

CLBC SERVICE STANDARDS AND GUIDANCE FOR SERVICE PROVIDERS

COMMUNITY LIVING BRITISH COLUMBIA
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Introduction

In April 2012, Community Living British Columbia (CLBC) adopted the *Standards for Unaccredited Service Providers* that were designed to align with the standards used by accredited organizations. In 2025, these Standards were updated and rebranded as the *CLBC Service Standards*. The primary goal of these updated standards is to establish clear expectations for contracted service providers, ensuring they adhere to a consistent framework of best practice.

Applying standards of practice promotes high quality services by prioritizing:

- Organizational Oversight
- Person Centred Planning and Service Delivery
- Rights and Culture
- Health and Safety

Standards outline the minimum requirements for CLBC-funded services, and act as a benchmark for measuring performance and service quality. The *CLBC Service Standards*, together with the *Service Terms and Conditions for Contracts Between Community Living British Columbia and Service Providers* and the *Service Terms and Conditions for Contracts Between Community Living British Columbia and Person Centred Societies* (both will be referred to as Terms and Conditions) form part of the contractual expectations for all service providers, and promote excellence, consistency, and accountability across the Community Living sector.

The *CLBC Service Standards* and related expectations, guidance, resources, and appendices will assist service providers to understand and fulfil standard requirements.

In these standards, the term “employees” will be used when referring to employees, contractors, sub-contractors, and volunteers who deliver supports and services to individuals.

CLBC'S MISSION STATEMENT: TOGETHER WITH INDIVIDUALS, FAMILIES, FRIENDS, SERVICE PROVIDERS, AND COMMUNITY PARTNERS, WE ADVANCE THE FULL INCLUSION AND PARTICIPATION OF ADULTS WITH DEVELOPMENTAL DISABILITIES.

Definitions

Cultural Safety: An outcome of respectful engagement based on recognition of the power imbalances inherent to service systems, and the work to address these imbalances. A culturally safe environment for Indigenous Peoples is one that is physically, socially, emotionally, and spiritually safe without challenge, ignorance, or denial of an individual's identity. Practicing cultural safety requires having knowledge of the colonial, sociopolitical, and historical events that trigger disparities Indigenous Peoples encounter, and perpetuate and maintain ongoing racism and unequal treatment.

Individual: A person 19 years of age or older who is eligible for CLBC services, as described in the Eligibility Policy.

Legal Representative: A Committee of Person (Personal Guardian), a Representative (Personal/Health Care) and/or a Temporary Substitute Decision Maker that are involved with health care decision making concerning an individual. The Public Guardian and Trustee of BC can be appointed as Committee, authorized as a Representative, or can either authorize a Temporary Substitute Decision Maker or act as a Temporary Substitute Decision Maker.

Natural Supports: Support provided on a voluntary basis by an individual's support network including family, friends, neighbours, co-workers, and others. Additional support may come from participation in associations (for example, social clubs and groups) or community activities that have public participation (for example, sport teams, adult interest groups like garden clubs and community choirs, faith communities).

Person Centred Service Delivery: A strength-based approach to delivering services that is tailored to an individual's needs, interests, preferences, and desired service outcomes. Services are delivered in a way that supports people to have as much involvement and control over the process as they wish. It emphasizes what is important 'to' and 'for' the person including preferences for when, how and by whom provides the service.

Representative: A trusted relative, friend or advocate authorized by an adult under the provisions of a Representation Agreement (see Sections 7 or 9 of the *Representation Agreement Act*), to support them with decision-making or to make decisions on their behalf when they are incapable of making decisions independently.

Service Provider: A person or organization under contract with CLBC including their employees, contractors, sub-contractors, and volunteers, to deliver supports and services to individuals, families and/or their support network. For the purpose of the *CLBC Service Standards*, the term "service provider" is inclusive of Person Centred Societies.

Support Network: Friends, family and/or community members who provide personal support, advocacy and/or help with monitoring services and who have reciprocal relationships with individuals.

2SLGBTQIA+: An acronym for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, and the countless affirmative ways in which people self-identify.

Organizational Oversight

Service providers are expected to establish an administrative framework that underpins and supports effective service delivery. This framework consists of carefully developed processes and procedures that guide decision-making and ensures thorough oversight of all activities. By having such a structure in place, service providers can ensure services are delivered in an ethical, transparent, and accountable way. This not only enhances quality, but also fosters trust and confidence among individuals, families, and the broader community.

1. Leadership and Accountability

Standard:

The service provider is accountable for delivering a quality service that is responsive and inclusive of individuals' needs.

Expectations:

- Services meet contractual expectations and other legislative requirements.
- Oversight practices ensure quality services.
- Processes ensure accountability of operations, finances, and decision-making processes.
- Conflict of interest procedures are in place to address real, potential, or perceived conflicts of interest, and are reviewed and updated regularly.
- Risks are identified and mitigated.
- Issues related to service quality are identified, reviewed, and addressed.
- Allegations of abuse, neglect, and self-neglect are reported to CLBC.
- Services are evaluated for continuous quality improvement.

Guidance:

The service provider's administrative framework helps ensure that individuals have access to the best possible support, and that services are delivered in an ethical, transparent, and accountable way:

- Oversight ensures that quality services are delivered.
- Policies and procedures are reviewed regularly for continuous quality improvement.
- Any conflict of interest is reviewed and updated regularly and addresses proactive prevention, disclosure, assessment, mitigation, recording, reporting, and monitoring of conflicts of interest.
- As a condition of their contract, the service provider is required to notify CLBC of any allegations of abuse, neglect, and self-neglect, involving individuals served. As a designated agency under B.C.'s *Adult Guardianship Act*, CLBC is responsible for responding to such allegations concerning adults eligible for CLBC services.
- Quality of care issues are identified, reviewed, and addressed. Quality of care issues may include a failure to meet service requirements or to comply with CLBC policies. When a quality-of-care concern is recognized, the service provider:
 - Identifies the issue,
 - Develops an action plan to address the concerns,
 - Monitors follow-up of the action plan, and
 - Informs CLBC when necessary.
- Services are evaluated for quality improvement purposes. Data collection in support of continuous quality improvement typically includes:
 - Achievement of person-centered quality of life outcomes for individuals,
 - The accessibility of services,
 - Analysis of continuous quality improvement activities, and
 - Critical Incident analysis and remediation strategies.
- An annual review of all formal complaints and the complaint resolution process is conducted including:
 - An analysis of the types, causes, and trends,
 - Proposed actions to prevent future complaints,
 - An analysis of the efforts to resolve complaints from the previous year, as well as any education and/or training that was completed, and
 - The outcome of actions taken (remediation strategies) to manage complaints.

2. Financial Accountability

Standard:

Financial practices comply with accounting principles and business practices as appropriate to the size and complexity of the organization.

Expectations:

- The service provider maintains accurate financial records and implements appropriate financial controls to ensure accountability and prevent fraud.
- The service provider ensures all financial records are obtained and retained to account for and document how CLBC funding is spent.
- Records are provided to CLBC upon request.

Guidance:

The service provider may seek individuals or firms with experience in accounting or bookkeeping to help fulfill financial responsibilities in accordance with Canadian Generally Accepted Accounting Principles.

The service provider must have a system in place that is sufficient for the size and complexity of the organization and includes:

- Financial records:
 - Bank Statements and supporting documentation (copies of invoices, receipts, paid cheques, e-transfer records)
 - T4 and T4a slips for all employees (if applicable)
 - Pay stubs for all employees
 - Invoices for contractors
 - Time records/timesheets for employees.
 - Financial statements
 - General ledger (either via accounting software, MS Excel, or handwritten)
 - Filed T2 Income tax returns
- Documentation that demonstrates costs of delivering services as approximated in program budgets
- Tracking of service levels as per the *Service Level Reporting: Guidance for Service Providers*
- A separate account at a bank or credit union to administer the money received from CLBC

The service provider will be required to submit copies of financial records to CLBC if selected for an audit. These records must also be kept so government organizations, like the Canada Revenue Agency (CRA) or WorkSafeBC, can verify that the correct employment-related payments and deductions are made.

