

TOTAL COMMUNICATION ENVIRONMENT

Section B: Operations

Policies and Procedures

Revised 2013

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B.1 OPERATIONS POLICIES AND PROCEDURES

B.1.1 PURPOSE

The purpose of the Operations section of the Policies and Procedures Binder is to:

- establish and maintain a system for managing matters related to supports and services.
- ensure that every person whom TCE serves is supported in the best possible way.
- comply with applicable laws, such as The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (which replaced the DSA in July 2011)

B.1.2 ADMINISTRATION

The procedures set forth in this Policies and Procedures Binder prescribe the terms, conditions and standards of operations for TCE. Employees are expected to acquaint themselves fully with the content of these policies and procedures to acquire a reasonable understanding of TCE requirements, expectations and methods of supporting persons. Operations' policies and procedures shall be applied by team members, supervisory and managerial staff. TCE values the participation of employees in matters that affect their work; thus employees are encouraged to offer suggestions for improvement of these policies and procedures to their Supervisor.

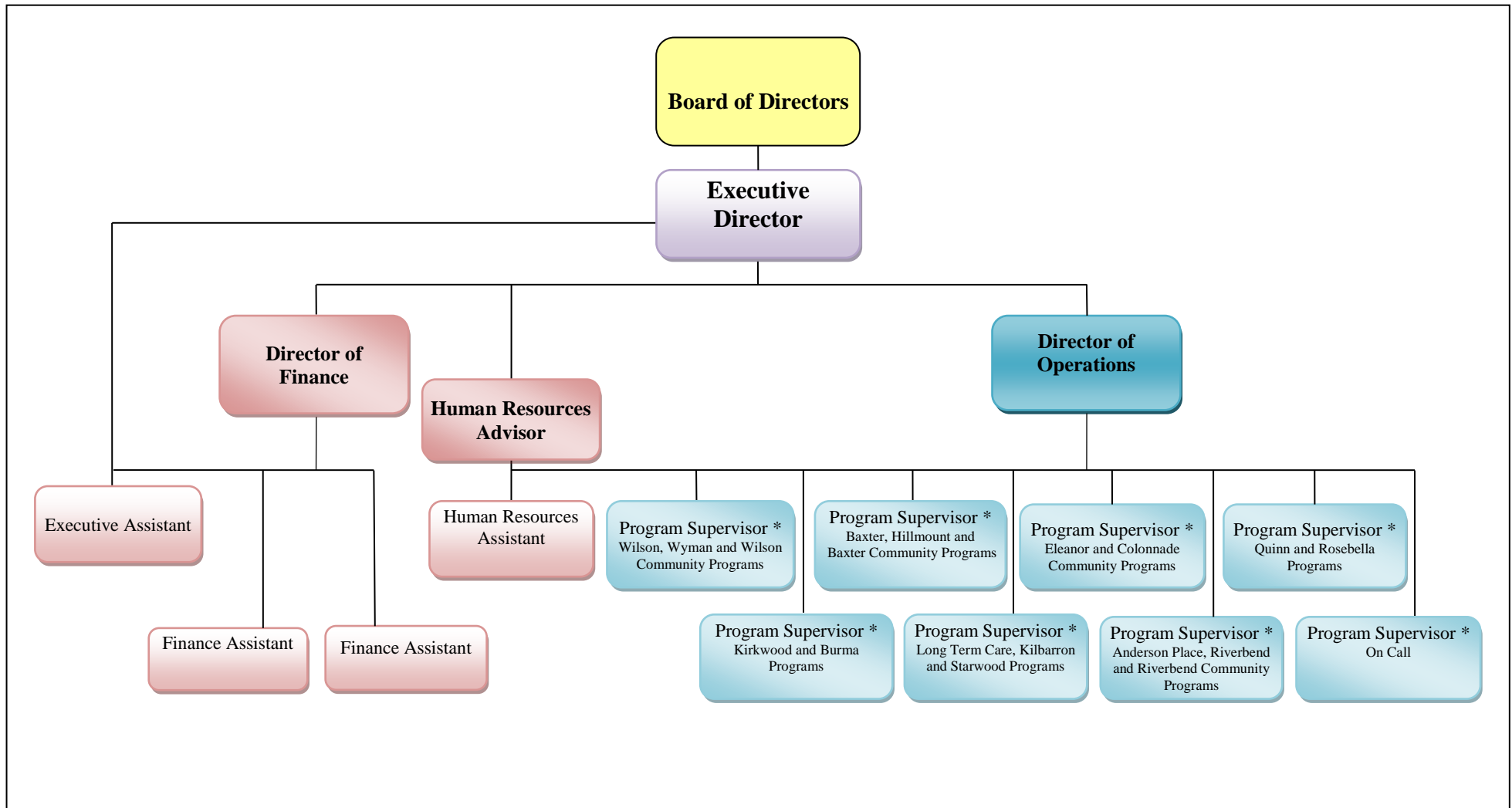
B.1.3 APPLICATION AND AMENDMENT

These policies and procedures apply to employees and volunteers. Amendments will be made to these policies and procedures at TCE's discretion to maintain its legal compliance, operational effectiveness and service obligations. An up-to-date copy of this Policies and Procedures Binder will be retained in each of TCE's program locations and offices.

B.1.4 EXCEPTIONS

When Operations policies appear, on reasonable grounds, to be contrary to the well-being of a person supported and the policies are not based on requirements from a government Ministry or legislative requirements, the Program Supervisor, Director of Operations, Executive Director and a Board member will work together to provide documentation of approved alternative procedures.

B.1.5 ORGANIZATIONAL STRUCTURE:
TCE ORGANIZATIONAL CHART



Programs will have varying staff complements and ratios, including Full-Time, Part-Time, Overnight and Call-In Residential Counsellors.

Each Supervisor oversees multiple Program sites

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B.2 SUPPORT PROGRAMS

B.2.1 OVERVIEW

Operations encompass all the services that Total Communication Environment (TCE) provides support to persons who have an exceptional need. These services include supports provided through community residences, supported, day supports/community support services, home share, and outreach to long-term care. Below is a brief description of services within the Ottawa area along with additional policy requirements and/or exemptions specific to each.

B.2.1.1 CONTRACTING ADDITIONAL SERVICES

1. TCE seeks to work with people and their families to address all identified support needs. These supports may be provided in a variety of ways, including:
 - TCE may provide the supports.
 - TCE may assist in accessing services available in the local community.
 - TCE may contract with another agency to provide the services.
 - TCE may contract with an independent professional to provide the services.
2. In situations where TCE contracts with another agency or an independent professional (the third and fourth bullet points above) to provide a particular service (e.g., behaviour therapy, counselling, etc.) that involves independent direct contact with persons supported there must be a written Contract/Agreement. Within this Contract/Agreement there must be a clause that verifies that the professionals who will have contact with persons supported by TCE do not have a record of assault, abusive or neglectful behaviour, or criminal behaviour that could place people at risk. *See also Section - Risk Management.*

B.2.1.2 CONTRACTING WITH THIRD PARTY SERVICES

1. For the purpose of this policy "third party" refers to an organization or business that enters into an agreement with TCE to provide supports and services to one or more persons with a developmental disability where the funding for such services is provided by MCSS to TCE. It does not include:
 - A family home or host family provider,
 - A family or "support circle" who assist an individual or work on behalf of an individual to receive and assist in directing the use of support,
 - People or organizations that provide professional or specialized services on a one time or time limited basis.
2. TCE will only enter into a third party service agreement where the third party has shown an understanding of and has expressed a commitment in writing to meet the expectations of Ontario Regulation 299/10 - Quality Assurance Measures.
3. TCE will only enter into a third party service agreement where the third party has agreed to the written monitoring activities articulated by TCE with respect to Ontario Regulation 299/10 - Quality Assurance Measures.
4. When entering into an agreement with a third party, TCE shall ensure there is a formal written agreement which outlines:
 - The level of funding and source of funding;
 - The start, end and review and/or renewal dates;
 - The conditions related to either party ending the agreement, including notice periods, withdrawal of service etc.;
 - Communication methods and expectations;
 - The support planning process, documentation and necessary approvals;

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- Expectations under the Ontario Regulations 299/10 - Quality Assurance Measures, including a commitment to meet the expectations and TCE's plan to monitor the third party's compliance with Ontario Regulations 299/10 --- Quality Assurance Measures.
5. When the third party is a Transfer Payment Agency (TPA) that has an existing relationship with MCSS
 6. TCE's plan to monitor service activities may reflect this pre-existing relationship that includes appropriate Ministry review procedures.

B.2.2 COMMUNITY RESIDENCES

Community residences provide a quality residential setting for adults who require assistance in daily living. In this type of setting, three to six individuals on average, live in shared accommodations and receive 24-hours/day support by qualified staff.

B 2.3 DAY SUPPORTS/COMMUNITY SUPPORT SERVICES

B.2.3.1 OVERVIEW

People supported by TCE are encouraged and assisted to pursue employment, volunteer, leisure and recreation opportunities. TCE day supports/community support services offer opportunities for life skill development, community involvement, and vocational and recreational activities. These are explored on an individual basis, and supports are available to enable the person to participate in meaningful and interesting activities. Where TCE provides day supports/community support services (i.e. day programs), these are structured, with individually-defined, measurable goals that are time-limited and contribute to personal growth and achievement. These supports should be seen as:

- a way to contribute to a normal rhythm of a day (e.g., get up, go to work, go home)
- an opportunity to develop skills and to provide and expand choices
- an opportunity to enhance involvement in the community

TCE programs providing day supports must adhere to appropriate government ministry regulations and the policies and procedures in the TCE Policies and Procedures Binder. However, some areas in Operations policies require flexibility because of the diverse nature and setting of the services provided. *Examples are outlined below.*

Exceptions must be approved by the Executive Director and noted in the In-House Procedure Manual. *See also Section - In-House Procedure Manual.*

B.2.3.2 HEALTH AND MEDICATIONS

1. Providing health care and reviewing health supports are not primary functions of day programs. However, day program staff must address routine medical needs, respond to medical emergencies and monitor health issues as required. As such:
 - Day programs must comply with TCE' health policies. *See also Section -Health Care.*
 - Basic medical information on each person supported in TCE day programs must be maintained and kept in an accessible location. At a minimum, this information must include: health issues, current medications, allergies, health card number, emergency contacts and the family doctor's name and contact information.
 - Training/orientation specific to the medical conditions and medications of the persons participating in the day program must be given to day program staff.
2. Day support locations must follow TCE medication policies. *See also Section - Medications.*
3. Day support locations must develop in-house procedures around medication transfer between those who receive residential supports (both from TCE and other agencies) and those who only access day supports. *See also Section - Leave of Absence/Medication Transfer and Transfer Between Support Locations.*
4. When persons supported who attend day activities with TCE are independent in managing their own medication, storage and access procedures should take into consideration other people who attend the location (e.g., will store medication with other program medication).

*Section B: Operations***B.2.3.3 BEHAVIOURAL ISSUES**

Significant behavioural issues must be addressed with formal behavioural interventions that are consistent between a person's home and the day program. ***See also Section - Behavioural Supports.***

B.2.3.4 PERSONAL PLANS

Day programs must include elements that encourage personal development and/or skill enhancement. Each day program must develop a focus on outcomes and skill development and must utilize specific plans based on the interests and goals of each person supported. Outcomes may be broadly defined for the program, but person specific outcomes/goals with accompanying plans should also be included (e.g., Individual Training Supports, task analysis, documented approaches).

- Day program employees are expected to participate in exploring dreams and identifying goals with each person.
- Where persons supported already have Personal Planning meetings scheduled through his/her home residence, day program employees are encouraged to attend the meetings (including those hosted by other agencies) and provide input regarding specific goals/outcomes defined for day program.
- Where persons supported do not have Personal Planning meetings arranged elsewhere, day program staff must co-ordinate a Personal Planning meeting. *See also Section - Personal Plans.*
- Day programs must have documentation (e.g., a Personal Plan), which records person-specific outcomes/goals. This documentation must be retained and reviewed regularly.
- Systems must be implemented to track progress on goals (e.g., Support Notes, monthly tracking).

B.2.3.5 COMMUNICATION WITH FAMILY OR OTHER SERVICE PROVIDERS

Each day program must develop and maintain formal communication systems with residential service providers and/or families regarding progress on goals and participation, behaviour, medical issues, health and safety issues.

B.2.3.6 EMPLOYEE HEALTH AND SAFETY

Day programs must comply with TCE Health and Safety policies. This includes, but is not limited to the following:

- All day program settings with 20 or more employees must establish a Joint Occupational Health & Safety Committee and must complete inspections and meetings as set out in the Occupational Health and Safety Act.
- Appropriate safety practices must be created and enforced in programs operating power equipment (e.g., typical safety practices include wearing safety shoes, using ear protection when operating loud machinery, having safety guards for power equipment and tools, and having safety warning and precautions posted).

B.2.3.7 FINANCES

1. Day programs should collaborate with residential programs, persons supported, and/or families to create financial systems that maintain accountability while minimizing the duplication of work. For example, this could include coordinating with residential Financial Journals and/or retaining small amounts of cash for persons supported that get replenished only when receipts are submitted to the family or residential program and/or charging a "participation fee" to cover expenses associated with day program outings. *See also Section - Support in Managing Finances and Trust Accounts.*
2. For day programs that maintain any additional cash, "funds" related to specific projects, services, or other endeavours, systems must be created to ensure ongoing reconciliation of these funds.
3. Day programs that operate small, informal businesses must; in consultation with the Finance Department, outline and follow guidelines for creating and maintaining funds to operate the business as well as paying persons

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supported who participate in work experience activities (e.g., persons supported may receive a competitive wage or a rate for participation in given work activities).

B.2.3.8 **VEHICLE MAINTENANCE**

Where day programs share vehicles with other programs, systems must be created to ensure that appropriate safety and maintenance checks are completed and signed-off. ***See also Section - Managing Vehicles.***

B.3 INDIVIDUAL SUPPORT PLANNING

B.3.1 PERSON CENTRED SUPPORT

"Person Centred" describes the approach that TCE takes to providing supports. This means keeping the person supported and, as appropriate, family, friends and/or advocates, at the center of planning and decision-making, helping organize resources (informal and formal) to enhance the person's quality of life and working with the person and others to define and pursue the person's goals and dreams.

B.3.2 FUNDAMENTAL PRINCIPLES OF TCE

TCE organization is committed to the provision of a secure environment for each resident, wherein the following goals are met:

1. The development of each individual's potential to the highest degree possible.
2. The facilitation of an individual's integration into his or her community.
3. The training and fostering of life skills in developing independence, relative to each individual.
4. The fostering of an individual's ability to make choices in the important aspects of his or her life based on their personal needs and interests.

In fulfilling these goals and in facilitating the development of competence in the individuals served, TCE will provide a residential homelike environment where appropriate and necessary technological and professional supports, based on the needs and interests of the individuals served, are provided in the following ways.

COMMUNICATION

Total communication refers to a philosophy of communication, incorporating a full spectrum of communication modes (sign language, fingerspelling, speech, speechreading, auditory training, pictorial symbols, Blissymbolics, reading, writing, mime and gesture) which should be used to the maximum degree possible to communicate appropriately with each individual, extending throughout the individual's life.

BASIC PERSONAL MANAGEMENT

To provide training in basic life skills in order to develop the ability to manage one's person. Areas of development might include training and management of laundry, personal hygiene, nutrition, house-keeping, personal belongings, etc.

SOCIAL SKILLS

To foster competence in those social skills necessary to integrate into activities of one's choice, to develop positive self concepts and to develop and maintain positive relationships with significant others (friends, family and co-workers).

To provide training in awareness and accessing of relevant community services and resources for both work and leisure, such as health services, education, recreation, places of worship, shopping,

B.3.3 INDIVIDUAL SUPPORT PLANS

1. The **Individual Support Plan (ISP)** is a tool to assist TCE to develop and implement service plans that are based on the support needs and wishes of the person supported.
2. Each person supported by TCE must have an **Individual Support Plan** that adheres to the standards outlined herein. This Individual Support Plan must address the spiritual, physical, intellectual, emotional and social areas of the person's life. It must address expected outcomes and resources required. *See also Section - Individual Support Plan Standards.*

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3. A preliminary Individual Support Plan, which includes an initial discussion regarding the person's dreams and goals, shall be developed for each person prior to service. *See also Section - Intake Procedures.*
4. A full **Individual Support Plan** shall be developed for each person not later than six months after commencement of service and reviewed at least every six months thereafter.
5. The Program Supervisor and designated team member(s) are responsible to call the Individual Support Plan meeting, and to ensure that formal reviews of the Individual Support Plan are held.
6. Tools to assess support needs may be used to facilitate the development of an **Individual Support Plan**. Before any assessment tools are used, they must be approved by the Operations Department to ensure they are appropriate and technically reliable.

