

Long Term Care Program Manual

Thessalon First Nation



Approved by Chief and Council
April 5, 2012

ACKNOWLEDGEMENTS

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Alphabetical Listing of Policies

Alphabetical Listing of Forms

Acronyms

AHAC	Aboriginal Health Access Centre
LTCC	Long Term Care Coordinator
LTCP	Long Term Care Program
PDD	Planned Discharge Date
TFN	Thessalon First Nation

Chapter 1 INTRODUCTION

About This Manual

Purpose

Thessalon First Nation recognizes that employees are an important resource. Chief and Council, as the governing body, value and support initiative and innovation in their employees, and will provide a work environment that supports open communication, team work, and fairness within the workplace. The underlying purpose of this Thessalon First Nation Long Term Care Program Manual is to provide employees with clear and concise statements on how services are to be implemented. Other purposes most readily identified include:

Increased Consistency: When consulted regularly, this manual will help ensure standard and consistent implementation of services.

Improved Productivity/Measurement of Performance: This manual can improve operations, reduce errors, and save time as answers to routine questions are readily available for all Long Term Care employees.

Orientation Tool: The manual serves as an orientation tool for all new Long Term Care employees. In addition to ensuring that all employees are familiar with the policies and procedures, the new employee is introduced to the content of the manual thus increasing the probability that the employee will refer to them in the future.

Legal Protection: The manual can provide legal protection; written policies and procedures can be called into evidence in civil proceedings.

Manual Lay Out

The policies contained in this manual are grouped into seven chapters that are numbered sequentially. Each policy contains procedures which specify how the policy is to be administered. Relevant forms follow each procedure. An alphabetical listing of policies is also provided.

Who Is Covered

All employees of the Long Term Care Program are covered by this manual, unless, otherwise stated in their contract.

Effective Date

The policies and procedures contained in this manual received approval by Thessalon

First Nation Chief and Council on April 5, 2012.

Chapter 2 REVIEW OF MANUAL

Chapter

Review of Manual

POLICY NUMBER 2-1

EMPLOYEE ACKNOWLEDGEMENT

Original Approval Date:

April 5, 2012

Review Date:

Date Revisions Approved:

Page 1 of 2

POLICY

All relevant Long Term Care Program employees are responsible to know and understand the Long Term Care Program Manual.

PROCEDURES

1. The Long Term Care Coordinator or designate shall provide all relevant employees with a copy of the Long Term Care Program Manual upon commencement of employment.
2. Employees are responsible to read the Manual and to ask the Long Term Care Coordinator or designate for an explanation of any parts of the Manual s/he does not fully understand
3. The Long Term Care Coordinator or designate will provide responses to any questions staff may have in relation to the policies
4. The Long Term Care Coordinator or designate will consult with his/her supervisor if necessary in order to provide clear and accurate responses to staff
5. The Long Term Care Coordinator or designate shall ensure that all relevant employees sign the attached Acknowledgement Form indicating each has read and understood the Program Manual.

Form 1 ACKNOWLEDGEMENT FORM

THESSALON FIRST NATION
LONG TERM CARE PROGRAM MANUAL

I, _____ do hereby acknowledge that I have read
and

Understand:

_____ Thessalon First Nation Long Term Care Program Manual, or
_____ Revisions to the Thessalon First Nation Long Term Care Program
Manual

Approved by Thessalon First Nation Chief and Council on **April 5, 2012**.
I further acknowledge that any questions or concerns I had were answered to my
satisfaction.

Signed at Thessalon First Nation this _____ day of _____, 201__ .

Signature of Employee

Date

Signature of Witness

Date

Chapter**POLICY NUMBER 2-2**

Original Approval Date:

Review Date:

Date Revisions Approved:

Review of Manual**REVIEW OF POLICIES AND PROCEDURES**

April 5, 2012

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POLICY

In order to reflect the changing environment, legislative changes, and the needs of Thessalon First Nation, the Long Term Care Manual shall normally be reviewed on an annual basis. The Manual shall be reviewed in terms of content, format and consistency with the Standards defined within the preamble of this Manual.

PROCEDURES

1. The Long Term Care Coordinator or designate shall be responsible for reviewing the LTCP Manual on an annual basis.
2. One year after the manual has been approved, the Long Term Care Coordinator or designate shall review the manual and annually thereafter.
3. The Manual shall be reviewed for any one or more of the following reasons:
 - a. Increasing consistency throughout the manual;
 - b. Improving user friendliness;
 - c. Making revisions to procedures ;
 - d. Reducing duplication;
 - e. Identifying and incorporating required policies that are not in place;
 - f. Improving clarity of meaning and readability;
 - g. Ensuring the manual accurately reflects the activities of the Long Term Care Program; and/or
 - h. Maintaining consistency with legislative changes.
4. Time spent reviewing the manual shall be conducted during working hours and considered to be with pay.
5. The Long Term Care Coordinator or designate shall distribute the attached "Manual Review Form" to LTC Program employees upon Council approval of the manual and annually thereafter.
6. During the course of the year, employees, including Management, shall complete

the forms as often as they encounter problems with the content or format of the manual and submit the form to the Long Term Care Coordinator or designate.

7. Prior to the annual review, the Long Term Care Coordinator or designate shall compile the forms submitted by employees throughout the year.
8. The Long Term Care Coordinator or designate shall review the accumulated forms and make recommendations on how to proceed with the comments or recommendations. Notes will be recorded to explain any changes to the Manual recommended by the Long Term Care Coordinator or designate.
9. The Long Term Care Coordinator or designate will be responsible for preparing a comparison of the recommended revisions and the previous policies for presentation to Chief and Council.
10. The Executive Director or designate shall be responsible for presenting the revisions recommended by Long Term Care Coordinator or designate to Chief and Council for approval.
11. Upon approval from Chief and Council, the Executive Director shall be responsible for distribution of the revised policies or procedures to the Long Term Care Coordinator or designate within two weeks of approval.

Manual Format

How would you rank the overall organization of the manual? (*Please Circle One*)

Poor Good Average Excellent

Are you able to find the policy or procedure you are looking for easily?

Poor Good Average Excellent

How would you rank the clearness of the wording?

Poor Good Average Excellent

Is the manual user-friendly?

Poor Good Average Excellent

Please comment on what you like and don't like about the format of the manual.

Manual Content

Please describe any additional policies or procedures you would like to see added and your reasons for recommending the addition:

Please describe any revisions you would like made (include the current policy # and name) and outline the reasons you feel the change/s are required (use additional pages if required).

Name (optional) _____

Date

(Please return the completed form to the Long Term Care Coordinator or designate as often as you like)

Thank you for your participation

POLICY

The Long Term Care Coordinator or designate is responsible for maintenance of the Long Term Care Program Manual.

PROCEDURES

1. The Long Term Care Coordinator or designate will maintain an electronic and hard copy of the Manual.
2. The Long Term Care Coordinator or designate shall provide LTC employees with copies of the revised policies and procedures to insert into their manual binder and will be directed to discard the previous page(s).
3. An acknowledge form will be attached to the revisions at the time of distribution.
4. Employees will be responsible to read the revised policies and procedures, and to complete and submit a new Acknowledgement Form indicating they have read and understood the revised policies.
5. The new Acknowledgement Form is to be submitted to the Long Term Care Coordinator or designate within two weeks following distribution of the revised policies.
6. The Long Term Care Coordinator or designate shall maintain a binder of the most recent policies and procedures.
7. The Long Term Care Coordinator or designate shall maintain a file containing copies of each previous policy and procedure for reference purposes.

Chapter 3 ELIGIBILITY

Chapter: Eligibility
POLICY NUMBER 3-1 **ELIGIBILITY CRITERIA**
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

Page 1 of 1

POLICY

The Long Term Care Program provides services to frail elderly people, individuals of any age who have physical and/or mental disabilities, individuals enduring acute or chronic illness and people who are convalescing at home. These services attempt to sustain and/or expand the scope of the individual, family or caregiver's capacity to continue to care for the individual at home. All permanent residents of Thessalon First Nation will be eligible for service.

PROCEDURES

1. The Long Term Care Coordinator or designate will confirm residency prior to initiating intake process.
2. The Long Term Care Coordinator or designate will refer to the policy on Non-Admission if applicant is not eligible for service.
3. The Long Term Care Coordinator or designate will initiate the intake and assessment process for those applicants meeting eligibility criteria.

POLICY

The Long Term Care Coordinator or designate will ensure that both staff and clients are aware of the limitations and conditions of service and the consequences of non-compliance.

PROCEDURES

1. In-home services will not be provided if the client or family member is absent and the in-home service provider is responsible to advise the Long Term Care Coordinator or designate of the absence.
2. The client and/or family will be required to notify the Long Term Care Coordinator or designate of a planned absence from the home a minimum of 24 hours prior to scheduled service.
3. The client and/or family will be required to notify the Long Term Care Coordinator or designate of any unplanned absence from the home as soon as is reasonably possible.
4. The client and/or their family will be advised that the services may be withdrawn under the following circumstances:
 - a. The client cancels three (3) visits consecutively.
 - b. The client is not present for three (3) visits within a three month period without reasonable cause.
 - c. Unresolved health and safety issues related to the home/work environment (refer to Policy Number 4-8 Health and Safety Work Environment).
5. Hours of service are not accumulated; missed or cancelled services are not rescheduled or carried over.
6. Rescheduling of service hours may be considered within the same week in unusual circumstances beyond the control of the client providing resources are available.

7. The Long Term Care Coordinator or designate must approve any re-scheduling of service hours. Approval will be provided only after discussion with both the client and the worker. Non-compliance may result in termination of services and/or disciplinary action of staff.
8. The client is responsible for the care, maintenance, control and support of pets.
9. Cleaning supplies are to be provided by client.
10. Personal preferences regarding scheduling of service hours will be accommodated when possible.
11. The Long Term Care Coordinator or designate will refer clients to alternate agencies when needs cannot be met by the Thessalon Long Term Care Program.

POLICY

When an applicant is found to be ineligible for service, the Long Term Care Coordinator or designate will clearly explain the reasons to the applicant and/or caregiver(s). The Long Term Care Coordinator or designate will attempt to see that clients are referred to alternative service/s that may meet the applicant's needs.

PROCEDURES

1. If eligibility criteria are not met, the Long Term Care Coordinator must inform the applicant in writing of the following:
 - a. The date the referral was received,
 - b. When and how an assessment was made,
 - c. A clear explanation of the reason(s) why the applicant was ineligible for service,
 - d. A statement that the Long Term Care Program will reassess the client if a new referral indicates a change in condition, and
 - e. A statement identifying alternative resources or agencies which may be of assistance to the applicant.

2. Reasons for non-admission to the Long Term Care Program can include the following.
 - a. Does not meet eligibility criteria as defined in relevant policy,
 - b. Non-status,
 - c. Service not required,
 - d. Home not suitable,
 - e. Requested services are unavailable,
 - f. Limited Program human and financial resources,
 - g. Applicant's health condition is such that adequate service cannot be provided at home within the resources available through the Long Term Care Program,
 - h. Condition has changed, or
 - i. Client or family refused Long Term Care services.

3. The Long Term Care Coordinator will maintain a non-admissions file and document that information was provided to applicant.

POLICY

It is the goal of Thessalon First Nation to resolve problems informally whenever possible through effective communication between employees and Managers. Through the grievance policy, employees shall have the ability to seek a solution concerning disagreements arising from working relationships or working conditions that may arise between the management of Thessalon First Nation and its employees without fear of discrimination or reprisal.

Thessalon First Nation has established a formal and informal employee grievance policy to help employees constructively resolve work-related concerns with fairness and honesty. All levels of management are expected to inform, listen to, act expeditiously, and advise employees on work-related matters. Every attempt shall be made by both parties to adhere to the time frames set in the grievance procedures. Extensions to the time frames must be agreed to by both parties in advance, except in cases where unforeseen circumstances prevent either party from responding on a timely basis. Thessalon First Nation shall not be responsible for the expenses incurred by the employee filing the grievance.

PROCEDURES

1. Who is Covered

All Long Term Care employees may file a grievance under this policy.

2. Definition of Grievance

A grievance is a complaint from any employee relating to their employment relationship with Thessalon First Nation and shall be based on issues resulting from the following:

- Disputes, disagreements and complaints about decisions and actions taken by Managers;
- Improper or inconsistent administration and/or application of policies, procedures, rules, or regulations; and
- Unfair or unequal treatment.

3. Right of Representation

The grievance process involves a series of internal meetings to address workplace complaints. Meetings are not open to individuals outside the employment of Thessalon First Nation.

Legal counsel may advise either party but shall not be permitted to attend or participate directly in the proceedings.

The two employees, the complainant (the employee who makes the complaint) and the employee whom the complaint is being made against may make a request that a co-employee of their choice be involved in the grievance process for the purposes of providing support and advice. The co-worker shall not be involved in Step 1 but may be brought in for step 2. The co-worker is a volunteer who is allowed to serve in a supportive and advisory capacity, not as an advocate or spokesperson at any time.

4. Use of Work Time and Office Supplies for Grievance Procedures

Both the complainant and the employee whom the complaint is being made against shall be allowed time off from regular duties without loss of pay. The amount of time will not exceed seven hours for the total grievance process. Employees must notify their supervisor in advance and receive prior approval to be absent from work for preparation of their grievance. The complainant shall have the reasonable use of office supplies and equipment to pursue their grievance.

5. Confidentiality

Throughout the grievance process, the information provided shall be kept confidential. Failure to maintain confidentiality by the parties involved may be grounds for disciplinary action, including termination of employment.

6. The Grievance Process

Two procedural steps exist for resolving a grievance. In both steps the complainant has the responsibility to prove his/her case by bringing forward evidence that demonstrates an inappropriate decision was made or inappropriate action taken. Employees and Managers must make every attempt to resolve their grievances through Step 1, but if that fails, they have the option of moving to Step 2. Under no circumstances shall employees directly approach a member of the Chief and Council to assist in their complaint.

Step 1 is informal and Step 2 is considered to be formal:

Thessalon First Nation Long Term Care Program

STEP 1 The employee shall discuss his/her complaint with the immediate supervisor and has the option of bringing in a mediator to help resolve the complaint.

STEP 2 The employee must complete a grievance form and formally request a review by the Executive Director (or Chief if the Executive Director is involved in the complaint). The parties involved shall be allowed to present all relevant information directly to the Executive Director or Chief (as above) and to present the names of witnesses who have direct knowledge of the facts. The Executive Director or Chief (as above) shall make a final decision based on the facts of the grievance.

6.1 Step 1

6.1.1 Talk with the Immediate Supervisor

The employee shall verbally bring the matter to the attention of his/her immediate supervisor and explain the nature of the problem and the solution sought no later than thirty (30) days after the incident or decision. Step 1 is followed in cases where the complaint is against the immediate supervisor. No documented information is presented or notes recorded by either party during Step 1. Step 1 should be completed within five days of the date it is initiated.

If the immediate supervisor is not the employee against whom the complaint is filed, within two days of hearing the complaint, the immediate supervisor should meet with the employee making the complaint and explain the grievance policy and provide his/her recommendations. The immediate supervisor shall make every effort to assure that complete and accurate communication exists between the employee filing the grievance and the employee against whom the grievance is filed, and if necessary and if both parties agree, bring them together to attempt to mediate and resolve the complaint. If the immediate supervisor is not qualified to mediate the grievance, a qualified mediator may be brought in if both parties agree. If the employee filing the grievance is not satisfied with the mediation process, the employee has the option of terminating the grievance or proceeding to Step 2.

If the immediate supervisor is the employee against whom the grievance is filed, the employee and the supervisor will attempt to resolve the matter informally. If the matter is not resolved, and both parties agree, a trained mediator shall be brought in to help resolve the matter. If the matter cannot be resolved through a mediator or if both parties do not agree to bring in a mediator, the immediate supervisor shall prepare a written response of his/her decision and forward a copy to the employee within five days of the meeting. The complainant then has the option of terminating the grievance or proceeding to Step 2.

6.2 Step 2

If Step 1 procedures fail to resolve the grievance, either party may submit the matter for final appeal. Step 2 should be completed within fifteen days of the date it is initiated. (If the Executive Director is a party to the complaint, the Chief shall take on the role of Executive Director). It should be noted that under Step 2, documents may be subpoenaed or subjected to discovery by a court.

6.2.1 Within five days of receiving a decision under Step 1, the complainant shall complete a grievance form and outline the relevant facts which form the basis of the complaint indicating the policy which has allegedly been violated or inappropriate decision made and state the relief sought.

6.2.2 The complainant must send a written grievance request to the Executive Director or Chief, with a copy to his/her immediate supervisor, the respective Manager, and the employee against whom the complaint is made.

6.2.3 The employee filing the grievance and the employee against whom the grievance was filed shall each have an opportunity to provide documents or other evidence to the Executive Director or Chief.

The Executive Director or Chief will attempt to resolve the matter in conjunction with all parties involved.

If the parties are not able to agree on a resolution, the complaint shall be referred to Chief and Council for final decision. The function of Chief and Council is to determine whether policies or procedures have been fairly and properly applied, to hear the grievance, and make a final decision.

6.2.5 The Executive Director shall then set a mutually agreeable date, time, and location for the presentation of the complaint to take place. The Executive Director will follow up with a written notice to all parties.

6.2.7 At the conclusion of hearing the complaint, all copies of documents distributed to the Chief and Council shall be returned and destroyed by the Executive Director.

6.2.8 The Chief and Council shall make a decision solely on the evidence presented during the presentation. In a memorandum to the complainant, the Executive Director shall document the decision and the evidence upon which the decision was made. The memorandum shall be reviewed with the Chief and Council members for accuracy before the Executive Director meets and presents the decision to the complainant.

A copy of the decision shall then be forwarded to the employee against whom the complaint was filed.

6.2.9 The decision of the Chief and Council shall be considered final and binding.

6.2.10 A copy of the Chief and Council decision and all documents entered by both parties shall be sealed and kept on file for a period of three years.

7. Presentation Guidelines

Both parties involved in the appeal proceedings are present at the presentation and entitled to present oral or documented evidence, to rebut evidence, and to ask questions in order to reveal full disclosure of the facts.

The complainant and the person against whom the grievance is filed shall not be present when the witnesses are being questioned by the Chief and Council. If necessary, the complainant and the person against whom the grievance is filed shall be re-interviewed to comment on statements made by the witnesses.

There shall be three parts to each presentation; opening comments by each party, presentation of evidence by each party, and closing comments by each party. The complainant shall be heard first in all phases of the appeal hearing.

Under presentation of evidence the complainant will explain what happened, why the grievance is valid, and what the remedy should be. The Chief and Council will then have an opportunity to question the complainant. The employee against whom the grievance is filed is then given an opportunity to present his/her case. The Chief and Council have the right to question the person against whom the grievance is filed.

EMPLOYEE GRIEVANCE FORM
THESSALON FIRST NATION

Name of Employee: _____

Date Discussed with Supervisor: _____

Name of Immediate Supervisor: _____

Nature of The Grievance. Please check the appropriate box.

- Suspension
- Disciplinary demotion
- Dismissals
- Unlawful workplace harassment
- Allegations of inaccurate or misleading material in personnel file
- Performance ratings
- Allegations of discrimination because of age, sex, race, colour, national origin, religion
- Conflict of interest
- Other, please specify

This is my grievance: (be specific - state dates, names, times) or attach a letter or additional pages.

Chapter: Eligibility
POLICY NUMBER 3-5 **CLIENT ORIENTATION**
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

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POLICY

Clients and their families will receive an orientation to the Long Term Care Program to ensure that they understand the services and care to be provided, the limitations of the service and their personal responsibilities. The orientation is intended to foster a co-operative relationship between the client and the Long Term Care Program.

