

# INCLUSION CLARE

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## POLICY MANUAL FOR RESIDENTIAL AND VOCATIONAL PROGRAMS

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## **FOUNDATIONS**

### **VISION STATEMENT**

To inspire confidence and ensure inclusion.

### **MISSION STATEMENT**

We foster and promote accessible and responsive living, working and learning opportunities in service of adults with disabilities in the community of Clare; empowering self-advocates in achieving their individual potential for full community living.

### **VALUES**

Every action, statement, policy or publication will honour and promote the values and principles of

- Respect
- Culture
- Equity
- Moral Courage
- Self-Direction
- Learning Together
- Community Support
- Creativity

## **SECTION I: RESIDENT SUPPORTS**

### **101. ADMISSIONS**

#### **POLICY**

La Maison Jérôme and Maison d'amis will provide residential placements to people who live with intellectual and/or physical disability, and who may live with mental illness.

#### **CRITERIA FOR ADMISSION**

1. The applicant's needs do not exceed the level of support provided by the home.
2. The applicant has a primary diagnosis of intellectual or physical disability. Exceptions may be considered on an individual basis.
3. There are other resources in the community that can respond to the applicant's needs if required.
4. The applicant will not pose a risk to others in the home.
5. The applicant is 21 years of age or older.
6. Priority will be given to French-speaking applicants from the Municipality of Clare.
7. If a day program is considered as part of the application, the applicant must also meet the admission requirements of the day program.
8. The applicant is able to be transported by staff vehicles or any vehicles attached to the home.
9. The application is approved by the Admissions Committee and the Department of Community Services.
10. The Admissions Committee is comprised of the Executive Director, Operations Manager and a Residential Support Worker. Other individuals may sit on the committee if deemed appropriate by the Executive Director.

## PROCEDURE

1. Any person wishing to place someone in La Maison Jérôme or Maison d'amis may submit an application on behalf of an applicant to the Admissions Committee. The applicant, however, must meet the Criteria for Admission.
2. The Department of Community Services maintains the waiting list and referrals will be received from the Community Care Coordinator.
3. Referrals will include a medical, an Individual Assessment completed by the Community Care Coordinator, and a classification. Other information may be requested.
4. The referrals will be reviewed by the Operations Manager and the Residential Program Coordinator to determine if the applicant meets the Criteria for Admission. A recommendation from the Operations Manager will be made to the Admissions Committee.
5. If the Admissions Committee determines that the applicant does not meet the Criteria for Admission the applicant will be refused.
6. If the Admissions Committee determines that the applicant appears to meet the Criteria for Admission, then further assessments will be conducted.
7. The Operations Manager and Residential Program Coordinator will develop a plan to evaluate and assess the applicant. Day program staff will participate in the evaluation and assessment process. This process, among other steps, may include the following:
  - a. Visit to the applicant's home
  - b. Tour of the facilities by the applicant
  - c. Assessment of the applicant's needs
  - d. Assessment of the applicant's suitability for placement
  - e. Consultations as required
  - f. A variety of visits: day time, evening, overnight, day program, etc.
8. When the assessment is completed, and the Operations Manager has submitted their report and recommendation, the applicant will either be accepted or refused by the Admissions Committee. If the applicant is refused, the Community Care Coordinator will be informed by the Operations Manager.
9. If the applicant is approved, the Operations Manager will notify the Community Care Coordinator and receive approval and confirmation from the Department of Community Services.

10. When approval has been received, an admissions date will be determined.
11. When an admissions date is determined, then an individualized transition plan will be developed.
12. The purpose of a transition plan is to ensure the success of the admission.
13. The Operations Manager and/or the Residential Program Coordinator will work with the applicant and the applicant's family to develop the transition plan.
14. The applicant can be refused at any time during the process if the Operations Manager deems the applicant unsuitable for the placement.
15. The applicant and the applicant's family/guardian are expected to cooperate with the organization and assist with the admission process. The applicant can be refused if the applicant or the family/guardian does not agree with the process, policies, procedures, philosophy or mission of the organization.
16. Approval for admissions will be based on the ability of the organization to provide for the support needs of the individual, taking into consideration the following:
  - a. personal preference of the individual and/or family
  - b. compatibility of personality with that of prospective house mates
  - c. existing relationships between individuals
  - d. ability to get along with the other people living in the home
  - e. ability to get along in the physical setting
  - f. complementing of abilities with others in the home
17. If it is determined, after the admission and transition process is completed, that the placement is not suitable for the applicant, the approval may be rescinded.
18. If support needs for the successful applicant change, the placement may no longer be suitable and the approval may be rescinded.
19. If, for unforeseen reasons, the admission becomes controversial, the Board of Directors will, as a group, make a final decision. The board may require consultation with the Department of Community Services and/or medical professionals to come to a decision.



## 102. INDIVIDUAL PLANNING

### **POLICY**

Individuals living in the homes will be supported in setting personal goals and planning for their future.

### **PROCEDURE**

**PREAMBLE:** Inclusion Clare believes that, as a service provider, we must provide an atmosphere that is respectful to the individual, and which will help foster personal growth. We must allow people to develop as individuals, finding the path in life that they choose to follow, not imposing what we feel is best for them. We must allow people to develop at their own pace and, if they so choose, to stay where they feel safe and protected.

We believe that by carefully listening to the people we support, we will become familiar with their dreams and hopes, and develop an understanding of what the person would like to accomplish in life. Sometimes people living in the home are not aware of the various options available. Therefore, part of our role is to expose people to the options that are available to them. We must allow people to have as much control as possible in their lives. This does not necessarily mean allowing people to do whatever they want; rather, it means helping people to understand societal values and constraints, in order to begin to understand how to develop control in their own lives. This support is provided regardless of the person's emotional and intellectual capabilities. We try to give people as many choices as possible, not only in day to day life, but especially in the areas of personal growth and development.

Every attempt will be made to help lead a person from a life of compliance and a state of dependence, to one of supported interdependence, exploration and fulfillment. We will teach, adapt, support and encourage as needed, in order to assist people in finding their dreams. The key element in our organization upon which all personal plans are based, is to provide a nurturing and supportive environment which encourages people to believe in themselves and explore life.

1. Program Planning is an individual process and will vary from individual to individual.
2. Once a year, each individual will have the opportunity to participate in a PATH (Planning Alternative Tomorrows with Hope) session to determine the areas they want to explore. The PATHs provide a visual representation of the individual's dreams, three possible goals they wish

to work toward over the course of the year and a breakdown of how these goals will be reached.

3. A key component for any personal planning is Employee support. Employees will provide assistance in helping individuals develop personal values and knowledge of available choices and services. The main focus of all personal planning is helping to increase self-esteem, a sense of self, and to assist the person in living a fulfilling life. The better individuals feel about themselves, the more successful they will be in all aspects of their lives.

4. The areas of exploration in the PATH are up to the individual, however, they may include aspects such as health, physical needs, emotional needs, spiritual needs, sexuality, skill development, social opportunities, recreation and leisure, interpersonal relationships, family relationships, self-expression and personal safety.

5. All employees are expected to become familiar with each resident's PATH. Some residents may choose to put their PATHs up on the wall in their rooms to remind themselves of their goals and action plan.

6. A couple weeks or so before the PATH session is held, Employees will assist residents in completing a Circle of Support document, which identifies individuals they wish to invite to their PATH, as well as the "How am I doing?" questionnaire. The Employees will send invitations to each PATH.

## **103. AREAS OF SUPPORT**

### **POLICY**

Residents will receive support in all aspects of daily living.

### **PROCEDURE**

In providing support in all aspects of daily living, Employees will consider the following:

#### **HEALTH**

- a. Individual health needs are identified.
- b. Doctors' instructions are understood and followed.
- c. Special health considerations are taken into account.
- d. Management and staff will advocate for special equipment as the need arises.

## PHYSICAL

- a. Physical abilities are considered.
- b. Ways to compensate for physical impediments are considered.
- c. Exercise and physical fitness are encouraged.

## EMOTIONAL

- a. Emotional needs are to be considered when providing support.
- b. Past traumas will be considered.

## INTELLECTUAL

- a. The intellectual abilities of the people we support are always considered in providing support.
- b. The people we support will be encouraged to expand their intellectual abilities, if they so desire, and opportunities for intellectual stimulation will be made available.

## SEXUALITY

- a. Sexual expression is a regular part of everyday life and is to be encouraged in socially acceptable ways.
- b. Informed relationships between consenting adults are to be respected and supported.
- c. All individuals have a right to sexual information and education. Information will be relevant to the needs of the individual.
- d. Information will be shared in a way that encourages the person to value their sexuality.
- e. Information and education will include helping the person to respect the rights and values of others.
- f. Information and education will be presented in a way that helps to decrease the fear, shame, guilt or embarrassment about natural body functions.
- g. The concepts of public behaviour and private behaviour are integral components to of sexual education.
- h. Most forms of sexual expression are acceptable as long as they do not infringe on the rights or privacy of others.

## SPIRITUAL

- a. Residents will be encouraged to explore their own feelings and seek an awareness of others' feelings in developing their own sense of spirit.

b. Each person has the right to express their faith as they wish, to pursue spiritual growth, and develop a sense of self-worth while learning about other realities in the world.

## SOCIAL

- a. Knowing socially acceptable behaviour is a fundamental requirement when in the community.
- b. Employees will help redirect individuals from activities that are considered socially unacceptable to activities that are considered socially acceptable.
- c. Employees will support and encourage culturally normative social experiences.
- d. Every effort will be made to include residents in the community using regular community activities and facilities as much as possible.
- e. People living in the home will receive information regarding what is available in the community and how to access these facilities.
- f. Employees will support individuals and help enhance decision-making skills.
- g. Employees will support individuals and help enhance communication skills.
- h. Employees will support individuals and help enhance their interpersonal skills and self-esteem in order to facilitate their integration into the community and prepare them to better guard themselves against any exploitation within it.

## SKILL DEVELOPMENT

- a. Does the person wish to improve their skills in certain areas?
- b. Does the person require specific skills in order to participate in other areas and activities?

## RECREATION/LEISURE

- a. Recreation and leisure activities are effective ways to develop healthy lifestyles.
- b. Individuals will have as much opportunity as possible to participate in recreation activities.
- c. Employees will assist individuals to assess their recreation desires, needs and capabilities.
- d. La Maison Jérôme and Maison d'amis will endeavour to provide the necessary supports for recreational and leisure activities.
- e. Careful planning may be required by Employees and Management to ensure that quality recreational and leisure opportunities are made available.
- f. Employees are encouraged to support individuals in developing hobbies and activities both within the home and in the community.
- g. Health and Safety will always be a priority when planning recreation and leisure activities.

## INTERPERSONAL

- a. Employees will assist the people living in the home to develop interpersonal skills.

- b. Interpersonal relationships are to be encouraged.
- c. The people living in the home are to be encouraged to have relationships outside the home.

#### FAMILY INVOLVEMENT

- a. Employees will encourage and facilitate relationships between the people living in the home and their families. Such relationships help to sustain family contacts; Employees can also elicit the family's participation and in providing support.
- b. Employees will encourage visits and other forms of communication between the people living in the home and their family.
- c. Employees will encourage families to communicate any concerns relating to the quality of the service that is being provided.
- d. Families may be asked from time to time to give their consent for medical procedures and other activities, where the individual is unable to do so for themselves.
- e. Employees, including Management, will keep communication with family open.

#### SELF-EXPRESSION

- a. All behaviour and types of self-expression will be looked at as communication.
- b. Employees will be expected to learn the "language" of the individual and listen to what the person is "saying" through self-expression.
- c. People who live in the homes will be encouraged to express themselves. If socially inappropriate expressions happen to be communicated they will be clearly depicted as such, and proper, socially acceptable alternatives will be proposed, expressed (in order to illustrate and show), and carefully explained.

#### RISKS

- a. Risks that individuals pose that are of an immediate threat to themselves or others will be dealt with immediately, and could lead to them being expelled from the organization.

#### RECORD KEEPING

- a. A staff communication book will be kept so that Employees and management can share important information.
- b. Files will be maintained for each resident. The Operations Manager is responsible for ensuring the management of these files.

## 104. ASSISTING PERSONS WHO ARE SUBJECT TO SEIZURES

### POLICY

In order to assist residents who are subject to seizures, areas of potential risk will be assessed and appropriate precautions developed.

### PROCEDURE

1. Employees will be mindful of the need for privacy and respect when supporting people who are subject to seizures; however, safety must always be the primary consideration.

2. Based on the person's history of seizure activity, Employees will determine the supports needed in the following areas:

- a. eating
- b. bathing
- c. use of stairs
- d. access into the community
- e. educational/vocational activities
- f. use of household appliances
- g. consideration for participation in daily activities
- h. any other situation that may pose potential risks
- i. surroundings, furniture and equipment

3. If, based on the person's history of seizure activity, it is determined that a seizure while bathing could be life threatening, the following precautions will be followed:

3.1 The person will be supervised at all times while in the bathtub or shower. Ensure all necessary supplies are at hand.

3.2 The shower curtain can be closed or the Employee can face the opposite direction to give the person some sense of privacy. In some cases the Employee can sit outside the bathroom door while the person is bathing.

3.3 The person will be seated during the bath/shower.

3.4 Water level in the tub will not exceed the height of three inches when the person is seated in the tub.

3.5 If the person begins to experience a seizure while bathing, the water will be turned off, or drained, immediately, and measures to protect the head will be undertaken quickly. Use of a towel or inflatable pillow is suggested.

3.6 Unless the person is at risk, they should not be moved until consciousness returns. The person should be covered with a towel or blanket to ensure modesty is respected.

4. If, based on the person's history of seizure activity, it is determined that a seizure while eating could be life threatening, the Employees will keep a close eye on the person while they eat and ensure that the food is of small enough size to prevent choking. This is to be accomplished in a discrete manner, showing respect for the individual.

5. Changes in a person's seizure activity will result in the reassessment of the risks and precautions that are subsequently required.

## 105. PERSONAL CARE

### **POLICY**

Employees will provide personal care to those residents who require it. Personal care will be provided in a respectful way, and Employees will remain mindful of the intrusiveness of providing such care.

### **PROCEDURE**

PREAMBLE: Employees who support the people living in the home are required, in certain instances, to assist in very intimate ways, with aspects of personal care. In doing so, they should attend to the person bearing in mind their history and their overall emotional and physical needs.

Employees also need to bear in mind that intimate situations may bring up past traumas for residents from a time before they were in our care. As such, employees need to be keenly aware of how certain situations affect each resident and how they can provide personal care so that residents feel comfortable and safe.

The use of gloves is required when dealing with bodily fluids. Gloves are not required for all types of personal care. The use of gloves for other types of personal care is at the discretion of the Employee. However, the overuse of gloves for all personal activities can send unintended and degrading messages.

Proper hand washing is key to preventing the spread of microorganisms.

Employees are required to be familiar with the following policies of our residential program with respect to intimate personal care; they must also abide by them on a daily basis:

1. Whenever possible, staff will honour each resident's preferences as to who they prefer to bathe them and provide personal care.
2. Employees will convey concepts such as "public/private" and support residents in learning about personal modesty and their individual rights to dignity and privacy.
3. Every attempt will be made by the Employee to provide as much privacy and dignity as possible, such as for instance: leaving the bathroom when possible, closing shower curtains, and turning to face the opposite direction while providing supervision.
4. When there is exposure to bodily fluids while providing personal care, then universal precautions will be taken. Please remember that excessive use of gloves can carry degrading messages to our residents.
5. When running bath water or using hot water, test the temperature of the water with bare hands.
6. Employees will be aware of the Policy # 104 entitled ASSISTING PEOPLE WHO ARE SUBJECT TO SEIZURES.
7. When assisting with intimate personal care such as bathing, always ensure that there is a barrier such as a washcloth or a sponge between the Employee's hand and the person's body.
8. Under the direction of the Residential Program Coordinator or Operations Manager, Employees will provide training and instruction to new support staff in the area of assisting with personal care. New Employees will receive training in providing personal care before they assist people who live in the home.

## **106. MEDICAL & HEALTH CARE**

### **POLICY**

Inclusion Clare will ensure that all residents receive medical attention as required.



## PROCEDURE

NOTE: Employees cannot sign consent forms or release waivers on behalf of any person residing in the homes. Residents either sign for themselves or relatives sign on behalf of the resident. However, employees may assist residents in filling out forms or other paperwork.

1. Employees will record in the daily logs and report signs of illness and changes in behaviour, etc. which may warrant medical attention. Employees will ensure that individuals receive immediate medical attention when required.
2. In an emergency, when a person living in the home requires immediate medical attention, Employees will call an ambulance and have the person transported to hospital. When unsure as to whether the person requires immediate hospital attention, call an ambulance and allow the Paramedics to make that determination. When in doubt, always err on the side of caution.
3. When someone is taken to the hospital, always accompany the person. The Personal Information Sheet must accompany residents when they go to hospital.
4. When someone is transported to the hospital, notify the Residential Program Coordinator, or staff person on call, and the family contact person. Call in additional staff as required.
5. When individuals cannot do so independently, Employees will ensure that each person receives an annual visit to the doctor, an annual dental check-up and a bi-annual eye exam.
6. When possible, the people living in the home will be encouraged to choose their own physician.
7. Employees will accompany the people living in the home to all medical appointments.
8. All medical appointments, injuries, illnesses and treatments will be recorded in the Daily Log Book. The following information will be recorded:
  - a. date
  - b. doctor's name
  - c. hospital name
  - d. reason for visit
  - e. diagnosis and prognosis
  - f. treatment prescribed
  - g. further tests requested
  - h. referrals
9. All eye exams and dental appointments will be recorded.

10. If a medical visit is the result of an injury or unusual incident, Employees will complete an Incident Report form.

11. Employees must ensure that after residents are seen by a physician, the physician must fill out the form "DSP Physician Report- Medical Assessment."

## **107. MEDICAL SPECIALIST AND SUPPORT EQUIPMENT**

### **POLICY**

Inclusion Clare will ensure that the people living in the homes will have access to specialists, clinics, therapists and special supports and devices as required.