B.3.3.1 INDIVIDUAL SUPPORT PLAN PROCESS AND MEETING

1. Individual Support Plan meetings must include the participation of the person supported in the manner s/he chooses and/or is able to take part.
2. Individual Support Plan meetings will ordinarily include the person's family and/or designate. Extraordinary circumstances in which they would not participate include the following:
 - A person supported makes an informed decision to exclude his or her family/designate from attending. Should this occur, the Program Supervisor must communicate with the family or designate to ensure that they are informed, in a tactful manner, of the person's wishes.
 - A situation where the family has no contact with the person supported. Should this occur, the Program Supervisor shall make reasonable efforts to have an advocate in place. *See also Section - The Role of an Advocate.*
 - The family chooses not to participate in the Individual Support Plan meeting. Should this occur, the Program Supervisor shall make reasonable efforts to have an advocate in place. *See also Section - The Role of an Advocate.*
3. Individual Support Plans may, at the discretion of the person supported, include members of their informal support network.
4. An Individual Support Plan meeting is also a forum in which to discuss anticipated life changes (e.g., moving from one type of support setting or location to another). An Individual Support Plan meeting must be called if circumstances occur that lead to significant changes in how the person will be supported (such as when there are significant changes in behaviour, health, support locations, or other areas).
5. For persons who receive support in managing finances, an opportunity for the family/designate to review the **Financial Journal** must be provided in conjunction with the Individual Support Plan meeting. *See also Section - Support in Managing Finances and Trust Accounts.*
6. As part of the annual planning process, each individual and family/designate shall review TCE's mission statement, fundamental principles and the rights of the individuals, as outlined in The Rights of Persons Supported. *See also Section - The Rights of Persons Supported.*
7. The annual planning process must include a discussion of the circumstances when, if any, the person would permit personal information to be shared with people other than TCE employees and with whom it may be shared. This does not eliminate the need to obtain appropriate consent documentation. *See Section - Confidentiality and Disclosing Information.*
8. The annual planning process must include education and awareness building on abuse prevention and reporting. *See also Section - Abuse Prevention and Response.*

B.3.3.2 INDIVIDUAL SUPPORT PLAN STANDARDS

1. Individual Support Plans must be completed in the context of a Individual Support Plan meeting. *See also Section - Individual Support Plan meetings.*
2. Individual Support Plans must include documentation regarding the method of ongoing communication between the staff and the family/designate. *See also Section - Family **Involvement**.*
3. Individual Support Plans must identify support needs, including:
 - how the person will be supported in managing his/her finances. *See also Section - **Support in Managing Finances and Trust Accounts**.*
 - how the person will be supported in medication administration. *See also Section - **Medication Administration**.*
 - if applicable, how the person will be supported with respect to any specific safety concerns (e.g. bathing, swimming, epilepsy, unique supervision requirements).
4. Individual Support Plans must consider goals in a broad range of domains to address a person's spiritual, physical, intellectual, emotional and social development. This may include, but is not limited to, exploring goals related to work/employment, learning, skill development, personal development (including sensory stimulation goals, communication goals), recreation and leisure, vacations, living arrangements, relationships, community access and involvement, spiritual development, physical activities and wellness. It will also include ensuring that appropriate daytime activities are in place and subject to ongoing evaluation.
5. When required, support considerations and/or goals should include discussion with the person and the family/designate about dignity of risk and efforts to mitigate risks.
6. Individual Support Plans must include documentation of the strategies to achieve and measure goals (**Individual Support Plan Goals and Actions**).
7. Individual Support Plans must be reviewed with the person supported and/or family/designate a minimum of every six (6) months.

B.4 SERVICE DELIVERY

B.4.1 CRITERIA AND CONSIDERATIONS FOR SERVICE

1. No person shall be refused services on the grounds of a person's race, ancestry, place of origin, colour, ethnic origin, citizenship, creed or religion, gender, sexual orientation, marital status, family status, age or disability or any other ground prohibited by law.
2. TCE works in cooperation with local community intake and priority processes.
3. TCE may offer supports to persons who:
 - have an exceptionality (e.g., a diagnosed developmental disability) and/or have received supports from one or more agencies that serve persons with a developmental disability
 - have a source of income through legislative entitlement or other source of income (e.g., personal funds)
 - have needs that can be met within available resources.
4. TCE may offer support to persons of eighteen years of age and older.
5. Consideration will be given to a person's preferences and friendships when considering placement. *See also Section - Termination/Internal Transfer.*
6. TCE will consider cultural, language and religious needs, and plan appropriate supports. Thus, TCE:
 - encourages persons supported to form community linkages with persons from similar cultural heritages. TCE also supports efforts to retain ties with families and to integrate cultural food, music and artifacts into one's life.

B.4.2 NEW REFERRALS

1. New referrals are received through a central point of access at Service Coordination.

B.4.3 VACANCIES

1. When a resource is identified (e.g. vacancy, new service through funding announcement)
2. The Executive Director will inform or designate will inform the community services planning table and Service Coordination.
3. TCE must actively seek to fill vacancies within a reasonable period of time (i.e., a vacancy may need to be filled in order to maintain appropriate levels of funding for the program). *See also Section - Calculating the Days of Residential Care.*

B.4.5 INTAKE PROCEDURES

Procedures followed in processing new intakes must be in compliance with TCE policies and occur in cooperation with local community processes, as appropriate.

B.4.5.1 PRIOR TO INTAKE

1. Appropriate referrals of individuals identified for the vacancy or new service are received from the local community process.
2. For programs and intakes involving persons who present high risk and complex needs, a proposal must be completed. In addition, a copy of the **Risk Management Process Sheet** must be submitted for persons who present high risk and complex needs.
3. Appropriate consent forms and requests for information disclosure must be completed. Information should be requested from all prior service providers, specialists, and schools that have provided services to the person.
4. Full disclosure of all relevant information regarding the person for whom service is sought must be

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received prior to finalizing an agreement.

5. The person supported/family/designate must be informed of TCE's mission, values and unique environment. This may include reviewing aspects of TCE policies and procedures.
6. A preliminary Individual Support Plan must be completed for individuals seeking full-time residential, Family Home or day program services. *See also Section – Individual Support Plans.*
7. Financial implications regarding the present service agreement and/or potential funding needs and considerations need to be reviewed.
8. When developing a new location, it is key to consider the following:
 - Municipal zoning by-laws, building codes and fire codes when developing proposals for a new location or adding a bed to a current program,
 - The feasibility of retrofitting a location to accommodate accessibility needs,
 - Realistic timelines for new projects.

B.4.5.2 RECEIVING APPROVAL FOR AN INTAKE

1. All proposals must be forwarded to the Executive Director for approval.
2. The decision to support a prospective applicant is made by the Executive Director in consultation with the Director of Operations, Program Supervisor and the team. However, decisions regarding persons presenting high-risk behaviours and/or complex needs (e.g. those with a history of criminal offences, outstanding lawsuits, violent behaviours and/or behaviours that may present a significant risk to public safety, and/or a history of substance abuse) must be made by Executive Director in consultation with the Board of Directors. *See also Proposal Template available from the Operations Department and an Risk Management Process Sheet.*
3. If an application is rejected, the Executive Director/designate must communicate the reason to the person, the family/designate and the community intake body.

B.4.5.3 INTAKE DOCUMENTATION

1. The following documents are required upon intake (to be copied and distributed as per the form instructions):
 - **Individual Information Sheet** (original to be sent to Administration Office within five days of implementation of service)
 - **Intake Medical Record** form, (within 30 days prior to intake or within 72 hours after intake)
 - Referring agency's report (where applicable)
 - **Consent for Service** (all sections must be signed and dated, whether consenting or waiving)
 - **Photo Video Consent.** *See also Section - Consent for the use of Photographs, Films, Audio or Video*
 - **Tenancy Agreement and Agreement Between Tenants** (as applicable). *See also Section Tenancy Agreement*
 - **Personal Plan.** *See also Section - Personal Plans.*
 - Information about the person (e.g., Supports Intensity Scale, if administered, and information collected using *TCE's initial interview guide*).
2. For persons who do not have the capacity to sign consent, a family/designate signature is required. If the person supported does not have a family/designate, support from the Office of the Public Guardian and Trustee should be sought. *Note: It is not appropriate for TCE's employees to sign the consents.*
3. The Executive Director or designate will inform the supported person and his/her family/designate about their rights and the procedure for the expression of concerns or complaints (e.g., through the Family Handbook and/or a letter). *See also Section - The Rights of Persons Supported and Concerns & Complaints.*
4. The Program Supervisor must ensure that all persons who are supported in a residential, Family Home or Day

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Program setting have a Social Insurance Number.

5. An ***Inventory list*** form for the person's belongings must be completed on the day that the person moves in and must be kept in his/her file. This form must be updated as required (i.e., whenever an item is acquired or disposed of).

B.4.6 ORIENTATION FOR NEW PERSONS AND THEIR FAMILY/DESIGNATE

Within seven days of admission to service, the person supported and his/her family/designate will receive a thorough orientation from the Program Supervisor and/or designated team members. As part of the orientation process, copies of the "Information about TCE and YOU" (i.e., handbook for people supported) and "Information for Families/Advocates" (i.e., handbook for family members and advocates) should be distributed. The orientation will include the following:

1. TCE (service principles).
2. TCE's mission and value statements.
3. Relevant TCE's policies and procedures such as:
 - Personal Planning
 - Service Principles
 - The Rights of Persons Supported
 - Advance Directives
 - Personal Hygiene
 - Meals and Food Services
 - Living Arrangements
 - Support in Managing Finances and Trust Accounts
 - Illicit Drugs
 - Smoking
 - Guidelines on Sexuality Issues
 - Privacy Policy
 - Confidentiality and Disclosing Information.
4. Health and safety, such as:
 - Health Care
 - Hepatitis B Immunization
 - Fire and Carbon Monoxide Precautions
 - Emergency Response Plan.
5. Policies regarding occurrence reporting and behavioural supports, such as:
 - Occurrence/Incidents & Serious Occurrence
 - Abuse Prevention and Response
 - Behaviour Supports including Physical Restraint.
6. Tenancy Agreement and Agreement Between Tenants. *See also Section - Tenancy Agreement.*

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7. Information about Insurance coverage (i.e., the letter regarding insurance coverage). *See also Section - Insurance.*
8. Complaints resolution process. *See also Section - Concerns & Complaints.*
9. Relevant in-house procedures. *See also Section - In-House Procedure Manual.*

These items will be reviewed, with the supported person and, as appropriate their family/designate and documented on the **Orientation Checklist for People Supported and their Families**.

B.4.7 SHORT-TERM RESPITE/EMERGENCY/ RELIEF APPLICATION

1. Applications for short-term respite/emergency/relief residential or day support may be received directly by the Administration Office or through local community processes.
2. The Program Supervisor of the location offering respite will review the application. The Director of Operations in consultation with the Program Supervisor, will:
 - make a decision whether or not to offer short-term respite/emergency/relief support based on the information disclosed and the resources available. *See also Section - Intake Procedures.*
 - correspond, as appropriate, with the person, their family/designate and/or community intake body, advising them of the decision.
3. If accepted, the applicant may receive relief support for a specified period of time. This period of time may be limited to ensure that the respite support is made available to others.
4. If rejected, an applicant may appeal the decision to the Executive Director.
5. The following forms are required for short-term services (including emergency/relief, pre-admission visit, etc.) and must be kept in the person's file:
 - **Individual Information Sheet** (copy to be sent to Administration Office within five days of commencement of short-term respite/emergency/relief, original kept in file)
 - **Consent for Service** form
 - any forms required by a government ministry.
6. For respite/relief payment calculations, refer to:
 - Month End Reporting
 - ODSP Per Diem
 - Calculating Days of Residential Care.

ALSO SEE SECTION B.17 RESPITE SERVICES

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B.4.8 DEATH OF A PERSON SUPPORTED

1. Staff shall encourage persons supported and/or their families/designates to plan carefully for the possibility of illness or death (e.g., to consider wills, pre-arranged funerals). When a person receiving supports from TCE dies, the following roles and responsibilities apply.
2. The Program Supervisor shall:
 - consult with the attending physician, who will order any legal procedures required, such as an examination by a coroner
 - inform the Executive Director or designate by telephone and via a completed **Occurrence/Incident Report**. *See also Section Occurrence/Incident, Serious Occurrence and Enhanced Serious Occurrence*
 - complete other appropriate documentation
 - inform and provide appropriate expressions of sympathy to the family/designate or significant others as soon as possible (this is preferably done in person but may, if necessary, be done by telephone)
 - inform the pastor/priest of the person or family/designate.
3. The Director of Operations or designate shall:
 - notify the appropriate government ministry offices in accordance with Serious Occurrence reporting guidelines (enhanced or regular guidelines, as appropriate) using the local notification procedures
 - Determine, in consultation with the Executive Director, any review procedure (e.g., the *Death Review Process for Unexpected Deaths available from the Operations Department*) and/or any legal consultation that should take place.
 - Make every effort to notify the appropriate friends, family members (of roommates), staff members of TCE and any other relevant outside agencies of the death of the individual and post notice of the obituary and details of the funeral arrangements on the web-site.
4. The Executive Director shall report deaths to the Chairperson of the Board of TCE within 24 hours.

B.4.8.1 FUNERAL ARRANGEMENTS

1. If the family/designate is to be involved with funeral arrangements, the Director of Operations or designate shall:
 - discuss with the family/designate their wishes, religious preferences and other decisions
 - discuss with the family/designate any pre-arranged and/or pre-paid funeral arrangements.
2. If TCE is to make funeral arrangements, the Director of Operations or designate shall:
 - for a person with no assets (including bank account assets) contact the local Ontario Disability Support Program (ODSP) Office to seek assistance towards funeral costs prior to make funeral arrangements
 - call a funeral director and/or pastor of that person's faith community.

B.4.8.2 FINANCIAL ACCOUNTS

In conjunction with the executor of the person's will, the Director of Operations or designate will:

1. Ensure that all of the person's outstanding payments have been cleared (e.g., rent, funeral expenses).
2. Ensure the executor of the person's will is made aware of all of the person's financial assets.
3. Notify the ODSP office.
4. Notify the bank of person's death (Note: after which the person's account will be frozen).

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5. Ensure that a final income tax form is filed for the deceased person.

B.4.9 TERMINATION/INTERNAL TRANSFER

1. Termination of services or internal transfer of a person supported may take place:

- if s/he, his/her family/designate and/or TCE deem that TCE is unable to support the person at that location or in a manner that is satisfactory to all parties
- as a result of goals being met (e.g., moving from a high support therapeutic setting to regular 24 hour support group home)
- as a result of changing needs (e.g., moving to a setting with more intensive supports or long term care).

2. If a termination or internal transfer is being considered, the Director of Operations shall inform the Executive Director. Any decision or agreement by TCE to terminate or transfer service delivery is made by the Executive Director after:

- consultation with the Management team and Director of Operations
- ensuring that consultation has occurred with the person and/or their family/designate (e.g., through the **Individual Support Plan**) so that they understand the reason(s) for the termination or internal transfer, and that they consent to the termination/transfer. *See also Section Individual Support Plan Standards*
- when required, obtain third party neutral assistance to mediate an acceptable resolution when the parties are unable to agree on a termination/transfer
- assist in identifying and obtaining alternative supports, in case of termination, if requested.

3. Upon termination or internal transfer all personal property and finances are transferred with the person supported. The following forms must be completed:

- **Consent for Termination of Service or Consent for Internal Transfer** to be retained in the person's file.
- **Individual Information Sheet** (copy to be sent to Administration Office within five days of termination or transfer, original kept on file).

4. Confidentiality must be maintained. Prior to any information being released to a third party, the person supported or their family/designate, as appropriate, must sign a **Consent to the Disclosure, Transmittal or Examination of Information** or a similar release-of-information document.

5. Following a person's termination, the Director of Operations or designated team member will:

- establish contact with the person or family/designate to inquire as to the suitability of the new location
- determine whether additional steps to safeguard the well-being of the person should be and can be taken. The Director of Operations shall inform the Executive Director of the outcome of this assessment and they shall together formulate any required plan of action
- record all contacts on **Support Notes** and include in the person's file.

B.4.10 EMERGENCY, SELF OR UNPLANNED TERMINATION

In the event of an emergency, self or unplanned termination the following roles and responsibilities apply:

1. The Director of Operations shall immediately notify:

- the Executive Director
- the family/designate
- the day program and other support agencies, where applicable

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- the person's doctor, where applicable.
2. The Executive Director shall, as soon as possible, notify:
 - the Administration Office
 - the appropriate Ministry Program Supervisor.
 3. The Program Supervisor and/or designated team member shall ensure appropriate documentation of:
 - reasons, for termination, if known
 - a summary of the person's progress and plans
 - if required, an **Occurrence/Incident Report** *See also Section - Occurrence/Incident, Serious Occurrence and Enhanced Serious Occurrence*
 - the person's finances and personal property (this must be dealt with promptly and accounted for)
 - **Consent for Termination of Service** (within five days)
 - **Individual Information Sheet** (original to be sent to Administration Office within five days)
 - all steps that have been taken in an attempt to ensure the well-being of the person supported following termination.

B.4.11 CHANGE OF PERSONAL INFORMATION

1. The Program Supervisor or designated team member must report any change of personal information pertaining to a person supported. This includes changes in financial information, diagnosis, day program, family/designate or address. *See also Section - Intake Procedures, Termination/Internal Transfer, and Emergency, Self or Unplanned Termination.*
2. The change must be recorded on the **Individual Information Sheet** and signed by the Program Supervisor. The original is kept on file and a copy must be forwarded to the Administration Office within five days of the change to the personal information.

B.5 THE RIGHTS OF PERSONS SUPPORTED

B.5.1 OVERVIEW

1. The rights of persons with disabilities, like those of any other person, are specified in the *Canadian Charter of Rights and Freedoms* and *The Ontario Human Rights Code (1990, as amended)*. In addition, specific rights and provisions for persons with developmental disabilities are outlined in:
 - *the 2006 United Nations Convention on the Rights of Persons with Disabilities*
 - *The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* (which replaced the DSA in July 2011)
2. The Program Supervisor at each location must ensure that The Rights of Persons Supported policy is reviewed by all support staff (full time, part time, and relief) annually. This review must be documented in each employee's file.