Person Centred Societies:

Person Centred Societies should refer to the *Managing the Money: Person Centred Society Guide* for additional information about CLBC expectations for Financial Reporting.

The service provider will need to keep records supporting the transactions on their bank statement, such as receipts, cleared cheques, e-transfer records (confirmations, direct deposit forms or void cheques), and any other documents.

All financial records must be kept for at least seven years.

3. Consent, Records Management and Maintenance

Standard:

The service provider ensures consent and the maintenance, safe storage, security, and confidentiality of individual records.

Expectations:

- When a service provider creates, receives, and manages personal information of individuals on behalf of CLBC, they must comply with the:
 - *Freedom of Information and Protection of Privacy Act*
 - *Contract's Terms and Conditions: Schedule E*
 - *Guidelines for Service Providers Regarding CLBC Individual Records Management*
- An accurate and complete current record is maintained for each individual.
- Up-to-date emergency information is maintained on individuals and is accessible for use in both physical and electronic formats.
- All employees complete CLBC's *Service Provider Privacy and Information Management* course.
- Documented consent is included in the individual's file. The consent demonstrates that the individual understands what they are consenting to, is time limited, and specifies what information is to be shared, and with whom.

Guidance:

Confidentiality is respected by keeping the individual's personal information private, and safe from access, use, or disclosure by people who are not authorized to know the information. This ensures that the individual's confidentiality, and the collection and use of their personal information complies with the *Freedom of Information and Protection of Privacy Act*.

Records management and maintenance protocols typically include:

- Confidentiality Agreements
- Procedures that limit access to an individual's personal information as per *Schedule E: Privacy Protection of the Terms and Conditions*
- Timeframes for when documentation is updated to ensure all individuals' records remain current including documentation regarding service delivery (individuals' activities, appointments, quality of life, and all decision making-related to service changes)

- Requirements regarding witnessing of legal documents associated with individuals
- Requirements and procedures for reporting privacy breaches internally and to CLBC (for example, accidental, or unauthorized access or loss of personal information)
- Requirements and systems for storing individual records as directed by CLBC, as well as protocols for the secure destruction of records, where permitted, for both paper and electronic records (for example, cell phones, USBs, computers)
- Compliance with the *Service Provider Instructions for Transferring Individual Records to CLBC*, and the *Guidelines for Service Providers regarding Information Management*

4. Communication with Individuals, Families, and Other Key Partners

Standard:

The service provider actively communicates with individuals, families, support networks and other key partners. Feedback processes are in place including a formal and documented complaint resolution process.

Expectations:

- The service provider effectively and transparently communicates with individuals, families, support networks and other key partners.
- Information is provided in formats easy for all people to access, understand, and use.
- Information on service satisfaction is collected in a variety of ways, from individuals, employees, and family members/support networks, and community partners, and the results are analyzed and utilized to inform continuous quality improvement.
- The service provider recognizes and respects the role of formal and informal representatives.
- The complaint process is documented and refers to CLBC's *Complaint Resolution Policy*.

Guidance:

Feedback on service quality from individuals, families, support networks, employees, and community partners are critical to continuous quality improvement and should be actively sought and welcomed.

Open communication ensures individuals, families and support networks can provide input on service quality. Feedback processes include:

- Collecting information in a variety of ways about service experience and satisfaction, from individuals, family members/support networks, and employees (for example, satisfaction surveys, focus groups)

- Recognizing the role of formal and informal representatives; and understanding that it is not appropriate for employees to assume the role of formal legal representative, as per the *Role of Formal and Informal Representatives Policy*
- The service provider's approach to resolving complaints that includes:
 - A formal process or policy to address complaints or issues,
 - Plain language information about the complaint process,
 - An escalation path that references CLBC's *Complaints Resolution Policy*,
 - Tracking of complaints,
 - Regular review to inform quality service improvements,
 - Timelines for implementing recommendations, and
 - Safeguards to ensure that anyone can make a complaint safely and comfortably, without fear of negative consequences, no matter who or what the complaint is about, or what the outcome may be.

Person Centred Societies:

Person Centred Societies are designed in a way that naturally supports individual and family involvement. This involvement can be strengthened by promoting input from all board members, family and other friends, and by ensuring that the individual is an active participant in planning and designing services.

5. Accessibility

Standard:

The service provider engages in accessibility planning to address the needs of individuals, employees, and other key partners including strategies to remove barriers.

Expectations:

The service provider engages in organizational accessibility planning that:

- Addresses the accessibility needs of individuals, employees, and other key partners by identifying, removing, and preventing barriers
- Identifies accessibility issues with:
 - Attitudinal barriers in organizational policies/materials, practices, and culture,
 - The spaces regularly used for service delivery (the physical location),
 - Communication,
 - Community inclusion, and

- Any other barrier identified or reported.
- Identifies actions for the removal of identified barriers, including timelines

Guidance:

In the [Accessible British Columbia Act](#), a barrier is “anything that hinders the full and equal participation of people with disabilities” or in other words “anything that stops people with disabilities from being included.”

The service provider creates and engages in planning to address and remove barriers that impact an individual’s ability to access services and participate in the community. The plan should be developed with input from individuals, employees, and other key partners that are regularly involved in an individual’s life to assist in the identification of barriers and be scalable based on the number of individuals supported and types of services provided, (that is accessibility may be addressed through person centred planning and service delivery for smaller service providers).

- **Attitudinal Barriers:** This occurs when people think and act based on false assumptions which can prevent supported individuals from participating in community, including in a service delivery setting. Attitudinal barriers might be evident in:
 - The terminology and language that the organization uses in its literature (promotional material, website, policies etc.) or when communicating with individuals being supported, others involved in service delivery, and the public (for example, using “person first” language)
 - The ways individuals with disabilities are viewed and treated by the service provider, their families, support networks, and the community
 - Limiting an individual’s self-determination or making assumptions about capability thereby undermining an individual’s autonomy and dignity
 - Whether input from an individual, their families and/or support network is actively sought and used to enhance their quality of life
- **Environmental or Physical Barriers:** This occurs when there is a physical, structural or design feature that prevents an individual from accessing, navigating, or utilizing a space. The requirement to address environmental or physical barriers applies only to service providers that maintain physical facilities; however, a service provider may support an individual to address environmental barriers in their personal lives as part of person centred planning and service delivery. Environmental or physical barriers may include:
 - Steps that prevent access to a building for an individual who uses a wheelchair or other mobility aid,
 - Narrow doorways,
 - Inaccessible bathrooms,
 - Items placed out of reach,

- Absence of light alarms for individuals who have a hearing impairment, or sensitivity to sound, and
- Type of, or lack of furnishings that impact accessibility, or comfort level of the individual or employees (for example, a bed or chair that an individual cannot independently use).
- **Communication Barriers:** This occurs when there is an obstacle that prevents the clear and effective exchange of information. Examples include:
 - The absence of plain language materials,
 - The absence of material in a language or format that can be easily understood by the individual or others,
 - The lack of communication aids, or devices for a non-speaking individual (for example, Picture Exchange Communication System),
 - Inadequate use of an individual's communication method, aid, or device and
 - The absence of signs in Braille for individuals who have visual impairments.
- **Barriers to Community Inclusion:** This occurs when there is an environmental, attitudinal, or other barrier that keeps an individual from participating in or accessing their community of choice. Examples include:
 - Lack of a lift at the public swimming pool for access by individuals with reduced mobility,
 - Lack of appropriate transportation that results in an individual being unable to reach service locations, or to participate in the full range of community services, events, or activities
 - Hours of service

6. Workforce Development and Planning

Standard:

Workforce development procedures support the safe and successful delivery of services.

