

CLIENT SERVICES POLICY

(Revised) June 2017

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Revised June, 2017

Yarmouth Association for Community
Residential Options

Mission Statement

The Yarmouth Association for Community residential Options, a non-for –profit Agency, provides residential support for children and adults challenged with disabilities. The Agency exists to enhance each person’s potential to live, work and socialize within the community in the least restrictive, most inclusive manner.

We are committed to

- **A**dvocating for recognition of the rights and dignity of all people for whom we work.
- **D**elivering quality service with well-trained personnel, pro-active Board of Directors and effective cost-conscious management of resources.
- **P**roviding for the physical, emotional, spiritual and social needs of the people taking part in our programs.
- **S**upporting families through the delivery of a Respite Program.
- **E**ncouraging family, friends and community involvement as an integral part of the lives of the persons for whom we work.
- **R**efraining from the use of aversive and overly intrusive techniques.
- **D**eveloping and encouraging self-advocacy and independence.

PHILOSOPHY

Yarmouth Association for Community Residential Options (YACRO) exists to support, in residential settings, people who have been challenged with disabilities. We believe that everyone has a right to live in the community and be regarded as individuals, deserving of the opportunity to grow and develop to their fullest potential, and to find and be included in the life of their community.

The people we support are often very vulnerable. Sometimes this vulnerability has evolved from having very little or no control in their lives, being taught to be compliant in all aspects of daily living and developing very little sense of personal capabilities. Our mandate is to discover and provide the supports required to assist people in finding their own sense of personal power. Due to the vulnerability of the people we support, we must make every effort to provide a stable environment where people feel at home, safe, and can learn to trust the people around them. It is only in this type of environment that people can be encouraged to explore and become aware of their potential as human beings.

Our objective is to provide a setting structured to help support the individual as he/she requires. We accept people as whole individuals and do not believe there is something wrong with them that needs to be fixed. We wish to support people by providing trusting relationships and nurturing environments. Many of the people we support have learned many coping and defense mechanisms to help keep themselves safe. We believe that all actions are forms of communication and it is our duty to learn what people are communicating through their actions and words, thus understanding and supporting their needs.

The people we support are adults and children who bring with them a lifetime full of various experiences. Many times people have not been encouraged, or allowed, to grow emotionally, spiritually, or intellectually and sometimes actions are not consistent with age. However, we always remember that the people we support are individuals who have specific support needs and the right to self expression.

To be able to support people within our Organization, we must be aware of their rights, their life experiences, their vulnerability, and their support needs. We must strive to create an environment which is based upon mutual understanding and respect, one which allows people to maintain their individuality, grow as human beings and always allows for varied forms of self expression.

PRINCIPLES OF OPERATION

1. Normalization and Social Role Valorization (SRV): Yarmouth Association for Community Residential Options (YACRO) believes that the principles of normalization and social role valorization provide a framework for supporting the people in our homes. Normalization and social role valorization refer to “the use of culturally valued means to offer people life conditions at least as good as those average citizens, and as much as possible to enhance or support their behavior, appearance, experiences, status, and reputation”. (Wolfensberger).
2. Rights: YACRO wishes to ensure that the rights of those we support are respected, protected, and promoted; including the freedom of choice. These rights are accorded under the Canadian Charter of Rights and Freedoms and the Nova Scotia Human Rights Act.
3. Self Advocacy: Is a process whereby people who have been traditionally powerless and labeled in some way, are encouraged and supported in working to improve their social status and situation, individually and/or collectively, using a variety of advocacy approaches.
4. Individualization: Services will be provided in a manner that recognizes and respects each person’s uniqueness.
5. Flexibility: YACRO will remain open to the changing needs and wishes of those we serve.
6. Individual Support Development: YACRO offers opportunities for growth and development that are positive, respectful, and meaningful to the individual. YACRO is cognizant of the value of interdependence.
7. Personal Relationships: YACRO will assist the people we support in fostering relationships with their families and with people in their communities.

8. Community Involvement: YACRO will encourage the people we support to participate in a variety of community activities.
9. Integration: YACRO will provide services in an integrated community setting. YACRO wishes to enable people to work, believing work to be an important means of integration.
10. Support Staff: YACRO will ensure that staff providing support will maintain a commitment to the agency philosophy, principles and mission.
11. Quality Assurance: YACRO will maintain ongoing internal evaluations and be open to external evaluation.
12. YACRO strives to work cooperatively with other services and professionals to extend and enhance the services we provide to individuals.
13. Personal Outcome Measures: YACRO promotes personal outcomes that support person directed quality of life-self-determination, choice and self-advocacy. Personal outcome measures promotes Community Life which fosters the bridging role of organizations (YACRO) in facilitating relationships between people and their communities and defines quality in the context of the Community rather than that of the organization.

PHYSICAL RESTRAINT

It is the policy of Yarmouth Association for Community Residential Options to use physical restraint only when less intrusive measures such as re-direction or diversion are ineffective at stopping aggressive behaviors. Aggressive behaviors are defined as instances where the behavior of a person we support may inflict injury on other people, or in cases where the behavior is self-injurious, such as kicking, slapping, biting, banging, head butting, etc. Physical restraint is used only as a last resort when everything else has failed and there is a risk to the person or others.

The protocol for using physical restraint shall be applied according to the following guidelines:

1. If the need arises to physically intervene or use restraint, the least restrictive CPI approved techniques must be utilized and shall last only for the time necessary for the individual to regain control of his/her behavior or to be escorted to a safe environment.
2. While the individual's behavior is in an escalated condition, he/she will remain under constant observation to ensure his/her safety and the safety of others in the immediate area.
3. The individual shall be released as soon as it is considered safe to do so.
4. The individual shall be transported to the closest, safe area to minimize the potential for injury or harm.
5. Whenever physical restraint is necessary, an internal incident report (either a Basic Incident Report or a Serious Incident Report), must be completed and a YACRO supervisor informed. In the case of any incident requiring medical intervention, alleged abuse or unusual occurrence involving an individual in care, a Notification of Incident Report must be forwarded to the Community Support Specialist for the Region immediately.

Note: On very rare occasions, mechanical restraints (such as mittens), may be used to assist a client who may otherwise harm themselves. Before this occurs, written authorization is required from the Executive Director, or delegate and the "Standard on the Use of Restrictive Procedures" (Department of Community Services-Standards of Accommodations and Care Homes for Special Care) must be followed. The "Standard on the Use of Restrictive Procedures" is included as Appendix 1 at the end of this policy manual.

Persons at Risk

Philosophy

Effective risk management ensures the protection of the interests of the Yarmouth Association for Community Residential Options and the individuals, families, employees, volunteers, community, and services supported by the organization.

Policy

The Yarmouth Association for Community Residential Options will conduct a risk assessment in consultation with the individual and designated advocates at the time of admission and from this will develop a management plan for the individual. A risk management plan is a step by step process that will identify risks and generate strategies to offset the risks. The risk management plan involves the following steps:

- Risk identification and evaluation of risk
- Development of strategies to minimize risks and their impact such as safety training, early intervention, security precautions, and emergency procedures
- Description of the effects of damaging or harmful events and implementation of plans to minimize their effects
- Restoration and recovery in the event of harmful events and providing opportunities for de-briefing and feedback.
- Monitoring and updating the risk management plan regularly

The risk management plan will address issues such as, but not limited to:

- Elopement
- Harm to self or others
- Substance abuse
- Possession of prohibited items
- Communicable diseases
- Medical conditions and emergencies
- Family conflicts
- Nutritional concerns

Risk management plans will be re-evaluated on a regular basis.

MISSING PERSONS

POLICY

YACRO will ensure immediate and appropriate action in the case of missing persons. Each program shall develop an “In House” procedure using the guidelines outlined below.

PROCEDURES

1. Each staff team shall assess each person we support, taking into account the levels of functioning, independence and community awareness.
2. Based on the results of this assessment protocol shall be developed, and time frames shall be established for taking the following steps:
 - a. Search of neighborhood by staff
 - b. Notification of Supervisor
 - c. Check with friends in relation to the person’s whereabouts.
 - d. Notification of police
 - e. Notification of next-of-kin
 - f. Notification of Executive Director or delegate
 - g. Notification of the Department of Community Services
3. In any case where a person is deemed “missing”, be sure to immediately institute a thorough search/sweep of the premises to ensure the person is not somewhere in the home, before initiating the protocol.
4. With the person’s consent, pictures of all persons will be kept on file.
5. Upon return, the person should be assessed for victimization.
6. In any case where a person is deemed “missing”, be sure to immediately institute a thorough search/sweep of the premises to ensure the person is not somewhere in the home.

CLIENTS' FUNDS

The following policy is in effect with regard to YACRO handling of client monies:

YACRO bills \$115 per month for all adults for whom we provide a service. If the person is capable of managing his/her own monies, a cheque is issued during each month for \$115 for his/her personal use. The procedure is also in effect for all clothing money billed and received. The amount of the cheque issued will be expensed to the individual on the house statements each month. As well, any GST or other monies received are distributed to the person to spend as he/she sees fit.

For adults who experience difficulty managing their own monies, and for all children in our care, the following occurs:

Any monies received for comforts, recreation, maintenance, spending, special events, clothing, etc., are deposited into the YACRO bank account via direct deposit and shown on the YACRO financial statements as monies held for the particular individual. Monies are spent through either a cheque request or the house petty cash and attributed on receipts as recreation, spending, etc., to that client. When the financial statements are produced, any monies expensed to their accounts show up on financial line items with the monies received, actual expenses, and amount of monies remaining.