B.5.2 INFORMING PERSONS SUPPORTED OF THEIR RIGHTS AND RESPONSIBILITIES

1. TCE supports people who are dependent on the organization for supports and services. TCE supports the rights of persons with disabilities and strives to ensure that people are aware of their rights and to see that these rights are upheld.
2. Upon admission to service, the Director of Operations or designate shall inform persons supported and their family members/designates of the *Canadian Charter of Rights and Freedoms*, TCE's commitments and expectations, as well as TCE's Concerns and Complaints policy. *See also Section Orientation for New Persons and Their Family/Designate. (Note: pictorial and plain language resources are available).*
3. Each year, each person supported and/or family/designate shall review the *Canadian Charter of Rights and Freedoms*, TCE's commitments and expectations, as well as TCE's Concerns and Complaints policy. A record of these reviews must be kept in the person's file. *See also Section - Personal Plans. (Note: pictorial and plain language resources are available).*
4. All people who receive TCE supports will be given the opportunity to participate in workshops to learn more about their rights and TCE's commitments and expectations.
5. All direct support employees (including Program Supervisors) will attend the agency endorsed workshops along with a person supported.
6. When, in the context of providing behaviour support, it is necessary to restrict or deny some of their rights, the Program Supervisor and team that supports that person must ensure that:
 - Proper safeguards are in place to guard against abuse. *See also Section - Abuse Prevention and Response.*
 - A written procedure used for any restriction or denial of rights is in place. *See also Section Behavioural Supports.*
 - The family/designate is informed and, if appropriate, gives consent to any procedures by which rights are restricted or denied. *See also Section - Personal Plans.*
 - All staff are trained to carry out, in an adequate and safe manner, procedures that may restrict or deny rights. *See also Section - Behavioural Supports,*
 - There is compliance with all legal requirements.
 - If necessary, the multi-disciplinary clinical team has reviewed any procedures used. *See also Section - Multi-disciplinary Clinical Team.*

B.5.3 TCE'S COMMITMENT TO AND EXPECTATIONS FROM PERSONS SUPPORTED

In addition to upholding each person's constitutional rights, TCE makes the following commitments to persons who receive supports and services.

TCE's commitment to people who receive service	What TCE' expects from people who receive service (and their support circle)
TREATING THE PERSON WITH DIGNITY AND RESPECT	
<p>1. In keeping with TCE Mission, Vision and Values, people will be treated with dignity and respect in all aspects of service,</p>	<p>1. To articulate what being treated with dignity and respect means to them.</p> <p>2. To express their concerns if they feel they are not treated with dignity and respect (<i>See also Section - Concerns and Complaints</i>).</p> <p>3. To bring forward their concerns if they suspect or witness others being mistreated or abused in any way. (<i>See also Section Abuse Prevention and Response</i>),</p> <p>4. To treat others with dignity and respect.</p>
INFORMING THE PERSON OF ISSUES RELATING TO SERVICES AND SUPPORTS THEY RECEIVE	
<p>1. At the commencement of service, the person supported (and his/her family/designate, as appropriate) will be informed, in language suitable to his/her level of understanding, regarding:</p> <ul style="list-style-type: none"> • any rules governing day-to-day operation at the location of support. <i>See also Section - Tenancy Agreement and In-House Procedure Manual</i> • boundaries, responsibilities, monetary allowance, etc. • the concerns and complaints policy. <i>See also Section - Concerns and Complaints</i>. <p>2. On an on-going basis, TCE commits to sharing information regarding relevant organizational activities, personnel changes, etc. with persons supported and their families in meaningful ways and in a timely manner.</p>	<p>To ask questions to gain clarity and to seek out information about services and supports, agency activities, etc. This may include but is not limited to reviewing support notes, financial journals, medical documentation and/or occurrence incident reports.</p>
GIVING OPPORTUNITIES TO EXPRESS THOUGHTS, OPINIONS, AND CONCERNS	
<p>1. Each person supported by TCE is given the opportunity to share their thoughts, opinions and concerns in private, or in the presence of</p>	<p>1. To participate in opportunities to share their thoughts, opinions and concerns. This includes discussions at personal planning meetings and review discussions, through regular communication with TCE employees, participation in</p>

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<p>others (e.g. family/designate, advocate), regarding complaints or concerns regarding any areas of their life and or supports received. <i>See also Section - Concerns and Complaints.</i></p> <p>2. TCE remains open to feedback and concerns expressed in good faith regarding services and supports. Persons bringing forward complaints or concerns need not fear reprisal.</p> <p>3. Sharing concerns or complaints will not jeopardize a person's support from TCE.</p>	<p>satisfaction surveys and interviews.</p> <p>2. To listen to and respect feedback offered by others.</p> <p>3. To the extent that is possible, follow the processes for feedback that the agency has set in place.</p>
FACILITATING ACCESS TO OPPORTUNITIES FOR PERSONAL DEVELOPMENT	
<p>1. In the spirit of TCE' Service Principles, staff will encourage and support people to take positive steps in their personal development (e.g., friendship, education employment, leisure). <i>See also Section Principles</i></p> <p>2. TCE commits to assisting people to participate in activities of their choosing, including: education, employment, etc. <i>See also Section - Accessibility.</i></p> <p>3. TCE utilizes a personal planning process and documents individual choices for personal development, employment, goals, dreams, etc. <i>See also Section - Personal Plans.</i></p> <p>4. TCE will encourage people to grow and develop by providing opportunities to participate in new experiences.</p>	<p>1. To participate in discussions (i.e. personal planning discussions) and express their wishes for personal development.</p> <p>2. To take an active role in assisting the person to achieve their goals</p>
PROVIDING PRIVACY	
<p>1. Each person supported will be ensured reasonable privacy (within the context of each person's individual support needs).</p> <p>2. Each person will have opportunities to possess his/her own personal property.</p> <p>3. Each person supported will have reasonable privacy to send and receive communication (e.g., mail, telephone calls, e-mail) uncensored. This commitment is not intended to restrict staff in assisting those who require support in communicating such as reading or writing, making telephone calls, etc,</p>	<p>1. To help articulate their support and privacy needs.</p> <p>2. To respect the privacy needs and personal possessions of others.</p> <p>3. To help articulate what supports they require regarding writing and reading mail, speaking on the telephone, etc.</p>

B.5.4 THE ROLE OF AN ADVOCATE

1. When a person supported has difficulty expressing his/her choice to others, and when the support of a family member is not available or not wanted by the person, the Program Supervisor and/or designated team member should support him/her in seeking an advocate. An advocate is someone who:
 - is willing to volunteer his/her time to support the person (e.g., at Individual Support Plan meetings, general contacts, etc.)
 - fulfills his/her responsibilities because he/she is interested in the person
 - has nothing to gain personally (other than personal fulfillment) from the role
 - can assist the person to express his/her needs to others.
2. An advocate maybe identified from one of the following settings:
 - neighbourhood
 - friends
 - local church
 - other local interest groups, clubs, etc.
 - matched 'Advocate' in Citizen Advocacy volunteer program
3. An advocate may become a TCE volunteer and be subject to all of the policies, procedures and restrictions on volunteers
4. Unless required legal processes are undertaken, an advocate has no legal standing with respect to the person supported (e.g., an advocate cannot consent for medical procedures, etc.),
5. TCE's staff cannot serve as advocates for persons for whom they provide direct support.

B.5.5 FEEDBACK, CONCERNS AND COMPLAINTS

Total Communication Environment is committed to fostering open communication and constructive feedback amongst all its stakeholders. Resolving issues as they arise, in a timely manner, received from persons supported and/or their family/designate relating to the supports and services TCE provides is a priority.

PROCESS

All persons supported and their families/designates, upon entering service, and annually thereafter, will be informed of the Feedback, Concerns and Complaints policy. Information will be shared in a manner which the person supported and/or his/her family/designate is able to understand. This shall be provided verbally and in writing by the Director of Operations initially and the Program Supervisor thereafter.

There will be no negative repercussions on the person receiving supports should a complaint be lodged.

Individuals receiving support and/or their family or advocate shall be given formal opportunity to share their concerns at the annual Individual Support Plan review and meeting.

A person supported has the option of choosing someone to advocate on his/her behalf through any

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resolution process (e.g., advocate, friend, family member etc.).

TCE's goal is to resolve concerns of people supported and/or their family/designate as they arise and at the program level, if possible. When people supported and/or families/designates contact the Administration Office or the Director or Operations/Executive Director they will be redirected to the appropriate Program Supervisor as the first response, unless there are extraordinary circumstances.

B.5.5.1 INVESTIGATION PROCESS**Step One:**

The appropriate Program Supervisor or On-Call Program Supervisor shall be notified **immediately** of any feedback, concern or complaints (the complaint) from a person supported and/or family/designate, regardless of source and required to follow-up **within one (1) working day** directly by phone or in person with the person and/or family/designate to receive the information.

The Program Supervisor shall notify the Director of Operations/designate about the complaint when they become aware of the situation.

All information communicated to the Program Supervisor related to the complaint shall be documented on a 'Feedback & Complaint Report Form' (The Report). Necessary 'need to know' information only shall be documented in the program log book. Program Supervisors should use discretion in determining the level of details documented in the log book for contentious and/or sensitive issues.

Step Two:

Within **1 (one) working day** of receiving the complaint, the Program Supervisor, in consultation with the Director of Operations, shall initiate the investigation.

The Program Supervisor will collect all necessary documentation and interview any individual who may have knowledge or information relevant to the complaint. Written statements from each individual, notes and findings of each interview will be included with the Report.

Program Supervisors should seek the support of the Director of Operations as required. Whenever possible, the Director of Operations shall coach and support the Program Supervisor to effectively resolve the issue **within three (3) working days**. If resolution is not achieved within this timeframe, the reasons shall be documented in the Report along with the new target date for resolution.

If at any point during the investigation process, suspected abuse or criminal activity is uncovered, the investigation must cease and the Police contacted immediately. See *also Section - Serious Occurrence and Enhanced Serious Occurrence; Abuse*.

When circumstances require the Director of Operations (or another person other than the Program Supervisor) to become directly involved in resolution, the situation should be documented as an Occurrence/Incident See *also Section - Occurrence/Incident, Serious Occurrence and Enhanced Serious Occurrence*.

When a situation requires the on-going involvement of the Director of Operations (or higher level), for whatever reason, this should be documented in the person's file. Occurrence/Incident reporting may not be required for each specific incident.

Depending on the nature or seriousness of the feedback, concern or complaint, the Director of Operations may notify the Executive Director immediately, who in turn may notify the Board Chair.

When a complaint involving a staff member has been made, the staff member has the right to be informed and the

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right and responsibility to be part of the resolution process.

When resolution has been achieved, the findings and outcome will be shared and communicated to the parties in a manner that and an official written response distributed within **five working (5) days**.

B.5.5.2 **INTERNAL REVIEW PROCEDURE**

If a person supported, family member, or designate feels that a TCE staff member or policy has violated an individual's rights or if they have significant service issues that cannot be resolved at the local level (by the Program Supervisor) the person may initiate an Internal Review.

The complaint should be submitted in writing to the following persons, in order, to ensure the proper review of the complaint(s) brought forward:

- Stage 1: Director of Operations – shall receive and review the complaint and undertake any action he/she deem necessary to ensure a full and proper review has occurred. A written response of the findings will be sent to the individual supported or family/designate and communicated in a manner that is understood by the complainant within **five (5) working days**.
- Stage 2: Executive Director: shall receive the complaint. She/he will review the original Report and findings of the Director of Operations and undertake any action deemed necessary to ensure a full and proper review of the complaint has occurred. A written response of the findings will be sent to the person supported and/or family/designate in a manner that is understood by the complainant within **ten (10) working days**
- Stage 3: Chairperson, Board of Director's: At the next monthly Executive Committee Meeting, the Board Chairperson will present the complaint, relevant documentation and the steps taken to resolve the issue. The Executive Committee will consider all information and determine what further steps or action, if any, are required to ensure a full and proper review has been completed prior to rendering a final decision.

A written and final official response of the findings and conclusion shall be sent and communicated in a manner that is understood by the complainant within **10 working days** of the completion of the review.

At each stage, every effort will be made with the complainant to resolve the issue.

The Board of Directors has the final word governing Total Communication Environment programs. If their response is not satisfactory, then the Ministry of Community and Social Services should be contacted.

TCE's staff are responsible for documenting the situation as an Occurrence/ Incident.

An Annual Report will be provided to the Board of Director's summarizing the number of occasions 'Feedback, Concern or Complaints' were brought forward by a person supported and/or family/designated, how it was dealt with and the outcome. The Annual Report will use non-identifying information in order to protect individual's privacy.

B.6 HEALTH CARE

B.6.1 GENERAL HEALTH CARE REQUIREMENTS

1. Each person must be given opportunity to participate in choices regarding their health care to the maximum extent possible.
2. The type and level of support each person requires from TCE with respect to health care decisions, medical appointments, and medication administration must be documented on the **Personal Plan**. Persons supported should be as independent as possible with respect to health care decisions and attending medical appointments and/or, whenever possible, obtain support from family/designate.
3. Each person must be supported in seeking health care professionals (i.e., physician, dentist) who are empathetic and understanding to his/her unique needs. This may include accessing information from other organizations (i.e., pharmacist, public health unit, Cancer Society, etc.) and providing information in a language and manner that meets each person's needs.
4. Persons supported and/or family/substitute decision maker should be advised in a language and manner that meets each person's needs, about the dangers of mixing medications, substances, or non-prescription medications, including herbal remedies.
5. As required employees must ensure that:
 - Ongoing medical appointments, concerns and findings are recorded on **Cumulative Health Record**. Information regarding the person's immunization history and status must be documented either on the **Immunization Record** or on the "yellow card".
 - Changes in medications and the reason for the change are documented and this information is shared with the person, their family/designate, etc..
 - All matters pertaining to the health of persons supported are monitored by a qualified medical practitioner, including specialized medical services as required.
 - At least once a year, each person supported is given a complete medical examination, during which an **Annual Medical** form is completed by the physician. The appointment is recorded on **Cumulative Health Record**.
 - Vision and hearing are tested every two years for adults.
 - At least twice a year or more, each person supported is given a complete dental examination and the appointment and findings are recorded on **Cumulative Health Record**.
 - Upon intake, each person is given the opportunity for a Hepatitis B immunization. For Camping and Vacation Services, guests must be informed of the possible presence of other guests who are carriers of Hepatitis B. *See also Section - Hepatitis B.*
 - Where people have medical needs that require specialized equipment (i.e., epi-pen for allergies, oxygen, g-tubes, diabetic glucometer), protocols are developed and followed to ensure that this equipment is available at all times, particularly when the person is away from their home. The protocol must include details regarding employee training in the use of the specialized equipment.
 - A first aid kit, stocked as per requirements of First Aid Kit Inspection (Refer to **P-5:3 Monthly Workplace Inspection and First Aid Kit Inspection**) is in a secure place, known to all employees in a location in the building and, if applicable, in the vehicle. Where appropriate, persons supported must be trained in the use of, and have access to, basic first aid supplies. Where this is not appropriate, first aid will be provided by adequately trained employees. *See also Section Managing Vehicles, Orientation for New Persons and Their Family/Designate, in-House Procedure Manual, and Section - Staff Training & Education.*
 - Emergency medical services are sought when necessary and recorded on the **Cumulative Health Record Report**. And as required an **Occurrence/Incident Report** is completed.
 - For persons who experience seizures, individual-specific protocols are created to describe and outline what constitutes significant and/or unusual seizure activity (*See also Section - In-House Procedures*). All seizure

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activity must be monitored on a Seizure Record Chart. All seizure activity that is significant (i.e., grand mal seizures) or unusual (i.e., any seizure activity in someone who has never or rarely experienced seizures) must be recorded on **Occurrence/Incident Report** and followed up with appropriate medical consultation. *See also Section - Occurrence/Incident, Serious Occurrence and Enhanced Serious Occurrence.*

6. Program Supervisors must ensure that procedures (including employee training) are in place for any complex medical care that is required (i.e., g-tube, breathing apparatus, etc.). *See also Section Controlled and Delegated Medical Acts.*
7. Employees will adhere to all the prescribed treatment schedules for persons supported, including following up on medical tests or lab work.
8. Persons supported may refuse to obtain, accept or comply with recommended medical advice. In these situations, employees will:
 - Try to find the reasons why the treatment is being refused and help the person explore options.
 - Encourage the person to seek input from others in their life (i.e., family, friends).
 - Assist the health care professionals in explaining the medical information and potential consequences.

B.6.2 RESTRICTIONS ON EMPLOYEES

An employee's role in providing direct supports includes being familiar with the specialized needs of persons supported, observing their health, and responding to their medical needs as appropriate, in order to promote their best health. Employees are required to be aware of limitations on their role as outlined in this policy and by law (e.g., Regulated Health Professions Act, as amended). Generally, these restrictions include the following:

- TCE's employees do not provide medical treatment beyond First Aid/CPR and symptomatic treatment of minor illnesses (e.g., colds).
- Employees shall not complete medical assessments, including breast exams, testicular exams, etc. Medical assessments must be referred to an appropriate health care professional.
- No TCE employee shall act as a substitute decision maker for a person that he/she supports in his/her role as an employee of TCE (i.e., an employee cannot act as a substitute decision maker for a person who is supported in a setting in which that employee works.)

B.6.3 CONTROLLED AND DELEGATED MEDICAL ACTS

1. Sometimes TCE's employees support persons with significant health-related issues (e.g., assisting a person with his/her routine activities of living where this involves administering an injection or inhalation or assisting a person with a procedure that involves putting an instrument, hand or finger into a body orifice) that become routine activities of daily living. Where this occurs, the Program Supervisor must ensure that individual-specific procedures are carried out by employees and reviewed regularly. These procedures must include:
 - Appropriate training and monitoring mechanisms for employees who perform any health-related procedures so they maintain proficiency and stay current in technical procedure. *See also Section -In-House Procedure Manual*
 - A mechanism to ensure that employees have an understanding of the Regulated Health Care Professionals Act (RHPA), especially the "controlled acts" and the exception that allows routine activities of daily living to be exempt (e.g., review the RHPA as part of in-house orientation)
 - A mechanism to ensure that employees understand and recognize the conditions under which an activity of daily living can be determined to be routine and when a routine activity of daily living ceases to be routine. (One useful resource, "Guidelines for RNs and RPNs Working with Unregulated Care Providers" is available from the College of Nurses of Ontario)
 - A protocol for involving health care professionals when an activity, previously routine, becomes non-routine.