### **PROCEDURE**

1. Employees will ensure that the people living in the home attend referrals to specialists as required by the family physician.
2. Employees will ensure that all treatments prescribed by specialists are procured and documented in the Medical Record Book.
3. The Residential Program Coordinator will arrange clinics and therapies that are required but not prescribed by the family physician.
4. The Residential Program Coordinator will be responsible for the obtaining and maintaining of Special Need items such as:
  - a. eye glasses
  - b. full and partial dentures
  - c. leg braces
  - d. hearing aids
  - e. wheelchairs
5. All Special Need expenditures require approval from the Department of Community Services before being purchased.
6. All information pertaining to special aids and/or devices will be recorded in the Medical Record Book. This information can also be included in the Individual Support Plan.

## **108. DEPARTMENT OF COMMUNITY SERVICES RESUSCITATION/SUPPORTIVE CARE POLICY**

### **PART I**

The Department of Community Services recognizes the rights of individuals to express their preferences with regard to issues pertaining to death and dying and the type of treatment they wish to receive.

Where an individual who is a resident of a residential care facility, regional rehabilitation centre, adult residential centre, small option, community residence, associate family or supervised apartment, expresses an interest in or a desire to specify their preferences with regard to death and dying and the type of treatment they wish to receive, the staff of the facility should facilitate communication between the resident and the resident's physician so that those wishes can be properly documented and if appropriate, the physician can issue a Do Not Resuscitate/Supportive Care Only Order.

Unless permission has been granted to a facility in accordance with the provisions of Part II of this Policy, when a resident becomes ill in a facility and appears to be suffering from an illness to which the Do Not Resuscitate/Supportive Care Only Order is appropriately communicated to the staff of the health care facility.

Pending the arrival of the ambulance, staff of the facility shall take whatever measures are appropriate to preserve the health and safety of the resident until the ambulance arrives.

### **PART II**

There are some facilities under the jurisdiction of the Department of Community Services which may be exempt from compliance with the above described procedure if they provide the following documentation to the Department and the Department grants them an exemption. The material and information which must be submitted to the Department is as follows:

1. The facility has a written policy dictating a process of review for Do Not Resuscitate/Supportive Care directives. This policy must give the resident or alternate decision maker the ability to change the directive at any time. It must also enable the physician and care team to reopen discussion on the issue at any time changes occur in the resident's status.

AND

2. The facility has 24-hour coverage by RN's or LPN's. This ensures the capability of on-going assessment.

AND

3. The facility is able to provide the necessary treatment and/or comfort measures required by the residents for whom Do Not Resuscitate/Supportive Care Only Orders are written. This should include necessary supports and counselling for families of residents as well.

AND

4. The facility has regular physician coverage.

AND

5. The resident for whom a Do Not Resuscitate/Supportive Care Only Order is being considered must have a diagnosis of a chronic/terminal illness and/or be an elderly person presenting at the 'end of life' stage (i.e. gradual and consistent deterioration or multi-system failure).

AND

6. There must be a Do Not Resuscitate/Supportive Care Only Order written by a physician with documentation of discussion with the resident or alternate decision maker as appropriate. The above-mentioned documentation must be submitted to the Director of Community Supports for Adults. The Director will review the material and advise the facility if permission is granted to implement a Do Not Resuscitate/Supportive Care Only Order in the facility.

## **109. MEDICATIONS**

### **POLICY**

Medication will be given as prescribed, in a timely manner, while maintaining respect of the individual and ensuring that medication distribution does not become a type of control over the individual.

### **PROCEDURE**

#### **INTRODUCTION**

1. It is possible that for some of the people we support, the taking of medications has been experienced as controlling influence in their lives. They may have experienced disturbing and traumatic side effects that will have caused medications to be associated with discomfort and

fear. Gentleness will be used while administering all medications. Residents will not be forced to take medications.

2. As far as possible and where appropriate, the purpose of taking each medication will be explained to each individual. To facilitate this, all Employees will understand the purpose of each medication.
3. The Residential Program Coordinator will ensure the correct storage, and dispensation of medications. This, however, shall in no way diminish the responsibility of all the other Employees to administer medications correctly while on duty.
4. All Employees on duty are responsible for the timely and accurate dispensing of medication.
5. All Employees on duty are responsible for accurately using the Medication recording system.

#### COLLECTION AND STORAGE

1. Labels on medication bottles must read as ordered by the doctor. When changes are ordered by the doctor, these changes will be recorded in the Medical Book, the Medication Administration Record (MAR) and the labels on the bottles will be changed by the pharmacy. The pharmacy will be notified either by direct contact with the doctor or by receiving a new written prescription from the doctor.
2. Medication will be checked for accuracy when received from the Pharmacy. If the medication is in blister packages, each blister pouch will be checked for accuracy.
3. The residence will have a double locked storage compartment or system for all medication. Normally, only one month's supply of medication will be received from the pharmacy. When medications arrive from the pharmacy, the person in charge of medications will ensure that the medication distribution sheet, the medication label, and the doctor's orders all match. They will also ensure that the amounts of medications received are reviewed and recorded.
4. The expiry dates on medications and over the counter drugs will be checked when doing the Occupational Health and Safety Checklist.

#### ADMINISTERING MEDICATION

1. MAR sheets will be kept up to date and will conform to Licensing requirements.
2. Employees will wash their hands before handling any medications.
3. Medications are to be handled as little as possible and medication cups will be used when dispensing oral medication.

4. When applying ointments and creams, the use of gloves is required.
5. Medication will be counted out, or poured, only at the time of administration, one resident at a time. Other systems of medication distribution must be approved by Operations Manager.
6. The Employees on duty will be responsible for the administration of medications.
7. All medications administered to individuals will be documented.
8. When a medication is administered, Employees will check and initial the MAR sheet signifying that the medication has been given by them as indicated on the MAR sheet.
9. Employees administering medication will remain with the person receiving the medication until it has been swallowed.
10. A home that has two staff on duty may use a double check system where a second Employee will also initial the dispensing sheet. The second Employee will initial the dispensing sheet indicating that they have checked the medication for its correctness. The second Employee will initial the dispensing sheet only after the person has actually taken the medication.
11. Medications will be administered in a manner that respects the dignity of the person.

#### RECORD KEEPING

1. The administration of all medications will be recorded as per the protocol for the home.
2. The protocol usually includes:
  - a. Personal Current Medication lists
  - b. Medication Error sheets
  - c. What to do when a medication error occurs
  - d. Self-Medication recording sheets
3. All completed forms will be kept on file.

#### ERRORS

1. Errors will be recorded on the Medication Error form.
2. When a medication error occurs, fill out Medication Error form and forward to the Residential Program Coordinator.
3. The Operations Manager will decide the appropriate actions to be taken regarding medication errors.

4. If an Employee arrives for a shift and discovers that the MAR Sheet has not been completed and is unsure that medication has been distributed, the Employee will telephone the Employee on the previous shift to confirm distribution of medication. The Employee from the previous shift will return to the worksite within 24 hours and complete a Medication Error form.

5. When medication errors occur that involve missed medication or dispensation of the wrong medication, the Employee will phone the Pharmacist. The following information will be obtained:

- a. What are the harmful effects of giving this wrong medication?
- b. If and when a missed dose of medication should be given?
- c. Is medical attention necessary?

6. When the Pharmacist is not available, call the Family Physician, Poison Control or 811.

7. All errors are considered serious and may be discussed at staff meetings. Further action may be required if deemed necessary.

#### DISPOSAL

1. Medication that is no longer needed will be kept in the double locked container until taken to the pharmacy for disposal.

## 110. COMFORT ALLOWANCE

### POLICY

Comfort Allowance is the personal money of the people living in the home and will be administered using the following procedure.

### PROCEDURE

- 1. Comfort Allowance is provided by the Funder, to the people living in the home.
- 2. Comfort Allowance is used to purchase items that are desired by the individuals living in the home.
- 3. Comfort Allowance will not to be used to provide for daily items provided within the home's budget.

4. Comfort Allowance will be used for items such as the following:

- a. special toiletries for personal care
- b. personal appliances
- c. special furnishings for the person's bedroom and personal space
- d. bedroom decorations for the individual
- e. transportation for an individual's leisure time
- f. cigarettes and snack foods
- g. gifts and donations that the individual wishes to make
- h. entertainment
- i. vacation expenses
- j. beverages
- k. hair care expenses
- l. personal postage and stationary
- m. telephone calls
- n. repair of personal appliances
- o. subscriptions
- p. repair of personally owned wheelchairs
- q. cable television
- r. clothing that the individual wishes to buy
- s. spending money
- t. can be saved by individuals to purchase more expensive items

5. When required, the people living in the home will receive appropriate guidance with regards to budgeting and use of their allowance.

6. Accounts will be kept in the home for each individual's Comfort Allowance.

7. The Comfort Allowance accounts will be balanced each month.

8. The balance at the end of each month is forwarded to the Department of Community Services with the regular monthly billing.

9. The Department of Community Services does not allow a balance to exceed \$300. If the balance at the end of the month exceeds this amount, the person will not receive Comfort Allowance the next month. People, who are saving for items that cost more than \$300, will have to take the money out of the Comfort account and save it elsewhere.

10. The auditor will audit the Comfort Allowance accounts every twelve months during the annual review.



## 111. UNUSUAL INCIDENT REPORTING

### POLICY

Unusual incidents are when the people living in the home or staff are injured and/or require medical attention, or when there was the potential for injury. When further action is required, the incident shall be deemed “unusual” and must be reported.

### PROCEDURE

1. When Employees become aware of any unexplained bruises, marks on the people living in the home, for instance, they are required to record this in the daily log. The names of any Employees, or others who witness an unusual incident, must be included in the report.
2. Employees who observe any person living in the home exhibiting unusual physical or emotional responses will report this to the Residential Program Coordinator or staff person on call.
3. Employees will complete an Unusual Incident Report form when someone, who lives in the home, is injured and receives professional medical treatment. This report is to be forwarded immediately to the Operations Manager.
4. The Operations Manager will prepare a subsequent report to be forwarded to the Community Care Coordinator and/or the SPD Specialist within three days of the occurrence. The Operations Manager will follow the guidelines developed by the Department of Community Services when reporting unusual incidents.
5. All medical appointments resulting from an unusual incident are to be recorded using the Incident Report Form.
6. When people who live in the home need to go to hospital, an Employee will accompany them. If the person is seen and released within 24 hours, a report is subsequently forwarded to the Community Care Coordinator. If the person stays in hospital for more than 24 hours, the person may need to be re-assessed and approved for re-admission before the person can return to the home. To arrange for re-assessment, contact the Community Care Coordinator.
7. In the event of an emergency where the person is transported by ambulance to the hospital and an Employee is unable to accompany them, an Employee will go to the hospital as soon as possible. (This is outlined in the Medical Policy)

8. When an incident occurs, the Daily Log will refer readers to all completed reports.

## **SECTION II: DAY PROGRAM SUPPORTS**

### **201. ADMISSIONS**

#### **POLICY**

The day program will provide vocational training placements to people with intellectual and physical disabilities.

NOTE: Not all applicants may qualify to receive services from Inclusion Clare.

#### **CRITERIA FOR ADMISSION**

1. The applicant is approved by the day program.
2. The applicant is 19 years of age or older.
3. The applicant is able to function well in a group and able to participate unsupervised for periods of time.
4. The applicant has a primary diagnosis of an Intellectual/Physical Disability. Exceptions may be considered on an individual basis. Consideration may be given to someone who has a secondary diagnosis.
5. The applicant's needs do not exceed the level of support provided by the day program
6. The applicant will not pose a risk to themselves or others at the day program.
7. The applicant has access to transportation to and from the day program.
8. The applicant is able to commit to the times of a consistent schedule including arrival and departure times.
9. If parents/family/guardians are involved in the applicants support, they agree to work collaboratively with Inclusion Clare.
10. As of August 2019, the Department of Community Services funds the per diem rate as part of the core operational funding.

11. Appropriate levels of funding are provided.
12. Inclusion Clare reserves the right to withdraw services at any time if, in its opinion, the person is unsuitable for the program.
13. In consultation with the local school boards, the admission committee may accept students between the ages of nineteen to twenty-one, subject to staff and space limitations and may need to be accompanied by a teacher's aide. In such cases, the school board may be asked for funds to cover extra expenses such as special tutor, aide, etc.
14. Should a minor exceptionally apply for temporary admission, e.g. summer vacation, the requisition will be reviewed by the Admissions Committee.
15. Priority will be given to French speaking applicants from the Municipality of Clare.
16. Diagnosis should include physical and/or mental challenge.

## **PROCEDURE**

1. To be considered for approval, applicants must meet the 'Criteria For Admission'.
2. The Admissions Committee will consist of the Facility/Office Coordinator, Day Program Coordinator and Operations Manager. The Day Program Coordinator will act as Chair of the Committee.
3. After receiving the request for admission, potential applicants and their families or guardians will be given a tour of the facility.
4. After the tour, there will be a meeting with the applicant and the family to see if there is interest to move forward with the application. At this point it is important for Inclusion Clare to meet with the applicant and all the significant persons in the applicant's life.
5. Information regarding the application will be provided to the Admissions Committee.
6. If it is decided to continue with the application process, applicants will complete the following:
  - a. Application form
  - b. Public Relations waiver
  - c. Criminal Record Check/Vulnerable Sector Search
  - d. Other information as required or requested

7. Applicants will not be refused admission solely on the basis of having a criminal record. The Application Committee will take care in not prejudicing their decision on this basis. However, if the applicant's criminal history indicates a serious risk of harm to themselves or others, they may refuse admittance on these grounds. Likewise, if the applicant has a history of criminal behaviour, they may have needs that our organization is unable to meet, in which case their application may not be accepted.

8. The applicant's Community Care Coordinator may be contacted and included in the application process.

9. Applicants may be required to provide a Department of Community Services Assessment completed by the Community Care Coordinator.

10. After the application information is received and reviewed, a decision will be made by the Admissions Committee to continue or end the application process. If it is decided to end the application process, the applicant will be notified.

11. If it is decided to proceed with the application process, an assessment procedure will be established. The assessment procedure may vary from applicant to applicant. The procedure will consist of, but not limited to the following:

- a. A visit(s) to Atelier de Clare
- b. A home visit(s)
- c. An assessment of needs and required supports
- d. Medical information as needed
- e. Meeting(s) with the family
- f. A transition period that includes further assessment and visits

12. If the assessment procedure confirms that the person meets the eligibility requirements then a transition plan will be developed.

13. The transition plan may consist of, but not limited to the following:

- a. Evaluation of abilities
- b. A schedule of visits to the day program
- c. Review of the rules of work, goals and philosophies of Inclusion Clare
- d. Review the Participant Handbook, if available
- e. Establishment of a review process

14. Inclusion Clare will determine the appropriate program and department for the applicant and a schedule of participation.

15. When the application process is successfully completed, a letter will be forwarded to the applicant outlining the conditions of participation.

16. The successful applicant will complete a two-month trial period that may be extended, if necessary. During this time, the Participant will be continually assessed for permanent status. Inclusion Clare determines the standards of evaluation and level of participation in the program that leads to permanent status.

17. During the trial period, there will be regular assessments and meetings with the Participant, family members and the Care Coordinator on a needs basis.

18. After the trial period is deemed to be a successful participation in the program, the Participant will be granted permanent status or the probationary period may be extended.

19. Should unforeseen difficulties arise, the Operations Manager may decide to dismiss the applicant temporarily, so as to consult with the Chair of the Admission Committee and reach a definite decision. This will also apply to permanent participants.

20. Applicants and parents/guardians are expected to demonstrate a commitment to the general philosophy and principles of the organization. Cooperation from the person's home is required to ensure a successful placement.

21. Applicants and parents/guardians agree to abide by the policies and regulations of the organization.

## **202. DISCHARGE**

### **POLICY**

Participants may be discharged or suspended from Inclusion Clare's day program.

### **PROCEDURE**

PREAMBLE: Inclusion Clare endeavors to provide a quality service to Participants. However, resources are limited and under certain circumstances Inclusion Clare is not always able to continue to support Participants. There may be times when the organization decides to withdrawn services to a Participant.

1. Participants may be discharged or suspended from the day program for the following reasons:

- a. A specific behaviour or event committed by the Participant.
- b. The Participant no longer meets the criteria for admission.
- c. The support needs of the Participant change and the organization is no longer able to meet those needs.
- d. Staffing needs exceed funded staff positions.
- e. Failure of the Participant to comply with policies and procedures.
- f. Failure to meet social or vocational standards as identified for the Participant.
- g. The Participant demonstrates an unwillingness to participate in the programs.
- h. Creating situations which compromise the safety of others.
- i. Chronic absence.
- j. The Participant is deemed to be no longer suitable for the program.
- k. The family of the Participant will not work collaboratively with Inclusion Clare.
- l. Changes in funding.
- m. For other reasons as deemed detrimental to the overall function and philosophy of the organization.

2. The terms of the discharge or suspension will be unique to each individual situation.

3. A suspension could occur immediately as a result of a specific event or it could occur as a result of the consideration of circumstances. Suspensions will not be issued without approval of the Executive Director.

4. In the case of an immediate suspension due to a specific event, the Participant will be notified within 48 hours of the details of the suspension.

5. In the case of a planned suspension, the Participant will be notified of the details of the suspension as part of the planning process.

6. The participant stipend may, or may not be continued during a suspension.

7. A suspension could eventually become a termination of services for the Participant. The conditions of a termination of services will be provided at the time of notification.

8. Parents / Guardians are advised to always have a back-up plan in case services are suspended or discontinued.

## 203. SUPPORT PLANNING

### **POLICY**

Inclusion Clare will work with Participants to provide work and program supports.

### **PROCEDURE**

1. As part of the application process, the Day Program Coordinator will assess the needs of the Participant.
2. Based on this assessment and the discussions with the Participant, a program will be chosen with the Participant.
3. When a program has been chosen, the Operations Manager and Day Program Coordinator will work with the support staff of the respective program to develop an orientation and supports for the Participant.
4. Assessment of risk will be ongoing.
5. There may be changes throughout this process and the Participant may move to other programs. The individual's program will depend on the individual's ability to participate in a specified area and the type of support required.
6. During the two-month trial period, there will be regular assessments and meetings with the Participant, family members and the Care Coordinator.

