STANDARDS FOR UNACCREDITED SERVICE PROVIDERS

A RESOURCE GUIDE

April 2012

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1. INTRODUCTION

Community Living British Columbia (CLBC) has prepared this resource guide for unaccredited service providers under contract with CLBC. This resource guide contains the standards as well as clear direction about how to interpret and meet each standard. It also contains references to resources that are available to support your efforts to comply with the standards. Some of these resources are samples or templates which are provided in section eight of this guidebook.

The standards contained in this guidebook are based on the same standards used by accredited organizations that contract with CLBC. Our intent is to have consistency in our expectations and ensure that common basic standards are being met by all of our contracted service providers.

Overview

The standards you are applying are broken into a number of sections. These sections reflect important service delivery functions or content areas. These are:

- financial accountability
- health & safety
- human resources
- rights & informed choice
- accessibility

Application of Standards

These standards apply to providers that are not accredited with an approved third-party accrediting body (CARF, COA, or CQL). This includes providers with less than $500,000 combined total funding from CLBC and / or the Ministry of Children and Family Development.

Although there are a total of 24 distinct standards, standards 6 – 9 only apply if you are providing service in a facility that you own / operate and standards 10 – 16 apply only if you use staff or contractors to deliver service. The remaining standards apply to all unaccredited providers.

2. FINANCIAL ACCOUNTABILITY

Service providers are expected to be financially responsible and solvent. Your financial practices should adhere to established accounting principles and business practices as appropriate to the size and complexity of your business or organization.

Standard One

If the service provider is involved in managing the funds of the individuals they serve, a written procedure is followed that defines:

a) how the individual gives informed consent for use of his / her funds
b) how the individual will access the records of his / her funds
c) how the individual's funds will be separated from other funds for accounting purposes
d) the safeguards that are in place to ensure that funds are used for designated and appropriate purposes
e) how interest (if any) will be credited to the accounts of the individual
f) how a monthly account reconciliation is provided to the individual

guidance on fulfilling standard

This standard only applies in cases where you or your staff are actively involved in managing an individual's money on his / her behalf. It does not apply when you are simply supporting an individual to manage his / her funds, but that individual is still fully in control of and responsible for his / her own funds.

Where the standard applies, you must have a system in place to manage the funds of individuals you support. This includes having a written procedure that outlines exactly how the money will be accounted for and creating a system that is easy to use and well-understood. A sample procedure is provided to you as a tool for meeting the standard.

> ### *RESOURCES*
>
> ◪ sample *Handling Funds of Individuals* policy (7.1 in APPENDIX A)
>
> ◪ CLBC's *Role of Formal and Informal Representatives* policy - communitylivingbc.ca/wp-content/uploads/RoleofFormalandInformalRepresentatives.pdf

3. HEALTH AND SAFETY

Service providers should strive to maintain a healthy, safe, and clean environment that supports quality services and minimizes risk of harm to individuals, staff, and others involved in service delivery. This can be achieved through having an active health and safety program as well as clearly defined health and safety practices and procedures.

Standard Two

The service provider ensures immediate access to:

a) staff with valid first aid certification
b) first aid equipment and supplies appropriate to the setting
c) relevant emergency information on individuals and staff

guidance on fulfilling standard

It is important that you provide a safe setting for individuals and for those supporting them. Emergency resources, including people trained to respond and the location of first aid equipment and supplies, should be well known to staff and quickly available at all times.

The adequacy of first aid expertise should reflect the needs of those served as well as the service setting. At minimum, you should ensure that the individuals you support can quickly access a person with first aid expertise. Worksafe BC maintains regulations and guidelines that outline the general first aid requirements for workplaces as well as the recommended training for any individuals that are identified as first aid attendants. You should consult these guidelines to ensure that you have the appropriate first aid expertise available to those you serve and your staff.

You must maintain first aid supplies that are appropriate to the setting and consistent with Worksafe BC guidelines. These guidelines include the minimum recommended contents of first aid kits and the type of kit that is appropriate to support the number of individuals in a setting.

Section C of this standard gives you flexibility in determining the most accessible location for emergency information. This is information that might be needed if your employees or an individual is involved in an emergency. It may include information on medical conditions, emergency contacts, a primary doctor, allergies, or the use of medications or assistive devices. The most appropriate location will depend on the size and type of the program or service and its setting. You can collect such information in an employee / individual file, a notebook, or a specially designated file. It is recommended that information be in a format that could be removed from the site when an evacuation is necessary. If individuals are supported outside the primary

program location, a summary of this information must be available to the staff person providing support.

Standard Three

The service provider reviews and analyzes all critical, serious, and / or unusual incidents at least once per year. The review considers:

a) causes and trends
b) actions that will be taken to avoid future incidents
c) the results of efforts to avoid similar incidents from the previous year, including any relevant education or training that was completed by those involved

guidance on fulfilling standard

The analysis of incidents is critical to prevention of future incidents. Your review should include the following:

▪ determination of the cause of each incident – Did the incident occur as the result of something in the service environment (e.g. a problem with the facility), a lack of staff training, or a failure to follow expectations that either you as a service provider, CLBC, or an external body had outlined?

▪ identification of trends in incidents – Are common themes emerging in the incident reports? It is important to examine reports to identify any trends related to the location, time, staff involved, individuals involved, and the types of incidents.

Once this review is completed, you need to consider what, if any, action should be taken to prevent future incidents. You should ensure that all actions and recommendations for improvement and the necessary education and training of staff identified in the annual review are implemented and documented. Note that this review must include any incidents or unusual occurrences that were reported to CLBC.

Standard Four

The service provider ensures that individuals and staff are familiar with:

a) evacuation procedures
b) how to handle:
- fires
- natural disasters
- utility failures
- safety during a potentially violent and / or threatening situation included the possibility of a bomb threat

guidance on fulfilling standard

It is critical that you are prepared to respond to emergency situations. The procedures required for this standard should detail actions to be taken in the event of each type of emergency.

Although not all emergencies require evacuation, you and your staff should be prepared and know what to do to help the individuals you support and others to respond in emergency situations that require evacuation. The evacuation process should help staff to assess the situation and to take appropriate planned actions.

For natural disasters, you should evaluate safety concerns that relate to possible natural disasters in your community and their potential effects on your staff, the individuals you serve, and property (if applicable). Possible natural disasters are those typical of a particular location and may include severe storms (rain, wind, snow, ice), floods, earthquakes, tsunamis, landslides, avalanches, and forest fires. Procedures should be developed that detail action to be taken in the event of occurrence of a natural disaster.

Violent or other threatening situations may include explosions, gas leaks, the use of weapons, and bomb threats.

Standard Five

When transportation is provided to an individual in vehicles that are owned or operated and used by the provider (other than personal vehicles), each vehicle contains:

a) first aid supplies that are securely fastened within the vehicle
b) fire suppression equipment that is securely fastened within the vehicle

guidance on fulfilling standard

First aid supplies and fire suppression equipment should be securely fastened in each vehicle in order to prevent additional hazards in the event of an emergency stop or accident. You, as the service provider, can determine the most appropriate locations in which to secure these items. The type of equipment used should be appropriate to the size of the vehicle and number of individuals being transported.

NOTE: Standards 6-9 apply only if you are providing service in a facility that you own / operate. If this does not apply to you, move to standard 10.

Standard Six

The service provider is prepared to respond to emergency situations and:

a) has written emergency procedures for:
    - fires
    - natural disasters
    - utility failures
    - safety during a potentially violent and / or threatening situation including the possibility of a bomb threat

b) ensures that each emergency procedure addresses evacuation, including:
    - when evacuation is appropriate
    - how to ensure the complete evacuation from a facility
    - how to ensure that all evacuees are safe and accounted for
    - how to access temporary shelter if it is required
    - how essential services such as food and shelter will be maintained
    - emergency contact numbers for individuals and staff
    - how and when appropriate emergency authorities will be notified

c) conducts tests of each emergency procedure:
    - at least once a year
    - that includes an actual or simulated physical evacuation of the facility (as applicable)
    - that are analyzed for quality improvement opportunities
    - that result in improvement of practice where possible
    - that are documented

guidance on fulfilling standard

It is critical that you are prepared to respond to emergency situations. The procedures required for this standard should detail actions to be taken in the event of each type of emergency.

Although not all emergencies require evacuation, you and your staff should be prepared and know what to do to help the individuals you support and others to respond in emergency situations that require evacuation. The evacuation process should help staff to assess the situation, to take appropriate planned actions, and to lay the groundwork for continuation of service if that is essential. Essential services may include the provision of medications or assistance with daily living requirements. Temporary shelter might be needed if residential services are being provided.

Municipalities in British Columbia have disaster preparedness plans. Information about planning can be obtained from the Provincial Emergency Program website. This website and the Red Cross website have resources for emergency planning.

For natural disasters, you should evaluate safety concerns that relate to possible natural disasters in your community and their potential effects on your staff, the individuals you serve, and property (if applicable). Possible natural disasters are those typical of a particular location and may include severe storms (rain, wind, snow, ice), floods, earthquakes, tsunamis, landslides, avalanches, and forest fires. Procedures should be developed that detail action to be taken in the event of occurrence of a natural disaster.

For safe exit in the event of a power failure during hours of operation, you should maintain the following: emergency lighting systems; battery-operated flashlights, lanterns, or lamps; and /or an emergency generator system.

Violent or other threatening situations may include explosions, gas leaks, the use of weapons, and bomb threats.

Testing your emergency procedures by practicing them helps the individuals you support and staff to better respond in actual emergency situations. A test or drill does not necessarily require an actual evacuation, although evacuation is preferred when possible. Each emergency procedure (fires, natural disasters, utility failures, medical emergencies, and other threatening situations) should be tested annually at all locations where individuals are served. The test or drill should be realistic and occur at random on different shifts, if applicable. Review of the test results may indicate ways to improve your response and you should be able to provide evidence that you have acted on these results.