PROCEDURES

1. As part of the orientation process the Long Term Care Coordinator or designate will review with the client, and the family if appropriate, the policies and procedures regarding the confidentiality of client information and the Protection of Personal Health Information Act.
2. The Long Term Care Coordinator or designate is responsible to ensure clients and/or their families are informed about the Client's Bill of Rights and Responsibilities, the Service Complaints Policy and Conditions of Service.
3. The client and/or family will be advised that they are required to participate in the intake, assessment, development, review and evaluation of the plan of care.
4. In the event that the client receives an in-home service, they are required to provide a safe and secure location for the home binder.
5. The following information will be given to the client in written form:
 - a. Confidentiality of client information;
 - b. Protection of Personal Health Information Act;
 - c. Client Bill of Rights and Responsibilities;
 - d. Service Complaints;
 - e. Conditions of Service Policy;
 - f. Name and number of the Long Term Care Coordinator and designate; and
 - g. Plan of Care Task List (includes tasks, hours of service, days to expect service, supplies to be provided by client, name of assigned service provider,

reassessment date) signed by client, service provider and the Long Term Care Coordinator or designate.

6. The client is informed that any changes in service will take place only after a reassessment by the Long Term Care Coordinator or designate.
7. The client is informed that any changes in schedule must be prior approved by the Long Term Care Coordinator or designate.
8. The client is informed that hours of service will not be accumulated (missed hours are not re-scheduled).

Form 3 CLIENT ORIENTATION FORM

I _____ do hereby acknowledge that I met with the Long Term Care Coordinator or designate on _____ (April 5, 2012) to review the following information:

_____ Confidentiality Policy

_____ Thessalon First Nation Definition of Circle of Care

_____ Client Bill of Rights and Responsibilities

_____ Protection of Personal Health Information Act

_____ Service Complaints

_____ Conditions of Service Policy

_____ Name and number of the Long Term Care Coordinator and designate, and

_____ Plan of Care Task List

I acknowledge that all of my questions or concerns were answered to my satisfaction and that I understand the information provided.

Signed at Thessalon First Nation this _____ day of _____, 201_.

Signature of Client: _____ Date: _____

Signature of Client: _____ Date: _____

INTAKE AND ASSESSMENT

Chapter: Intake and Assessment
POLICY NUMBER 3-6 **INTAKE AND ASSESSMENT**
Original Approval Date:
Review Date:
Date Revisions Approved:

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POLICY

The Long Term Care Coordinator or designate will initiate an Intake and Assessment on all requests for service.

PROCEDURES

1. Upon receipt of a request for services, the Long Term Care Coordinator or designate will schedule the Intake and Assessment within three working days of the request.
2. During the Intake and Assessment process, all five parts of the Client Intake Forms will be completed.
3. A Functional Assessment will also be completed by the Long Term Care Coordinator or designate.
4. The Long Term Care Coordinator or designate will complete the health assessment as part of the Intake and Assessment process.
5. When further medical assessment is required, the Long Term Care Coordinator or designate will refer to a specialized regulated health professional to assess special needs.
6. The TFN Niigaaniin Case Worker will assess all clients for financial eligibility under the Homemakers and Nurses Services Act (Forms 1 and 4 will be completed by the TFN Niigaaniin Worker to determine eligibility).
7. All clients will be advised in writing of the outcome of the intake and assessment.
8. Waiting lists for in-home and other services will be created as required.

Form 4 INTAKE AND ASSESSMENT FORMS (5 PARTS)

CLIENT INTAKE INFORMATION

NAME:	FIRST NATION:
D.O.B.(d/m/y):	BAND #:
SEX:	HEALTH CARD #:
MARITAL STATUS:	PENSION/VETERAN/OTHER #:

1. MAILING INFORMATION:

Street Address: _____ Telephone - Home:() _____
 _____ Telephone - Work:() _____
 Mailing Address: _____ Telephone - Other:() _____

2. REFERRAL CIRCUMSTANCES:

Referral Source: Physician Family Self Other

Name of Referral Source: _____ Relationship to Applicant(*if applicable*): _____

Information Received By: Telephone Fax In Person

Applicant Informed of this Request: Yes No

Location of Applicant at Time of Referral: Hospital Residence LTC Facility Other

Telephone () _____ Contact Person: _____

3. REASON FOR REFERRAL ASSISTANCE:

4. RESIDENCY AND LANGUAGE

Lives: Alone Lives with Others Language Spoken: English Ojibway Other

Specify: _____ Translator Required: Yes No Name of

Translator: _____ Other: (i.e. Advocate)

Telephone:() _____

5. IS PERSON MAKING OWN DECISIONS ABOUT PERSONAL CARE? Yes

No

Name of Power of Attorney for Personal Care:

_____ Telephone:

Business:() _____ Home: () _____

_ Name of Power of Attorney for Finances:

Telephone: Business:() _____ Home: () _____

6. LONG TERM CARE SERVICES CLIENT CURRENTLY UTILIZES?

Yes No

If Yes: Current Previous Supportive Housing Homemaker
Personal Support

Community Support Other Specify:

Do you currently access health services from your Community Health Centre/Wellness Centre? Yes No

7. EMERGENCY CONTACTS

Name: _____ Telephone-Work: () _____ Home: () _____

Relationship: _____

Name: _____ Telephone-Work : () _____ Home: () _____

Relationship: _____

Long Term Care Coordinator's Name: _____

(Please Print)

Signature: _____

Date: _____

(D/M/YR)

Review Date: _____

Reviewed by: _____

Review Date: _____

Reviewed by: _____

PART 2 SOCIAL PROFILE & LIVING ARRANGEMENT	NAME:
	D.O.B.(d/m/y):
	BAND #:

1. LIVING ARRANGEMENTS

Lives Alone Lives with Others

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

2. BRIEFLY DESCRIBE YOUR CURRENT LIVING ARRANGEMENTS

3. OCCUPATION

4. SOCIAL NETWORK/COMPANIONSHIP

5. ACTIVITIES OF A TYPICAL DAY

6. ACTIVITIES PERSON WOULD LIKE TO PARTICIPATE IN

7. CULTURALLY APPROPRIATE ACTIVITIES

8. OTHER DIFFICULTIES AND/OR ISSUES

Long Term Care Coordinator's Name: _____
(Please Print)

Signature: _____ Date: _____
(D/M/YR)

Review Date: _____ Reviewed by: _____

Review Date: _____ Reviewed by: _____

PART 3 FAMILY/FRIENDS INFORMATION	NAME:
	D.O.B.(d/m/y):
	BAND #:

1. Primary Caregiver:

Name: _____ Address: _____

Telephone: _____

Secondary and Other Volunteer Caregivers:

Name: _____ Address: _____

Telephone: _____

Name: _____ Address: _____

Telephone: _____

2. Areas of Assistance Provided:

Personal Care Household Care Meals

Treatment Therapies Supervision Medication

Other (e.g. banking)

Comments and Observations:

3. Caregiver Concerns:

Own Wellbeing Coping Skills
Challenges Difficulties Providing Assistance

4. Caregiver's Intentions With Respect to Providing Assistance.

5. Backup Plans in Place, Should the Caregiving Arrangements Become Unworkable: Yes No

If yes please describe:

6. Caregiver's Feelings About Service Providers Coming into The Home to Assist The Provision of Care:

7. Type(s) of Assistance That Would Be Helpful:

(A) To Support Care giving Activities:

(B) To Maintain Caregiver=s Well being and Capacity to Fulfil Work/Family/Community and Other Responsibilities:

7. Notes:

Long Term Care Coordinator's Name: _____
(Please Print)

Signature: _____ **Date:** _____
(D/M/YR)

Review Date: _____ **Reviewed by:** _____

Review Date: _____ **Reviewed by:** _____

PART 4 MEDICAL INFORMATION	NAME:
	D.O.B.(d/m/y):
	BAND #:

THIS INFORMATION IS PROVIDED BY THE CLIENT/GUARDIAN ON A VOLUNTEER BASIS. THIS INFORMATION IS ONLY USED FOR THE PURPOSE OF APPROPRIATE SERVICES.

1. RELEVANT MEDICAL CONDITIONS:

(Chronic Condition/Past Diseases, Surgeries, Hospitalizations:)

Do you have the following:

Glasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contacts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing Aide	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dentures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pacemaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medic Alert	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:					

List Allergies Here:

Medication

Food

Other

- | | | |
|--------------------------|-------------------|---------------------|
| <input type="checkbox"/> | Chest Xray: | Date (d/m/y): _____ |
| <input type="checkbox"/> | T.B. Results: | Date (d/m/y): _____ |
| <input type="checkbox"/> | ECG: | Date (d/m/y): _____ |
| <input type="checkbox"/> | Blood Transfusion | Date (d/m/y): _____ |

Primary Care Physician: _____

Address: _____

Telephone # () _____ Fax # () _____

Consultants Name & Specialty:

Long Term Care Coordinator's Name: _____
(Please Print)

Signature: _____ **Date:** _____
(D/M/YR)

Review Date: _____ **Reviewed by:** _____

Review Date: _____ **Reviewed by:** _____

PART 5 FAMILY ASSESSMENT	NAME:
	D.O.B.(d/m/y):
	BAND #:

1. Names and ages of other individuals residing within the same home as the client:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do any of the above named individuals provide any of the following care to the client?

- | | | | |
|----------------------|--------------------------|-------------------|--------------------------|
| Personal Care | <input type="checkbox"/> | Meal Preparations | <input type="checkbox"/> |
| Social activities | <input type="checkbox"/> | Household Care | <input type="checkbox"/> |
| Grocery shopping | <input type="checkbox"/> | Banking | <input type="checkbox"/> |
| Treatment Therapies | <input type="checkbox"/> | Transportation | <input type="checkbox"/> |
| Medication Reminders | <input type="checkbox"/> | Appointments | <input type="checkbox"/> |

Comments and Observations:

4. Do any family members have any specialized training that assists with the client's daily care?

5. Are all family members supportive of having Home and Community Care Program services within the home? Yes No

7. Do any other household members have any medical/chronic diseases that require care by family members?

8. Additional Comments/Concerns:

Long Term Care Coordinator's Name: _____ **(Please Print)**

Signature: _____

Date: _____
(D/M/YR)

Review Date: _____

Reviewed by: _____

Review Date: _____

Reviewed by: _____

Review Date: _____

Reviewed by: _____

Form 5 FUNCTIONAL ASSESSMENT

Thessalon First Nation - Long Term Care Program

Functional Assessment

Name: _____ HC# : _____
 D.O.B.: _____ Band #: _____

Activities of Daily Living

Bathing	<input type="radio"/> Independent	<input type="radio"/> Supervision/ Guidance	<input type="radio"/> Partial Assist <input type="radio"/> Assist in/out tub <input type="radio"/> Assist to room	<input type="radio"/> Total Assist	Comments/Aids
Grooming	<input type="radio"/> Independent	<input type="radio"/> Supervision/ Encouragement <input type="radio"/> Skin Care <input type="radio"/> Foot Care	<input type="radio"/> Partial Assist <input type="radio"/> Specialized Skin Care	<input type="radio"/> Total Assist <input type="radio"/> Diabetic Foot Care	Comments/Aids
Dressing	<input type="radio"/> Independent	<input type="radio"/> Supervision/ Guidance	<input type="radio"/> Partial Assist	<input type="radio"/> Total Assist	Comments/Aids
Feeding	<input type="radio"/> Independent <input type="radio"/> Dentures <input type="radio"/> Partial Plate <input type="radio"/> Special Diet _____	<input type="radio"/> Supervision/ Guidance <input type="radio"/> Meal prep/set up <input type="radio"/> Supplements	<input type="radio"/> Partial Assist <input type="radio"/> Weight Loss <input type="radio"/> Weight Gain	<input type="radio"/> Tube Feeding <input type="radio"/> Pump <input type="radio"/> Chewing	Comments/Aids
Ambulation/ Transferring	<input type="radio"/> Independent <input type="radio"/> Amputation L _____ R _____	<input type="radio"/> Independent w/aids <input type="radio"/> Falls Frequency	<input type="radio"/> Needs assist/supervision No use of arm <input type="radio"/> Lt. <input type="radio"/> Rt. No use of legs <input type="radio"/> Lt. <input type="radio"/> Rt.	<input type="radio"/> 1 person assist <input type="radio"/> 2 person assist <input type="radio"/> Mechanical Transfer	Prosthetic Lt. _____ Rt. _____
Toileting	<input type="radio"/> Independent	<input type="radio"/> Cuing	<input type="radio"/> Partial Assist <input type="radio"/> 1 person assist	<input type="radio"/> 2 person assist <input type="radio"/> Mechanical Transfer	<input type="radio"/> Equipment
Continence	Bladder Bowel	<input type="radio"/> Occasional <input type="radio"/> Occasional	<input type="radio"/> frequent <input type="radio"/> frequent	<input type="radio"/> always <input type="radio"/> always	<input type="radio"/> routine <input type="radio"/> routine

Sensory and Cognition

Vision	<input type="radio"/> Adequate <input type="radio"/> Glasses <input type="radio"/> Last Eye Exam _____	<input type="radio"/> Limited <input type="radio"/> Distance <input type="radio"/> Peripheral	<input type="radio"/> Impaired <input type="radio"/> Left <input type="radio"/> Right	<input type="radio"/> Blind <input type="radio"/> CNIB	Implant: <input type="radio"/> Lt. <input type="radio"/> Rt. Prosthesis <input type="radio"/> Lt. <input type="radio"/> Rt.
Hearing	<input type="radio"/> Adequate	<input type="radio"/> Limited/Deaf <input type="radio"/> Lt. <input type="radio"/> Rt.	<input type="radio"/> Able to use phone <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Emergency Call System	Hearing aids <input type="radio"/> Lt. _____ <input type="radio"/> Rt. _____
Communication	<input type="radio"/> Adequate <input type="radio"/> Language Barrier (specify) _____	<input type="radio"/> Limited (describe)	<input type="radio"/> Severely Impaired <input type="radio"/> Expressive <input type="radio"/> Aphasic <input type="radio"/> Communication Boards/Supports	<input type="radio"/> Dysphasia <input type="radio"/> Phrases Only <input type="radio"/> Key Words <input type="radio"/> Understanding Unknown	
Memory	<input type="radio"/> Appears Intact	<input type="radio"/> Limited Short Term <input type="radio"/> Limited Long Term <input type="radio"/> Needs Cuing	<input type="radio"/> Disoriented	<input type="radio"/> Delusions <input type="radio"/> Hallucinations <input type="radio"/> Auditory <input type="radio"/> Visual	

Judgment	<input type="checkbox"/> Able to make decisions	<input type="checkbox"/> Requires supervision to make decisions	<input type="checkbox"/> Requires POA <input type="checkbox"/> Personal <input type="checkbox"/> Financial	<input type="checkbox"/> Substantial risk <input type="checkbox"/> Cannot be left alone	
Cognition	<input type="checkbox"/> Cognitively Well	<input type="checkbox"/> Fluctuates	Disoriented <input type="checkbox"/> to time <input type="checkbox"/> to place <input type="checkbox"/> to person	<input type="checkbox"/> Impaired (describe)	<input type="checkbox"/> Adult Mental Health <input type="checkbox"/> Geriatric Assessment
Behaviour of Daily Living					
Behaviour	<input type="checkbox"/> No Concerns	<input type="checkbox"/> Anxious <input type="checkbox"/> Agitated <input type="checkbox"/> Noisy <input type="checkbox"/> Depressed <input type="checkbox"/> Rummaging <input type="checkbox"/> Hoarding <input type="checkbox"/> Difficulty Sleeping (specify) _____	<input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Occasional <input type="checkbox"/> Frequent <input type="checkbox"/> Always <input type="checkbox"/> Time of the Day _____	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Occasional <input type="checkbox"/> Frequent <input type="checkbox"/> Always <input type="checkbox"/> Time of the Day _____	Describe triggers & how managed:
Wandering	<input type="checkbox"/> No Concerns	<input type="checkbox"/> Pacing <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Resistive to Redirection	<input type="checkbox"/> Wandering <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Resistive to Redirection	<input type="checkbox"/> Exit Seeking <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Resistive to Redirection	Describe triggers & how managed:
Special Needs (Frequency)					
<input type="checkbox"/> Suctioning <input type="checkbox"/> Pacemaker <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> Use Oxygen <input type="checkbox"/> Lap Belt <input type="checkbox"/> Ostomy <input type="checkbox"/> Dialysis <input type="checkbox"/> Trach <input type="checkbox"/> I.V.'s <input type="checkbox"/> Dressing – wound site _____ <input type="checkbox"/> Other 					
B/P:	Pulse:	Respiration:		Weight:	Height:
Risk Factors (circle)					
Allergies (food/environment/medications):					
Alcohol:	No	Yes _____/day	Supervision		
Smokes:	No	Yes _____/day	Supervision		
Substance:	No	Yes _____/day	Supervision		
Falls:	No	Occasional	Frequent		
Other:					
Additional Comments					
Example: Specific equipment, type, restraints, vendors, medical orders, pain management, medication management, wound management, follow up tests, follow up appointments, level of independence, daytime routine, and night-time routine.					
Assessment completed by (print)			Frequency:		
Source of Information:			Signature:		
Phone:			Date:		

Chapter: Plan of Care
POLICY NUMBER 3-7 PLAN OF CARE
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

Page 1 of 1

POLICY

The Long Term Care Coordinator or designate will develop a plan of care for every client based on the outcome of the Intake and Assessment. The client and/or family will participate in the development of the plan of care. Goals will be outcome specific, client driven and updated as client needs change. Each plan of care will qualify and quantify the client care from admission to discharge. The plan will ensure consistency in approach, evaluate and measure the achievement of expected outcomes, and act as a communication tool between service providers.

PROCEDURES

1. Upon determination of eligibility, the Long Term Care Coordinator or designate will develop a plan of care in consultation with the client and/or family.
2. The established Service Allocation Guidelines will be used to determine the number of hours for the client.
3. The Long Term Care Coordinator or designate will be responsible to make referrals to other required services.
4. In the event that a case conference is required, the Long Term Care Coordinator or designate is responsible for the coordination as per the "Client Centered Case Conferencing: An Inter-disciplinary Team Protocol" (See Section 9 for tool).¹
5. The Long Term Care Coordinator or designate will file the original plan of care.
6. The Long Term Care Coordinator or designate will insert a copy of the plan of care in the client's home binder.
7. Plan of cares will be reviewed as per the re-assessment date identified on the plan of care or with any significant change in the client's health and/or personal circumstances.

¹ Review protocol to see if we need to keep the reference in this policy
Thessalon First Nation Long Term Care Program

Chapter: Intake and Assessment
POLICY NUMBER 3-8 **REASSESSMENT**
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

Page 1 of 1

POLICY

All clients will be reassessed on a regular basis.

PROCEDURES

1. A reassessment and/or discharge date will be assigned upon completion of the initial assessment.
2. The reassessment will occur every six months or more frequently with any significant change in the client's health and/or personal circumstances.
3. Clients whose condition is unstable or acute and who require high levels of service delivery will be assessed more frequently, dependent upon the client's rate of instability. This could vary from a daily reassessment, weekly reassessment, or on a monthly basis until the client stabilizes.
4. The reassessment and/or discharge date will be identified on the Client Plan of Care.

Chapter: Intake and Assessment
POLICY NUMBER 3-9 **POWER OF ATTORNEY**
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

Page 1 of 2

POLICY

The Long Term Care Coordinator is responsible for ensuring that long term care clients and their families are aware of the role of the Power of Attorney. All clients of the Long Term Care Program will be encouraged to have a valid Power of Attorney for both Property and Personal Care.