## 204. RETIREMENT

### **POLICY**

Atelier de Clare will work with Participants and Community Care Coordinators to develop retirement plans.

### **PROCEDURE**

**PREAMBLE:** As Participants age, support needs will change. Chronological age may not be an accurate indicator of the ability and support needs required by the Participant. Inclusion Clare will endeavour to accommodate the Participant through retirement planning which may

include part-time participation and changes in supports and scheduling, leading eventually to full-time retirement.

1. As Participants age and support needs change, the following will be assessed to determine ongoing participation:

- a. Age
- b. Physical condition and the level of physical activity
- c. Mental condition
- d. Medical conditions and medical advice
- e. Program participation
- f. Personal/family consideration
- g. Ability to accommodate changing needs

2. Based on the above information, Inclusion Clare will evaluate the needs of the Participant and develop a subsequent plan.

3. Retirement planning can incorporate a variety of options such as:

- a. Full retirement
- b. Reduced participation hours
- c. Change in job duties
- d. Transition planning to other programs

4. Inclusion Clare will work with the Participant to develop a retirement plan that meets the needs of all involved.



## **SECTION III: RESIDENT AND PARTICIPANT RIGHTS AND SAFETY**

### **301. RESIDENT AND PARTICIPANT RIGHTS**

#### **POLICY**

Residents and Participants have the same rights as other Canadians, and these rights will be respected.

#### **PROCEDURE**

1. Each Resident/Participant has the right to be treated with dignity, respect and courtesy.
2. Each Resident/Participant has the right to privacy.
3. Each Resident/Participant has the right to self-determination and the right to accept risk.
4. Each Resident/Participant has the right to participate in decisions, indicate preferences and make choices regarding lifestyles.
5. Each Resident/Participant has the right to individuality and acknowledgement of their uniqueness.
6. Each Resident/Participant has the right to meaningful and intimate relationships.
7. Each Resident/Participant has the right to interact with other members of the community.
8. Each Resident/Participant has the right to adequate support in their day to day life.
9. Each Resident/Participant has the right to vote.
10. It is the responsibility of the Employees, Management and Board of Directors to safeguard these rights.

## 302. ABUSE

### **POLICY**

Residents and Participants will not be subjected to abuse.

### **PROCEDURE**

#### DEFINITION OF ABUSE

Abuse is defined as any action, gesture, or verbalization which may adversely affect the physical or emotional well-being of a resident, or which may compromise the trust, dignity, respect, or confidence of a resident.

#### DEFINITION OF ABUSE ACCORDING TO THE 'PROTECTION FOR PERSONS IN CARE ACT:

The definition of abuse under this provincial legislation is as follows:

- a. The use of physical force resulting in pain, discomfort or injury, including slapping, hitting, beating, burning, rough handling, tying up or binding;
- b. Mistreatment causing emotional harm, including threatening, intimidating, humiliating, harassing, coercing or restricting from appropriate social contact;
- c. The administration, withholding or prescribing of medication for inappropriate purposes;
- d. Sexual contact, activity or behaviour between a service provider and a patient or resident;
- e. Non-consensual sexual contact, activity or behaviour between patients or residents;
- f. The misappropriation, and the improper or illegal conversion, of money or other valuable possessions; or
- g. The Failure to provide adequate nutrition, care, medical attention, or necessities of life without valid consent.

#### PROTOCOL FOR REPORTING AND DEALING WITH SUSPECTED ABUSE

1. It is the responsibility of all staff to report abuse, or the suspicion of abuse, to the Operations Manager or the Executive Director.
2. If the suspected abuse falls under the definition of abuse as stated in the Protection for Persons in Care Act, then it must be reported immediately to the following telephone number: 1-800-225-7225. The report will then be directed to the appropriate authority.

3. If an Employee calls the telephone number listed in # 2 and makes an allegation, no legal action may be taken against someone who has made a report in good faith. The Act also prohibits a facility operator from taking adverse employment action against a service provider who reports in good faith.
4. Abuse, or suspected abuse, must be reported immediately. It is not the role of Employees to investigate or decide if abuse has actually occurred. Immediate reporting is mandatory and helps to safeguard all involved.
5. Employees who do not report suspected or observed abuse may be subject to disciplinary action.
6. When reporting abuse or suspected abuse, time is of the essence, therefore an immediate verbal report followed by a written report is the most expedient way of reporting abuse. All verbal reports must be followed by a written report.
7. Even 'minor' forms of abuse such as inappropriate use of voice tone or body language, should be reported to the Operations Manager.
8. When an allegation of abuse is made against an Employee, the Supervising Staff and/or the Executive Director will act quickly. The following factors will be taken into consideration:
  - a. Protection of the alleged victim.
  - b. Preservation of evidence is essential.
  - c. The accused Employee is at first presumed innocent.
  - d. Any information concerning the allegation or investigation will only be provided on a need to know basis. Confidentiality is essential to minimize the trauma to the alleged victim, the preservation of evidence, protection to the reputation of the accused Employee, and minimizing the disruption to the lives of the other people living in the home.
9. When an allegation of abuse is received, the Operations Manager and the Executive Director will quickly assess the allegations to determine if it is a criminal type of abuse, or actions that are contrary to the philosophies, policies and procedures of the agency.
  - a. Criminal abuse would be any type of abuse that is considered a criminal act such as physical or sexual assault.
  - b. Abuse as a result of actions contrary to the philosophies, policies and procedures of the agency would be, inappropriate behaviour towards people living in the homes or denial of rights of the individual. Examples of this type of behaviour would be inappropriate/threatening

language, voice tone or body language and denial of services. These types of actions may not be criminal in nature, but deemed not acceptable from an Employee.

10. If criminal abuse is reported, the investigation is immediately referred to the proper authorities.

The following procedures will be used:

- a. Call the police (or appropriate authorities) and report the incident.
- b. Call the 1-800-225-7225 as required by the Protection for Persons in Care Act.
- c. Ensure that proper medical treatment is received if needed.
- d. Suspend the accused Employee and send them home. Inform the Employee that they will be contacted within 48 hours to explain the terms of the suspension.
- e. Inform the family of the person or the Community Care Coordinator.
- f. Inform the Chair of the Board of Directors.
- g. Provide written reports of all the above steps.

11. If the suspected abuse is a result of actions contrary to the philosophies, policies and procedures of the agency, the Operations Manager will meet with the Executive Director and develop an action plan to deal with the allegations.

#### CONSEQUENCES OF ALLEGATIONS OF ABUSE

1. An Employee accused of abuse is assured that confidentiality is maintained during the entire investigative process.

2. An Employee who is accused of criminal abuse will be immediately removed from the place of employment and proper authorities will be contacted. The Employee may be subject to any of the following actions:

- a. suspension with pay (suspension is not necessarily a disciplinary action, it can also be used to safeguard the Employee)
- b. suspension without pay
- c. various types of reprimands
- d. dismissal
- e. usually an Employee accused of criminal abuse will not be relocated to another work site

3. An Employee, regardless of the outcome of a criminal investigation, may be dismissed if they are deemed no longer suitable for the position.

4. An Employee, regardless of the outcome of a criminal investigation, may still be deemed to have acted contrary to the philosophies, policies and procedures of the agency and be subject to disciplinary action.
5. An Employee who is accused of other types of abuse and mistreatment of people living in the homes or has acted contrary to the philosophies, policies and procedures of the agency may be subject to any of the following actions:
  - a. immediate removal from the home
  - b. disciplinary meeting
  - c. suspension with pay
  - d. suspension without pay
  - e. various types of reprimands
  - f. dismissal
  - g. usually an Employee accused of abuse will not be relocated to another work site
6. The Employer will investigate allegations of abuse in a manner that is appropriate to the allegations.

### **303. RESTRICTIVE PROCEDURES**

#### **POLICY**

The use of restraints or restrictive procedures is not usually resorted to unless very specific circumstances exist and unless the Executive Director approves.

#### **PROCEDURE**

##### **DEFINITION**

A restraint is defined as a restriction of a person's movements by using a mechanical device, by Employees physically holding them, or by medicating them for the purpose of restraining someone.

1. Physical restraints are not to be used as a behaviour control therapy. Examples of this would be: tying people to furniture, locking them in rooms, binding arms or legs, etc.
2. Chemical restraints are not to be used for the purpose of behaviour control therapy, except in the treatment of illness as prescribed by a psychiatrist or other medical practitioner.

3. Restraints are only used by Employees if a person is at immediate risk of harming themselves or others (i.e. Stopping someone from running out into traffic.)
4. Employees who use a holding restraint must be trained to do so.
5. Employees who resort to using a holding restraint will complete an Incident Report and forward it immediately to the Program Coordinator.
6. When the Program Coordinator receives an Incident Report stating a holding restraint was used, they will determine if whether further action is warranted and the type of action required.
7. Physical restraint devices such as walking belts are to be used only to facilitate participation in daily activities when recommended by an Occupational Therapist or other professional trained in the use of such devices, and only with the approval of the Executive Director.
8. Physical restraints shall be resorted to only when less restrictive or intrusive means have been tried and deemed ineffective.
9. When an approved physical restraint is used, there will be written guidelines for the use of that restraint. Employees will be trained in the use of the restraint.

## **304. STORAGE & ACCESS TO FILES**

### **POLICY**

All files concerning Residents and Participants will be treated as confidential information and stored in a secure manner.

### **PROCEDURE**

1. The files of our clients will be maintained under lock and key.
2. Written records about clients confidential unless declared otherwise by the Executive Director.
3. Files will be accessed on a need-to-know basis by the following persons:
  - a. Executive Director
  - b. Operations Manager

- c. Employees
  - d. Individuals may access their own file
  - e. The family of individuals with the consent of the individual as well as the consent of the Executive Director.
  - f. If the client cannot give consent, then consent will be given by the Executive Director in consultation with the Community Care Coordinator.
4. Designated Officials of the Department of Community Services may have access to the files on a need-to-know basis, with the prior approval of the Executive Director.
5. Other parties can request specific information on a particular person and have access to the files on a need-to-know basis with the prior approval of the Executive Director. They are as follows:
- a. Department of Community Services Representative
  - b. Physicians
  - c. Program Consultants
6. Other parties can receive verbal information where a legitimate need for such information exists, but only with the prior approval of the Executive Director. Such persons include:
- a. Students on placement
  - b. Advocates
  - c. Day Program Staff
7. The Department of Labour has access to files relating to Occupational Health and Safety and the operation of the JOHSC.
8. The Office of the Fire Marshall has access to all Emergency Plans and anything that falls under his its jurisdiction.

## 305. COMPLAINT PROCESS

### POLICY

Formal complaints by Residents and Participants will be resolved in a fair and equitable way. The family, the guardians, and the Community Care Coordinator shall be made aware of the complaint and the agency will ensure that the Resident or Participant has the assistance they need to plead their case.

## PROCEDURE

Step 1: A person living in a home or working at the workplace who feels that they have been unjustly treated or considers themselves aggrieved by any action or lack of action will, with or without assistance, bring the issue to the attention of the staff or the Operations Manager in the presence of at least one Employee who is not in any way involved in the complaint. The Operations Manager must also inform the Department of Community Services Case Worker that a complaint has been made. If the complaint is against the Operations Manager, the same procedure will be followed with the Executive Director in lieu of the Operations Manager.

Step 2: If the issue in the dispute is not resolved through this discussion, the Operations Manager will tell the complainant that they can submit the issue as a Formal Complaint and that they have the right to assistance in formulating, filing and defending the complaint. A Formal Complaint is a written account of a person's dissatisfaction concerning conditions of the home/workplace and/or treatment by management or other staff.

Step 3: If the complainant wishes to file a Formal Complaint, they can choose an individual to act as their assistant provided they are an Employee of Inclusion Clare, a family member, a guardian or a friend. It is the responsibility of the Operations Manager to ensure that the aggrieved client has the assistance needed to present and pursue their complaint. Anyone assisting an aggrieved person shall have the right to speak during the meetings. They will also have the right to help organize and write down the person's statement and guide them through any oral presentation. The prime role of the assistant is to elicit from the aggrieved person all they have to say, and can say, in the most persuasive way they are capable of.

Step 4: The Operations Manager must inform the Community Case Worker that a Formal Complaint has been made. In so doing, the Case Worker will be in a position to ensure that the complainant is in good hands, with proper and efficient assistance, able to be heard, and treated in a fair and equitable way.

Step 5: Upon receiving a Formal Complaint, the Operations Manager will then arrange a meeting with the complainant and their assistant within ten business days of receiving the complaint. At this meeting, the complaint will be presented anew and explained to the Operations Manager. The latter will listen, ask questions, seek clarification and discuss as need be the complaint. They will also begin the process of accumulating, in writing, all the available facts and information relevant to the complaint. When they are satisfied, they will do one of two things: either close the meeting and begin to draft a response to the complainant; or, the Operations Manager will adjourn the meeting to a later date in order to gather more



information (interview witnesses, verify statements and facts, etc.) whatever they feel is necessary and proper to render a just decision.

Step 6: The Operations Manager will respond to the complainant, in writing or in some formal manner, within ten business days of the meeting. Regardless of how they proceed, however, there must be a written version of the decision; the decision must be explained and satisfactorily justified; it must be supported by the facts and reasoning. If the Operations Manager requires more time, this will be communicated to the complainant.

Step 7: If the complainant is not satisfied with the response received from the Operations Manager, they always with the help of their assistant, can approach the Executive Director. The Executive Director will review the complaint and the action taken thus far. The Executive Director may require further information.

Step 8: The Executive Director will meet with the complainant, their assistant, and the Operations Manager as soon as possible. The purpose of this meeting is to either seek clarification or offer a decision. If the meeting is to seek clarification, a further meeting will be planned as soon as possible to render a decision. The decision of the Executive Director is final.

Additional information:

- Time frames can be extended for the purpose of gathering further information.
- In the case of complaints involving issues such as sexual harassment or abuse, one will refer to Policy # 302 – Abuse.
- The Employee has the right to appeal any decision made by the Executive Director.
- The Operations Manager and Executive Director should move through the complaint process as effectively and efficiently as possible, not taking any more time than necessary.

## **306. CONFIDENTIALITY**

### **POLICY**

As a rule, Employees will respect and maintain the confidentiality of the information about the people we support, about fellow Employees, and about what goes on at the home and workplace.

### **PROCEDURE**

1. Confidentiality is very important to maintain in all matters in the workplace. Likewise, the information about the Employees and the in-home procedures they perform is considered confidential.
2. Personal information about the people living in the home or participating in the workplace is confidential. However, it is difficult to be always scrupulously confidential when assisting people to integrate into the community. Social integration normally involves exchanges of some personal information. Employees, including management, are expected to advocate within the community on behalf of our clients. To promote effectively Inclusion Clare and its cause, Employees are at times called upon to describe to the citizens of the community the support needs of the people living in the home, thereby revealing what could be called confidential information. In circumstances such as these, it is difficult to define clear confidentiality guidelines and Employees must proceed with discretion and judgment.
3. There are, however, some clear rules for all to follow:
  - 3.1 Do not disclose personal medical information unless it is to someone in the health profession who has a need to know in order to facilitate effective medical treatment.
  - 3.2 Do not disclose information of a personal nature to anyone outside the home or the agency.
  - 3.3 Never allow anyone outside the home or the agency to see personal files unless they have the approval of the Executive Director. (See Access to Files policy)
4. A general rule of thumb to use when deciding what information is confidential is to compare it with our own lives and decide whether it is something that we would consider confidential or not.
5. It is important to distinguish between the personal lives of individuals, which should be as private as possible, and the activities of the homes and workplace, which is open to scrutiny by funders, family members and advocates.
6. All Employees and volunteers will sign a Declaration of Confidentiality when employment commences.
7. All Board Members will sign a Declaration of Confidentiality when they are appointed to the Board.
8. Confidentiality is considered binding for a person's lifetime, even if the Employee is no longer employed by the organization.

9. Anyone violating the Confidentiality Guidelines may be reprimanded and/or have their employment/position on the board terminated.

### **307. ALLEGATIONS OF ABUSE OR DISAGREEMENT BETWEEN PARTICIPANTS**

#### **POLICY**

Inclusion Clare will work with Participants/Residents to resolve and deal with disagreements between Participants/Residents or allegations of abuse.

PREAMBLE: The individuals we serve are adults; however, some may have difficulty in identifying, coping and expressing their inner emotions and may lack emotional experience and maturity. As a result, misunderstandings may happen and disagreements may arise. It is very important for staff to approach these types of situations with care in order to establish if a disagreement is the result of lack of understanding, maturity and poor communication skills or if an actual abuse is happening.

Staff also needs to know the criteria to judge when an allegation could be serious in nature and should be referred immediately to the Operations Manager.

In the residential sector, facilities have access to outside assistance in the form of the Protection for Persons In Care Act. Under this Act, there are resources within the Department of Community Services that can be accessed to help investigate suspected abuse.

In the vocational setting, there is no such assistance and facilities are left to their own devices to ensure that appropriate action is taken. Therefore, it is up to the staff and management to assess and evaluate situations when they arise.

When evaluating various situations that may arise, remember that some of the Participants/Residents may not have effective communication skills, therefore words and expressions used to describe an event may not be accurate.

#### **PARTICIPANT & RESIDENT RESPONSIBILITIES**

1. Participants/Residents will treat others respectfully, will refrain from behaving in ways which are in conflict with policies and procedures and are in conflict with the law.

2. Participants/Residents will participate in education programs to promote understanding and communication.

## **PROCEDURE**

1. In the normal day to day operations, staff may witness small disputes that arise between Participants/Residents. It is the expectation that the support staff will deal with these disputes as they occur. This will be documented in the file or a daily log.

2. Small disputes that occur that are not witnessed by staff can also be dealt with as they occur. This will be documented in the Participants/Residents file or a daily log.

3. Incidents that occur that are witnessed by staff and involve inappropriate sexual contact, physical and verbal abuse are to be addressed by staff. Employees may consult with the Operations Manager or Executive Director to resolve these types of issues.