Expectations:

The service provider has procedures to support the recruitment, retention, and oversight of qualified employees that includes:

- Background verification and credentials as required for the role:
 - Completion of criminal record checks, as per CLBC's *Criminal Record Check Policy: Service Delivery*,
 - A review of driver's abstracts is required when employees are responsible for transporting an individual, as per CLBC's *Criminal Record Check Policy: Service Delivery*,
 - Completion of reference checks and verification of credentials, and

- Verification of First Aid and CPR certification.
- A process to effectively support, oversee, and evaluate employee performance that ensures employees have and maintain the requisite knowledge, training, and certifications required to deliver services.

Guidance:

Workforce development procedures describe an in-depth review of processes, expectations, and available training opportunities, including comprehensive orientation, and ongoing training support to employees. This includes:

- Employee background verification and criminal record checks are verified prior to working directly with individuals, at stated intervals, and in response to information received. Credentials are confirmed with the primary issuing source.
- Files should include documented evidence that orientation activities and competency-based training have been completed.
- Employees receive a comprehensive overview of roles and responsibilities, relevant standards, policies and procedures, successful practices within the field, and key resources including:
 - Relevant CLBC and service provider policies and procedures
 - Roles and responsibilities of all involved parties, including CLBC
 - Rights of individuals
 - Basic health care expectations and universal precautions
 - Medication administration and oversight
 - Managing individuals' money and assets
 - Documentation practices
 - CLBC Privacy On-Line Training Course
 - First Aid and CPR requirements
- Ongoing training for employees is completed including:
 - Training specific to individual support needs
 - Training related to individual specific medication administration, or delegation of tasks, if required
 - Planning and delivering person-centred supports that further quality of life outcomes
 - Training specific to service delivery, and service quality
 - Training to maintain First Aid and CPR requirements
- Processes to effectively support, oversee, and evaluate employee performance are scalable to the size of the organization and number of employees, and may include:
 - Written job descriptions that identify the knowledge skills, competencies, and characteristics required to meet the needs of individuals and support the service provider's mission and goals

- Employees are supervised and supported and have a comprehensive understanding of their job duties, reporting lines, and expectations
- Annual performance reviews where feedback is provided, and areas for improvement and development are identified

Organizational Oversight Policies and Resources:

CLBC Policies

- [Complaint Resolution Policy](#)
- [Criminal Records Check Service Delivery Policy](#)
- [Individual Financial Contribution to Home Supports Policy](#)
- Person Centred Societies Policy
- [Role of Formal and Informal Representative Policy](#)
- [Service Terms and Conditions for Contracts Between Community Living British Columbia and Service Providers- Schedule E](#)
- Service Terms and Conditions for Contracts Between Community Living British Columbia and Person Centred Societies – Schedule E

CLBC Service Provider Resources

- [Accessibility Plan](#)
- [Reimagining Public spaces: Accessible Public Spaces for All, A Practitioners Toolkit.](#)
- [Criminal Record Check Policy and Related Guidance](#)
- [Compliance Audits – Guidance for Service Providers Who Report Service Levels](#)
- [Service Level Reporting: Guidance for Service Providers](#)
- [CLBC's Service Provider Privacy and Information Management Course](#)
- [When the PGT is the Substitute Decision Maker](#)
- [How to Find Out if your Support Workers are Employees or Contractors](#)
- [Factsheet Person Centred Societies: Criminal Record Check Responsibilities](#)
- Guide to Person Centred Societies
- Managing the Money: Person Centred Society Guide Information for Families: Person Centred Societies Fact Sheet

Other Resources

- [Accessible British Columbia Act](#)
- [Adult Guardianship Act](#)
- [Freedom of Information and the Protection of Privacy Act](#)
- [Public Guardian and Trustee of British Columbia](#)
- [WorkSafeBC](#), phone: 1-888-922-2768
- [Vela Canada](#)

Appendix

- Appendix A: Sample Conflict of Interest Disclosure Template
- Appendix B: Sample Personal Information Consent Form
- Appendix C: Sample Accessibility Plan Template
- Appendix D: Sample Training and Orientation Checklist

Person Centred Planning and Service Delivery

Person centered planning empowers individuals to pursue their goals and live the life they envision. By centering the process around the individual, it addresses their unique needs, strengths, and values, while prioritizing their right to self-determination. This approach helps individuals identify what is *important to* them, like interests, relationships, and aspirations, and what is *important for* them, including health, rights, and safety.

Standards 9 to 11 apply to Home Supports and other services where support for physical and emotional wellbeing, bathing, personal care, or medication management is required as part of service delivery.

7. Person Centred Planning

Standard:

The service provider supports individual's quality of life through an individualized planning process to identify goals, support needs, and support strategies to deliver quality services.

Expectations:

Individuals are supported through a documented individualized planning process that incorporates:

- The individual's personal goals (what is important to the person)
- The individual's support requirements (what is important for the person)
- How the design of the service meets identified needs and wants of individuals
- How the services will be delivered
- How the outcomes will be evaluated
- Planning for changing support needs

Guidance:

All programs must be engaged in planning activities that ensure the needs and goals of individuals are identified and reflected in support strategies. When an individual accesses multiple programs, planning is typically led by the Home Supports program.

The individualized planning process:

- Is developed with the active involvement of the individual and their support network
- Is communicated in a manner that is understandable to the individual
- Is reviewed at least annually and revised as appropriate based on outcomes and changing needs of the individual
- Identifies:
 - The individual's personal goals and support needs,
 - Areas of risk that require specific attention are identified to ensure formal and informal safeguards are established,
 - A way to measure achievement,
 - Methods/techniques to be used to achieve the objectives,
 - Roles and responsibilities, and
 - How and when progress on objectives will be regularly reviewed.

8. Person Centred Services

Standard:

Services are person centred and aligned to further the achievement of individual quality of life outcomes.

Expectations:

- Services are delivered in a way that is person centred. Individuals are actively involved in determining the services they receive through an individualized planning process to identify goals, support needs, and support strategies.
- Services empower individuals to achieve unique goals and enhance quality of life including:
 - Independence (Personal Development, Self-Determination)
 - Social Participation (Interpersonal Relationships, Social Inclusion, Rights)
 - Well-Being (Emotional, Physical and Material Well-Being)

Guidance:

Service delivery is aligned to further the achievement of quality-of-life outcomes. These are some examples of how quality of life may be reflected:

- Independence
 - Supports balance the individuals' strengths, needs, and risks with the right to self-determination.
 - Individuals are supported to make choices, big and small, to direct their daily routines, and longer-term goals.

- Social Participation
 - Individuals are aware of their rights and their rights are supported.
 - Individuals are treated with respect (for example, privacy, recognition, dignity).
 - Important relationships, such as those with family and support networks are maximized.
 - Individuals are supported to play a meaningful role in the community.
 - Community activities, groups, events, and resources for the individual are utilized.
- Well-Being
 - The environment is safe.
 - Cultural identity and traditions are supported. Individuals participate in distinct cultural, spiritual, community events, practices, languages, arts, and ceremonies of their choosing.
 - Orientation, identity, sexuality, and relationships are supported.
 - Support for specialized health needs is provided, and professional services accessed when required.
 - Needs are supported with assistive technology where required.
 - Personal belongings and assets are safeguarded.

9. Support for Physical and Emotional Well-Being

Standard:

The individual's physical and emotional well-being is maintained through planning, support, and access to appropriate health professionals based on an individual's needs.

Expectations:

- The individual's generalized health needs and hygiene are monitored and maintained:
 - Signs of illness are documented and responded to promptly by engaging with required professional health services.
 - The service provider is knowledgeable and trained about an individual's health conditions, specialized protocols and universal precautions (allergies, seizures, respiratory conditions, swallowing and feeding, etc.).
 - The individual is supported to access professional health services and to identify areas that require documentation and follow up.
 - The individual is supported to access culturally preferred health services.
- When an individual requires specialized health support, it is the role of the service provider to facilitate access to required professional health services and to implement any recommendations.
- Effective behaviour support is in place for individuals who present with challenging behaviours.