RESURCES

- sample *Written Procedures for Fire, Natural Disaster, Utility Failure, Medical Emergencies, and Safety During a Violent or Threatening Situation* **(7.4 in APPENDIX A)**

- sample *Emergency Drill Testing Form* **(7.5 in APPENDIX A)**

- *Your Emergency Preparedness Guide* **(Government of Canada Publication For Residences)**
  www.getprepared.gc.ca/_fl/pub/ep-gd-prprtn-eng.pdf

- **BC's Provincial Emergency Program -**
  www.pep.bc.ca/index.html

- **Public Safety and Emergency Preparedness Canada -**
  www.pubicsafety.gc.ca

- **The Canadian Centre for Emergency Preparedness -**
  www.ccep.ca

- **The Canadian Red Cross -**
  www.redcross.ca

Standard Seven

The service provider ensures that there is equipment and training appropriate to the setting and to the needs of individuals and staff for:

a) fire detection
b) warning of fire hazards
c) suppression of fires

guidance on fulfilling standard

This standard applies in instances where you are providing a facility for the delivery of services or housing for individuals, excluding live-in support.

The type of equipment necessary for fire detection, warning, and suppression will depend on the setting and on legal requirements and the requirements of provincial and local authorities, including licensing where that applies. In British Columbia, the primary document outlining requirements for facilities is the *British Columbia Fire Code*. However, there may also be local ordinances or requirements. If you are unsure of the requirements, contact your local fire department or the Office of the Fire Commissioner for more information. You may also contact your insurance company for more information.

The training required by this standard will vary depending on the type of services you provide and the type of facility in which the services are being delivered. The standards DO NOT require you to train your staff to fight fires. The training you provide may be as simple as ensuring that regular fire drills are conducted as required in Standard Six. However, if you have fire extinguishers at your facility and believe that staff may be required to use them, you can ask your local fire department about training in their use.

> ### RESOURCES
>
> - ***How to Prevent Fire* brochure from the Insurance Bureau of Canada -** www.ibc.ca/en/Home_Insurance/documents/brochures/How_To_Prvnt_Fire_brchr_ENG.pdf
> - **Office of the Fire Commissioner website -** www.pssg.gov.bc.ca/firecom/
> - **British Columbia Codes website -** www.bccodes.ca/bccodes_fire.htm

Standard Eight

For services provided on a regular basis in a specific facility, a comprehensive self-inspection for health and safety is conducted at least twice each year and on each shift (if applicable) and results in a written report that identifies the:

a) areas that were inspected
b) recommendations for improvement
c) actions that will be taken to respond to the recommendations

guidance on fulfilling standard

Self-inspections must include all facilities regularly used by you and your staff and the individuals you support. The purpose of self-inspections is to identify and correct any hazards. A self-inspection can also be used to assist you in preparing for inspections by external regulatory agencies, such as the fire department or licensing.

Your self-inspections should cover all applicable areas, including as appropriate:

- heating and cooling systems
- electrical systems
- emergency warning devices (e.g. fire and smoke alarms, carbon monoxide detectors)
- walking and working surfaces
- clear and unobstructed entrance & exit from the building
- health and sanitation related to:
  - food preparation
  - eating areas
  - bathrooms
- structural integrity of your facility
- storage of hazardous materials such as florescent lights, cleaning supplies, and other household chemicals

Any inspection process is incomplete until its findings have been reported and acted on in a timely manner. Each of your inspections should conclude with a report that identifies areas covered in the inspection, areas where improvement is required and an action plan to address these areas for improvement that includes identification of who is responsible for corrective action.

> **RESOURCES**
>
> - sample *Facility Self Inspection Form* **(7.6 in APPENDIX A)**

Standard Nine

In addition to self-inspections completed at facilities (see standard 7 above), health and safety inspections must be conducted at least once per year by a qualified external authority. These inspections must generate a report that identifies:

a) areas that were inspected
b) recommendations for improvement
c) actions that will be taken to respond to the recommendations

guidance on fulfilling standard

Annual external inspections compliment those don internally by you and your staff. They enhance or help to maintain your health and safety practices. External inspectors may include the following:

- a representative of the fire department
- a representative of a local health department (for licensed facilities)
- an engineer
- a representative of the licensing authority
- a representative of your insurance carrier

The externally conducted inspections could include many of the same elements noted in the standard for self- inspections. Although one inspection by an external authority that covers all areas of your facility is the minimum requirement of the standard, you may have several external inspections conducted over the course of the year that together cover all areas relevant to the operation of your programs or services.

4. HUMAN RESOURCES

The successful management of the people you employ is a critical aspect to ensuring that individuals receiving services are well cared for. Service providers should demonstrate that they value their human resources. It should be evident that your staff are involved and engaged in the success of the individuals they serve.

Standards in this section outline the minimum training that is required for staff. Support to staff includes appropriate orientation and training as well as regular feedback on performance as evidenced in evaluations and personal development plans.

NOTE: Standards 10-16 apply only if you use staff and / or contractors to deliver service. If this does not apply to you, move to standard 17.

Standard Ten

As appropriate to the setting and the type of service, the service provider can demonstrate that:

a) efforts have been made to recruit and retain qualified staff
b) they identify any trends in staff turnover (if any has occurred) and take appropriate action to promote stability and continuity in their workforce
c) there are an adequate number of trained and supported staff to deal with unplanned absences

guidance on fulfilling standard

Adequate, qualified staffing supports the safe and successful delivery of services. Elements a, b, and c do not require any specific documentation. However, you should be able to identify the actions you have taken related to this standard.

Keep in mind that CLBC requires you to report once per year on the delivery of service levels within each location of service. The number of staff available to provide services must be consistent with the service requirements and service levels set out in the contract with CLBC. When service levels are met this demonstrates appropriate coverage based on each individual's needs and attention to safety.

> **RESOURCES**
>
> ■ sample *Human Resources Trend Analysis* **template (7.7 in APPENDIX A)**

Standard Eleven

The service provider has and follows a procedure to:

a) verify backgrounds of staff in the following areas:
   - criminal record checks that comply with CLBC policy and the *Criminal Records Review Act*
   - driver's abstracts for those involved in providing transportation to individuals that comply with CLBC policy
   - immunizations (as required)

b) verify background checks and specific credentials (diploma, degree, license, certification, registration, etc.) required by staff:
   - with primary sources (i.e. information given directly to the provider by the issuing institution or organization)
   - prior to the delivery of services to the individual(s)
   - at stated intervals throughout employment
   - in response to information received

guidance on fulfilling standard

A procedure needs to be in place to verify staff credentials. A standard checklist can be used to demonstrate that you have met this requirement.

The procedures should also address what happens in the event that credentials cannot be verified or in the event that there is a positive result from a criminal record or driver's abstract check. Continued employment may depend upon positive verification for some positions. However, you as a service provider make the determination of when this should occur. With criminal record checks, you must follow the process outlined in the CLBC Contract/ Terms and Conditions/Schedule C- Service Requirements.

"Primary source" verification can occur when credentials are initially earned or at the time of hire. For clarification, copies of licenses or other credentials provided directly to you by staff do not meet this requirement. A copy of the credential or license, or some other documentation verifying the credential or license, must be provided directly to you by the organization that issued the credential (the issuing authority).

If an issuing authority does its own verification of education as part of its process for issuing a license or credential, then the license or credential can be considered a primary source verification of that person's education (e.g. an accounting certification body that requires and verifies an accounting degree as part of its certification process).

Standard Twelve

The provider maintains and annually reviews written job descriptions that identify the knowledge, skills, competencies, and characteristics required by staff to:

a) meet the needs of individuals
b) support the service provider to accomplish its mission and goals

guidance on fulfilling standard

Current job descriptions should be maintained for all employees. Although the standard does not specify the length or detail required for job descriptions, they should address the primary competencies, skills, characteristics, and knowledge base required for the job. Job descriptions typically include job qualifications and the reporting supervisor. Job descriptions should be kept current. Your job descriptions can then form the basis for annual performance evaluations of your employees.

Standard Thirteen

The provider ensures that orientation and ongoing training for all staff addresses, at a minimum:

a) a person-centered approach to service delivery
b) confidentiality and privacy requirements as outlined by CLBC and consistent with legal and contractual requirements
c) policies contained in *Schedule C* of CLBC's *Terms and Conditions*
d) diversity issues that are relevant to the individual(s) served by the service provider
e) expectations regarding appropriate conduct and personal boundaries

f) health issues and advocacy, including prompt communication about health issues experienced by the individual(s)
g) addressing the mobility needs of each individual, where applicable
h) reporting of suspected abuse and/or neglect
i) the rights of the persons served (see standards 17-22) and the rights of staff
j) unique needs of each of the individuals served by the provider

guidance on fulfilling standard

You need to be actively involved in ensuring that your employees clearly understand what is expected of them in supporting the individuals you serve. A program of initial and ongoing training helps to ensure that these expectations are understood and followed.

You need to ensure that all staff receive orientation and ongoing training in order to maintain their competency and to provide opportunities for their growth and development. A timely orientation is typically conducted within the first month of employment or placement. You need to ensure that new staff, volunteers or student placements are adequately trained prior to their providing direct services.

You can use a variety of approaches for staff orientation and ongoing training, including providing training during staff meetings, presenting training films or guest speakers, or reviewing other reference materials with staff. That could include books, articles, and materials available on the internet. There is no specific curriculum required by CLBC in any of the identified content areas. You are free to adapt material based on the individuals you support and your approach to service delivery.

Confidentiality and privacy requirements are outlined in the CLBC contract and should be reviewed with all staff. It is recommended that organizations have staff sign off that they understand and will follow privacy and confidentiality requirements as a condition of employment.