4. When an Employee receives an allegation of inappropriate sexual contact, physical or verbal abuse of one Participant against another, then that Employee will consult with the Operations Manager. If it is felt that the allegation requires further action, then the following must be considered:

- a. Does the staff have all the information about the incident and is the information accurate?
- b. What is the best way to obtain further information? Who should participate in this?
- c. Is this an incident that is the result of lack of education and knowledge?
- d. Is this an incident that involves mutual consent or no consent?
- e. Do one or both parties have the capacity to understand their actions and the consequences of the actions?
- f. Does one or both parties require further support?
- g. Does one or both parties require additional training? (i.e. anger management, public/private training, sex education, appropriate social interaction training, etc.)
- h. Do family members need to be notified?
- i. Do the Participant's/Resident's schedule(s) need to be changed?
- j. Is this a potential criminal incident?
- k. Are both parties safe? Do steps need to be taken to keep them safe (i.e. change in work schedule, change in supervision, removal from work site, etc.)
- l. Does one or both Participants/Residents need to be suspended or have their placement terminated?
- m. Does some type of immediate action need to be taken (i.e. medical care, calling 911)?

5. Pending the answers to the above questions our vocational and residential programs may choose to take any of the following steps:

- a. Meet with one or both parties to obtain further information.
- b. Gather information from others.
- c. Inform family members of the allegations.
- d. Develop a support/educational plan to deal with one or both parties.
- e. Refer the matter to an outside agency or person to meet with one or both parties involved.
- f. Consult with the Department of Community Services.
- g. Consult with a professional therapist or obtain professional services.
- h. Call 911 or consult with the RCMP.
- i. Consult with legal counsel.
- j. Suspend or terminate the placement of one or both Participants.

6. Once a plan is in place, it is important to communicate this to all relevant parties. It is important to take the process one step at a time and be patient in collecting information. However, the goal of the plan should be to resolve the issue as quickly as possible.

7. Sometimes it is difficult to obtain accurate information from Participants/Residents and this may take some time. It is very important to be careful when talking to Participants/Residents not to ask leading questions or suggest scenarios or ideas that the Participant/Resident themselves have not mentioned, or encourage the Participant/Resident to create a story just so that they have something to tell you. There is a big difference between encouraging the person to tell a story and asking leading questions.

8. It may be appropriate to refer discussions with the Participant/Resident to an outside professional. This will increase the time frame for resolution, but assist in maintaining integrity of the information.

9. As more information is discovered and it starts to become apparent that this may be a criminal action, the process should stop to allow management to reconsider the appropriate response to be taken.

10. When there is the issue of capacity of one or both Participants/Residents, it may be decided to deal with the matter internally, through educational plans and interventions. Appropriate notifications will be made (i.e. Department of Community Services).

11. If the RCMP become involved and they decide to investigate, our organization will cease interviews with Participants/Residents. However, we will, in consultation with the RCMP, continue an internal review.

12. When the investigations and reviews are completed, it may be necessary for our organization to take further action. Decisions we make may not be based on the originating event or on the determination of guilt or innocence, but on the ability to continue to provide service and provide a safe environment for all. Further action may include the following:

- a. Continue the placement(s) as before.
- b. Change in schedule or duties for one or both Participants/Residents.
- c. Development of new or updated support plan(s).
- d. Requests for additional supports from the Department of Community Services.
- e. Suspension of one or both Participants/Residents.
- f. Termination of services for one or both Participants/Residents.
- g. Referral of one or both Participants/Residents to another service provider.

## SECTION IV: EMPLOYMENT & HIRING PROCEDURES

Definition of types of positions:

**Full-Time** applies to an Employee who is working a schedule based on an average of 40 hours per week. All benefits and calculations are based on 40 hours per week.

**Part-Time** applies to an Employee who is working a fixed schedule and guaranteed to work 20 or more hours per week.

**Casual** applies to an Employee who is not guaranteed any set hours each week and is scheduled as needed.

### 401. HIRING PROCEDURES

#### POLICY

Inclusion Clare is committed to hiring qualified Employees who share in the Agency's philosophy and objectives. The hiring process will be fair and consistent with all legislative, contractual, and human rights requirements. We are an Equal Opportunity Employer.

#### PROCEDURE

##### APPLICATION PROCESS FOR FULL-TIME, PART-TIME AND CASUAL POSITIONS

1. Persons seeking employment with Inclusion Clare must submit the following documents:

1.1 A complete résumé.

1.2 The names, addresses and phone numbers of three work related references. In most cases, we must be able to contact the immediate past employer and one direct supervisor.

1.3 Copies of educational/training certificates, diplomas, and/or transcripts as requested.

2. Successful applicants must possess a combination of the following:

2.1 Grade XII.

2.2 Post-Secondary education in a related field or the equivalent.

2.3 Equivalent combinations of education and experience may be accepted at the sole discretion of the Employer.

2.4 Education and training as outlined by the Department of Community Services.

2.5 Life experiences are also taken into consideration.

3. Successful applicants must provide a Criminal Record Check at their own expense.

4. Successful applicants must provide a Vulnerable Sector Check document at their own expense.

5. Successful applicants must possess a valid Nova Scotia Driver's License.

6. Relatives of the Interview Panel will not be considered. 'Relative' means spouse, mother, father, grandmother, grandfather, mother-in-law, father-in-law, son, daughter, son-in-law, daughter-in-law, brother, sister, aunt, uncle and cousin.

## INTERVIEW PROCESS

1. The task of the Interview Panel consists of screening all the applications and drafting a short list comprised of the candidates that will be summoned to an interview.

2. The Members of the Interview Panel are free to conduct the interviews as they so wish, free to evaluate and rank the candidates and their dossiers as they so choose. The panel will consist of two members of staff and one participant/resident representative.

3. The Operations Manager will check the references pertaining to the chosen candidate. It will also verify, to the best of its ability and time at its disposal, any information supplied by a candidate, which could potentially expose our residents to discomfort or danger and embarrass our agency.

4. All candidates interviewed by the Interview Panel will be notified upon the completion of the hiring process. The Panel will ensure that this courtesy is carried out without delay.



5. Documents related to the hiring of the successful candidate will be kept on file. Documents pertaining to the unsuccessful candidates will be kept for six months.

#### COMMENCEMENT OF EMPLOYMENT

1. Successful applicants will be advised by phone of their appointment and their position confirmed in a letter of offer. The letter will also state the position title, starting date, pay remuneration, and the immediate supervisor.

2. The Executive Director will establish a file for all new employees.

3. Orientation will be conducted as per Orientation Policy.

4. New Employees will be required to sign an Employment Contract.

5. On the first day of employment, new employees will be required to provide the following:

5.1 Criminal Record Check

5.2 Vulnerable Sector Check

6. All Employees who obtain a new position will serve probationary periods as follows:

6.1 For new part time and casual employees, the probationary period is for the first six months of employment. For new full-time employees, the probationary period is three months.

6.2 The probationary period may be extended up to an additional 3 months at the discretion of the Employer. Notice of the extension will be given prior to the expiration of the probationary period. Notice will also include the reasons for the extension.

6.3 Successful completion of the probation period is contingent upon acceptable levels of performance throughout the probationary period.

6.4 Performance Reviews will be conducted every month during the first three months of the probation period. Any conditions of continued employment resulting from the Performance Review will be in writing and will be discussed with the employee.

6.5 Successful completion of the probationary period in a position will give a permanent status to the Employee in that position.

6.6 Permanent status can be granted to Employees in all positions.

7. Employees must demonstrate within the first three months of employment that they are developing a positive relationship with the organization. Dismissals and transfers of probationary employees can be imposed at the discretion of the Executive Director.
8. During the first three months of employment, the Employee can be dismissed without compensation.
9. After three months, at any time during the rest of the probation period, an Employee can be dismissed anytime without cause.

## **402. ORIENTATION**

### **POLICY**

All Employees will participate in an orientation process to familiarize themselves with the agency, its policies and procedures, the particular location that they will be working in, and the people that are supported, along with the vision, mission and values of the organization.

### **PROCEDURE**

An integral part of the philosophy of our agency expects the Employees to become aware of the needs of the people they support, to learn how to support these needs, and to embark on a journey of discovery and respect. Respect for Employees by the Residents and Participants cannot be taken for granted, but, as in all relationships, must be earned and nurtured. The development of a trusting relationship is key to providing a warm and inclusive atmosphere where people can grow and prosper as individuals. When an employee is first hired, they will participate in orientation sessions to get to know our agency, and be introduced to the people we support. As the new Employee begins to work they will either participate in or become acquainted with the following:

1. Agency orientation:
  - a. Organizational Chart
  - b. Vision, Mission and Values
  - c. Objectives
  - d. Policies and Procedures
  - e. Job Descriptions
  - f. Work Procedures

2. Training orientation (includes some or all of the following based on location of work):

- a. Medication Awareness
- b. Social vs. Medical model of disability
- c. Health & Life Safety
- d. Emergency Plans
- e. Personal Care
- f. Support of Individuals
- g. Supported Choice
- h. Conflict Resolution
- i. Protection of Persons in Care Act

3. Orientation regarding the home or workplace and the people living in the home or being supported at work.

4. Shadow shifts with other staff.

5. All new Employees will sign a Declaration of Confidentiality.

6. All new Employees will sign an Employee Contract.

7. After a new Employee begins to work in a home or workplace, orientation will be considered an ongoing process. New employees will always consult with the Operations Manager when unsure of their duties or responsibilities.

8. The Operations Manager or Program Coordinator will complete an Orientation Procedure with all new Employees.

9. While on probation, new Employees will consider themselves to be under the direction of the Operations Manager and the other permanent Employees, regardless of position.

## **403. SCHEDULING AT RESIDENCES**

### **POLICY**

Work schedules will be provided for the Employees. They will be made out to accommodate, firstly, the individuals living in the homes.

### **PROCEDURE**

1. The Program Coordinator, or their designate, will post a monthly schedule for all Employees in the homes. The schedule will usually be posted at least two weeks before the beginning of the month.
2. All extra hours of work and changes in the posted schedule will require prior approval by the Operations Manager except for in the following circumstances if the change does not result in overtime claims from an Employee:
  - a. Calling in sick
  - b. Unable to arrive at the worksite due to a storm
3. When requesting shift changes in circumstances other than those listed in the preceding clause, the Employee must, without delay, contact the Operations Manager, or their designate, during their normal working hours, or leave a message requesting the desired change.
4. When replacement staff cannot be found to cover a shift, the original Employee must do the shift, except in cases of illness. In these cases, the original Employee will contact the Operations Manager or their designate.
5. Employees are paid bi-weekly on Thursdays.
6. Full-time and Part-time Employees are required to complete a Time Report Sheet each pay period when claiming Vacation time, Holiday time, Sick time or Extra Time Earned or Taken. The pay period ends the Friday immediately following the payday.
7. Casual Employees who are paid on an hourly basis are responsible for the accurate completion of a Time Sheet. The Time Sheet will be submitted one week prior to the end of the pay period. The pay period ends at midnight on the Thursday, seven days prior to the payday.
8. Employees are responsible for filling out Absence Sheets for days they know they will be unavailable to work or wish to take vacation time. If absences are unplanned, employees fill in these sheets during their next shift back at work.

## **404. SALARY & WAGE DISBURSEMENT**

### **POLICY**

Salaries and wages will be paid bi-weekly.

## **PROCEDURE**

1. Pay day is every second Thursday.
2. Employees will be paid by direct deposit.
3. Employees will complete time sheets and absence sheets.
4. The Operations Manager or their designate will collect the time sheets and absence sheets prior to the payday and use them to fill out the payroll spreadsheet. The Operations Manager or their designate will email the spreadsheet to the Executive Director, who will input their own payroll information as well as payroll information for any residential program employees working at the day program. The Executive Director is then responsible for emailing the final spreadsheet to the Bookkeeper.
5. Full-Time and Part-Time Employees will be paid up to end of day Saturday, of the pay week.
6. Full-Time and Part-Time extra hours earned will be paid up to end of day Saturday, of the pay week.
7. Extra time earned will be paid to the Employee with the usual bi-weekly pay, or, the Employee may choose to save the extra time earned to be used as time off at a later date.
8. Extra time will be paid at the regular hourly rate unless otherwise specified.
9. Casual Employees will be paid to Thursday at midnight, of the week prior to pay week.
10. Casual Employees may request that vacation pay be withheld from their bi-weekly pays and paid at a time of their choosing. Request for payment of vacation pay will accompany the time sheet prior to the pay period.
11. Vacation pay can be held for an Employee for up to one year. If vacation pay has not been paid out for one year, it will be paid out automatically to the Employee.
12. Errors that occur on the time sheets or in the payroll will be adjusted at the next pay period.
13. Under or over payments must be reported promptly. In the case of over payments, employees should expect to pay back the amount that was overpaid.

## **405. DOCUMENTATION**

## **POLICY**

Employees will maintain the records of the agency.

## **PROCEDURE**

1. Employees will maintain diligently and accurately the records of the Agency as per the job descriptions and the organizational protocols.
2. All records will be written out punctually, as required (i.e. daily, weekly, monthly, per occurrence).
3. All recording will be neat and legible.
4. All recording will be concise and objective.

## **406. TERM POSITIONS**

### **POLICY**

Employees will be hired to fill Term Positions as required.

### **PROCEDURE**

1. Term Positions are defined as positions that have a set number of weekly hours and a specific duration. At times, Term Positions may not have a defined termination date and can be continued as long as needed.
2. Term Positions will be filled either by appointment or through a selection process.
3. Term Positions that are filled by a selection process will be advertised first within Inclusion Clare. If a suitable candidate cannot be found within the Organization, the position will be advertised externally.
4. The advertisements for Term Positions will be posted for at least two weeks prior to the selection process.
5. Employees who are hired through a selection process to fill Term Positions will be chosen by an Interview Panel.
6. The Interview Panel will use a variety of criteria during the selection process. Seniority may not be a determining factor in the selection process.

7. The criteria for selection of Employees for Term Positions may change depending on the purpose of the Term Position.
8. The Benefit and Pension Plans are not normally available to Employees occupying Term Positions, unless the Employee filling the position is already receiving these types of benefits.
9. Term positions are considered temporary positions and the rate of pay will be agreed upon prior to the beginning of the term.
10. Any other types of benefits such as sick or vacation time will be defined at the time of hiring.

## **407. INTERNAL PERMANENT POSITIONS**

### **POLICY**

Employees will be hired as required to fill permanent Full-Time or Part-Time positions.

### **PROCEDURE**

1. Permanent Full-Time and Part-Time positions usually have a set number of weekly hours.
2. Full-Time and Part-Time positions will be filled either by appointment or through a selection process.
3. Full-Time and Part-Time positions that are filled by a selection process may be advertised first within Inclusion Clare. If a suitable candidate cannot be found within the Organization, the position will be advertised externally and then the Hiring Procedures policy will be followed.
4. The advertisements for positions will be posted for at least two weeks prior to the beginning of the selection process.
5. The Interview Panel will use a variety of criteria during the selection process. Seniority may not be a determining factor in the selection process.
6. The criteria for selection of an Employee for a Full-Time or a Part-Time Position may change depending on the purpose of the position.
7. Not all Employees who apply for a Full-Time or Part-Time position will necessarily be interviewed.

## **408. EMPLOYEE DEVELOPMENT**

### **POLICY**

Employee training and development will be an on-going, continual process to enable Employees to provide better supports to those we serve.

### **PROCEDURE**

1. Employee's training needs will be identified on an on-going basis.
2. The employer will determine whether part time and full-time employees who attend required training will be paid at their usual rate of pay or given time in lieu instead of payment.
3. Casual Employees will be paid at their usual rate of pay when attending training sessions.
4. Employees who incur out of pocket expenses for meals and travel while attending required training will be reimbursed. The daily meal allowance is as follows - \$15 for breakfast, \$20 for lunch and \$30 for dinner. Mileage is reimbursed at 50 cents per kilometer. Purchases of alcohol will not be reimbursed unless staff has prior approval from the Executive Director or Operations Manager.
5. Proper documentation is required for all reimbursements. Detailed receipts must be provided.
6. Employees can participate in other training opportunities when arrangements mutually agreeable to the Employee and the Operations Manager are made. The costs, the types of training, reimbursed out of pocket expenses, etc.; all will be negotiated in advance.
7. To meet hiring criteria, new Employees may be required to obtain training on their own time, possibly at their own expense. This would be arranged during the hiring procedure.
8. Employees may wish to attend a training session on a voluntary basis. On these occasions, Employees can apply to the Operations Manager for training assistance. Employees attending training on a voluntary basis will attend on their own time.

## **409. OUTINGS/ACTIVITIES**



## **POLICY**

Employees will receive remuneration for out of pocket expenses incurred while accompanying people on outings and activities.

## **PROCEDURE**

1. Out of pocket expenses incurred by the Employee for approved outings will be reimbursed by the Employer. The Employee will normally arrange these outings with the Operations Manager and both parties will agree as to what will be reimbursed prior to the activity.
2. Employees will use restraint when purchasing a meal and expending house funds while on approved outings.
3. Special events that incur excessive expense or expenses that are out of the ordinary will require prior approval from the Operations Manager.
4. Activities that entail excessive mileage will require prior approval by the Operations Manager.
5. Employees who plan outings and activities that exceed the duration of their shift will be paid only for their scheduled time; they cannot claim extra time, unless it is pre-approved by the Operations Manager.
6. Outings to a major centre when the same service is available locally will require prior approval by the Operations Manager.
7. Employees wishing to include a personal activity during an Agency outing will require prior approval of by the Operations Manager.
8. Outings/Activities that do not fall within the daily operation of the home, or activities that do not have a clear and pertinent objective will require prior approval by the Operations Manager.
9. Plans that involve overnight accommodations or multiple days away may be remunerated at different rates. These types of outings will be planned with the Operations Manager and reimbursements will be agreed upon, at least in approximate terms.
10. Involvement of an Employee's family and friends within the home and workplace is encouraged and is generally looked upon as helping to enhance the quality of life of the people we serve. Involvement of the family and friends is considered voluntary and at their own risk.

## **410. TRANSPORTATION**

### **POLICY**

Transportation will be provided to meet the needs of the residents and participants. Employees will be reimbursed for the use of private vehicles.