BACKGROUND

The *Substitute Decisions Act* allows people to appoint friends and/or family members to act on their behalf, if they become mentally incapable of making decisions for themselves. The document, which gives this authority, is called Power of Attorney: there are two types – Power of Attorney for Property and Power of Attorney for Personal Care.

A person appointed as an Attorney under a Power of Attorney has the legal right to make decisions for the person who appointed them, should this person be mentally incapacitated. If Powers of Attorney do not exist for someone who has lost their mental capacity, family members or friends may make an application to the court to be appointed as an attorney (an attorney is someone who is authorized to do things for someone else, an attorney does not have to be a lawyer). If the person does not have family or friends willing to make a court application, the government, through the Office of the Public Guardian and Trustee, may intervene and appoint a government agency or employee to make decisions for the incapacitated person.

A Power of Attorney for Property is a legal document in which a person gives someone else the legal authority to make decisions concerning their finances and their property if they become unable to make those decisions themselves.

A Power of Attorney for Personal Care is a legal document in which a person gives another person the authority to make health care and medical decisions on their behalf if they become mentally incapable of doing so themselves.

PROCEDURES

1. The Long Term Care Coordinator or designate will offer all long term care clients a Power of Attorney booklet and the forms required to designate powers of attorney.
2. The Long Term Care Coordinator or designate will provide general information regarding the importance of having powers of attorney for personal care and for property if requested.
3. The Long Term Care Coordinator or designate will refer clients requesting assistance with the actual form to their doctor, lawyer or other resource person.
4. General information that can be provided to the client and their family includes the importance of :
 - a. Ensuring that the client has the mental capacity to understand the legal implications of giving Powers of Attorney, and that a qualified regulated health professional must assess the client and document evidence of mental capacity by ensuring that the client:
 - Knows what authority the attorney will have;
 - Knows that they may appoint anyone they wish as attorney, provided that this person will agree to act if the need arises;
 - Understands that they may cancel the Powers of Attorney at any time or may change the attorney (s) if they wish to do so (while they still have the mental capacity).
5. The Long Term Care Coordinator or designate will advise home support workers of existing Power of Attorney for Personal Care when appropriate.
6. Staff must **never** be named as Power of Attorney for a client, nor should they ever be a witness to the Power of Attorney document.

Chapter: Intake and Assessment
POLICY NUMBER 3-10 **RESPIRE CARE**
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

Page 1 of 1

POLICY

In-home services may be provided as respite to support caregivers who are providing extensive amounts of personal care to a client who cannot be left unattended. The respite hours provided in these situations should not exceed the maximum allowable hours of home support/personal care services. Factors to be considered in determining eligibility for respite care include the health status and age of the caregiver, length of time the caregiver has been involved in care giving, access to respite care from family and/or friends, and availability of Program resources.

Persons who are eligible for respite/caregiver relief are:

- b. The person receives personal support and home management services from a caregiver who requires respite/relief to continue to provide the person with all required care. and
- c. The person requires constant supervision and the person's caregiver requires respite/relief.

PROCEDURES

1. The Long Term Care Coordinator will complete an Intake and Assessment on anyone requesting respite care who is not already a client of the Long Term Care Program.
2. Where it is determined that the significant caregiver is at risk of burnout, the Long Term Care Coordinator or designate will complete the "Caregiver Stress Tool" in collaboration with the caregiver to measure the need for respite hours.
3. Respite care will be subject to availability of human and financial resources.
4. Respite care must be planned in advance, with a minimum of one week's notice.

POLICY

Employees of the Long Term Care Program serve the public interest and must conduct their business in a manner consistent with this concept. Decisions made in the course of employment are to promote the best interests of Thessalon First Nation and its members. This policy is designed to promote high ethical standards of performance by ensuring that actual or potential conflict of interest situations are avoided. The use of position and influence to further personal gain or that of an immediate family member is considered unethical and unacceptable behaviour.

PROCEDURES

1. Definition

A conflict of interest exists when an employee has the opportunity to advance or protect his/her own interest, or the interest of immediate family members.

2. Disclosing Conflict of Interest

An employee who has, or whose immediate family has, a substantial interest in any decision shall advise their immediate supervisor of that interest and shall refrain from participating in any manner as an employee in such discussions or decisions. The immediate supervisor shall document that the disclosure of conflict of interest took place. Further communication on the subject by the employee with anyone involved in the decision making process is prohibited.

Failure to disclose a conflict of interest warrants serious corrective action. If employees are uncertain whether a situation constitutes a conflict of interest, s/he shall discuss the situation with their immediate supervisor for direction.

3. Resolving Conflict of Interests

Upon disclosure of a conflict of interest, the immediate supervisor in consultation with the respective employee must decide on alternative arrangements to avoid the conflict of interest. If the employee and immediate supervisor cannot agree on alternative

arrangements, the matter shall be referred to the Health & Social Services Director for a decision.

4. Employees as Chiefs or Councillors

It is not considered a conflict of interest when Long Term Care employees are elected to sit on Band Council provided they declare conflict of interest on matters relating to the Long Term Care Program and/or their family, and in doing so, leave the Council table and refrain from any dialogue on the issue at or outside the Chief and Council meeting. If the Chief and Council are meeting “in camera” on an issue, the employee will leave the meeting location.

Employees of the Long Term Care Program who sit on Band Council must adhere to the laws and policies regarding confidentiality and refrain from discussing confidential information learned through their employment with Thessalon First Nation. Employees who are elected on Band Council and who choose to attend a Council meeting or other Council business during regular working hours must receive prior approval from their immediate supervisor. Time away from assigned service hours will be without pay.

5. Examples of Conflict of Interest

The following list of examples, while not comprehensive, illustrates situations which may constitute a conflict of interest:

Outside Interests for Personal Gain

Employees may engage in additional employment outside assigned work hours provided:

- a. The additional employment does not in any way affect their performance with the duties required of their position, and
- b. The employee does not carry out any aspect of their outside work during hours which they are being paid by the tfn or on tfn property.

Membership in Outside Organizations

Employees may engage in membership in outside organizations provided:

- a. The additional membership does not in any way affect their performance with the duties required of their position, and
- b. The employee does not carry out any aspect of their outside membership work during hours which they are being paid by the TFN or on TFN property.

Involvement in Financial Decision Making

Employees shall not exert influence on discussions relating to agreements, leases, purchases, programs and/or services to the advantage of the employee or his/her immediate family member(s).

Corrective Action

An employee shall not engage in corrective action or other personnel discussions or decisions that impact an immediate family member.

Recruiting

An employee shall declare a conflict of interest and remove him/herself from the recruitment and selection process when an immediate family member applies for a position with the Long Term Care Program.

Partisan Work

An employee shall not engage in partisan work during regular working hours in connection with the First Nation election. For example, employees may not campaign during regular working hours.

Supervision

Where an employee engages in a supervisory role where the subordinate is an immediate family member.

Inappropriate use of Resources or Assets

The unauthorized and non-reimbursed use of Thessalon First Nation's resources or facilities to benefit a private concern in which either the employee or his/her immediate family has a financial or other interest shall be considered a conflict of interest.

6. Inappropriate use of Information

An employee shall not use for personal gain, confidential information acquired as a result of the employee's position. An employee shall not unreasonably delay the publication of information or prematurely release information to secure personal gain or to secure personal gain for an immediate family member(s).

7. Contractual Agreements

Employees are required to abide by the "conflict of interest" provisions that may be outlined in a contractual agreement that the TFN may enter into. It is the responsibility of the Managers to ensure that employees are aware of the conflict of interest provisions within the agreement.

8. Service to Family Members

Efforts will be made to avoid assigning employees to provide service to their immediate family members. Immediate family is defined as:

- a. The employee's spouse or common-law partner;
- b. The employee's child(ren) and the child(ren) of the employee's spouse or common-law partner;
- c. The employee's father and mother and the spouse or common-law partner of the father or mother;
- d. The father and mother of the spouse or common-law partner of the employee and the spouse or common-law partner of the father or mother;
- e. The employee's brothers and sisters;
- f. The employee's grandchildren;
- g. The employee's grandfather and grandmother of the employee and the grandfather and grandmother of the spouse or common-law partner of the employee;
- h. Any relative of the employee who resides permanently with the employee or with whom the employee permanently resides, and
- i. Any person at the discretion of the employee's supervisor.

9. Exceptions

Any exceptions required due to specialized needs and/or limited resources will require the approval of the Health and Social Services Director.

POLICY

The Service Allocation Tool was established as a guideline to determine hours of service and to support standardization of time allocation to provide the basic homemaking/personal support services. It is a management tool and is not intended for distribution.

PROCEDURES

1. The Long Term Care Coordinator or designate will use the Service Allocation Tool in determining the number of hours a client requires to provide the Homemaking/ Personal Support services tasks identified in the plan of care.
2. Exceptions may be made if supported by a health assessment completed by a regulated health professional.
3. Where questions arise in regards to a client's functional abilities, The Long Term Care Coordinator or designate will consult or refer to the Community Care Access Centre Occupational Therapist or other Health Care Professional.
4. When a required service does not appear on the Service Allocation Tool, the Long Term Care Coordinator or designate will determine in consultation with the client the number of hours required to perform that task.
5. When the Long Term Care Coordinator or designate is uncertain about the number of hours required to provide the service, the Long Term Care Coordinator or designate will consult with an appropriate Health Care Professional.

**Form 6 SERVICE ALLOCATION TOOL
FOR INTERNAL USE ONLY**

HCC Program (based on a 7- Day Week)

SERVICE	PER WEEK	TOTAL MINUTES
PERSONAL CARE		
Bathing	3 x/week @ 45 minutes	135 minutes
Grooming	30 minutes a day	210 minutes
Toileting (on/off toilet)	15 minutes a day	105 minutes
Shopping/Banking	60 minutes a week	60 minutes
LAUNDRY		
2 loads	60 minutes a week	60 minutes or
If travel – 2 loads	60 minutes a week x 2	120 minutes
Ironing	15 minutes	15 minutes
Sweeping	10 minutes a day	70 minutes
Dusting	30 minutes a week	30 minutes
Vacuuming	15 minutes a week	15 minutes
Bed Making/ Changing	10 minutes bed making	90 minutes
	Plus 20 minutes for changing (as needed)	
Bathroom	15 minutes daily (tub & bath)	105 minutes
Floors	30 minutes a week	30 minutes
Ovens	60 min/month (once a month)	15 minutes a week
Fridge	40 minutes/month (once month)	10 minutes a week
MEALS		
Preparation (includes wiping down stove)	60 minutes per meal (3 meals x 60 min. = 180 min)	1260 minutes
Calculation	2,210 min. / 60 min.= 36.83 hrs/week / 7 = 5.26 hr./day	
EXCEPTIONS W. PROFESSIONAL ASSESSMENT		
Feeding (Assist/Feeding)	30 minutes per meal	630 minutes (10.5 hrs/week)
Dressing/Changes * back to nursing	As Assessed	As Assessed
Vacuuming (daily due to asthma/allergies)		30 minutes
Dusting – Asthmatic		30 minutes
Putting to Bed		15 minutes plus As Assessed
ROM (range of motion)	As Assessed	As Assessed
ADL (assisted device living)	As Assessed	As Assessed
Respite Care	As Assessed	As Assessed

POLICY

In-home services will not exceed 164 hours of service per client, per month, per home². Exceptions may be made in circumstances requiring palliative care or where a professional assessment of health care needs has determined a need for increased services. Decisions to exceed 164 hours will be dependent upon availability of human and financial resources. Exceptions require the prior approval of the Executive Director.

PROCEDURES

1. The Long Term Care Coordinator or designate will calculate and assign hours of service up to a maximum of 164 hours according to the Service Allocation Guidelines.
2. The Long Term Care Coordinator or designate will assess the need for an exception in circumstances requiring palliative care and determine if exceptions are required.
3. The Long Term Care Coordinator or designate will conduct an assessment of health care needs and determine if exceptions are required.
4. When the need for an exception has been confirmed, the Long Term Care Coordinator or designate will determine if human and financial resources are available.
5. The Long Term Care Coordinator or designate will forward recommendations for exceptions to the Executive Director for approval.
6. If eligibility criteria for an exception are not met, the Long Term Care Coordinator or designate must inform the applicant in writing of the following:
 - a. The date the request for an exception was received,

² Lisa will check with other First Nations to see what their maximum hours
Thessalon First Nation Long Term Care Program

- b. When and how an assessment was made,
- c. A clear explanation of the reason(s) why the applicant was ineligible for an exception,
- d. A statement that the Long Term Care Program will reassess the client if new information indicates a change in condition, and
- e. A statement identifying alternative resources or agencies which may be of assistance to the applicant.

POLICY

Reallocation of services may be required at times due to exceptional circumstances³ or limited human and/or financial program resources⁴. This may result in reductions in service hours to existing clients. In these circumstances, priority will be given to those in need of personal and/or specialized care.

PROCEDURES

1. The Long Term Care Coordinator or designate will alert the Health & Social Services Director of the potential need to reallocate hours of services.
2. The Long Term Care Coordinator or designate will assess the circumstances and develop a plan and recommendations as to how services can be provided.
3. The Health & Social Services Director will present the recommendations to the Executive Director for approval.
4. Once approved, the Health & Social Services Director will notify the Long Term Care Coordinator or designate to implement the plan.
5. The Long Term Care Coordinator or designate will notify the client and/or the family of change in service hours and the implementation date.
6. The Long Term Care Coordinator or designate may assist client and/or the family identify other formal and/or informal supports.
7. The Long Term Care Coordinator or designate will notify staff regarding changes in schedule.

³ Exceptional circumstances may include a serious and unexpected illness of a community resident requiring immediate care.

⁴ Limited human resources may include a flu epidemic amongst staff. An increase in demand for service may place strain on the financial resources available to the program.

Chapter 4 CLIENT SERVICES

Chapter: Client Services

POLICY NUMBER 4-1 **ADVANCED DIRECTIVES/DO NOT RESUSCITATE**

Original Approval Date: April 5, 2012

Review Date:

Date Revisions Approved:

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POLICY

An Advanced Directive/Do Not Resuscitate is an individual's instruction made in advance, about the health care treatment they would choose or refuse, in case they are not capable of making the decision. The Long Term Care Program will recognize and comply with Advanced Directives established by the client. In the event that a client becomes ill suddenly and unexpectedly, and has not made any Advanced Directives known, the Long Term Care Program will initiate emergency response.

PROCEDURES

1. During a client's initial assessment and care planning, the Long Term Care Coordinator or designate will discuss advanced directives as they review the clients rights with the individual.
2. If a client expresses interest in an Advanced Directive/Do Not Resuscitate order, the Long Term Care Coordinator or designate will refer the client to his/her physician.
3. Discussions and any decisions concerning this issue are documented in client progress notes.
4. The Long Term Care Program requires written direction from the attending physician in the form of a doctor's order in all cases where "Do Not Resuscitate" has been prescribed.
5. Once received, copies of written Advanced Directives/Do Not Resuscitate are placed on the client's "In-Home Binder".
6. All Health Care providers are informed of the client's wishes. This includes any external service providers.
7. Once Advanced Directives have been made known, details of the plan should be clearly written on the client's chart. If CPR is not to be initiated, details of after death care should be written in the plan of care.

8. The Long Term Care Program in collaboration with the client, family, designated decision-maker and physician should review a “DNR” order monthly with palliative care clients and annually with other clients. The review dates are documented on the client file.
9. A request by the client or substitute decision-maker to remove a “DNR” order shall be carried out immediately. Upon receiving notification of this change, the Long Term Care Coordinator Program will immediately contact all service providers to inform them of this change and document the cancellation of the DNR order on the client chart and binder.
10. The Long Term Care Coordinator will ensure that the cancellation of the DNR is brought to the attention of the attending physician.
11. When vital signs are absent and an order to withhold CPR (DNR order) has been received, the attending physician will be contacted to certify death.
12. **Do not phone the ambulance.** Under the Ambulance Act in Ontario, calling an ambulance dictates that emergency measures including CPR will be initiated.
13. Service providers will be expected to activate the emergency medical service and initiate CPR and call an ambulance, if there is no DNR order documented on the clients' chart.
14. Once help arrives, the service provider must call the Long Term Care Coordinator or designate.

POLICY

1. The First Nation Long Term Care Program will respect client/caregiver(s) cultural traditions surrounding a death in the home, while at the same time placing primary importance on the comfort and well being of the client.
2. The Long Term Care Coordinator or designate will discuss with families of terminally ill clients, and establish whether they plan to let the death occur at home, or intend to re-admit the client to hospital when death appears to be imminent.
3. All reasonable steps must be taken to ensure that the service provider assigned to the client is comfortable where there is an expected death.
4. The Long Term Care Coordinator or designate will have at their disposal a copy of the Coroners' Act.

PROCEDURES

EXPECTED:

1. Once alerted to an expected death, the Long Term Care Coordinator or designate will assist the family in planning for the time of death. The time of death plan may include:
 - a. If aware that death is imminent, which family members should be contacted?
 - b. How the body will be cared for in a manner that respects the family/caregiver cultural tradition?
 - c. How long the family wishes to have the deceased remain in the home.
 - d. Who will notify the next of kin?
 - e. If not the next of kin, who should first be notified?
 - f. If timeframes are important to notification, the timeframe should be specified?
 - g. Who will remain in the home until death is pronounced?

- h. Who will notify the family doctor or designate?
 - i. Who will notify the coroner?
 - j. Who will notify the funeral directors?
 - k. Who will notify visiting agencies/service providers?
2. Long Term Care Program in-home support worker in the home at the time of death will notify the Long Term Care Coordinator or designate of the death.
 3. The Long Term Care Coordinator or designate will assess the in-home support worker's ability to remain in the home and carry out the required time of death tasks or if a back up is needed immediately.
 4. The Long Term Care Coordinator or designate will assign an alternate staff if required.
 5. The Long Term Care Coordinator or designate and in-home support worker will implement the time of death tasks as outlined in the plan of care.

UNEXPECTED DEATH:

1. In the event that the in-home support worker encounters a deceased client where the death is unexpected, the in-home support worker is required to immediately call 911.
2. The in-home support worker will then notify the Long Term Care Program Coordinator or designate.
3. The in-home service provider is not to touch anything.
4. The Long Term Care Coordinator or designate will provide direction based on policy and professional judgment.

POLICY

The Long Term Care Program will work to foster positive working relationships and linkages to enhance service delivery to the client base in accordance with the mission and values of the program.

PROCEDURES

1. The community and regional level services will be referred to as internal programs. They collaborate actively with other service providers within the larger community to eliminate gaps in service, avoid duplication and ensure that clients receive the services that they need. All other programs and services will be referred to as external.
2. Internal and External Consultation and Referral forms will be initiated as documented within their respective protocols.
3. The Long Term Care Program will comply with policies that facilitate referrals and reporting to the appropriate internal and external regulated health professionals.
4. If the Long Term Care Program will be working with another external agency or program for a significant amount of time, or there is any type of commitment between agencies, a Memorandum of Understanding or a contract may be required.
5. The Long Term Care Coordinator or designate will maintain a resource list of hospitals, other programs or services available, contact information, required forms and necessary information to facilitate access on behalf of clients.

POLICY

Long Term Care Program staff are responsible to report suspected or alleged incidents of client abuse. Failure to report such incidents may lead to disciplinary action.