RESOURCES

- sample *Orientation Checklist for Staff* **(7.9 in APPENDIX A)**
- sample *Staff Training Checklist* **(7.10 in APPEDIX A)**
- sample *Internal Training Curriculum Outline* **(7.11 in APPENDIX A)**

Standard Fourteen

Documented and competency-based health and safety training is provided to all staff at orientation and annually in the following areas:

a) health and safety practices of the service provider
b) the identification of any situations or circumstances in the service setting that could pose a health and safety risk to staff or the individual(s)
c) addressing physical risks that might exist in the service setting as a result of providing services
d) responding to emergencies and completing evacuations as described in written procedures
e) the identification and reporting of critical incidents consistent with CLBC policy
f) the management of medications if the service provider is involved in supporting individuals to take their medications

guidance on fulfilling standard

In addition to the items identified above in the standard for orientation and ongoing training, you are also required to ensure that your staff are adequately trained on health and safety practices. This includes being able to identify and respond to situations that pose a health and safety risk (including emergencies), being able to report incidents, and being able to safely manage medications where you or your staff are involved in supporting individuals around their medication use.

Note that the testing of drills required in the standard for emergency procedures meets the requirement for training in this area as long as all staff participate in the testing.

> *RESOURCES*
>
> ◾ sample *Staff Training Checklist* **(7.10 in APPEDIX A)**

Standard Fifteen

Management of staff performance includes:

a) promotion guidelines for staff (where promotion is possible)
b) hiring guidelines for positions with the service provider that:
  - are based on knowledge, skills, and competencies identified in the job description
  - assess potential staff ability in relation to knowledge, skills, and competencies outlined in job descriptions

c) annual performance evaluations for all staff directly employed by the service provider that:
- are based on knowledge, skills, and competencies identified in the job description
- assess staff performance in relation to knowledge, skills, and competencies outlined in job descriptions
- are conducted by or in collaboration with the direct supervisor and provide opportunities for input from the staff being evaluated
- are used to:
  i. assess performance related to goals or objectives that were established during the previous evaluation
  ii. set measurable goals or objectives for the next year
- are in writing and contained in the employee's file

guidance on fulfilling the standard

If you have employees, you should identify the necessary skills and knowledge they must have to be successful in their jobs. These should be identified in their job descriptions.

To retain staff, it is important that there be good overall management of the evaluation process, which includes the possibility of promotion or change in job functions. If a job becomes available, staff should know where it will be posted and be clear on whether there is a possibility of competing for the position.

Performance evaluations are also an important component of staff success. It should be evident that staff have been actively engaged in their evaluation and have set performance goals for the next year. Your evaluation of staff should be based on what is expected of them as outlined in their job descriptions.

> **RESOURCES**
>
> - sample *Staff Posting, Transfer, and Promotion* policy (7.12 in APPENDIX A)
> - sample *Employee Performance Evaluation* template (7.13 in APPEDIX A)
> - sample *Employee Goal Plan* template (7.14 in APPENDIX A)

Standard Sixteen

Where the service provider uses contractors to provide services to individuals, an annual review is conducted of each contractor that:

a) assesses the performance of their contractual expectations

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b) ensures that they follow all applicable policies and procedures of the provider, including those required by CLBC

c) ensures that they conform to all applicable standards

guidance on fulfilling the standard

In some instances, you may use contractors instead of employees to deliver a component of your services. In this case, it is important to annually assess contractors to ensure that they have delivered services consistent with their contract requirements.

> **RESOURCES**
>
> ◼ **sample *Contractor Review Form* (7.15 in APPENDIX A)**

5. RIGHTS AND INFORMED CHOICE

Service providers should be actively involved in protecting and promoting the rights of all individuals as well as promoting informed choice. This commitment guides the delivery of services and ongoing interactions with the individuals served.

Standard Seventeen

The rights of an individual are:

a) communicated in a way that is meaningful to the individual
b) communicated prior to or at the beginning of service delivery
c) communicated at least annually for individuals served longer than one year
d) available at all times for review and clarification

guidance on fulfilling this standard

To ensure that individuals have a clear understanding of their rights, you are responsible for communicating and sharing these rights in a manner that is meaningful to them.

Staff must respect the rights, dignity, and worth of all individuals served. The manner in which the information about rights is shared should reflect the needs of the individual and may include verbal presentation, pictures and symbols, large print, translation into a different language, a consumer handbook, or use of a representative for the individual served. Methods will vary depending upon the individual (e.g. a different format or approach may be required when an individual does not use verbal expression as a primary method of communication).

> **RESOURCES**
>
> ◢ sample *Sharing Information on Rights* policy (7.16 in samples & templates)
>
> ◢ CLBC's *Rights and Safeguards: A Plain-Language Guide for Self-Advocates* - www.communitylivingbc.ca/wp-content/uploads/Rights-and-Safeguards.pdf

Standard Eighteen

The service provider implements policies promoting the rights of individuals in the following areas:

a) confidentiality of information
b) freedom from any form of:
    - abuse
    - financial or other exploitation
    - retaliation
    - humiliation
    - neglect
c) access to information in sufficient time for an individual to make decisions
d) informed consent (or refusal) and expression of choice regarding:
    - the service(s) in which an individual agrees to participate
    - procedures and / or techniques used by the provider to support the individual in the areas of health and personal care
    - the release of personal information (consistent with contract requirements and FOIPPA provisions)
    - the individuals that will be providing services, where possible and appropriate
    - involvement in any form of research, if applicable and only where approved by CLBC, including a requirement to follow research guidelines and ethics requirements as approved by CLBC
e) access to self-help and advocacy support services
f) investigation and resolution of any alleged infringement of rights the individual has experienced as a result of involvement with services delivered by the provider

guidance on fulfilling standard

To demonstrate a commitment to rights and informed choice, you should implement policies on rights that nurture and protect the dignity and respect of the individuals you serve. All information should be transmitted in a manner and fashion that is clear and understandable.

As a service provider, you are also expected to protect the individuals you support from physical, sexual, psychological, and financial abuse; harassment and physical punishment; and humiliating, threatening, or exploiting actions. Sexual abuse or harassment includes any gestures, verbal or physical, that reference sexual acts or sexuality or objectify the individual sexually. Financial abuse refers to any exploitation of the individual served for financial gain. This abuse could include misusing the funds of the individual served or taking advantage of your relationship with the individual served.

You must also be familiar with CLBC's requirements for maintaining confidentiality. There are some circumstances under which information may be disclosed without consent for that release. In general, this includes situations where you are compelled by an order from the Court to provide the information or situations where an individual may pose an immediate threat of harming themselves or others or their health is at immediate risk. If unsure, it is important that you contact your local CLBC Quality Service office to review the specific issues. Regardless of the circumstance, you should immediately inform CLBC of any instance where you have disclosed confidential information about an individual without their consent.

> **RESOURCES**
>
> - **CLBC's Confidentiality and Information Sharing policy -** **www.communitylivingbc.ca/wp-content/uploads/Confidentiality-and-Information-Sharing.pdf**
> - **sample *Consent To Release Information Form* (7.17 in APPENDIX A)**

Standard Nineteen

The service provider is aware of the legal status of individuals and is able to refer individuals to resources related to legal status if appropriate (how to contact the Office of the Public Guardian and Trustee, NIDUS for support with Representation Agreements, etc.).

guidance on fulfilling standard

Under BC's adult guardianship legislation, all individuals in BC are deemed capable until formally and legally determined not to be. However, there are circumstances in which some individuals may need support to make important decisions regarding healthcare, finances, or life planning. Individuals may have formal decision-makers to make decisions on their behalf or to assist them in making decisions. These include Committees appointed by the Supreme Court and representatives designated through a Representation Agreement. They may also have a Temporary Substitute Decision Maker chosen by a health care practitioner for specific health care procedures. In some situations the Public Guardian and Trustee may have the legal authority to make decisions on behalf of individuals.

You should be aware of the legal status of the individuals you support and should discuss the implications of that status with your CLBC liaison.

Standard Twenty

The service provider has a formal and documented complaints process that is consistent with and references CLBC's *Complaints Resolution Policy*.

guidance on fulfilling standard

While it is desirable for concerns and issues to be resolved informally through open and respectful processes, you also need to ensure that individuals have access to a formal complaint process. You may develop your own policy and process as long as it is consistent, fair, and provides access to review up to and including the head of your agency. However, it must always be clear to individuals that they have every right to access CLBC's complaint resolution process or connect with external advocates or networks of support. The availability of support from CLBC must be communicated to individuals and used, as needed, to resolve complaints and grievances.

Standard Twenty-One

The service provider conducts an annual review of all formal complaints that includes:

a) an analysis of causes and trends
b) actions that will be taken to avoid future complaints or grievances
c) the results of efforts to avoid complaints or grievances from the previous year, including any education or training that was completed

guidance on fulfilling standard

This requirement only applies to formal complaints. A review of formal complaints, grievances, and appeals can give you valuable information to assist in making changes that results in better services and results for the persons served.

> **RESOURCES**
>
> ☑ sample *Complaint And Grievance Analysis* **template (7.18 in APPENDIX A)**

Standard Twenty-Two

Individuals are given information about how to safely access:

a) community resources that may be helpful
b) all locations and facilities in which service is delivered
c) emergency support
d) support if the provider is unable to deliver service for some reason

guidance on fulfilling standard

The information outlined in this standard may be provided during an orientation to the service. It could also be an education session that is held at various times during the time an individual receives service. The level of education and involvement will depend upon the capabilities of the individual served. An education program can consist of a variety of techniques that would best assist an individual to understand, e.g. describing it through pictures or by actual demonstration.

> **RESOURCES**
>
> ☑ sample *Orientation Checklist for Individuals* **(7.19 in APPENDIX A)**

6. ACCESSIBILITY

Service providers should promote accessibility and the removal of barriers for the individuals they serve and for other stakeholders. Promoting accessibility should be a planned activity that involves specific actions and regular monitoring.

Standard Twenty-Three

The service provider develops and maintains an accessibility plan that:

a) addresses the needs of individuals, staff, and other stakeholders
b) identifies barriers in the following areas:
   * architecture of any buildings or facilities regularly used by the provider
   * the service delivery environment
   * attitudes
   * financial barriers (if any)
   * communication barriers
   * transportation barriers
c) any other barrier identified by the:
   * individuals
   * staff
   * other stakeholders
d) timelines for removal of identified barriers
e) actions for removal of identified barriers

guidance on fulfilling standard

You should be able to discuss plans to improve accessibility and remove barriers. It is important to address accessibility issues in order to:

- enhance the quality of life for the individuals you are serving
- implement non-discriminatory employment practices (if applicable)
- meet legal and regulatory requirements
- meet the expectations of others involved in service delivery

The standards require that you create and implement action plans to address and remove barriers that impact individuals' ability to access services and participate in the community. Your plan should be developed with input from individuals, your staff, and other community members that are regularly involved in an individual's life to assist in the identification of barriers.

