwise documented in their Care Plan)*

- Employees must be prepared for any emergency that may arise.
- An individual should not be left unattended in the bathroom while a bath is being drawn as a person might attempt to climb into the tub unassisted. The water could be too hot or the person could slip and not be heard above the sound of the taps running.
- Employees must maintain frequent contact with any individual who bathes alone, in case they require some assistance, either by voice contact or with appropriate visual contact. All employees must be aware of the appropriate time frame for checking on each individual who bathes alone as documented in their Care Plan, Section 5.
- The bottom of each bathtub and shower must have a non-slip surface. Where this is not built into the tub or shower, a rubber mat must be used.
- Employees must check the water temperature by immersing their hand into the water before assisting an individual into the bathtub. People should not be assisted into the bath before the water is run. If water needs to be added during the bath, employees must monitor the temperature carefully. Hot water supplying bathtubs, showers and hand basins should not exceed 49° C.
- Employees must ensure the level of water in the bathtub is appropriate to the size of the person. For example, a smaller person would not require the tub to be filled as full as it would be for a larger person.
- In the shower, employees must ensure the water is at an acceptable volume and temperature before assisting a person into the shower. If the temperature of the shower is affected by the use of water in other parts of the house, ensure everyone is aware the shower is in use. Individuals who are unaware of the hazards of adjusting the taps while in the shower must not be left unsupported.

### **Individuals Who Currently Have Seizures or Who Have a History of Seizures**

- An individual who currently has seizures or who has had a history of seizures (i.e., has had a seizure within the last year) must be assisted when bathing. All employees, including relief employees, must be aware of this.
- Should any individual who currently has seizures or who has had a history of seizures, wish to have the privacy of bathing without assistance, the physician must be consulted on the risks involved for the individual and this must be documented in the Care Plan. Once the individual and their family and/or personal network are aware of the risks, it may be appropriate for the individual to bathe alone. Should this decision be made, it must be documented and signed by all persons who have agreed to the decision and who are responsible for the decision: the supported individual, family physician, family and/or personal network, and Coordinator and Director. When there is no family and/or personal network the Coordinator and Director can sign instead. This document must reside in the individual's Care Plan, Section 5- Bathing and Hygiene and must be reviewed annually and amended and resigned as necessary by parties responsible for making the decision.

### **Vehicle Safety and Use of Vehicles at the CLS—Your Responsibilities as a CLS Employee**

The CLS owns and operates a number of vehicles to provide safe, efficient and economical transportation for supported individuals. Vehicles owned by the Community Living Society are assigned to a specific location but may be shared with other locations. These arrangements are organized in consultation with the Director of Residential Initiatives.

In addition, you may use your own vehicle at work to provide safe, efficient and economical transportation for supported individuals. The Community Living Society reimburses you if you use your own personal vehicle on authorized CLS business. (*See Section IV, Part 2.*)

#### **Requirements for all Drivers at CLS**

If you are required to transport individuals in either a CLS vehicle or you use your own vehicle, you are required to provide safe transportation as follows:

**Driver's Licenses, Abstracts and Insurance Requirements:**

- You must hold a valid driver's License. (*See Section IV, Part 2.*)
- You must have appropriate insurance coverage before using your vehicle to provide transport for any individuals supported by the CLS. Our insurance representatives suggest that everyone should carry at least \$3 Million in third party public liability. CLS does not subsidize this. However, if you are using your personal vehicle to provide transportation to supported individuals or for work at CLS more than 6 times per month you are required to have appropriate business insurance and, where authorized, CLS will subsidize this additional cost. Reimbursement procedures are available through your Coordinator and must be approved by your Director. In order to qualify for this subsidy Relief employees must have worked 250 hours in the 12 month period prior to the expiration of the insurance.
- Upon hire you must submit a copy of your Driver's License and Driver's Abstract to CLS Employee Services.
- Depending on your work locations you may be required to hold a Class 4 Driver's License and submit a copy to CLS Employee Services. This may be a Restricted or an Unrestricted Class 4 License depending on the vehicle at your work location. You must confirm which type of driver's license you need with your Coordinator. A one-time subsidy for getting your Class 4 is provided by the CLS. (*See Section IV, Part 2.*)
- To ensure your insurance is appropriate, on an annual basis, CLS will randomly select employees to provide renewed copies of their documents to CLS Employee Services. If you are randomly selected and notified, you must provide renewed copies of your Driver's Abstract, insurance and business insurance to Employee Services as required. In addition, whenever you complete a Mileage Log, you must sign it declaring that your license and insurance is valid and appropriate prior to CLS reimbursing you for any mileage claimed.
- Driver's abstracts that indicate an employee is in contravention of the Motor Vehicles Act will be reviewed on a case-by-case basis by the Director of Residential Initiatives and Employee Services and you may be required to participate in a discussion about your particular case. An actual suspension from driving may affect your ability to remain at your current work location due to the job requirements. In these cases Employee Services will endeavour to find you shifts at a location that does not require you to drive. Your employment status will be affected if there are no alternative shifts available and, as a result, you will become a Relief employee.

- If you use your own vehicle for CLS approved purposes, you are responsible to maintain it in good repair. To ensure this, you must sign the Mileage Log whereby you declare your vehicle is in good repair prior to CLS reimbursing you for any mileage claimed. To further ensure your vehicle is maintained in good repair, your Coordinator will conduct random checks of personal vehicles used to provide transport to supported individuals.

### Your Legal Responsibilities

- All employees driving on CLS business should keep in mind that the individuals they support are relying on them for safe transportation.
- You must drive with the utmost care and attention, being careful to observe all traffic and safety regulations, including posted speed limits.
- You must ensure all passengers are wearing properly fastened seatbelts, including yourself.
- You are required to immediately report any charge, suspension and/or conviction you have received under the provisions of the *Criminal Code of Canada or the Motor Vehicle Act of British Columbia* with respect to the use or operation of a motor vehicle.