Client monies are accumulated and reconciled monthly. All client monies are kept separate from the operating monies in a client fund. When the new fiscal year commences, those outstanding dollars are returned to budget line items in the financial statements for client use.

SMOKING POLICY

Children and adults that YACRO serves and YACRO employees have a right to not be exposed to second hand tobacco smoke.

- Smoking is not permitted in any building or program operated by YACRO.
- Smoking is not permitted in any YACRO vehicle.
- Smoking is not permitted in any employee's personal vehicle while being used to transport individuals that we serve.
- Smoking is permitted outside of YACRO buildings and programs at a minimum distance of 13 feet from any door, window or air intake.
- Smokers are expected to dispose of their waste without littering and in a safe manner.

CLIENT RECORDS ACCESS/SECURITY/RETENTION

Yarmouth Association for Community Residential Options shall ensure that the records of the people we support are treated as privileged and confidential information, thereby protecting the rights and privileges of those served. The records shall be kept secure and only authorized persons with confidential clearance shall have access to the records.

Records shall include all client files, individualized plans of care, transfer or discharge (planned or unplanned) summaries, personal logs, records of medication, and any other record made by YACRO respecting an individual we support.

ACCESS:

1. Records shall be accessed on a need-to-know basis by the following persons only:

- a) The Executive Director or delegate
- b) The Program Director or Supervisor
- c) The staff of the person's Small Options Home/program
- d) Designated officials of the Department of Community Services in the execution of program audits/reviews or investigations of complaints
- e) The person we support may have access to his/her own records.
- f) The family of the person with the consent of the person

2. Other parties may, from time to time, request specific information which may be provided by the Executive Director or his delegate. These parties may include:

- a) Physicians
- b) Program Consultants
- c) Law Enforcement Officials

3. No other parties shall have access to the records of the people we support. Some individuals may, however, receive information verbally when a legitimate need for such information is apparent, and where the consent of the person we support has been received. Such persons may include:

- a) Students on placement
- b) Advocates
- c) Day Program staff
- d) Employers
- e) Educational Institutions

NOTE: Information so requested shall be given at the discretion of the Executive Director or his advocate, in keeping with respect for the individual's right to privacy.

SECURITY:

Records of the people we support shall be maintained in a secure place; historical records shall be maintained in a double locked area situated in the YACRO annex, adjacent to the YACRO main office facility. Current records shall be maintained in the YACRO main office facility. Some records in the metro office will be stored offsite in a secure storage facility.

RETENTION & DISPOSAL:

Applicable records of the people we support shall be maintained by the Yarmouth Association for Community Residential Options in safe and proper storage as specified in the suggested Retention Schedule "A". Records will be disposed of in a manner consistent with the confidential nature of the material (Bonded Shredding) and in accordance with Schedule "A" in the suggested guidelines.

ABUSE

YACRO is committed to ensuring that people are served in a climate of trust, dignity, respect, and confidence; therefore, any physical, verbal, emotional, or sexual abuse of a person we support is strictly prohibited.

Abuse is defined as any action, gesture, or verbalization which may adversely affect the physical or emotional well being of a person, or which may compromise trust, dignity, respect, or confidence. This definition applies in all circumstances whether involving employee abuse of a person we support, abuse of one person we support by another, or abuse of a person we support from a source outside the agency.

EMPLOYEE ABUSE:

In keeping with the definition outlined above, examples of abuse may include, but are not limited to:

- a. Unauthorized use of aversive behavioral techniques
- b. Excessive or unnecessary intensity of physical intervention or interactions
- c. Deprivation of meals
- d. Corporal punishment
- e. Use of profane language in reference to the person for whom we provide support
- f. Sexual overtures toward, or contact with a person for whom we provide support
- g. Gestures or verbalizations which may belittle, humiliate, intimidate, or embarrass a person we support

1. The Yarmouth Association for Community Residential Options follows the *Provincial Child Abuse Protocol* and trains all staff to do so. In all cases of suspected abuse of a person under the age of 16, it is everyone's responsibility, first and foremost, to ensure the safety of the alleged victim, and then to report any incidence of abuse or suspected abuse directly to the Department of Family and Children's Services.

Following the reporting to Family and Children's Services, actual or suspected abuse shall be reported at once to either the immediate supervisor or other management staff. Failure to do so may result in disciplinary action.

This report shall be forwarded to the Executive Director or delegate who shall:

- a. Decide whether to suspend the employee with pay pending investigation, and to advise the employee of his/her right to representation at any meeting with management regarding this matter.
- b. Ensure that a full investigation is initiated
- c. Involve local police departments as warranted
- d. Advise the Department of Community Services as required
- e. Ensure that the family and Community Care Worker are advised as deemed appropriate.

2. The *Protection for Persons in Care Act* (Act) is a safeguard for people we support who are 16 years of age and over. This act requires that all facility administrators, staff and volunteers report any instances of abuse. When situations of suspected abuse occur, first and foremost, ensure the safety of the alleged victim. Then follow the reporting process as mandated by the act. To report abuse call 1-800-225-7225.

Actual or suspected abuse of an adult shall be reported at once to either the immediate supervisor or other management staff. Failure to do so may result in disciplinary action.

This report shall be forwarded to the Executive Director or delegate who shall:

- a. Decide whether to suspend the employee with pay pending investigation, and to advise the employee of his/her right to representation at any meeting with management regarding this matter.
- b. Ensure that a full investigation is initiated
- c. Involve local police departments as warranted
- d. Advise the Department of Community Services as required

- e. Ensure that the family and Social Worker are advised as deemed appropriate.

Suspected Employee Abuse of a person we support:

1. If an employee is suspended pending the outcome of an investigation into an allegation of abuse, the suspension and subsequent filling of shifts shall be conducted in such a way as to protect the privacy of the employee while protecting the safety and security of residents. Priority should be given to assigning replacement staff who already work at the location in question or who are otherwise familiar with the home and the people residing there. Replacement staff should not be privy to the allegation except as needed to assist the person.
2. Investigations into abuse allegations shall be conducted in an expedient manner and will follow all provincial guidelines in the reporting , collecting and documenting of all aspects of the allegation.
3. Disciplinary action shall be determined by the outcome of the investigation and can include any one of the following actions:
 - a. Verbal warning
 - b. Written warning
 - c. Suspension
 - d. Termination of employment
 - e. Criminal charges, as warranted by local police authorities
4. If an allegation is proven unfounded, involved parties shall be informed of same with the employee receiving confirmation in writing of the outcome.
5. Upon conclusion of the investigation and any subsequent action, the Executive Director or delegate shall file reports as required.

ABUSE BETWEEN TWO PEOPLE WE SUPPORT:

In the case of resident to resident abuse, or suspected abuse of a resident by another resident, (unless the resident is under the age of 16, in which case the Child Abuse Protocol would apply), the following procedures shall be taken:

- a. First and foremost ensure the health and safety of the alleged victim.
- b. The individual staff person who suspects abuse or who has received the disclosure, shall fill out an Incident Report Form accurately documenting the disclosure/allegation immediately upon receiving the disclosure. Use the person's own words. Record any other information that has led to the concerns as appropriate. The information provided must be relevant, objective, accurate and free of jargon or judgmental statements.
- c. Do not interview the alleged victim. This must be completed by the investigating team.
- d. If the allegations are made by a parent, inform the parent of his/her duty to report directly to the Department of Community Services. Advise the parent that YACRO is also obligated to make the report immediately.
- e. **Actual or suspected abuse of an adult shall be reported at once to either the immediate supervisor or other management staff personnel. Failure to do so may result in disciplinary action.**
- f. Ensure that the Social Worker is advised as deemed appropriate, and that the allegation is reported using the Protection for Persons in Care Act guidelines or (if the resident is under the age of 16) the Child Abuse Protocol.
- g. Involve local police departments as warranted

ABUSE BY A THIRD PARTY:

In the case of abuse or suspected abuse by a third party, (a person who is not supported or employed by YACRO), the following procedures shall be taken:

- a. First and foremost, ensure the health and safety of the alleged victim.

b. The individual staff person who suspects abuse or who has received the disclosure, shall fill out an Incident Report Form accurately documenting the disclosure/allegation immediately upon receiving the disclosure. Where a person we support has disclosed, use the person's own words. Record any other information that has led to the concerns as appropriate. The information provided must be relevant, objective, accurate and free of jargon or judgmental statements.

c. Actual or suspected abuse of an adult shall be reported at once to either the immediate supervisor or other management staff personnel. Failure to do so may result in disciplinary action.

d. Advise the Department of Community Services as required.

e. Ensure that the Social Worker is advised as deemed appropriate, and that the allegation is reported using the Protection for Persons in Care Act guidelines; or (if the person is under the age of 16) the Child Abuse Protocol.

f. Involve local police departments as warranted

In all cases, confidentiality must be maintained. Allegations must not be discussed with any individuals other than the administrative officer or delegate or those involved in the investigative process.

ADMINISTRATION OF MEDICATION

Regular monitoring will be undertaken to ensure proper medication usage and delivery of services to the people in YACRO programs.

Medications are reviewed monthly and are ordered when needed.

All medications shall be kept in a designated and double locked area in each home and given by staff on shift at a designated time. All medication sheets will be initialed when medications are given, with the exception of the policy for self administration of medications.

The right medication will be administered to the right person at the right time by the right route and the right dosage by a designated staff on shift.