- The individual is supported to connect with mental health resources and addiction services when required.
- It is the role of the service provider to support the needs of the individual, and follow-up with the professional health services should any of the recommendations, protocols, or written guidance require review or revision.
- Health decisions are made by the capable individual, their representative, or substitute decision makers.

Guidance:

The individual's health is maintained, and signs of illness are documented and responded to promptly.

- The individual is supported to see their health care professionals regularly (annually), and as required.
- Health records are maintained including recording medical visits, dental appointments, and other healthcare-related information, and are accessible to the individual, their representatives, or others with whom they consent to share this information.
- Individual's protocols are documented in a prominent place in the individual's support information and is noted in identification the individual carries in the community, if required (for example, medical alert bracelets, Medical ID on smartphones, etc.).
- The individual is supported to maintain personal and oral hygiene.
- Health aids, such as glasses, dentures, and mobility equipment, are maintained and used as prescribed.
- The individual is supported to use assistive technology, when available. This may include software, devices, or equipment that helps an individual communicate, or experience greater independence.
- The individual, and/or their representative may be supported to engage in advance care planning, to ensure that their beliefs, values, wishes, and decisions are documented for future health care.
- The service provider facilitates the sharing of relevant information with professionals and records in the case of an emergency.
- A service provider who is not a family member cannot be chosen as Temporary Substitute Decision Makers by a health care practitioner unless specifically authorized by the Public Guardian and Trustee. The Public Guardian and Trustee limits the scope of decisions to minor or routine health issues.
- When an individual requires specialized support specific to a health care issue requiring professional health services involvement:
 - Recommendations, protocols, or written guidance is developed and implemented as directed by the professional health services (Health Services for Community Living,

medical practitioner, occupational therapist, etc.). This remains in effect unless otherwise directed by the health care professional.

- For any changes in health status or health care needs, specific to the recommendation, protocol or written guidance, the service provider is responsible to contact professional health services.
- The service provider works with professional health services to ensure that appropriate training, documentation, and mechanisms for supervision are in place for health care activities that require a Delegation of Task.
- The service provider complies with CLBC's *Behaviour Support and Safety Planning Policy* and *Behaviour Support and Safety Planning - A Guide for Service providers*, to:
 - Ensure guiding principles of behaviour support are reflected in planning, and service delivery activities.
 - Skillfully implement positive Behaviour Support Plans, and Safety Plans (when applicable), and work towards the achievement of expected outcomes.
 - Maintain required training or expertise.
 - Complete necessary documentation and reporting.
- When an individual requires mental health and/or substance use services:
 - The individual is supported to access relevant services and needs are reflected in planning and service delivery.
 - The service provider involves the necessary mental health and/or substance use support professionals. These partners may include Developmental Disability Mental Health services and/or other mental health resources, substance use supports, generic outreach or community intervention resources, Friendship Centres, natural support people or networks, and other professionals.
 - Relevant training and support may include Naloxone training, Harm Reduction, Trauma Informed Practice, and Mental Health First Aid.
- The service provider ensures that supports are made available for changing needs, including those related to aging:
 - Planning recognizes and addresses a wide range of age-related transitions including and not limited to menopause, changes to mobility, common health issues (for example, arthritis, types of cancer that are more prevalent in older adults), etc.
 - The service provider ensures that employees are given information and support about possible changes in cognition, including dementia.
 - When an individual requires Advance Care Planning and/or End-of-Life care, planning occurs as outlined in CLBC's *End of Life Policy*.
- The service provider is responsible for connecting with CLBC when additional support or planning is required.

10. Bathing and Personal Care

Standard:

Bathing and/or personal care procedures promote independence, respect for privacy, and address risk.

Expectations:

- The service provider identifies what bathing and/or personal care support the individual requires, how the support is delivered, and any risks that require mitigation.
- Where bathing and/or or personal care support is provided, guidelines or protocols are developed for an individual to acknowledge personal preferences, needs, risks and the measures that will be undertaken to minimize those risks and promote safe bathing and/or personal care practices.

Guidance:

Self-directed care and the individual's choice guide bathing and/or personal care support delivery.

- The service provider works with the individual, their family and/or natural support network, and when required, other Professional Health Services (for example, Occupational Therapist) to identify the type of support and support strategies an individual requires with bathing and/or personal care.
- Bathing and personal care procedures reflect the following safeguards:
 - The least intrusive support required, noting the levels of support may fluctuate within a task and over time
 - Consideration of the individual's rights, dignity, and personal preferences in how, and when support is provided, and by whom, whenever possible
 - When employees play a role in fully or partially supporting, protocols are clearly documented in the individual's record
 - Bathing and/or personal care tasks identify:
 - What the individual can complete independently
 - What the individual requires partial support to complete
 - What the individual requires full support to complete
 - Equipment for accommodation and/or accessibility are used as needed (grab bars, bath chairs, lifts, etc.)
- The service provider is responsible for ensuring all employees are trained in individual protocols and operating and maintaining required equipment.

Identify and mitigate risks (actual or potential):

- The service provider is proactive in identifying and addressing risks associated with bathing and/or personal care based on the individual's personal needs, employee skills, and the environment. The following should be considered:
 - Current physical health (pre-existing health needs, such as a seizure disorder, osteoporosis, PICA, etc.), mental health, accessibility, environmental, sensory, or behavioural factors.
 - The individual's history and apply a trauma-informed approach to the delivery of bathing and/or personal care.
 - The availability of employees, including appropriate scheduling and level of supervision during bathing and/or personal care times, when more than 1 employee may be required to support the routines.
 - Identification of the least intrusive support method, while ensuring the individual's privacy and safety. For example, verbal prompts, use of intercoms, or full or partial closure of the bathroom door or shower curtain.
 - Knowledge of manufacturer guidelines for use of foaming agents in jetted bathtubs and recommended maintenance schedules for bathtub and other special equipment.

11. Managing Medication

Standard:

The service provider has procedures in place to oversee the administration, management, assistance, and monitoring of medication.

Expectations:

- When the service provider manages the individual's medication, procedures are in place regarding receiving, storing, and administering medication. An up-to-date record is maintained of the individual's medications, both prescription and non-prescription.
- Where the individual manages their personal medication either independently or with some assistance, support is provided to encourage and maintain an individual's autonomy.
- The levels and type of support required are documented in the individual's plan.
- Procedures clearly differentiate between when medication is managed by the service provider and when an individual requires assistance/support to take their medication fully or partly independently.
- The service provider ensures that employees are guided by procedures and complete appropriate training at orientation and reviewed as necessary that describes the proper administration, management, documentation, and storage of medication, and where appropriate, methods of monitoring of individuals who manage their own medication.

- In instances where a medication error occurs, the service provider follows processes as outlined in the *Critical Incidents Policy*.

Guidance:

Medication administration is an important part of delivering services. It refers to the process of giving or receiving a medication. Accuracy is key to preventing medication errors. Additionally, a simple checklist, referred to as the “rights,” promotes safe medication administration. These “rights” typically include:

- Right medication
- Right person
- Right dose
- Right route
- Right reason
- Right documentation
- Right Response

When the employee manages the individual’s medication, procedures and training exist regarding receiving, storing, administering, and documenting. A service provider may request Medication Administration Record (MAR) sheets, or blister packaging from the pharmacy and use this to clearly document the administration of medication within a service setting. The employee maintains an up-to-date record for all the individual’s medications (prescription and non-prescription) uses including:

- The name of the medication,
- The dosage,
- The frequency,
- Instructions for use, including administration route and time of day, and
- Pharmacists’ guidance, including potential side effects and drug interactions.

The service provider ensures:

- Details are documented in situations where medications must be locked, including:
 - Who may access the medications
 - Responsibilities associated with maintaining medication in original packaging, storage, and labelling with the individual’s name, medication name, dosage, and ensuring prescribing physician name are confirmed
- Only prescription medication ordered by a qualified healthcare professional (for example, medical doctor, nurse practitioner, pharmacist, etc.) may be administered.
- Protocols for the administration of over-the-counter medications, where applicable, are outlined.