When identifying potential barriers to services, you need to look at barriers within the agency itself and in the community, including the attitudes staff and others outside the service have of persons with disabilities, which may greatly impact access to services. Sometimes barriers which lead to discrimination can be subtle or unintended and can

provide opportunities for change (e.g. encouraging a salesperson to speak directly to an individual you are supporting rather than to the staff that accompany them).

The requirement to address architectural or "physical" barriers only applies to service providers that maintain physical facilities. They are generally easy to identify and may include steps that prevent access to a building for an individual who uses a wheelchair, narrow doorways that need to be widened, bathrooms that need to be made accessible, the absence of light alarms for individuals who have a hearing impairment, and the absence of signs in Braille for individuals who have visual impairments.

Environmental barriers can be interpreted as any location or characteristic of the setting that compromises service delivery. For example, some facilities may be located in areas where the individuals or staff do not feel safe or feel that confidentiality may be risked. In addition to such external environmental barriers, internal barriers might include noise level, lack of sound proofing for rooms, or type or lack of furnishings that impact the comfort level of the individual and staff.

Attitudinal barriers might include:

- the terminology and language that your organization uses in its literature or when you communicate with persons with disabilities, others involved in service delivery, and the public (e.g. does your organization use "person first" language?)
- how persons with disabilities are viewed and treated by your organization, their families, and the community (e.g. dependent versus independent or interdependent and not valuable versus valuable)
- whether or not input from individuals and their families or personal networks is solicited and used

Communication barriers might include the absence of plain language materials for individuals, the lack of communication devices for individuals, or the absence of material in a language or format that can be easily understood.

Transportation barriers might include individuals being unable to reach service locations at all or to participate in the full range of services and other activities due to a lack of appropriate transportation.

Barriers to community integration could include any barrier that would keep an individual from participating in their community of choice. For example, participation in sports may be limited by the lack of a lift at the public swimming pool for access by individuals with limited mobility.

You should consider all eight potential areas for barriers identified in the standard as well as any other barriers that may exist in the internal or external environment. Note that there may be areas with no identified barriers (e.g. no transportation barriers because transportation is provided).

Standard Twenty-Four

An accessibility status report about the removal of barriers identified in the accessibility plan:

a) is prepared at least once per year in writing
b) includes progress made in the removal of identified barriers and areas needing improvement

guidance on fulfilling standard

The status report may include a method for the regular reporting of progress being made in removing barriers. Some organizations use simple checklists that are updated monthly or quarterly that identify the date due, date completed, person responsible, and a place for comments when the goals are not met.

A status report may include:

- a description of the barriers
- a description of the proposed solutions
- the person responsible
- the date due
- the actual completion date
- remarks

The removal of some barriers, especially those requiring financial resources or the support of external authorities, may be difficult to remove. The standards for accessibility only require that barriers, timelines for removal and actions for removal be identified and that progress on removal be documented.

7.1 HANDLING FUNDS OF INDIVIDUALS POLICY

PURPOSE
We encourage individuals receiving services to handle their own finances and/or to be actively engaged in all decisions regarding their funds.

If support is required, this policy should be referenced to ensure that the handling of funds by the service provider for individuals is transparent, ethical, and efficient and that all such funds are appropriately safeguarded and accounted for at all times.

DEFINITIONS
funds – any money received by the individual and designated for them to use at their discretion

POLICY STATEMENT
The service provider will support individuals to handle their funds only if such support is required and requested by the individual, their legal representative, or someone otherwise designated by that individual.

Where support is provided, all funds are to be segregated for each individual, accessed and utilized at their request or the request of a legal authority, and accounted for at all times. There is no fee or charge for this support and the funds may not be used in any way to pay for or subsidize CLBC funded services and supports.

PROCEDURES
For funds handled directly by the service provider the following procedures apply:
1) An account with a balance sheet is to be established for all individuals for whom this support is to be provided. Funds are to be kept in secure, locked location and segregated.
2) The individual may access their funds by making a request to staff. Should a staff person have concerns about the request, the matter is to be discussed with the individual in a respectful manner and the person responsible for program oversight is to be consulted prior to providing the funds to the individual.
3) All deposits and withdrawals/expenditures of funds are to be recorded on the balance sheet. All purchases made by staff on the individual's behalf require a receipt or reasonable accounting by the staff person involved.
4) The service provider will take responsibility for up to $250 in funds through an internal account. Larger sums of money are to be handled through a personal bank account set up in the name of the individual.
5) The record of the individual's funds (balance sheet) can be accessed for review by the individual or those authorized by the individual or their legal representative at any time.
6) A monthly reconciliation of all accounts is to be completed by the person overseeing the program or service. A copy of this reconciliation is to be provided to the individual and/or their legal representative where appropriate.

Where support is provided for the use of a personal bank account, the following procedures must be followed:

1) The service providers must identify the specific staff person(s) that are authorized to provide this support to an individual.
2) The individual may access their funds by making a request to staff. Should a staff person have concerns about the request, the matter is to be discussed with the individual in a respectful manner and the person responsible for program oversight is to be consulted prior to providing the funds to the individual.
3) All transactions are to be recorded in a balance book, including the accrual of interest and any service charges.
4) In the event that a staff person with signing authority is no longer employed, the service provider will take responsibility to inform the financial institution and make arrangements to transfer authority to another staff person.
5) A monthly reconciliation is to be performed by the individual overseeing the program or service. A copy of this reconciliation is to be provided to the individual.

7.2 SAMPLE ANNUAL INCIDENT REVIEW POLICY

PURPOSE
This policy promotes continuous learning based on an analysis of the patterns and trends of critical incidents and noteworthy or unusual occurrences. By analyzing events, the service provider can identify and implement changes in how services are delivered that improve the safety and well being of individuals served.

DEFINITIONS
critical incident – serious or unusual events that involve an individual receiving services funded by CLBC

POLICY STATEMENT
The service provider will complete an annual analysis of all incidents and events recorded as critical, unusual, or noteworthy. The analysis will consider any identifiable trends, patterns, and implications of these incidents and events and will be directed towards defining actionable recommendations for maintaining or improving safety.

PROCEDURES
All noteworthy or unusual incidents are documented and reported. Incidents defined as critical must be documented and reported to CLBC in accordance with their *Critical Incidents Policy*.

An analysis of all events is completed at least once per year. This analysis includes a summary of all incidents by type. The analysis also considers any patterns or trends such as:

- whether specific individuals or staff persons are consistently involved
- whether specific locations or service delivery sites have more incidents or events than others
- whether there are particular times of day, month or year that have more incidents or different types of incidents than others

Recommended actions resulting from the analysis must be clearly stated. A plan that includes specific actions, persons responsible, and timelines will be created based on recommendations. As part of the analysis, the results of actions from the previous year's planning will be reported or updated, including noting any training or education that was completed.

If there have been no incidents within a given year, no action is required.

REVIEW OF INCIDENTS

List all incidents that occurred in the last year. Note key characteristics using the table below (add more lines if required).

incident type	month	time of day (morning, afternoon, evening, night)	staff member(s) involved – use initials only	individual(s) involved – use initials only	facility or location

ANALYSIS OF INCIDENTS

1) Are there any patterns apparent in the incidents listed above? Consider type of incident, persons involved, time of day / month, or location. If yes, please describe:

2) Are there any other apparent patterns or trends based on your review of the incidents?

FOLLOW-UP ON LAST YEAR'S PLAN

List the actions identified in last year's plan and note any follow-up required.

incident type	month	time of day (morning, afternoon, evening, night)	staff member(s) involved – use initials only	individual(s) involved – use initials only	facility or location

ACTION PLAN FOR COMING YEAR

List the actions identified in last year's plan and note any follow-up required.

action	person(s) responsible	timeline for completion

7.4 SAMPLE WRITTEN PROCEDURES FOR FIRE, NATURAL DISASTER, UTILITY FAILURE, MEDICAL EMERGENCIES, AND SAFETY DURING A VIOLENT OR THREATENING INCIDENT

IMPORTANT NOTE

The following procedures are intended as a sample only.

The actual procedures required for any setting will depend on the type of services being delivered, the location, number of individuals served, and the potential risks that exist in the specific environment.

These samples are intended to provide a starting place for establishing immediate response procedures to emergencies at a program or service delivery level. They do not address the need for contractors to consider a broader business continuity plan.

Guidance on developing business continuity plans can be accessed through the Canadian Centre for Emergency Preparedness (http://www.ccep.ca).

PURPOSE
In the event of an emergency, it is critical that individuals and staff be prepared and provided with the appropriate tools and resources to respond effectively.

DEFINITIONS
emergency – a sudden unforeseen crisis (usually involving danger) that requires immediate action

violence – the attempted or actual exercise by a person, of any physical force so as to cause injury to staff or to an individual, and includes any threatening statement or behaviour which gives reasonable cause to believe that there is a risk of injury

POLICY STATEMENT
The service provider is prepared to protect and safeguard the well being of individuals, staff, and facilities during emergency situations.

PROCEDURES
The service provider is prepared to respond to emergency situations including:
- medical emergencies and/or serious illness or individuals or staff
- fire
- natural disasters
- utility failures
- safety during a violent or threatening situation, including the possibility of a bomb threat

Responding to each emergency is intended to:
- address the needs of all individuals and staff
- specify appropriate responses to various emergencies, including evacuation where appropriate
- address voluntary or involuntary closure of facilities in emergency situations
- ensure that notifications of family and other appropriate authorities (including CLBC) occurs

All procedures pertaining to emergency response will be in compliance with Worksafe BC regulations and consistent or coordinated with local emergency response plans.

The service provider will ensure that any program site where persons with mobility challenges are served or employed will have a specific and individualized plan to evacuate those persons in an emergency.