### Employee Responsibilities for Safety Training and Advising Coordinators of Health Issues

- You are responsible for reporting to your supervisor any health issues you may have that could affect your driving ability, including those that are temporary.
- You must not drive any CLS vehicle for the purpose of transporting supported individuals without an orientation and trial driving session with the location supervisor, or designate, prior to your initial outing.
- You are responsible for inspecting the CLS vehicle or your own vehicle each time you use it to ensure it meets safety standards prior to transporting supported individuals, as per your training from the Coordinator.
- You are responsible for knowledge of and for following written procedures for responding to emergencies in the vehicle. These emergency procedures are kept in the yellow CLS Vehicle Binder in each CLS vehicle and in the Ready-to-Go kit available at each CLS location. The Ready-to-Go kit is for you to take whenever you are transporting individuals in your own vehicle. It contains such items as flashlight, blanket, etc. for use in an emergency.

- You are expected to treat CLS vehicles with proper care and respect and to report to the appropriate Coordinator any problem or need for repairs. The Coordinator(s) for the work location(s) to which a vehicle is assigned is responsible for overseeing the maintenance, servicing and care of the vehicle.

### **Your Responsibility for Following General Safe Driving Protocols**

- Before starting out you should be aware of the location of each person in the vehicle, taking care to seat individuals who may have difficulties in the safest spot for them. As all individuals are different, in order to be prepared, you must ask your Coordinator to discuss with you and your work team procedures best suited for use with the individuals you support.
- An individual should not be driven in a vehicle while agitated. Any exceptions to this must be discussed and documented with your Coordinator and Director of Residential Initiatives and Director of Community Inclusion. If an individual becomes agitated while you are driving, the vehicle should be parked as soon as a safe opportunity presents itself. You must ensure the environment where you park is safe in case the individual needs to exit the vehicle. Once the individual has calmed down, you may continue your journey.
- If you, the driver, need to step out of the vehicle, you should never leave the keys in the ignition or leave the engine running.
- Never leave supported individuals alone in a parked vehicle where you cannot see them.
- When leaving a parked vehicle, you must ensure: gear in the park position, emergency brake fully engaged, windows up, doors locked and anti-theft device placed on the steering wheel, if available. Do not leave anything of value in the vehicle.
- Where possible, choose parking stalls that allow plenty of distance from other vehicles. This will ensure the safety of individuals as they get in and out of the vehicle.
- Do not use underground parking when driving raised roof vans.
- Back into the parking space so that you can exit by driving forward. Where there are two employees, have the second employee guide the driver as they back into the stall. If you are alone, do a visual check before moving the vehicle. Take notice of oncoming traffic, pedestrians and surrounding vehicles and other hazards.

- No matter how you are parked, honk before pulling out of the parking stall. If it is necessary to back out of the parking space, roll down your window and check behind the van or have a co-worker assist you by guiding you out of the stall.

### **General Policy for Drivers**

- There is no smoking by any person in a CLS vehicle or while transporting supported individuals in your own vehicle.
- You may not use any CLS vehicle for personal reasons unless you receive prior permission from the Director of Residential Initiatives.
- Moving violations, parking tickets and any other tickets will be paid for by the person driving the vehicle at the time the violations occurred. There will be no reimbursement for these fines.

### **Cell Phone Policy While Driving For Work**

In order to ensure both the safety of the individuals you support and your own safety, you must not operate a cell phone or hands-free device while you are driving for work. This policy pertains to both personal calls and calls for work. You must not operate a cell phone or hands-free device at any time while driving with supported individuals either in a CLS vehicle or your own vehicle or at any time while driving alone or with team members for work either in a CLS vehicle or your own vehicle. This policy also pertains to occasions where you are driving from one location to another location for purposes of starting a new shift, as this is still considered being at work. Finally, this policy is also in effect when you are driving to a location that is not your primary work location for purposes of attending CLS training.

If there is an emergency and you are driving for work and need to use a cell phone, the vehicle should be parked as soon as a safe opportunity presents itself and in a safe place before you make a call.

### **Your Responsibility for Filling Out CLS Mileage Log and Recording Mileage**

- You are required to record all mileage on the “Mileage Log” which is located in the CLS Vehicle Binder, giving details of the date, destination and purpose of travel. Each time the vehicle is used, the driver records on the Vehicle Mileage sheet the date, places travelled, odometer start, odometer stop, residential kms or vocational kms and driver’s initials.
- **When driving your own vehicle for work**, you must transfer the total kilometres from the mileage log to the payroll timesheet and submit both the log and the timesheet to your Coordinator for approval. Prior to CLS reimbursing you for mileage claimed,

you must sign the Mileage Log whereby you declare your vehicle is in good repair and that your Driver's license and insurance and business insurance is valid and appropriate. Reimbursement for mileage will be included on your paycheque.

- Your Coordinator must authorize any trip longer than normal in advance, as transportation budgets are limited. Reimbursements are for business use only and do not include travel costs to and from work.

### **Your Responsibility If You Are In A Motor Vehicle Accident**

- In the event you are involved in a traffic accident while on the job **in your personally owned vehicle**, after first ensuring the health and safety of everyone involved, you are responsible for immediately reporting details of the accident to ICBC, your Coordinator, and the appropriate Director (and to complete an Incident Report Form located in the Ready-to-Go kit). You, your Coordinator or Director are also responsible to report the accident to Employee Services for WCB and/or ICBC follow-up purposes.
- In the event you are involved in a traffic accident while on the job **in a CLS vehicle**, after first ensuring the health and safety of all those involved, immediately call the Director of Residential Initiatives. The Director of Residential Initiatives will request a written statement outlining the accident details from you and will ensure that all the required information is submitted to ICBC. **Do not call ICBC yourself.** You, your Coordinator or Director are also responsible to report the accident to Employee Services for WSBC and/or ICBC follow-up purposes. You must also complete an Incident Report Form located in the CLS Vehicle Binder.
- If the supported individual(s) may be considered to have caused the accident it is your responsibility to report it as such. The appropriate Director will conduct a review of the incident. Each review will be done on an individual basis. The results of the review will depend upon the particulars of the incident.

### **The Coordinator's Responsibilities**

- At your location you, or your designate, are responsible for orienting and training all employees who transport supported individuals either in a CLS vehicle or their own personal vehicles, **prior to their initial outing**. This includes checking and documenting that all employees can safely operate all safety equipment.
- You are responsible to annually check and document all employees can safely operate CLS vehicles, lifts and safety equipment.