### **PROCEDURE**

1. Privately owned vehicles will be used for the approved business of the Agency.
2. All Employees using their own vehicles on a regular basis for approved use of the Agency must produce documentation from their insurer confirming that the insurer is aware of the use of this vehicle to transport people with disabilities. Employees will have the required Public Liability coverage, minimum coverage to be \$ 2,000,000.
3. Employees using their own vehicle on a regular basis must:
  - a. possess a valid Class 5 Nova Scotia Driver's License
  - b. be insured as per the requirements of the Motor Vehicles Act.
  - c. possess current Motor Vehicle Inspections
  - d. produce documentation from their insurer confirming that the insurer is aware of the use of the vehicle to transport residents/participants
  - e. ensure the use of seat belts by the driver and the passengers.
4. The use of cell phones while driving any vehicle while on Agency business is prohibited. Employees are required to pull over to the side of the road when using a cell phone.
5. Employees using their own vehicles for the approved business of the Agency will be paid mileage at the current mileage rate.
6. Claims for expenses will be submitted to the Operations Manager for approval and payment will ensue as per procedure.
7. Falsifying claims for reimbursement will be considered theft.
8. While on Agency business, Employees will not engage in personal activities without the prior approval of the Operations Manager.
9. Local services and activities will be patronized before traveling to larger urban centres.
10. Trips to major centres are acceptable when services are not available locally.

11. Travel to special events or activities that incur excessive mileage will require prior arrangement and approval by the Operations Manager.
12. Mileage will not be paid for several trips when one or fewer trips would suffice.
13. Employees are required to carpool when possible. Mileage will not be paid for a second vehicle if it was not necessary.
14. Claims for mileage that do not fall within the daily operation of the Agency will require prior approval from the Operations Manager.
15. Plans that involve overnight accommodations or multiple days away may be remunerated at different rates. These types of outings will be planned with the Operations Manager and reimbursements will be agreed upon, at least in approximate terms.
16. Activities and outings of indeterminate distance will require prior approval.
17. Accidents involving a private vehicle on approved Agency business will be reported immediately to the Operations Manager, who in turn will report it to the Executive Director.
18. Accidents may be investigated to determine if the accident was preventable. Copies of all accident investigations must be forwarded to the Executive Director.
19. Damages incurred to Agency vehicles while on Agency business will be the responsibility of the Agency.
20. Damages incurred to Employees private vehicles as a result of an accident are the responsibility of the owner of the vehicle.
21. Parking tickets and fines for traffic violations are the responsibility of the driver.
23. Employees will not smoke in their own vehicles while transporting residents, participants or other staff.

## **411. STORMS**

### **POLICY**

In the event of a storm, Employees will maintain resident support. During the school year, Atelier de Clare will be closed when schools are closed, though staff may still be required to come into work or work from home.

## PROCEDURE

### RESIDENCES

In order to minimize the risk of injury to staff while driving to or from work during storms, especially snowstorms, the following procedures have been developed.

1. Employees cannot leave the homes unattended until replacement staff arrives.
2. When a storm is forecasted, employees will plan ahead. Planning ahead means the Employee evaluates both their work and home situations. Once a storm has started, employees may be in a position where travel to or from work is no longer safe until the storm is over. Employees will be prepared for this.
3. When an Employee arrives at work during a storm, or before a forecasted storm starts, the Employee should be prepared to stay for the duration of the storm, or until the roads are safe to travel.
4. When an employee starts working at the beginning of, or during a storm, they should make prior arrangements at home in case they are unable to leave the work site during the storm.
5. The Employee must be prepared to stay later than the assigned shift in the event that replacement staff are late arriving.
6. When a storm is forecasted and an Employee thinks they may not be able to complete a shift or deal with an extended stay, they should try to have someone else do the shift for them. If the Employee cannot find a replacement, they are still expected to work the shift.
7. During a storm, an Employee working a shift that ends in the evening must be prepared to stay overnight in the event that replacement staff cannot make it in.
8. If a state of emergency is declared, or if the Police tell motorists to stay off the roads, then Employees should stay off the roads and remain where they are until it is once again safe to travel.
9. In the event of a storm, an Employee might need to bring a child, dog or another dependent to the work site. This is allowed as long as the work site can support the situation and it is only for the duration of the storm.
10. An Employee who has worked consecutive shifts at the home may, at the end of the extended work period, stay and rest at the home before driving back to her domicile.

11. Employee schedules may be changed before, during, and/or immediately after a storm. Employees who worked extra hours during a storm may require time off from regularly scheduled shifts. Employees who did not work during the storm may be required to work unscheduled shifts immediately after the storm to replace those who worked during the storm.

12. During a storm, Employees are only paid for time worked.

13. In the case of an emergency or crisis, staff from both the residential and day programs may be required to assist one another. They may also be required to work in a different location as required by special circumstances, such as supporting residents in an emergency shelter or hotel.

#### ATELIER DE CLARE: STORM PROCEDURE

7 a.m.

1. During the school year, the Facility/Office Coordinator checks to see if schools are closed. If schools are closed, the day program will be closed for workers. If not during the school year, the Facility/Office Coordinator checks to see if Le Transport de Clare is running. If not, the day program will be closed for workers.

2. The Facility/Office Coordinator contacts all staff scheduled to work, along with the Operations Manager, that schools are closed. If it is not during the school year, the Day Program Coordinator contacts parents/guardians and group homes to tell them that the day program is closed.

3. The Instructor hired through Maison Jerome will report to work at the group home if the day program is closed. If this Instructor is unable to come in, they will inform the Operations Manager at this time.

7:05 a.m.

1. The Facility/Office Coordinator contacts the Executive Director asking whether or not staff will be asked to come in to work and describing the condition of the roads.

2. The Executive Director makes the decision and contacts the Operations Manager to let them know whether or not to come to work.

7:10 a.m.

1. Facility/Office Coordinator sends a text to the Atelier staff letting them know whether or not they are being asked to come into work or work from home.

2. The Executive Director sends a text to the Board Chair to notify them that the day program is closed and to indicate whether the staff is being asked to come in to work.

3. The Operations Manager tells the staff at the group home that day program is closed.

4. If they are capable of doing so, workers scheduled to work outside the day program, in the community, are responsible for calling their employers and cancelling their shifts. If not capable of calling their employers, the job coach is responsible for cancelling shifts on their behalf.

PLEASE NOTE: In the absence of the Executive Director, the Facility/Office Coordinator will text or call the Executive Director's replacement if available. If not, the Facility/Office Coordinator will text or call the Board Chair.

## **412. ALCOHOL & DRUGS**

### **POLICY**

Employees will not use alcohol or other mood-altering chemicals or drugs during working hours.

### **PROCEDURE**

1. Employees will not use alcohol or other mood-altering chemicals/drugs during working hours.

2. For the purpose of this policy, 'working hours' include breaks and meal periods.

3. Medications, when used as prescribed by a doctor are acceptable, as long as the prescribed medication does not affect the duties of the Employee.

4. When Employees are taking a medication that may affect their performance or abilities, they will inform the Operations Manager.

5. Employees will not report for work when unable to perform their duties as a result of using alcohol and/or mood-altering chemicals/drugs.

6. Employees are expected to act in a responsible fashion while representing the Agency in circumstances where alcohol is present. Any Employee using alcohol in such circumstances does so at their own recognizance.

7. Employees who use alcohol or drugs while attending functions will refrain from driving themselves, other staff or Residents/Participants.

## **413. PRIVACY OF EMPLOYEE INFORMATION**

### **POLICY**

Employee information that is collected by the organization will be kept in a private and confidential manner.

### **PROCEDURE**

1. Only Employee information that is required by the Agency in order to fulfill its duties and commitments will be collected and stored.

2. All Employee information will be deemed confidential.

3. Employee information will be maintained in several different ways:

- a. in a file folder under lock and key (limited access)
- b. payroll information maintained by the bookkeeper of the organization (limited access)
- c. employee information maintained on computer disk or cloud storage (limited access)

4. Employee files are considered to be the property of the Agency.

5. Employee information will only be shared as required in the operation of the Agency.

Examples of others with whom information may be shared are:

- a. Revenue Canada
- b. Insurance Companies
- c. Human Resource and Development (Employment Insurance)
- d. Legal System

6. Employee information will only be shared with organizations outside the operation of the Agency upon written authorization of the Employee. Examples of these organizations are Banks and Loan Companies.

7. The Agency will provide at its discretion, confirmation of employment.

8. Unless notified in writing by Employees to the contrary, it is understood by the Agency that it is authorized to give references and confirmations of employment at its discretion.

9. Employees may, in the course of their duties, become aware of personal information of co-workers. Employees are under the same obligation to maintain the confidentiality of Employee personal information.



## **SECTION V: EMPLOYEE PERFORMANCE**

### **501. PERFORMANCE REVIEW**

#### **POLICY**

All Employees will be subject to annual Performance Reviews.

#### **PROCEDURE**

1. Operations Manager will discuss with the Employee all issues related to their performance as they occur.
2. The Operations Manager will complete an annual Performance Review with each Employee and set goals for the coming year. The Employee will have a chance to review the evaluation and express their comments, written and oral. The Operations Manager and Employee will sign the document. The Employee will receive a signed copy of the Performance Review and another copy will be maintained in the Employee's personnel file.
3. The Operations Manager will then schedule any further meetings as required.
4. The Executive Director conducts Performance Reviews with the Bookkeeper and Operations Manager and follows a process similar to the one outlined in the preceding clauses of this policy.
5. Probationary employees:
  - a. Full-Time Employees who are under probation will participate in additional performance reviews, with check-ins every month during the 3-month probationary period.
  - b. Part Time and Casual Employees with participate in additional performance reviews, with check-ins every 2 months during the 6-month probationary period.
  - c. If the Operations Manager is extending the probationary period, the Employee will participate in a Performance Review before the end of the probationary period. Any further conditions of employment will be explained to the Employee at this time.

## 502. CONFLICT RESOLUTION

### **POLICY**

To ensure the smooth operation of the Agency and the maintenance of a healthy environment for the people we support, disagreements among Employees will be resolved.

### **PROCEDURE**

Disagreements and conflicts are a normal part of life and can often be opportunities for positive change and growth. This can only happen when the disagreeing parties express their concerns and actively seek to resolve them through understanding, communication and problem solving. Open communication is vital to maintaining a healthy environment for all people within the organization.

The manner or spirit in which a conflict is dealt with often dictates the end result. Conflict can be a time of relationship building and if approached in a positive manner will usually yield positive results.

The following is a guideline for resolving interpersonal conflicts.

1. When a conflict arises, it will be brought to the attention of the other person involved. It is a good idea, when approaching someone, to say how one is feeling, describing how the situation impacts personally, rather than blaming the other or describing the other's actions as wrong. It is important for both parties not to become defensive but to try and listen to what the other is saying and understand the other person's position. Often a conflict can be solved at this point if both parties listen to, and understand each other. If a solution is reached at this stage, often it is a good idea to make a brief note, for personal keeping, of any agreement reached.
2. If a satisfactory solution cannot be reached, both parties can decide that the issue is not that important and may decide to allow each other to disagree without hindering their working relationship.
3. If a satisfactory solution cannot be reached and either party feels it is important to resolve the issue, then the Operations Manager will be approached (preferably by both parties) and the issue explained. The Operations Manager will decide if it is an issue that they need to deal with and can choose to act as a third-party mediator. There are pitfalls in following this procedure: the Operations Manager would probably not be an unbiased third party and is the immediate supervisor to both parties and any decision reached could affect the team as a whole. However,

this approach can be effective if both parties are looking for an authoritative decision to resolve the conflict and agree to abide by the Operations Manager's decision.

4. If, after a reasonable time, a satisfactory solution is still not found, then the Operations Manager can choose to consult the Executive Director regarding the issue. The decision of the Executive Director is final unless they decide to refer the matter to an outside organization. The Executive Director may consult with the Human Rights Committee or the Human Resources Committee.

## **503. COMPLAINT PROCESS**

### **POLICY**

Formal complaints by Employees will be resolved in a fair and equitable way.

### **PROCEDURE**

1. An Employee who feels that they have been unjustly treated or considers themselves aggrieved by any action or lack of action will bring the issue to the attention of the Operations Manager. If following the informal discussion, the issue in dispute is not resolved, the Employee can submit the issue for consideration as a Formal Complaint.

2. A Formal Complaint is defined as an Employee's written expression of dissatisfaction concerning conditions or treatment by management, supervisors, or other Employees.

3. When an Employee has decided that they have a Formal Complaint and the Conflict Resolution process has not worked, or is not an appropriate way to deal with the complaint, the Employee will forward a written complaint to the Operations Manager. The written complaint should contain the original complaint and any action taken thus far.

4. When the Formal Complaint refers to a specific action, then the complaint must be presented as soon as possible.

5. Upon receiving a Formal Complaint, the Operations Manager will then arrange a meeting with the Employee as soon as possible. At this meeting, the complaint will be discussed and the process of accumulating, in writing, all the available facts and information relevant to the complaint will begin. The Operations Manager may choose to meet with other people to obtain relevant information.

6. The Operations Manager will respond to the complainant, in writing, as soon as possible. If the Operations Manager requires more than 10 days, this will be communicated to the complainant.
7. If the complainant is not satisfied with the response received from the Operations Manager, they will forward the written complaint and all documentation to the Executive Director as soon as possible.
8. The Executive Director will review the complaint and the action taken thus far. The Executive Director may require further information; they may take whatever time is needed to legally gain it.
9. The Executive Director will meet with the Employee and the Operations Manager as soon as possible. The purpose of this meeting is to either seek clarification or offer a decision. If the meeting is to seek clarification, a further meeting will be planned to render a decision. The decision of the Executive Director is final as far as the Formal Complaint process is concerned.
10. The Employee has the right to appeal any decision made by the Executive Director in the context of the Formal Complaint process. See the APPEAL PROCESS policy when considering an appeal.
11. In the case of complaints involving such issues as sexual harassment or improper labour practices, the Employee has the option of contacting outside agencies or organizations such as the Department of Labour or Human Rights Commission at any point during the process.
12. In the Formal Complaint process, time frames can be extended for the purpose of gathering further information.

## **504. APPEAL PROCESS**

### **POLICY**

An Employee can appeal to the Board of Directors a decision by the Executive Director concerning a Formal Complaint.

### **PROCEDURE**

1. When an Employee is dissatisfied with a decision made by the Executive Director, and has followed the Conflict Resolution process and the Formal Complaint Process, they can then appeal that decision to the Board of Directors.
2. The appeal will be in writing, stating all pertinent information, including copies of all decisions made, as outlined in the Complaint Process.
3. The appeal will be given to the Chair of the Board and a receipt will be issued to the Employee stating that an appeal has been received. The appeal must be submitted as soon as possible following the final decision of the Executive Director in the Formal Complaint process.
4. The Chair will follow the Appeal Process in the Board Terms of Reference and inform the Employee in writing of how the Board will proceed, what more is expected of them to present their case if need be, as well as the expected time frame of the appeal process. This will be done as soon as possible after receiving the appeal from the Employee.
5. The Chair will communicate the decision of the Board within the time frame given to the Employee. The decision of the Board is final.

## **505. DISCIPLINARY APPROACH**

### **POLICY**

Employees who do not comply with all work place rules, regulations, policies and procedures of the organization may be subject to disciplinary action.

### **PROCEDURE**

Inclusion Clare expects that all Employees will abide by the Vision, Mission Values, Objectives, Policies and Procedures of the Organization and comply with requests from supervisors. Its disciplinary approach follows the Labour Standards Code of Nova Scotia with respect to oral and written warnings, as well as suspensions and terminations of employment.

## **506. SEXUAL HARASSMENT**

### **POLICY**

Inclusion Clare will provide a safe, dignified and harassment-free work environment for all its Employees. All Employees will treat each other with respect.

## PROCEDURE

The sexual harassment policy aims to safeguard employees of all sexes and gender identities in our company from unwanted sexual advances, and provide them with guidelines to report incidents. It also explains how we handle complaints, take action against offenders, and help survivors to recover.

We will not accept sexual harassment in our workplace.

## DEFINITION

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature are defined as sexual harassment when:

- The offensive behavior creates an intimidating, abusive, or hostile work environment, or interferes with work performance.
- An employment decision regarding an employee is made because of their response to the offensive behavior (quid pro quo harassment).

Anybody can be a victim of sexual harassment, regardless of their sex or gender identity and that of the offending party.

Sexual harassment can involve one or more incidents that may be physical, verbal, or non-verbal, and includes:

- Commenting on somebody's appearance, sexual orientation, or gender in a derogatory or objectifying way, or in a way that makes them uncomfortable.
- Creating or posting sexually offensive materials in the workplace.
- Flirting at an inappropriate time, for instance in a team meeting, even if these advances would have been welcome in a different setting. These actions can damage a person's professional reputation, and expose them to further sexual harassment.
- Flirting with somebody or pursuing them persistently against their will.
- Using obscene comments, gestures, pranks, and jokes that degrade or offend somebody.
- Sending or displaying sexually explicit objects or messages.
- Invading somebody's personal space, for example by touching them inappropriately.
- Threatening, coercing, stalking, or intimidating somebody to pressure them to engage in sexual acts.

- Proposing, demanding, or insinuating sexual favors.
- Sexual assault.

## REPORTING

Employees feel who they are the target of sexual harassment may choose to inform the offending party verbally or in writing that their conduct is offensive and needs to stop. If they don't want to communicate with the offending party, or if attempts at communication have been ineffective, they need to report the individual who is harassing them.

Complaints are lodged in writing with the Executive Director, who will act immediately to investigate the matter and resolve the problem. Complaints are strictly confidential.

Both Inclusion Clare and federal law prohibit any form of retaliation against somebody claiming sexual harassment.

## INVESTIGATION

Inclusion Clare will:

- Record the dates, times, and circumstances of the incidents.
- Ensure that the complainant understands Inclusion Clare's procedures for dealing with the complaint.
- Determine what outcome the complainant wants.
- Investigate the matter.

Based on the above, Inclusion Clare will further:

- Contact the offending party and set up a meeting to explain the complaint, and to ask them to stop this behavior.
- If the complainant agrees, arrange for mediation sessions with the complainant and the alleged perpetrator to resolve the issue.

## PENALTIES FOR SEXUAL HARASSMENT

Employees who are found guilty of sexual harassment (excluding sexual assault, for which they will be dismissed) may:

- Be demoted.
- Receive a written warning.
- Be suspended.
- Get a negative performance review.