DEFINITIONS

1. Client Abuse

Abuse is any action/inaction, which jeopardizes the health or well being of a person. Abuse means a knowing, intentional, or a negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable client. Mistreatment in any of the following areas is considered to be client abuse:

- a. Emotional Battering, which causes pain, anguish or distress through harassment, threat, intimidation or other verbal or non verbal actions.
- b. Financial Exploitation, which is the improper or illegal use of a client's funds, assets or property for personal advantage.
- c. Neglect, which can be either physical or emotional, consists of confinement, isolation or denial of essential services.
- d. Abandonment, which occurs when a caregiver, who is responsible for providing support, deserts the client.
- e. Self Neglect by the client's own needs, which occurs when an individual does not take care of his/her own health and safety needs and thus is at risk of illness or injury.
- f. Physical Assault, which includes any type of physical force or violence that results in injury, impairment or physical pain to the body.
- g. Sexual Abuse, which consists of non-consensual, sexual contact including situations wherein the individual is not capable of giving consent.
- h. Healthcare Abuse, which includes activities such as withholding health care, charging for health care inappropriately, getting kickbacks for referrals, double billing for services, etc.

PROCEDURES

1. The Long Term Care Coordinator or designate will ensure all Long Term Care Staff receive mandatory training in identifying possible abuse. Training may include but not necessarily limited to:
 - a. Types of abuse;
 - b. Signs and Symptoms of abuse;
 - c. Legal requirements to report abuse;
 - d. Long Term Care Program policy on client abuse;
 - e. When and how to document suspected cases of abuse;
 - f. When and how to report suspected cases of abuse; and,
 - g. Consequences for employees suspected of or found guilty of client abuse.
2. In cases of immediate danger, the in-home service provider will leave the home immediately if it is deemed personally unsafe to remain.
3. The in-home service provider will encourage the client to leave the environment.
4. The in-home service provider is to call 911 if an injury has occurred or if they believe there is an immediate risk to anyone remaining in the home.
5. Employees shall report all suspicions of or alleged acts of client abuse to the Long Term Care Coordinator or designate.
6. In situations where the client is not in immediate danger:
 - a. The Long Term Care Coordinator or designate shall approach the client to assess suspected cases of abuse.
 - b. The Long Term Care Coordinator or designate will educate the client on the signs and symptoms of abuse, options and resources available to assist them.
 - c. The Long Term Care Coordinator or designate will encourage the client to initiate action to protect themselves and prevent further occurrences of abuse.
 - d. The family may be engaged in addressing the abuse with the agreement of the client.
 - e. When in doubt about what action should be taken, the Long Term Care Coordinator or designate will consult with the Ontario Elder Abuse Network at 705-525-0077 (North East office in Sudbury) or by email at northeast@onpea.org.

- f. The Long Term Care Coordinator or designate will ensure that clear, concise documentation is made regarding the suspected abuse.
7. The outcome of the report will be shared with the in-home service provider to the extent necessary based upon their continued involvement with the client.
8. The Long Term Care Coordinator will initiate disciplinary action under the Thessalon First Nation Personnel Manual if required as a result of a service provider's failure to report suspected abuse.

POLICY

The North Shore Tribal Council (NSTC) and Thessalon First Nation Long Term Care Programs will loan medical equipment and supplies when possible to eligible clients on a short-term loan basis. Need must be assessed by an Occupational Therapist. This service allows for trial of equipment, equipment bridging until the client's own equipment is delivered, or short-term loan in emergency situations.

PROCEDURES

1. Loans will be limited to the existing inventory of medical equipment and supplies in the NSTC and Thessalon First Nation loan cupboards.
2. Thessalon First Nation and the NSTC will not be responsible for the costs associated with rental of any medical equipment and supplies.
3. The Long Term Care Coordinator or designate will refer clients requiring medical equipment or supplies to the Community Care Access Centre or other Occupational Therapist for assessment of the need for medical equipment and supplies.
4. The Long Term Care Coordinator will refer clients to their family physician for prescriptions for medical equipment and supplies when not already referred by another regulated health professional.
5. The Long Term Care Coordinator or designate will fax prescriptions to vendors when client is unable to get prescription to vendor independently.
6. The Long Term Care Coordinator or designate may assist clients in appealing Non-Insured Health Benefits denials.
7. The Long Term Care Coordinator or designate may assist clients in accessing interim medical equipment through the Odd Fellows Hall in Town of Thessalon when required.

8. Equipment will not be loaned until the OT assessment has been completed.
9. The Long Term Care Coordinator or designate will maintain an inventory of all Thessalon First Nation medical equipment available for loan. The inventory will be updated as equipment is purchased, donated and disposed of.
10. All equipment stored in or returned to the Thessalon First Nation loan cupboard shall be visually inspected by the Long Term Care Coordinator or designate for any missing parts, stagnant water trapped inside the equipment, or any other visible safety concerns before being deemed safe to loan.
11. It is the responsibility of Thessalon First Nation Long Term Care Program to clean the returned NSTC equipment according to universal precautions policy, for return to the community loan cupboard or for pick up by the NSTC Health Program.
12. Regular maintenance shall be completed to ensure that all equipment is kept in safe working order.
13. Thessalon First Nation loan cupboard medical equipment shall be inspected annually by a service technician.
14. A maintenance log shall be kept on all Thessalon First Nation loan cupboard medical equipment (date equipment was obtained, supplier/vendor of equipment, date serviced, dates and descriptions of any repairs made, initials of service technician where applicable).
15. All donated medical equipment shall be inspected and cleared for safety prior to placement in the loan cupboard.
16. The Long Term Care Coordinator will have all clients borrowing medical equipment from the Thessalon First Nation loan cupboard sign an agreement.
17. For any equipment loaned out a loan agreement form shall be signed by the client and the Regulated Health Professional or trained staff loaning the equipment. Any loan agreement form must be referred to legal council to ensure it includes all necessary indemnifications.
18. It is the responsibility of the client to whom the equipment is loaned to make every effort to ensure that the loaned equipment is cleaned and returned to the Long Term Care Program in Thessalon First Nation within three months of the equipment being loaned or upon discharge from therapy or Long Term Care services, or when the client's own equipment has been obtained.

19. Only medical equipment that has been cleaned and maintained in accordance with universal precautions policy will be loaned.

POLICY

The Long Term Care Program will promote safety and minimize potentially hazardous situations to ensure client care and employee safety by educating in-home service providers on how to recognize personal safety hazards and on what protective actions to take to reduce risk and prevent injury. The Long Term Care Program acknowledges the right of the client to live at risk if they so choose, however, in-home service providers will not be permitted to provide services where their safety is at risk.

PROCEDURES

1. The Long Term Care Coordinator or designate will conduct an environmental safety review during the intake and assessment process to determine actual or potential exposure to risk.
2. The Long Term Care Coordinator or designate must communicate all potential safety concerns, including known potentially violent homes, to service providers.
3. The Long Term Care Coordinator or designate must communicate to clients that:
 - a. They are expected to have dogs leashed or penned away from the entrance when service providers are to visit the home and that service providers have the option of refusing to enter a property where dogs are not leashed or penned,
 - b. Service providers will not provide service if the client and/or family and friends are under the influence of drugs or alcohol at the time of service,
 - c. With the exception of a medical reason such as dementia, stroke, mental illness or another medical condition, the service providers will not provide services where the client and/or family members are verbally abusive,
 - d. Service providers will not provide services where the client and/or family members are physically abusive,
 - e. Service may not be provided when other safety issues are present, including but are not limited to:

- i. Physical condition of the home jeopardizes safety,
 - ii. Cleanliness issues related to the home,
 - iii. Physical hygiene of client,
 - iv. Presence of communicable disease,
 - v. Infestations within the client's homes,
 - vi. Moulds and mildews within the client's home, and
 - vii. Unsecured firearms visible in the home.
- 4. Service providers who recognize actual or suspected safety hazards are to report the hazards to the Long Term Care Coordinator or designate immediately and complete an incident report.
- 5. The Long Term Care Coordinator or designate will review and investigate all reports and may assist the client in resolving the hazard if required.
- 6. In the event that a service provider refuses to enter a property, the service provider must immediately report to the Long Term Care Coordinator or designate.
- 7. In the event that a situation cannot be resolved and there is risk of injury to the service provider, services can be withdrawn or denied.
- 8. When working in a client's home, service providers shall:
 - a. Not go into homes or, if already there, leave the premises immediately, where it appears that:
 - i. Their safety may be at risk (e.g. Weapons, drugs, alcohol, dogs);
 - ii. People are under the influence of drugs or alcohol;
 - iii. People are abusive;
 - iv. Sexual comments/gestures are made;
 - v. Verbal or gestured threats are made;
 - vi. There is illegal activity occurring; and/or,
 - vii. Someone is dressed inappropriately. E.g. An individual is not wearing clothing, or is deliberately wearing only underwear, unless there is a valid reason such as that person has a dementia or has dressing/undressing difficulties.
 - b. Contact the local law enforcement if immediate assistance is required, e.g. An assault or illegal activity is occurring;
 - c. Handle abusive clients as follows:
 - i. Leave the premises as soon as possible;
 - ii. Avoid antagonizing them;
 - iii. Remain calm and speak in a quiet manner.

9. When service providers are involved in a situation involving risk, the Long Term Care Coordinator or designate shall:
 - a. Address the risk/concern with the client and/or family;
 - b. Investigate all potential risk situations reported by the service provider;
 - c. Initiate an incident report;
 - d. Contact local law authorities, if and when indicated;
 - e. Ensure details of the risk incident are obtained and documented including:
 - i. What the incident was;
 - ii. Who was involved e.g. Service provider, client family/other;
 - iii. Where it occurred;
 - iv. When it occurred;
 - v. What actions were taken and by whom; and,
 - vi. Follow-up actions performed and/or follow-up actions scheduled;
 - d. Cease service to the client temporarily (for no more than 24 hours) while a review team consisting of the service provider involved, long term care coordinator or designate and other essential individuals (e.g. Social worker) meet to evaluate staff safety and ongoing service;
 - e. Document the outcome of the meeting with copies being placed in the client's file;
 - f. Determine how similar risks can be minimized/eliminated; and,
 - g. If required, ensure service provider involved in the risk situation receives medically recommended treatment and/or counseling.

Chapter: Client Services
POLICY NUMBER 4-7 REFERRALS
Original Approval Date: April 5, 2012
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Date Revisions Approved:

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POLICY:

The Long Term Care Program will refer clients to other required services when appropriate.

PROCEDURES

1. The Long Term Care Program referrals will be made using the Aboriginal Health Access Centre (AHAC) procedures.
2. The Long Term Care Coordinator or designate will follow up on referrals as required.
3. The Long Term Care Coordinator or designate will follow documentation standards regarding referrals as outlined in the AHAC policies.

POLICY

The Long Term Care Program will not accept responsibility for the care, maintenance and support of service dogs.

PROCEDURES

1. At the time of client intake and assessment, clients with service dogs will be informed that the care, maintenance and support of these dogs is the responsibility of the client and/or their family.
2. Documentation will be made on the client's chart that the client has a service dog, what service the dog supports and that the client and their family have been informed that they are responsible for the care, maintenance and support of the service dog.
3. Exceptions to this policy will be dealt with on an individual basis and can only be approved by the Long Term Care Coordinator or designate.
4. At the discretion of the Long Term Care Coordinator or designate the agency who has provided the service dog may be contacted should issues regarding the well being of the dog need to be discussed and/or reported.
5. Services will not be provided in a home where the home is not clear of dog urine and feces.

POLICY

Long Term Care Program employees are not obligated to provide transportation to clients, but they may agree to provide such a service during assigned work hours. The employee may use their own vehicle or the client-owned vehicle. The Long Term Care Program does not assume responsibility for any transportation provided outside of assigned work hours. Clients are responsible for costs associated with transportation expenses (gas, etc).

PROCEDURES

1. The Long Term Care Coordinator or designate will take all reasonable steps to ensure that both the client and the assigned service provider understand the limitations and circumstances under which the transportation will be provided.
2. The provision of individualized transportation will be documented within the client's plan of care.
3. The Long Term Care Coordinator or designate will place a copy of the employee's valid driver's license on Long Term Care Program personnel file.
4. The employee is responsible to notify the Long Term Care Coordinator or designate immediately if the driver's license is suspended, revoked or expired.
5. The Long Term Care Coordinator or designate will place a copy of the employee's vehicle insurance showing full comprehensive and liability coverage on the Long Term Care Program personnel file.
6. The employee is responsible to notify the Long Term Care Coordinator or designate immediately if his/her insurance coverage is suspended, revoked or expired.
7. Service providers using private/personal vehicles for transporting clients shall use them at their own risk and shall be liable for all insurance and other costs, including damage, associated with such usage.

8. The Long Term Care Coordinator or designate will request that the client sign a waiver releasing the Long Term Care Program from any liability in the event of an accident.
9. The Long Term Care Coordinator or designate will advise service providers to notify their insurance company they are using a private/ personal vehicle for transporting clients.
10. The Long Term Care Coordinator or designate will advise clients having service providers drive client-owned vehicles of the need to notify their insurance company that a service provider is driving their vehicle.
11. The service provider shall only drive clients' vehicles if the safety equipment is in good operating condition.
12. In the event of a motor vehicle accident in the course of their duties, the service provider shall report the accident to the Long Term Care Coordinator or designate as soon as is reasonably possible.

Form 7 TRANSPORTATION WAIVER

POLICY

Long Term Care Program employees are required to call 911 when there is a need for emergency care due to a sudden and critical change in a client's health status, loss of consciousness or unstoppable bleeding.

PROCEDURES

1. In-home service providers are to call 911 whenever there is a need for emergency care.
2. Any instructions provided by the 911 operator or other emergency staff are to be followed by the in-home service provider while awaiting the arrival of the ambulance or other emergency services.
3. The in-home service provider is to take all reasonable steps to make the client comfortable and tend to their needs while awaiting emergency services to arrive.
4. Should the client object to the in-home service provider calling 911, the in-home service provider is to contact the Long Term Care Coordinator or designate and advise them as to what has taken place.
5. The in-home service provider is to immediately contact the Long Term Care Coordinator or designate as soon as the client no longer requires their full attention.
6. The in-home service provider will chart the circumstances leading to the 911 call and the outcome in the home chart.
7. 911 is not to be call when there is a standing DNR order on the chart, instead the in-home service provider will immediately contact the Long Term Care Coordinator or designate for direction.
8. The in-home service provider will complete an Incident Report Form and follow procedures outlined in the Incident Report policy.

POLICY

All reasonable steps must be taken when emailing health information to ensure that the client's identity is protected.

PROCEDURES

1. All staff will be educated regarding the circumstances or conditions under which client's health information can be emailed.
2. Only the client's chart number will be used to identify the client.
3. Documentation standards of emails must follow AHAC charting policies.

POLICY

The Long Term Care Program will respond to those clients requiring support during an emergency.

PROCEDURES

1. The Long Term Care Coordinator or designate will complete the Client Profile and Emergency Response Plan form as part of the intake process.
2. The Long Term Care Coordinator or designate will update the Client Profile and Emergency Response Plan as part of the reassessment process.
3. The completed form is to be filed behind the completed intake forms within the client chart.
4. The Long Term Care Coordinator or designate will maintain an Emergency Response file, in the chart room, containing copies of all Long Term Care Client Profile and Emergency Response Plans for reference during an emergency.
5. The Long Term Care Coordinator or designate will integrate the information with the Community Health Nurse Client Registry list for identifying client needs in case of an emergency.
6. In the case of an emergency, the Long Term Care Coordinator or designate will assist clients:
 - a. in order of priority based on the needs identified in the Client Profile and Emergency Response Plan,
 - b. Within the limitations of resources available, and
 - c. In accordance with the community Emergency Response Plan.

POLICY

The Long Term Care Program recognizes there will be occasions when staff are unable to report to work due to the weather. Workers are responsible to use their own judgment to identify when it is unsafe for them to drive to/from work.

PROCEDURES

1. When the weather conditions are such that it makes it impossible for any member of the Long Term Care Program staff to report to the assigned work site safely, workers are responsible to make all reasonable efforts to arrange shift changes with a co-worker when the type of service is related to personal care or with the client when the type of service allows the flexibility for rescheduling.
2. Workers are to notify the Long Term Care Coordinator or designate of their inability to travel and the arrangements made.
3. The Long Term Care Coordinator or designate will inform clients when the service providers are unable to report for work due to inclement weather and confirm the alternate arrangements.
4. The Long Term Care Coordinator or designate will make alternate arrangements for personal care clients when the worker has not been successful in securing a replacement. For example, assign another worker or arrange for family coverage.

POLICY:

The Long Term Care Program will comply with the Smoke Free Ontario Act. Service providers have the right to request a person not to smoke tobacco in his/her presence while s/he is providing health care services, and to leave the home without fear of penalty if the person refuses to comply with the request, unless to do so would present an immediate serious danger to the health of any person.

PROCEDURES

1. The Long Term Care Coordinator or designate, in compliance with current legislation, shall inform all clients, should they accept services or wish to continue with services currently being provided through the Long Term Care Program, they will have to *refrain from smoking tobacco during the time that a home health care worker is in their home*. Clients will also be informed that failure to comply with this legislation could result in withdrawal of services.
2. The Long Term Care Coordinator or designate will be responsible for documenting in the client's chart or on the intake assessment form that clients were informed of the Smoke Free Ontario legislation as it pertains to smoking during the time service providers are in their homes.
3. The Long Term Care Coordinator or designate will ensure that all service providers are familiar with their rights and responsibilities under the *Smoke Free Ontario Act*.
4. The Long Term Care Coordinator or designate will be responsible for gathering information from the service provider as to whether or not they object to being assigned to clients who smoke, and where possible to match client and worker.
5. In the event a service provider leaves the home due to a failure to comply, the service provider will notify the Long Term Care Coordinator or designate immediately.
6. The Long Term Care Coordinator or designate will explore the circumstances

leading to noncompliance and negotiate an acceptable resolution or attempt to assign another worker who is more compatible.

7. If noncompliance persists and if there is not alternate worker to assign, the Long Term Care Coordinator or designate will suspend service pending the availability of a compatible worker.

POLICY:

Staff are not permitted to smoke in the home of a client or in a vehicle in the presence of a client.

PROCEDURES

1. The Long Term Care Coordinator or designate will advise all new employees staff of the policy and procedure on smoking while on duty at the commencement of employment.
2. Staff who smoke are required to leave the home or vehicle and wear a separate piece of personal clothing (e.g. jacket, etc.) over their 'work uniform' when smoking and to remove that piece of clothing when re-entering the presence of a client.
3. Staff may smoke on the property of a client (outside of the home) providing the client has given permission.
4. Staff smoking on client property must do so in client approved designated areas.

POLICY:

1. A *Therapeutic Practitioner-Client relationship* is established and maintained by the practitioner and the client, through the use of professional health knowledge, and skill and caring attitudes and behaviors to provide healthcare services that contribute to the client's health and well being. The relationship is based on trust, respect and intimacy, and requires the appropriate use of the power inherent in the care provider's role.
2. Practitioners provide care to a variety of clients and families, sometimes placing themselves in stressful and difficult situations.
3. The College of Nurses of Ontario (CNO) is committed to preventing the abuse of clients and nurses and to promoting abuse-free practice settings. Abuse can be emotional, verbal, physical and sexual.
4. Abuse of practitioners can come from a number of sources including clients, clients' families or other members of the healthcare team.
5. Although practitioners are committed to meeting the needs of their clients, providing professional health services does not include accepting abuse. Respect for the client however, is paramount in handling the issue in a constructive manner.