- In the CLS Vehicle Binder there is a section called Transportation Needs specific to Individuals and Location. You ensure this section is written and updated on a regular basis and that all employees who drive at that location are trained in this requirement before their initial outing.
- You are responsible to ensure every employee is familiar with the special needs of anyone they transport, e.g. whether an individual should be seated in any special location or whether they need empty seats around them. (This should be part of the Location Protocol).
- You are responsible to identify supported individuals who, because of their stature, should never be seated in the front seat due to hazards of air bag deployment. (This should be noted in the Transportation Needs specific to Individuals and Location of the CLS Vehicle Binder).
- You are responsible to notify the Director of Residential Initiatives of any excursion longer than normally anticipated in day-to-day operations. (e.g. a trip out of town for a supported individual's holiday, or a day excursion out of the urban area). In these cases, you are responsible to make arrangements with the Director for use of a cellular phone in case of an emergency.
- You are responsible to assess the accessibility of CLS vehicles for the individuals who will primarily be transported in them, and implement solutions (eg. lifts, steps, grab bars etc.) to enhance accessibility.
- You are responsible to ensure the CLS Vehicle Binder is located in each CLS Vehicle and is appropriately maintained with sufficient forms and all information.
- You ensure that there are written procedures for using lifts and safety equipment in the CLS Vehicle Binder.
- You are responsible to ensure all employees who drive at your location are familiar with the CLS Vehicle Binder and all safety and emergency procedures described in the Binder.
- You are responsible to ensure the Emergency Kit for CLS Vehicles is appropriately maintained and checked on a quarterly basis. Sections in the vehicle binder must be signed each time the kit is checked.
- You are responsible to ensure the Ready-to-Go kits, which are located in the house/vocational centre for use in employees' personal vehicles, are checked on a monthly basis. You ensure the Ready-to-Go kit is taken by the employee each time a supported individual is transported in an employee's personal vehicle.

- You are responsible to ensure all employees who use their own personal vehicles to transport individuals are trained in the Emergency Procedures, which are located in the Ready-to-Go kit.
- You are responsible to check on an annual basis that employee's personal vehicles that are used for transporting of supported individuals are well maintained and in good repair. This will be documented as part of the annual vehicle safety review.
- You are responsible to ensure that CLS vehicles are checked weekly and monthly as per the vehicle log book.
- You are responsible to ensure a Vehicle Logbook is stored in the CLS vehicle and that all employees are familiar with the instructions contained in the Vehicle Logbook as follows:
  - **Mundies Emergency Road Service:** There is a sticker on visors in all vehicles.
  - **Driver's Log – All Drivers:** All drivers must record their first and last name plus their initials on the Driver's Log.
  - **Vehicle Damage – All Drivers:** Before starting the vehicle, all drivers must inspect the interior and exterior of the vehicle for damage. Damage must be recorded on the Vehicle Damage Sheet and verbally reported to the Coordinator.
  - **Daily Vehicle Checklist – First Driver Daily:** The first driver each day is to complete the Daily Vehicle Checklist and verbally report any unusual items to the Coordinator.
  - **Weekly Vehicle Checklist – Coordinator:** The Coordinator or designate must complete the Weekly Vehicle Checklist and verbally report any unusual items to the Director.
  - **Monthly Vehicle Checklist – Coordinator:** The Coordinator must ensure that the tire pressure, first aid kit and fire extinguisher and emergency bag are checked monthly.
  - **Vehicle Mileage – All Drivers:** Each time the vehicle is used, the driver records on the Vehicle Mileage sheet the date, places travelled, odometer start, odometer stop, residential kms or vocational kms and driver's initials.
  - **Vehicle Usage Worksheet – Coordinator:** The Coordinator completes the worksheet if the vehicle is shared between locations. The Worksheet enables the accounting department to allocate insurance and operating costs proportionately amongst all users of the vehicle.

**The Use of CLS Vehicles by Non-CLS Employees—CLS & Coordinators' Responsibilities**

CLS works cooperatively with other agencies providing support to meet individuals' transportation needs. In addition, ex-employees may continue to volunteer to spend time with individuals and request to drive a CLS vehicle. Therefore, the Society may agree, from time to time, to allow non-CLS employees to drive a CLS vehicle. This is agreed to in a spirit of cooperation that enhances the lives of the individuals supported by allowing them to take road trips or access the community in the most flexible way possible.

In order to ensure that issues of liability are fully considered it is the Coordinator's responsibility to obtain permission in advance from both the Director of Residential Initiatives and the Director of Community Inclusion, for any non-CLS employee to drive a CLS vehicle. The following steps are required:

- The Coordinator must complete the External Driver Contract. This agreement must be signed either by the ex-CLS employee or by a signing officer of the partner agency.
- A copy of the driver's license and driver's abstract must be attached.
- Forward the documents to the administrative office for consideration.

Once permission is granted for a non-CLS employee to drive the CLS vehicle the Coordinator must maintain a log that is signed by the driver each time they take the vehicle on the road. This log must be submitted to the CLS office bi-weekly for filing by the Senior Administrative Assistant.

The Director of Residential Initiatives will ensure that, in cases where CLS has approved a non-CLS employee to drive a vehicle owned by CLS, that vehicle has adequate liability insurance.

This policy applies only to approved employees of partner agencies and approved ex-CLS employees. If any other person requests to drive a CLS vehicle the Coordinator should speak with their immediate Director of Community Inclusion. These additional requests will be considered on a case by case basis.

**The Borrowing/Renting of Vehicles by CLS Employees – CLS and Coordinators' Responsibilities**

In any situation where CLS employees will be driving a vehicle that is not owned by CLS (this could be another agency's vehicle or a rental

arranged to take individuals on a road trip), it is the Coordinator's responsibility to ensure that the appropriate Director of Community Inclusion is notified in advance. The Director will take the necessary steps to ensure that the other agency has policies in place to adequately protect our drivers and passengers. Also, the Director will review the rental agency agreement to ensure everything is in order.