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2. In certain restricted circumstances and in the interests of proper medical care for the persons whom TCE supports, the delegation of controlled acts to persons other than a regulated health professional may be necessary. Sometimes TCE's employees are delegated to complete medical acts that are controlled acts under the terms of the Regulated Health Professionals Act.
3. The responsibility of a delegated act is shared between the delegating health professional and the person who carries out the medical procedure. The person who carries out the act must do so with care and diligence and may be legally liable if negligent. Prior to a medical procedure being delegated to TCE's employees, the Program Supervisor must ensure that the following criteria are met:
 - Stability of the medical condition of the person supported and predictability of his/her response to the medical procedure are taken into consideration.
 - The medical act is clearly defined and detailed in a written protocol that details both the degree of medical supervision required and the training to be provided.
 - A way to measure the competence of the employee delegated to perform the medical procedure is included in the written protocol (e.g., this may include observation followed by demonstration).
 - Appropriate measures are taken to ensure that the supported person's safety and well-being is not jeopardized by delegating the medical procedure to TCE's employees.
 - Training and, if necessary, retraining must be completed as often as required to ensure that the competence of the person(s) delegated to perform the medical procedure is maintained.
4. The Executive Director must give approval for all delegated medical procedures.
5. Any delegated task is specific to the person for whom it was intended; that is, the approved protocol is for ONE person only. Employees must not perform the task or procedure on any other person supported without it first being delegated by the health care professional in a separate agreement and receiving the appropriate training for completing the delegated task for that particular person.

B.6.4 ADVANCE DIRECTIVES

1. The Ontario *Health Care Consent Act, 1996 ("HCCA" as amended)* establishes rules with respect to medical treatment that are binding upon physicians and other health practitioners. It governs anything that is done for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose, including a course of treatment, plan of treatment or community treatment plan. This includes rules regarding any form of Advance Directive (e.g., DNR or "Do not resuscitate", no CPR directives).
2. TCE's employees are not health practitioners within the definition in the HCCA. As such, under no circumstances is TCE or its employees to make any decision to cease life-saving or resuscitative measures (regardless of any Advance Directives). TCE's employees who are qualified as healthcare professionals do not fill this role when working as a support worker; and therefore under no circumstances may make any decisions to cease life saving or resuscitative measures.
3. If a person supported is found to have no pulse/no respiration, employees shall:
 - call 911
 - begin first aid, CPR and/or other life saving or resuscitative measures
 - continue such measures until directed to do otherwise by an appropriate health practitioner or measures are taken over by emergency personnel (e.g., fire department, ambulance attendants).
4. Decisions regarding treatment plans (including Advance Directives) are a matter between the person or his/her substitute decision-maker and health practitioner. TCE employees must not request any form of Advance Directives (e.g., "DNR" directives or "no CPR" directives).
5. Decisions regarding treatment plans, including Advance Directives, are a matter between the person (or his/ or her substitute decision-maker) and a health practitioner. Employee involvement in such decision-making is restricted

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to the following:

- Employees must have contact information for a person's primary emergency contact and seek to contact the designated substitute decision-maker in circumstances in which a treatment plan is being considered.
 - In cases in which an Advance Directive is in place, employees must share information regarding the existence and terms of any treatment plans with the health practitioner(s) as appropriate.
 - If a substitute decision-maker needs to be contacted regarding treatment, employees must assist the relevant health practitioner to contact them. Under no circumstances should an employee make treatment decisions on behalf of a supported person.
 - For persons who are able to express their wishes, employees may be required to assist them in working with a health practitioner, to ascertain/record their wishes regarding health care and to record the conditions under which those wishes were expressed (i.e., date, time, physical/emotional state, whether the person was on medication, etc.).
6. TCE' employees must inform families and substitute decision-makers of TCE' policies regarding Advance Directives at the earliest possible opportunity.
 7. In circumstances in which there are reasonable grounds to make an exception to points 1-4 of the above policy, the Program Supervisor, the Director of Operations, and the Executive Director will work together to and provide documentation of any approved alternative procedures.

B.6.5 COMMUNICABLE DISEASES

B.6.5.1 BASIC INFECTION CONTROL PROCEDURES

1. TCE employees must be vigilant regarding the possibility of infection transmission. To prevent or reduce the spread of infections, TCE promotes the use of appropriate infection control procedures.
2. Proper hand washing, using soap and paper towels, shall be the standard practice in all TCE locations. Hands must be washed:
 - Before and after preparing or serving food,
 - Before and after household cleaning,
 - After using the washroom,
 - Between direct contact with persons supported,
 - After contact with bodily fluids, even if gloves are worn,
 - Upon starting a shift,
 - Before leaving the work location,
 - Prior to pouring or administering medications.
3. Employees shall wear disposable gloves when providing support during which contact may be made with blood, feces and/or bodily fluids (e.g., seminal fluids, vaginal fluids, etc.). New gloves are used for each person supported. Gloves are not to be re-used.
4. In the event that a person supported becomes ill, employees shall follow that person's physicians' advice as to appropriate cautionary procedures (e.g., with regard to keeping the person away from others, exercising caution around cleaning and laundering, etc.).

B.6.5.2 UNIVERSAL PRECAUTIONS

1. Universal precautions are intended to protect people from the spread of infection that may occur from exposure to blood and/or bodily fluids (e.g., HIV, Hepatitis).
2. Precautions require that all blood and bodily fluids must be regarded as infectious carriers of disease and that these be treated accordingly (e.g., appropriate clean up and disposal of blood, feces, etc.).

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3. A more complete discussion of universal precautions is outlined in TCE Health and Safety policies and procedures.
4. Where there are elevated risks due to known instances of infectious diseases additional specific employee training may be required (e.g., cautions around supporting Hepatitis B carriers).

B.6.5.3 HEPATITIS B

1. TCE may support persons who have or are carriers. of Hepatitis B.
2. Employees will support persons who wish to be inoculated against the Hepatitis B virus in obtaining the inoculation from the appropriate healthcare professional. *See also Section - Health Care and Intake Procedures.*

B.6.5.4 ANTIBIOTIC-RESISTANT ORGANISMS

Antibiotic Resistant Organisms (AROs) are microorganisms that are resistant to the antibiotics commonly used to treat infections. These include Methicillin-Resistant Staphylococcus Aureus (commonly known as MRSA), Nosocomial Clostridium Difficile (commonly known as C-Difficile), Vancomycin Resistant Enterococcus (commonly known as VRE) and others. AROs can be spread primarily via the hands (or contaminated gloves). Transmission can also occur from contact with environmental surfaces such as furniture and equipment.

1. The most important measures to control the spread of AROs is to observe proper hand-washing techniques and other infection control procedures (*see also Section - Employee Health and Safety and Section - Health and Safety*).
2. In the event that a person supported is found to have an ARO:
 - Employees must obtain medical advice from the person's physician as to treatment options (e.g., hospitalization) for that person.
 - Employees will contact the local Public Health Unit to obtain advice and input as to other precautionary measures that should be taken to reduce the risk of infection to others (e.g., employees and other persons supported). These might include: additional environmental cleaning and disinfecting; review procedures so that articles are not shared between persons supported at a location; reviewing personal hygiene practices of the person supported and providing appropriate support, as necessary; specific laundry and waste disposal procedures; gloves and gowns, if required; and cautions around a person's movement in home and community.

SEE MEDICATION POLICY

B.7 PERSONAL WELFARE

B.7.1 ENCOURAGING INDEPENDENCE

1. TCE is committed to helping each person supported to be as independent as possible and to take an active role in their daily lives.
2. To assist and support people's efforts to be independent and active participants in their lives, employees will provide information (in a language and a manner that meets that person's needs), support, and/or access resources on topics, such as:
 - self care
 - household maintenance
 - safe use and storage of cleaning supplies
 - safe food preparation
 - first aid
 - how to respond in emergencies, including instruction in calling 911
 - dispute resolution
 - the prevention of communicable diseases
 - healthy living (i.e., balanced diet and regular exercise)
 - health and medical information
 - problem solving
 - spiritual growth
 - self advocacy
 - community and internet safety
 - managing finances.
3. TCE encourages persons supported to carry house keys, identification and money, as appropriate, when away from their home.
4. TCE encourages people who live together in a group setting to meet to discuss matters that affect their home (i.e., menu planning, decorating, sharing spaces and amenities, etc.) and other matters that are important to them and their living arrangements. As required, TCE employees will assist with and provide support to these discussions/meetings.

B.7.2 PERSONAL CARE AND HYGIENE

TCE recognizes the importance of personal dignity and respect for all people. This extends into the way in which supports for personal care and hygiene (i.e., bathing, toileting, oral hygiene, shaving, dressing, etc.) are offered.

1. When a person requires supervision and/or support with personal care and hygiene, details of the supports required, levels of supervision, and personal preferences should be documented to ensure quality and consistent support (e.g., Guidelines for my Personal Care). These protocols should balance the person's need for employee support and supervision with privacy and choice.
2. Employee orientation and in-house practices at each location must include time for people supported to develop familiarity, comfort and trust with new employees (i.e., all employees new to the location) prior to the employee providing or observing intimate personal care (e.g., bathing, toileting, and dressing). This is intended to help the person supported distinguish between trusted employees and strangers, thereby reducing the person's vulnerability to potential abuse.
3. Where possible, when providing intimate personal care, preference should be given to same gendered employee assisting the person in providing this type of support.

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4. Each person supported must have a personal toothbrush, face cloth and towel, and other personal care or hygiene items as may be required (e.g., razor, comb, nail clippers).
5. Health and hygiene routines should balance a person's need for employee support with privacy and choice. Where possible, preference should be given to same gendered employee assisting the person. Each person requiring support in hygiene should have employee supports available as required and, in any case, to have:
 - a bath or shower at least three times a week
 - assistance in brushing their teeth at least daily
 - a shampoo at least three times a week
 - general grooming (i.e., combing/brushing or hair, shaving, care of nails) as needed.
6. Assistive devices and/or instruction in maximum independence in personal hygiene skills must be considered for each person who requires support in hygiene. *See also Section - Abuse Prevention and Response.*

B.7.3 MEALS AND FOOD SERVICES

1. Persons supported by TCE (in all types of settings) must receive well-balanced meals as outlined in the current version of Canada's Food Guide. This includes but is not limited to the provision of a minimum of three regular meals per day, the availability of snacks between meals, and individual appropriate portion sizes.
2. Menus (minimum two-week rotation) that balance individual choices with principles of good nutrition must be created at each community residence; deviations from the established menus must be noted on the menu. A dietician or nutritionist may be consulted, as needed, to review menus.
3. Persons supported have opportunities to participate in menu planning and meal preparation with appropriate supervision and in keeping with their age, abilities, and interests.
4. Each person supported must be provided with opportunities to learn about proper nutrition, safe food handling, safe food preparation, the safe use of kitchen appliances, etc. in keeping with their age, abilities, and interests. Each person supported must be oriented to the kitchen and its equipment.
5. All employees must receive orientation regarding proper nutrition, safe food handling, safe food preparation, the safe use of kitchen appliances, support and supervision requirements of person supported regarding food preparation, and the specific dietary needs of persons supported. Where particular foods, products or equipment are not to be used by a particular person, these restrictions must be outlined in their **Individual Support Plan** or **Plan of Care**.
6. TCE will respect religious, ethnic, and cultural dietary customs of persons supported, including religious diets and fasts. Specific dietary requirements or modified meals should be noted on their **Individual Support Plan** or **Plan of Care**.
7. When required, health or behaviour professionals must be accessed to address food allergies (including anaphylactic reactions), possible eating disorders, unique needs related to food and nutrition, or any other specialized situation. Where special foods or supports related to food and nutrition are recommended by a health or behaviour professional, this must be noted in the In-House Procedure Manual and **Individual Support Plan** or **Plan of Care**.
8. Deprivation of food is prohibited. Planned meals and snacks (see above) must not be used to bribe, punish, reward or coax. Food may be limited only as part of an individualized and documented treatment approach that is administered under the direction of a health care professional (*see also Section - Abuse Prevention and Response and Behavioural Supports*). This is not intended to discourage staff from carrying out properly developed and approved behaviour support strategies that involve the use of edible reinforcers.

B.7.4 LIVING ARRANGEMENTS

1. Reasonable efforts will be made to accommodate each person's choice of residence and/or roommates.
2. Access to transportation, architectural features, building rules and regulations, and general appearance will be taken into account when establishing support locations (e.g., community residences, apartments).
3. The Program Supervisor and employees at each location must ensure that the residence is clean, safe and well-maintained. Where appropriate, those who receive supports from TCE will assist in keeping their

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residence neat and clean. *See also Section - Property and Vehicle Management.*

4. Employees will support each person in realizing maximum independence in following home safety, accident and emergency procedures. *See also Section - **Orientation** for New Persons and Their Family/Designate.*
5. When TCE provides support to persons in a community residence, sleeping accommodations must include the following:
 - a bed of appropriate size with a suitable mattress and clean and suitable linens, blankets and a pillow
 - appropriate furniture and clothing storage
 - sufficient space for the person's personal possessions
 - opportunities for privacy to engage in hobbies and interests
 - exterior window with suitable window coverings.

B.7.5 PETS AND SERVICE ANIMALS

1. Service animals are welcome in all TCE locations and must be accommodated.
2. Where persons supported in locations owned, rented or leased by TCE would like to have a pet, the following factors should be considered:
 - Does the person have the skills, lifestyle, and finances to care for the type of pet they wish?
 - The needs and interests of other people who live in the same location.
3. All pets residing with or visiting persons supported by TCE must have all required vaccinations.
4. When it reflects the wishes and interests of all people supported, arrangements may be made for a pet or animal to visit a support location. This must include the permission of the Program Supervisor/supervisor.

B.7.6 SUPPORT IN MANAGING FINANCES AND TRUST ACCOUNTS

1. The type and level of support each person requires from TCE with respect to managing their finances must be documented in the **Personal Plan**. Persons supported should be as independent as possible with respect to finances and/or wherever possible obtain support from their family/designate. *See also Section - **Personal Plans**.*
2. Where a person is independent in their finances as documented in their Personal Plan, financial record keeping will reflect the person's wishes.
3. Where TCE supports a person in managing his/her finances, the Program Supervisor and/or designated employee(s) will:
 - Develop individual specific protocols around supports and financial documentation.
 - Develop systems of accountability to protect both the person supported and the employee (i.e., where **Financial Journals** are kept, Program Supervisors should review and sign off monthly).
 - Establish and document bank signing authorities and cash box access.
 - Where required, support the person in establishing a budget plan that reflects the person's wishes and choices, provides opportunities for the person to have control over his/her life and provides opportunities to learn from the experience of making choices. *See also Section **Person Centred Support**.*
 - Ensure that the use of the person's funds is in agreement with the person's current **Personal Plan**.
 - Open an account in the person's name at a reputable financial institution as per TCE's Resident's Funds & Banking Policy and Procedure.

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- Record all income and expenditures in the **Financial Journals** and attach supporting invoices/receipts/vouchers. Each transaction must be handwritten in the Financial Journal and initiated immediately by the employee and, if possible, signed by the person supported. Financial journals must not be in electronic format.
 - Reimburse the person supported for service charges incurred where, due to employee error, a person's maintenance payment is returned by TCE' bank as non-sufficient funds (NSF).
 - Reconcile the person's bank records with the **Financial Journal** each month and have the records reviewed and signed off by the person (if possible), the designated employee and the Program Supervisor. The **Financial Journal** is to be maintained in a hard copy and all originals must be maintained to ensure that errors are corrected and that overages/shortages are addressed in the current or following month. Where monies have gone missing from a person supported, and in-house protocols do not address the situation, program dollars will be used to replace the funds. Missing funds will be reimbursed at least annually.
 - When an overage or shortage exceeds five dollars, document using an **Occurrence/Incident Report**, ensuring that, if there is any suspicion of financial abuse, appropriate reporting time frames are followed. *See also Section - Abuse Prevention and Procedures and Section - Occurrences/Incident, Serious Occurrence and Enhanced Serious Occurrences.*
 - Maintain an orderly file of all items that are applicable to the person's finances. This includes all deposit books, deposit slips, passbooks, monthly bank statements, cheque books, copies of all cheques written, cancelled cheques, and **Financial Journal** forms.
 - Ensure that cash on hand is retained in a locked cash box and that only authorized employees have access to funds, the "envelope system" whereby funds are removed from the locked cash box in anticipation of expenditures and maintained in a separate envelopes or another cash box, is prohibited.
 - Ensure that cash on hand is maintained at a reasonable level (i.e., not more than one month's expenditures). Any exceptions must be approved by the Program Supervisor and be consistent with the Personal Plan.
 - Ensure that, where a person's financial resources are used to make bulk and/or collective purchases (i.e., shared goods or services such as cable services, etc.):
 - these purchases are not the responsibility of TCE
 - there is a discussion to ensure that purchases are consistent with person's preferences
 - each person's contribution to the collective purchases reflects his/her use of them.
 - Normally not allow the person's finances to be used to pay out of pocket expenses for employees/families/friends who may be escorting a person on an external activity. Any exceptions must be approved by the Program Supervisor. Exceptions must be restricted to situations in which the expenses incurred by the family/friends/volunteers would cause such financial hardships as to threaten the continuation of the external activities.
 - Obtain and document approval from the Program Supervisor (who may seek additional advice from the family/designate and/or Director of Operations) when an expenditure exceeds \$300.00 and/or represents an unusual expenditure not consistent with the wishes, goals, and plans outlined in the person's **Personal Plan**.
 - Request that the family/designate, a minimum of annually, reviews all the **Financial Journals** and the financial records of the person. In absence of a family/designate, the Program Supervisor will engage a third party to conduct a review. A record of the family/designate or third party review must be documented in the Personal Plan. *See also Section Personal Plans.*
4. It is a criminal offence to misappropriate a person's money, and the police will be contacted in such circumstances. Moreover, any misuse of a person's money is considered abuse. *See also Section - Abuse Prevention and Response.*
 5. All aspects of procedures related to finances and trust accounts may be reviewed at any time by TCE through internal evaluations and may be subject to external audit, as required.

B.7.7 SEARCH AND RESCUE

1. Where individual needs warrant (e.g., risk issues, a behaviour pattern of wandering, etc.) individual specific protocols appropriate to person's needs must be established and noted in the individual's in the Personal Plan.
2. In the event that the whereabouts of a person receiving support is unknown, taking into account their supervision needs (*as per the Individual Support Plan and Supervision guidelines*), the following procedures must be followed:
 - Search the immediate area according to established individual-specific protocols, if any exist.
 - If the person is not found within a reasonable period of time, contact the Program Supervisor or On-Call Manager.
 - The Program Supervisor will notify Police that the individual is missing and implement the Emergency Protocol for Missing Persons. The family will be notified.
3. The Director of Operations and/or Executive Director will be informed by the Program Supervisor.