PROCEDURES

1. The Health & Social Services Director shall be immediately notified by the Practitioner as to a real or potential conflict, where an effective therapeutic relationship cannot be established or maintained.
2. When the practitioner involved is an employee of another organization, the Manager of the organization shall be immediately notified by LTC Coordinator or designate as to a real or potential conflict, where an effective therapeutic relationship cannot be established or maintained.

3. The health practitioner is responsible for terminating the relationship in an appropriate manner so that the safety and well being of both the client and the health practitioner is protected.
4. Health Practitioners are expected to demonstrate leadership and accountability when weighing their professional and personal obligations, and to make decisions in the best interest of the public.
5. A practitioner's decision to refuse an assignment or discontinue health services does not automatically mean s/he has committed an act of professional misconduct. Each situation is assessed on its own merit, after a review of all relevant facts.
6. If such a client presents themselves at the Health Centre, the practitioner shall advise the person why a therapeutic relationship cannot be established or maintained, with a third party from senior management of Thessalon First Nation in attendance as an observer.
7. Notification or discussion shall involve presentation of care options to the client that may include, but are not limited to:
 - a. Option to continue or terminate relationship with the Practitioner, based on the degree of severity of the alleged threat, and to seek the services of an alternate Practitioner dependent on availability and scheduling.
 - b. Referral of the client to an alternate Practitioner or to an off reserve health facility.
 - c. The Practitioner may advise the client that future appointments must be scheduled with an alternate Practitioner until such a time that an effective therapeutic relationship can be mutually established or maintained.
 - d. The Practitioner may advise the client of any conditions that must be met in order to establish and maintain an effective therapeutic relationship.
8. The practitioner shall then follow up with notification in writing.
9. If a physical threat is imminent, notification of the appropriate authorities by the Practitioner shall occur.
10. The Health and Social Services Director, or Designate, shall ensure appropriate communication in accordance with the outcome outlined in step number three, to Health staff for future appointment bookings for the client.
11. Establishing the Therapeutic Practitioner-Client Relationship.

- a. Effective communication is an essential factor in creating and maintaining a successful relationship.
- b. Regardless of the setting and the duration of the interaction, the practitioner acts in ways to manage the relationship. This involves:
 - i. Introducing her/himself to the client and addressing the client by the name/title that s/he prefers.
 - ii. An estimated time that the relationship will last. The health-related goals and needs of the client determine how long the relationship will last.
 - iii. Listening to the client without immediately giving advice or diminishing the client's feelings.
 - iv. Giving the client time, opportunity and ability to explain to him/her and to ask questions.
 - v. Provide information to promote client choice and to enable the client to make informed decisions.
 - vi. Discussing boundaries of confidentiality and communication with the client.
 - vii. The client needs to know that information will be shared with the health team, who the health team is and exactly who will be receiving the information.

POTENTIAL RISK FACTORS FOR THE ABUSE OF HEALTH PRACTITIONERS

A client is more likely to become abusive if s/he:

1. Has a history of aggressive behavior including threats, verbal abuse, or domestic violence;
2. Suffers from dementia, delirium, head trauma, hypoglycemia or emotional disorders;
3. Has an active drug or alcohol addiction or is coming down from a substance-induced high;
4. Cannot communicate clearly or is frustrated;
5. Appears excessively tense and/or anxious;
6. Appears unsettled, confused, disoriented or fearful;
7. Speaks in loud or aggressive tones or uses profane language; and
8. Is being placed in restraints.

Warning Signs Regarding the Therapeutic Practitioner-Client Relationship

1. A specific client talks only to one Practitioner and refuses to speak to other nurses.
2. Keeping secrets with a client apart from the health team.
3. Ignoring policies of the agency when working with a specific client.

4. Spending extra time with one client beyond therapeutic needs.

Treating Practitioner Family and Friends

These situations can provide challenges to the health practitioner. When working in small communities, sometimes the situation occurs as a part of their professional employment.

1. The client needs to have input into the decision about the caregiver because some clients may be uncomfortable receiving care from someone with whom they have a prior relationship.
2. The practitioner must reflect on whether s/he can maintain objectivity in caring for this client.
3. The practitioner must ensure that provision of this care does not interfere with the care of other clients or health team dynamics.
4. The practitioner must discuss all situations with your employer and colleagues.

Additional Information to be found in:

1. Professional Standards 2002:
 - a. Refusing Assignments and Discontinuing Nursing Services: CNO Practice Guideline
 - b. Therapeutic Nurse-Client Relationship: CNO Practice Standard
 - c. Nurse Abuse: CNO Practice Guideline
 - d. Decision Tree: Withdrawing Services Because of Abuse

Ending the Physician-Patient Relationship:

1. College of Physicians and Surgeons of Ontario.
2. College of Occupational Therapists of Ontario.
3. College of Physiotherapists of Ontario.
4. Dietitians of Canada.

Chapter: Client Services
POLICY NUMBER 4-17 **CASE CONFERENCING**
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

Page 1 of 1

POLICY

Case conferencing between internal and external service providers may take place to ensure that the needs of clients are being met and/or to improve services. The “Client Centred Case Conferencing: An Interdisciplinary Team Protocol” will be used to facilitate all aspects of the Case Conferencing process.

PROCEDURES

1. Any member of the Health Care Team or any individual directly or indirectly involved with the client can initiate a Case Conference in accordance with the Interdisciplinary Team Protocol (see Appendix I).
2. Full documentation regarding the Case Conference must take place within the client’s chart.

POLICY

When it is known that existing or potential clients are to be discharged from hospital, the Long Term Care Coordinator or designate will refer him/her to the NSTC Aging at Home Program.

PROCEDURES

1. The Long Term Care Coordinator or designate will refer appropriate individuals to the Nurse Care Manager in the NSTC Aging at Home Program.
2. The Long Term Care Coordinator will work with the Nurse Care Manager to facilitate a smooth transition from hospital to community-based home care.

POLICY

Clients may be discharged from care when services are no longer needed, when service cannot be safely provided in the home, or when services are not longer available within the Thessalon First Nation Long Term Care Program. Discharge Plans will be developed to ensure a smooth transition to independence. The discharge planning process may begin at the point of initial assessment when appropriate.

PROCEDURES:

1. Clients of the Long Term Care Program must be advised at the time of the initial assessment that an important goal in providing service is to assist clients in maintaining or improving their level of independence and self-care and that there is an expectation that they participate with the Long Term Care Program in working towards their discharge from care.
2. The Long Term Care Coordinator or designate will reinforce this goal with in-home service providers.
3. If appropriate to determine a discharge date, the Long Term Care Coordinator or designate advises the client of this tentative date and that if his/her status changes, the date may change.
4. The Long Term Care Coordinator or designate communicates with the client and in-home service provider at planned reviews/reassessments and on an ongoing basis, as appropriate, regarding their progress toward independence or self-care in order to plan a discharge date.
5. If appropriate the Long Term Care Coordinator or designate will make certain that the client and all service providers are aware of the planned discharge date (PDD) verbally or in writing and, if required, forwards referrals or reports to other agencies/community resources.
6. When planned or unplanned discharge occurs, the Long Term Care Coordinator or

designate will:

- a. Document discharge on the Plan of Care,
 - b. Complete the Discontinuation of LTC Program Services form, and
 - c. File documentation in the health chart.
7. Contact information about re-accessing services or support will be provided prior to discharge.
 8. The Long Term Care Coordinator or designate notifies all service providers immediately.

Form 8 DISCONTINUATION OF LTCP SERVICES

**THESSALON FIRST NATION
LONG TERM CARE PROGRAM
R.R. # 2, Box 9
Thessalon, Ontario POR 1L0
Tel: (705) 842-2670 Fax: (705) 842-0282**

**DISCONTINUATION
OF
LONG TERM CARE PROGRAM SERVICES**

Client Name: _____

D.O.B.(d/m/y): _____ Chart #: _____

Based on the results of the assessment performed on _____ (d/m/y)

by _____, the following service have been

discontinued:

Program or Services

The above discontinuation of services was discussed with the client on the ____ day of _____, 201____.

Signature of Client/Parent/Guardian

Signature Long Term Care Coordinator

Signature of Witness

POLICY

Long Term Care Program services are not mandatory and as such any person has the right to refuse Long Term Care Program services.

PROCEDURES:

1. Clients declining services are responsible to inform the Long Term Care Coordinator or designate of the decision.
2. The Long Term Care Coordinator or designate will explain all of the possible implications to the client, and the family when appropriate.
3. Should the client and the family desire to proceed with the refusal of services, the Long Term Care Coordinator or designate will complete the Voluntary Refusal to Home Care Service Form with the client, and the family when appropriate.
4. A copy of all completed documentation will be provided to the client.
5. The Long Term Care Coordinator or designate will file the original in the client chart.

**Form 9 VOLUNTARY REFUSAL OF LTC PROGRAM SERVICES
THESSALON FIRST NATION
LONG TERM CARE PROGRAM
R.R. # 2, Box 9
Thessalon, Ontario POR 1L0
Tel: (705) 842-2670 Fax: (705) 842-0282**

VOLUNTARY REFUSAL OF LONG TERM CARE SERVICES

Client Name: _____

D.O.B.(d/m/y): _____

Chart #: _____

I, _____, after careful consideration, have decided of my own free will to refuse the services of the Long Term Care Program.

In the event that I should reconsider my decision, I will be required to reapply to the Long Term Care Program.

The above Refusal of Services was discussed with the client on the ____ day of _____, 201____.

Signature of Client/Parent/Guardian

Signature Long Term Care Coordinator

Signature of Witness

Comments:

RECORDS MANAGEMENT

Chapter: Records Management

POLICY NUMBER 0-1 **CHARTING**

Original Approval Date: April 5, 2012

Review Date:

Date Revisions Approved:

Page 1 of 1

POLICY

The Long Term Care Program clients records will be maintained as a component of the Aboriginal Health Access Centre (AHAC). Charting will be consistent with Aboriginal Health Access Centre policies.

PROCEDURES

1. The Long Term Care Coordinator will establish a Long Term Care Program section in the community health charts for each Long Term Care client.
2. The Long Term Care Coordinator will follow documentation standards as outlined in the AHAC policies.

Chapter 5 RISK MANAGEMENT

Chapter: Risk Management
POLICY NUMBER 5-1 OATH OF CONFIDENTIALITY
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

Page 1 of 5

POLICY

Thessalon First Nation functions as the administrative and service delivery structure for its membership and as such certain employees are privy to a range of information about community members and other employees. This information is shared with personnel based on trust and respect and with the expectation that it will be relayed in accordance with applicable laws and regulations, professional codes of conduct, and this policy.

Thessalon First Nation expects that all employees shall maintain confidentiality with respect to information pertaining to its operations including: financial, human resources, and program delivery; and the clients, employees and community members affected by such.

PROCEDURES

1. Confidentiality Agreement

Prior to commencing work, all employees, consultants, and volunteers, are required to sign a confidentiality agreement in duplicate (see attached), one of which is placed in the personnel or appropriate file. The confidentiality agreement shall be reviewed annually and a new confidentiality agreement shall be signed.

2. Breach of Confidentiality

A breach of confidentiality is defined as “the disclosure of information, intentionally or unintentionally, to an individual who is not entitled to that information”. The disclosure of confidential information may be considered sufficient cause for corrective action or immediate dismissal. Examples of breach of confidentiality include but are not restricted to the following:

a. Employee Records

Employee records containing personal information are protected under the federal *Personal Information Protection and Electronic Documents Act* (PIPEDA) and must be held in strict confidence. These records shall only be used for the purpose of administering the employee's contract, unless consent to other use or disclosure is provided by the employee. Any unauthorized use of employees' personal information may be subject to discipline, as well as charges under the PIPEDA.

b. Client Health Records

Client health records shall be considered to be in the possession and control of the health professional who has collected the information, or the staff who have collected information on behalf of the health professional. Health professionals employed by Thessalon First Nation are governed by *The Regulated Health Professions Act* and regulations, and their own Codes of Professional Conduct. They shall maintain confidentiality of all records, as required accordingly.

c. All Other TFN Records

All other documents and information held by Thessalon First Nation is the property of the TFN and shall be treated with the strictest confidence. Information shall not be shared with anyone outside of the TFN unless it is necessary to fulfill the employee's job functions.

3. Professional Sharing of Information

In order for Thessalon First Nation's departments to work collaboratively, employees must share information that will assist them in developing a coordinated plan. This sharing of information between professionals, whether it be client, personnel, or finance related, does not constitute a breach of confidentiality; however, the professional exchange of information must be consistent with the following guidelines:

- a. Clients are aware of the potential for the exchange of professional information between service providers within the organization;
- b. Information is shared only with staff who require the information to support or improve services;
- c. Approved lines of communication are respected (worker to supervisor, not directly to senior management or Council);
- d. The amount of information shared is restricted to that which will lead to better services for the client; and

- e. The exchange is managed in a respectful, professional and secure manner.

4. Uncertainty in Release of Information

In a case where an employee is uncertain whether an issue is confidential, the employee shall consult with his/her immediate supervisor for direction.

5. Employees Registered with a Professional Regulated Association

If an employee of Thessalon First Nation is registered with a professional regulated association and employment has been terminated due to breach of confidentiality, the respective Manager shall report the termination to the appropriate association.

6. Contractual Agreements

Employees are required to abide by the “confidentiality” provisions that may be outlined in a contractual agreement that the TFN may enter into. It is the responsibility of Managers to ensure that employees are aware of the confidentiality provisions within the agreement.

**Form 10 CONFIDENTIALITY AGREEMENT
THESSALON FIRST NATION**

Page 1 of 2

As an employee with privileges at Thessalon First Nation you may have access to confidential information. The purpose of this agreement is to help you understand your duty regarding confidential information. Confidential information includes information pertaining to program delivery, personnel, financial, and other information internal to Thessalon First Nation. You may learn of or have access to a portion or all of this confidential information through your employment activities. Confidential information is valuable and sensitive and is protected by law and by strict policies governed by Thessalon First Nation.

As an employee you are required to conduct yourself in strict compliance to all laws and policies governing confidential information. The principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to discipline which might include, but is not limited to, termination of employment and to legal liability.

As an employee I understand that I may have access to confidential information which may include, but is not limited to, information relating to:

1. Clients/Patients (such as files, records, medical reports, conversations, observations);
2. Employees (such as salaries, performance evaluations, employment records, home telephone numbers or private cell numbers, disciplinary actions, interpersonal conflicts);
3. Financial (such as finance statements, budgets, garnishees); and
4. Corporate information (such statistical records, internal reports, memos, contracts, draft documents).

As a condition of my employment I promise that:

1. I will use confidential information only as needed to perform my legitimate duties as an employee. This means that: I will only access confidential information as needed; I will not in any way divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized; and I will not misuse confidential information or carelessly care for confidential information.
2. I will safeguard and will not disclose any access codes that allow me to access confidential information.
3. I will report activities by any individual that I suspect has compromised the confidentiality of Thessalon First Nation. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

4. I understand that my privileges are subject to periodic review, revision and appropriate renewal.
5. I understand that my obligations under this oath continue after termination of my employment.
6. I will be responsible for any misuse or wrongful disclosure of confidential information and for my failure to safeguard access to confidential information. I understand that my failure to comply with this agreement may result in my loss of employment at Thessalon First Nation.
7. Finally, I understand that if I am terminated due to breach of confidentiality, this information may be relayed to my future employers.

Signed at _____ this _____ day of _____, 200 .

Employee

Witness

POLICY

All Long Term Care Program staff will be trained in universal precaution standards and will be responsible for compliance with the standards.

DEFINITIONS

1. Universal Precautions

Universal Precautions are measures that can be followed to help prevent the spread of infection through contact with potentially infectious materials. All blood and body fluids are considered potentially infectious materials and every client is handled as if s/he could have an infectious disease. *Universal Precautions* include:

- *Education;*
- *Frequent and thorough hand washing;*
- *Use of personal protective equipment (such as gloves, gowns, goggles, face shields);*
- *Cleaning of contaminated surfaces;*
- *Safe handling and disposal of contaminated materials (such as blood and bodily fluids, household waste and laundry); and*
- *Hygienic measures in the home.*

2. Pathogen

A pathogen is a “germ” that causes disease in another organism.

3. Blood-borne Pathogens

Blood-borne pathogens are germs (bacteria, virus etc.) that can cause a blood-borne disease. These pathogens are found in infected human blood and certain other body fluids, particularly semen and vaginal secretions. They may be passed from person-to-person, with any exposure to infected blood or infected body fluid.

Blood-borne pathogens include, but are not limited to the Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV) and the Hepatitis C Virus (HCV).

4. Other Potentially Infectious Materials (OPIM)

From the perspective of the Long Term Care Program on a First Nation, other potentially infectious materials can include but are not limited to:

- i. Semen, vaginal secretions, cerebrospinal, peritoneal fluid, amniotic fluid, saliva in dental procedures;
- ii. Any body fluid that is visibly contaminated with blood; and
- iii. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

5. Engineering Controls

Engineering controls refer to methods of isolating hazards or removing hazards from the home environment by using containers, such as for disposing sharp objects. Appropriate containers are used for discarding insulin syringes.

6. Work Practice Controls

Work Practice Controls are practical techniques that reduce the likelihood of exposure by performing tasks in a way that promotes safety. Controls include such things as correctly washing hands, correctly handling sharp objects and correctly handling/transporting specimens.

PROCEDURES

1. The Long Term Care Coordinator or designate will ensure that staff are trained in the standards of universal precautions at commencement of employment.
2. The Long Term Care Coordinator or designate will provide an annual in-service on universal precautions to all in-home support staff.
3. Long Term Care Program employees shall always practice standard, precautionary measures including:
 - a. Staying away from the jobsite when they have an infection;
 - b. Utilizing proper hygiene and cough techniques when they have a respiratory infection i.e.:

- iv. Cover nose and mouth when coughing or sneezing;
- v. Use a facial tissue or the sleeve of clothing to cough or sneeze into;
- vi. Use a facial tissue to blow the nose;
- vii. Dispose of used facial tissue immediately;
- viii. Avoid touching the eyes and mouth after the hand has been in contact with high traffic areas, such as doorknobs, handrails, telephone, or computer keyboard;
- ix. Wash hands with regular soap and hot water or with an alcohol-based hand rub:
 - After having contact with respiratory secretions;
 - After contact with contaminated objects; and,
 - Before handling or eating food.

4. Long Term Care Program employees shall:

- a. Consider an individual's body fluids/substances (i.e. urine, feces, vomit, mucus and blood) to be potentially infectious material;
- b. Ensure they are informed and protected from potentially infectious materials;
- c. Use *Universal Precautions* when contact can be anticipated with:
 - i. Blood;
 - ii. Body fluids, secretions, and excretions, regardless of whether or not they contain visible blood;
 - iii. Non-intact skin; and,
 - iv. Mucous membranes.
- c. Follow all policies related to universal precautions;
- d. Practice *Universal Precautions* for infection control by:
 - i. Take the designated training at commencement of employment and at annual in-services;
 - ii. Wash and dry hands frequently and thoroughly before entering and leaving client homes and after contact with contaminated materials;
 - iii. Use personal protective equipment when required;
 - iv. Clean contaminated surfaces, in accordance with the employer's policy on "Blood and Body Spills";
 - v. Handling and disposing of contaminated material, in accordance with the employer's policies on:
 - 1. "Sharp Objects";
 - 2. "Handling and Transporting Specimens"
 - 3. "Laundry";
 - 4. "Blood and Body Spills"; and,

5. "Household Waste".

- e. Follow the employer's policy: "Exposure Control Plan For Blood-Borne Diseases", should they be exposed to a blood-borne diseases and/or other potentially infections materials;
- f. Be aware of engineering controls in the work place and the proper use of those controls; and,
- g. Follow established work practice controls to eliminate or minimize occupational exposure.