- Individual preferences for the method of receiving medication should be supported (for example, crushing medication when allowed with apple sauce).
- Expired or unused medication, syringes, or medical waste are disposed of appropriately.
- A record of medication administration such as Medication Administration Record (MAR) sheets, blister packaging, etc., is available and regularly reviewed.
- In instances where a medication error occurs, the service provider follows processes outlined in the *Critical Incidents Policy*.

Semi/Independent Medication Oversight:

When the individual manages their medication administration independently, or with assistance (for example, reminders), the service provider ensures that:

- Support is provided to individuals to help maintain their autonomy in management of personal medications.
- The individual's record documents that the individual is managing their own medication including over-the-counter medications. A process is used to determine their capacity to self-administer while balancing dignity of risk. This process, includes:
 - Conducting and documenting a risk analysis,
 - Identifying supportive practices,
 - Developing appropriate safeguards, as required, and
 - Regularly reviewing whether the individual requires additional support to safeguard their wellbeing.

12. Safeguarding Money and Assets of Individuals

Standards:

The service provider has financial procedures and safeguards in place to protect individuals' money and assets.

Expectations:

- The individual's financial resources are safeguarded.
- Support is provided to encourage and maintain an individual's autonomy in the management of their personal finances and assets and the level and type of support required is documented.
- When delivering home support services, the service provider must comply with CLBC's *Individual Financial Contribution to Home Supports Policy*.
- The individual is supported to apply for all relevant government benefits, such as Old Age Security and Guaranteed Income Supplement, and to submit income tax returns to ensure GST returns are received annually.

- When the service provider supports the individual to manage their money:
 - The service provider should not share a joint bank account with the individual and the individual's finances are accounted for separately.
 - The service provider must not co-sign or jointly finance or own assets.
 - There are detailed financial records available for review (for example, ledger with receipts, bank statements, etc.).
 - The service provider develops and follows written procedures, defining:
 - How the individual gives informed consent for use of their money
 - How the individual will direct the use of their money
 - How the individual will access the records of how their money was spent
 - How the account will be reconciled and audited
- When the individual manages their own finances, or when a family member and/or support network or legal representative manages the individual's finances, respective roles and responsibilities are clearly documented.

Guidance:

When the service provider is responsible for the management of an individual's funds or assets, a written procedure is available and followed that includes:

- The roles of the service provider and involved employees
- How an individual's money and assets will be safeguarded
- How an individual gives informed consent for the expenditure of funds
- How an individual is informed about their accounts and has access to the records of their funds and assets
- Methods to ensure that funds are used for only designated and appropriate purposes
- Annual Review and Periodic Audits of individual's finances, and documentation of safeguards in place, such as:
 - Records are maintained including bank statements and ledgers with receipts.
 - Keeping an individual's funds separated from other funds for accounting purposes.

Where the individual manages their finances or assets independently, the service provider may be involved to support the individual and to develop appropriate safeguards, as required. These support strategies should be documented in planning and support strategies.

Where the individual's finances are managed by a family member, support network or Representative/Legal Representative, respective roles and responsibilities are clearly documented.

Person Centred Planning and Service Delivery Policies and Resources:

CLBC Policies

- [Behaviour Support and Safety Planning Policy](#)
- [Individual Financial Contribution to Home Supports Policy](#)
- [Support and Planning Policy](#)
- [Role of Formal and Informal Representatives Policy](#)

CLBC Service Provider Resources

- [What is Quality of Life](#)
- [Information for Families: Planning](#)
- [Self Advocate Workbook: My Plan](#)
- [Behaviour Support and Safety Planning: A Guide for Service Providers](#)
- [Aging Knowledge Hub - Community Living BC](#)

Planning and Service Delivery by Topic:

Planning:

- [Toolkits - Family Support Institute \(familysupportbc.com\)](#). Library of topics including education, housing, advocacy, financial literacy, and health.
- [MyBooklet BC](#). A free tool to create a personalized information booklet.

Safeguards – BC CEO Social Service Leadership Network:

- [Vulnerabilities and Safeguards Guide](#)
- [Vulnerability and Safeguards Analysis](#)
- [Vulnerability Assessment and Safeguard Analysis Summary and Follow Up](#)

Physical Wellbeing:

- [HealthLinkBC-Caregiving: Overview of Personal Care](#). Offers resources related to bathing, bladder and bowel care, personal care, and other topics.
- [Medication Safety \(gov.bc.ca\)](#)
- [Healthy Quality BC - Medication Tips and Safety](#)
- [First Nations Health Authority \(fnha.ca\)](#)
- [Métis Health Experience Program](#)
- [Non-Insured Health Benefits for First Nations and Inuit](#)

Mental Health, Addiction:

- [Canadian Mental Health Association](#) provides services and information, including Mental Health First Aid Training.
- [St. John Ambulance Mental Health First Aid Basic Course](#)
- [HelpStartsHere.gov.bc.ca](#). Information and resources for wellbeing, mental health, and substance use. The phone line 310-6789 (no area code required) is also available for anyone seeking emotional support and mental health information.
- [BC Mental Health and Substance Use Services](#) provides specialized treatment, education, health promotion and more.
- [The Shift Training](#). Holistic and intersectional harm reduction services for people with developmental disabilities.
- [Overdose Prevention and Response \(gov.bc.ca\)](#)

Rights and Culture

Respecting and upholding an individual's rights and culture is crucial for their dignity, autonomy, and inclusion. Service providers must actively protect these rights, ensuring cultural safety and promoting informed choice. This commitment is essential in guiding the delivery of services and shaping ongoing interactions, fostering an environment where individuals feel safe, respected, and empowered to be their authentic self, and fully participate in their communities.

13. Rights

Standard:

The service provider recognizes and promotes the rights of individuals accessing CLBC-funded services. The service provider ensures that individuals are aware of their rights and are supported to exercise their rights, as needed.

Expectations:

- Services are provided in a way that supports and upholds the rights of an individual.
- Dignity of risk balances the individuals' strengths, needs, and risks with the right to self-determination.
- The rights of individuals include the following areas:
 - Cultural Safety
 - Religious or spiritual expression
 - Sexual health
 - Sexual orientation, gender identity and expression of 2SLGBTQIA+ individuals
 - Confidentiality of information and privacy
 - Freedom from abuse, financial or other exploitation, discrimination, retaliation, humiliation, or neglect
 - Access to information to make decisions about services and support
 - Informed consent (or refusal) and expression of choice
 - Access to friends, family, and/or support networks
 - Access to self-help and advocacy support services

- Rights are communicated in a way that is meaningful to the individual

Guidance:

Procedures demonstrate a commitment to rights and informed choice that nurture and protect the dignity and respect of the individual.

The rights of an individual are:

- Reviewed annually
- Always accessible for review and clarification
- Communicated and shared in a way that is meaningful and reflects the needs of the individual (this may include verbal presentation, pictures and symbols, large print, translation into a different language, individual handbook, or use of a representative)
- Reflected in the organization’s written policies and procedures and aligns with information intended for individuals
- Investigated, documented, and remedied when there are complaints or concerns regarding infringement of rights

Rights are reflected in service delivery:

- The individual’s decisions and choices are supported.
- “Dignity of risk” refers to the right to make choices and take risks to learn, grow, and expand life experiences and opportunities.
 - Reviewing of risk should be conducted proportionate to the severity of the risk.
 - Mitigation strategies that reduce risk could be both formal and informal safeguards. Safeguards are intentional actions designed to help reduce vulnerabilities.
- Relationships with friends, family, and support networks are welcomed and encouraged and respectful of the individual’s wishes for their involvement.
- Sexual health, sexual orientation, gender identity and expression of 2SLGBTQIA+ individuals include the right:
 - To connect with other people, groups, or events from within the 2SLGBTQIA+ community
 - To use and be referred to by their preferred name and gender pronouns
 - To pursue gender affirming care and make medical decisions that affirm gender identity if desired

14. Culture and Diversity

Standard:

Services are provided in a manner that respects and acknowledges the cultural and spiritual beliefs, values, and practices of individuals.