An **Occurrence/Incident Report** must be completed when a person supported is not found within a reasonable period of time.

B.7.8 BATHING, SHOWERING OR SWIMMING

1. The supports and level of supervision a person receives during bathing, showering or swimming must be documented (e.g., Individual Support Plan or Guidelines for my Personal Care). This protocol must outline the level of supervision a person requires in the shower, bathtub or pool.
2. Persons whose protocol (e.g. Individual Support Plan or Guidelines for my Personal Care) states that they require 100% supervision, must not be left unattended when bathing, showering or swimming.
3. Persons who are diagnosed with epilepsy, and who reside in a community residence, must be 100% supervised while bathing, showering or swimming.
4. When a person requires assistance in bathing or showering:
 - Where possible, preference should be given to same gender employee assisting the person.
 - Under no circumstances should a person supported be left in the tub while the unit is being filled with water.
 - The water temperature shall always be checked before the person enters the tub or shower. Employees will measure the temperature with a digital thermometer. Water temperature must not exceed 49°C or 120°F.
 - If an injury occurs, promptly apply first aid. An ambulance should be called immediately to ensure medical treatment and reduce the possibility of further injury or shock.
5. As required, individual-specific protocols, respecting the above guidelines, must be developed around specific needs of each person supported (Guidelines for my Personal Care). These must be referred to in the In-House Procedure Manual. ***See also Section - Abuse Prevention and Response, Water Temperature, and Personal Care and Hygiene,***

B.7.9 SMOKING

TCE endorses and encourages a smoke-free environment. All TCE owned, leased, or rented locations must be smoke-free for both persons supported and employees. In keeping with the Smoke Free Ontario Act (2006, as amended), which prohibits smoking in enclosed workplaces and public places, TCE provides a non-smoking workplace for all of its employees. This policy applies to all employees, persons supported, family members, consultants and contractors, and visitors. Smoking in this policy refers to **all** tobacco products that produce smoke including cigarettes, cigars, pipes, etc.

1. Smoking is not permitted in TCE vehicles.

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2. Where support is provided to people in SIL settings (i.e., the apartment or home is not owned, leased, or rented by TCE); employees have the right to ask the person not to smoke in their presence while they are providing support.
3. Smoking paraphernalia (i.e., lighters, matches, cigarettes, etc.) must be stored safely, reflecting each person's individual level of responsibility and risk. Storage decisions must ensure the safety of all residents. The Director of Operations is available for consultation on safe storage.
4. Employees are not permitted to smoke while on active duty or in the presence of people receiving support (regardless of whether or not the person receiving support smokes).
5. Smoking is permitted only in designated outdoor smoking areas. Where support is provided in an apartment setting, leased by TCE, designated smoking locations must reflect the requirements of the landlord. The Director of Operations is available for consultation related to creation and maintenance of the designated smoking area, including appropriate extinguishing devices.
6. If a person supported requires support or supervision in order to utilize the outdoor designated smoking area, employees shall be given the choice whether they wish to work in a location that requires them to supervise a person who smokes. Where possible, employees should be given the option to provide supervision from a 10-15 foot radius.
7. TCE employees may support a person to purchase cigarettes or tobacco products, to the extent that the person requires support and where that purchase is legal. Employees may not purchase cigarettes or tobacco products on behalf of a person supported in the absence of the person supported.
8. TCE offers supports to both persons supported and employees who wish to quit smoking. This includes things such as:
 - providing a list of smoking cessation resources upon request
 - financial services available to employees through the benefits package
 - assisting people supported with the financial costs associated with smoking cessation aids on a caseby-case basis.
9. Smoking practices must be reviewed semi-annually by each team. This review must include:
 - discussion of this policy
 - discussion of appropriate storage, smoking locations and cigarette disposal
 - discussion of supervision requirements of people supported who smoke and ways to decrease supervision requirements when appropriate
 - sharing of cessation supports available
 - forwarding information to the Administration Office as required.

B.7.10 ILLICIT DRUGS

1. Persons supported shall not possess or use illicit drugs within properties owned, rented, or leased by TCE and at TCE' sponsored activities.
2. For persons supported struggling with the use of illicit drugs or other similar addictions, TCE will support the person to seek appropriate assessment and treatment. *See also Section - Personal Plans.*

B.7.11 DANGEROUS WEAPONS/SUBSTANCES

1. No person supported nor employee shall bring any gun, knife (other than kitchen utensil), explosive or any other weapon into any program or office operated by TCE.
2. Firearms and prohibited weapons will not be tolerated on TCE property, and discovery of such items will lead to immediate Police involvement.

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3. After contacting the Police, the incident shall be reported to the Director of Operations and/or Executive Director and reported to the Ministry as per Serious Occurrence guidelines.
4. Dangerous weapons/substances may be defined by either the nature of an item or substance or the manner in which it may be used. Where a person's patterns of behaviour indicates that a particular household item (e.g., knife, chair, scissors) may be used in a dangerous manner, employees shall work with consultants to reduce the dangers and shall develop in-house procedures and individual-specific strategies to control access to the item (e.g., locking all knives). *See also Section - Behavioural Supports.*

B.7.12 LEAVING PERSONS UNATTENDED

1. Persons supported must not be left unattended in a manner that may place their personal health and safety at risk.
2. Documentation must exist in the **Individual Support Plan** and the In-House Procedure Manual stating the level of supervision that is required and reasonable based upon the supported person's capabilities, clinical needs, and/or successful completion of the supported person's goals and objectives. *See also Section - Individual Support Plans.*
3. If a vulnerable person receiving support is left unattended, it may be considered neglect on the part of the employee on duty and hence maybe a form of abuse. *See also Section - Abuse Prevention and Response.*

B.7.13 TRANSPORTATION

1. When providing transportation to persons supported, all reasonable precautions must be taken to ensure the safety and well-being of all. *See also Section - Managing Vehicles.*
2. Where appropriate, persons supported will be encouraged to obtain skills necessary to use public transportation.
3. Normally, persons supported must not be left unattended in a vehicle. However, if this is unavoidable, the vehicle must be turned off, the key removed, and the emergency brake applied. Consideration must be given to temperature (do not allow temperatures to go outside normal comfort levels), length of time (not to exceed 2 minutes), and the persons' ability to be left unattended. If a vulnerable person is left unattended, it is considered neglect on the part of the employee on duty. *See also Section - Abuse .Prevention and Response and Leaving Persons Unattended.*

B.7.14 FAMILY INVOLVEMENT

1. TCE seeks to foster good relationships among persons supported, their families and employees. It is imperative that employees nurture a climate of trust and positive communication with families as there are clear distinctions between the roles of employees and family members; for example, with respect to provision of consent, substitute decisions, etc..
2. Communication must occur regularly between employees and families to share progress, receive input and discuss any concerns. The format of communication will be agreed upon by the person supported, the family and employees and will be recorded in the **Personal Plan**. Copies of written communication with families must be kept in the person's file. Verbal communication (e.g., direct communication, phone calls, etc.) must be documented in the person's Support Notes. *See also Section - Individual Support Plans and Physical Restraint.*
3. In situations where the opinion of the family is contrary to the expressed desires of the person supported, it is essential that TCE's employees act with tact and diplomacy and that the matter is brought to the attention of the Program Supervisor who may involve the Director of Operations.
4. If the family is dissatisfied with the outcome, they must be informed of their option to activate the Internal Review Procedure. *See also Section - internal Review Procedure.*

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5. TCE will make families aware of ways to become involved or get more connected (Family Support Network, web-site, newsletter, meetings, Individual Support Plan meetings)

See also Section - Personal Plans, The Role of an Advocate, and Confidentiality and Disclosing Information.

B.7.16 VACATIONS

1. All persons supported are encouraged to plan for vacations.
2. A variety of vacation options should be explored.
3. Together with the person supported and their family, the team and Program Supervisor should determine the best option for the person with respect to the person's preferences, support needs and finances.

B.7.17 GUIDELINES ON RELATIONSHIPS BETWEEN EMPLOYEES AND PERSONS SUPPORTED

1. TCE recognizes that persons supported may forge unique relationships with employees and others associated with the organization. While TCE encourages relationships that are healthy, wholesome and beneficial, it cannot condone interactions that are unhealthy and detrimental to persons supported. Employees sharing social connections with persons supported that go beyond the work setting are expected to adhere to the following guidelines:
 - Time spent with persons supported outside of the employee's normally scheduled work time will be considered as volunteer time and will not be subject to compensation (e.g., in the form of wages paid or paid time off in lieu).
 - Persons supported are not to be brought into the home of an employee during the employees' normally-scheduled work time. Exceptions may be granted by the Program Supervisor/Supervisor.
 - The relationship should not be pursued to the detriment of natural support networks (e.g., family, advocates, and friends).
2. All team members should guard against relationships between employees and persons supported that are unhealthy and/or detrimental.
3. In situations where the employment of an employee comes to an end, TCE may prohibit that former employee from entering TCE' property.

B.7.18 GUIDELINES ON SEXUALITY ISSUES

1. TCE will provide support to a person regardless of their sexual orientation or practices, provided the supported person's behaviours are respectful of the others in the setting and do not endanger the health and/or safety of others.
2. Each person will exercise his or her choices with respect to sexuality provided that these choices are not prohibited by law and/or by an appropriately-developed treatment plan (i.e., a plan developed by a Psychologist, behaviour therapist, or other appropriately qualified professional).
3. Employees will assist persons supported to obtain education that promotes responsible, healthy and positive attitudes towards sexuality in keeping with the person's needs and wishes.
4. Employee approaches that judge or demean a person's orientation, practices or choices are incompatible with the mission and values of TCE and will not be tolerated (*see also Section B TCE's Commitment to and Expectations from Persons Supported, and The Rights of Persons Supported*).
5. Recognizing that providing supports regarding sexuality issues and choices can be complex, employees providing supports on sexuality should involve their supervisor and, where appropriate, assist persons in accessing other sexuality resources in keeping with the person's needs and wishes. Possible resources include:

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- therapists, counseling, etc., where required
 - access to information about contraception and the prevention of sexually transmitted diseases
 - a medical practitioner (for medical support)
 - other needed supports as identified in the course of discussions with the person.
6. Employees are expected to carry out therapeutic approaches (e.g., relapse prevention, supervision, behavioural approaches, etc) developed by appropriate professionals in order to treat sexual disorders specified in the *Diagnostic and Statistical Manual IV - TR*.
7. TCE discourages the use of pornographic material. Where TCE supports someone who chooses to use pornographic materials; the agency commits to:
- protecting employees and persons supported by TCE from the physical and psychological damage that may be caused by pornographic material, including ensuring that any materials are stored securely and used privately;
 - providing a safe and positive environment for persons supported;
 - maintaining a positive work environment for employees;
 - if required, assisting the person to access professional therapy or counseling resources in keeping with the person's needs and wishes.
 - As with all issues, employees must respect confidentiality when dealing with issues of sexuality.

B.7.19 OCCURRENCE/INCIDENT, SERIOUS OCCURRENCE AND ENHANCED SERIOUS OCCURRENCE

B.7.19.1 DEFINITIONS

1. An **Occurrence Incident Report** must be completed as soon as possible when any one of the sixteen situations listed below occurs and involves a person who receives support from TCE.
2. If an incident involves more than one situation, the incident is classified as the most serious of the situations (e.g., behaviour results in a P.R.N. being given and then a Physical Restraint, the incident is reported as a Physical Restraint).
3. Incidents that meet the criteria below for more than one person require that an **Occurrence/Incident Report** be completed for each person involved (e.g., person supported pushes another person supported causing an injury that requires no medical attention - there is a behaviour incident aggressor and a minor injury for the victim).

IMPORTANT:

Refer to the **SERIOUS OCCURRENCE REPORTING** section within the TCE Policies and Procedures manual (binder) for MCSS updates and the **most current** Serious Occurrence Guidelines, Reporting Procedures and Forms.

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Situations	Where Occurrence/Incident Documentation is Warranted
1	Any death of a person supported. (<i>See also Section - Death of a Person Supported</i>)
2	Any serious injury to a person supported. This includes: Any injury caused by the service provider (i.e., TCE employee or volunteer). A serious accidental injury received while in attendance at a service provider setting and/or in receiving service from the service provider. An injury to a person supported which is non-accidental, including self-inflicted or unexplained, and which requires treatment by a medical practitioner, including a nurse or dentist.
3	Any alleged abuse or mistreatment of a person supported. This includes allegations of abuse or mistreatment of persons supported against employees, foster parents, volunteers and temporary care providers. <i>See also Section - Abuse Prevention and Response.</i>
4	Any situation where a person supported is missing and the service provider considers the matter to be serious. <i>See also Section - Search and Rescue.</i>
5	Any disaster, such as a fire, on the premises where a service is provided,
6	Any complaint concerning the operational, physical or safety standards of the service that is considered by the service provider to be of a serious nature. (e.g., adverse water quality, <i>see also Section - Corrective Action - Responding to an Adverse Water Result</i>). This also includes Breach of Confidentiality (i.e., loss of un-protected information relating to a person supported) (<i>see also Section - Confidentiality and Disclosing Information</i>) and the following types of medication errors: wrong medication, wrong dosage, wrong person, wrong time, wrong route, and missed medication.
7	Any complaint made by or about a person supported, or any other serious occurrence concerning a person supported, that is considered by the service provider to be of a serious nature (e.g., illness, Police involvement, threat of suicide, hospitalization of person supported, financial overages and/or shortages and/or missing property, valued at \$20 or greater, belonging to a person supported or the organization, etc.).
8	Any incident involving the physical restraint of a person supported (<i>see Section - Physical Restraint</i>).
9	Mechanical Restraint for behaviour control that does not involve physical restraint (<i>see Section - Physical Restraint</i>).
10	Psychotropic P.R.N. is given for behaviour control or for a medical appointment.
11	Behaviour incident, e.g., behaviour (no P.R.N. is given), stealing, attempted elopement.
12	Minor injury, medical incident or accident that does not require immediate medical attention (e.g., minor injuries of unknown origin, scrapes, falls, vehicle accidents, etc.).
13	Medication incident such as documentation error (e.g., forgot to sign), self administered error, dropped medication or medication refusal. See Type 6 for other medication error types.
14	Information Management incident such as: consent violation, loss of employee information or loss of secure information relating to persons supported. <i>See also Section - Confidentiality and Information Disclosure and Section - Breach of Confidentiality and Loss of Secure Information.</i>
15	Family concern or complaint documented by Administration Office <i>See Section - Concerns and Complaints.</i>
16	Financial overages and/or shortages and/or missing property valued between \$5.00 and \$19.99, belonging to a person supported or the organization.

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B.7.19.2 REPORTING PROCEDURES

1. When an Occurrence/Incident report falls into one of the categories number 1-8, Serious Occurrence documentation as specified in local and current Ministry (e.g., MCSS) reporting procedures for service providers must be completed by the leadership team.
2. In addition, Enhanced Serious Occurrence Reporting procedures will be followed when emergency services are involved in a response to a significant incident and/or the incident is likely to result in significant public or media attention.
3. TCE' employees who complete **Occurrence/Incident Reports** and/or Serious Occurrence reports must complete their required tasks within the following timeframes:

Timeframe	Responsibility	Actions
Immediately	Employee(s) on scene	Employees on scene provide immediate first aid and obtain any emergency or non-emergency medical attention (as required) for any injured parties. In emergency situations (i.e., any incident falling under categories 1-8 above) the staff employees on scene must speak with the Program Supervisor immediately or On Call Manager. Employees on scene completes the Occurrence Incident Report and forwards it to the Program Supervisor or Director of Operations.
1 hour	Program Supervisor, or On-Call Manager	When the occurrence/incident may require Serious Occurrence documentation or when an issue is, or may become, contentious in nature, the Program Supervisor (or on call designate) verbally informs the appropriate Administration Office contact (as per reporting procedures). If it is deemed to be a serious occurrence, the Program Manager may require that all persons having knowledge of the occurrence remain on the premises until they have been interviewed or until the Program Supervisor determines that there is no need for their involvement. If the occurrence satisfies the criteria for any incident falling under categories 1-8 above, a copy of the Occurrence/Incident Report is forwarded to the Administration Office.
Within 1 hour of notification	Administration Office contact	Within the parameters of the Serious Occurrence definitions, the Administration Office contact is responsible for determining whether an incident is deemed to be a Serious Occurrence and whether it meets the criteria for Enhanced Serious Occurrence reporting. In addition, the Administration Office contact must determine who else in the organization must be informed. The Administration Office contact ensures that appropriate notification occurs (including that the Director of Operations and/or Executive Director is notified immediately of any deaths, allegations of abuse, situations of a contentious nature, and incidents reported as an Enhanced Serious Occurrence).
Before the end of the shift	The employee who completed the Incident report	When a situation clearly falls into type 9-15, the employee who completed the Incident Report must inform the Program Supervisor (if they are not present at the time of the incident) by e-mail or voicemail to notify them of the situation following established in-house procedures.