7. The Long Term Care Coordinator or designate shall:

- a. Be familiar with "Universal Precautions" and ensure Long Term Care Program employees comply with Occupational Safety and Health Administration (OSHA) guidelines;
- b. Ensure Long Term Care Program employees adhere to the employer's policies and procedures on "Infection Control" and "Universal Precautions";
- c. Ensure that Universal Precautions are understood and executed by Long Term Care Program employees with occupational exposure;
- d. Promote practices, procedures, and methods that conform to the concept of Universal Precautions;
- e. Regularly assess Long Term Care Program employees proper application of "Universal Precautions";
- f. Ensure Long Term Care Program employees have proper facilities/materials for hand washing;
- g. Ensure Long Term Care Program employees are provided with the appropriate protective equipment;
- h. Ensure employer's first aid kits contain a disposable mouth-piece for resuscitation purposes;
- i. Ensure that a "Incident Report" is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing his/her duties.
- j. Encourage clients to place such devices in their own first aid kits; and,
- k. Ensure Long Term Care Program employees, who suffer an exposure incident, follow the employer's established response process.

GUIDELINES

1. Long Term Care Coordinator or designate/employees:

- a. Have a responsibility to protect the health and well being of clients/families;
- b. Have a responsibility to protect themselves and each other;
- c. Shall maintain their general health through proper rest, exercise and nutrition; and,
- d. Shall consult with their physician/health professionals regarding any condition that may interfere with the performance of their job responsibilities

2. Long Term Care Coordinator or designate shall:

- a. Ensure Long Term Care Program employees receive training on Universal Precautions
- b. Maintain training records which include:
 - i. Dates when training was given;
 - ii. Summary on what training was given;
 - iii. Names and credentials of person(s) providing the training;
 - iv. Names and positions of people attending the training sessions; and,
 - v. Date when refresher training is due.
- c. Ensure records are maintained for 3 years from the date of training.

POLICY

The Long Term Care Program requires all employees who are at risk of exposure to blood and Other Potentially Infectious Materials (OPIM) to wear Personal Protective Equipment in accordance with Occupational Safety and Health Administration (OSHA) standards in order to prevent infections in themselves, clients, families and other individuals.

DEFINITIONS

1. Personal Protective Equipment (PPE)

PPE is specialized clothing or equipment that provides protection against exposure to blood-borne pathogens. For example:

- gloves
- plastic aprons
- face shields
- masks
- eye protection
- mouthpieces
- resuscitation bags
- pocket masks.

PROCEDURES

1. All Long Term Care Program employees are responsible to conduct and document a thorough assessment of the hazards in the workplace.
2. When workplace hazards cannot be removed or controlled adequately, Long Term Care Program employees are responsible to use PPE if work is to continue.
3. Long Term Care Program employees are responsible to select the appropriate PPE to meet the challenges of the existing or potential hazard.
4. The Long Term Care Program will provide employees with PPE for short-term care.
5. Clients are responsible to provide PPE when a supply is required on a continuous

basis for day to day care.

6. The Long Term Care Coordinator, designate and employees are responsible to ensure proper storage of PPE.
7. The Long Term Care Coordinator or designate is responsible to ensure that:
 - h. PPE meets regulated standards and/or certification
 - i. Defected or damaged PPE shall not be used.
 - j. PPE properly fits each individual employee.
8. If PPE is necessary, Long Term Care Program employees are responsible to use it correctly and according to policy.
9. PPE should be donned in the following order, when they are needed:
 - g. Mask
 - h. Protective goggles
 - i. Apron
 - j. Gown
 - k. Gloves.
10. When used, PPE should be removed in the following order and using the proper techniques described in the policies which follow:
 - a. Gloves,
 - b. Gown,
 - c. Apron, and wash hands thoroughly with soap and water before removing
 - d. Protective goggles, and
 - e. Mask and then again wash hands thoroughly with soap and water.
11. Long Term Care Program employees will dispose of PPE according to the policies for each specific type of equipment.
12. Prior to assignments which may require the use of PPE, the Long Term Care Coordinator or designate will assess the ability of Long Term Care Program employees to apply proper PPE techniques.
13. Long Term Care Program employees are not required to wear PPE when conducting routine client care that does not pose a risk of exposure to bodily fluids.
14. The Long Term Care Coordinator or designate will ensure that policies, practices,

techniques and standards for using PPE must be audited regularly.

15. The Long Term Care Coordinator or designate will ensure that Long Term Care Program employees are trained on the proper use of PPE upon commencement of employment and including:
 - a. What PPE is necessary and under what conditions;
 - b. How to properly put on, take off, adjust, and wear PPE;
 - c. What the limitations of the PPE are; and,
 - d. The proper care, maintenance, useful life and disposal of the PPE.
16. The Long Term Care Coordinator or designate will provide an annual in-service on the proper use of PPE to all Long Term Care Program employees.
17. The Long Term Care Coordinator or designate will maintain training records which shall include:
 - a. Dates when training was given;
 - b. Summary on what training was given;
 - c. Names and credentials of person(s) providing the training; and,
 - d. Names and positions of people attending the training sessions.
18. The employer shall verify that each Long Term Care Program employee has received and understood the required training through a written certification that contains the name of each employee trained, the date(s) of training and the subject of the certification.
19. Training Records are to be kept for 3 years from the date of training.

POLICY

The Long Term Care Program requires all employees who are at risk for exposure to blood and Other Potentially Infectious Materials (OPIM) to wear gloves in accordance with Occupational Safety and Health Administration (OSHA) standards in order to prevent infections in themselves, clients, families and other individuals.

DEFINITIONS

Gloves

Gloves are fitted coverings for the hands, which have separate sheaths for each finger and the thumbs. They are usually made from latex, nitrile rubber or vinyl and are worn by health care workers as hygiene and contamination measures against blood or other potentially infectious materials.

PROCEDURES

1. Gloves shall not be considered a substitute for proper hand washing.
2. The Long Term Care Program will provide employees with gloves for short-term care.
3. Clients are responsible to provide gloves when a supply is required on a continuous basis for day to day care.
4. Gloves provided will normally be non-latex, disposable gloves.
5. When latex gloves are provided, they shall be:
 - a. Un-powdered;
 - b. Low protein;
 - c. Water-proof; and,
 - d. Strong enough not to tear.

6. The Long Term Care Coordinator or designate will ensure gloves are of the proper size for the hand so they do not slip off easily.
7. Employees who have allergies to latex or vinyl gloves are responsible for advising the Long Term Care Coordinator or designate of this sensitivity.
8. The Long Term Care Coordinator or designate shall be responsible for advising clients providing gloves that employees with glove allergies must be provided with hypo-allergenic gloves, gloves liners, un-powdered gloves or other suitable alternatives.
9. Employees who provide personal care to clients shall wear disposable gloves during the performance of, but not limited to, the following duties:
 - a. Providing assistance with toileting;
 - b. Providing assistance with incontinence pads, adult disposable briefs and child diapers;
 - c. Providing bladder care;
 - d. Providing bowel care;
 - e. Bathing the rectal or groin area;
 - f. Handling items soiled with blood, body fluids, secretions and excretions;
 - g. Handling soiled dressings, bedding, and clothing;
 - h. Handling feminine hygiene products;
 - i. Cleaning or caring for urinary catheters;
 - j. Coming into contact with draining wounds, broken skin, secretions, excretions blood, body fluids, or mucous membranes;
 - k. Cleaning up blood or body fluid spills;
 - l. Cleaning/disinfecting areas exposed to blood, stool, urine or body fluids;
 - m. Cleaning toilets, commodes, or soiled equipment;
 - n. Having open skin lesions on their hands; and,
 - o. Bagging materials soiled with blood or other potentially infectious materials.
10. Wash hands thoroughly with soap and water and dry hands before donning gloves.
11. Gloves must be removed immediately following completion of each task and before leaving the area in which the task was completed.
12. Long Term Care Program employees must never wash or disinfect disposable gloves for reuse.

13. Employees are not required to wear gloves when conducting routine client care that does not pose a risk of exposure to bodily fluids.

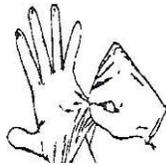
14. Gloves shall be changed:

- a. Following contact with each individual, fluid item or contaminated surface;
- b. When they become soiled;
- c. When they are torn or punctured; and
- d. When they are no longer impervious.

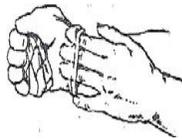
15. When removing disposable gloves, Long Term Care Program employees are responsible to ensure that the hands do not come in contact with any blood or body fluids which may be left on the gloves.

16. Procedures for removing gloves:

- a. Grasp glove cuff with opposite gloved hand and peel off.



- b. Hold removed glove in gloved hand. Slide fingers of ungloved hand under remaining glove at wrist.



- c. Peel the glove from wrist to fingertips.



- d. Turn the glove inside out leaving the first glove inside the second.



- e. Discard gloves into waste receptacle.
 - f. Wash hands thoroughly with soap and water or alcohol based hand rub:
 - a. As soon as possible after removing gloves;
 - b. Immediately after exposure to infectious material/s; and
 - c. Before touching any non-contaminated objects and surfaces.
17. Used gloves, soiled pads, paper towels, rags, and hygiene products shall be placed in a plastic garbage bag, which is subsequently closed tightly, and then placed directly into a garbage receptacle.
18. Garbage bag/s are to be placed for pick up with the regular garbage.
19. Long Term Care Program employees using utility gloves for cleaning bathrooms must not use those same gloves for other areas in the home.
20. Long Term Care Program employees must discard utility gloves if they are cracked, peeled, torn, punctured, or are deteriorating.

POLICY

The Long Term Care Program requires all employees who are at risk for exposure to blood and Other Potentially Infectious Materials (OPIM) to wear gowns and aprons in accordance with Occupational Safety and Health Administration (OSHA) standards in order to prevent infections in themselves, clients, families and other individuals.

DEFINITIONS

Gowns and Aprons

Gowns and aprons are types of specialized clothing usually worn by health care workers as hygiene and contamination measures against blood or other potentially infectious materials

PROCEDURES

1. Long Term Care Program employees shall wear gowns/aprons when:
 - a. There is a possibility that clothing will become soiled as a result of blood and/or body substances being splashed; and,
 - b. It is difficult to properly contain blood and/or body substances.
2. Fluid repellent gowns shall be worn when:
 - a. The skin needs to be protected; and,
 - b. There is a possibility that clothing may become heavily soiled from blood, body fluids, secretions and/or excretions.
3. Gowns shall be donned as follows:
 - a. Select the proper type and size of gown;

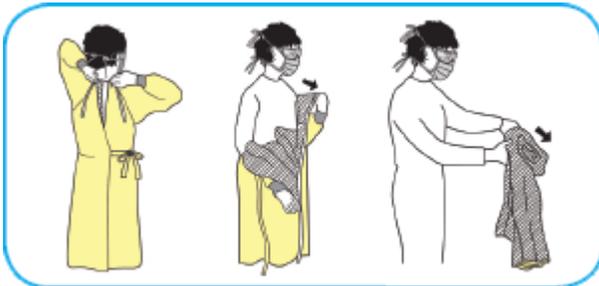
- b. Place the open side of the gown at the back -- if the gowns are too small, use two gowns – tie one at the front and the other at the back;
- c. Slip the gown over the hands and arms by holding the arms forward, just above the head;
- d. Adjust the gown at the shoulders;
- e. Fasten the gown at the back of the neck; and,
- f. Tie the gown firmly at the waist;



- Select appropriate size and type
- Opening to the back
- Secure neck and waist
- If gown is too small, use two gowns:
 1. Gown #1 ties in front
 2. Gown #2 ties in back

4. To remove a gown:

- a. Remove gloves;
- b. Untie the gown at the waist and neck;
- c. Pull the gown over the gloves;
- d. Hold the contaminated gown away from the clothing;
- e. Discard the gown or place in designated spot for cleaning;
- f. Remove gloves; and,
- g. Wash hands thoroughly.



- Unfasten ties
- Peel gown away from neck and shoulder
- Turn contaminated outside toward the inside
- Fold or roll into a bundle
- Discard in designated receptacle for reprocessing or disposal

GUIDELINES

1. When gowns/aprons are required, employees shall be provided with them either before they go to a client's home or once they arrive at the client's home;
2. Gowns/aprons shall be full length and large enough to cover any clothing, which is at risk for being contaminated.
3. Gowns/aprons shall be changed and/or discarded or cleaned when:
 - a. They are torn;
 - b. Care is going to be provided to a different client;
 - c. The employee has touched an object or area that has been contaminated by blood or body substances;
 - d. They are no longer impervious; and,
 - e. They are heavily soiled.
4. Once soiled, gowns/aprons shall be removed as quickly as possible and hands shall be washed thoroughly to prevent the spread of microorganisms.
5. After use, disposable gowns/aprons are disposed of by placing them in an appropriate receptacle.
6. After use, reusable garments are placed in a soiled linen container then cleaned, laundered and repaired.
7. When deemed necessary, employees are responsible for wearing gowns/aprons to prevent infections in themselves/clients/families/other individuals.
8. Should employees ever decline to use gowns/aprons, they must do so only when, in their professional judgment, and in that particular situation only, their use would:
 - a. Prevent the delivery of health care or public safety services; or,
 - b. Present an enhanced danger to their or another individual's safety.
9. Policies, practices and standards for using gowns/aprons techniques shall be reviewed regularly.
10. Employees must be educated and trained on gowns and apron usage including:
 - a. When gowns and aprons usage are necessary;
 - b. What gowns and aprons are to be used;

- c. How to properly put on, take off, adjust, and wear gowns and aprons;
- d. What the limitations of gowns and aprons are; and,
- e. The proper care, maintenance, useful life and disposal of gowns and aprons.

11. Training records shall include:

- a. Dates when training was given;
- b. Summary on what training was given;
- c. Names and credentials of person(s) providing the training; and,
- d. Names and positions of people attending the training sessions.

12. The employer shall verify that each affected employee has received and understood the required training through a written certification that contains:

- a. The name of each employee trained;
- b. The date(s) of training; and,
- c. The subjects of the certification are gowns and aprons.

13. Training Records are to be kept for 3 years from the date of training.

POLICY

The Long Term Care Program requires all employees who are at risk for exposure to blood and Other Potentially Infectious Materials (OPIM) to wear mask and protective goggles in accordance with Occupational Safety and Health Administration (OSHA) standards in order to prevent infections in themselves, clients, families and other individuals.

DEFINITIONS

Mask

A mask is a specialized piece of equipment worn over the nose and mouth to catch bacteria shed from the wearer's nose and mouth. They reduce the transmission of bacterial particles from the wearer into the environment and help protect the wearer from blood and body fluid splashes or spatter.

Protective Goggles

Protective goggles are specially designed eyewear worn to protect the wearer's eyes from splatters or aerosols, which may contain infectious diseases.

Aerosolization

Aerosolization is a fine mist or spray, which contains minuscule particles.

PROCEDURES

1. To put on a mask:
 - a. Place mask so that it covers mouth and nose;
 - b. Fasten ties above and below at back of head; and,
 - c. Fit it snugly on the bridge of nose and under the chin.

2. To take off a mask:

- a. Ensure hands are clean;
 - b. Undo the ties at the back of the head;
 - c. Remove the mask by touching the ties only;
 - d. Discard the mask in a designated waste receptacle; and,
 - e. Wash hands.
3. To put on protective goggles:
 - a. Place the protective goggles on the face, covering both eyes; and,
 - b. Maneuver them so they fit comfortably and effectively on the face.
4. To take off protective goggles:
 - a. Ensure hands are clean;
 - b. Touch the sides or back of the protective goggles only;
 - c. Place the protective goggles in a designated area for discarding or sanitization; and,
 - d. Wash hands.

GUIDELINES

1. The Long Term Care Program will provide employees with masks and protective goggles for short-term care.
2. Clients are responsible to provide masks and protective goggles when a supply is required on a continuous basis for day to day care.
3. Masks shall be worn by employees who are in close contact with clients who are coughing or sneezing and harbor bloodborne pathogens such as Hepatitis B and HIV.
4. To be effective, masks need to be worn properly.
5. Masks should be discarded if they are crushed, wet or become contaminated by client secretions.
6. Protective goggles must protect the eyes from splashes in all directions.
7. Should employees ever decline to use masks and protective goggles, they must do so only when, in their professional judgment, and in that particular situation only,

their use would:

- a. Prevent the delivery of health care or public safety services; or,
 - b. Present an enhanced danger to their or another individual's safety.
8. Policies, practices and standards for using masks and protective goggles techniques shall be reviewed regularly.
9. Employees must be educated and trained on masks and protective goggles usage including:
 - a. When masks and protective goggles usage is necessary;
 - b. What masks and protective goggles are to be used;
 - c. How to properly put on, take off, adjust, and wear masks and protective goggles;
 - d. What the limitations of masks and protective goggles are; and,
 - e. The proper care, maintenance, useful life and disposal of masks and protective goggles.
10. Training records shall include:
 - a. Dates when training was given;
 - b. Summary on what training was given;
 - c. Names and credentials of person(s) providing the training; and,
 - d. Names and positions of people attending the training sessions.
11. The employer shall verify that each affected employee has received and understood the required training through a written certification that contains:
 - a. The name of each employee trained;
 - b. The date(s) of training; and,
 - c. The subjects of the certification are masks and protective goggles.
12. Training Records are to be maintained for 3 years from the date of training.

POLICY

The Long Term Care Program requires all employees who provide personal care to wash their hands in order to prevent the spread of blood-borne pathogens and Other Potentially Infectious Material (OPIM), in accordance with Occupational Safety and Health Administration (OSHA) standards.

PROCEDURES

1. The Long Term Care Program requires that its employees who provide personal care wash their hands:
 - a. When arriving on the jobsite;
 - b. Before and after eating;
 - c. After using the bathroom;
 - d. Before and after caring for individual clients;
 - e. Between task and procedures on the same client to prevent cross-contamination of different body sites;
 - f. After handling bed pans, urinals, catheters and linens;
 - g. After changing tampons or sanitary pads;
 - h. After changing children's diapers;
 - i. After changing adult incontinence pads;
 - j. Before and after assisting client with toileting;
 - k. Before and after direct contact with blood, body fluids secretions, excretions and contaminated items;
 - l. After cleaning areas, which are contaminated with blood or body fluids.
 - m. Before and after using gloves;
 - n. After disposal of gloves or other personal protective equipment;
 - o. Before and after preparing food;
 - p. After blowing nose, sneezing or coughing; and,
 - q. When leaving the job site.

2. If available, the following shall be used for washing hands:

- a. Paper towels;
- b. Cloth towels; and,
- c. Liquid soap;

3. If these items are not available, the following shall be used:

- a. Bar soap (thoroughly drain between usages); and,
- b. Waterless hand washing products.

4. Washing Hands With Water:

- a. Turn tap on.
- b. Run water until it reaches a warm temperature.
- c. Hold hands under water flow.
- d. Apply soap so that it totally covers both hands and work soap into a frothy lather, rubbing vigorously,
- e. Clean thoroughly under nails, between fingers and on backs of hands.
- f. Wash for at least 15 – 30 seconds.
- g. Rinse hands thoroughly under running water starting at the fingertips and flowing towards the wrists, in order that the dirty water runs off the wrists.
- h. If a bar of soap is used, it should be rinsed and placed on a drain.
- i. Dry hands on a clean cloth towel or on a paper towel.
- j. Use a dry section of the towel to turn off the tap.
- k. Use a moisturizing cream on hands regularly to prevent skin from drying and cracking.