GENERAL PROTOCOLS
In any emergency situation, staff will take any and all reasonable actions to ensure the safety of individuals and co-workers. In order to do so, staff are instructed to ensure their own safety prior to assisting others and to only assist others when it is safe to do so.

An incident report must be completed for all emergency events, situations, or circumstances involving individuals and/or staff.

ACCESS TO EMERGENCY INFORMATION
Emergency contact numbers and emergency medical information for each staff person as well as emergency and descriptive information for each individual services will be kept in a secure, easily-accessible file at each site and in a portable file as appropriate to the program setting.

All emergency information will be collected on a need-to-know and voluntary basis and will be treated as confidential. In the case of evacuation from a facility, a designated staff person at each site will ensure that the file of emergency information is taken from the building as part of the evacuation procedure.

Emergency information about individuals may include: name, age, emergency contact information, distinguishing features, medical conditions including allergies, medications, physician's name and contact information, and health care number. Emergency information about personnel may include emergency contact information, emergency medical information such as allergies, and health care number.

1) evacuation
Each service will develop program and site specific procedures for the successful evacuation of buildings and facilities during an emergency. These procedures will be posted in common areas. All evacuation procedures must be in plain language and must clearly identify:

- the route(s) to exit the building in case of emergency

- a meeting point for individuals that is a safe distance from the building and offers shelter if possible
- the person/position responsible for ensuring that all individuals are successfully evacuated
- the person responsible for accessing emergency supplies/materials when appropriate
- the location of alternate shelter if remaining at the location is not possible or reasonable (location of a comparable facility, community emergency shelters, or local emergency response contacts)

All staff will be given adequate instruction in their program's evacuation procedures at the time of hire and will participate in annual tests of all emergency procedures (see PRACTICES OF EMERGENCY PROCEDURES AND EVACUATION in section 9 below).

For residential services, emergency preparedness must include a plan to provide alternate support for all individuals as well as to provide for basic needs for a period of 72 hours (instructions for preparing a 72 hour emergency kit can be accessed at: http://www.getprepared.gc.ca/knw/kt/bas-eng.aspx).

2) response to fire or suspected fire
In the event of a fire at a facility, the staff person(s) who first becomes aware of the situation will sound the fire alarm (where one exists) and/or yell "FIRE, FIRE, FIRE". The staff person sounding the alarm is to call 911 immediately and report the fire if it is safe to do so.

When a fire alarm is heard or when "FIRE, FIRE, FIRE" is yelled, all staff are to react as if it is an emergency and exit the building immediately following the site evacuation plan.

The first staff to reach the evacuation meeting point is to call 911 to report the fire (if the fire has not already been reported) and then report the emergency to the appropriate senior staff person or supervisor. Confirmation of the evacuation of all individuals and personnel is to be completed as outlined in the site evacuation plan.

When the "ALL CLEAR" is given by appropriate emergency response personnel (i.e. fire department personnel), staff and individuals may return to the program area.

In the event that the staff and individuals are not able to return to the building, the emergency contact persons for all individuals are to be informed and arrangements made for the individuals to be returned to their homes. For residential services, the site specific plan for providing alternate support (described above) should be implemented.

3) response for medical emergencies
The staff person who first becomes aware of the situation will assess and call 911 immediately or ask another staff to call 911 and report back. Staff are to follow the instructions given by 911 or other emergency services personnel.

Staff with valid first aid certification should administer care as appropriate and provided it is safe to do so. They should continue with first aid procedures until emergency personnel arrive to relieve them or as directed by 911 personnel.

Once the primary response has been initiated, staff will inform the individual's emergency contact person and remove other individuals and staff from the scene as appropriate.

All facilities will have first aid kits and emergency medical information on participants and staff for use in case of medical emergencies. Staff should be familiar with the location and content of first aid kits and the location of emergency medical information (reviewed during orientation).

While in the community, first aid supplies, a communication device, and emergency medical information for individuals and staff will be readily available.

4) response for natural disasters

Prior to undertaking any activity where weather may affect the well-being of individual, staff will check current weather information and forecasts or information regarding forest fires or flooding from appropriate authorities. Staff will exercise their best judgment and modify plans accordingly.

The most likely emergency conditions include a severe winter storm, a severe wind storm, forest fires, flooding, earthquakes and tsunamis. The response for each is outlined below:

a) in the event of a severe winter storm

Staff will maintain awareness of weather forecasts when storms are predicted and exercise judgment regarding the best course of action.

In the event that the storm is likely to impact the safety of travel on local roads or potentially impact access to agency facilities, staff may implement a shutdown of operations (as described in the section on SHUTDOWN in section 8 below).

Where residential services are provided and a shutdown is not possible, staff should prepare to ensure the safety of individuals by maintaining appropriate emergency supplies (as described in the section on EVACUATION in section 1 above).

In the event that staff are unable to implement shutdown procedures and it is unsafe to remain in the facility, staff will contact local emergency response personnel, assess the situation, and respond accordingly. In the event of major emergencies or disasters, local emergency response personnel set up Emergency Response Centres where staff and individuals can be accommodated. The evacuation procedures for each site should include reference to the local emergency contacts and/or the location of community emergency shelters.

b) in the event of a severe wind storm

Staff will maintain awareness of weather forecasts when storms are predicted and exercise judgment regarding the best course of action.

If a severe wind storm occurs while facilities are in operation, all staff and individuals will be asked to remain indoors. Staff should note the location of any outdoor hazards such as large trees and should move all staff and individuals to the safest or least hazardous part of the facility.

In the event that the windstorm causes damage to a facility, staff will ensure their personal safety and the safety of all participants by moving to a safe location in the building or evacuating the building following the site evacuation procedures. In the event that it is unsafe to remain in the facility, staff will contact local emergency response personnel, assess the situation and respond accordingly. In the event of major emergencies or disasters, local emergency response personnel set up Emergency Response Centres where staff and individuals can be accommodated. The evacuation procedures for each site should include reference to the local emergency contacts and/or the location of community emergency shelters.

If a severe windstorm occurs during after-hours, staff will inspect facilities and grounds upon returning to work to ensure they are safe prior to resuming regular operations.

c) in the event of a forest fire

Staff will maintain awareness of any forest fires that could impact operations through local media or online at http://bcwildfire.ca/. When fires are predicted to impact an area where services are provided, staff are to exercise judgment regarding the best course of action.

In the event that smoke is impacting services by preventing outdoor activities, staff are to make arrangements for services to be delivered indoors or in a location not impacted by smoke. Where individuals experience health issues as a result of smoke, staff are consult with the individual's physician or other appropriate medical personnel.

In the event that the fire is likely to impact the ability to travel on local roads, or potentially impact access to facilities due to evacuation, staff may implement a shutdown of operations (as described in the section on SHUTDOWN in section 8 below).

Where residential services are provided and a shutdown is not possible, staff should prepare to ensure the safety of individuals by maintaining appropriate emergency supplies (as described in the section on EVACUATION in section 1 above).

In the event that staff are unable to implement shutdown procedures and it is unsafe to remain in the facility, staff will contact local emergency response personnel, assess the situation and respond accordingly. In the event of major emergencies or disasters, local emergency response personnel set up Emergency Response Centres where staff and individuals can be accommodated. The evacuation procedures for each site should include reference to the local emergency contacts and/or the location of community emergency shelters.

d) in the event of flooding or landslide

Staff will maintain awareness of weather forecasts and emergency information through local media when flooding is predicted and exercise judgment regarding the best course of action.

In the event that flooding or a landslide is likely to impact the ability to travel on local roads, or potentially impact access to facilities due to evacuation, staff may implement a shutdown of operations (as described in the section on SHUTDOWN in section 8 below).

Where residential services are provided and a shutdown is not possible, staff should prepare to ensure the safety of individuals by maintaining appropriate emergency supplies (as described in the section on EVACUATION in section 1 above).

In the event that staff are unable to implement shutdown procedures and it is unsafe to remain in the facility, staff will contact local emergency response personnel, assess the situation and respond accordingly. In the event of major emergencies or disasters, local emergency response personnel set up Emergency Response Centres where staff and participants can be accommodated. The evacuation procedures for each site should include reference to the local emergency contacts and/or the location of community emergency shelters.

e) in the event of an earthquake while inside of a building

Staff should assist individuals to take cover under a heavy table, desk, or any solid furniture and hold on. If heavy furniture is not available or inadequate or if in a hallway, staff should assist individuals to flatten themselves or crouch against an interior wall. Staff will, to the best of their ability, ensure that individuals stay away from windows, glass partitions, mirrors, fireplaces, bookcases, tall furniture and light fixtures and avoid doorways. Individuals will be instructed to protect their head, face, and neck.

Once the shaking has stopped, staff are to assess the situation. If there appears to be damage or the potential that damage has occurred, staff are to implement an immediate evacuation following site evacuation plans.

f) in the event of an earthquake while outside

Staff will assist individuals to move to an open area away from buildings and sidewalks taking particular care to avoid windows, buildings (or any other structure that could collapse), overhead wires, downed electrical wires, power lines and telephone poles. Once the shaking has stopped, staff are to assess the situation. If the earthquake is minor and there appears to be little damage, staff may be able to resume operations or support individuals to safely return to their homes. In the event of a major earthquake, staff should take appropriate actions to ensure the safety of individuals and follow instructions of emergency personnel.

g) in the event of an earthquake while operating a vehicle

Staff are to pull over to a safe place where they are not blocking the road, avoiding bridges, overpasses, underpasses, buildings, or anything that could collapse on the vehicle. Staff and individuals should remain in the vehicle.

Staff should listen to the vehicle radio for instructions from emergency officials. In the event that a power line falls across a vehicle, staff should NOT attempt to get out of the vehicle. Wait to be rescued.

Staff are to place a HELP sign from the vehicle emergency equipment in the vehicle window if assistance is required.

h) in the event of a tsunami

All facilities operating in areas that could be at risk during a tsunami should be familiar with their tsunami evacuation route.

In the event of a tsunami (warning sirens are activated or local media has issuing a warning), staff are to evacuate the facility following the evacuation procedures and move to high ground following a marked tsunami route.