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Timeframe	Responsibility	Actions
24 hours	Program Supervisor	In the case of a physical restraint, the parent/guardian or emergency contact shall be informed of the incident involving the use of physical restraint within 24 hours of the restraint having been carried out (except when noted that parent/guardian ask not to be contacted. Written documentation of this request must be in the person's file).
48 hours	Program Supervisor	The Program Supervisor checks their e-mail and/or voicemail and reviews all Occurrence/Incident Reports . The Program Manager signs and dates the Occurrence/Incident Report and follows up as required. The original is filed in the person's file. The Program Supervisor informs the family/designate as soon as possible and in keeping with the communication agreement outlined in the Personal Plan. In the case of a physical restraint, the Program Manager must follow procedures and conduct the appropriate debriefing sessions within 48 hours of these sessions on an Occurrence/Incident Supplement (for Physical Restraint) and forward this to the Administration Office.
Within 7 business days	Director of Operations or designate	The Director of Operations or designate forwards a signed copy of the Serious Occurrence Inquiry Report with executive summary to the Program Supervisor.. The Director of Operations or designate will comply with the submission of any follow-up review, information or action outcome report(s), as requested.
On-going	Program Supervisor	The Program Supervisor monitors trends and issues in occurrences to identify and respond to program issues, health or safety issues, etc. as per determined practices.
On-going	Director of Operations or designate	The Director of Operations or designate will monitor Occurrence/Incidents on an on-going basis with respect to reporting, management and follow-up.
Annually	Executive Director or Director of Operations	The Executive Director or Director of Operations sends an Annual Summary and Analysis of Serious Occurrences to the appropriate ministry office. The Executive Director or Director of Operations sends a consolidated Annual Summary and Analysis of Serious Occurrences to the Board of Directors. In the event of death, the Board of Directors shall be notified immediately
<i>Note: When an allegation of abuse is made, additional steps and timelines in this process may be required. See also Section - Abuse Prevention and Response.</i>		

B.7.20 ABUSE PREVENTION AND RESPONSE

B.7.20.1 DEFINITIONS AND SCOPE

1. Abuse is incompatible with the principles, mission and values of TCE. For this reason, abuse, in any form, will not be tolerated. Any employee/volunteer/student who commits abuse will be subject to corrective action up to and including having his/her employment/placement with TCE terminated.
2. Employees/volunteers/students with TCE are in a position of trust. Abuse is a misuse of power and/or a violation of that trust. Although not an exhaustive list, categories and examples of abuse may include the following:
 - **physical abuse** - such as striking, handling roughly, misusing medication or other treatments
 - **psychological or emotional abuse** - such as verbal abuse or causing emotional stress or loss of dignity
 - **sexual abuse** - such as inappropriate touching, rape, sexual harassment, exploitation, debasement or any sexual activity between an employee/volunteer/student and a person supported
 - **neglect** - such as failing to meet physical or psychological needs (whether intentional or not)
 - **financial abuse** - such as the misuse or misappropriation of a person's financial or personal resources.
3. Abuse may or may not result in obvious harm to the abused person. Abuse may or may not be intentional.
4. For the purposes of this policy, the term "abuse" refers to actions, such as those noted above, committed by any employee/volunteer/student toward persons whom TCE supports. Abusive acts committed by others (e.g., family, members of the public, employees of other agencies who provide supports to those whom TCE also supports) towards persons whom TCE supports must be reported to one's manager and to the appropriate authorities (e.g., police, Children's Aid Society) for appropriate review, response and action; however, they may not be subject to the internal TCE procedures outlined herein.
5. All allegations will be investigated. *See also Section --- Inquiry Team Procedures.* Where any alleged, suspected or witnessed incident of abuse may constitute a criminal offence, the police will be notified.

B.7.20.2 PREVENTION

1. TCE is committed to minimizing the risk of abuse, to supporting people who experience abuse, and to protecting employees/volunteers/students from false allegations of abuse.
2. When the person begins to receive services, TCE will provide them with education and awareness building on abuse prevention and reporting (*See also Section - Orientation for New Persons and their Family/Designate*). This will be done in a language and manner that is appropriate to the capacity of the person with a developmental disability. A review will be conducted and documented every year thereafter. *See also Section - Personal Planning.*
3. All employees/volunteers/students who have direct contact with persons supported must be sensitized to possible forms of abuse through orientation, training and annual refreshers/reviews.
 - All direct care employees, including Program Supervisors, must receive an orientation within the first 48 hours of employment. This orientation must include reading and discussion (with the new employee's supervisor and/or designated team member) of TCE's Abuse policy and any protocols and procedures specific to the setting in which the new employee is working. In addition, other resources may be used, such as the publication *Responding to the Abuse of People with Disabilities* (Advocacy Resource Centre for the Handicapped ARCH 1991) available from the human resources or the Program Supervisor. This review shall be documented in the employee's file.
 - All volunteers/students who have direct contact with persons supported must receive an orientation/training prior to placement. This orientation/training must be documented. It must include reading and discussion

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(with the supervisor and/or designated team member) of TCE Abuse policy and any protocols and procedures specific to their placements. This training must be reviewed annually and documented in the volunteer/student's file.

- All direct care employees, including Program Supervisors, must successfully complete a "Reducing the Risk" course within six months after hire and "Reducing Vulnerability" course within a year from their hire date. *See also Section - Staff Training and Education.*
 - The Program Supervisor at each location must ensure that each employee/student/volunteer participates in an annual refresher on abuse prevention, identification and reporting.
4. Each team must develop and maintain written in-house protocols that are kept in the current file of the person supported to whom they refer and noted in the In-House Procedure Manual. These protocols must:
- detail specific procedures for each person who requires assistance with personal care. These protocols must balance the person's need for privacy and the employee's need for professional accountability. *See also Section - Personal Care and Hygiene, Bathing, Showering or Swimming and In-House Procedure Manual.*
 - address situations in which employees may be particularly vulnerable to false allegations of abuse. Each protocol must outline procedures that will help protect employees from false allegations.

B.7.20.3 RESPONSE PROCEDURE - EMPLOYEES/VOLUNTEERS/STUDENTS

1. An employee/volunteer/student who witnesses abuse or has reasonable grounds to suspect abuse must follow the time frame as outlined below and report this to the appropriate supervisor (e.g., Program Supervisor, Program Supervisor on call, or Director of Operations as per on call procedures). **In the case of an allegation of abuse involving a child, the employee/volunteer/student must first contact the Children's Aid Society as per protocols (See also Section - Abuse Prevention and Response).** Employees/volunteers/students who fail to report suspected abuse may have their employment/placement with TCE terminated.
2. An employee/volunteer/student who witnesses abuse or has reasonable grounds to suspect that abuse has occurred must:

Timeframe	Actions
Immediately	<ul style="list-style-type: none"> • Always call 911 in emergency situations (e.g., medical emergency, active violence) • Provide first aid and/or non-emergency medical attention, as required. • Report to appropriate supervisor (e.g., Program Supervisor, Program Supervisor on call, or Director of Operations as per on call procedures) who will assist in deciding whether the alleged abuse may have constituted a criminal offense. • In the case of an allegation of abuse involving a child, the employee/volunteer/student must contact the Children's Aid Society directly (this duty cannot be delegated to others (CFSA S72(3))).
1 hour	Complete an Occurrence/Incident Report and submit it to the appropriate supervisor.
Ongoing	Cooperate in any investigative process surrounding the alleged abuse (police or internal investigation).
Note: Each contact must be made within the time allotment indicated. If the person to be contacted is not available, document, go to the next step, and later return to the step that was missed	

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B.7.20.4 RESPONSE PROCEDURE - SUPERVISORY ACTIONS - PROGRAM SUPERVISOR

1. A Program Supervisor or On Call Manager who receives any report (written or verbal) of alleged abuse must follow the time frame as outlined below and report this to the Director of Operations to discuss the situation and determine a course of action:

Timeframe	Actions
Immediately	<ul style="list-style-type: none"> • In the case of an accused staff, suspend the accused staff with pay for the duration of the current shift (if they are working). In the case of a volunteer/student, suspend the placement. • Meet with the allegedly abused person to assess his/her current condition; to provide emotional support as required; and to take any necessary steps to ensure his/her health needs are addressed. • Contact the Director of Operations to discuss the situation and determine a course of action, • Inform the Union in the case of an accused staff's immediate suspension

2. If it is deemed that the allegation is reasonable and that the alleged, suspected or witnessed incident of abuse *may have constituted a criminal offence* the agency shall report to the appropriate police force and TCE shall:
 - Co-operate with any police investigation.
 - not initiate an internal investigation until the police have indicated that they will not be investigating or that their active investigation has concluded. Upon determining that a police investigation will not proceed or is completed, TCE may initiate an investigation.
 - seek the consent of the alleged victim and, only if consent is obtained, notify the family/designate of the alleged victim about the allegation, the victim's current condition and the procedures that TCE will follow. If the alleged victim is unable to express opposition to the disclosure, TCE will notify the family/designate about the allegation, the alleged victim's condition and the procedures that TCE will follow. Details regarding notification or lack of notification to the family/designate must be noted on the **Occurrence/Incident Report**.
 - manage the employment status of the accused in accordance with the collective agreement. While normally TCE suspends an employee with pay during an investigation, it reserves the right to suspend without pay and/or to change the status of the suspension to without pay in some circumstances (e.g., nature of allegation, level of police involvement).
 - complete reporting requirements, *See Section - Reporting Procedures*
3. If an allegation of abuse is reasonable but *does not likely constitute a criminal offence*, TCE will initiate an internal investigation as outlined below:

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| <ol style="list-style-type: none"> 1. In consultation with the Executive Director determine whether or not to extend the suspension of the accused pending an investigation of the allegations. |
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2.	<p>If the decision is made to extend the suspension, the Director of Operations and in accordance with the collective agreement shall communicate with the accused and his/her Union representative(s):•</p> <ul style="list-style-type: none"> request that s/he document in a written statement his/her version of the events surrounding the alleged incident. This documentation must be attached to the Occurrence/Incident Report clearly, but briefly, outline the reason for the suspension and that, pending an investigation, the accused may be subject to corrective action in the case of an accused employee: <ul style="list-style-type: none"> inform him/her that his/her suspension is from active duty, and until further notice. determine, in consultation with Executive Director, whether the suspension is with or without pay. While normally, TCE extends the suspension with pay, it reserves the right to suspend without pay and/or to change the status of the suspension to without pay in some circumstances (e.g., failure to participate in an investigation). inform CUPE local and request representation for the accused staff member support through any investigative process. in the case of a volunteer/student, inform him/her that his/her placement is suspended until further notice.
3.	Request that each person (any employee and/or persons supported) who was present at the time of the alleged incident, provide his/her account of what took place.
4.	Seek the consent of the alleged victim and, only if consent is obtained, notify the family/designate of the alleged victim about the allegation, the victim's current condition and the procedures that TCE will follow. If the alleged victim is unable to express opposition to the disclosure, TCE will notify the family/designate about the allegation, the alleged victim's condition and the procedures that TCE will follow. Details regarding notification or lack of notification to family/designate must be noted on the Occurrence/Incident Report.
5.	<p>Summarize his/her findings regarding the allegation on the appropriate sections of the Occurrence/Incident Report. The summary will normally include information about:</p> <ul style="list-style-type: none"> what occurred when it occurred who was involved where it occurred the names of those in the vicinity who may be witnesses written statement(s) summaries from witnesses any other significant information pertaining to the incident.
6.	Submit the Occurrence/Incident Report and supplementary material to the Director of Operations. The Director of Operations shall determine whether further investigation by an Inquiry Team is required. See also Section - Inquiry Team Reports
7.	Upon completion of any internal investigation procedures that are deemed to be necessary, the Program Supervisor shall consult with the Director of Operations to determine and carry out appropriate actions with the accused employee
8.	Thereafter, the Program Supervisor shall work with his/her team to examine relevant in-house protocols in relation to the supports they provide. If needed, they will make any changes to further safeguard against abuse.
9.	The Program Supervisor shall provide a written report to the Director of Operations and Executive Director within 14 days. Upon recommendation of the Executive Director, this report may also be shared with the person supported and/or his/her family/designate. Any required emotional support for team members may also be sought at this time (e.g., through team meetings, consultation with the Director of Operations, the Employee Assistance Program, etc.).

B.7.20.5 RESPONSE PROCEDURE - SUPERVISORY ACTIONS - ADMINISTRATION OFFICE

1. The Director of Operations must inform the Executive Director. Where appropriate, the Executive Director or designate shall notify the Chairperson of the board of the directors of TCE.

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2. The Executive Director will assist the Director of Operations in determining a course of action
- If it is deemed that the allegation does not reasonably represent an allegation of abuse, as defined in this policy, s/he must follow up with the Program Supervisor and bring the situation to appropriate resolution.
 - If it is deemed that the allegation is reasonable and that the alleged, suspected, or witnessed incident of abuse *may have constituted a criminal offence* the agency shall report to the police
 - When the allegation is reported to the police TCE will not initiate any internal investigatory activities until the police have indicated that they will not be investigating further or that their investigation has concluded
 - In consultation with the Executive Director and in accordance with the collective agreement, manage the employment status of the accused.
 - If it is deemed that the allegations is reasonable but *does not likely constitute a criminal offence*, determine whether the Program Supervisor should complete a review or whether a full Inquiry Team investigation should be completed.

Timeframe	Actions
As per Ministry S/O guidelines	Notify the appropriate government ministry offices in accordance with Serious Occurrence reporting guidelines (enhanced or regular guidelines as appropriate to the allegation) using appropriate notification procedures.
24 hours	After reviewing the completed Occurrence/Incident report, determine whether the Program Supervisor should complete a review or whether a full Inquiry Team investigation should be completed. If it is determined that a full Inquiry Team is appropriate, the Director of Operations or designate shall form that team and allow it to complete its investigation. See also Section - Inquiry Team Procedures.
4 days	Review the Inquiry Team report and determine whether or not it is complete. If additional information is required, request that the Inquiry Team continue its investigation.
5 days	Upon completion of the internal investigation procedures s/he deems necessary, the Director of Operations and/or Executive Director, in consultation with the Program Supervisor. Input at this time will be requested from TCE's legal representatives. This group will examine the findings - including any mitigating circumstances that have come to light - determine appropriate courses of action, and carry out these actions, as appropriate.
7 days	Submit a Serious Occurrence report to the appropriate local government Ministry Office in accordance with the appropriate government ministry expectations.
Note: Each contact must be made within the time allotment indicated. If the person to be contacted is not available, document, go to the next step, and later return to the step that was missed.	

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B.7.20.6 INQUIRY TEAM PROCEDURES

1. Each member of the Inquiry Team must have been trained in Inquiry Team procedures (i.e., Responding to Reports training).
2. Each member of the Inquiry Team must be able to evaluate the allegation fairly and objectively.
3. At least one member of each Inquiry Team must be the same gender as the alleged abuse victim.
4. An Inquiry Team shall consist of:
 - **a Program Supervisor** whose work duties do not involve directly the program of the alleged abuser or victim
 - **Union Representative(s)** whose work duties do not involve the program or service of the alleged abuser or victim (i.e., works in a different program
 - **the Director of Operations**
5. The Inquiry Team shall:
 - Review documentation and interview persons involved in the alleged abuse.
 - Determine whether, based on a BALANCE OF PROBABILITIES, abuse has occurred. Consideration will be given as to what has taken place and whether the alleged incident represents an act of abuse as defined in the policy.
 - Recommend actions for the immediate and future safety of the alleged victim(s).
 - Outline any mitigating circumstances of which the Inquiry Team becomes aware over the course of the investigation.
 - Refrain from making any recommendations regarding corrective action.
 - Submit a written report to the Executive Director within FOUR DAYS (i.e., 96 hours).
 - Complete any additional investigation determined by the Executive Director (*see also Section - Response Procedure - Supervisory Actions –Executive Director*).

B.7.20.7 SUPPORTS FOR THE PERSON ALLEGED TO HAVE BEEN ABUSED

1. All persons alleged to have been abused can expect:
 - to receive any required medical attention
 - to be listened to by one or more persons who are removed from the situation
 - to report/discuss the alleged abuse using communication methods familiar to him/her
 - to receive support during the interview process from someone with whom s/he feels comfortable
 - to receive counseling support, if requested
 - to have his/her supports reviewed (*see also Section - The Rights of Persons Supported*).

B.7.20.8 SUPPORTS FOR THE ACCUSED

1. Any employee/volunteer/student accused of committing abuse at a TCE location will have the opportunity to:
 - Respond to the allegations and to be listened to.
 - Receive support from a Union representative through the investigation process.
 - Be informed of the progress of any internal investigation.

B.7.20.9 RESPONSIBILITY OF THE ACCUSED

1. Any employee/volunteer/student accused of abuse in a TCE location must:
 - participate in good faith in any internal investigation procedures as determined and carried out by TCE
 - maintain confidentiality and refrain from discussing the issue with other employees, volunteers, students, persons supported or their families, or the media.

B.8 EMERGENCY PREPAREDNESS

1. "Emergency" in this policy refers to an urgent and/or critical situation, temporary in nature, that threatens or causes harm to people, the environment (including property), or disrupts critical operations.
2. In the event of an emergency the needs of persons supported are the first priority.
3. An emergency response plan, including evacuation, relocation and other contingency plans (including pandemic response), must be maintained by each program location and the Administration Office.
4. All emergency response plans must be updated as required and reviewed annually. Program Supervisors must ensure the program level plan is completed, updated, and reviewed as required for programs they supervise. The Director of Operations must ensure the organizational level plan is completed, updated, and submitted for review to the Executive Director as required.
5. All staff must review the emergency response plan for the location(s) **at** which they work when they begin working at that location. Emergency response plans must be reviewed and signed off by all staff annually.
6. Periodically, TCE will conduct emergency response plan drills to assist in preparing employees and reviewing the effectiveness of local plans.
7. Emergency phone numbers (i.e., fire, police, hospital, poison hotline) must be posted by phones in community residence.
8. Each person should carry their own emergency contact information (*see also Section - Encouraging Independence*). In addition, emergency information for each person must be available in the TCE vehicle of that location.
9. Community-wide emergencies are determined by the local medical officer of health and/or the local municipality; TCE will respond accordingly based on their recommendations.
10. In the event of an emergency, the following policies may require flexibility:
 - Human Resources policies such as vacation, scheduling, etc.;
 - Site/property documentation requirements (e.g. if providing support in an alternate location).
11. Emergencies must be reported and documented on an **Occurrence/Incident Report** in keeping with the Occurrence/Incident policy.
12. Each Program must have a stocked and labeled emergency kit in their Program.
13. Each Program must have a regularly updated Emergency Preparedness Binder, to be referred to for more details and current information.