5. Step-by-Step Directions for Washing Hands:

- Rub palms of both hands together:



- Interlace fingers of one hand over palm of other hand; then switch hands:



- Rub palms of both hands together:
- Place back of one hand to palm of other hand, interlacing hands; the



- Rotate thumb of one hand in palm of other hand; then switch hands:



- Rotate fingertips of one hand into palm of other hand; then switch hands:



6. Washing Hands Without Water:

- a. If hands are not visibly soiled, an alcohol-based hand rub may be used.
- b. When using alcohol-based hand rubs, apply the product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers until hands are dry.
- c. When using an antiseptic hand cleanser or an antiseptic towelette:
 - use the antiseptic according to its instructions;
 - dry hands with a clean towel or a paper towel;
 - clean under the nails and between the fingers carefully; and,
 - use this method only if water is not available.

GUIDELINES

1. Hand washing and hand care are the most important procedures for infection control.
2. Personnel must wear disposable latex gloves when handling blood and body substances such as urine and feces. Non-latex disposable gloves may be used if individuals are allergic to latex.
3. When gloves are not available, paper towels or other similar products can be used to prevent direct contact with body substances.
4. After use, gloves and other products should be placed in a sealable plastic bag and the hands washed.
5. A doctor should be consulted prior to resumption of work when an employee has hand/body lesions, cuts, sores, dermatitis or eczema, which cannot be covered.
6. When hands or other areas are contaminated with body substances, the areas shall be washed as soon as possible.
7. Hand washing facilities should not be used for disposing blood, body substances or chemicals.
8. Policies, practices and techniques for hand washing practices shall be reviewed regularly.
9. Employees shall be educated and trained on hand washing including:
 - a. Why hand washing is necessary;
 - b. When hand washing is done;
 - c. What equipment and materials to use; and,
 - d. What hand washing techniques to use.
10. Training records shall include:
 - a. Dates when training was given;
 - b. Summary on what training was given;
 - c. Names and credentials of person(s) providing the training; and,
 - d. Names and positions of people attending the training sessions.
11. The employer shall verify that each affected employee has received and understood the required training through a written certification that contains:

- a. The name of each employee trained;
 - b. The date(s) of training; and,
 - c. The subject of the certification is hand washing.
8. Training Records are to be kept for 3 years from the date of training

POLICY

The Long Term Care Program is committed to protecting the health and safety of its employees/clients/families by providing guidelines on the proper handling and disposal of sharp objects in accordance with Occupational Safety and Health Administration (OSHA) standards.

DEFINITIONS

1. Sharp Objects

Sharp objects refer to items used for medical purposes and include:

- a. Needles;
- b. Syringes with needles attached;
- c. Lancets;
- d. Razor blades; and,
- e. Other items that could cause a puncture, cut, or abrasion.

PROCEDURES

1. Handling sharp objects shall be kept to a minimum.
2. Syringes shall always be picked up by their barrel.
3. Used needles and other sharp objects shall:
 - a. Not be recapped, bent, sheared or broken;
 - b. Be discarded immediately into an appropriate sharp object disposal container; and,
 - c. Not be carried if they are uncapped.
4. Used needles shall be left attached to the syringes.

5. If a needle must be recapped to facilitate safe transportation:
 - a. Put the needle on a flat surface; and,
 - b. Remove hand from cap and recap the needle using one hand.
6. Safety devices, for sharp objects, shall always be used and must never be circumvented or disabled.
7. Sharp objects shall be discarded in puncture-resistant containers.
8. If a commercial, sharp object, disposal container is not available, use a plastic, thick-walled, household container such as a bleach or vinegar bottle.
9. Clear plastic/glass containers shall not be used for sharp objects.
10. Sharp objects shall not be placed in any container that is going to be recycled or returned to a store.
11. All containers, with sharp objects, shall be kept out of reach of children and pets.
12. Caution shall be taken in situations where sharp objects may be hidden somewhere e.g. sharp objects are hidden in the laundry or garbage.
13. Used, sharp objects should be handled with care to prevent accidental cuts or punctures.
14. Contaminated, broken glassware or dropped sharp objects should be picked up by mechanical means such as with a broom and dustpan, tongs or forceps.
15. Hands should never be inserted into a container that contains sharp objects.
16. Whenever hazards, involving sharp objects, are noted, employees should report the danger to the supervisor who shall ensure the hazard is eliminated.
17. When an injury from a sharp object occurs, employees shall:
 - a. Wash the wound immediately with soap and water;
 - b. Encourage the wound to bleed;
 - c. Report the injury to the supervisor;
 - d. See a doctor; and,
 - e. Be referred to the appropriate service.

18. Any exposure to a sharp object shall be documented on a sharps injury log.

19. A "Post Exposure Incident Report for Blood-borne Diseases" shall be completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with a needle/sharp object(s) while performing his/her duties.

GUIDELINES

1. Sharp object disposal containers shall:

- a. Be made of a puncture resistant material and not of glass or thin plastic;
- b. Be leak proof;
- c. Have a lid that will seal the container when it is full;
- d. Be designed to easily allow sharps to be placed into the container;
- e. Make removal of sharp objects from the container difficult;
- f. Be labeled "hazardous materials";
- g. Be large enough to hold the amount of sharp objects used; and,
- h. Not be overfilled.

2. Disposal containers for sharp objects should be disposed of according to local waste disposal laws and regulations.

3. To determine where to obtain sharp object disposal containers and/or how to dispose of filled containers, consult with:

- a. Local pharmacies;
- b. Local hospitals;
- c. Local health units; or,
- d. The coalition for Safe Community Needle Disposal (1-800-643-1643).

4. Policies, practices and techniques for dealing with sharp objects shall be reviewed regularly.

5. Employees shall be trained on safe procedures for dealing with sharp objects, when appropriate.

6. Records shall be maintained on employee training on dealing with sharp objects and shall include:

- a. Dates when training was given;
- b. Summary on what training was given;
- c. Names and credentials of person(s) providing the training; and,

- d. Names and positions of people attending the training sessions.
7. The employer shall verify that each affected employee has received and understood the required training through a written certification that contains:
 - a. The name of each employee trained;
 - b. The date(s) of training; and,
 - c. The subject of the certification is sharp objects.
 8. Training Records are to be kept for 3 years from the date of training.

POLICY

The Long Term Care Program is committed to maintaining the health and safety of its employees/clients/families by ensuring they are knowledgeable about handling and transporting specimens, in accordance with Occupational Safety and Health Administration (OSHA) standards.

DEFINITIONS

1. Biohazard Waste

Biohazard waste is waste that contains infectious material or which, because of its **biological nature**, may be harmful to humans, animals, plants or the environment. It includes:

- a. Waste from infectious animals;
- b. Body fluids;
- c. Human blood or blood products; and,
- d. Sharp objects.

PROCEDURES

1. Precautions shall be taken for all clients, when handling blood and body fluids, regardless of their diagnoses.
2. Appropriate Personal Protective Equipment shall be used whenever contact with blood and other potentially infectious materials is anticipated.
3. Gloves shall be worn when specimen containers are handled.
4. A disinfectant shall be used to clean dirty containers before they are transported.
5. If outside cleaning cannot be done before transport, the specimen container should be put in a bag and labeled with a biohazard sticker.

6. Biohazard wastes must be transported in closed, leak-proof containers that are labeled "Biohazard".
7. Only trained employees shall transport biomedical waste.
8. Only corrugated, biomedical boxes and red plastic sharps containers shall be used to transport biological waste.
9. A "Post Exposure Incident Report for Blood-borne Diseases" shall be completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with a needle/sharp object(s) while performing his/her duties.

CROSS-POLICY REFERENCES

1. Blood-borne Diseases
2. Exposure Control Plan for Blood-borne Diseases
3. Reporting and Recording Exposure to Blood-borne Disease

FORMS

1. Post Exposure Incident Report for Blood-borne Diseases

GUIDELINES

1. Policies, practices and techniques for handling and transporting specimens shall be reviewed regularly.
2. Employees should be trained on safe procedures for handling and transporting specimens, when appropriate.
3. Records shall be maintained on employee training on handling and transporting specimens and shall include:
 - a. Dates when training was given;
 - b. Summary on what training was given;
 - c. Names and credentials of person(s) providing the training; and,
 - d. Names and positions of people attending the training sessions.

4. Training Records are to be kept for 3 years from the date of training

Form 11 POST EXPOSURE INCIDENT REPORT FOR BLOOD-BORNE DISEASES

POLICY

The Long Term Care Program requires *Universal Precautions* be applied when handling oiled linens/clothing to prevent employees/clients/families from becoming contaminated, in accordance with Occupational Safety and Health Administration (OSHA) standards.

PROCEDURES

1. Separate areas for clean and soiled laundry shall be used.
2. Laundry shall be sorted in the laundry room, not in the client's room.
3. Clothing/linen, soiled with blood or body fluids, shall be put into bags at the spot where the soiling occurred.
4. Dangerous objects shall not be thrown into the clothing/linen bags/hampers.
5. Disposable gloves shall be worn whenever any clothing/linen, soiled with blood (including menstrual blood) or body fluid, is handled
6. Plastic aprons shall be worn, when indicated.
7. Clothing/linens that are to be transported shall be:
 - a. Placed in leak proof bags e.g. Plastic garbage bags;
 - b. Closed securely;
 - c. Placed loosely into bags; and,
 - d. Placed into bags identified as being potentially infectious.
8. Protective gloves shall be worn when bagging clothing/linens that have been soiled with body substances/blood (including menstrual blood).
9. Wash hands with hot water and soap for 15 seconds after gloves are removed.
10. Other protective clothing shall be worn as necessary.

11. Paper towels and/or running water shall be used to remove solid materials from clothing/linens prior to laundering.
12. Urine, stool and vomit shall be flushed down the toilet.
13. Relevant cleaning methods shall be used when washing laundry, i.e.:
 - a. Separation of items;
 - b. Suitable water temperature; and,
 - c. Appropriate machine cycle.
14. Use a water temperature of at least 140° F. (60 °C) to ensure decontamination.
15. Control the risk of contaminated, slime building up in the washing machine by using a water temperature higher than 140°F. (60°C) at least once a week.
16. If washing in cooler water, use bleach or other laundry disinfectant.
17. Follow the instructions on the bleach/disinfectant container.
18. If clients have suppressed immunity systems or if clothing/linens are heavily soiled:
 - a. Use higher water temperatures of at least 190° F. (90°C); or,
 - b. Use a water temperature of at least 140° F. (60°C) with bleach
19. Ensure clothing/linens that are/may be contaminated with fecal material are not washed with items that may be used around food.
20. Dry laundry as soon as it is washed -- don't leave it sitting for long periods in the washing machine, as dampness can promote the growth of micro-organisms.
21. Clothing/linens shall be stored in a manner that prevents contamination.
22. Clean linens/clothing shall be stored separately from used linen/clothing.
23. Laundry equipment shall be maintained in sanitary condition.
24. Laundry baskets or other transport items shall be cleaned and sanitized after use.

25. Client's laundry shall not be taken home for laundering due to the increased risk of cross-infection.

GUIDELINES

1. Policies, practices and techniques for laundry practices shall be reviewed regularly.
2. Spot checks shall be conducted on clothing/linens to determine if laundry practices meet generally accepted industry practices.
3. Spot checks shall be conducted on linen storage areas to determine if there are any unsanitary conditions present.
4. Linens should be changed regularly to prevent any health issues.
5. Policies, practices and techniques for handling laundry shall be reviewed regularly.
6. Employees should be trained on safe procedures for handling laundry.
7. Records shall be maintained on training, which include:
 - a. Dates when training was given;
 - b. Summary on what training was given;
 - c. Names and credentials of person(s) providing the training; and,
 - d. Names and positions of people attending the training sessions.
8. Training Records are to be kept for 3 years from the date of training

POLICY

The Long Term Care Program requires blood and body substance spills are cleaned appropriately, effectively and in a timely manner in accordance with Occupational Safety and Health Administration (OSHA) standards to prevent employees/clients/families from becoming contaminated.

DEFINITIONS

1. Body Substances

Body substances are human body substances, apart from blood, which are considered to be potentially infectious from blood-borne diseases and include feces, urine, vomit, nasal droplets, saliva, vaginal/penal secretions and any other material that oozes from body orifices.

2. Mucous Membranes

Mucous membranes are specialized membranes, which cover various passages and cavities exposed to the air such as the mouth, nose, inner portion of the eyelids and vagina.

3. Contamination

Contamination refers to the presence, or reasonably anticipated presence, of blood or other potentially infectious materials on a surface or item.

4. Disinfect

Disinfect refers to the process of killing germs.

PROCEDURES

General Procedures

1. All blood/body substances shall be treated as potentially infectious.
2. Infection control precautions shall be taken whenever there is the possibility of exposure to:
 - a. Blood;
 - b. Body substances;
 - c. Broken skin; and,
 - d. Mucous membranes.
3. *Universal Precautions* shall be followed when handling blood and body spills.
4. Only individuals, who have been trained to clean up blood and other body substance spills, shall do so.
5. Care shall be taken, when handling blood, body substances and surfaces exposed to them, to protect the mouth, eyes, broken skin areas and other mucous membranes.
6. Personal Protective Equipment shall be worn, when appropriate.
7. Disposable latex gloves shall be worn whenever contact with blood or other body substances is probable.
8. When gloves are not available, other products such as paper towels shall be used to prevent direct contact with the blood/body substance.

Spillage Procedures

1. Put on protective eyewear and plastic aprons, if there is a chance of being splashed with blood/body substances.
2. Put on disposable gloves.
3. Confine and contain the spill as soon as possible.
4. Soak up as much of the spill as possible using absorbent, disposable materials.

5. Place the absorbent, contaminated materials into doubled-bagged, plastic, garbage bags.
6. Wash and disinfect contaminated surfaces with disposable sponges/cleaning cloths:
 - a. Use a solution of 1 part bleach to 10 parts water for disinfecting.
 - b. Use cold water on blood spills.
 - c. Use warm to hot water on non blood spills.
 - d. Dry the area, where the spill occurred, to prevent a slippery surface.
7. Discard disposable sponges/cleaning cloths in double-bagged, plastic, garbage bags.
8. Clean spillage area with water and detergent.
9. Wash hands thoroughly with soap and warm water.
10. If glass items break, sweep the broken pieces into a dust pan -- do not pick up the broken pieces with the fingers.
11. If a spill occurs on a carpet, avoid damaging the area with chlorine – instead, use a detergent and arrange for an industrial cleaning of the carpet as soon as possible.
12. If any part of the body has been in contact with blood/body substances, the exposed area(s) shall be washed immediately.
13. A “*Post Exposure Incident Report for Blood-borne Diseases*” shall be completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood/body substances.
14. Clean any contaminated equipment with cold water and detergent; then, disinfected.
15. Report any blood/body substance spills to the Supervisor.
16. Follow the employer’s policy on “*Exposure Control Plan for Blood-borne Diseases*” if directly exposed to blood/body substances and/or contaminated surfaces.

GUIDELINES

1. A 1:10 bleach ratio is the solution most often recommended for the decontamination of surfaces because it is effective, inexpensive and readily available.

2. Hot water will cause blood to stick to a surface.
3. Policies, practices and techniques for blood/body substance spills shall be reviewed regularly.
4. Employees shall be trained on safe procedures for handling blood/body substance spills
5. Records shall be maintained on employee training on dealing with blood/body substance spills and shall include:
 - a. Dates when training was given;
 - b. Summary on what training was given;
 - c. Names and credentials of person(s) providing the training; and,
 - d. Names and positions of people attending the training sessions.
6. Training Records are to be kept for 3 years from the date of training

POLICY

The Long Term Care Program is committed to ensuring that wastes generated in the home are collected, stored, transported, and disposed of in a manner that will minimize potential health risks to employees/clients/families/other individuals in accordance with the First Nation wastes management policy and/or in accordance with Occupational Safety and Health Administration (OSHA) standards.

DEFINITIONS

1. Household, Municipal, Solid Waste

Household, municipal, solid waste is regular garbage, which presents fewer health or environmental risks than medical waste presents. It can be disposed of into dumpsters.

2. Household Medical Waste

Household medical waste is any waste that is generated as a result of health care activities in the home. It includes paper towels, diapers, incontinence pads, hypodermic needles, bandages, dressing wrappers, old dressings and used intravenous tubing.

- a. Used intravenous tubing is tubing that has been used to administer blood/blood products. Note: Unused intravenous tubing has not been utilized and, therefore, is not considered to be medical waste.
- b. Household medical waste does not include any hazardous waste, radioactive waste, or regular household waste.
- c. Usually, medical wastes, produced in the home, do not pose a serious health concern unless the waste is infectious.

3. Infectious Waste

Infectious waste is medical waste that presents significant health risk, such as the possibility of causing disease in another human being, should that person come into

contact with the waste. Infectious waste includes wastes that are contaminated with blood, body fluids, or sharp objects from people who have infectious diseases.

4. Regulated Medical Waste

Regulated medical waste is any waste material, which is generated during diagnostic treatment or immunization processes that have the potential of producing disease in healthy humans. This waste includes blood/blood products, tissue, body fluids, specimens, cultures, sharp objects, infectious waste spills, items covered with blood/ body fluids and animal wastes.

5. Hazardous Wastes.

Hazardous wastes are wastes that contain specific toxic chemicals or have characteristics, which cause them to be a major risk to human health and/or the environment.

6. Chemotherapy Waste

Chemotherapy waste refers to all waste resulting from chemotherapy treatments, which are administered in the home. Some of it is considered to be hazardous.

7. Lancet

A lancet is a small pointed knife or a surgical instrument with a short, wide, sharp-pointed, two-edged blade. It is used to prick the skin (a finger, foot, ear lobe, etc.) to obtain a small quantity of capillary blood for testing e.g. testing blood sugar levels in individuals who have diabetes.

PROCEDURES

1. All wastes shall be:
 - a. Sorted into correct categories at the spot where they are produced;
 - b. Placed in proper containers; and,
 - c. Kept in separate packaging during collection, storage and transportation to ensure waste material is not released.
2. Hands shall be washed with soap and hot water for 15 seconds after contact with garbage.

3. Soiled bandages, disposable sheets and medical gloves shall be placed in securely fastened plastic bags before being placed in garbage receptacles.

HOUSEHOLD WASTE PROCEDURES

1. Regular, household wastes shall be handled in accordance with regulations established locally e.g. by the Municipality or Regional District etc.
2. Wastes shall be put into closed, plastic, garbage bags and:
 - a. Placed inside hinged-lid, trash containers and taken to the curb; or,
 - b. Put into a dumpster; or,
 - c. Taken to the local landfill, if there is no garbage pick-up.
 - d. No yard wastes shall be placed inside household garbage bags.
3. Recyclable materials shall be properly separated, cleaned and placed in recyclable bins.

HOUSEHOLD MEDICAL WASTE PROCEDURES

1. Household medical waste shall be kept separate from regular household waste.
2. Household medical waste shall be placed in heavy-duty, garbage bags, which are securely fastened at the top.
3. Medical waste can be placed in regular garbage containers, providing it is bagged and securely fastened and can subsequently be either picked up by a garbage collector or taken, by other means, to a permitted, solid waste landfill.