No medication shall be given without being prescribed by a physician and without being reflected on the medication administration record. All medications must be properly labelled.

Unless otherwise specified, all medication is to be taken orally.

All over-the-counter medications (naturopathic, laxatives, ASA, cough syrup, etc.) must be reflected on the medication administration record and must be approved, in writing, by a physician.

Medication administration records should be taken on visits to the Doctor, and reviewed by the physician on regular basis (no less than once per year).

MEDICATION ERROR

Notify pharmacist of medication error and get advice regarding medication error. Any medication errors are documented and Incident reports are filled out. All medication Incidents and related unusual occurrences are reviewed by Health Care Coordinator and Program Director and recommendations are communicated to appropriate persons. Staff making medication errors may be subject to disciplinary action in accordance with the YACRO Personnel Policy and /or Collective Agreement.

DISCREPANCY

Medication Sheet Discrepancy Errors:

All Staff are to sign the medication sheet when giving medications. When medication sheets are not signed, the following action is to be taken.

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1. The staff member will be called at home to verify that medications were given in order to prevent a medication error.
2. If a staff member cannot be reached, medications will not be given until the next stated time for them, unless approved by a doctor or pharmacist.
3. A note will be left in the communication log to remind the staff member to sign the missed medication sheet.

Should there be more than one occurrence in a 30 day period; the staff member responsible will be counseled. Repeated occurrences may be dealt with in accordance with the YACRO Personnel Policy Manual and/or the Collective Agreement.

MEDICATION TRAINING:

YACRO will ensure that all our staff are trained on administering medications and on the dangers of the incorrect administration of medication. YACRO will also ensure that new drug information will be provided as needed.

DISCONTINUED MEDICATION:

All discontinued medications are to be given to the Health Care Coordinator for disposal.

SELF ADMINISTRATION OF MEDICATION:

When people living in small options are permitted to give their own medications, they must have double locked cupboards in their rooms in which medications are kept. Medication sheets are kept at their place of lodging, listing medication dosage and time. All self administered medications will be marked on the person's medication sheets with an (*) that allows staff to know medications are self administered.

Unless reflected in the Individuals Plan of Support, with proper protocols in place, the self-administration of medication is not permitted.

Independent Living:

People living independently will give their own medication (with exceptions). Any person in this program unable to dispense their own medication will have medications dispensed on an "as needed" basis. The medication will be kept in the office and dispensed by the appropriate staff assisting the person.

Home or away visits:

If a person goes home for a day or two, the medication dosages from their medication sheets are to be put in a dosage container or bottle, labeled and given to the person

ADMINISTRATION OF MEDICATION

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responsible for them. These are not signed in the med book as given. “Home” or “H” should be entered on the med sheet for the dates that they are absent.

Refusal to Take Medications:

1. The staff shall explain to the person the advantages of taking the medication and the possible risks of not taking the medication.
2. If the person still refuses to take the medication, the staff is to make note of this on their medication sheet and in the person’s book.
3. Continued refusal shall warrant notification of a person’s physician.

Narcotic Medication Dispensing Policy/Procedure

Policy:

It is the policy of the Yarmouth Association for Community Residential Options to require that Narcotic medication be administered only with written direction from the resident’s Physician or Medical Practitioner.

The Yarmouth Association for Community Residential Options uses a system of monthly medication blister packs which are packaged directly by the pharmacy. All medications are blister packed, individually and given to the staff in the homes to administer.

All medications are stored in a designated and double locked area in each home.

Definition of Narcotic:

An addictive drug, that reduces pain, alters mood and behaviour, and usually induces sleep or stupor. Natural and synthetic narcotics are used in medicine to control pain.

Procedure:

When a Narcotic medication is prescribed, the following procedures are to be followed:

1. A medical report must be completed.
2. The medication change must be reflected on the individual’s medication sheet.

3. A medication change report must be completed. Upon completion, the report must be approved by a Supervisor or the Medical Coordinator indicating that they have reviewed and approved the changes.

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4. Copies of the Medical Report, the Medication Change Form, and the prescription must be distributed to the Supervisor and the Medical Coordinator. Copies must also be kept in the individual's medication binder in the home.

A **Narcotic Medication Count Sheet** must be utilized to control the inventory of the medication. This record must be used daily, and completed and signed at the end of every shift by the staff on duty. The recording sheet is to be kept in the medication binder of the resident. **All other, existing processes used in the documentation and administration of medications must still be followed.**

Methods for control and accountability of Narcotic Medications:

Narcotic drugs prescribed and administered shall be documented on the resident's medication record sheet to maintain an accurate accounting of medication at all times and shall include:

1. The name of the medication
2. The dosage
3. The frequency
4. The route administered
5. The date and time administered
6. The name of the person(s) administering the medication
7. A Narcotic Medication Count Sheet:
 - (a) The date the inventory (count) was conducted
 - (b) The time the inventory (count) was conducted
 - (c) The name and amount of each narcotic medication on hand at the beginning and end of each shift.
 - (d) The name of the employees conducting the inventory (count)
 - (e) The amount dispensed on the shift.

Discontinued Medication:

All discontinued medications are given to the Supervisor or Health Care Coordinator for disposal as per procedure and this discontinuation shall be noted on the medication change form and submitted to the Health Care Coordinator and supervisor.

These medications are returned to the Pharmacy for proper disposal.

Drug reactions and Medication errors:

Employees must report any adverse drug reaction or medication error immediately to Pharmacist, Doctor and Supervisor. Employee than must record the reactions or medication error in the employee log book and medication administration record sheet.

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Support Planning

In keeping with our mission statement and philosophical beliefs, YACRO is committed to providing for the physical, spiritual and social needs of the people taking part in our programs while working to enhance each person's potential to live, work and socialize within the community in the least restrictive, most inclusive manner.

The Individual Support Plan is a process by which all parties who support the person, including the individual him/herself, meet to identify, discuss and implement goals which encourage the person's growth and development. The Support Planning conference shall include the Individual being supported, the Supervisor, Primary Care Worker, the Social Worker, and the Parent/Guardians and will help to establish long and short term goals, set goal priorities, and outline procedures, resources and clarification of expectations, to help the individual attain his/her goals.

The daily programs for the person we support shall be developed keeping in mind the goals established in the Individual Support Plan, the person's intellectual, psychological and social level of functioning, physical and/or health restrictions, talents and interests, and availability of resources.

YACRO's programs shall incorporate a number of elements which include:

- 1) The teaching and supervision of life skills; e.g. proper hygiene, household chores, money management (if appropriate), clothing and grocery shopping, meal preparation, learning socially appropriate behavior both at home, in the workplace, and in the community in general.

YACRO approves the utilization of positive strategies to increase or develop new skills.

- 2) Educational Programs: all school age children shall be required to attend public school unless they are unable due to medical reasons. An Educational Program Plan will be developed within the school system, in keeping with the individual's abilities and level of functioning. Supervisors and staff will stay in communication with teachers and other educational personnel in order to ensure continuity and assist in successful outcomes.

Where behavioral or emotional problems of an individual prevent him/her from attending public school, or where the individual is under suspension or expulsion from school, the Department of Community Services shall be advised of the situation. YACRO shall make every reasonable effort, in collaboration with the individual's social worker and the Regional School Board, to find appropriate alternative arrangements or to plan for the transition of the person back into public school as early as possible. People we support who desire to pursue an education beyond the grade school level, shall be encouraged and supported within our resources in doing so.

- 3) Vocational Programs: YACRO is committed to providing opportunities for growth and development that are positive, respectful, and meaningful to the individual in an integrated community setting where possible. YACRO shall encourage people to work, believing work to be an important means of integration and enhancing a sense of self esteem.

YACRO has developed a number of vocational programs for the people we support and shall continue to expand in this vital area. Dedicated staff, committed to the agency philosophy and principles, support individuals in pursuing meaningful employment in settings within YACRO and in the community.

- 4) Social/Recreational Programs: the social and recreational opportunities of the people we support are many and varied. Through the use of “culturally valued means” we offer people life conditions at least as good as those of average citizens and, as much as possible, enhance or support their behavior, appearance, experiences, status, and reputation.

YACRO shall use community recreational facilities such as the YMCA wherever possible. The people we support shall attend cultural presentations, participate in sports activities, be given opportunities to attend classes and workshops such as craft and exercise groups, and shall be encouraged to belong to external organizations such as Scouts, Cadets, People First, etc.

YACRO offers a Summer Recreational Program and provides opportunities to attend summer camps and participate in many other recreational pursuits. Religious participation in a church of the individual’s choice, shall be supported.

- 5) Family Participation: YACRO believes the family is an integral part of the lives of the people we support and shall encourage and assist individuals in fostering relationships with their families. (An exception to this policy would be in a situation where the Department of Community Services has deemed it may be harmful physically or psychologically to the person we support to be in contact with family members.)

In all other circumstances, communication lines shall be kept open between YACRO and the individual’s family in order that the person may benefit from a network of support and consistent encouragement. Parents/guardians shall be invited and encouraged to call, e-mail and visit often. They are free to express any concerns, be part of YACRO social activities, and be familiar with and contribute to the

achievement of established goals for the person. YACRO believes that in working together we shall best assist each individual we support in reaching his/her full potential as a human being.