## **Responsibility for Reporting Reportable Incidents & for Recording Non-Reportable Incidents**

### **Reportable Incident Reporting**

The Community Living Society is required to report all reportable accidents, illnesses or unusual occurrences or absences to the applicable funding body and, as per the Residential Care Regulations, in the case of licensed homes, also to the Licensing Officer and the medical or nurse practitioner in charge of the individual's medical care.

### **Reportable Incidents**

You are responsible for reporting all reportable incidents to your Coordinator and/or Director if you are supporting the individual(s) at the time of the reportable incident, if you are a witness to a reportable incident, or suspect that a reportable incident has taken place. Your Coordinator is responsible for advising the family and/or personal network and physician as soon as possible. If your Coordinator is not available you are required to advise the family and/or personal network. For individuals living in a licensed home, the Coordinator and/or Director, the Licensing Officer, the medical or nurse practitioner in charge of the individual's care and the funding agency must be promptly (within 48 hours of the incident, except in the case of death, where it must be reported within 2 hours of the occurrence of the death) informed of all reportable incidents and each receive a copy of the Community Care Facilities Licensing (CCFL) Reportable Incident Form (RIF). In unlicensed homes, the appropriate funding agency must receive notice of the critical incident within 48 hours of the incident, except in the case of death, which must be reported within 2 hours of the occurrence of the death. Check with your Coordinator or Director to ensure you are using the correct form. Press hard on these forms as you are making multiple copies. The receiver of each copy is clearly marked on the forms.

Depending on the urgency of the incident (examples: allegations of abuse, unexpected death), a copy of the incident form or report may need to be faxed immediately, as well as sent to the appropriate parties. If in doubt, contact your Coordinator or Director.

In all cases of abuse, critical injury or death the Director must be notified immediately.

### **Reportable Incidents as Defined in the Residential Care Regulations**

The Licensing Officer and a representative of the applicable funding agency must be promptly notified of these Reportable Incidents and the appropriate Reportable Incident form or Critical Incident form must be completed.

If you are in doubt and your Coordinator cannot be reached, please call the Director.

#### **Aggressive/Unusual Behaviour**

Aggressive or unusual behaviour by a supported individual towards other persons, including another supported individual, which has not been appropriately assessed in the individual's care plan.

#### **Attempted Suicide**

An attempt by a supported individual to take his or her own life.

#### **Choking**

This refers to a choking incident involving an individual that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.

#### **Death**

Any death of a supported individual.

#### **Disease Outbreak/Occurrence**

An outbreak or the occurrence of a disease above the incidence level that is normally expected. If in doubt, telephone your local Health Authority.

#### **Emergency Restraint**

Any use of a restraint that is not approved and documented in the care plan of a supported individual.

**Emotional Abuse**

Any act, or lack of action, which may diminish the sense of well-being of a supported individual, perpetrated by another person such as verbal harassment, yelling or confinement.

**Fall**

A fall of such seriousness experienced by a supported individual, as to require emergency care by a physician or transfer to hospital.

**Financial Abuse**

The misuse of funds and assets of a supported individual by another person, or the obtaining of the property and funds of a supported individual by another person without the knowledge and full consent of the supported individual or their network.

**Food Poisoning**

This refers to a food borne illness involving an individual that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.

**Medication Error**

An error in the administration of a medication which adversely affects a supported individual or requires emergency intervention or transfer to a hospital.

**Missing/Wandering**

A supported individual who is missing.

**Motor Vehicle Injury**

An injury to a supported individual that occurs during transit by motor vehicle.

**Neglect**

The failure of CLS to meet the needs of a supported individual including food, shelter, care or supervision.

**Other Injury**

An injury to a supported individual requiring emergency care by a physician, or transfer to a hospital.

**Physical Abuse**

Any physical force that is excessive for, or is inappropriate to, a situation involving a supported individual and perpetrated by another person.

**Poisoning**

Ingestion of a poison or toxic substance by a supported individual.

**Service Delivery Problem**

Any condition or event which could reasonably be expected to impair the ability of CLS or its employees, to provide care or which affects the health, safety, or well being of supported individuals.

**Sexual Abuse**

Any sexual behaviour directed towards a supported individual by a CLS employee, volunteer or any other person in a position of trust, power, or authority and includes any sexual exploitation whether consensual or not, but does not include consenting sexual behaviour between supported individuals.

**Unexpected Illness**

Any unexpected illness of such seriousness that it requires a supported individual to receive emergency care by a physician or transfer to a hospital.

**Failure to report incidents will result in disciplinary action, up to and including termination.**

## **Responsibility to Record Non-Reportable Incidents**

Non-reportable incidents are any minor accidents or illnesses, or any unexpected events befalling a supported individual that do not require medical attention and are not on the list of reportable incidents to the appropriate funding agency and/or Licensing. You are responsible to record any such non-reportable incidents in the individual's daily log as well as to complete the CLS Internal Incident Report form. It is the Coordinator's responsibility to ensure the daily log is maintained consistently and to sign the CLS Internal Incident Report form. These forms are located in the Vocational Forms binder. All non-reportable incidents must be recorded on the day of occurrence.

## Writing an Incident Report

### **List the basic facts of the incident chronologically.**

Answer the questions: who, when, where, what, how and why. Include all events leading up to the incident. Describe all attempted interventions – verbal and/or physical.

### **Be objective.**

Avoid commentary or hearsay. Stick to the facts. Make a distinction between personal knowledge and what you have learned from others. You are not trying to blame or protect others.

### **Do not fabricate.**

In addition to the moral/ethical issues of lying, lies are difficult to sustain and often compound problems.

### **Distinguish facts from assumptions or suppositions.**

(eg: “I heard a punch” or “I heard what sounded like a punch”). Do not attempt to label a person’s mental or emotional state. Stating an opinion may be permissible, but always identify it as such. If you draw a conclusion (eg: that the person was upset), back it up with facts (eg: what specific behaviors/signs lead you to conclude she was upset). Be careful about guessing time, distances, etc. Take actual measurement if possible – or state number/times as estimates.

### **When possible, strengthen your report by securing evidence.**

Use direct quotes from participants/witnesses, and include names/addresses of those who say they saw or heard nothing. Non-observers often become observers!