Staff should listen to the vehicle radio for instructions from emergency officials.

5) response for utility failures

a) in the event of an electrical outage

All programs will have flashlights or other emergency lighting available.

If the outage occurs during regular business hours, staff will ensure the safety of all individuals. Staff will ensure that all individuals are accounted for and remain in the room or space they were in prior to the outage unless unsafe to do so.

Staff should be aware of the location of the main electrical panel for their location (as appropriate) and should check to see if the outage is due to a breaker being tripped. If the outage last more than 15 minutes, staff will contact the appropriate utility authority to advise them of the outage and seek direction.

In the event that the outage is likely to last for an extended period of time or where loss of electricity will impact heating systems during cold weather periods, staff may implement a shutdown of operations (as described in the section on SHUTDOWN in section 8 below).

Where residential services are provided and a shutdown is not possible, staff should prepare to ensure the safety of individuals by maintaining appropriate emergency supplies (as described in the section on EVACUATION in section 1 above).

In the event that staff are unable to implement shutdown procedures and it is unsafe to remain in the facility, staff will contact local emergency response personnel, assess the situation and respond accordingly. In the event of major emergencies or disasters, local emergency response personnel set up Emergency Response Centres where staff and individuals can be accommodated. The evacuation procedures for each site should include reference to the local emergency contacts and/or the location of community emergency shelters.

b) in the event of a gas or water outage
Staff will contact the local municipality in the event of a water outage and the gas provider in the event a gas outage to advise them of the outage and seek direction. Staff should be aware of the location of the main gas and water shutoffs for their location.

In the event that the outage is likely to last for an extended period of time or where loss of gas service will impact heating systems during cold weather periods, staff may implement a shutdown of operations (as described in the section on SHUTDOWN in section 8 below).

Where residential services are provided and a shutdown is not possible, staff should prepare to ensure the safety of individuals by maintaining appropriate emergency supplies (as described in the section on EVACUATION in section 1 above).

In the event that staff are unable to implement shutdown procedures and it is unsafe to remain in the facility, staff will contact local emergency response personnel, assess the situation and respond accordingly. In the event of major emergencies or disasters, local emergency response personnel set up Emergency Response Centres where staff and individuals can be accommodated. The evacuation procedures for each site should include reference to the local emergency contacts and/or the location of community emergency shelters.

6) response for violence or threat of violence
The service provider will comply with Worksafe BC regulations regarding violence in the workplace (http://www.wcb.pe.ca/photos/original/wcb_wpviolence.pdf).

The purpose of this procedure is to eliminate or minimize the risk posed by violence or threat of violence in the workplace. Violence includes the attempted or actual exercise by a person of any physical force so as to cause injury to staff or to an individual and includes any threatening statement or behaviour which gives reasonable cause to believe that there is a risk of injury.

Staff should be aware of the signs of escalating risk and take appropriate actions to protect themselves and persons served from potential harm. The signs of escalation might include confusion, frustration, anger, or hostility. Staff may attempt to deal with a situation by using the following basic approaches:

- listen, ask clarifying questions, supply facts (do not become argumentative)
- relocate to a quite, safe location and reassure the individual
- if the situation continues to escalate, disengage and/or draw another staff person into the conversation if appropriate
- if the situation continues to escalate, isolate the individual if possible, alert other staff, and prepare to evacuate the premises following the site evacuation plan

All situations involving actual or threatened violence should be reported to a supervisor immediately and should be documented on a *Critical Incident Report* form.

Police will be called to assist with incidents of workplace violence which violate the *Criminal Code of Canada*.

7) response to bombs threats

Under no circumstances will either staff or individuals attempt to locate or handle a bomb or potential bomb.

The person receiving the threat will notify the staff person in charge immediately. The staff person in charge will immediately CALL 911 and notify the police and the fire department and seek their direction regarding evacuation or other appropriate steps. Staff are to follow all directions given by emergency personnel.

In case of a telephone threat, the person receiving the threatening call will attempt to get as much information as possible, including:

- where the bomb is planted or is going to be planted
- description of the caller (e.g. male/female)
- voice characteristics or accents
- affiliation with a political group
- background voices or noises
- anything which may identify the caller or where the call was coming from

This information should be relayed to the staff person in charge and/or 911 personnel immediately.

8) shutdown of operations at a facility

Staff may affect the shutdown of a program or facility under the circumstances described in the procedures above or when directed to do so by senior staff or emergency personnel. The general procedures for shutdown are as follows:

- emergency contacts for all individuals are to be informed of the shutdown
- staff are to arrange for the safe transport of all individuals to their homes or make alternate arrangements when returning home is not possible
- staff are to confirm the full evacuation of the facility and secure it prior to leaving
- emergency information for individuals should be removed from the premises and stored in a safe location until the shutdown is ended

Staff will monitor weather or other conditions that precipitated the shutdown and end the shutdown when safe to do so. All staff will be contacted and individuals and/or family members will be informed as appropriate.

Staff will inspect facilities and grounds upon returning to work to ensure they are safe prior to resuming regular operations.

9) practices of evacuation and emergency procedures

Practices of emergency procedures must be held at least once a year to ensure awareness of the procedures and the effectiveness of evacuation protocols. The service provider will maintain records of annual practices of all emergency procedures (including evacuation) conducted at each facility and on all shifts.

The service provider will ensure that all locations in which residential services or group community inclusion services are offered conduct monthly fire drills during periods of both activity and rest and that all other services meet legal requirements for fire drills.

All practices of emergency procedures will be documented on an *Emergency Drill Testing Form* (see sample in section 7.5 below) which includes the results of the practice and any follow-up or action required to improve performance. A copy of each practice must be maintained on site.

7.5   SAMPLE EMERGENCY DRILL TESTING FORM

date of drill: _____   location: _____

emergency procedures tested
- ☐   fire
- ☐   natural disaster
- ☐   medical emergency
- ☐   safety during a violent or threatening situation (including bomb threat)
- ☐   utility failure

list of staff present and included in the drill: _____

EVALUATION

1)   Was the drill completed consistent with procedures?   yes ☐   no ☐

2)   If no, please explain: _____

3)   Was an evacuation completed?   yes ☐   no ☐

4)   If so, was it completed as per site evacuation plans?   yes ☐   no ☐

5)   If no, please explain: _____

6)   Note any concerns with staff or individual responses (if they were included in the drill).

ACTION PLAN
List the actions to be addressed in subsequent drills.

actions for drill improvement	person(s) responsible	timeline for completion

7.6   SAMPLE FACILITY SELF INSPECTION FORM

facility / program being inspected: _____

date of drill: _____   location: _____

A. FIRE SAFETY	yes	no	N/A
1) evacuation: written plan (current and consistent with policy)			
2) evacuation: diagrams dated and in place, strategically posted			
3) emergency drills (fire, medical, natural disaster, safety during violent or threatening situation, utility failure) performed at least annually and demonstrated			
4) staff on shift are aware of fire and evacuation procedures			
5) extinguishers checked/refilled/due date (check renewal date on tag)			
6) smoke / heat detectors checked			
7) electrical outlets checked for overloading			
8) exit light / signs properly displayed / safety lighting			
9) exits / halls cleared of obstructions			
10) combustibles (e.g. matches, oxygen, paint) secured			
11) all door and window closures working well			
12) visit by fire inspector annually (review inspection report)			
13) alarms functional			
14) fire extinguishers are clearly marked			
15) fire extinguishers are properly installed on walls			
16) staff are trained to use fire extinguishers			
17) furnace / boiler room clear of obstructions			
18) furnace serviced annually (review records)			
19) air conditioner serviced regularly (review records)			
20) furnace filters changed every three months (review records)			
21) dryer vents (inside and outside) are clear of lint			
22) fireplaces checked annually (review records)			
23) emergency lights working / checked			
24) flashlights working, strategically placed			
25) there is clear access to electrical panels and switch gear			
26) electrical cords are in good repair			

B. FOOD SAFETY	yes	no	N/A
1) kitchenware consistent with foodsafe requirements			
2) kitchen appliances checked and in good working order.			
3) cords safe, no cuts, plugs safe.			
4) freezer thermometer: reads 0 degrees f (or less)			
5) fridge thermometer: reads 40 degrees f (or less)			
6) food in fridge properly dated.			
7) food in freezer properly dated (eg. repackaged and dated)			
8) knives and sharp objects secured			
9) food properly stored			
kitchen hygiene – circle applicable rating (good = 10 / poor = 0) 10 9 8 7 6 5 4 3 2 1			
comments			

C. FLOORS	yes	no	N/A
1) floors are clear of clutter			
2) carpets / tiles are in good condition, free of loose or lifting carpeting / tiles			
3) floors are clean and dry			
4) supplies stored on the floor are away from doors and are stacked no more than three boxes high			

D. EQUIPMENT	yes	no	N/A
1) lifts are regularly maintained (review records)			
2) stop/start switches are clearly marked			
3) cords are secure when not in use			
4) wheelchairs are clean			
5) switches are all working correctly on wheelchairs			
6) all seatbelts and chest belts are secure and working			
7) lap belts are secure			
8) leg rests and arm rests are secure and in good repair			
9) commodes are in good repair (no rust)			
10) trays fit properly on wheelchairs			
11) safety switches and clutch switch on wheelchairs are in proper working order			

E. GENERAL SAFETY	yes	no	N/A
1) grab bars for bathtubs / showers / toilets are in place			
2) non-slip surfaces for bathtubs / showers are in place			
3) water temperature controls are working			
4) cleaning agents are properly stored and away from food			
5) all appliances are in good working order			
6) furniture is sturdy and safe			
7) yard and sidewalks are free of debris			
8) fence and gate are in good repair			
9) decks are sound and clear of obstructions			
10) stairs free of debris and there are proper secure handrails			
11) stairs/ladders/ramps have proper anti-slip treads			
12) stairs are properly lit			
13) emergency preparedness kits are complete and supplies are rotated annually (last date restocked)			
14) first aid kits are marked and secured (where appropriate) and fully stocked			
15) fixtures on walls are properly secured			
16) staff know who to call for first aid assistance			
17) staff know where to find WHMIS/MSDES sheets			
18) staff know how to use personal protection equipment			
19) designated smoking area is provided and respected			
20) air quality is good			
21) individuals protected from cool / excessive heat			
22) individuals protected from excessive or irritating noise			
23) yard equipment is in good working condition			
24) patio furniture is clean and in good working condition			
25) barbeque is clean and in good working condition			
26) garbage receptacles are placed in a suitable site			
27) garbage receptacles are emptied on a regular basis			
28) there are an adequate number of garbage receptacles in good working order			
29) garbage receptacles are cleaned on a regular basis			