RULES OF WORK**Yarmouth Association for Community Residential Options**

1. Any abuse of the people who live in the homes or who are supported in their own apartments is prohibited.
2. Confidentiality of information about the people and their families will be maintained.
3. People in the small option homes will not be left unattended unless it is part of their support plan and has been approved by the Executive Director.
4. Agency gas cards may only be used to purchase fuel for YACRO vehicles without express direction from management representative (Supervisor or Director).
5. Petty cash, comforts, clothing, etc monies shall only be used to make purchases for individuals supported by YACRO and may not be borrowed or loaned at any time. Theft or intentional damage to property of individuals or of the agency is prohibited.
6. Staff shall not report to work under the influence of alcohol or drugs and shall report the use of any prescription or other drug which may impair functioning or judgment on the job. Staff may only work while taking such prescriptions with the approval of their supervisor.
7. Staff shall abide by all policies of the agency contained in the YACRO Personnel Policy found at www.yacro.com.
8. Staff shall adhere to agency policies regarding use of phones and electronic devices.
9. Staff shall not have personal visitors while on the job without the approval of the supervisor.
10. Conviction for a criminal offence may result in the loss of one's job.
11. Any insubordination, including any refusal to comply with the directions of a supervisor is prohibited.
12. The use of abusive or profane language while on duty is prohibited.
13. All records shall be maintained in an accurate and legible manner. Omissions in recording or reporting shall not be accepted.
14. No staff shall falsely represent the agency.
15. All staff shall exercise clean hygiene and tidy dress in order to provide appropriate role models.
16. Staff shall not dispense unauthorized medications to persons served by the agency.
17. Staff shall be on time for a shift and shall not leave before being replaced.
18. Staff must report absences from work as soon as possible, and at minimum, one hour before the start of their shift.
19. Staff may not sleep on awake-night shifts.
20. Staff may not work shifts in excess of 12 hours in a row (excluding sleep-overs) unless under direction of a management representative (Supervisor or Director).
21. Staff may not work over 48 hours per week without approval from a management representative.
22. Staff are responsible for the accurate recording of their shifts worked and shall not report any time worked while not physically present at their designated location or on authorized agency business.
23. Staff are expected to work their scheduled shifts, including scheduled training, and shall keep requests for changes to a minimum.
24. Bullying or harassment of any kind shall not be tolerated.
25. All relationships in the workplace are to be maintained in a manner which enhances professionalism and reflects dignity at all times.
26. All staff shall comply with the Principles and Philosophy of the Yarmouth Association for Community Residential Options and with all requirements of their job description.

I have read the YACRO Rules of Work and agree to abide by them at all times. I understand that any breaches of these Rules of Work may result in the immediate termination of my employment.

 Signature

 Printed Name

 Date

Revised June, 2017

**RIGHTS AND RESPONSIBILITIES
OF PEOPLE WE SUPPORT**

RIGHTS AND RESPONSIBILITIES OF THE PEOPLE WE SUPPORT

The Yarmouth Association for Community Residential Options is committed to ensuring that the rights of the people we support are respected, protected, and promoted; including freedom of choice. These rights are accorded under the Canadian Charter of Rights and Freedoms and the Nova Scotia Human Rights Act. We also strive to develop and encourage self advocacy and independence wherever possible.

Upon admission to YACRO, each person we support shall be provided with a written explanation (appropriate to his/her age and level of comprehension) of his/her rights and responsibilities while in care.

Each youth we support will be provided with *Your Rights and Responsibilities While You are In Care*, a booklet prepared by the Department of Community Services. This booklet shall be reviewed at the time of admission, at the end of the first week, after thirty days and every three months thereafter.

YACRO will provide, in language suitable for each person's level of understanding, an explanation of:

- a) The right to file a complaint
- b) The right and responsibility to report allegations of abuse
- c) The right to review his/her file in accordance with agency procedures
- d) The right to be treated with respect
- e) The responsibility to adhere to the day to day rules which govern the operation of the Small Options Home where they reside

A written record indicating that the person has been informed of his/her rights and responsibilities, within the correct time frames, shall be maintained in the person's file, indicating the date the information was provided and the name(s) of the staff who informed the person.

Each person supported by YACRO shall be consulted and provided with an opportunity to express his/her views whenever significant decisions concerning the care of the individual are made.

Such decisions include:

- medical treatment
- education
- religion
- discharge or transfer

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A written record of these consultations shall be maintained in the person's file. The record shall contain the name(s) of the staff who consulted with the person and the date the consultation occurred.

Rights and Responsibilities

Yarmouth Association for Community Residential Options is committed to providing services which respect and preserve the cultural, racial and linguistic heritage of the people we support and their families.

RIGHTS AND RESPONSIBILITIES OF PEOPLE WE SUPPORT

I, _____, have been informed of and understand my
(PERSON WE SUPPORT)

rights as a person receiving support from Yarmouth Association for Community Residential Options. I understand that I have a right to file a complaint, report allegations of child abuse, review my file and be treated with respect. I have also been informed of and understand my responsibilities to follow complaint procedures for reporting child abuse allegations, and to follow the rules governing the day-to-day operations of Small Options Homes operated by Yarmouth Association for Community Residential Options.

Date: _____

Signature: _____
(PERSON WE SUPPORT)

Name(s) and Position of Staff Providing Information on Rights and Responsibilities:

Name: _____ Position: _____

Signature: _____

Name: _____ Position: _____

Signature: _____

Date for next review: _____

Review of Rights and Responsibilities occurs upon admission, at the end of the first week, after thirty days, and then every three months.

RECORD OF CONSULTATION

Date of consultation: _____

Location of consultation: _____

Person's Name: _____

Address: _____

Name(s) and Position of Staff doing consultation

Name: _____ **Position:** _____

Signature: _____

Name: _____ **Position:** _____

Signature: _____

Reason for consultation:

- | | |
|---|--|
| <input type="checkbox"/> person requested meeting | <input type="checkbox"/> discharge/transfer |
| <input type="checkbox"/> religious/cultural beliefs | <input type="checkbox"/> educational decisions |
| <input type="checkbox"/> medical treatment | <input type="checkbox"/> vocational/program planning |
| <input type="checkbox"/> other: _____ | |
| _____ | |
| _____ | |

Written explanation of need for consultation:

ADMISSIONS, DISCHARGES & TRANSFERS

YACRO is a not-for-profit agency providing residential support for children and adults challenged with disabilities. The following residential support services are provided:

Respite for Children:

The coordinator assists families to locate an “Independent Respite Contractor” who is interested and suitable to provide services. Families in the following counties, who are caring for a child challenged with a disability, are eligible to receive services: Lunenburg, Queens, Shelburne, Yarmouth, Digby, Annapolis, Kings and Hants.

Independent Living Program:

This program supports participants in exercising standards of safety and good judgment in an independent living setting. Varying levels of assistance are offered, depending on the needs of the individual. These may include help with money management, medical concerns, social and practical skills, encouragement and advice.

Small Options Home:

A home in which one to five adults challenged with a disability reside in the community with the assistance of qualified staff who work shifts.

Licensed Children’s Home:

A home for one to four children whose disabilities make it impossible for them to live in their family home. They are cared or by qualified staff who work shifts.

Licensed Home For Special Care:

A home in which four or more adults challenged with a disability reside in the community with the assistance of qualified staff who work shifts.

In most cases referrals for admission are forwarded directly from the Department of Community Services to the Executive Director or delegate of YACRO. Referrals may also come from sources such as the Department of Health, the Department of Veteran’s Affairs, or in some instances, private referrals.

The admissions process shall be a staff committee responsibility including applicant screening and assessment, approvals and filling of vacancies.

The Board Admissions Committee will have final approval over any new admission.

Before admission, the following documents must be complete and on file with YACRO:

- Referral package from the Department of Community Services which includes, but is not limited to:
 - a) An up-to-date social history
 - b) Current Department of Community Services “Plan of Care” which includes the goals of placement
 - c) Additional information that will facilitate the transition, such as educational assessments, psychological reports, and psychiatric history
- A completed referral form to the Yarmouth Association for Community Residential Options.
- A completed personal information sheet consisting of all pertinent contact and legal information including, but not limited to:
 - a) Next of kin
 - b) Social worker
 - c) Legal status
 - d) Social Insurance Number
 - e) Nova Scotia Health Care Number
 - f) Allergies
 - g) Name/Age
 - h) Medical contacts
 - i) Other pertinent information

Transition:

For the benefit of both the person and the staff of the organization, as well as the people already living in the home, a transition period is highly recommended before the individual moves in permanently. The purpose of this transition is to ensure that all appropriate supports are in place in order to result in a successful outcome.

COMPLAINTS PROCEDURES
(PEOPLE WE SUPPORT/PARENT(S)/GUARDIANS)

Under the Regulations to the Children and Family Services Act of Nova Scotia, persons we support under the age of sixteen or their parent(s)/guardian may submit any concern or complaint relating to YACRO to the Director, Child and Adolescent Services, Family and Children's Services, who shall ensure that every complaint and concern is investigated and a written report is submitted to the Minister. When a person we support is sixteen years of age or over, a similar concern or complaint may be submitted to the Director of Services for Persons with Disabilities. Where YACRO becomes aware of such a complaint, the Executive Director shall ensure that YACRO cooperates in the investigation.