- Have their employment terminated.

The agency will terminate the employment of any repeat offenders.

## **507. VOLUNTARY TERMINATION OF EMPLOYMENT**

### **POLICY**

Employees can terminate employment with Inclusion Clare when they wish.

### **PROCEDURE**

1. Inclusion Clare requests that employees give notice within a reasonable time period prior to terminating their employment.
2. Employees will give written notice when resigning. Notice will be given to the Operations Manager.
3. All monies owing will be paid on the final pay cheque.
4. Unless already otherwise paid by the departing Employee, all unearned holidays, sick leave or vacation time already taken by the Employee at the time of departure will be deducted from the final pay cheque.

## **508. TERMINATION OF EMPLOYMENT**

### **POLICY**

Inclusion Clare can terminate an Employee's employment.

### **PROCEDURE**

1. Employment may be terminated when, in the opinion of the Employer:
  - a. the Employee's performance does not meet expectations
  - b. rule infractions occur
  - c. the Employee does not conform to the policies and procedures



- d. the Employee is considered unsuitable for the position
- e. the Employee treats the residents disrespectfully
- f. the Employee has perpetrated an offense that gives just cause
- g. reductions in the work force must be made
- h. for other reasons not specified above.

2. Employees will receive written notification of termination of employment.

3. The terms of termination of employment will be provided at the time of notification. They will be unique to each individual situation and depend upon a variety of factors. The Labour Standard Code imposes minimum compensation requirements; these will be met by our agency.

The Employer may terminate an Employee's employment at any time for just cause and not provide notice or compensation.

4. If an Employee has not worked for a period of 90 days and has not advised the Employer of any recognized physical, mental, or circumstantial impediment that explains and excuses his absence, that Employee will be considered automatically terminated. Should the person wish to be rehired they must reapply by submitting a résumé to the Operations Manager.

5. An Employee may appeal, in writing, to the Executive Committee of the Board of Directors, within five days of notification of his termination of employment.

## **SECTION VI: EMPLOYEE BENEFITS**

### **601. STATUTORY HOLIDAYS**

#### **POLICY**

Employees may receive compensation for statutory holidays.

#### **PROCEDURE**

Inclusion Clare is in operation 365 days a year. Residential Program Employees are expected to be available to work on all statutory holidays, as scheduled. Employees do not automatically get the day of the holiday off. Generally, day program employees will not be expected to work holidays when the centre is closed.

#### **SECTION I**

A. Full-Time Employees. The following days are paid holidays for all Full-Time Employees:

New Year's Day

Heritage Day

Good Friday

Easter Sunday

Victoria Day

Canada Day

Labour Day

Thanksgiving Day

Remembrance Day

Christmas Day

Boxing Day

Civic Holiday in August

B. Part-Time & Casual Employees. The following days are paid holidays for all Part-Time and Casual Employees:

New Year's Day

Heritage Day

Good Friday

Canada Day

Labour Day

Christmas Day

## SECTION II

A. Conditions that apply to all Employees:

1. An Employee will be entitled to a paid holiday provided:

- a. They have received, or are entitled to receive, wages for at least fifteen (15) days during the preceding thirty (30) calendar days; and
- b. They have worked their scheduled working days immediately preceding and immediately following the holiday, unless on an approved leave or otherwise directed to be absent.

2. When the calendar date of a designated holiday falls within a period of leave with pay, the holiday shall not count as a day of leave.

B. Conditions that apply to Full-Time Employees:

1. When the holidays listed in Section I, Part A fall on a Full-Time Employee's scheduled day off, the Employee will receive eight (8) paid hours of holiday not worked.

2. When a Full-Time Employee's regularly scheduled day of work falls on New Year's Day, Good Friday, Canada Day, Labour Day or Christmas Day, the Employer will, with the mutual consent of the Employee:

- a. grant eight (8) hours of the holiday off with pay; or
- b. pay the Employee their rate of pay plus one half (1/2) their regular rate of pay for hours worked and grant a minimum of eight (8) hours off with pay or the equivalent of the hours worked that day, whichever is greater.

3. When a Full-Time Employee's regularly scheduled day of work falls on Easter Sunday, Victoria Day, Thanksgiving Day, Remembrance Day, Boxing Day or the Civic holiday, the Employer will, with the mutual consent of the Employee:

- a. grant eight (8) hours of the holiday off with pay; or
- b. pay the Employee their regular rate of pay and grant eight (8) hours off on a mutually agreed upon day.

C. Conditions that apply to Part-Time Employees:

1. Compensation for the paid holidays for Part-Time Employees, will be as follows:

- a. When a Part-Time Employee is scheduled to work on a paid holiday, the Employer will either:
  - i. grant eight (8) hours of the holiday off with pay; or
  - ii. pay the Employee his/her regular rate of pay plus one-half (1/2) their regular rate of pay for hours actually worked and an grant an additional minimum of eight (8) hours or the number of hours worked (whichever is greater) to be taken at a later time.
- b. When a Part-Time Employee is not scheduled to work on a paid holiday, and does not work on that paid holiday, they will receive eight (8) hours to be taken at another time.
- c. Where a Part-Time Employee works a shift of which only part falls on a holiday, holiday pay will apply only to the portion of the shift that falls on the holiday.

D. Conditions that apply to Casual Employees:

1. Compensation for the paid holidays, listed in SECTION I, Part B for Casual Employees, will be as follows, if the Employee qualifies as outlined in Section II, Part A:

- a. When a Casual Employee is scheduled to work on a paid holiday, the Employer will either:
  - i. Grant eight (8) hours of the holiday off with pay; or
  - ii. Pay the Employee their regular rate of pay plus one-half (1/2) their regular rate of pay for hours actually worked, and grant an additional minimum of eight (8) hours or the number of hours worked (whichever is greater) to be added to their pay.

b. When a Casual Employee who qualifies as outlined in Section II, Part A, does not work on the holiday, they will receive pro-rated pay for the holiday at time and one half ( $1\frac{1}{2}$ ) their usual rate of pay. Pro-rated pay will be calculated at the number of hours worked in the previous 30 divided by the number of days.

c. When a Casual Employee does not qualify as outlined in Section II, Part A and works any hours during the holiday, they will be paid their regular rate of pay plus one and one-half ( $1\frac{1}{2}$ ) their regular rate of pay for hours actually worked. Any portion of a night shift that falls on the holiday will be paid at the same rate.

#### E. Planning Holiday Time

1. Taking time off during the holidays will be approved by the Operations Manager.
2. To apply to use holiday time, Employees will fill out a Vacation Request Form and submit this form at least three weeks prior to the requested time.
3. Holiday time off will be approved pending availability.
4. All Employees who provide direct care to people living in residences will be available to work on statutory holidays. Requests to take time off during the holidays may not necessarily be approved.

## 602. VACATION TIME

### POLICY

Employees will receive vacation time or vacation pay.

### PROCEDURE

#### FULL-TIME EMPLOYEES

1. Full-Time Employees earn 80 hours of vacation time annually for the three years of employment in that position. After three years of continuous full-time employment, the Employee will earn 120 hours of vacation annually. After eight years of continuous full-time employment, the Employee will earn 160 hours of vacation annually. After 15 years of continuous full-time employment, the Employee will earn 200 hours of vacation time annually.

Any leave of absence is not counted as time earned towards the benefit when determining eligibility.

Unless the Executive Director determines otherwise, new Full-Time Employees will work twelve months before being eligible to use vacation time.

2. Employees will use all the vacation time earned up to the anniversary date of hire.
3. Employees can make application to the Operations Manager carry a maximum of five vacation days after the anniversary of the date of hire. Application will be made in writing and is subject to approval.
4. If an Employee, for acceptable reasons, wishes to carry over more than five vacation days, a request shall be made in writing to the Executive Director and confirmation or refusal will be given in writing to the Employee.
5. The Executive Director will submit to the same procedure and address their request to the Chair of the Board of Directors.
6. Efforts will be made to accommodate staff whenever possible.
7. When employment is terminated for Full-Time Employees, an adjustment will be made in their final pay period to reflect the balance of the vacation time earned/used.

#### PART-TIME EMPLOYEES

1. Unless the Executive Director determines otherwise, new Part-Time Employees will work a minimum of twelve months before being eligible to use vacation time.
2. Vacation time for Part-Time Employees will be paid on a pro-rated basis of 4% vacation pay per year and 6% vacation pay after 8 years of employment.
3. Employees may request to have vacation pay retained for future release. Application will be made in writing and is subject to approval.
4. When employment is terminated for Part-Time Employees, an adjustment will be made in their final pay period to reflect the balance of the vacation time earned/used.

#### CASUAL EMPLOYEES

1. Casual Employees earn vacation pay and do not receive vacation time. Vacation pay is calculated by years of continuous service as follows:

- 0 – 8 years' service earns 4% vacation pay

- 8+ years' service earns 6% vacation pay

2. Casual Employees may request to have vacation pay held on their behalf for up to one year. After one year, the vacation pay will be paid out automatically.

#### PLANNING VACATION TIME

1. Use of vacation time will be approved by the Operations Manager.
2. To apply to use vacation time, Employees will fill out a Vacation Request Form and submit this form to the Operations Manager or their designate.
3. Vacation time will be approved pending availability and is usually granted on a first come first served basis. Years of service may be a deciding factor when approving vacation requests.
4. In the event of unexpected circumstances, approved vacation time may be revoked or amended at the discretion of the Operations Manager.

### 603. LIEU TIME

#### POLICY

Time off in Lieu (TIL) is defined as paid leave to compensate for work over and above the staff member's scheduled hours.

#### PROCEDURE

1. Lieu time can be accumulated up to a maximum of 30 hours.
2. Any lieu time hours accumulated at the end of each month must be used within the following 3 months.
3. Approval from the Executive Director or Operations Manager is required for all requests for Time off in Lieu.

Requests from the Executive Director must be approved by the Board Chair or their designate. Hours must be used at a time which does not adversely affect the organization.

4. Approval from the Executive Director (ED) or Operations Manager (OM) is required to accrue lieu time for reasons that have not been mandated by the ED or OM.

5. In exceptional circumstances, approval may be granted to accumulate TIL beyond 30 hours. In this case, the staff member and the ED or OM will be required to map out a plan to use any banked hours within a reasonable time frame.

6. Time in Lieu cannot be exchanged for financial compensation.

#### **ROLES AND RESPONSIBILITIES:**

1. A request to use TIL accumulated is recorded by the staff member on the “Application for Absence from Regular Shift” Form, and must be signed by the ED or OM indicating approval. This request must be supported with documentation showing the date(s), time(s) and reason(s) for the extra hours.

2. TIL taken is recorded on the “Time Sheet” Form.

3. The Bookkeeper will record all TIL accumulated and taken on the staff member’s TIL spreadsheet and will provide the board with a monthly summary of vacation, lieu and sick time hours, which will include both lieu time hours accumulated and used by all staff. Full-Time and Part-Time Employees may work extra hours.

## **604. SICK LEAVE AND MEDICAL APPOINTMENTS**

### **POLICY**

Full-Time and Part-Time Employees earn sick time that may be used in the case of illness.

### **PROCEDURE**

Sick time differs from other benefits offered because it is not a fully funded benefit. This means that sufficient funds are not received to pay for all the sick time that each Employee earns. Therefore, sick time is considered a privilege to be used when needed rather than a benefit.

Sick time must also be approved by Operations Manager or Executive Director. Presenting a note from a doctor does not mean that sick time is automatically granted.

1. Full-Time Employees shall be granted fifteen working days (120 hours) during a one-year period, up to a maximum accumulation of 15 working days. Unused hours may not be carried over to the following year; nor will any compensation be offered for them.



2. Part-Time Employees earn sick leave for each completed calendar month of service. Employees who take leave for injuries or sickness as a result of a workplace injury and who are compensated by Workers' Compensation Benefits will not be eligible for sick leave benefits.
3. When taking extended sick leave, defined as longer than four weeks at one time, the Employee will no longer accrue additional sick and vacation time until they return to their regular employment.
4. As circumstances warrant, the Employer may request a medical certificate. If a certificate is not produced within five (5) calendar days of such a request, the money already paid out as a sick leave benefit may be deducted from the Employee's pay.
5. In certain circumstances, the Employer may issue to an Employee a standing directive that requires them to submit in advance a medical certificate for any period of absence for which sick leave is claimed.
6. The Employer may require that an Employee be examined by a medical practitioner if excessive time is being missed.
8. As circumstances warrant, the Employer may require further non-confidential information from the Employee or from the Employee's doctor before approving sick leave. Failure to comply with a request for additional information and supply adequate disclosure may result in a delay or suspension of sick leave benefits.
9. The Employee cannot be in receipt of income from other work while on sick leave. The Employee is expected to disclose to the Employer if they are working elsewhere while on sick leave.
10. In all cases of absence of an Employee due to illness, the Employee will report their absence to the organization as soon as possible before the commencement of the shift. For daytime shifts it is recommended that the Employee report at least 2 to 3 hours before the beginning of the shift and for afternoon or evening shifts it is recommended that the Employee report at least 4 to 6 hours before the beginning of the shift.
11. When an Employee is going to be absent for more than one day, the Employee is required to call in each day of the absence, unless the Employee has provided a medical certificate stating the duration of the sick leave.
12. When returning to work after using sick time, Employees will complete a Sick Time Use form and submit this to the Operations Manager or their designate.

13. Before returning to work after an extended medical leave, the Employee may be required to provide a fitness to return to work report from their doctor. Failure to provide information requested by the Employer could delay the return to work and affect remuneration to the Employee.

14. When an Employee exhausts their sick leave benefits due to extended medical leave, they will not be paid for further absences due to illness. At this point an Employee can apply for sick benefits under the Employment Insurance Act.

## **605. MATERNITY AND PARENTAL LEAVE**

### **POLICY**

Employees will receive Maternity and Parental Leave.

### **PROCEDURE**

Employees will receive Maternity and Parental Leave in accordance with the Nova Scotia Labour Standards.

## **606. BENEFIT & MEDICAL PLAN**

### **POLICY**

Inclusion Clare will provide a Group Benefit and Medical Insurance plan to its Full-Time Employees.

### **PROCEDURE**

1. Inclusion Clare will provide a Group Benefit and Medical Insurance plan to its Full-Time Employees. Participation in the plan is mandatory.
2. The group benefit plan is based on the regular hours assigned to the Employee and does not consider overtime or extra hours.

3. New Employees will be enrolled in the plan after completion of a six-month probationary period (on the 1st day of the seventh month) after employment begins.
4. The premium cost of the Group Benefit & Medical plan will be shared between the Employer and the Employee on a 50/50 basis.
5. Employee contributions to the plan will be deducted from the regular payroll.
6. Employees on Maternity & Parental Leave are responsible for their portion of the premium for the duration of the Leave.
7. Employees on an unpaid leave may still be responsible for maintaining their enrolment in the benefit plan. They are urged to consult with the Executive Director about the Employee's obligations during an unpaid leave.
8. Prior to their final day of work, Employees who are approved for extended unpaid leave will make arrangements with the office to submit premium payments during their leave.
9. Any failure by the Employees to pay the Employee portion of the premiums while on leave will result in the termination of their benefit coverage.
10. The Employee is invited to consult the Insurance Company's Employee manual for further details.

## **607. PENSION PLAN**

### **POLICY**

Inclusion Clare ensures that all its Full-Time Employees are provided with a Pension Plan.

### **PROCEDURE**

1. The Pension Plan is provided by a company that supplies federally regulated pension plans. The company is chosen by the Employer.
2. Participation in the Pension Plan is mandatory for all permanent Full-Time Employees.
3. The Pension Plan is based on the regular assigned hours of the Employee and does not consider overtime or extra time hours.

4. Participation in the Pension Plan, for the eligible Employees, begins on the first day of the first month after employment begins.
5. The Employer contributes between 8.4% and 10.2% of the gross wages and the Employee matches this amount. The percentage is determined by the pension plan.
6. The pension contributions are deducted from source at each pay period.
7. The Pension Plan is subject to all Federal and Provincial Pension laws.
8. The Pension Plan is transferable to another plan if an Employee terminates employment.
9. Employees who are on leave may suspend pension contributions while on leave. Before beginning their leave, if an Employee wishes to continue to pay premiums while on leave, they will make arrangements with the office to submit payments during their absence. The Employer does not match contributions while an Employee is on leave except for Maternity Leave and Parental Leave. In this case, if the Employee decides to suspend her payments during the duration of the leave, the Employer will also suspend its portion of the payment.
10. During the first two years of participation in the Pension Plan, the plan is not considered vested. This means that if an Employee ceases to be an Employee of Inclusion Clare during this time, they may withdraw their contributions, transfer their contributions to another pension plan, or leave their contributions in the Agency's company pension plan. The contributions made by the Employer during this period, revert back to the Employer.
11. During the first two years, Employees cannot access their portion of the pension contributions unless their employment with the Employer ceases.

## **608. BEREAVEMENT LEAVE**

### **POLICY**

Employees will be entitled to take time off due to the death of a relative.

### **PROCEDURE**

1. Employees will provide as much notice as possible when taking Bereavement Leave.
2. Full-Time Employees are entitled to leave with pay, for a period of up to five consecutive working days in the event of a death in the immediate family.

3. Part-Time and Casual Employees are entitled to leave with pay, for a period of up to five consecutive days in the event of a death in the immediate family.

4. In determining bereavement leave remuneration, a day off with pay will equal all hours scheduled to be worked by the Employee on each of the day(s) taken as leave.

5. Immediate Family is defined as:

- a. father
- b. mother
- c. legal guardian
- d. brother
- e. sister
- f. spouse (including common-law spouse)
- g. child
- h. father-in-law
- i. mother-in-law
- j. step-child
- k. any relative permanently residing with the Employee

6. In the event of a death in the extended family, an Employee is entitled to leave with pay for one day.

7. Extended family is defined as:

- a. grandparents
- b. son-in-law
- c. daughter-in-law
- d. brother-in-law
- e. sister-in-law
- f. grandchild

8. Employees will complete a Bereavement Leave Form when returning to work.

9. Special circumstances will be considered upon request. Requests are made to the Executive Director.

## **609. LEAVE WITHOUT PAY**

### **POLICY**

Employees can, upon request, be granted special leave without pay.