Expectations:

- Procedures and person centered planning reflect the individual's cultural and spiritual identity and choices regarding how services are delivered and how they want to participate in their cultural and/or spiritual community.
- The individuals' right to express their cultural or spiritual identity is protected, promoted, and explored.
- Incidents of racism or discrimination are documented and responded to promptly.
- Services for Indigenous individuals align with CLBC's *Cultural Safety Policy* and *Cultural Safety: CLBC Service Provider Guide*.

Guidance:

All individuals are treated with respect, dignity, and empathy in regard to their cultural background or spiritual beliefs.

The service provider has procedures which support the inclusion of culturally safe practices in all aspects of organizational culture, service delivery, contracting, recruitment, monitoring, and the person centred planning process.

To promote culture and diversity, the service provider:

- Provides access to language services when possible, such as interpretation and translation, to ensure effective communication, when applicable
- Fosters belonging by providing opportunities for an individual to connect with peers who share similar backgrounds
- Promotes diversity in service settings by displaying meaningful cultural symbols, offering preferred food choices, celebrating diversity, and encouraging intersectional understanding and appreciation
- Engages in program development, employee training, and service delivery that is respectful and inclusive of religious and cultural identities
- Provides training on cultural awareness, cultural safety, anti-racism, and non-discrimination (this is particularly relevant for those supporting Indigenous individuals in recognizing and acknowledging efforts and actions towards reconciliation)

CLBC expects the service provider to adhere to the guiding principles outlined in the *Cultural Safety Policy* in the delivery of their contracted services. *Cultural Safety: CLBC Service Provider Guide*. This guide is intended to support the service provider in applying the *Cultural Safety Policy* to ensure that all Indigenous individuals, their families, and/or support networks experience culturally safe service delivery.

Rights and Culture Policies and Resources:

CLBC Policies

- [Cultural Safety Policy](#)

CLBC Service Provider Resources

- [Cultural Safety: CLBC Service Provider Guide](#)
- [Support Networks: A Guide for Self Advocates](#)

Rights and Culture

- [Inclusion BC - Advancing rights. Promoting abilities.](#)
- [Home - Family Support Institute \(familysupportbc.com\)](#)
- [Aide Canada LGBTQ toolkit](#)
- [Real Talk Sexual Health Education](#)
- [Indigenous Canada Course](#)
- [In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care](#)

Health and Safety

Service providers must ensure a healthy, safe, and clean environments that enhance quality of life and reduces risks for everyone involved. This requires a strong commitment to health and safety, supported by clear practices and procedures. Individuals should actively participate in their own well-being, with the guidance of skilled employees who understand their needs and the service provider's safety strategies. A robust focus on emergency preparedness, alongside continuous learning from incidents, is always essential for safeguarding health and safety.

15. Incident Analysis

Standard:

Critical, serious, and/or unusual incidents are reported when applicable, tracked, and followed up on.

Expectations:

- All reportable Critical Incidents are submitted and followed up on as per the CLBC's *Critical Incidents Policy* and *Critical Incidents Reporting: Service Provider Requirement Guide*.
- Incidents that are non-reportable under CLBC's *Critical Incidents Policy* must be documented and tracked internally.
- Review of trends related to incidents occurs at least once per year, and includes:
 - Causes and trends,
 - Actions that will be taken to avoid future incidents, and
 - Results of efforts to avoid similar incidents from the previous year including any relevant education or training that was completed by those involved.

Guidance:

CLBC's *Critical Incidents Policy* and the *Critical Incidents Reporting: Service Provider Requirement Guide* are applied together to protect the safety, health, wellbeing and rights of individuals accessing funded services. They provide more information about:

- Definitions of Critical Incidents

- Timelines for reporting
- Tracking of reportable and non-reportable incidents
- Following up on Critical Incidents

16. Healthy and Safe Environments

Standard:

For services provided in a facility owned or operated by the service provider, the environment is healthy and safe.

Expectations:

- Processes are in place to promote the safety and security of individuals and employees.
- Universal precautions and communicable disease prevention plans are in place.
- Buildings and common grounds are in safe condition.
- Equipment and furniture are well maintained and working well.
- Rooms and common areas are of an appropriate temperature.
- The temperature of flowing water for personal use does not exceed safe levels.
- A comprehensive self-inspection for health and safety is conducted at minimum twice each year, resulting in a written report that identifies:
 - Areas that were inspected,
 - Recommendations for improvement, and
 - Actions that were taken to respond to the recommendations.

Guidance:

The service provider must ensure that the environment is healthy and safe. Health and safety inspections can help identify actions to ensure that expectations are met. Self-inspections should include all relevant areas, and outline plans for improvement, including as appropriate:

- Communicable disease prevention plans. This includes following of universal precautions, ensuring employees who are sick stay home from work, promoting hand hygiene, ensuring routine cleaning of surfaces, and supporting people to stay updated with vaccines.
- Electrical, heating, and cooling systems. Consider their locations and if systems are sufficient to maintain health during extreme weather events.
- Emergency warning devices (for example, fire and smoke alarms, carbon monoxide detectors).
- Walking and working surfaces.
- Clear and unobstructed entrance and exit from the building.

- Health and sanitation related to:
 - Food preparation
 - Eating areas
 - Bathrooms
- Cleanliness and sanitation of the general environment including garbage removal and pest control
- Structural integrity of the facility
- Safe temperature of flowing water
- Storage of hazardous materials such as florescent lights, cleaning supplies, and other household chemicals

17. Emergency Responsiveness

Standard:

The service provider ensures immediate access to:

- **Employees with valid First Aid and CPR certification**
- **First Aid equipment and supplies appropriate to the setting**
- **Relevant emergency information for individuals and employees**

Expectations:

- It is recommended that all employees have a valid First Aid and CPR Certification. At minimum, employees with a valid First Aid and CPR certification must be present on each shift, at each jobsite, and immediately accessible.
- Requirements and training meet WorkSafeBC regulations and guidelines.
- First aid supplies are maintained that are appropriate to the setting and consistent with WorkSafeBC guidelines.
- Vehicles that are owned or operated by the service provider and used by the provider to transport individuals contain First Aid supplies.
- Relevant Emergency Information is available and accessible. It is recommended that information be in a format that can be removed from the site if an evacuation were necessary.

Guidance:

It is important to provide a safe setting for individuals and for those supporting them. Actions to meet this standard include:

- Emergency resources, including people trained to respond and the location of first aid equipment and supplies, should be well known to employees and immediately available at all times.

- Employees with valid First Aid and CPR certification must be immediately available for individuals while in service.
- First aid supplies for facilities and vehicles are maintained and readily available.
- When employees use their personal vehicles to transport individuals as part of service delivery, first aid supplies should be available.
- WorkSafeBC maintains regulations and guidelines that outline the general first aid requirements and contents for first aid supplies for workplaces as well as the recommended training for any individuals that are identified as first aid attendants. Consult these guidelines to ensure the appropriate first aid expertise is available to those receiving service, and the employees.
- Emergency information is information that might be needed if an individual or employee 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. The information should be readily accessible during an emergency.
- 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. However, there may also be local ordinances or requirements. If unsure of the requirements, contact the local fire department, the Office of the Fire Commissioner, or the service provider's insurance company for more information.

18. Emergency Preparedness and Planning

Standard:

The service provider has emergency procedures and planning to address the following situations:

- **Communicable disease outbreak (including pandemics)**
- **Medical emergencies**
- **Fires- detection, warning of hazards, and suppression**
- **Natural disasters (earthquakes, heatwaves, floods, severe storms, wildfires, as appropriate to their locale)**
- **Utility and technology failures**
- **Safety during a potentially violent and/or threatening situation**

Expectations:

- The service provider is prepared for emergency events and can continue to deliver critical services to individuals after an emergency event.