YACRO shall follow the procedures established by its Board in hearing and responding to complaints by the person we support, his/her parent(s)/guardian or another representative, regarding alleged violations of the person's rights. These procedures shall be documented by YACRO and shall reflect the following progression of steps:

- a) The matter in the first instance shall be verbally discussed with the Supervisor involved within five days of the time of the matter arising.
- b) If such discussion does not yield resolution, the matter shall be documented in an appeal letter to the Supervisor within ten days of the verbal discussion.
- c) If after ten days from the written appeal, the issue is still not resolved, written appeal may be made to the Executive Director.
- d) If after ten days from the written appeal to the Executive Director, the issue is still unresolved, a further written appeal may be made to the Chairman of the Board of Directors, who shall reply within thirty days.
- e) In the event that the appellant is unable to enact the above written steps, these steps may be carried out verbally.

- f) If the above steps have been enacted and the matter has not been resolved within YACRO, the person or his/her representative may submit the concern or complaint to the Department of Community Services.
- g) Ultimately, the concern or complaint may be submitted to the Director of Child Welfare or the Director of Services for Persons with Disabilities, where it cannot be resolved at the local or regional level.
- h) Any person we support may also at any time submit a concern or complaint relating to his/her care within YACRO to the Children's Ombudsman or the Ombudsman for Adults. Although individuals will be encouraged by the Ombudsman to go through the internal complaints process first, if there is a valid reason for this office to become involved prior to the execution of the internal procedures, they will do so. Where an individual chooses to exercise his/her right to contact the Ombudsman, YACRO shall permit and assist the person in exercising the right in a manner which respects confidentiality.

NOTE: In the case of alleged or suspected abuse of a person we support, the policy and procedures for reporting abuse as detailed in YACRO policy *Abuse*, shall be followed.

The Department of Community Services publication *Your Rights and Responsibilities While You Are In Care*, shall be provided to each youth upon admission to YACRO. This booklet shall be reviewed with the youth at the time of admission, at the end of the first week, after thirty (30) days and then each three (3) months thereafter. Page 12 of the booklet explains how a youth we support may make a complaint. Page 13 provides a form letter by which the youth may express a concern or complaint and these are submitted by YACRO to the Department of Community Services quarterly as part of the Rights and Responsibilities Review (whether or not the youth wishes to file a concern or complaint).

CORPORAL & OTHER PROHIBITED PUNISHMENTS

Yarmouth Association for Community Residential Options is committed to ensuring that all people we support are served in a climate of trust, dignity, respect, and confidence; therefore, **corporal punishment, under any and all circumstances is strictly prohibited.**

Corporal Punishment by definition is the intentional infliction of physical pain as a method of changing behavior.

Corporal Punishment includes:

- a) The striking of a person we support, with or without the assistance of a physical object
- b) Shaking, shoving, spanking or any other form of physical aggression against a person we support
- c) Locked isolation

Yarmouth Association for Community Residential Options strictly prohibits the use of the following punishments upon a person we support:

- a) Punishment of one person we support by another person or group of persons we support that is condoned or instigated by staff
- b) Requiring or forcing the person to assume an uncomfortable position (e.g., squatting, bending or standing against a wall)
- c) Requiring or forcing a person to repeat physical movements as a method of punishing
- d) Degrading physical or emotional punishments
- e) Punitive work assignments or work assignments which lack logical and meaningful rationale.
- f) Medication for punishment
- g) Deprivation of a person's rights and needs (e.g., food, parental/family contact)
- h) Mechanical restraints
- i) Threatening to discharge a person as a method of punishment
- j) Interference with or interruption of a person's sleep as a method of punishing
- k) Threatening to use force to intimidate a person

ACCEPTABLE/UNACCEPTABLE DISCIPLINARY PRACTICES

Yarmouth Association for Community Residential Options is firmly committed to ensure that the people we support are served in a climate of trust, dignity, respect, and confidence; therefore, **unacceptable disciplinary practices are strictly prohibited.**

These include:

- a) Corporal Punishment which is defined as:
 - the striking of a person we support with or without the use of a physical object
 - shaking, shoving, spanking, or any other form of physical aggression against the person
 - coercion or severe isolation
- b) Harsh or degrading responses that would result in the humiliation of the person we support or the undermining of the person's respect, such as:
 - Deprivation of basic needs, including food, shelter, clothing, bedding or medical care
 - Taunting
 - Demeaning remarks concerning the person or his/her family
 - Derogatory name calling intended to hurt or degrade the person
 - Threats of force or inappropriate discipline to intimidate the person
 - Racial or gender-based derogatory remarks
 - Extensive or prolonged withholding of emotional response or stimulation after a person's undesirable behavior has ceased

Yarmouth Association for Community Residential Options recognizes the utilization of positive strategies to increase or create new skills as long as the criteria of social validity is met. Negative interventions, such as time out or removal of a privilege are a last resort, and must receive prior approval from the program director and/or executive director before implementation.

Interventions intended to influence behavior must be employed as part of an individualized Behavior Management Program. This involves careful and informed team planning with staff who work directly with the individual, the team supervisor, the program director, and at times, the executive director, the social worker, parent or guardian, medical personnel, and vocational/educational personnel. All interventions must be designed with the intention of assisting the person to learn more effective life skills within a supportive atmosphere.

The strategies employed as part of the Behavior Management Program may take the form of preventive interventions such as:

- a) Redirection towards another activity
- b) Counseling
- c) Removal to a safer environment

Corrective action is considered appropriate when an individual we support has engaged in behaviors which are destructive to property, illegal, or when he/she has endangered him/herself or others.

This corrective action may take the form of the removal of privilege. Removal of privilege procedures, defined as the loss of a reinforcement such as a personal item, outing, activity, treat, etc., shall be contingent on some previously specified, undesirable behavior and must:

- a) Be part of a formal behavioral change program
- b) Receive prior approval from the program director and/or executive director before implementation
- c) Be monitored and reviewed by the supervisor
- d) Have a specified time attached
- e) Have been explained to the individual prior to implementation

Other acceptable corrective interventions may be employed such as:

- a) CPI techniques to curtail injurious or destructive behavior
- b) Removal to a quiet area of the home, to allow the person to regain self-control
- c) An appropriate retribution program designed to allow the person to make amends in a tangible way for injurious or destructive behavior
- d) Medical intervention
- e) Legal intervention

Yarmouth Association for Community Residential Options, in employing any disciplinary intervention, shall take into consideration the person's behavior, their Individual Support Plan, the person's developmental ability, and the circumstances within which the undesirable behavior has occurred. The person's cultural context, and the best interests of the development of the person we support, will always be the primary consideration.

DENTAL CARE

YACRO will ensure that the people we support receive an annual dental check-up and, in addition, that any specific dental needs receive attention as they arise. A medical record which includes all consultations with a dental practitioner, diagnoses, prescriptions, and recommendations shall be maintained in the person's file.

Procedures:

1. Before proceeding with dental work that involves expenditures beyond the amount of three hundred dollars, written permission shall be obtained from the Department of Community Services. A completed dental claim form describing the recommended dental procedure and the estimated cost shall be obtained and forwarded to the person's Social Worker, with the letter of request.

An exception to this policy shall be in the case of emergency dental work which may be performed without written approval, although verbal approval shall be obtained if time permits.

2. If hospitalization is required for dental procedures, such will be covered by MSI. For individuals under the age of nineteen years of age, consent must be obtained from the next of kin.
3. When an anesthetic is required for individuals over the age of nineteen, a consent form must be signed by:
 - a) The individual (if he/she is able to give informed consent)
 - b) The next of kin (parent or legal guardian)
 - c) A Public Trustee in the absence of the above

NOTE: Consent forms must be signed prior to admission to hospital.

4. No staff person shall sign any consent forms or release waivers for any of the people we support.
5. A staff person shall accompany the individual to the dental appointment unless the person requests to go independently and/or is capable of doing so.

MEDICAL

YACRO shall ensure that the people we support receive medical services by qualified practitioners, including a regular annual check-up and any other specialized medical attention required in order to maintain optimum levels of health. A record of all medical consultations including diagnoses, prescriptions, and recommendations shall be maintained in the person's file.

Procedures

1. All staff shall have, prior to employment or, as part of the orientation process shall receive, training in Standard First Aid, Cardio-Pulmonary Resuscitation, Medication Awareness, and Emergency Procedures and shall receive other training specific to the medical needs of the people we support. Regular refresher training in these core competencies shall also be provided by YACRO.
2. All staff shall be instructed in accurate documentation and reporting procedures as part of the orientation process and shall be required to maintain on-going records of health-care concerns and promptly address any concern which may warrant medical attention. Staff, when in doubt as to whether medical attention is required, shall seek medical advice.
3. All emergency information shall be posted near a phone for easy access.
4. No staff person shall sign a consent form or release waiver for a person we support.
5. A staff person shall accompany an individual to medical appointments unless the person requests to go independently, and/or is capable of doing so.

MAIL

Every individual has the right to send and receive mail that is not read, examined, or censored by another person.

Exceptions to this policy would include:

- Mail to a resident may be opened by an administrative officer or delegate in the person's presence and inspected for items that are prohibited by the organization where the administrative officer or his/her delegate has reasonable grounds to believe that the content may cause physical or emotional harm to the person, housemates, or staff.
- Articles prohibited by the organization may be removed from the person's mail and withheld where the administrative officer or his/her delegate has reasonable grounds to believe articles may cause emotional or physical harm to the person, housemates, or staff.

Where the administrative officer or his/her delegate removes and withholds an item, a written record shall be maintained in the person's file indicating the item removed, the rationale for the removal or deposition of the item, and the date.

The person and their parent/guardian shall be informed at the time of the person's admission of any articles which are prohibited and a record shall be maintained on file including the date and name of the staff person who informed them.