## **PROCEDURE**

1. Any request for a leave without pay must be made in writing to the Executive Director or Operations Manager at least six weeks prior to the starting date of the leave.
2. Approval of Leaves Without Pay will be granted at the discretion of the Executive Director.
3. Consideration for the request will be based upon the following
  - a. reason for the request
  - b. impact on the routine of the organization
  - c. length of the Employee's service (minimum one year)
  - d. previous leaves granted
4. Employees may be granted such leave for a maximum period of five consecutive days, providing working conditions allow.
5. Application for a longer period will be presented to the Executive Director.
6. Application by the Executive Director for a period of more than five consecutive days will be presented to the Chair of the Board of Directors.
7. A leave without pay is usually considered for educational, compassionate or emergency reasons.
8. A leave without pay may be refused if it has too great an impact on the routine of the organization.
9. Employees who have been granted a leave without pay will give, in writing, confirmation of the intention to return to work at the end of the leave.
10. After a leave without pay has begun, the Employee cannot return from the leave earlier than agreed; the Employee must wait until the term of the approved leave has ended before returning to work.
11. Before returning to work at the end of a leave, The Employee will check in with the Operations Manager for reorientation.

12. Vacation time cannot be used for a period of three months following the return from a leave of absence unless the Operations Manager decides otherwise.

13. Employees who are covered under the Group Benefit and Medical Insurance Plan must apply in writing to have this plan continued during the leave. The Employee will pay 100% of the premium during the term of the leave. The premium payments, in the form of postdated cheques, are to be received at the office prior to the commencement of the leave. Any non-payment of premiums during the duration of the leave will result in the removal of the Employee from the plan.

14. Employees who are participating in the Pension Plan may continue to do so, however, the Employer will cease its portion of the premium for the duration of the leave.

15. The duration of the leave will not count as time earned toward the calculation of years of service.

16. During Leaves Without Pay there will be no accumulation of benefits (sick time, holidays, vacation time, etc.). Benefits will be held frozen until the Employee resumes employment.

## **610. COURT LEAVE**

### **POLICY**

Employees are entitled to Court Leave with pay.

### **PROCEDURE**

1. Other than an Employee on a leave of absence without pay or on suspension, a leave of absence with pay will be granted to every Employee who is required to serve on a jury or by Subpoena or Summons is required to attend as a witness in any proceedings held:

- a. in or under the authority of a Court; or
- b. before an adjudicator or umpire or person or persons authorized by law to make an inquiry and to compel attendance of witnesses before it; or
- c. before a legislative council, legislative assembly, or committee thereof, that is authorized by law to compel the attendance of witnesses before it.

2. Employees will request a Court Leave, in writing, to the Operations Manager.

3. The Court Leave will be recorded in the Employee's Record.
4. Where witness or jury fees are paid to the Employee, this amount will be deducted from their regular pay.
5. The Employee will maintain and accumulate all usual benefits (i.e. sick time, holidays, vacation time, etc.) during the time of the leave.
6. Participation in the Benefit & Health Plan and Pension Plan will continue as usual during the duration of the Court Leave. The Employee and Employer will continue to pay their respective portions of the premiums.

## **611. COMPASSIONATE CARE LEAVE**

### **POLICY**

Employees can be granted a leave without pay to care for an ill family member.

### **PROCEDURE**

1. When an Employee has an ill family member that they need to care for, the Employee may request a compassionate care leave without pay.
2. The request will be made in writing.
3. The Employee is not paid for the time taken as leave.
4. The Employee will advise the Employer as soon as possible of any intention to take a leave of absence to care for an ill family member.
5. A Compassionate Care leave can be granted if the following conditions are met:
  - a. The Employee has at least three months of continuous service
  - b. The Employee can provide a doctor's certificate stating that a family member is suffering from a serious medical condition with a significant risk of death within 26 weeks. The Employer will make the request for the doctor's certificate in writing.
  - c. The family member falls within the definition below.
6. Family member is designated as follows:



- a. Spouse or common-law partner
- b. Children and stepchildren
- c. Parents and parents-in-law
- d. Siblings
- e. Grandparents
- f. Grandchildren
- g. Aunts and uncles
- h. Nieces and nephews
- i. In-laws
- j. Foster parents
- k. Wards and guardians
- l. A person considered to be 'like family'

7. The leave can only be taken within the 26-week time limit starting the day that the medical certificate was issued.

8. The maximum amount of time the Employee can take is eight weeks. The leave may be taken in periods of not less than one week's duration.

9. The leave will end when:

- a. When the Employee has not used the maximum time but no longer needs to care for the relative, or
- b. When the total of the eight weeks has been used, or
- c. At the end of the week in which the relative dies, or
- d. At the end of the week in which the 26-week time period ends.

10. Employees who are covered under the Group Benefit and Medical Insurance Plan will continue coverage during the period of the leave. The Employee will continue to pay his or her portion of the premium during the term of the leave; the Employer will continue to pay its portion. The premium payments, in the form of postdated cheques, are to be received at the office prior to the commencement of the leave. Any non-payment of premiums during the duration of the leave will result in the removal of the Employee from the plan.

11. Employees who are participating in the Pension Plan may continue to do so provided they pay 100% of the premium during the term of the leave. They will provide postdated cheques before beginning the leave. The Employer will cease its portion of the premium for the duration of the Compassionate Care leave.

12. The duration of the leave will continue to count as time earned toward the calculation of years of service.

13. During Leaves Without Pay, including Compassionate Care leave, there will be no accumulation of benefits (sick time, holidays, vacation time, etc.). Benefits will be held frozen until the Employee resumes employment.

## **612. EMERGENCY LEAVE**

### **POLICY**

Employees can be granted a leave without pay in the event of an emergency.

### **PROCEDURE**

1. An Employee who has a personal emergency may be granted a leave without pay if the Employee is not able to perform the duties of the Employee's position because of the emergency.
2. The Employee is not paid for the time taken as leave.
3. Examples of a personal emergency are:
  - A family emergency such as a car accident resulting in the need for the Employee to be away from the Employee's duties for a period of time
  - A sudden severe illness of a family member that may last for a period of time (excluding an illness that would come under the Compassionate Care Policy)
  - A fire or flood affecting the Employee's property
  - A state of emergency declared in the area of the Employee's home or a family member's home
  - A public health emergency declared by the Minister that prevents the Employee from performing the Employee's duties
4. If the emergency is due to an illness of a family member who requires care or assistance, the Employee may qualify for Emergency Leave if the Employee is the only person reasonably able under the circumstances to provide care for the family member.
5. Family member is designated as follows:
  - a. Spouse or common-law partner
  - b. Children and stepchildren
  - c. Parents and parents-in-law

- d. Siblings
- e. Grandparents
- f. Grandchildren
- g. Aunts and uncles
- h. Nieces and nephews
- i. In-laws
- j. Foster parents
- k. Wards and guardians
- l. A person considered to be 'like family'

7. The Employee will give the Employer as much notice as reasonably practical of the Employee's intention to take an Emergency Leave, or, where required to leave before notice can be provided, the Employee will advise the Employer of the emergency leave as soon as possible after the fact.

8. An Employee who takes an Emergency Leave will provide to the Employer, when the Employer so requests, evidence that shows s/he is entitled to leave. The request must be a reasonable in the circumstances and the time allowed to provide it must be sensible.

9. An Emergency Leave will continue for as long as the emergency continues and the emergency prevents the Employee from performing their work duties. The entitlement to the leave ends on the day the emergency is terminated or the emergency no longer prevents the Employee from performing their work duties.

10. Employees who are covered under the Group Benefit and Medical Insurance Plan may maintain the coverage during the period of the leave provided they continue to pay their portion of the premiums during the term of the leave; the Employer will continue to pay its portion if they do so. Before going on leave, the Employee must make arrangements to submit payments in their absence.

11. Employees who are participating in the Pension Plan may continue to do so if they pay 100% of the premiums make arrangements to submit payments prior to the onset of the Emergency Leave or as soon as reasonably possible under the circumstances. The Employer, however, will cease to pay its portion of the premiums for the duration of the leave.

12. The duration of the leave will continue to count as time earned toward the calculation of years of service.

13. During an Emergency Leave there will be no accumulation of benefits (sick time, holidays, vacation time, etc.). These benefits will be held frozen until the Employee resumes employment.

14. Emergency Leaves are subject to the approval of the Employer.

## SECTION VII: STANDARDS OF CONDUCT

### 701. CODE OF ETHICS

The Code of Ethics is a brief set of affirmative statements and unifying principles for all Employees providing community based services to adults who have an intellectual or physical disability. Employees will adhere to this Code of Ethics.

As an Employee of Inclusion Clare, I will:

1. Aspire to the highest possible standard of conduct and honesty.
2. Strive to be aware of my own belief systems, values, needs and limitations and the effect of these on the people with whom I work and serve.
3. Respect and protect human and civil rights, and not discriminate against any person on the basis of race, ethnic background, language, religion, marital status, gender, sexual orientation, age, abilities, socio-economic status, political affiliation, chronic or life-threatening illness.
4. Notify my immediate supervisor and/or Executive Director should any situation arise which affects my ability to provide competent service, or threatens the health or well-being of a resident or Employee, including but not limited to a physical or mental health problem, disability, illness or conflict of interest.
5. State an opinion, judgment or use a clinical diagnosis when referring to residents, only if there is a documented assessment, observation or diagnosis to support the opinion, judgment or diagnosis.
6. Be an appropriate role model for residents at all times, including but not limited to, exercising proper hygiene and dress.
7. Ensure that all communication is effective, professional and consistent with the mission, beliefs and values of Inclusion Clare.
8. Refrain from using a position of trust with a resident to receive special benefits, gain or gratification for myself.
9. Never engage in sexual intimacy with Residents/Participants.
10. Ensure that the needs of those I serve come first, including the rights of individuals to privacy, respect, confidentiality and self-determination.

11. Adhere to any statutory acts, regulations or by-laws that pertain to the provision of services within Inclusion Clare.
12. Recognize the unique nature of the workplace ensuring professionalism and respect in all of my interactions with co-workers and Residents/Participants.
13. Commit to excellence in my standard of performance, and recognize the need for ongoing quality training and supervision in my work.
14. Support my colleagues in their adherence to this Code of Ethics.

## **702. DRESS AND GENERAL APPEARANCE**

### **POLICY**

Employees will dress appropriately for the workplace and the situations in which they will be working.

### **PROCEDURE**

1. Employees are role models for the people they support; they will dress appropriately for the situations and circumstances of the day.
2. Employees will wear proper clothing to ensure safety when carrying out tasks (i.e. Proper footwear while mowing the lawn, no sandals in the kitchen.)
3. All clothing will be neat and clean and in good repair.
4. Clothing will not display profane language or obscene messages.
5. Bathing suits are only to be worn at appropriate off-site locations such as swimming pools and beaches. Bathing suits will provide appropriate coverage. Bikinis are not acceptable.
6. Employees may be required to support the people living in the home when they experience personal hygiene problems, during meal preparation and house cleaning. Employees will wear appropriate clothing for these tasks.
7. The Employer will not assume responsibility for clothing and personal articles that are soiled, stained, or ruined while working.

## **703. PROFESSIONAL CONDUCT**

### **POLICY**

Employees will conduct themselves in a professional manner.

### **PROCEDURE**

Working with other members of the team can be a source of support and provide great satisfaction. It can also be a source of frustration.

1. Employees are expected to work together as a team and treat each other with respect and in a professional manner.
2. If a conflict arises between team members, it is expected that the Employees will resolve the conflict on their own and not allow the conflict to have a harmful effect on the environment of the home/workplace and on the Employee's performance at work. Employees who have are engaged in a conflict are expected nevertheless to act in a professional manner.
3. Conflicting views and issues are not to be discussed where conversations can be overheard by the people living in the home.
4. If a conflict cannot be resolved between Employees, then it is expected that the Employees will follow the conflict resolution procedures.
5. Sometimes Employees will hear comments by other Employees that arouse gossip. Behaving in a professional manner in such an instance would mean discreetly avoid participating in the exchange and refraining from repeating anything that was said.
6. Occasionally Employees will vent their frustrations with other Employees. This is a normal part of dealing with stress. It becomes gossip with greater negative impact on the well-being of the organization, however, if Employees repeat the vented information to other Employees.
7. If an Employee hears comments that they deem to be very injurious to the staff, the Residents/Participants, or the Agency, and if they feel it would be unwise for them to confront the utterers of those comments then and there, it is then recommended, in such cases, that the Employee bring the comments to the attention of the Operations Manager.

## 704. COMMUNICATION WITH THE PUBLIC

### POLICY

Only those Board Members and Employees who have been formally authorized to do so, may officially represent the organization when communicating, orally or in written form, with the media, other professionals in the field, or the general public.

All the persons who are authorized to speak and write about Inclusion Clare and other related matters must ensure that what is communicated to the public is accurate and consistent with the mission and beliefs of the organization. The words and thoughts that they express must also enhance the understanding of the people we support and deepen the trust that the public has in our agency.

### PROCEDURE

1. When representing the Agency, authorization is required in the following circumstances.
  - a. Speaking to the media
  - b. Speaking engagements
  - c. Formal presentations
  - d. On-line and on other similar platforms
  - e. Instructional material
2. All requests from the media will be directed to the Executive Director. Only the Executive Director, the President of the Board of Directors, or their designates are permitted to give interviews, answer questions or give information to the media. The Executive Director is required to inform the President of the Board of Directors of any statement on his part that may have an impact on the Agency. The Chair can temporarily withdraw the Executive Director's authorization to communicate with the media until the next monthly meeting of the Board.
3. From time to time, a representative of Inclusion Clare is invited to speak to community groups. Only the Executive Director and those appointed by the Executive Director are authorized to accept these speaking engagements. No matter the circumstances, the Executive Director will be informed in advance of any speaking engagement about to be undertaken by a staff member.
4. From time to time, a representative of Inclusion Clare is invited to speak or make a presentation at conferences, universities, colleges and other similar venues. The Executive



Director, or those appointed by the Executive Director, are authorized to accept speaking engagements in this milieu. In all cases, the Executive Director will be informed in advance of any speaking engagement about to be undertaken by a staff member.

5. Only those authorized by the Executive Director will represent the Agency on-line and on other similar platforms.

6. Inclusion Clare produces brochures, manuals, forms and other materials for its own use. All such materials are subject to the approval of the Executive Director. This does not prevent Employees from developing and using material to assist in the discharge of their duties. The objective is to provide information that is consistent throughout the Agency.

## **705. USE OF TELEPHONE, MAIL AND ELECTRONIC DEVICES**

### **POLICY**

Employees will not use or check their personal electronic devices while working, unless authorized by their supervisor. They may only keep these devices on their person when on outings.

### **PROCEDURE**

NOTE: The term 'Electronic Device' includes telephones, cell phones, internet and all other electronic equipment and the available functions of these devices.

Use of a cell phone or texting while working is not only, a distraction for the Employee, but it can be disrespectful. It can convey to Residents/Participants that they are being ignored. It is also difficult for the Employee to stay focused on the task at hand if there are continual interruptions from electronic devices.

#### **ELECTRONIC DEVICES SUCH AS INTERNET, CELL PHONE, FACE BOOK**

1. The employer is not responsible for damage to personal electronic devices. Employees using electronic devices to work do so at their own risk.
2. The employer is not responsible for fines or legal action taken against Employees for illegal use of electronic devices (i.e. using a cell phone while driving).
3. Employees can check their phones and personal electronic devices during their breaks.

## **706. ATTENDANCE & PUNCTUALITY**

### **POLICY**

Employees will be on time and work scheduled shifts.

### **PROCEDURE**

1. Employees will arrive on time for each shift.
2. Employees will remain on duty until the end of their shift.
3. Employees will provide adequate notification if unable to work assigned shifts. The Operations Manager must approve absences.
4. Employees who do not provide notification of absences will be subject to disciplinary action up to and including termination.
5. Employees who are absent without approval for more than three shifts will be considered to have voluntarily terminated their employment.

## **707. EMPLOYEE FAMILY INVOLVEMENT**

Even though the homes are located in the community, the people living in the homes are still somewhat isolated and a large portion of their lives is still segregated. Because of this, we encourage limited involvement by the friends and family of the Employees.

1. All involvement in our residences by anyone not employed by Inclusion Clare is voluntary and at their own risk.
2. Family and friends are expected to abide by the Confidentiality Policy. Employees will explain the Confidentiality Policy to family and friends.
3. Visits by family and friends of the Employee will not interfere with the Employee's duties nor will they have a negative impact on the routines of the home.
4. Family and friends of Employees are encouraged to visit at times that are convenient to the operation of the homes.

5. Family and friends of Employees may be asked to leave on occasion if it is deemed necessary, in the opinion of the Operations Manager or other Employees.
6. Family and friends of the Employees are encouraged to participate in special holidays and celebrations.
7. The amount of visits to the homes by family and friends of Employees are expected to be within reason.
8. Family and friends of Employees are expected to act respectfully towards the people living in the home and the Employees.
9. Employees may occasionally bring children to visit people living in the home. Children cannot be brought to the homes on a regular basis. When children are brought to visit, it is at their own risk and liability rests with the parents.
10. Employees may occasionally bring pets to work. However, when bringing pets to the workplace, Employees are expected to control of their pets so that they do not bother others. Employees will also be mindful of allergies and be aware if the pets are really appreciated in the homes.

## **708. BRIBERY, CORRUPTION & FRAUD**

### **POLICY**

Inclusion Clare will protect the best interests of all our employees, vendors, customers and the organization from any illegal or damaging actions committed by individuals either knowingly or unknowingly.

### **BACKGROUND**

This policy is to ensure that our staff refrain from and are prepared to identify bribery, fraudulent activity and corruption in order to report these activities appropriately. These procedures are intended to supplement the Code of Conduct Policy and to provide general guidance with respect to the prevention, investigation and remediation of bribery, fraud, and corruption.

Inclusion Clare will not tolerate any wrongdoing or impropriety, and will immediately take the appropriate disciplinary actions to correct the problem.