B.9 BEHAVIOURAL SUPPORTS

B.9.1 OVERVIEW

1. Behaviour support strategies are formalized procedures designed to teach or increase adaptive, healthy and productive behaviours, and/or to discourage or decrease maladaptive, unhealthy and non-productive behaviours. Staff should make use of well-developed behaviour support strategies, where appropriate, to help meet the needs and goals of persons supported.
2. Behaviour support strategies may be considered if:
 - A person supported has learning goals that would benefit from a behavioural approach.
 - A person supported shows a pattern of behaviours that interferes with his or her quality of life and/or social inclusion, and/or
 - A person supported shows behaviours that place themselves or others at risk.
3. Prior to considering referral to obtain behavioural consultation:
 - The Program Supervisor and team should collect and review data (i.e., incident reports, other forms of recorded data) to help determine the need for behavioural consultation.
 - The Program Supervisor and team should discuss the commitment of time and resources necessary to collect relevant data, undertake behavioural consultation, and implement a behavioural support program.
 - The Program Supervisor or designate should discuss with the person, and/or, as appropriate, their family or guardian, the need for behavioural consultation and obtain their agreement to the referral. This agreement may be noted in the person's Support Notes.
4. Before implementing any behaviour support plan, to address challenging behaviour (i.e., behaviours that interfere with quality of life and/or social inclusion and/or that place the person or others at risk), employees must ensure that an appropriate assessment has taken place that considers biological, social, psychological and other factors that may influence a person's behaviour. This is normally done in consultation with a behaviour consultant and may include:
 - An examination by a medical doctor to determine whether any medical condition impacts the behavioural issues in question.
 - An assessment of the supports given the person to ensure that they are adequate.
 - An assessment of skills and communication to identify positive coping strategies that minimize the challenging behaviour.
 - A review of the person's living environment, including the physical space, support and social networks, etc. to identify possible causes of challenging behaviour.
 - A functional analysis of the behaviour(s) in question.
 - Any other assessment required to assist in developing behaviour support strategies.
5. Any behaviour support plan designed to address challenging behaviours:
 - Must be developed in adherence to professional standards (e.g., see *STANDARDS OF PRACTICE FOR BEHAVIOUR ANALYSTS IN ONTARIO* at www.ontaba.org).
 - Must outline positive behaviour intervention strategies and, where applicable, intrusive behaviour intervention strategies, including the least intrusive and most effective strategies possible, to promote communication and adaptive skills, to address the challenging behavior, and to overcome limits to their potential for better social inclusion.
 - Must be in compliance with current and applicable legislation, regulations, and relevant government policies (e.g., Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act,

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relevant regulations, and current applicable government standards, etc.).

- Must be developed by an appropriately qualified person. For TCE this shall mean:
 - a person whose work is consistent with professional standards (e.g., ONTABA standards) and who is or whose work is supervised by a person who is a Board Certified Behaviour Analyst (e.g., BCBA) and/or a Psychologist or Psychological Associate who is registered in the Province of Ontario
 - a physician or psychiatrist (for PRN protocols, medications, medical treatments and medically approved mechanical restraints).
 - Must include information that clearly defines the behaviour(s) being targeted for change as well as the anticipated outcomes of the behaviour support plan.
 - Must include support strategies that are clearly outlined and practically implemented.
 - Must provide clear rationale for the interventions selected including how the intervention ties to the assessment as well as the risks and benefits of the interventions used to address the behavior.
 - Must be time-limited and include provisions for regular review of its effectiveness.
 - Must be developed with, to the extent that is practical, input from the person supported and/or, as appropriate, their family/guardian.
 - Must include a process for periodic reviews by support staff to ensure they can implement the behaviour support plan effectively.
6. When engaging the services of a behaviour consultant, the Program Supervisor and team must inform the consultant of TCE's expectations regarding behaviour support plans.
 7. Behaviour supports plans may be implemented only with the appropriate consent.
 8. Any behaviour support plan or strategy should be tested against individual dignity and rights, effectiveness, long-term benefit to the person supported, positive approach and least intrusive/restrictive alternatives. *See also Section - Intrusive Programming/Restrictions of Rights and Multi-Disciplinary Review Team.*
 9. Employees who are involved in the provision of behaviour supports should have training on behavioural principles. The training must cover basic topics such as:
 - functional relations between behaviour and external variables (i.e., ABC)
 - the effect of employee(s) conduct on the behaviour of persons supported
 - the impact of behaviours and behaviour supports on the person
 - the importance of rights and dignity
 - appropriate data collection.
 10. Where employees have not previously received training, and/or where appropriate training is not available through local behaviour support agencies, employees may access training through TCE. Record of this training must be kept.
 11. Employees who are involved in implementing a specific behaviour support plan must receive orientation/training on the behaviour support plan prior to working with the person supported so that they can carry out the program effectively and consistently. This training must be documented in the employee's file. Furthermore, periodic reviews or evaluations should take place to ensure that employees can competently carry out the plan as written. A plan for these reviews should be articulated in the behaviour support plan.
 12. Behaviour support plans must be written and carried out in such a way so as to protect the person's rights and his/her dignity, avoid embarrassing the person, demeaning the person. *See also Section - Intrusive Programming/Restrictions of Rights and Multi-Disciplinary Review Team.*
 13. Volunteers shall not be expected to carry out behaviour support plans that address challenging behaviours.

B.9.2 INTRUSIVE PROGRAMMING/RESTRICTIONS OF RIGHTS

1. TCE is committed to the principle of the least restrictive alternative.
2. Intrusive or restrictive programs are defined as behaviour support plans that involve the use of physical, mechanical or chemical restraints (i.e. a PRN prescribed medication to assist in calming. *See also Section - PRN Medications*) and/or involve a denial or restriction of rights. Support strategies that are intrusive or restrictive will be considered only when the behaviours present a risk to self or others and less intrusive/restrictive programs are insufficiently effective by themselves. *See also Section - Secure Isolation*.
3. Any behaviour support strategy/plan defined as intrusive by current MCSS guidelines and/or that denies or restricts the rights of a person supported:
 - Must be approved by a qualified physician , psychologist, psychological associate or BCBA
 - Must be reviewed and approved by the Multi-Disciplinary Clinical Team not more than thirty days before it is to be used. *See also Section - Multi-Disciplinary Review Team*. Documentation of the MDCRT approval must be retained in the person's file. *See also Section – Multi-Disciplinary Clinical Review Team*.
 - Must be implemented as part of a comprehensive behavioural support plan that teaches appropriate alternative behaviours and is primarily positive. *See also Section - Multi-Disciplinary Review Team and The Rights of Persons Supported*.
 - Must include procedures or a plan for reinstating rights or ending the intrusive(s) procedure(s) appropriately
 - Must be signed by the person supported and/or parent/guardian, as appropriate
 - Must also be signed by the professional developing the plan, the Program Supervisor of the location at which the plan is to be implemented, as well as the Director of Operations.
 - Must, in the case of a PRN medication, include a clearly defined protocol developed in consultation with a physician as to when to administer the medication and how it is to be monitored and reviewed. *See Section - PRN medications*.
 - Must be evaluated as to its effectiveness. A schedule of this evaluation must be articulated in the behaviour support plan.
4. In situations in which it is impossible to obtain agreement among the above-mentioned parties (i.e., person supported, family/guardian, Program Supervisor, consultant, MDCRT) with respect to a behaviour support plan that involves rights restrictions and/or intrusive procedures, a neutral clinical third party may be consulted.
5. Where there is a need to have ongoing rights limitations that may not be time-limited (i.e., restricting freedom of association) this must receive regular (no less than annual) review by Multi-Disciplinary Clinical Review Team

B.9.3 PROCEDURES NOT PERMITTED

1. **Corporal punishment** is defined as the direct use of force such as hitting, spanking, shaking, shoving, repeated physical movement, interrupting sleep, uncomfortable positioning, punishment by other people who live in the home, or demeaning actions.
2. **TCE does not permit corporal punishment in any form.** The use of corporal punishment is considered abuse. *See also Section - Abuse Prevention and Response.*
3. This policy is not intended to discourage staff from carrying out properly developed and approved behaviour support strategies. It is not intended to discourage staff from using crisis procedures for which they have been trained, and in situations in which the procedures are warranted. *See also Section - Physical Restraint.*

B.9.4 PHYSICAL RESTRAINT

B.9.4.1 DEFINITIONS AND LIMITATIONS

1. Persons supported by TCE have the right to be free from physical, mechanical or chemical restraint imposed for the purposes of punishment, or convenience, or as a substitute for appropriate supports or care.
2. Physical restraint refers to a physical holding technique that restricts the freedom of movement of a person. Physical restraint does not include:
 - A restriction of movement, redirection or physical prompting that is brief, gentle and part of a behaviour teaching program
 - Mechanical restraint and other protective devices such as bed rails, helmets, protective mitts, safety harnesses, safety straps, etc..
3. The improper use of physical restraints can result in damage to body parts, broken bones, friction burns, or death. Therefore, to the extent that it is possible, employees are expected to use de-escalation and prevention techniques, as appropriate, to avoid the need to physically restrain a person. Physical restraint may be used only:
 - after less restrictive interventions have been attempted and have failed **OR**
 - the removal of persons from the immediate area is not possible or does not resolve the imminent physical threat **OR**
 - the use of other procedures are deemed inappropriate (e.g., because of the rapidity and urgency of a developing crisis).
4. The restraint techniques specifically taught in the Crisis Prevention Institute (CPI) training are acceptable for use by TCE staff. The use of any other restraint curricula must be approved by the Director of Operations.
5. If a person supported is physically restrained twice or more within any 12-month period, professional consultation must be sought and a planned behaviour support strategy, including, if necessary, a documented restraint protocol, must be created. This planned behaviour support strategy may involve additional specialized physical restraint training. Any specialized physical restraint training must also be part of a MCSS-approved training program and all staff at that program must be trained upon introduction of the restraint or within three months from the date of hire.
6. Any planned behaviour support strategy that includes physical restraint is, by definition, intrusive and subject to TCE reviews for Intrusive Programming. *See also Section Intrusive Programming/Restriction of Rights and Multi-Disciplinary Review Team.*
7. In planning these restraints, medical, psychological and other factors that might impact the person supported must be taken into account and documented.

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B.9.4.2 THE USE OF RESTRAINTS

1. A physical restraint may be used only in exceptional circumstances for the short-term protection of a person who is at imminent risk to harm his/her self or another person physically. Physical restraint may be part of a behaviour support plan (i.e., planned). Physical restraint is the only intrusive intervention that may be used on a crisis (i.e. non-planned) basis.
2. No employee shall use a physical restraint procedure or technique on which they have not received training.
3. Restraints shall be carried out using the least amount of force that is necessary to restrict the supported person's ability to move freely.
4. **Employees are prohibited from using restraints, on a non-planned basis, which place a person in a prone position (e.g., face down on the floor).** Prone restraints may be considered as part of a behaviour support plan however, the restraint protocol must be professionally developed and approved and an appropriate physician's consultation, which indicates no contraindication for the restraint, must be in place. The protocol as well as the medical consultation must be reviewed at least annually or whenever significant changes take place with respect to the individual (e.g., physical condition, medications, etc.).
5. The decision to utilize a restraint shall be made by the staff person at the time that a crisis arises and in accordance with any protocols regarding the person supported (e.g., if a planned behaviour strategy exists). Employees are accountable for their decisions and actions in applying a physical restraint, or in determining not to apply a physical restraint. *See also Section - Physical Restraint* An employee's decisions must take into account:
 - factors relating to the situation at hand (e.g., have de-escalation techniques and other less intrusive procedures, if appropriate, been attempted?)
 - factors relating to the person being supported (e.g., are there medical, physical, psychosocial factors that should be considered?)
6. At all times during which a physical restraint is being applied, employees involved in the application of a restraint must assess the well-being of the person being restrained by monitoring:
 - the person's physical and physiological responses (respiration, skin colour and condition, etc.)
 - the person's verbal responses (expressions of pain, discomfort, panic, etc.)
7. The restraint shall be stopped at the earliest of the following:
 - when there is a reason to believe that the physical restraint itself is endangering the health or safety of the person.
 - when there is no longer a clear and imminent risk that the person will physically injure him/herself or others.

B.9.4.3 EDUCATION AND TRAINING ON RESTRAINTS

1. All TCE employees who work directly with persons supported shall be trained in the use of preventative, de-escalation and direct intervention (restraint) techniques as well as follow-up procedures. This training shall include the Crisis Prevention Institute (CPI) except where another restraint curriculum has been approved for use. Basic training must occur as soon as possible after hire and in no case greater than three months from the date of hire or return from an approved leave.
2. All employees must have current certification in restraints curriculum used at the location(s) at which they are employed.
3. The recertification intervals is as follows:
 - Within 12 months in locations where one or more persons supported has a physical restraint as part of his/her behavior plan
 - Within 24 months at all other locations.
4. Documentation of staff training is kept in the following ways:

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- Upon completion of restraints training, the Trainer forwards the class list to the Administration Office, where names of staff who have successfully completed the training are entered in the database.
- When the instructor completes the employee's course certificate, it is usually forwarded to the employee. A copy of this certificate is kept in the employee's file.

B.9.4.4 DOCUMENTATION AND DE-BRIEFING AFTER RESTRAINT

By definition, all incidents involving physical restraint are Serious Occurrences. All incidents that involve physical restraint must be documented on an **Occurrence/Incident Report**, which must be signed and dated by the Program Supervisor. The original must be filed in the program files. Documentation of all such incidents must be forwarded to the Administration Office within 24 hours.

(See also Section - **Occurrence/Incident, Serious Occurrence and Enhanced Serious Occurrence**. Note that the **SERIOUS OCCURRENCE REPORTING** section within the TCE Policies and Procedures manual (binder) has MCSS updates and the **most current** Serious Occurrence Guidelines, Reporting Procedures and Forms.)

1. Debriefing must occur within 48 hours following the use of a physical restraint. If circumstances delay the debriefing, it must occur as soon as possible and reasons for the delay must be documented. See also Section - *Physical Restraint*. Debriefing must include:
 - A discussion between the employee(s) involved in the restraint and a Program Supervisor. (Normally the Program Supervisor of the employee(s) involved in the restraint; however, it might be the Program Supervisor on call during the time of the incident). In this discussion, the circumstances surrounding the incident - including the factors that led to the decision to use physical restraint - shall be reviewed. In addition, the supervisor shall seek to resolve issues relating to stress felt by the employee(s) surrounding the incident.
 - A discussion between the employee(s) involved in the restraint, the person supported, and a Program Supervisor. This discussion shall focus on issues relating to the incident and/or the need to restore working relationship between the employee(s) and the person supported. The format of this discussion shall be appropriate to the level of understanding of the person supported. If, on an ongoing basis, the person supported cannot participate in the debriefing, employee(s) will seek professional advice and documentation and note this on the debriefing form.
 - Critical-incident stress debriefing if the restraint caused or was the result of a critical incident (i.e., serious injury or death of any person). In the event of a critical incident, the Director of Operations/Executive Director may become involved and may assign trained counselors to assist in this debriefing.
2. In addition, over the course of debriefing sessions, the following issues must be addressed:
 - precursors to the incident, including interventions attempted
 - other preventative/proactive strategies and approaches that might be used
 - discussion of risks/injuries
 - patterns of incidents involving the person supported and/or employees
 - concerns, stress or trauma experienced by the person supported or by employees
 - corrective actions, re-examination of behaviour protocols
 - any changes to the supports provided, along with time frames and persons responsible to effect these alterations.
3. All debriefing must be documented using a **Supplement to Occurrence/Incident Report form**. This must be submitted to the Administration Office, with a copy kept in the file of the person supported.
4. The parent/guardian or emergency contact shall be informed of all incidents involving the use of physical restraint within 24 hours of the restraint having been carried out.

B.9.4.5 RESTRAINT POLICY REVIEW

1. Within the 48 hours of their commencing work with TCE all employees providing direct support must be oriented to:
 - The provisions of the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act (as amended)* concerning physical restraint.
 - The policies of MCSS concerning physical restraint.
 - This physical restraint policy.
2. The employee's supervisor must ensure that the review is completed and documented as part of the employee's orientation.
3. The acts and policies must be reviewed by each employee at least annually. Each employee's understanding of the acts and policies must be confirmed by their Program Supervisor and documented in the employee's performance appraisal.
4. **The Director of Operations will inform programs of any changes to acts, regulations or policies concerning physical restraints. These changes must be reviewed by all employees and this review must be documented. Regulations allow 30 days for this to be completed.**

B.9.5 MULTI-DISCIPLINARY REVIEW TEAM

1. Strategies defined as intrusive that are used with persons supported (i.e., intrusive behavioural programs and/or psychotropic medications) must establish one or more Multi-Disciplinary Review Team(s). *See also Section - Psychotropic Medications and Intrusive Programming/Restrictions of Rights.*
2. The purpose of the team is to provide third party review, approval, and monitoring of intrusive support strategies (including psychotropic medications). Intrusive support strategies are understood not to include emergency procedures (i.e., physical restraints). However, where physical restraints are used on a person supported two or more times in a 12-month period, the Multi-Disciplinary Review Team must be apprised of the situation and the team and Program Supervisor must undertake measures to develop formal support strategies.
3. The Multi-Disciplinary Review Team will be a standing committee that includes:
 - The Director of Operations or designate
 - a licensed Physician, Psychologist, or Psychological Associate
 - an informed person not employed by TCE (e.g., a member of the clergy, a nurse, pharmacist, social worker, Psychiatrist, Psychologist, Nurse Practitioner).
4. The Multi-Disciplinary Review Team may also include:
 - a person with a developmental disability
 - another person that the team deems would be helpful in its deliberations.
5. In providing its review, the Multi-Disciplinary Review Team may consider whether:
 - The support strategies are consistent with the person's human rights.
 - The support strategies subject the person to actual or perceived abuse or neglect.
 - The support strategies focus sufficiently on positive change for the person as opposed to simply eliminating undesirable behaviour(s).
 - Appropriate assessment, including a functional analysis, has been completed.
 - The support strategies are based on reasonable and validated procedures.
 - Whether the procedures can be carried out in a manner that does not compromise the person's dignity.