F. ADMINISTRATION	yes	no	N/A
1) WHMIS binder is updated (MSDS sheets for each product) and is located where products are stored			
2) containers are clearly marked with contents			
3) hazardous materials are properly stored			
4) hazardous materials are disposed of properly			
5) all minutes of the Health & Safety Committee are read and signed by all staff			
G. VEHICLE SAFETY	**yes**	**no**	**N/A**
1) safety equipment has been installed / secured as per motor vehicle branch			
2) appropriate government inspection has been completed as required (review records)			
3) seat belts are in good working order			
4) tie downs are in good working order			
5) vehicle inspection has been performed weekly, as per policy (review records)			
6) vehicles are clean and clear of all clutter and loose objects			
7) personal vehicles of staff comply with policy			
8) emergency first aid kits are available in the vehicles of employees who travel with individuals			

INSPECTION COMPLETED BY	
senior staff	

7.7 SAMPLE HUMAN RESOURCES TREND ANALYSIS

REVIEW OF STAFF TURNOVER

List all employees who left the organization (initial only) and the reason for leaving.

staff initials	program / location	month of departure	reason(s) for departure

ANALYSIS OF HR TRENDS

Are there any patterns apparent in the review above? Consider program / location, month of departure, and reason for departure. If yes, please describe:

FOLLOW-UP ON LAST YEAR'S PLAN

List the actions identified in last year's plan and note any follow-up required.

actions	completed (yes / no)	results	follow-up required

ACTION PLAN FOR COMING YEAR

Describe the actions to be taken in the upcoming year to address any patterns or trends identified in the analysis. Include details on required training or changes to benefits / working conditions.

action	person(s) responsible	timeline for completion

7.8 SAMPLE BACKGROUND VERIFICATION POLICY

PURPOSE

The purpose of this policy is to describe the process for conducting background checks for persons being considered for employment. Hiring qualified individuals to positions contributes to providing safe and effective services for individuals. Background checks serve as an important part of the selection process.

POLICY

The service provider conducts background checks on all full-time, part-time, casual, and temporary staff. A check of an individual's (work history) background may be conducted prior to an offer of employment. All other checks are to be completed once an offer of employment has been made. All offers of employment made prior to completing the background checks are contingent upon the results of those checks.

Background checks are conducted to verify the following information:
- background (work history) – all individuals seeking employment will be asked to provide the names of at least two references that can confirm the recent employment history of the applicant
- criminal background/history – all individuals seeking employment will be asked to completed a criminal record check through the Ministry of Public Safety and Solicitor General and arrange for the results to be provided directly to the service provider
- motor vehicle drivers license and driver's abstract – for any positions requiring individuals to use agency vehicles and/or transport individuals in personal vehicles, the following is required:
    i.   a copy of a current drivers license
    ii. a copy of a drivers abstract detailing the individual's driving history, with arrangements made by the applicant to have the results provided directly to the service provider by the motor vehicle branch
- educational background – for any positions requiring specific educational training, certification (degree, diploma, certificate) or registration and where the individual's application or resume indicates that they have the appropriate training, the following is required:
    i.   a copy of the degree, diploma, or certificate or confirmation of registration
    ii. confirmation of completion of the training or registration by the issuing institution provided directly to the service provider as arranged by the applicant

PROCEDURES – RESPONSE TO BACKGROUND CHECKS

The results of the background checks described above will be reviewed by service provider member of staff responsible for hiring. Any discrepancies between information provided by the individual and the results of the background check may result in an offer of employment being withdrawn.

Individuals should disclose any criminal history prior to undergoing the criminal background check. Failure to do so will result in the offer of employment being withdrawn. The Ministry of Public Safety and Solicitor General reviews all criminal record check applications and determines if the person is eligible to work with vulnerable adults. The MPSSG adjudicator will determine the risk based on a full review of the circumstances. If MPSSG makes a determination of "risk", that person must not work with vulnerable adults.

When a drivers abstract is received and indicates a history of traffic violations, the specifics of the violations will be reviewed and a decision made by the service provider as to whether the offer of employment will be confirmed or withdrawn. All such decisions are at the sole discretion of the agency and will be made with the safety of the individuals being served as the paramount consideration.

PROCEDURES – UPDATING BACKGROUND CHECKS THROUGHOUT EMPLOYMENT

The following employee background information must be updated as indicated below:
- criminal record checks are to be provided by the employee and reviewed every five years for all employees
- drivers abstracts are to be provided by the employee and reviewed every five years for all employees for whom driving is a requirement of their position
- verification of certification or registration is to be provided by the employee and reviewed every two years for all employees where a specific certification or registration is a requirement of their position

In addition to the periodic reviews described above, the service provider may, at its sole discretion, request that an employee verify their background information at any time during employment as a response to information that the service provider has received.

Any substantial change in an employee's background information that results in them no longer meeting the requirements for their position as outlined in their job description (e.g. loss of a drivers license or certification) may result in immediate termination of employment. Any changes in an employee's background information that the service provider believes could jeopardize the safety and well being of individuals and other employees or pose a risk for the service provider's reputation and/or ability to continue to provide services may result in termination of employment.

7.9　SAMPLE ORIENTATION CHECKLIST FOR STAFF

EMPLOYEE INFORMATION		
name	start date	
position	supervisor	

FIRST DAY
☐　provide *Employee Handbook*

POLICY REVIEW		
☐　review key policies	• harassment / discrimination • vacation and sick leave • holidays • time and leave reporting • performance reviews • complaints / grievances • critical incidents • positive behaviour support	• personal conduct standards • security • code of ethics • confidentiality • safety policies • emergency procedures • visitors • e-mail and internet use

ADMINISTRATIVE PROCEDURES		
☐　review general administrative procedures	• office / desk / work station • keys / access • business cards • telephones • filing	• purchase requests / petty cash • picture ID badges • timesheets • office supplies • mileage claims and other forms

INTRODUCTIONS / TOURS		
☐　give introductions to staff and individuals during tour		
☐　tour of facility	• location of emergency and medical information • location of fire extinguishers, emergency exits, and first aid kits	• parking • printers • kitchen

POSITION INFORMATION
☐　introductions to team ☐　review job assignments and initial training requirements ☐　review job descriptions and performance expectations and standards ☐　review job schedule and hours ☐　review payroll timing, time cards (if applicable), policies, and procedures

COMPUTERS / CELL PHONES / PAGERS		
☐　review hardware and software	• e-mail • intranet • internet	• databases • cell phone • pager

7.10 SAMPLE STAFF TRAINING CHECKLIST

EMPLOYEE INFORMATION	
name	start date
position	supervisor

FIRST DAY	
☐ provide *Employee Handbook* ☐ sign off on key policy review (see orientation checklist) ☐ sign off on review of evacuation procedures for work location	

ORIENTATION (FIRST 2 WEEKS)	date completed
☐ person-centred approach to service delivers ☐ confidentiality and privacy requirements ☐ diversity issues ☐ expectations regarding workplace conduct and personal boundaries ☐ health issues and advocacy ☐ addressing mobility needs of individuals ☐ reporting of suspected abuse / neglect ☐ the rights of persons served ☐ unique needs of specific individuals (by position)	

HEALTH AND SAFETY TRAINING	date completed
☐ service provider health and safety practices ☐ identification and response to health and safety risks ☐ addressing physical risks in the work environment ☐ responding to emergencies and completing evacuations ☐ identification and reporting of critical incidents ☐ management of medications (if required)	

TRACKING OF ANNUAL HEALTH AND SAFETY TRAINING REQUIREMENTS

employee name		program / location		
TRAINING TYPE		**DATE**	**DATE**	**DATE**
service provider health and safety practices identification and response to health and safety risks addressing physical risks in the work environment responding to emergencies and completing evacuations identification and reporting of critical incidents management of medications (if required) other: _____ other: _____				

TOPIC: critical incident identification and reporting

length of training	40 minutes
frequency of training events	annually in October
personnel requiring training	all staff
person(s) responsible for training	at hire and annually
training requirement	managers and / or supervisors
training delivery	in-service

LEARNING OBJECTIVES
- to be aware of the types of events and incidents that require reporting
- to be aware of CLBC's critical incident reporting requirements
- to be able to clearly and efficiently document incidents

CURRICULUM OUTLINE / AGENDA

TOPIC	MATERIALS	LENGTH
overview of training (purpose and learning objectives)	training outline	5 minutes
review of policy and procedure (include discussion about different types of incidents)	CLBC policy and CIR form	15 minutes
exercise – complete an incident report (use recent event or describe scenario)	CLBC CIR form	15 minutes
debrief – large group	N/A	5 minutes

7.12 SAMPLE STAFF POSTING, TRANSFER, AND PROMOTION POLICY

PURPOSE

In order to promote stability, continuity, and career development, we encourage our staff to apply for opportunities to move into more senior positions or to move into programs where they feel they can continue to make a positive contribution.

DEFINITIONS

promotion – movement to a more senior position, usually involving higher pay

internal applicant – a current full-time, part-time, or casual employee

external applicant – a person seeking employment with the service provider and not currently employed by the service provider

POLICY STATEMENT

Whenever possible and practical, the service provider will offer opportunities for current employees to apply for any available positions. In situations where a well-qualified staff person is not available or interested in a vacant position, the service provider will advertise and interview external applicants. Transfers of employees between programs will be considered on a case by case basis.