PERSONAL SPACE AND POSSESSIONS

Personal Possessions:

All of the people we support will be encouraged and assisted in the acquisition of possessions, whether these possessions are reflective of hobbies, special interests, family or personal comfort. In addition, we will ensure that adequate, safe storage is available for such possessions and that records of personal possessions are maintained. The only exception to this policy will be in the case of an item which is prohibited by YACRO.

Every person we support shall be provided with a lockable area for storage of small personal items and a Personal Possessions Inventory shall be maintained by staff on behalf of each person. All new possessions, whether they are gifts or purchases, shall be recorded on this form. If an item wears out, is broken beyond repair, is lost or destroyed, notation to this effect shall be made on the inventory form. The Personal Possessions Inventory shall be maintained in the person's file.

Personal Space:

All of the people we support have the right to not have their personal space violated without reasonable cause, and the right to determine what aspects of their personal lives will be revealed to others who are supported by YACRO. Staff shall be respectful of the privacy of the people we support and protect this privacy to the extent that is reasonable and possible in the day to day performance of their duties.

All of the people we support shall have the right to personal space:

- a) Where they can attend to personal needs
- b) Where they can relax and not be bothered by others
- c) Where they can withdraw when they feel the need to be alone

NOTIFICATION IN CASE OF DEATH

In the event of the death of a person we support the following procedures shall be followed:

1. If the death occurs outside medical facilities, the accompanying staff shall immediately call 911 and administer CPR and/or First Aid until paramedical personnel arrive on the scene.
2. The staff person shall call the Supervisor or on-call Supervisor.
3. The Supervisor shall immediately notify the next of kin and/or the guardian of the individual.
4. The Supervisor shall notify the Executive Director.
5. The Supervisor shall notify the individual's Social Worker by phone.
6. An internal Incident Report shall be filled out by the staff person/persons involved in the occurrence as soon as possible. This report shall include a record of the persons contacted (date, time and name of staff). This report shall be retained on file at YACRO.
7. A Department of Community Services *Notification of Incident* form shall be completed by the staff person witnessing the death, or the Supervisor who has been informed of the death, and faxed to the **Community Support Specialist for the Region the same day as the occurrence.** All forwarding information is found on the bottom of the *Notification of Incident* form.

The assistance of close family friends or clergy may be sought at this time. It is the responsibility of the family or legal guardian to make arrangements for funeral services and burial.

SERIOUS OCCURRENCES

A Serious Occurrence shall be defined as any occurrence or event which seriously affects the health, safety, or well being of an individual we support. This occurrence or event shall include but not be limited to:

1. The death of a person we support
2. A serious injury to a person we support
3. Threatened or attempted suicide
4. A fire or other disaster in any of our homes
5. The hospitalization of a person we support
6. A person we support is missing, lost or has run away
7. An attempt has been made by unauthorized persons to remove a person we support from the home where he/she lives or from school or place of work
8. Abuse or Allegations of abuse (in which case the Child Abuse Protocol or the the Protection for Persons in Care Act shall be followed)
9. Any other circumstance which affects the safety or well-being of a person we support

The following procedures shall be carried out in the case of a serious occurrence:

1. Initial Response:

- a. The staff person involved shall call 911, if warranted.
- b. The staff person shall apply First Aid or CPR if appropriate, until such time as emergency personnel are on the scene.
- c. If the need arises to physically intervene or use restraint, the least restrictive CPI approved techniques shall be utilized and shall last only for the duration necessary for the individual to regain control of his/her behavior or for staff to escort the individual to a safe environment.
- d. There shall be immediate evacuation from the premises, if remaining on site poses a threat to staff or the people we support

2. Reporting:

- a. The staff person involved shall immediately report to his supervisor, or to the on-call supervisor.
- b. The next of kin of the person we support shall be notified as soon possible.
- c. The Department of Community Services or other placing agency shall be informed of the situation by the administrative officer or delegate, and copied on all reports as soon as possible.
- d. In the case of a youth who is under the care of Family and Children's Services, the Regional Administrator/ or Delegate for the Region where the facility is located, shall be informed verbally of the situation as soon as possible (but within 24 hours of the occurrence), and copied on all reports.

3. Recording:

- a. An internal Incident Report shall be filled out by the staff person/persons immediately involved in the occurrence. This report shall include:
 - The name, age, date of birth of the individual involved, and the date and time of the occurrence
 - The type of occurrence
 - A brief description of the occurrence
 - A description of the action taken in sequential form
 - A list of those who discovered or observed the occurrence
 - Names of all persons notified, who notified them and the date and time of notification
 - If there has been police involvement, record of names, date and time
 - Details of current situation
 - Follow-up action required
 - Signatures of reporter, supervisor and date
- b. This report shall be retained on file at YACRO.
- c. If the serious occurrence involves an injury, an Injury Report shall be filled out and attached to the Serious Incident Report.
- d. If the serious occurrence involves a medication incident, a Medication Incident Report shall be attached to the Serious Incident Report

- e. As soon as possible following the occurrence, but not more than seventy-two (72) hours after the occurrence, the administrative officer or delegate shall provide a written report to the Department of Community Services.
 - For individuals we support over the age of 16, A Department of Community Services *Notification of Incident* form shall be completed and forwarded to the **Community Support Specialist** for the Region.
 - For individuals we support age 16 and under, the *Notification of Incident Report* shall be sent to (1)the placing agency, (2) the delegate for the Region.
- f. If the incident is of a critical nature, the report shall be phoned/faxed on the same day the incident occurred.
- g. All information for sending the *Notification of Incident Report* is found on the bottom of the form.

3. Debriefing of staff and the people we support:

- a. In keeping with our mission statement and philosophy, YACRO is committed to providing for the physical, emotional, and spiritual needs of the people we support. At no time are these values and principles more relevant than in situations which threaten the health, well being, or safety of the people we support.
- b. Every effort shall be made by immediate staff, supervisors and other YACRO personnel to give ample time and attention to the needs of the people we support in times of crises. This shall be done with respect for the privacy and vulnerability of the individual, and will include opportunities for the person to express his/her views and to ask questions. Staff will endeavor to provide explanations at a level appropriate to the person's ability. Staff shall also provide encouragement and reassurance. Appointments with appropriate professionals may be made as an additional support to the individual.

EMERGENCY PROCEDURES

The term Emergency Procedures refers to the specific courses of action an employee must carry out in those situations classified as emergencies. Yarmouth Association for Community Residential Options shall have written procedures for dealing with these emergencies. YACRO shall ensure that all employees, as a condition of employment, shall receive instruction in all emergency procedures at the time of commencing work and at least annually thereafter. The employee shall sign that they have received, read, understood, and accepted this instruction at the time of commencing work and annually thereafter.

Emergency Procedures shall include but not be limited to:

- a) Fire and emergency evacuation procedures
- b) Serious injury
- c) Suicide threats/attempts
- d) Death of a resident
- e) Unknown whereabouts of an individual for a set period of time
- f) Management of dangerous behavior.
- g) Any other situation which creates danger to residents and/or staff

Detailed procedures for the handling of emergency situations are contained in the following YACRO policies:

- a) Serious Occurrences
- b) Missing Persons
- c) Emergency Evacuation Procedures
- d) Management of Residents' Dangerous Behavior.

Employees, as a condition of employment, shall receive instruction in Non-violent Crisis Intervention techniques (CPI Model), Standard First Aid and Cardio-Pulmonary Resuscitation, and regular refresher courses thereafter. A record shall be maintained on each employee's file of this instruction.

EMERGENCY EVACUATION PROCEDURES

Emergency Evacuation Plan refers to procedures which are developed to respond to disruptions in normal services (short-term or long-term) which may be caused by situations such as the following: flood, gas leaks, bomb threats, food poisoning, fire, loss of communication, loss of electricity, hostage taking, water shortage/contamination, housing of additional people including people from another Small Options Home, national emergency, architectural damage, air contamination, hurricane, winter storm, staffing shortage, strike by staff or outside supporting agencies, violent episode within the home.

1. Yarmouth Association for Community Residential Options shall ensure that every Small Options Home has an emergency evacuation plan including specified exit routes, a gathering place for all the people we support, and arrangements for alternative accommodation for the people we support.
2. Yarmouth Association for Community Residential Options shall ensure that the Emergency Evacuation Plan is established in cooperation with the local fire department and the emergency measures coordinator for the municipality. The agency shall obtain written confirmation from the fire department that the emergency evacuation plan is appropriate and copies shall be provided to the licensing staff, Family and Children's Services Division, and the Department of Community Services.
3. The agency shall ensure that there is a full exercise of the emergency evacuation plan and that it is revised at least once every three (3) years together with the local fire department and the emergency measures coordinator for the municipality. A written record of the exercise, including the date, time, and any noted deficiencies shall be kept and a copy provided to the licensing staff, Family and Children's Services Division, and the Department of Community Services. A directory of personnel involved in the execution of the plan shall be maintained and revised as required to ensure that it is kept up to date.
4. The agency shall ensure that any deficiencies noted during the practice of the plan are addressed and implemented promptly and that the licensing staff, Family and Children's Services Division, and the Department of Community Services are advised of the action taken.