### **Be accurate, concise and clear.**

Be as brief as possible, but include necessary information. Double check names, addresses, dates and times. Do a rough draft, review it, and then write your final copy.

### **Review your final copy.**

Make sure your final copy is free of typing/writing errors, jargon and specialized terminology, obscenities (unless they are part of a direct quote), errors in grammar, spelling or punctuation.

- D Document** in as much detail as possible
- E Eliminate** unnecessary commentary.
- T Trace** the steps that led up to the event. Include who, what, where, why, how.
- A Align** the facts in chronological detail.
- I Include** full names, dates, times and all other pertinent facts.
- L Log** all copies of your report with the appropriate people.

*(Source: National Crisis Prevention Institute. Course Material; with permission.)*

If the incident necessitates an appointment with a doctor or transfer to the hospital, you must complete a “**Supported Individual Medical Visit/Contact Form**”.

## Administration of Medication

As a CLS employee, in order to ensure the health and safety of the individuals you support, you are responsible to administer medication according to the following policies and procedures:

*Failure to follow correct policies and procedures in administering medication to supported individuals will result in disciplinary action, up to and including termination.*

You must be 19 years of age or older, familiar with the supported individual and their specific medication requirements, before administering any medication. This includes PRN’s (per required need) and OTC (over the counter) medications.

You must be oriented in correct medication procedure **specific to** the supported individual (s)/location by the Coordinator or designated CLS Community Living Counsellor **prior to** administering **any** medication (including PRN’s and OTC medications) to a supported individual. Please see **Employee Orientation in Medication Administration** below.

### Emergency Procedure

In the event of a medication emergency, such as an adverse reaction call **911** immediately. In the event of a medication error such as incorrect dose or medication given to the wrong person, immediately call **Poison Control** for information and guidance. Then, if applicable, call the Pharmacist, for further information. Next, report the incident to your Coordinator, who will inform the Director only in the event of a medication emergency. If you can’t contact your Coordinator, call the CLS Emergency Telephone.

**Poison Control** ..... 604.682.5050 or 604.682.2344  
**CLS Emergency Telephone**..... 604.320.0006

**Coordinators’ Responsibilities**

**Medication Administration**

- Each supported individual must have his or her own separate, labelled package of medications. Instructions on the labels of medications must be followed and a medication may be given only to the individual for whom it was prescribed.

**When a New Supported Individual Joins the CLS**

Informed consent for the individual to receive medication must be given by the individual or their family/network at the start of service. This consent is part of the ISQLP documentation.

The following information regarding an individual who is new to the CLS must be transmitted to the Pharmacy:

<b>Name</b>	<b>Diagnosis</b>
PHN	Doctor’s Name
Height	Weight
DOB	Sex
Medication Orders	PRN Medications

**Medication Advisory Committee (at licensed locations)**

- Each licensed CLS location will have a Medication Advisory Committee (MAC), which will meet at least every 6 months, or as deemed timely or necessary by the individuals’ pharmacist, and its members will include, the pharmacist, the Coordinator, and any other CLS team member deemed appropriate.
- The MAC will develop safe and effective procedures for the distribution, administration and control of medications within the location and shall ensure that these policies and procedures are available in the House Binder available for all team members to read.
- In accordance with the Health Professions Act Bylaws, Part 3 Schedule F, the pharmacist shall provide written minutes of the meeting, and will audit the medication storage area at the home at least once yearly.

**Supported Individual’s Medication Review**

- Informed consent for the individual to receive medication must be obtained annually by the Coordinator as part of the ISQLP meeting.

- Each individual's medication regimen shall be reviewed annually by their physician.
- Each individual's medication, OTC, PRN and Prescription (Rx) shall be reviewed by the pharmacist at the time of the MAC meeting.
- The pharmacist shall liaise with the GP if the GP is not in attendance.
- Recommendations will be followed up within 30 days.
- Standing Orders: Over the Counter (OTC) preparations as approved by the physician and containing a pharmacist label should be administered to the resident as and when certain conditions occur. The pharmacist will check the expiry date on these medications at the regular medication review. An authorization form shall be signed by the physician annually.

**Self-Administration of Medication**

An individual who is able to self-administer medications may be free to do so, once a self-medication plan has been developed by the individual, their family and/or medical practitioner. Self-administration of medication is recorded in the individual's care plan.

**Storage and Security of Medications**

In order to ensure that medications are maintained in good supply and good order, that records are maintained and that each individual receives the correct medication with the correct dosage at the correct time and by the correct mode of administration, medications must be stored according to the following:

- Medications must be kept at the required temperature with the correct light exposure in a clean and secure (locked) storage area, which is used for no other purpose.
- Medications must be kept in the original, labelled containers provided by the Pharmacist until immediately prior to administration.
- External medications should be stored separately from internal preparations.
- Topical ointments should be separate from ophthalmic ointments.
- Narcotics must be kept separate in a locked container.

### Medication Administration Records (MARs)

Each Medication Record (MAR) must include:

- The supported individual's full name and date of birth.
- The address of the home.
- The name of the individual's prescribing physician or General Practitioner.
- The diagnosis of the supported individual.
- Any allergies the supported individual may have, including adverse reactions to medications.
- The month for which the record is to be used.
- Full directions for use order.
- Original dispensing date for each order.

Completion of MAR sheet:

- Record medications administered, refused, omitted or destroyed.
- If a medication is missed you must record the reason number in the appropriate space.

Recording on the MAR must be done **at the time the medication is administered.**

Positive charting must be used. This means you must record all medication administered including PRNs, and any effects or non-effects noted. There should, therefore, be no blanks on the MAR. Please refer to the legend on the top of the MAR.

Please note the legend on the top of the MAR sheet, e.g. 1-Drug Refused.

Narcotic drugs are to be accounted for on the MAR and also on an inventory record sheet relating only to that narcotic prescription.

Controlled drugs are to be recorded in the same manner as narcotics.

### Medication from Other Sources

- Medications are to be supplied by the location specific pharmacist only. Your Coordinator will advise you of this information.
- Any medication brought into the residence by someone for a supported individual that does not include a medical authorization (including OTC preparations) is to be returned to that person.

- Alcohol brought into the residence for a supported individual must be approved by the individual's doctor.