## PROCEDURE

### Unethical Behaviour

1. Inclusion Clare will not be party to the intent or appearance of unethical or compromising practices in its business relationships by means of bribery, fraud or corruption.
2. Harassment or discrimination will not be tolerated.
3. Employees shall not use corporate assets or business relationships for personal use or gain.

### Prevention and Detection of Bribery, Fraud and Corruption:

Mechanisms used in the prevention and detection of these prohibited activities include, but are not limited to:

- Process monitoring;
- Random auditing;
- Supervision and review;
- Provision of appropriate training for new and existing staff;
- Written policies and procedures;
- Segregation of duties;
- Reconciliation of accounts; and
- Review of audits and financial records.

### Bribery, Fraud, and/or Corruption Response Plan

In the event that any Inclusion Clare employee encounters or suspects bribery, fraudulent activity or corruption, they are required to report this information immediately to Management. The report shall be investigated thoroughly, and maintained confidential.

The investigator shall apply disciplinary actions, up to and including termination of employment and/or report the incident(s) to the appropriate authorities.

### Employee Expectations

#### Management & Executives

- In all business dealings, Company officials are required to set a prime example showing honesty and integrity.

- Shall have an open-door policy allowing for the free discussion of suggestions and concerns from employees.
- Must report any conflicts of interest regarding their position at Inclusion Clare
- Must report suspected violations.

#### Employees

- All employees are expected to work together to promote a workplace built on trust, accountability and openness.
- Disclose any conflicts of interests.
- Report suspected violations.

\*Retaliation against employees who use these reporting mechanisms to raise genuine concerns will not be tolerated.

#### Violations

In the event that a violation of this policy occurs, Inclusion Clare will employ disciplinary measures that reflect the severity of the offence up to and including termination of employment.

Some violations may indelibly affect our business in a negative fashion. In this case, punitive measures, including legal action may be pursued.

## **SECTION VIII: EMPLOYEE HEALTH & SAFETY**

### **801. OCCUPATIONAL HEALTH AND SAFETY**

Health and Safety is a shared responsibility. Staff at all levels of Inclusion Clare are responsible and accountable to work safely at all times, to identify and report hazards, to take whatever measures that are necessary and reasonable in the circumstance, to protect and promote health and safety.

#### **RESPONSIBILITY:**

The Employee has a responsibility to report all safety issues and concerns or potential concerns. The Employee also has a right to refuse to carry out tasks that they feel are dangerous and may cause injury to either themselves or the people that they support.

#### **INFORMATION:**

Each work site maintains copies of all Health and Safety information, notably:

- Occupational Health and Safety Act and Regulations
- Toll Free Number for the Department of Labour
- Inclusion Clare's Occupational Health and Safety Policy
- Joint Occupational Health and Safety Committee minutes and Terms of Reference
- All forms for reporting incidents

In the Occupational Health and Safety Policy the Employee will find the Right to Refuse procedure. The Employee will be familiar with this policy and know the steps to take if they encounter a dangerous situation while on the job.

#### **JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE:**

Inclusion Clare has a Joint Occupational Health and Safety Committee (JOHSC). This committee exists to monitor the organization, ensuring that health and safety is maintained at all the levels and in all the components. The Employees have access to this committee through their elected representatives. The Employees will be familiar with the Terms of Reference of this committee and know how to forward health and safety issues or concerns to management and the Committee.

#### **REPORTING:**

In general, when employees have a safety issue or concern, they report this concern to the Operations Manager. If they feel that their concerns are not addressed to their satisfaction, they can then approach their JOHSC representative. Reporting procedures are clearly outlined in the Committee's Terms of Reference.

All accidents and injuries are to be reported immediately to the Operations Manager and an Incident Report is to be completed. Any accident that requires medical care and/or time off must be reported (by law) to the Worker's Compensation. Copies of all forms are kept at each work site.

#### **TRAINING:**

All Employees will receive training in the following areas:

- Life Safety
- Emergency Procedures
- First Aid/CPR (must maintain current certification)
- WHMIS

#### **PROCEDURE**

1. See Occupational Health and Safety Manual.

## **802. WORKER'S COMPENSATION**

#### **POLICY**

Inclusion Clare provides Worker's Compensation for all Employees.

#### **PROCEDURE**

1. All Employees are covered by Worker's Compensation.
2. The Employer and its Employees will follow the Worker's Compensation Act.
3. As part of the Worker's Compensation Act, it is mandatory to report all workplace injuries.
4. All injuries sustained by Employees during the course of their duties will be reported immediately to the Operations Manager.

5. When an injury on the job has occurred, the Employee will complete an Injury Report form within 24 hours of the injury.
6. If an Employee is unsure whether an injury is severe enough to report, always err on the side of caution and report the injury.
7. If an Employee seeks medical attention as a result of a workplace injury, it is mandatory to report this to the Employer and inform the doctor that it is a workplace injury.
8. If an Employee requires immediate medical attention and cannot return to complete the injury report form, the Operations Manager will complete the form on behalf of the Employee.
9. Employees are covered by Worker's Compensation when off sight if they are performing duties as part of their job.
10. The Executive Director will forward all Injury Reports to the Worker's Compensation Office within five working days of the injury. Employers will be fined for late reporting of injuries or failure to report injuries.

### **803. DEPARTMENT OF LABOUR**

1. Worksites are governed by the Department of Labour.
2. Employees have the right to a safe work environment.
3. Employees have the right to refuse work that they feel may be unsafe.
4. Employees have the right to contact the Department of Labour at any time. The telephone number is posted in each building.
5. Employees need to understand that there is an inherent risk with the job. People we support are living with an intellectual disability and some people have emotional and /or mental health concerns. Employees may be the recipients of verbal and/or physical abuse from some residents.

### **804. SMOKING**

#### **POLICY**



Inclusion Clare provides an environment that is as smoke free as possible.

## **PROCEDURE**

1. The smoking of tobacco products by Employees or visitors is not permitted anywhere inside the homes or workplaces.
2. Employees, residents and participants will only smoke outside in the designated smoking areas.
3. Providing that smoke does not affect others and proper disposal is followed, smoking by Employees will be permitted outdoors as long as quality supervision can be provided. Employees, however, will not leave their regular assigned duties to have “cigarette breaks”.
4. Employees who are on duty and accompanying or driving people who live in the home to activities and appointments will not smoke while others are in the vehicle.
5. Employees will work, in cooperation with health professionals, to counsel the people living in the home of the hazards of smoking to their health. The people living in the home, as well as and the Employees themselves, are encouraged to participate in smoking cessation programs.

## **805. UNIVERSAL PRECAUTIONS**

### **POLICY**

Employees will use universal precautions when in contact with bodily fluids. UNIVERSAL PRECAUTIONS mean to create a barrier between the person and the substance containing a pathogen; to properly decontaminate an infected area and to properly dispose of the substance and cleaning materials.

### **PROCEDURE**

PREAMBLE: Some of the people supported in the homes have very poor self-esteem and low opinions of themselves and may have been treated in the past in demeaning ways. Please remember that overuse of such items as rubber gloves may reinforce these opinions. Overuse of precautions could make it appear that there is something wrong with the people we support or that they can only be approached with caution. The intention is to curb the spread of disease, not to belittle or embarrass people.

The overall goal in using Universal Precautions is to reduce transmission of bodily fluid-borne pathogens and therefore decrease the spread of infectious diseases and prevent illness in both the people we support and the Employees.

Bodily Fluids that require the use of Universal Precautions are: blood, semen, vaginal secretions and any bodily fluid that contains blood, including feces, urine, nasal secretions, saliva, sputum, vomitus and tissue containing the preceding.

1. Employees will use gloves when coming into contact with bodily fluids.
  - 1.1. Disposable gloves will be worn whenever coming into contact with bodily fluids. Take care that all openings in the skins such as cuts and abrasions are covered.
  - 1.2. Gloves will be changed and discarded after contact with each individual.
  - 1.3. Gloves will be worn when handling linens that are soiled with body fluids.
  - 1.4. Linens that are soiled with body fluids will be washed separately in hot water.
2. Hand washing is the most effective method of preventing cross-infection.
  - 2.1. Hands will be washed immediately after being in contact with bodily fluids.
  - 2.2. Hands will be washed immediately after removing gloves.
  - 2.3. Hands will be washed using soap (preferably liquid soap) and warm water.
  - 2.4. Waterless hand cleansers can be used if soap and water are not available, but are not as effective as hand washing.
  - 2.5. When washing hands remember to wash the cuticles, under the nails, and between the fingers.
3. Precautions will be taken when cleaning up spills containing bodily fluids.
  - 3.1. Spills of bodily fluids will be cleaned up as quickly as possible.
  - 3.2. A mixture of 1 part bleach and 10 parts water is a general decontaminate; however, this may not be safe for some home surfaces.
  - 3.3. Wash hands thoroughly after completing the task.
4. In most cases, when cleaning areas such as the bathroom, routine housekeeping is sufficient.

5. Employees will wear gloves when providing personal care that may expose the Employee to bodily fluids. The use of gloves for other types of personal care is at the discretion of the Employee.

## **806. FIRE SAFETY**

### **LEADING CAUSES OF FIRE:**

1. Smoking
2. Accidental electrical fires (frayed wires, extension cords, etc.).
3. Misused extension cords
4. Kitchen, stove, toasters, small appliances
5. Lint build-up in dryers.

### **POLICIES:**

1. Use of deep fryers and deep-frying is prohibited.
2. Use of buckwheat pillows is prohibited.
3. Storing flammable paint in the homes is prohibited.
4. Storage of gasoline, propane and kerosene in the home is prohibited.
5. Smoking in the homes is prohibited
6. When an extension cord is required for permanent use, only power bars with internal circuit breakers can be used.
7. Clothes dryer ducts will be cleaned once a year.
8. Furnaces will be cleaned and checked once a year or more frequently if required.
9. Do not leave clothes dryers running when leaving the house unattended.
10. Do not leave fans running when leaving the house unattended.
11. Do not leave stove or oven unattended when in use.
12. Do not use stove or oven while sleeping at night.

13. Do not have open flames, such as candles, in the house. (Candles for birthday cakes are allowed)

14. Toasters will be unplugged when not in use.

15. Curling irons will be unplugged when not in use.

16. The space around Electric heaters will be kept clear with nothing touching them. Beds should be far enough away from electric heaters so that if pillows or blankets fall from a bed, they will not be touching the electric heater.

17. When using barbecues observe the following rules:

- Keep barbecues well away from buildings when in use.
- Turn off the propane tank when the barbecue is not in use.
- Do not leave unattended.
- Do not store indoors.
- Installing or changing propane tanks will be done by Employees.

19. Fire drills will be conducted as determined by the Operations Manager as per licensing requirements.

20. Safety checks will be conducted every month.

## **807. VIOLENCE IN THE WORKPLACE**

### **WORKPLACE VIOLENCE PREVENTION STATEMENT**

Inclusion Clare recognizes that violence in the workplace is an occupational health and safety hazard to the Employees and to the people supported by the organization. Violence in the workplace can cause physical and emotional harm. It is recognized that any form of violence is unacceptable and the organization as a whole is committed to reducing and eliminating the risk of violence in the workplace.

### **PROCEDURE**

1. Violence in the workplace means:

- threats, including a threatening statement or threatening behaviour that gives an Employee reasonable cause to believe that the Employee is at risk of physical injury,

- conduct or attempted conduct of a person that endangers the physical health or physical safety of an Employee.

2. It is the duty of members of the organization to report all incidents of violence in the workplace to the Employer. Workplace violence incidents usually fall into one of four categories:

- a. External: committed by a perpetrator who has no connection or relationship to the workplace.
- b. Participant or Customer or Visitor: the perpetrator, who is a participant, customer or visitor, becomes violent towards a worker or another participant.
- c. Worker-to-worker: The perpetrator is an employee or past employee of the workplace and becomes violent toward another worker.
- d. Domestic violence: The perpetrator usually has a personal/domestic relationship with an employee.

3. The Employer will provide a debriefing to an Employee who has been exposed to or affected by violence in the workplace. If needed, the Employer will advise the Employee to seek professional help to deal with the effects of violence in the workplace.

4. Process to follow if violence occurs in the workplace.

- a. Obtain immediate assistance if required, including calling 911 if necessary.
- b. Report the incident or threat to the Operations Manager.
- c. Document the incident.
- d. Management will investigate the incident
  - i. Prepare by reviewing reports and develop investigation process
  - ii. Gather information
  - iii. Conduct interviews
- e. After the investigation has been completed, the information will be reviewed and analyzed.
- f. Assess if corrective action is warranted.
- g. Implement corrective action if needed and monitor results.

## **808. WATER TEMPERATURE**

### **POLICY**

The hot water temperature at the homes will be maintained at a safe temperature as required by the Department of Community Services.

### **PROCEDURE**

1. The Department of Community Services requires that the hot water temperature in licensed homes be maintained at a temperature between 43 C and 49 C (109F – 120F).
2. For the homes, the water temperature will be monitored monthly and recorded on the monthly Safety Check List.
3. If the temperature of the water is not within the required temperature range, it will be reported immediately to the Operations Manager.
4. If the Operations Manager receives notification that the hot water temperature does not fall within the accepted range, the Facility/Office Coordinator will have the water temperature adjusted as soon as possible so that it is within the required range.

## APPENDIX A

### FIRE EVACUATION TRAINING

There are four main ways of teaching people to evacuate a building in the event of a fire. The main point of evacuation training is to teach people what to do in the event of a fire. The four ways are:

1. Comprehension Fire Drill
2. Silent Drill
3. Situational Training Drill
4. Mock Drill

The JOHSC recommends that each home concentrate on training people on proper evacuation procedures by using a variety of the following types of drills.

1. **COMPREHENSION DRILL.** This is the standard type of fire drill with the alarm sounding and when everyone evacuates the building. It can be a planned drill or spontaneous. The alarm is turned on and everyone evacuates the building and assembles in the designated Assembly Area as if it was a real fire. Usually the drill is observed and evaluated.

When using the Comprehension Drill, there is a presumption that everyone has received training and understands the procedure to evacuate the building and knows what to do once they are outside. This type of drill will not teach people how to respond if they are not familiar with evacuation procedures.

2. **SILENT DRILL.** This drill is very similar to the Comprehension Drill but is conducted without sounding the alarm system. Everyone is told that this is a fire drill and asked to respond as if there was a real fire.

The Silent Drill is an excellent way to train people to evacuate while at the same time having them walk through the procedure and get used to the process. It is also important to note that people do not become desensitized to the alarm when doing this type of drill.

There is a presumption that people are familiar with the sound of the smoke detectors or alarm bells and know that these are indicators to evacuate the building.

3. SITUATIONAL TRAINING DRILL. This type of drill can be conducted in various ways. The focus of this type of drill is to train people to respond to a variety of situations and to think about appropriate responses for different circumstances. It can be conducted in many different ways. For example:

- It can be conducted by walking through the evacuation while explaining the procedure to the individual.
- It can be conducted by walking through the evacuation while having the person explain the procedure.
- It can be conducted by asking the person what they would do in different circumstances (i.e. while in the bathtub, at night in bed, etc.).
- It can be conducted by using other types of teaching techniques that cater to individual abilities and learning styles.

This type of drill has several advantages:

- It teaches people how to respond in the event of a fire.
- It can be repetitive, making it easier to learn.
- It can be broken down into steps that may be more easily learned.
- It allows people to learn different responses to different circumstances.
- It allows the instructor to correct inappropriate responses as they happen.
- It lowers the risk of people becoming complacent or desensitized to regular fire drills.
- It allows for the instructor to take individual needs and abilities into consideration.

4. MOCK DRILL. This drill is conducted around the table by having people talk about how an evacuation is conducted.

It is very valuable because people have time to think through the process and verbally go through all the steps of the evacuation. It also gives the participants time to discuss the process and different scenarios and ask questions.

It is an excellent type of drill for people who would be supervising an actual fire evacuation. This type of drill is very valuable for staff. It gives them chance to talk about their role during evacuation. It is also an excellent format for staff and people living in the home to sit and talk about fire evacuation. This type of drill does not give practical experience to participants.

POINTS TO REMEMBER DURING AN EVACUATION:

When you evacuate the building:



1. Keep yourself **\*\*SAFE\*\***. Never put yourself at risk.
2. Call for help **\*\*911\*\***.
3. If you have to move through a closed door that you cannot see through:
  - Feel the door to see if it is hot.
  - Look for smoke coming under the door.
  - Open the door slowly and look around it to see if there is a fire behind it.
  - If there is no fire on the other side, proceed through and close the door behind you.
4. Move to the Assembly Areas as quickly as possible.
5. Be available to the emergency response people when they arrive. They will want a report from you and will want to know if anyone is still in the building and how did the fire start.
6. Do not re-enter a burning building.
7. Relocate the vehicle if possible.
8. Remain in the Assembly Area until you are safe to leave or moved by a member of the emergency services.

You notice someone on the verge of panic:

9. Give them a task or responsibility to help them focus.
10. The person will still require constant monitoring.
11. Take hold of one of their hands and guide them out of the building to the Assembly Area.
12. If they will not cooperate with you or start to grab hold of things, leave them where they are.
13. Evacuate yourself and inform the emergency services people.

If you are trapped in a room:

14. Exit through a window if you are on the ground floor;
15. If you are not on the ground floor:
  - Close the door.
  - Go to the window.

- If there is smoke in the room open the window a little so you can breathe fresh air. If there is not smoke in the room, do not open the window. An open window can assist in the spread of fire.
- If you can, attract people's attention to your plight. This can be achieved by calling out the window. If you open the window to call for help, remember to close it again. Do not open the window up fully.

16. If the room is filling with smoke, stay close to the ground. The air is cooler and oxygen is more plentiful closer to the floor. Remember, smoke is the most dangerous aspect of a fire. Smoke is comprised of superheated gases.

17. Flames from a fire in one room can travel along a ceiling and exit from another room well away from the actual fire.

18. Wait for the Fire and Rescue Service to rescue you.

Do not procrastinate: REMEMBER

19. Fires spread rapidly.

20. Fires produce thick black smoke that is difficult to see through and causes suffocation.

21. The freshest air will always be near the floor.

22. Move quickly.

23. Be decisive.

24. STOP: Think for 10 to 30 seconds, and then act.

25. Make a decision and follow that decision.