5. The emergency plan, including the location and operating instructions of fire extinguishers, floor plans showing exit routes, telephone procedures for calling emergency services, relocation arrangements, shall be kept in a conspicuous location in each Small Options Home. In addition, a floor plan showing exit routes, telephone procedures, and the location of all emergency equipment shall be posted in a conspicuous location on each floor of the house.
6. All staff shall receive instruction on the emergency evacuation plan as part of their orientation and a record shall be kept in each employee's file.
7. All staff, as a condition of employment, shall sign that they have received, read, understood, and received instruction in the emergency evacuation plan as part of their orientation, and a copy of this documentation shall be maintained in each employee's file.
8. All staff shall receive refresher training in the emergency evacuation plan as a component of Fire and Life Safety training on a yearly basis and a record shall be maintained on each employee's file.
9. All staff shall receive refresher training in the emergency evacuation plan whenever there are revisions to the plan or every three years and shall sign that they have received, read, understood, and received instruction in the plan. A copy of this documentation shall be maintained in each employee's file.
10. The agency shall ensure that all people we support upon admission are instructed on the emergency evacuation plan and a record of this instruction, including date and the name of the staff person who gave the instruction, is included in each person's file.

FIRE DRILLS & INSPECTIONS

Yarmouth Association for Community Residential Options shall ensure that each home has a Fire Safety Plan which has been developed under the direction of the Fire Safety Inspector and approved by him.

A Fire Safety Plan information binder shall be kept in each home and shall contain emergency evacuation procedures, instructions for the use of fire extinguishers, daily fire safety inspection reports, and monthly emergency equipment/fire drill reports. The emergency evacuation procedures shall also be posted in a conspicuous place on each floor of the home.

All staff at time of hire shall be instructed in Fire and Life Safety which includes fire and evacuation procedures specific to the home(s) where they are assigned to work. A signed document confirming that they have received, read and understood this instruction shall be kept in each employee's file. This instruction shall be reviewed on a yearly basis.

The people we support shall be instructed on the fire and emergency evacuation procedures upon admission to a home, and a form with the date and staff person giving the instruction shall be kept in each person's file.

Fire drills shall be conducted monthly in each home and shall include some night time drills. A fire alarm shall be used to initiate all fire drills and one staff person on each shift shall be designated by the supervisor to be in charge of emergency evacuation procedures. A Fire Drill Report shall be filled out and a copy kept in the home as well as in the YACRO office files.

A Daily Fire Safety Inspection shall be carried out in each home. This shall include:

- a) Inspection of the home on all levels to identify possible fire hazards.
- b) Check all equipment and appliances in the kitchen. (cords, electrical outlets, etc.)
- c) Inspection of all baseboard heaters to ensure they are free from dust and debris.
- d) Inspection of laundry room area to ensure that no clothing is behind the equipment, the dryer lint trap is clean, and the dryer exhaust is properly attached and lint free.
- e) Ensure that all doors to stairwells, fire doors and smoke barrier doors are closed.
- f) Check to ensure that all exits are clear.
- g) Check battery indicator in smoke detectors.
- h) Check the charging dates on, and condition of, the fire extinguishers.

A Daily Safety Inspection form shall be filled out and a copy kept in the daily log of the house as well as in the YACRO office files.

A Monthly Emergency Equipment Inspection shall be conducted and this shall include inspection of:

- a) The operating condition of the smoke detectors
- b) The operating condition of the fire extinguishers
- c) The operating condition of the sprinklers systems in homes where they are installed
- d) The operating condition of the emergency lights
- e) The operating condition of the flashlights
- f) The operating condition of the generators in homes where they are installed (a complete service and inspection shall be done bi-annually)

In addition, a yearly Fire Safety Inspection shall be conducted by the municipal Fire Safety Inspector as well as yearly inspections conducted by qualified outside agencies on the following emergency equipment:

- a) Smoke detectors
- b) Fire extinguishers
- c) Sprinkler systems
- d) Emergency lights

Reports of each of these inspections shall be forwarded to the Department of Community Services, and kept on file in the YACRO office files.

NUTRITION

Yarmouth Association for Community Residential Options recognizes the importance of quality nutrition and the right of every person we support to receive nutrition that is appropriate for his/her individual dietary requirements.

YACRO shall ensure that each person shall be provided with morning, noon and evening meals in accordance with any special dietary recommendations and in keeping with Canada's Food Guide. At least two snacks, in the afternoon and at bedtime, shall also be provided.

The Supervisor, in consultation with staff and the person we support, shall plan daily menus which reflect the dietary requirements of the person and shall maintain records of these menus.

The menus shall be submitted annually to a licensed nutritionist or dietician in order to obtain written confirmation that they are in compliance with all requirements. YACRO shall maintain a record of such approval and shall submit this record to the Department of Community Services yearly.

Where special menus are required by a person we support, YACRO shall ensure that a record is kept in the person's file along with a statement of the reason for such a special menu, such as a doctor's recommendations, allergies, or religious reasons.

Menus shall reflect the following:

- a) Variety
- b) Individual likes and dislikes, as much as possible
- c) Seasonal specialties
- d) The person's participation in planning
- e) Adherence to budgetary guidelines

All staff shall be familiar with Canada's Food Guide, shall have had instruction in Food Safety, and have the ability to prepare healthy meals. Whenever possible, staff will eat meals with the people we support.

Menus shall be rotating (minimum of every four weeks). Shopping for groceries shall be done in conjunction with the house menus.

PRIVATE COMMUNICATION WITH FAMILY/ADVOCATES

Yarmouth Association for Community Residential Options recognizes the right of the people we support to communicate in private and freely with people outside YACRO who are able to advise and advocate on behalf of the person. This may include:

- a) The person's family
- b) The person's solicitor
- c) A person appointed by the Department of Community Services or the Court
- d) An Ombudsman appointed under the Ombudsman Act and members of the Ombudsman's staff
- e) A member of the Legislative Assembly of Nova Scotia or of the Parliament of Canada

The Executive Director of YACRO, Program Director, or Supervisor shall ensure that these individuals are permitted to visit the people we support and shall provide a space for private communication.

A record, including the date of the visit, and the individual(s) who visited shall be maintained in the person's file.

COMMUNICABLE DISEASES

A Communicable Disease refers to any contagious disease defined by a licensed physician or Department of Health official as communicable and requiring isolation.

YACRO shall ensure that when a person we support has or is believed to have a communicable disease, in order to reduce the infection of other individuals, **Universal Health Precautions** shall be practiced. (Refer to Appendix 2, YACRO Personnel Policy Manual.)

YACRO shall ensure, as well, that all staff have the appropriate inoculations and maintain the proper precautions to avoid infection.

AIDS

In keeping with its belief in the dignity and potential of all human beings, YACRO is committed to providing continued opportunities for people we support who have tested positive for Human Immunodeficiency Virus (HIV).

Beliefs

YACRO believes that persons with AIDS should be treated in the same manner as those suffering from other life-threatening diseases; with compassion, support and provision of opportunities. The following rights are implicit in this belief:

- a) The right to live within YACRO: individuals currently within YACRO and future applicants who have tested positive for HIV shall have the right to service/continued service with YACRO. It is recognized that persons with AIDS will require counseling designed to their specific needs, and YACRO will ensure that such is provided in the same manner in which YACRO provides for the other special needs of the people we support.
- b) The right to Privacy: HIV testing shall not be required as a condition of residency within YACRO. Where YACRO becomes aware that an individual we support has AIDS, this information shall be held in

confidence, except under certain conditions.

YACRO is committed to the prevention of the spread of AIDS among the people we support through:

- a) Education: YACRO will ensure the ongoing education of the people we support on AIDS and matters relating to AIDS. Responsibility for the AIDS Education Program shall rest with the central office.
- b) Proper hygienic practices
- c) Informational Updates: As YACRO's policy and practices are based on presently known medical facts, this policy and the resulting educational program shall be reviewed at least annually.

HEPATITIS

In keeping with its belief in the dignity and potential of all people, YACRO is committed to the provision of continued opportunities for people we support who have tested positive for Hepatitis. YACRO believes that persons who have Hepatitis, or who are carriers of Hepatitis should be treated in the same manner as those suffering from any other life-threatening disease. Implicit in this belief is the right of persons who have Hepatitis to live within YACRO and to do so with privacy. In addition, YACRO respects the right of all individuals to a safe and healthy living environment.

Living within YACRO

People we support, or applicants, who have Hepatitis are privy to the same rights and opportunities as are afforded in the Policy and Procedure concerning AIDS.

Confidentiality

People we support who have Hepatitis are privy to the same rights and opportunities as are provided in the Policy and Procedures concerning AIDS.

Education and Prevention

YACRO is committed to the prevention of the spread of Hepatitis among the people we support.

- a) If a vaccination is warranted and requested, YACRO will bear the cost of the vaccination.
- b) Proper hygiene practices shall be employed as described in YACRO's Personnel Manual, Appendix 2 – *Universal Precautions*.
- c) Staff and the people we support shall be provided with information on Hepatitis and directed to follow *Guidelines to Universal Precautions* as approved by YACRO.
- d) Informational Updates: As YACRO's policy and practices are based on presently known medical facts, this policy and the resulting educational program shall be reviewed periodically.

PANDEMICS

YACRO is committed to practices which will prevent or retard the onslaught of communicable diseases of pandemic proportions. As requested by the Department of Community Services, YACRO has developed a plan for management of a possible pandemic. In the event of such an occurrence, YACRO will liaise with medical personnel and Emergency Measures Organizations in the area in order to maximize effectiveness in control and management, and in caring for the people we support who may be affected.

PROHIBITED ITEMS

It is the policy of the Yarmouth Association for Community Residential Options that people we support are prohibited from having in their possession items which may be utilized or are perceived to be offensive weapons which place the person, their housemates, or staff in jeopardy.