### PRN Medications

When an individual has a PRN (as needed) medication, a written guideline signed by the doctor, family representative, and Coordinator must be on file in the individual's "Personal Care Plan, Section 1 – Current Medications." If PRN medication is sent with an individual to their vocational activities, then a copy of the PRN guideline must also be sent. If a PRN is administered **within the boundaries of the individual's written PRN guideline, NO REPORT is required.** However, each time a PRN is administered **outside** the parameters of the PRN guideline, it must be reported or recorded. If it is a reportable incident, the appropriate reportable incident form must be completed. Please see Reportable Incidents and Reportable Incidents as defined in the Residential Care Regulations. For Non-Reportable Incidents (*errors or reactions to medications not requiring emergency care etc.*) please see Responsibility to Record Non-Reportable Incidents in the Residential Care Regulations.

### New Orders, Refill Procedures, Spoiled and Discontinued Medications

- Refills - PRN medications, which are not supplied on the regular 35-day cycle, are to be reordered in writing to the Pharmacy allowing 2-3 days for replacement.
- New Orders – The Coordinator is responsible to write orders in the MAR and to phone orders into the Pharmacy, or drop off the prescription to the Pharmacist.
- Physician Phone Orders – the doctor will phone the pharmacy to fill the individual's order. The Coordinator will write the order in the MAR until replacement MAR is received.
- Discontinued Medications – MAR is to be marked **Discontinued** in bold letters and the medications returned to the Pharmacy.
- A spoiled medication is a medication that is contaminated (e.g. dropped to the floor). Spoiled medications must be returned to the pharmacy and documented on the MAR that it has been disposed of. Replacements are obtained from the pharmacy.

### Medication Shortages

- In the event that an individual's medication runs out or is damaged or lost, and must be replaced, same-day 24 hour services is available at some pharmacies.

- Emergency prescriptions can be obtained from the G.P., on-call G.P., a hospital emergency physician, or a walk-in clinic physician.
- The same process can be followed for meds which are lost or stolen while an individual is on vacation.

### Returns of Medications

The Coordinator is responsible to remove an individual's medication from the medication cupboard or elsewhere and return it to the pharmacy **IF:**

- The prescription is discontinued.
- The dosage has changed. A change in directions should be treated as a new order and the old medications returned when the new ones arrive.
- A supported individual dies.
- A supported individual is transferred to hospital and is gone longer than 72 hours.
- Any expiry date on the medication has passed.

### Stopping Medications Order

- 10 day stop order: Generally, antibiotics or similar Rx medication prescribed by the physician for a specific period. If the condition for which the medication has been prescribed is not resolved at the end of the specified time the physician should be notified immediately.
- 90 day stop order: Any PRN medications not used for 90 days are deemed to be discontinued. These PRN's should be reviewed by the pharmacist at the regular medication review meetings.
- **Discontinued** should be written across the MAR sheet for any PRN's that are discontinued.
- Standing Orders: Over The Counter (OTC) preparation as approved by the physician and containing a pharmacist label should be administered to the supported individual as and when certain conditions occur. The pharmacist will check the expiry date on these medications at the regular medication review. An authorization form shall be signed by the physician annually. Standing Order Medications for the supported individuals at each location shall be itemized by the Coordinator.

**If a Supported Individual Leaves the CLS or goes on a Vacation**

- The supported individual's medications and a copy of the MAR should accompany those supported individuals who are leaving the CLS permanently.
- Supported individuals who are going on vacation must take their medications with them.
- Medications must be dispensed by the residential staff into the appropriate container with the individual's name clearly marked on the container.
- If a supported individual is away from home longer than 3 days, the pharmacy must prepare medications. For shorter periods, you should put each medication into a coin sized envelope available from the pharmacist, or vial, labelling it with the name of the person, the name of the medication, the time it must be taken, and any instructions for administration. Instructions should also be given verbally when the envelopes are given to the individual, if appropriate, or the person they are travelling with. The MAR must indicate the medications were sent with the individual.
- MAR sheet will be marked the appropriate code "6" denoting a vacation.
- The medication container will be given into the hand of the family member or other responsible person.
- In the event that the supported individual returns home earlier than planned, any undispensed medications will be dispensed as per the appropriate date/time.

**Employee Orientation in Medication Administration**

Coordinators are responsible to ensure all CLS employees who dispense medication at their location are trained in the following procedures:

- You must only ever administer medications to one person at a time.
- You must follow this procedure:
  - Wash hands.
  - Be aware of and practice the 5 R's. (See below)
  - Pop medication from bubble pack into container.
  - Identify supported individual. (as per 5 R's below)
  - Present medication to the individual with glass of water (or as

per specific protocol for individual)

Remain with the supported individual until the medication is swallowed.

Initial the MAR in the appropriate box (i.e. date and time of day)

- **The 5 R's – Right Medication, Right Person, Right Dosage, Right Time, Right Route.**

**The Right Medication** – You must ensure that you have the medications labelled for the person.

**The Right Person** – Check the name on the medication against the medication record.

**The Right Dosage** – Check the dosage of each medication against the medication record.

**The Right Time** – Check the time of administration against the medication record.

**The Right Route** – Administer the medication as directed on the label. If appropriate, check that the medication is actually swallowed.

### **Employee Orientation Log**

Coordinators are responsible to ensure all employees who administer medication unsupervised at their location have completed medication administration orientation and training and have signed the Employee Orientation Log, located with the Medication Administration Records (MAR's).

### **New (to Location) Employee Orientation**

- Employees who are new to the location must observe medication administration from the Coordinator or trained designated team member on 2 occasions.
- The new employee will then administer medications to the supported individual(s) while being observed by the Coordinator or trained designate for 2 occasions, prior to administering medication on their own.
- The new employee will indicate that they are competent to administer medications by signing the Employee Orientation Log located with the Medication Administration Records (MAR's), which states that they have been trained according

to the above guidelines and that they have read and understood the CLS Administration of Medication Policy.