- Plans are reviewed, at minimum, every two years and tests of each emergency procedure are conducted at least annually, documented, and analyzed for improvement.
- The individual's safety and security and any unique support needs are addressed during an emergency.
- Individuals are supported to learn and practice how to respond to emergency situations as appropriate.
- Emergency supplies are maintained that are appropriate to the setting and consistent with WorkSafeBC guidelines.
- Emergency procedures address evacuation, appropriate to the location and type of service.
- There is equipment and training appropriate to the facility and the needs of the individuals and employees for fire detection, warning of fire hazards, and suppression of fire.

Guidance:

It is critical that the service provider is prepared to respond to emergency situations and ensure any unique support needs are addressed (disability related needs, health, or behavioural needs, etc.). To prepare for emergencies:

- Evaluate safety concerns related to the likelihood of a natural disaster or emergency event in the community where service is delivered. Considerations will include the potential effects on employees, individuals, and property (if applicable).
- Procedures should be developed that detail action to be taken in the event of each type of natural disaster, as responses might differ according to the situation. Anticipate issues and develop mitigating strategies (for example, air conditioning for heat events).
- The service provider must comply with any evacuation orders or government issued mandates and notify CLBC when additional planning or support is required.
- In any emergency, employees will take all reasonable actions to ensure the safety of individuals and co-workers. Employees should be instructed to ensure their own safety prior to assisting others, and to assist others only when it is safe.

Testing emergency procedures by practicing them at least once per year helps individuals and employees to better respond in actual emergency situations. The test should include:

- An actual or simulated physical evacuation of the facility (as applicable)
- Identification of quality improvement opportunities
- Updates made to practice where possible
- Clear documentation of test-dates, what was tested, the result, and the follow-up plan

Emergency procedures should address evacuation, appropriate to the location and type of service, 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 employees
- How and when appropriate emergency authorities will be notified

When the service provider delivers home supports (staffed living, shared living), they must plan for the continuity of this service, meaning ensuring that a plan exists for secondary or temporary shelter should an individual require evacuation from their primary residence in a CLBC-funded home. Essential services include the provision of medications, assistance with daily living requirements, temporary shelter, etc.

Health and Safety Policies and Resources:

CLBC Policies

- [Critical Incidents Policy](#)

CLBC Service Provider Resources

- [Critical Incident Reporting and Related Guidance](#)
- [Critical Incidents Service Provider Requirement Guide](#)
- Training: [Critical Incidents Follow-Up Guidance for Service Providers: Reporting & Follow-Up](#)

WorkSafeBC

- [Create & manage a healthy & safe workplace - WorkSafeBC](#)
- [First aid requirements - WorkSafeBC](#)
- [First Aid Record Form](#)
- [Supplies, equipment & facilities - WorkSafeBC](#)
- [Workplace inspections - WorkSafeBC](#)
- [Safety Inspections Workbook | WorkSafeBC](#)
- [Communicable disease prevention - WorkSafeBC](#)
- [Workplace Emergency Planning Inclusive of People with Disabilities | WorkSafeBC](#)
- [Emergency Evacuation Planning for your Workplace](#)

Health Safe Environments

- [Water temperature and burns/scalds - Canada.ca](#)

Emergency Planning and Prevention

- [Home - EmergencyInfoBC \(gov.bc.ca\)](#)
- [Weather Information - Environment Canada](#)
- [Make Your Emergency Plan – Prepared BC](#)
- [Prepared BC emergency guides and resources \(gov.bc.ca\)](#)
- [Canadian Centre for Occupational Health and Safety - Emergency Response Planning Guide](#)
- [Canadian Centre for Occupational Health and Safety - Business Continuity Plan – Flu and Infectious Disease Outbreaks](#)
- [Universal Precautions](#)
- [Resources for People with Disabilities \(gov.bc.ca\)](#)
- [Emergency Preparedness for Older Adults - Canadian Red Cross](#)
- [Build an Emergency Kit and Grab and Go Bag \(gov.bc.ca\)](#)
- [Tips To Fire Smart Your Home Infographic | FireSmart BC](#)

Environmental Emergencies by Topic:

For Flooding

- [Prepared BC: Household Preparedness Guide \(gov.bc.ca\)](#)

For Wildfires

- [Prepared BC: Household Preparedness Guide \(gov.bc.ca\)](#)
- [BC Wildfire Service \(gov.bc.ca\)](#)
- BC Wildfire Service app for [Apple devices](#), and [Android devices](#).

For Extreme Heat

- [Prepared BC: Household Preparedness Guide \(gov.bc.ca\)](#)
- [Preparing for Heat Events \(bccdc.ca\)](#)
- [Precautions for beating the heat CLBC](#)

Appendix

- Appendix E: Sample Annual Incident, Review, Analysis, and Action Plan Template
- Appendix F: Sample Emergency Drill Testing Form
- Appendix G: Sample Facility Self Inspection Form

Appendices

As per section 20 of the Terms and Conditions, *the Service Provider or Person Centred Society*:

is an independent contractor with responsibility, control and direction over the manner and means of the service provider's <or Society's> performance of the Services...the service provider <or Society> is solely responsible for creating and implementing its own processes and procedures to deliver the Services.

The following Appendices are samples and may be used and modified at the service provider or Society's discretion.

Appendix A: Sample Conflict of Interest Disclosure Form

This disclosure form must be completed, and a copy saved to the employee's file:

- Upon hire, and every 5 years.
- Any time an employee identifies a real, perceived, or potential conflict of interest situation or there has been a change in their situation.

Employees Name:	
Position:	

I declare that I am in a real, perceived, or potential conflict of interest that may impact my duties/responsibilities as an employee.

I declare that I am not aware of any real, perceived, or potential conflict of interest that would impact my duties/responsibilities as an employee.

Disclosure of specific conflict. Please provide the full name(s) of any individual and the nature of the relationship as applicable for disclosure:

Mitigation Strategy:

Employee Signature:		Date:
Manager Signature:		Date:
Executive Director Signature:		Date:

Appendix B: Sample Personal Information Consent Form

1. I, _____ <name of adult> of _____ <address>, _____ <city>, British Columbia

Give consent (permission) for _____ <name of service provider> to:

- Collect (the service provider is getting your information from someone)
 Disclose (the service provider is giving your information to someone)

the following personal information: _____ <what information is being shared?>

for the purpose(s) of: _____ <why is the information being shared?>

2. This personal information will be:

- Collected from _____ <the name of the other organization/person sharing information with the service provider>
 Disclosed to _____ <the name of the other organization/person receiving information from the service provider>

3. I am acting on my own behalf; or

I _____ <insert name of legal representative>, am acting on behalf of _____ <insert name of adult whose information is being shared>

I have provided evidence that I have the legal authority* to do so; or

The following statement should be taken from the person supporting an adult:

I _____ <insert name of person supporting the adult> have explained this consent form and how the information described in 1 & 2 will be collected, used, and/or disclosed with _____ <name of adult being supported> who has communicated that they approve the sharing of this information.

4. This consent is in effect from the date signed until _____ <The maximum length is one year. When do you want this consent form to end?>

* What do you mean by “legal authority”? If a person is under 19 years of age their legal guardian has the authority to consent on the person’s behalf. If a person is 19 years of age or older and has an appointed Committee or Representative named within a Representation Agreement, that Committee or Representative may consent on the person’s behalf.