The administrative officer, or delegate, shall ensure that upon admission to the facility, the person and their parent/guardian are informed of prohibited items and the consequences of violations. A record of this advisement shall be maintained on file, including the date, name of staff person, and other persons present.

Prohibited items refer to any prohibited drugs, guns, knives or any item which may be utilized or perceived as an offensive weapon which places the safety of the people we support or staff in jeopardy.

Procedure:

- Assess the situation to determine possible risks.
- Ensure the safety of all people and evacuate if necessary.
- Consult with the supervisor or on-call person to determine the best course of action.
- As in all situations when safety is a concern, call 911 or the police wherever there is an immediate risk to the safety of any person we support or staff member.

Religious Affiliation

Policy

YACRO will respect the religious beliefs of the people we support. We are committed to supporting people to explore and participate in the religious affiliation of their choice to fulfill their spiritual needs.

**Retention
Schedule A**

Original Documents	Authorization for Disposal	Retention Period
1. Corporate Records		

<i>Board/Administration</i>	<i>Board of Directors</i>	
Policies, Procedures and Standards		Policy, procedure and standard replaced, repealed or revised plus 1 year
Bylaws and Regulations		Bylaws and regulations replaced, repealed or revised plus 1 year
Agenda and Minutes		End of fiscal year plus 4 years
General Correspondence		End of fiscal year plus 4 years
Government Correspondence		End of fiscal year plus 4 years
Proposals		End of fiscal year plus 4 years
Annual Reports		End of fiscal year plus 4 years
Quarterly Reports		End of fiscal plus 1 year
Accreditation Reports, Surveys or Reviews		After the conclusion of 2 more accreditations
Contracts and Agreements		Contract or agreement expired plus 7 years
Legal, Claims, Litigation, Documentation		Legal issue resolved or legal advice no longer required plus 7 years
Occurrence Report		End of fiscal year plus 4 years
<i>Finance</i>	<i>Head of Finance</i>	
Audit Files		End of fiscal year plus 7 years
Budget Files		End of fiscal year plus 7 years
Year End Files		End of fiscal year plus 7 years
AP Files (invoices, cheques)		End of fiscal year plus 7 years
AR Files (billing documents)		End of fiscal year plus 7 years
GL Files (journals)		End of fiscal year plus 7 years
Payroll Files		End of fiscal year plus 7 years

Revised June, 2017

Daily Census and Discharge		5 Years following the date of Discharge or Death.
Charts known to be involved in Litigation of any type		Legal issue resolved or legal advice no longer required plus 7 years
<i>Human Resources</i>	<i>Board of Directors</i>	
Personal Files		Employee died, resigned, retired, transferred, or was terminated plus 7 years
WCB Files		Termination plus 7 years
Grievance and Adjudication Files		Grievance settled or adjudicated, and appeal process concluded plus 7 years
Negotiation Files		Information updated or no longer required
Application Files		Date of application plus 2 months
Competition Files		Current Plus 1 year
<i>II. Operational/Administrative Records</i>	<i>Administrator, Heads of Departments or Board of Directors</i>	
Policies, Procedures and Standards		Policy, procedure and standard replaced, repealed or revised plus 1 year
Agendas and Minutes		End of fiscal year plus 4 years
General Correspondence		End of fiscal year plus 4 years
Government Correspondence		End of fiscal year plus 4 years
Proposals		End of fiscal year plus 4 years
Annual Reports		End of fiscal year plus 4 years
Accreditation Reports, Surveys or Reviews		After the conclusion of 2 more accreditations
Contracts and Agreements		Contract or agreement expired plus 7 years
Preventative Maintenance		End of fiscal year plus 7 years

<i>III. Client/Resident Records</i>	<i>Board of Directors</i>	
Resident Records		5 years following the date of Discharge or Death.
Resident Register		5 years following the date of Discharge or Death.
Incident Reports		5 years following the date of Discharge or Death.
Medication Administration Record (MAR)		5 years following the date of Discharge or Death.

*Please see attached section regarding Retention of
Resident Records for children.*

- STANDARD:
- (1) The administrative officer, or delegate, of a facility, operated, approved or licensed by the Department of Community Services pursuant to the Children and Family Services Act and Regulations shall have a policy that requires all resident records to be maintained by the facility indefinitely.
 - (2) The administrative officer, or delegate, of the facility shall have written procedures to ensure the safe and proper storage of resident records indefinitely.

DEFINITION
OF TERMS :

Resident records include all case records, individualized plan of care (initial and review), all transfer or discharge (planned or unplanned) summaries, the resident's Daily Log, records of medication, incident reports, all advisements given the resident in accordance with the requirements of these Standards, all records concerning the use of the secured isolation room where the facility has approval to operate one, and any other record made by the facility respecting a resident and their treatment in the facility.

INDICATORS:

Documentation:

- (1) Ensure the facility has a written policy requiring the retention of resident records indefinitely.
- (2) Ensure the facility has written procedures for the safe and proper storage of resident records.

Interviews:

- (1) Interview the administrative officer, or delegate, to ensure there are policies and procedures in place in accordance with Standards (1) and (2).

Physical Inspection:

- (1) The physical location of resident records ensures the security of resident records

Appendix 1

Standard on the Use of Restrictive Procedures

Standard 1: Restrictive procedures may be used to assist residents to manage behaviour

Legislative Authority

Homes for Special Care Regulations section 52(2)

52(2) Except in accordance with standards and policies established for the home by the Minister and with authorization of the administrator of the home, a staff member of a home for special care shall not do any of the following:

- a) lock a resident in the resident's bedroom or any other room of the home*
- b) use restrictive procedures.*

Definitions

Restrictive Procedures – include, but are not limited to, the use of physical restraint, seclusion, mechanical restraint, and chemical restraint.

- 1. Physical Restraint** – the use of physical interventions by one or more persons, for the purpose of restricting free movement of a resident's body.
- 2. Seclusion** – the placing or leaving a resident in a room at any time, where the resident is prevented from leaving (e.g.) secure/locked door.
- 3. Mechanical Restraint** – devices or clothing made or adapted for the purpose of restraining a resident's movement or access to their body.
- 4. Chemical Restraint** – any form of psychoactive medication (affecting the mind, mood or other mental processes) used not to treat illness, but to intentionally inhibit a particular behaviour or movement.

Leading Practice – Programs, activities and strategies that have a demonstrated degree of proven effectiveness:

- demonstrated positive outcomes for individuals, communities or populations;
- evidence of these outcomes is supported in academic literature and research;
- outcomes have been published in peer-reviewed journals, other professional publications or documented in a comprehensive report/study;
- implementation material, training and support requirements and evaluative methodologies are identified.

Outcomes

- 1.1** There are written policies and procedures for responding to behaviour that poses a risk to the safety of the resident or to others that reflects leading practices and documentation required.

- 1.2** The licensee will review the policy and maintain a record of the review and any revisions made to the policy at least once every two years.
- 1.3** Restrictive procedures may be used to manage resident's behaviour that poses a risk to the safety of a resident or others when the following requirements have been met:
- a. the home has a policy regarding restrictive procedures that takes account of legislation and regulations;
 - b. the restrictive procedures are expressly permitted by the home's policy;
 - c. the restrictive procedures are carried out in accordance with that policy;
 - d. the restrictive procedures are authorized by the administrator of the home;
 - e. a written plan for the use of the restrictive procedures is developed and incorporated into the residents' Individual Program Plan (IPP);
 - f. a risk assessment is completed and adhered to in the application of any restrictive procedures;
 - g. less restrictive alternatives to restrictive procedures have been tried, have been found ineffective, and are documented in the resident's file;
 - h. the resident provides consent to the restrictive procedures, except in an emergency situation (see paragraph 1.7).
- 1.4** The restrictive procedures policy will be reviewed with staff upon hire and otherwise as required, but at least once every year with staff. Documented proof of these reviews shall be placed in the staff members personnel file.
- 1.5** The restrictive procedures policy will require any plan for the use of a restrictive procedure to include:
- a timeline for the reduction or discontinuation of the use of the restrictive procedures;
 - a description of the monitoring mechanism to be used;
 - a formal review of the restrictive procedures that are used;
 - a post-procedures summary of the effectiveness of the procedures.
- 1.6** Staff members who utilize restrictive procedures will be trained in their use, and documented proof of the training shall be placed in the staff members personnel file.
- 1.7** For an emergency situation to exist, the following criteria are necessary:
- the resident is unable to consent and a substitute decision maker is unavailable;
 - there is an immediate threat of serious harm to the resident or to others;
 - the restrictive procedures cannot be delayed;
 - there is no information available that makes it clear that the resident would not want the required restrictive procedure.

Feb.27.12

Appendix 2

REVISIONS

Policy #	Date	Change	Initial-changed page(s)
CS111	March 2015	Amendment to Storage to include double locking	
CS107	May 2017	Amendment to Residents' Funds	KW
CS109	May 2017	Amendment to Security	KW
CS111	May 2017	Amendment to Medication disposal	KW
CS115	May 2017	Updated Small Option home	KW
CS116	May 2017	Amendment to Complaint Procedures	KW
CS117	May 2017	Amendment to Corporal & Other Prohibited Punishments	KW
CS118	May 2017	Amendment to Disciplinary Practices	KW
CS124	May 2017	Amendment to Serious Occurrences	KW
CS111	June 2017	Amendment to Administration of Medication	KW

Signature

Print Name

Date