### **Medication Errors**

The correct administration of medication is of such vital importance that we hold employees to a very high standard, our goal being to reduce medication incidents to a minimum. For this reason we have a strict policy with regard to follow up. Two medication errors of any kind made by the same employee will result in a review by the Director and that employee may receive a letter, a copy of which will be placed on their personnel file. In the event that you should receive three letters of this nature CLS must consider that you are not capable of administering medications. As a result, if possible, you will be given shifts at your current work location that do not require you to administer medication. If this is not possible Employee Services will endeavour to find you alternative shifts at a different location where you have no responsibility for medication. Your employment status will be affected if there are no alternative shifts available and, as a result, you will become a Relief employee.

## **Reporting Reportable Medication Related Incidents**

### **Reportable Medication Errors or Adverse Reactions to Medications**

If an individual requires emergency intervention, emergency care by a physician or transfer to hospital due to a medication error (such as incorrect dose, incorrect individual, incorrect route, dose omitted, incorrect time, documentation error, incorrect medication, or dispensing error) or due to an adverse reaction to a medication, the appropriate **Reportable Incident Report** must be filled out. For individuals living in a licensed home, the Licensing Officer and the funding agency must be promptly (within 48 hours of the incident, except in the case of death, where it must be reported within 2 hours of the occurrence of the death) informed of all reportable incidents and each receive a copy of the Community Care Facilities Licensing (CCFL) Reportable Incident Form (RIF). In unlicensed homes, the Ministry must receive two copies of the Critical Incident Report within 48 hours of the incident, except in the case of death, which must be reported within 2 hours of the occurrence of the death. Check with your Coordinator or Director to ensure you are using the correct form. Press hard on these forms as you are making multiple copies.

## Recording Non-Reportable Medication Related Incidents

Employees must contact the individual's doctor and/or pharmacy and advise their Coordinator in the events of medication errors such as incorrect dose, incorrect individual, incorrect route, dose omitted, incorrect time, documentation error, incorrect medication or dispensing error and in the case of adverse reactions to medications. The CLS Internal Incident Report form must also be completed and submitted to the Administrative Office. Medications errors or adverse reactions to medications that **DO NOT result in emergency intervention, emergency care by a physician, or transfer to a hospital** are to be recorded on the MAR sheet and in the individual's daily log which the Coordinator is responsible to ensure is maintained consistently. Adverse reactions to medications must be documented under the "Allergies" (list the name of the medication here) section of the **Personal Contact Sheet** and the **Emergency Transfer to Hospital Sheet** to ensure that a permanent record is kept on the individual's file. Vocational employees are responsible to record any non-reportable medication related incidents on an internal vocational incident report form. These forms are located in the Vocational Forms binder. All non-reportable incidents must be recorded on the day of occurrence.

### PRN's – Reporting Reportable Incidents and a PRN is Involved

If there is a reportable incident and a PRN is involved, follow the procedures for Reporting Reportable Incidents. Please see Reportable Incidents, Reportable Incidents as Defined in the Adult Care Regulations, Section 3, Part 4.3.

### PRN's – Recording Non-Reportable Medication Errors or Adverse Reactions

If a PRN (as needed) medication is administered within the boundaries of the individual's PRN guideline, and a PRN medication error or adverse reaction to the PRN occurs that **DOES NOT result in emergency intervention, emergency care by a physician, or transfer to a hospital** employees must contact the individual's doctor and/or pharmacy and advise their Coordinator. Such errors or adverse reactions to medications are to be recorded on the MAR sheet and in the individual's daily log. They must also be recorded on the CLS Incident Report form. Adverse reactions to PRN medications must be documented under the "Allergies" (list the name of the medication here) section of the **Personal Contact Sheet** and the **Emergency Transfer to Hospital Sheet** to ensure that a permanent record is

kept on the individual's file. Vocational employees are responsible to record any non-reportable medication related incidents on the CLS Incident Report form. These forms are located in the Vocational Forms binder. All non-reportable incidents must be recorded on the day of occurrence.

## Administration of Prescription and Non-Prescription Medications

### Vocational Locations

When it is necessary for an individual to take a medication during their vocational activities and they are unable to self medicate, the following steps must first be in place. If these steps are not in place, the Vocational location **will not be able** to administer the individual's medications.

1. Medications (prescription medications, non-prescription medications and per required need (PRNs) medication) may only be administered by an employee who has successfully completed a Medication Administration orientation. A medical practitioner or Health Services for Community Living (HSCL) Nurse can train a Residential or Vocational Community Living Counsellor Coordinator (CLCC) or a designated employee in the "Medication Administration Procedures", who in turn can train other CLS employees.
2. A copy of the individual's Medication Administration Record (MAR) sheet needs to be given to the vocational location if medications are being administered during vocational hours. The MAR sheet is necessary as it lists the name of the Medication(s), as well as the time and dosage. It is used to document the administration of medications. Short-term prescriptions such as cough syrup or eye/ear drops will also need a MAR sheet with **xxx** blocking out dates when the medication does not get administered.
  - Medications listed on the copied MAR sheet that are not being administered during vocational hours should be blocked out by the Coordinator to avoid confusion.
  - If a copy of the individual's MAR sheet is not available, the vocational location will ask the individual's Coordinator to forward the name of the medication(s), dosage and administration time. This information will then be written on a blank MAR sheet and be kept at the vocational location.

3. Any medication(s) sent with the individual to their vocational program must be in a sealed envelope or a tamper proof container. A separate container is needed for each medication. The envelopes/containers must be clearly labeled with the name of the individual, a brief description of what the medication looks like, amount to be administered (e.g. 1 pill, 1/2 pill, .25 milligrams, etc.) and the time it should be administered.
  - Information pertaining to both short term and long term medication needs to be given to the vocational program and should include side effects and description of use of the medication.
4. If any non-prescription medications (e.g. vitamins) are brought with the individual to be administered during vocational hours, a “Doctor’s Authorization to Administer Non-Prescription Medications” form (CLS-Form 10) needs to be filled out, or the Vocational staff will be unable to administer the non-prescription medication.
5. Any PRN medications (e.g. Aspirin/allergy medication) brought with an individual to their vocational location must be accompanied by a PRN Protocol with a Doctor’s signature authorizing the PRN use. A PRN protocol outlines to staff what the PRN is being used for (e.g. to help alleviate allergy symptoms), and what symptoms to look for that would warrant the administration of a PRN (e.g. running nose, watery eyes and frequent rubbing of eyes). The correct dose (e.g. one pill administered every 4 hours, not to exceed 4 pills within a 24 hour period) and potential side effects (e.g. nausea and/or dizziness) also need to be listed within the PRN Protocol.
  - The CLS has developed the form “Doctor’s Authorization to Administer Non-Prescription Medications” which can be used by an individual’s doctor(s) to list the PRN protocol. A non-CLS residence can chose to write a PRN protocol. They may use this form or their own format; however, the protocol will still need to have the individual’s doctor(s) authorize the protocol.
  - Anytime a PRN is administered the vocational staff must sign the back of the individual’s MAR sheet, as well as inform the individual’s home of the time and amount of PRN(s) that were administered.