Signature

Date signed:

Appendix C: Sample Accessibility Template

ACCESSIBILITY PLANNING FOR: (specify if planning for an individual, or planning for a location)	
Employee responsible:	Year:

ENVIRONMENTAL OR PHYSICAL BARRIERS

barrier	solution / strategy	timeline	person(s) responsible	progress/date completed

ATTITUDINAL BARRIERS

barrier	solution / strategy	timeline	person(s) responsible	progress/date completed

COMMUNICATION BARRIERS

barrier	solution / strategy	timeline	person(s) responsible	progress/date completed

COMMUNITY INCLUSION BARRIERS

barrier	solution / strategy	timeline	person(s) responsible	progress/date completed

OTHER BARRIERS (FOR EXAMPLE, FINANCIAL, EMPLOYMENT, ETC.)

barrier	solution / strategy	timeline	person(s) responsible	progress/date completed

COMMENTS

Appendix D: Sample Training and Orientation Checklist

EMPLOYEE INFORMATION	
NAME:	START DATE:
ROLE:	SUPERVISOR:

ORIENTATION	DATE COMPLETED
Provide employee handbook	
Review Agency's mission, values, and culture	
Review position, roles, and responsibilities	
Completion of criminal records check	
Completion of First Aid/CPR Training and Certification	
Review and sign-off key policies for Agency	
List all Agency Policies and/or procedures: <ul style="list-style-type: none"> - Complaints - Etc. 	
Review and sign off key CLBC Policies	
List all CLBC Policies: <ul style="list-style-type: none"> - Adult Guardianship Policy - Criminal Record Check Policy: Service Delivery - Critical Incidents Policy - Cultural Safety Policy - Behaviour Support and Safety Planning Policy - End of Life Policy - Individual Financial Contribution to Home Supports Policy - Service Provision by Family Members Policy - Travel Outside of BC with CLBC-Funded Services Policy 	
Review and sign off on evacuation procedures for work location.	
Person centred approach to service delivery	
Confidentiality and privacy requirements	
Diversity awareness, and inclusion	
Workplace conduct, and personal boundaries	
Health issues and advocacy	
Planning for accessibility	
Planning for mobility needs of individuals	
Reporting suspected abuse/neglect	
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 incidents, both critical and non-reportable	
Managing medications (if required)	
Supporting individuals with personal finances (if required)	
ONGOING TRAINING RECORD	DATE COMPLETED
List all that apply:	
- First Aid, and CPR Training and Certification	
- MANDT/NVCI	
- CLBC Critical Incident Follow-Up Guidance for Service Providers Training	
- CLBC Service Provider Privacy and Information Management Course.	

Appendix E: Sample Annual Incident Review, Analysis, and Action Plan Template

REVIEW OF INCIDENTS

List or attach a list of all reportable and non-reportable incidents that occurred in the last year. Note key characteristics of incidents.

incident type	reportable or non reportable	service-type	date and time	employee(s) involved	individual(s) involved	program facility or location

ANALYSIS OF INCIDENTS

- 1) Are there any patterns apparent in the incidents listed above? Consider the type of incident, causes, 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 actions identified in last year's plan that have not yet been completed, and note any follow-up required.

action items from last year	person(s) responsible	timeline for completion

ACTION PLAN FOR COMING YEAR

List the actions identified for the coming year, and note any follow-up required.

action items for coming year	person(s) responsible	timeline for completion

Appendix F: Sample Emergency Drill Testing Form

Date of Drill:		Location:	
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Emergency Procedures Tested:

- Fire
- Natural disaster
- Medical emergency
- Safety during a violent or threatening situation (including bomb threat)
- Utility failure

Names of employees, and supported individuals present and included in the drill:

EVALUATION

- 1) Was the drill completed consistent with procedures? yes no
- 2) If no, please explain:
- 3) Was the 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 employee 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

Appendix G: Sample Facility Self Inspection Form

Facility /Program being inspected:	
Location:	
Person(s) completing inspection:	
Date of Inspection:	

A. EMERGENCY PREPAREDNESS	YES	NO	N/A
1) Evacuation plan and procedures are current			
2) Employees on shift are aware of fire and evacuation procedures			
3) Emergency drills performed at least annually with employees and supported individuals Date(s) of Drill:			
4) Employees know who to call for first aid assistance			
5) Employees know how to use personal protection equipment			
6) First aid kits are marked, secured, and fully stocked			
7) Emergency grab and go bags are accessible			
8) Emergency preparedness kits are complete, and supplies are rotated annually Date Restocked:			
9) Smoke / heat detectors tested and alarms functional Date of Test:			
10) Fire extinguishers are clearly marked			
11) Fire Extinguishers mounted approx. 3' above floor and near exits			
12) Fire Extinguisher annual inspection tag present and dated with last inspection Date of Inspection:			
13) Sprinklers conform to BC Building Code if applicable			

14) Exit light / signs properly displayed / safety lighting if applicable			
15) Emergency lights working / checked			
16) Flashlights working, and accessible			
17) Exits / halls cleared of obstructions. Any supplies stored on the floor are away from doors			
18) Aisles/passageways sufficiently wide to permit easy passage by wheelchair			
19) All door and window closures work, and are secured as per manufacturers specifications, to prevent falls			
20) Electrical outlets checked for overloading			
21) Combustibles (for example matches, oxygen, paint) secured			
22) Furnace / boiler room clear of obstructions			
23) Baseboard heaters clear of flammables			
24) Clear access to electrical panels and switch gear			
25) Electrical panel – fuses are clearly labeled			
26) Electrical cords are in good repair			
27) Fireplaces checked annually (review records)			
Comments:			

B. FOOD SAFETY	YES	NO	N/A
1) Food is safely prepared, stored, served, and handled			
2) Kitchen appliances checked and in good working order			
3) Freezer thermometer: reads 0° F (or less)			
4) Fridge thermometer: reads 40° F (or less)			
5) Food in fridge properly dated, and expired or spoiled food is disposed of			
6) Food in freezer properly dated (for example Repackaged and dated), and expired or spoiled food is disposed of			

Comments:

C. 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) Grab bars for bathtubs / showers / toilets are in place			
5) Wheelchairs, mobility aids, and other related equipment are clean and maintained in good repair			
Comments:			

D. GENERAL SAFETY	YES	NO	N/A
1) Kitchen clean and free of contaminants			
2) Dishes cleaned, and free of mold			
3) Containers for waste and recyclables are used appropriately			
4) Cleaning agents are properly stored and away from food			
5) Containers are clearly marked with contents			
6) Hazardous materials are properly stored			
7) Hazardous materials are disposed of properly			
8) All appliances are in good working order			
9) Dryer vents (inside and outside) are clear of lint			
10) Water temperature controls are working, and temperatures do not exceed 49°C (120°F).			
11) Washroom facilities clean and sanitized			
12) Floors are clean, dry, clear of clutter, and tripping / slipping hazards			
13) Shelving is stable and not overloaded			

14) Fixtures on walls are properly secured			
15) Furniture is sturdy and safe			
16) Materials safely stacked (waist height for heavier materials)			
17) Stairways are clutter free			
18) Stairs are properly lit			
19) Stairwell steps, treads, runners are in good condition			
20) Stairs/ladders/ramps have proper anti-slip treads			
21) Handrails/Guardrails are present and in good condition			
22) Indoor Air Quality complaints are documented and investigated			
23) Designated smoking area is provided and respected			
24) Individuals protected from cool / excessive heat			
25) Outside doors close properly and are secure			
26) Fence and gate are in good repair			
27) Decks are sound and clear of obstructions			
28) Yard and sidewalks are free of debris			
29) Yard equipment is in good working condition			
30) Patio furniture is clean and in good working condition			
31) Barbeque is clean and in good working condition			
32) Garbage receptacles are placed in a suitable site			
33) Garbage receptacles are emptied on a regular basis			
34) An adequate number of garbage receptacles are in place, and in good working order			
Comments:			

E. ADMINISTRATION	YES	NO	N/A
1) WHMIS information is updated (MSDS sheets for each product) and is located where products are stored			

2) Notice posted regarding electronic surveillance in use			
Comments:			

F. VEHICLE SAFETY	YES	NO	N/A
1) Vehicles are maintained and in good working order			
2) Seat belts are in good working order			
3) Tie downs are in good working order			
4) Vehicle tires are appropriate for road conditions			
5) Vehicles are clean and clear of all clutter and loose objects			
6) Emergency first aid kits are available in the vehicles of employees who travel with individuals			
7) All employees driving vehicles have current Drivers License, and drivers abstract on file			
8) Vehicles Owner Manual is in vehicle for operator to reference			
Comments:			

Action Items Requiring Follow Up		
Task Required	Person Responsible	Date Completed