INFECTIOUS WASTE PROCEDURES

1. All untreated infectious waste shall be placed immediately into appropriate collection bags and containers.
2. To package and transport infectious wastes produced in the home:
 - a. Put the waste in a rigid/semi-rigid, leak-free container, which is puncture proof;
 - b. Ensure the top of the container is securely fastened;
 - c. Put the universal, bio-hazard symbol on the container;

- d. Mark the label as either “infectious waste” or “bio-hazard waste”, whether they are infectious or not;
 - e. Seal the container; and,
 - f. Ensure that the exterior of the container has not been contaminated.
3. Reusable containers may be used for waste collection and transportation providing they are rigid, unbreakable, tear resistant and are made of a solid material, which is smooth, easy to clean and rigid.
4. Reusable containers, which have been in direct contact with infectious material, shall be disinfected prior to reuse.
5. Collection containers for infectious medical wastes (other than sharp objects) shall be lined with disposable infectious waste collection bags.
6. Infectious waste collection bags shall be moisture resistant and strong enough to prevent tearing, ripping or breaking.
7. Cardboard boxes shall not be used as containers for sharp objects.

REGULATED MEDICAL WASTE PROCEDURES

1. Personal protective equipment shall be worn when handling materials classified as Regulated Medical Waste.
2. Regulated medical waste (other than sharp objects) shall be placed in double-bagged, leak proof, heavy duty garbage bags, which are securely fastened at the top to prevent spillage or protrusion of the contents during handling, storage, transport or shipping.
3. Any contaminated containers shall be placed in a second container.
4. The bag shall be either labeled “Bio-hazardous” or color coded in red.

5. The following shall be disposed of as outlined:

urine, feces, secretions, excretions, suction and irrigation fluids	pour down the toilet
body fluids (less than 20 ml)	discard in a puncture proof container
surgical masks, Kleenex and other contaminated items, used by client to prevent spread infectious diseases such as Tuberculosis and Hepatitis	dispose of according to the state's regulations
National Occupational Safety & Health (NOSA) certified respiratory devices, worn by employees	follow procedures for household medical waste

CHEMOTHERAPY WASTE PROCEDURES

1. Place all materials that were used during chemotherapy treatments in a container which has been labeled "*Chemotherapy Waste Only*" e.g. gloves, syringes, IV solution bags and tubing.
2. Keep chemotherapy waste separate from other wastes.
3. A licensed company for disposing of hazardous materials will pick up chemotherapy waste.

GUIDELINES

1. Employees/clients/families must be aware of the potential risks involved in handling infectious wastes and adhere to industry standards of disposal and transport.
2. Most homes generate medical waste, but little or no infectious medical waste.
3. If medical waste has been treated by incineration, autoclaving or an alternative method approved by the solid waste management authority, it can be managed as ordinary solid waste with no special requirements.
4. Policies, practices and techniques for handling household medical waste shall be reviewed regularly.

5. Employees shall be trained on safe procedures for handling household wastes.
6. Records shall be maintained on employee training for handling household waste and shall include:
 - a. Dates when training was given;
 - b. Summary on what training was given;
 - c. Names and credentials of person(s) providing the training; and,
 - d. Names and positions of people attending the training sessions.
7. Training Records are to be kept for 3 years from the date of training.

POLICY:

The Long Term Care Coordinator or designate is responsible for assigning staff to each Long Term Care client. The Program endeavours to match a client with the in-home support worker who is most suitable to meet the needs of the client. Efforts will be made to avoid assigning employees to provide service to their immediate family members.

PROCEDURE:

1. Upon completion of the assessment, Long Term Care Coordinator or designate will determine which staff member will be assigned to the new client.
2. The Long Term Care Coordinator or designate shall review the client's intake and assessment and the in-home support worker's qualifications, strengths and weaknesses.
3. The Long Term Care Coordinator or designate shall place the greatest emphasis for selection on the client's preferences, needs and wishes. Factors to be considered in assigning the most suitable worker will include the following criteria:
 - a. Client needs;
 - b. In-home worker qualifications and availability;
 - c. Similar gender;
 - d. Language when possible;
 - e. Similar personalities;
 - f. Common interests; and,
 - g. Geographical proximity.
4. The Long Term Care Coordinator or designate shall accompany the service provider on the first day of his/her assignment and shall introduce him/her to the client.

Chapter: Risk Management
POLICY NUMBER 5-14 TRAINING OF STAFF
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

Page 1 of 1

POLICY

Long Term Care Program in-home service providers must be trained in and compliant with: First Aid, CPR, narrative charting, WHMIS, Fire Prevention, Elder Abuse, Transfer Techniques, safe food handling, all current policies and procedures associated with the Long Term Care Program prior to providing care. Training for the staff is mandatory whether the staff be full-time, part-time, casual or relief. The intent at all times is to enhance the ability of the staff to provide optimum care to the client's of their First Nation's Long Term Care Program.

PROCEDURE

1. The Long Term Care Coordinator or designate is responsible to determine what training is required for each in-home service provider.
2. The Long Term Care Coordinator or designate is responsible to coordinate or deliver required training.
3. When re-certification is required the Long Term Care Coordinator or designate will be responsible for making the necessary arrangements.

POLICY

The Long Term Care Program is committed to protecting the welfare of its employees, clients, and families by providing employees with a set of guidelines to prevent abuse. Abuse in any form will not be tolerated. Long Term Care Program personnel are subject to Policy 7-20 Freedom from Harassment in the Thessalon First Nation Personnel Policy Manual. All formal and informal reports of abuse will be investigated accordingly.

DEFINITIONS

1. Abuse

Abuse can be any of the following: physical, emotional, sexual, financial or any other action or inaction that exploits or violates the employees/clients/families Civil or Human Rights:

- a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or client's service;
- b. Submission to or rejection of such conduct by an individual is used to determine employment or client's service decisions affecting such individual;
- c. Such conduct interferes with an individual's work performance and/or personal safety; and/or,
- d. Such conduct creates an intimidating, hostile or offensive work or home environment.

PROCEDURE:

1. During the investigation the service provider will be removed from the home.
2. Where the service provider is alleging abuse, the service provider will be reassigned to another client for the duration of the investigation.

3. Where the client is alleging abuse, the service provider will be suspended with pay during the investigation.
4. The services to the client may be suspended during the investigation process.
5. A decision to permanently suspend service to the client may be made dependent upon the outcome of the investigation.
6. If the abuse is perceived to be of a criminal nature, it shall be reported to the police.
7. The Long Term Care Program shall apply this policy regardless of the location of the alleged abuse.
8. The policy shall apply to abuse by Long Term Care Program personnel at all levels and to clients and families.
9. When a service provider or client becomes a victim of abuse they will immediately report the incident to the Long Term Care Coordinator or designate.
10. The Long Term Care Coordinator or designate will investigate the incident as per Policy 7-20 of the Thessalon First Nation Personnel Policy Manual.

POLICY

Specialized, client specific, training will be provided to in-home service providers as required under the supervision of a regulated health professional who has the necessary competency. In-home service providers must demonstrate competency in the skills performed prior to assignment to a client. The regulated health professional will determine competency. Training cannot be transferred from one client to another without the prior approval of the regulated health professional.

PROCEDURE

1. The Long Term Care Coordinator or designate will determine when it is appropriate for the Long Term Care Program to provide specialized care.
2. The types of specialized training, if any, will be determined by the Long Term Care Coordinator or designate.
3. When it has been determined that the program can provide the specialized care, the Long Term Care Coordinator or designate will provide and/or coordinate the training of the appropriate in-home service providers.
4. Upon successful completion of the training and demonstrated competency, documentation will take place that the in-home service provider has received the client specific training.
5. The regulated health professional will provide ongoing supervision and evaluation.

Chapter: Risk Management
POLICY NUMBER 5-17 **STAFF AS CLIENTS**
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

Page 1 of 1

POLICY

The Long Term Care Program will make every reasonable effort to respect the privacy and/or comfort of personnel requiring long term care services by offering an alternate health professional to complete the initial Intake and Assessment.

PROCEDURE

1. When a staff member is in need of in-home care the Long Term Care Coordinator or designate will inform the staff member that another health professional is available to perform the Intake and Assessment process.
2. Staff may choose to have the Long Term Care Coordinator conduct the Intake and Assessment.
3. The Long Term Care Coordinator or designate will notify the most appropriate health care professional of the need for the Intake and Assessment to take place.
4. The Long Term Care Coordinator or designate will be responsible for management of the services following completion of the Intake and Assessment.
5. The Long Term Care Coordinator or designate will refer clients to alternate agencies when the staff is not comfortable with these arrangements as per Policy Number 3-2 Conditions of Service Policy.

Chapter 6 PROGRAM EVALUATION

Chapter: Risk Management
POLICY NUMBER 6-1 **PROGRAM EVALUATION**
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

Page 1 of 5

POLICY

All clients and/or their guardian/designate or appropriate family member will be asked to complete a program evaluation form on an annual basis to coincide with regular re-assessments or when discharged from care. Participation is voluntary, information will be treated as confidential and service will not be jeopardized by non-participation or ratings.

PROCEDURE:

1. The Long Term Care Coordinator or designate will meet with the client and explain the purpose of the program evaluation.
2. The client will be asked if they would complete the program evaluation form.
3. Should the client wish to complete the program evaluation form one will be provided to them and assistance can be provided if required.
4. The client's family can also have input into the completion of the program evaluation form.
5. The completed form will be placed in an envelope and sealed by or in the presence of the client.
6. The envelope will be opened and reviewed by the Health & Social Services Director.
7. If remedial action is required, the Health & Social Services Director will direct the Long Term Care Coordinator to respond.
8. If the program evaluation form expresses dissatisfaction with the Long Term Care Coordinator or designate, the Health & Social Services Director will deal with the issue/s.

Form 12 PROGRAM EVALUATION SURVEY

PROGRAM EVALUATION SURVEY
LONG TERM CARE SERVICES

Your cooperation in completing the survey is essential to the quality of service and care that is provided by the Long Term Care Program. Your time and participation is greatly appreciated, your response will be used to evaluate and improve our services to meet the changing needs of our community. All of your responses will be kept strictly confidential. Please complete the survey section as it applies to the service that you currently receive.

Please mark the following as it applies to you:

Male Female

16-20 21-25 26-30 31-35 36-40 41-45 46-50

51-55 56-60 61-65 66-70 71-75 76-80 80+

<i>Please check the appropriate box</i>		<i>Never</i>	<i>Seldom</i>	Often	Always
1.	Is our staff polite when speaking with you/your family?				
2.	Did our office contact you prior to service being started?				
3.	Does our staff arrive on time?				
4.	Do our staff wear clean clothes and have an overall neat appearance?				
5.	Does our staff wear uniforms and/or name tags?				
6.	Do our staff meet your expectations for:				
	➤ working independently?				
	➤ completing assigned care?				
	➤ job knowledge?				
7.	Do you have a regular staff person assigned to you?				

Please check the appropriate box		Never	Seldom	Often	Always
8.	Do we contact you when changes need to be made in the day or time of service?				
9.	Do we notify you when a different staff is being sent to your home?				
10.	Do you feel you are part of the process and kept informed of the changes made?				

Please rate the following services on a scale of 1 to 5 – circle the rating that best describes your opinion of the service you receive (rate only those services you actually receive).

CASE MANAGEMENT

Case management refers to the assessment, coordination and follow up of your services to ensure you receive the care you require.

1a. How would you rate the case management service that you receive?

5 Superior	4 Excellent	3 Good	2 Satisfactory	1 Unsatisfactory
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1b. How can we improve upon the service?

HOMEMAKING

2a. How would you rate the homemaking service that you receive?

5 Superior	4 Excellent	3 Good	2 Satisfactory	1 Unsatisfactory
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2b. How can we improve upon the service?

PERSONAL CARE

3a. How would you rate the personal care that you receive?

5 Superior	4 Excellent	3 Good	2 Satisfactory	1 Unsatisfactory
---------------	----------------	-----------	-------------------	---------------------

3b. How can we improve upon the service?

PHYSIOTHERAPY

4a. How would you rate the physiotherapy that you receive?

5 Superior	4 Excellent	3 Good	2 Satisfactory	1 Unsatisfactory
---------------	----------------	-----------	-------------------	---------------------

4b. How can we improve upon the service?

OCCUPATIONAL THERAPY

5a. How would you rate the occupational therapy that you receive?

5 Superior	4 Excellent	3 Good	2 Satisfactory	1 Unsatisfactory
---------------	----------------	-----------	-------------------	---------------------

5b. How can we improve upon the service?

OTHER (please specify): _____

6a. How would you rate this service?

5 Superior	4 Excellent	3 Good	2 Satisfactory	1 Unsatisfactory
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6b. How can we improve upon this service?

7. Do the Long Term Care Program Services you receive help you to remain in your home?

Yes _____ No _____

Chapter 7 INCIDENTS

Chapter: Incidents
POLICY NUMBER 7-1 **SERVICE COMPLAINTS**
Original Approval Date: April 5, 2012
Review Date:
Date Revisions Approved:

Page 1 of 2

POLICY

There are times when clients are dissatisfied with the manner in which a service is being delivered. All complaints are responded to in a serious manner and viewed as an opportunity to improve services to the community.

A client, or someone acting for the client, can make the complaint by contacting the Long Term Care Coordinator or designate. Confidentiality will be respected within the limitations of an investigation. Clients lodging complaints can do so without fear of interference, coercion, discrimination or reprisal. Clients also have the option of expressing their concern to the appropriate funding agency. In lodging a complaint, a client has the right to seek help from family, friends, or any other person.

PROCEDURES

1. In instances where a client is dissatisfied with the conduct of a staff member, resolution will occur in the following manner:
2. First Level: Complaint should first be raised with the staff person directly.
3. Second Level: When clients refuse to deal with the staff person whose actions they are complaining about or insist that they cannot communicate with him or her, the complaint may be raised with the staff person's immediate supervisor.
4. Third Level: When the previous levels of intervention do not produce a resolution the complaint may be raised with the Health and Social Services Director or designate. A decision will be made within ten (10) days of receiving the complaint.
5. Fourth Level: When concerns have not been resolved to the Individual's satisfaction during levels 1 – 3, the Health and Social Services Director will refer the complaint to the Executive Director. The Executive Director will conduct an independent review and evaluation of the process, providing recommendations.

6. Fifth Level: If the Executive Director is unable to resolve the issue, the Executive Director will refer the complaint to Chief and Council. Chief and Council shall make a final decision based on the facts.
7. Clients have the option to have a third party of their choosing present to help resolve the complaint.
8. The client may choose to submit the complaint verbally or in writing in the early levels of resolution (levels 1 – 3) but will be encouraged to put their complaint in writing for levels 4 and 5.
9. Information regarding complaints will be collated on an annual basis and reviewed with service providers as part of the quality improvement process.
10. The complaint review process will be completed within sixty (60) days of receiving the complaint.
11. Complaints must be received with courtesy, recorded, and dealt with in accordance with established procedures. Employees failing to do so may be disciplined.

POLICY

The Long Term Care Program is committed to ensuring that all services to clients will be delivered in ways that promote the health, safety and well-being of clients. The organization will take reasonable actions to prevent incidents, and will respond to all incidents in a timely manner designed to address the immediate needs of those involved, the longer-term consequences of the incident and the prevention of further incidents.

PROCEDURES

1. Definition

An incident is defined as any adverse or unusual occurrence which jeopardizes or harms the health, safety or well-being of an individual client or group while involved in any Long Term Care Program service. The harm may be of a physical, psychological, or emotional nature. Incidents can include acts or threats of violence or intimidation against clients, as well as actions, disputes or other significant problems that adversely affect clients.

2. Preventing Incidents

- a. The Long Term Care Coordinator is responsible to take reasonable precautions to ensure that conditions within the organization are safe for clients.
- b. All Long Term Care Program employees are responsible to avoid behaviours which are hazardous to the health, safety and well-being of clients.
- c. The Long Term Care Coordinator is responsible to monitor employee performance and to initiate training and/or disciplinary action if employees engage in behaviours which are hazardous to the health, safety and well-being of clients.

- d. The Long Term Care Coordinator and employees are responsible to report any circumstances or events which pose real or potential risk to the health, safety and well-being of clients within 24 hours of becoming aware of the circumstances.
- e. The Long Term Care Coordinator and employees are responsible to report risks and initiate action immediately when identified risks pose immediate or significant risk to clients.
- f. The Long Term Care Coordinator and employees are responsible to plan and implement strategies to eliminate or minimize conditions posing risks.

3. Responding to Incidents

- a. When an incident occurs, employees present at the time of the incident will assess the nature and severity of the incident to determine if there is further immediate or significant risk remaining and to identify an appropriate course of action.
- b. Employees will initiate action to reduce any immediate or significant risk and to remove those at risk from harm's way.
- c. Employees will give priority to seeking the assistance of emergency and/or medical services if required.
- d. Once made aware of an incident, the Long Term Care Coordinator or designate will ensure that required emergency and/or medical needs of clients and/or staff have been attended to.
- e. The Long Term Care Coordinator or designate may enlist the services of the police, health care and/or mental health providers, clergy, Elders or others who can provide insight and/or support to the client or others involved in the incident (with the consent of clients when appropriate).

4. Reporting Incidents and/or Risks

- a. Employees will take reasonable steps to verbally report all incidents to the Long Term Care Coordinator or designate immediately or as soon as is reasonably possible following the occurrence of an incident (no later than the start of the next business day).

- b. In the event of a serious or significant incident, employees will immediately notify the Long Term Care Coordinator or designate, or in the absence of the Long Term Care Coordinator or designate, the next most senior manager.
- c. Employees witnessing or involved in an incident will complete An Incident Report Form following notification of the supervisor and within 24 hours of the incident.
- d. Employees will place the incident report in a brown manila envelope, seal the envelope, label the envelope as an "Incident Report", and deliver it to the Long Term Care Coordinator or designate.
- e. The Long Term Care Coordinator or designate is responsible to inform the Health and Social Services Director of any incidents, the actions taken in response to the incident, the outcome of the incident and the response.
- f. The Health and Social Services Director will notify the Executive Director any incidents, the actions taken in response to the incident, the outcome of the incident and the response.
- g. The Executive Director is responsible to apprise Chief and Council of the incident, response and outcome of significant incidents.

5. Investigating Incidents

- a. The Long Term Care Coordinator or designate receiving the report is responsible to investigate the incident and to initiate remedial action to resolve the situation and to prevent reoccurrence of similar incidents.
- b. The investigation will consider the circumstances or factors contributing to the incident, the actions taken in response to the incident, and further actions necessary to resolve the incident.
- c. The Long Term Care Coordinator or designate and managers are also responsible to develop and implement appropriate strategies to prevent reoccurrences. Strategies might include changes in policies and/or methods of operation of the organization, and/or disciplinary action.
- d. The Long Term Care Coordinator or designate is responsible to document the investigation and outcome of all incidents.

6. Follow-up

- a. The Executive Director will establish and maintain an Incident Report file containing copies of all incident reports.
- b. The Long Term Care Coordinator or designate is responsible to ensure appropriate follow-up occurs and to keep the Health and Social Services Director apprised of progress, barriers and actions taken in response to incidents.
- c. The Health and Social Services Director is responsible to ensure appropriate follow-up occurs and to keep the Executive Director apprised of progress, barriers and actions taken in response to incidents.
- d. The Incident File will be reviewed annually by the Executive Director and supervisors to identify trends, ensure all follow-up has occurred and assess the effectiveness of strategies implemented in response to the incident.

Form 13 INCIDENT REPORT FORM

Thessalon First Nation

Incident Report - Page 1 of 2

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Verbal Report Made to: _____ Date & Time: _____

Who was present at the time of the incident (witnessed the incident):

Description of the Incident (please provide as much detail as possible, attach additional sheets if required, initial and date any additional sheets):

Action Taken and By Whom:

Incident Report - Page 2 of 2

Condition/State of Those Involved in the Incident:

Recommended Action or Follow-Up:

Employee Signature: _____

Date:

Supervisor's Signature Upon Receipt: _____

Date and Time of Receipt: _____