6. All PRN medications that are related to behaviour management need a redirection protocol in place in addition to the PRN protocol.
7. Vocational supervisors are responsible to ensure the secure storage and safe handling of individuals' medications, both at the Centre and out in community, to minimize risks such as the medication being accessible to another individual.

**If a PRN Protocol does not accompany a PRN, the Vocational staff will be unable to administer the PRN medication.**

## **Access to Individuals We Support**

Families are the key factor in an individual's life and CLS supports family members to visit individuals in their homes as well as to accompany them on social and family outings both with and without support staff. We also believe it is important for those we support to have relationships and friendships outside of their roommates and employees and to be able to enjoy social interaction independent of paid support whenever safe and appropriate for them to do so. In order to provide a safe environment for individuals to maintain and grow their social network Coordinators are responsible to ensure the following:

- Encouragement and support is given by all employees to family and visitors to visit individuals at their home while respecting the privacy and needs of their roommates.
- Advance notice will be given at times when it is not appropriate to visit such as during an Influenza outbreak and it is expected that all visitors will respect these requests.
- Volunteers will be approved by the individual's family or representative and must go through the CLS volunteer screening process – see Section II Part 2.
- Friends and acquaintances visiting or taking the individual out alone will be approved by the individual's family or representative or, in the case of an individual with no family, approval will be obtained from the respective Director. The names and approvals will be noted in the individual's Care Plan. Any unapproved person will not be able to take the individual out alone.

- Any disruptive, combative or intoxicated visitors will be asked to leave the individual's home in order to maintain the safety of everyone. It is expected that all visitors will respect these requests.
- If an individual requests that any visitors have limited or no access to their private room staff will support them in this desire, assisting them to visit in other shared space in their home.
- Ongoing monitoring of relationships to ensure that any risks to the safety and wellbeing of a supported individual are identified and recommendations made for what action should be taken are discussed with the family, representative or Director.
- All of this will be documented in the individual's care plan.

If there are ever any concerns about health and safety for individuals when enjoying their social networks, Coordinators should consult with their Director.

## **Nutrition for Individuals We Support**

The nutrition policy is in place to ensure that that each individual is having their nutritional needs met. The Coordinator will ensure that all employees, including relief employees are aware and adhere to the nutritional requirements as documented in the Care plan of each individual and the menu plan of the home using the following guidelines:

### **Menu Plan Based on the Canada Food Guide**

At each residence menu plans will be developed weekly before grocery shopping is completed. The development of the weekly menu plan takes into consideration the recommendations of a balanced diet as outlined in the Canada Food Guide as well as individuals' nutritional requirements and preferences.

### **Weight monitoring**

Individuals will be weighed monthly to track any fluctuations in body weight. This information is shared with individual's doctors and dieticians on an as needed basis.

### **Special Dietary requirements**

When a new employee joins a support team at a residence, part of the training and orientation process will include a review of the menu plan,

as well as any special dietary and feeding requirements for individuals. Individuals with special dietary needs will be monitored with relevant testing on a monthly basis to ensure that the diet plan in place is meeting their dietary and nutritional needs.

### **Special Feeding Requirements**

Some individuals require special medical procedures to assist with their nutrition (e.g. tube feeding). Training will be conducted by an external professional before a new employee is permitted to feed individuals with these medical needs.

### **Monitoring**

It is the responsibility of the Coordinator to monitor the food intake of individuals and to ensure that employees follow the menu plan and are aware of any special dietary requirements of the individuals. Employees are responsible to be aware of the menu plan in place at a residence as well as any special dietary requirements for the individuals they are supporting so that the correct nutritional support can be provided.

### **Quality Assurance**

It is the responsibility of the Coordinator in each location to ensure that the menu plan is followed, special dietary requirements are met and the diet of each individual follows the guidelines set out in the Canada Food Guide.

## **Food Safety Training**

Licensing requires all employees at CLS to participate in Food Safety training and CLS has a specific agreement for how we are compliant with these requirements. It is a condition of employment that all Coordinators and new Coordinators will hold a Foodsafe Level 1 certificate. Coordinators are responsible for the ongoing training of employees on their team with regard to food safety. This includes the ongoing assurance that these procedures are being followed.

We monitor this training through:

- Documentation on the Service Evaluation Form;
- Documentation on the Employee Orientation Checklist which is reviewed annually;
- Documentation on the Health and Safety Review form reviewed semi-annually; and

- Documentation on the New Coordinator Orientation Checklist.

If you believe you have not been appropriately trained in Food Safety please speak with your Coordinator or call Employee Services.

## **Use of Individuals' Personal Computers**

CLS information should not be stored on computers that belong specifically to the individuals we support. These computers are specifically for their own use.

## **Use of Personal Listening Devices**

The use of personal listening devices (including but not limited to iPod and MP3 players) by any employee while at work is strictly prohibited.

This policy is required firstly because it upholds our commitment to respect those we support by giving them our full attention at all times. Also, it is critical that when you are at work you be aware of what is going on around you at all times. This includes being able to hear without interruption any sounds to which you may be required to respond to in order keep the individuals you support and your co-workers safe.

## **Individuals' Personal Possessions**

It is not permitted for employees to borrow or otherwise use any personal possession belonging to the individuals we support. If you contravene this policy and the item you borrow is lost or damaged you will be held fully responsible for the replacement or repair of the item.