PROCEDURES

1) notice of available positions

The service provider will ensure that all employees are given notice of any available positions through email, posting at the job site, staff meetings, and/or on the service provider's website. External advertising of positions may occur at the same time as internal posting. Current employees will have a period of one week to apply for an internal position before external applicants will be considered unless there is a need to hire staff on an urgent or emergency basis.

2) promotions

Promotions will be made on the basis of qualifications, demonstrated skills and abilities, and past performance. All internal applicants for a position must meet the minimum requirements for the position as outlined in the job description. At the discretion of the service provider, a promotion may be either competitive or non-competitive.

3) transfers

Employees may request a lateral transfer from one program to another where such transfers do not involve a change in position type or pay. Transfers will be granted at the sole discretion of the service provider and in consideration of the health, safety, and well being of individuals.

EMPLOYEE INFORMATION	
name	start date
position	manager / supervisor

This worksheet is to be completed by and exchanged between the staff person and the supervisor prior to meeting for the performance evaluation. These worksheets and the discussion during the meeting will form the basis for the final performance evaluation completed by the supervisor.

RATING SCALE
5 = exceptional performance in this area
4 = exceeded expectations in this area
3 = me expectations in this area
2 = area for improvement or growth
1 = did not meet minimum expectations in this area
N/A = this area does not apply to this employee

CURRICULUM OUTLINE / AGENDA

COMPETENCY / AREA	RATING
KNOWLEDGE OF POSITION AND SERVICE PROVIDER Rate knowledge of the position as outlined in the job description, ability to perform within policies and guidelines, and initiative in staying current with job related knowledge. **COMMENTS**	
INITIATIVE AND CREATIVITY Rate ability to use original thinking and creativity in solving problems within the program and position as well as willingness to take the initiative in implementing solutions. **COMMENTS**	
TEAMWORK, COOPERATION, AND ADAPTABILITY Rate ability to work effectively with other staff including adapting to change within the agency and program. **COMMENTS**	

QUALITY AND EFFECTIVENESS OF WORK Rate ability to complete assignments and tasks as outlined in the job description and/or assigned by the supervisor within specified time lines and to general quality standards. Also rate ability to make effective use of time and resources in order to assist individuals. **COMMENTS**	
SERVICE ORIENTATION Rate ability to work effectively with individuals and maintain a person centered orientation to service delivery. **COMMENTS**	
REVIEW OF PROGRESS ON PERFORMANCE GOALS Rate effort and progress towards the personal performance goals defined in the last Performance Plan. **COMMENTS**	
OVERALL PERFORMANCE RATING Rate overall performance in the current position taking into consideration all of the areas reviewed above. **COMMENTS**	

DATE COMPLETED: _____

COMPETED BY: _____

SIGNATURE: _____

7.14 SAMPLE EMPLOYEE GOAL PLAN TEMPLATE

EMPLOYEE INFORMATION	
name	start date
position	manager / supervisor

In consultation with the program supervisor, employees are to establish goals for the coming year based on the outcome of the most recent performance evaluation and any specific needs identified by the employee and / or supervisor. All goals should be clearly stated and measurable.

GOAL: _____

strategies for achieving the goal	evaluative criteria for the goal	timeline for goal achievement

GOAL: _____

strategies for achieving the goal	evaluative criteria for the goal	timeline for goal achievement

GOAL: _____

strategies for achieving the goal	evaluative criteria for the goal	timeline for goal achievement

DATE COMPLETED: _____

STAFF SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

7.15 SAMPLE CONTRACTOR REVIEW FORM

CONTRACTOR INFORMATION	
name	company name
contract #	staff overseeing contract
contract start-date	contract end-date

REVIEW OF PERFORMANCE

criteria	yes	no	N/A
1) Did the contractor complete all deliverables outlined in the contract?			
comments			
2) Did the contractor complete all deliverables within the required timelines?			
comments			
3) Did the contractor complete all deliverables at an acceptable level of quality?			
comments			
4) Did the contractor follow all applicable policies and procedures?			
comments			
5) Did the contractor prepare accurate invoices that were submitted in a timely fashion?			
comments			
6) Do you have concerns about the work of this contractor or did you have any issues that could not be resolved?			
comments			
7) Would you recommend this contractor for further / future work?			
comments			

DATE COMPLETED: _____

STAFF SIGNATURE: _____

7.16 SAMPLE SHARING INFORMATION ON RIGHTS POLICY

PURPOSE

This policy is intended to promote the sharing of information about rights with individuals and the promotion of those rights throughout the agency.

DEFINITIONS

individual rights – as defined in CLBC's *Statement of Rights of Individuals Policy*

POLICY STATEMENT

The contractor will promote the rights of individuals receiving services through the regular and consistent sharing of information regarding rights in understandable formats throughout the individual's involvement in services.

PROCEDURES

A copy of CLBC's *Statement of Rights of Individuals Policy* is to be provided to all individuals and their family members (where appropriate) during the initial orientation to service. The information in the policy is to be explained in plain language.

Any questions regarding rights are to be answered promptly by staff.

Any situations where an individual believes that their rights have not been respected should be documented on an incident form and the information immediately provided to the program supervisor. Individuals are to be made aware that they may access CLBC's *Complaints Resolution Process* at any time.

CLBC's *Statement of Rights of Individuals Policy* is to be posted in visible locations at all of the service provider's facilities.

CLBC's *Statement of Rights of Individuals Policy* is to be reviewed with all individuals receiving services at least once per year.

name of individual: _____

This consent will allow the release of information about you or your family member to external individuals and organizations. Please read it through carefully before initialling and signing it. If you have questions about this form, do not hesitate to ask. Please remember that:

- signing this consent is completely voluntary
- the consent is only in effect for the time period below
- you may withdraw your consent at any time

I, _____ (PRINT NAME – individual or legal representative)
give my consent for _____ (PRINT NAME – staff person)
to release information under the conditions below.

person to whom information is to be released	organization to which information is to be released	type of information to be released (be as specific as possible)	purpose for releasing this information	expiry and initials
				expiry date _____ initials _____
				expiry date _____ initials _____
				expiry date _____ initials _____

SIGNATURE OF INDIVIDUAL: _____ **DATE:** _____

SIGNATURE OF STAFF PERSON: _____ **DATE:** _____

7.18 SAMPLE COMPLAINT AND GRIEVANCE ANALYSIS TEMPLATE

REVIEW OF GRIEVANCES / COMPLAINTS

List all complaints of grievances that occurred in the last year.

initials of persons involved	reason for complaint or grievance	staff person(s) involved	facility / location involved

ANALYSIS OF GRIEVANCES / COMPLAINTS

Are there any patterns apparent in the review above with regards to the types of complaints / grievances, the staff person(s) involved, or the location? If yes, please describe.

FOLLOW-UP ON LAST YEAR'S PLAN

List the actions identified in last year's plan and note any follow-up required.

actions	completed (yes / no)?	results	follow-up required

ACTION PLAN FOR COMING YEAR

Describe the action s to be taken in the following year to address any patterns or trends identified in the analysis, including any required training or policy / procedure changes.

action	person(s) responsible	timeline for completion

7.19 SAMPLE ORIENTATION CHECKLIST FOR INDIVIDUALS

INDIVIDUAL INFORMATION	
name	date
program	staff person

INFORMATION FOR ALL INDIVIDUALS

orientation item	date	person who provided information
review of CLBC's *Statement of Rights of Individuals Policy*		
Authorization for the Release of Information Form – completed and signed (copy for individual)		
review of emergency and evacuation plans at the facility (including contingency plans if the service provider is not available to provide support)		

ADDITIONAL INFORMATION FOR INDIVIDUALS ACCESSING RESIDENTIAL SERVICES

orientation item	date	person who provided information
information on how to access helpful community resources		
review of safety issues related to the facility or location of service		
review of how to access emergency care / support if required		
review of health care procedures (support with medication, mobility, etc.)		

7.20 SAMPLE ACCESSIBILITY PLAN TEMPLATE

ACCESSIBILITY PLANNING FOR (LOCATION):	
staff responsible	year

ARCHITECTURAL BARRIERS

barrier	solution / strategy	priority	person(s) responsible	timeline for completion

ENVIRONMENTAL BARRIERS

barrier	solution / strategy	priority	person(s) responsible	timeline for completion

ATTITUDINAL BARRIERS

barrier	solution / strategy	priority	person(s) responsible	timeline for completion

FINANCIAL BARRIERS

barrier	solution / strategy	priority	person(s) responsible	timeline for completion

EMPLOYMENT BARRIERS

barrier	solution / strategy	priority	person(s) responsible	timeline for completion

COMMUNICATION BARRIERS

barrier	solution / strategy	priority	person(s) responsible	timeline for completion

TRANSPORTATION BARRIERS

barrier	solution / strategy	priority	person(s) responsible	timeline for completion

COMMUNITY INTEGRATION BARRIERS

barrier	solution / strategy	priority	person(s) responsible	timeline for completion

OTHER BARRIERS

barrier	solution / strategy	priority	person(s) responsible	timeline for completion

COMMENTS

7.21 SAMPLE ACCESSIBILITY STATUS REPORT

ACCESSIBILITY PLAN STATUS REPORT FOR (LOCATION):	
staff responsible	year

ARCHITECTURAL BARRIERS

barrier	priority	planned timeline for completion	status update	recommendation

ENVIRONMENTAL BARRIERS

barrier	priority	planned timeline for completion	status update	recommendation

ATTITUDINAL BARRIERS

barrier	priority	planned timeline for completion	status update	recommendation

FINANCIAL BARRIERS

barrier	priority	planned timeline for completion	status update	recommendation

EMPLOYMENT BARRIERS

barrier	priority	planned timeline for completion	status update	recommendation

COMMUNICATION BARRIERS

barrier	priority	planned timeline for completion	status update	recommendation

TRANSPORTATION BARRIERS

barrier	priority	planned timeline for completion	status update	recommendation

COMMUNITY INTEGRATION BARRIERS

barrier	priority	planned timeline for completion	status update	recommendation

OTHER BARRIERS

barrier	priority	planned timeline for completion	status update	recommendation

COMMENTS