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- The behaviours being targeted for change are sufficiently dangerous or life threatening to the person or to other to justify the use of the intrusive support strategies.
 - The support strategies are the least intrusive procedures necessary to accomplish the desired outcome (i.e., more positive approaches have been attempted and demonstrated to be not sufficiently effective by themselves).
 - The support strategies help meet the needs of the person supported and not merely the needs of TCE and/or its employees.
 - The support strategies show sufficient concern for the long-term interest and quality of life of the person supported.
 - There are reasonable grounds to believe that the strategies will improve behaviour.
 - On-going use of the intrusive support strategy is justified given the data available.
 - Appropriate consents, approval and documentation have been obtained.
 - To the extent that is possible and practical, the person supported and/or their family or guardian has been involved in the planning, development and approval of the behaviour support plan.
 - Appropriate training and supervision is in place to carry out the interventions safely and effectively.
 - Intervention protocols (including protocols for the administration of P.R.N. medications) are appropriately and clearly written so that employees can understand how to provide the supports.
6. The Multi-Disciplinary Review Team does not provide behavioural support strategies, nor does it develop a behavioural support plan or treatment plan; however, it may recommend that alternative or additional support or treatment options be developed (i.e., the Multi-Disciplinary Review Team may recommend that additional positive programming be undertaken to supplement an intrusive intervention and/or psychotropic medications).
 7. Each Multi-Disciplinary Review Team will formulate the procedures by which it reviews cases. It must incorporate procedures that flag causes of greatest concern, which require frequent review. The Multi-Disciplinary Review Team must provide monitoring of the on-going use of intrusive support strategies at least every three months and monitoring of the on-going use of psychotropic medications at least annually.
 8. The Multi-Disciplinary Review Team will provide written feedback of its finding to those responsible for developing the support strategies and to the person supported (for inclusion in their permanent file). The Multi-Disciplinary Review Team will provide minutes of each meeting to the Administration Office. Where the review of the Multi-Disciplinary Review Team and the opinion of the person(s) developing/implementing support strategies cannot be reconciled, the matter shall be brought to the Executive Director, who may obtain consultation and advice from an alternate third party deemed to have expertise in this area.
 9. The requirements for intrusive procedures also apply to the use of psychotropic drugs. Here, consent must identify the drug clearly and specify:
 - The condition the drug is intended to alleviate.
 - The range of intended doses.
 - The risks and side effects of the drug at various doses.
 - The frequency of administration.
 10. The Director-Operations shall monitor and report on the activities and recommendations of the Multi-Disciplinary Review Team to the Executive Director.

B.9.6 VIDEO MONITORING FOR HEALTH AND/OR BEHAVIOURAL CONCERNS WITHIN TCE PROGRAMS

1. TCE sees video monitoring (with or without audio) for health and/or behavioural concerns as intrusive and a violation of privacy for persons supported. As such, the use of video monitoring must meet the following conditions:

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- Video monitoring is needed to supplement appropriate employee monitoring of the person supported (i.e., appropriate monitoring cannot be attained through employee monitoring alone).
 - The monitoring is done to meet a significant health or safety need (i.e., the person has a significant health condition and/or his/her behaviour presents a significant risk to self or others).
 - Appropriate measures are taken to ensure that the necessary information is video-monitored while managing the intrusion of privacy (e.g., consideration is taken to locate cameras to afford reasonable privacy during bathing or use of toilet or dressing, etc.).
 - Appropriate consent is documented.
 - The use of video monitoring is reviewed by an Multi-Disciplinary Review Team
 - A proposal for the use of video monitoring is approved in writing by the Executive Director.
2. For locations to have video monitoring:
- Employees must be informed of the presence of video monitoring.
 - There must be a mechanism in place to alert visitors that the premises are video monitored (e.g., appropriate signage in place).
 - Where video images are captured and stored, in advance of the activation of the video monitoring, plans and protocols must be created for the routine destruction or over-riding of video images (see also 6 below).
 - On an annual basis, the Executive Director must review and approve the continued use of the video monitoring.
3. All persons receiving services at the location must be informed as to which areas of the location are monitored. In the case where common areas are monitored, all people receiving services at the location must give written consent.
4. All video images must be considered highly confidential and appropriate protection must be in place at all times (e.g., locked storage, restricted access, password protection) to ensure that unauthorized persons do not gain access.
5. Where video monitoring is done in real time, video screens shall be situated such that appropriate employee monitoring can take place while reducing the possibility that others (i.e., other persons supported, guests to the location) see the screen. For example, screens should be situated facing away from common areas. Screens should be able to be angled so that staff can adjust the line of sight to maximize privacy.
6. Where video images are captured and stored (e.g., on video tape, on DVD, on a computer hard drive):
- The images are the property of TCE.
 - Images must not be released without appropriate consent OR an appropriate search warrant or court order.
 - Critical data must be summarized as soon as possible.
 - Video images must be routinely destroyed or over-ridden once critical data have been appropriately summarized.
 - Notwithstanding the previous bullet point, video evidence of any criminal act must be appropriately preserved and must not be over-ridden.

B.10 PROPERTY AND VEHICLE MANAGEMENT

B.10.1 PROPERTY AND EQUIPMENT MAINTENANCE

1. Each program must have a program specific procedure manual outlining regular cleaning, maintenance and service procedures for all property and equipment as per manufacturers' guidelines.
2. At all locations, employees must regularly check the major operating components and address any problems. At each location a log of maintenance and repair items must be maintained.
3. Each location must ensure that there is an adequate supply of basic maintenance items (e.g., a tool box, tools, nails, screws, drywall compound, duct and/or electrical tape, light bulbs, cleaning supplies, etc.).
4. Each program location must establish schedules and document the completion of:
 - Daily, weekly and monthly cleaning tasks
 - Outdoor maintenance (i.e., lawn and garden care, snow removal, building needs)
 - Seasonal maintenance.
 - Equipment maintenance / cleaning of:
 - Any and all restraints (seat belts, posy mitts, wrist restraints)
 - All lifts
 - Wheelchairs, commodes etc.
 - Annual inspections
5. At each community residence, in-house procedures must be in place to ensure:
 - The interior, exterior and grounds of the location are kept safe and clean.
 - There is a recreation area or common area.
 - All exits are kept clear at all times.
 - Appliances and furnishings in the residence are clean and in good condition and working order.

B.10.2 CLEANING SUPPLIES AND MATERIALS STORAGE

1. All cleaning supplies and hazardous materials should be kept in their original container bearing the original label.
2. Cleaning supplies must be kept in a locked cabinet.
3. Hazardous materials such as paint or paint thinner should be kept in a secured cabinet or closet location away from any heat source, ideally in the garage or a shed.

B.10.3 VACANT BUILDINGS

1. To maintain insurance coverage, when any property owned, rented, or leased by TCE (including group homes, offices, day program, or any other locations) will be vacant for more than 24 consecutive hours (planned or emergency), the following must occur:
 - The on-site Program Supervisor must notify the Director of Operations/Finance Department
 - In the case of a planned vacancy (e.g., for a vacation trip), notification should be given as early as possible but not less than one week before the planned vacancy.
 - The Finance Department must notify the insurance company.
 - The on-site Program Supervisor must establish systems daily visits/inspections of the property (see below).
 - The on-site Program Supervisor must notify the Director of Operations and the Finance Department when the vacancy has ended.

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2. Daily documented inspection visits are required, seven days a week, for the duration of a vacancy. Each inspection/visit must include:
 - entry of the building
 - inspection of all levels (including garage and basement)
 - confirmation that the ambient temperature is sufficient to prevent freezing of pipes in the winter (minimum 10 degrees Celsius) or excessive heat in the summer (maximum of 28 degrees Celsius)
 - visual inspection of all taps and exposed pipes (look for dripping taps, leaking or sweating pipes); It is recommended that water be shut off at the main shut off unless contractors are working in the property and require water supply
 - inspection of the sump pump, if applicable
 - verification that electrical power is on
 - verification that furnace or air conditioner are functioning
 - assessment for any unusual odours (if gas is smelled notify the gas company immediately)
 - collection of mail, papers, and fliers
 - ensuring that all doors and windows are closed and locked
 - removal of snow from the walk and driveway (public sidewalks must be cleared in accordance with local snow removal bylaws)
 - maintenance of the grass and yard, as if occupied.
3. If the property has been vacated to allow contractors to complete renovation or repair projects, visits/inspections are not necessary for the duration of the contract, but must resume immediately following.

B.10.4 OFFICE SPACE

1. Office space maybe setup in a service location to allow employees to complete administrative duties.
2. Office space must be in "out of the way" areas of the service location and the amount of space dedicated to office use should not negatively impact the people supported.

B.10.5 MANAGING PROPERTY LIABILITY

1. TCE insurance coverage impacts the option to incorporate certain equipment (i.e., swimming pools, trampolines) into locations owned, rented or leased by TCE. When not specifically identified in TCE's Policies and Procedures Binder incorporating these, the purchase of items cannot be done without the specific approval of the Director of Operations.
2. TCE insurance coverage impacts the option to allow certain activities (i.e., skateboarding, ATVing) on property owned, leased or rented by TCE. When not specifically identified in TCE's Policies and Procedures Binder, engaging in these types of activities cannot be done on TCE property without the specific approval of the Director of Operations.

B.10.5.1 RESIDENTIAL SWIMMING POOLS

1. TCE will not purchase or lease a site with a swimming pool as a community residence unless there is a plan for removal of the pool.
2. Pools will not be approved as additions to existing sites owned or leased by TCE.
3. Portable and/or inflatable pools of any size are not permitted at TCE locations.

B.10.6 FIRE AND CARBON MONOXIDE PRECAUTIONS

1. Each house or apartment occupied by TCE shall have fire/smoke detection systems, alarms, carbon monoxide detectors and suppression equipment, in the absence of a sprinkler system, installed and located as required by building and fire codes and by-laws.
2. Where required, alarm systems are to be adapted to the needs of persons' supported, including visual or tactile systems for those who have sensory impairments.
3. Written fire drill procedures and routes must be posted in each home. The fire plan must be reviewed every 12 months and signed off by all staff. The Fire Plan must be signed off by the Fire Department annually.
4. Employees and, where appropriate, persons supported must be trained in the testing and alarm modes of fire and carbon monoxide detection and alarm systems, and in the use of fire extinguishing equipment. The training for persons supported must be documented in the **Support Notes** and training for employees must be documented in their employee file.
5. Each home must have a complete annual fire inspection conducted by the local fire authority. The Fire Inspector's report must be kept in the program files with documentation indicating that all recommendations have been brought to a successful resolution. The Fire and Safety Plan must be reviewed and signed off by the Fire Department. A review and sign off of the Fire and Safety Plan is necessary whenever there are changes to either the structure of the residence or a change in the resident's occupancy.
6. Furnaces must be inspected and serviced annually by a qualified technician. The inspector's report must be kept in the program files with documentation indicating that all recommendations have been brought to a successful resolution.
7. Gas or oil burning appliances must be inspected and serviced annually by a qualified technician. The inspector's report must be kept in the program files with documentation indicating that all recommendations have been brought to a successful resolution.
8. A monthly visual inspection of fire protection equipment, including sprinklers, extinguishers smoke/heat detectors, and carbon monoxide detection equipment, must be done by employees. This equipment must be inspected and serviced annually by qualified personnel and documented. The inspection must be kept in the program files with documentation indicating that all recommendations have been brought to a successful resolution.
9. Fire drills must be conducted at least once in each month at each location. At each fire drill, carbon monoxide detecting devices are to be checked and tested.
10. Where battery-operated smoke alarms are permitted, new batteries must be installed a minimum of every six months in each battery-operated smoke alarm in the facility and a record kept of each installation. *See also the Smoke Alarm Maintenance Checklist in the TCE Facilities Management - Property Systems Manual.*
11. Lint traps in the laundry must be cleaned after each use of the equipment.
12. Exterior dryer vents must be cleaned at least annually.
13. A nightly inspection of the premises must be completed, documented, and initialled. *See Security Checklist Form.*
14. Written records of inspections, tests of fire equipment, carbon monoxide detectors and fire drills must be maintained by each location for a period of not less than seven (7) years from the date of inspection or test.
15. Supplies such as draperies, mattresses, curtains, carpet, decorations and similar materials, must be flame resistant.
16. When calling the Fire Department for any reason, employees must identify that it is a place of residence for persons with developmental disabilities and indicate if any of the residents are non-ambulatory.
17. Barbecues are to be operated at a distance of no less than three meters from a building or fence.
18. For information regarding maintenance and replacement of smoke alarms and carbon monoxide detection units, *see also TCE Facilities Management - Property Systems Manual*

B.10.7 HEALTH INSPECTIONS

1. Health inspections must be done at each community residence on an annual basis by a local health official. If this is not provided by the local Health Department, a letter indicating this must be on file in the program.
2. The Health Inspector's report must be kept in the program files with documentation indicating that all recommendations have been brought to a successful resolution.

B.10.8 ELECTRICAL INSPECTIONS

1. All locations owned or leased by TCE, must undergo annual electrical inspections as outlined by the Electrical Safety Authority (ESA) and required by legislation. This inspection is carried out by the Continuous Safety Services branch of the ESA.
2. Each location will maintain a logbook for the inspector to review and update at each visit. A site report will be received after each inspection. Items noted on the report must be addressed immediately.
3. The inspection must be kept in the program files with documentation indicating that all recommendations have been brought to a successful resolution.

B.10.9 WATER TEMPERATURE

1. Water used for bathing and showering must never exceed 49°C or 120°F.
2. In the event that the temperature exceeds 49 degrees Celcius or 120 degree Fahrenheit, or alternatively is not hot enough a qualified plumber must be contacted to adjust the temperature and provide corrective action and proof of such in writing to the agency.
3. **Daily** water temperature checks in all faucets will be completed, using the electronic thermometer and then document the exact temperature.

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4. When testing the water temperature you must allow the water to run for 1 ½ to 2 minutes uninterrupted and the hottest setting. Fill a cup or glass with the hot water and test the temperature while allowing the water to continuously flow from the cup or glass and then record the exact temperature.

B.10.10 INDOOR AIR QUALITY

B.10.10.1 TEMPERATURE

1. All locations owned, rented or leased by TCE must ensure that a minimum temperature of 20° C or 68°F is maintained from October to May 31. Refer to Emergency Plan in the event of power failure.
2. All locations owned, rented or leased by TCE which have central air conditioning must ensure a reasonable temperature (i.e., between 24 and 27 degrees Celsius) is maintained from June 1 to September 30.

B.10.10.2 QUALITY

1. Furnace filters shall be changed or cleaned on a regular basis (monthly) when the furnace is in use including summer when operating an Air Conditioning unit.
2. Where possible an HVAC System (a system that includes Heating, Air Conditioning and Ventilation) should be installed and properly maintained as per manufacturer's recommendations. New construction will include the installation of an HVAC System.
3. Where an HVAC System is in place, it should provide adequate amounts of outdoor air based on occupancy rates and activities. When installed the system should maintain a minimum ventilation rate continuously during the occupancy period:

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- The amount of outdoor air volume should be set a minimum of 7.5 L/s per person. Offices should receive 10 L/s per person (settings based on manufacturer's standards and the Canadian Centre for Occupational Health and Safety (CCOHS)).

B.10.10.3 HUMIDITY

1. A device to monitor humidity should be present in a central location in each program. Humidity should be maintained at 35-60% (CCOHS standard).
2. When necessary a dehumidifier should be activated to reduce excess moisture in the air (e.g., basements).
3. In addition, TCE will take additional appropriate mould prevention measures and contract a mould specialist if mould problems persist.

B.10.10.4 LIGHT

1. All new locations will be constructed meeting current fire and building code requirements for appropriate natural and artificial lighting.
2. All rooms in all TCE locations will contain at least one source of light.
3. When installing new lighting or upgrading existing light, priority must be given to energy efficient products.

B.10.11 TENANCY AGREEMENT

1. At residential locations where TCE is the landlord (i.e., TCE either owns, leases, or rents the location) each person receiving service at that location is required to have on file a **Tenancy Agreement** signed by the Program Supervisor and the person and/or the family delegate. Where appropriate, the **Agreement Between Tenants** shall be completed and signed, based on the choices and needs of the people receiving support at the location.
2. When persons supported own, lease, or rent their own residence, the **Agreement Between Tenants** shall be completed and signed.
3. The **Agreement Between Tenants** may be an agreement between people living together or between TCE and one or more persons.

B.10.12 MANAGING VEHICLES

B.10.12.1 MAINTENANCE

1. Every program must adhere to a preventative maintenance schedule based on the fleet maintenance company's recommended service schedule. To obtain a fleet package that includes maintenance schedules, contact your Program Supervisor.
2. Maintaining mechanical functions is a priority. Lights, tires, windshield wipers/washers, heaters/defroster, steering, mirrors, brakes, and transmission are to be checked on a regular basis and serviced *as needed*. A record of maintenance and repairs must be completed upon every service of all vehicles, see ***TCE Vehicle Maintenance form***. ***See also Section - Driving Practices***.
3. All vehicles should be equipped with a standard First Aid kit and a ULC approved Dry Chemical Type Fire Extinguisher (rating of not less than 2-A: 10-B:C).
4. In accordance with the *Highway Traffic Act, Regulation 629, Section 3 (i), (j) Vehicles for the Transportation of Physically Disabled Passengers* vehicles adapted for persons with physical disabilities must have the fire extinguisher and first aid kit mounted or secured in a location readily accessible to the driver and in plain view (according to *Regulation 629 s. 3 2 of above Act*). ***See also Section - Health Care***,
5. Vehicles designed to carry wheelchairs must have an annual Brake and Steer Inspection by the Ministry of Transportation for Ontario. Mechanical lifting devices must also be inspected annually.

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6. Any staff who suspects that the vehicle may be damaged must report it promptly. The vehicle must be repaired as soon as possible. Contact the Program Supervisor who will coordinate the assessment of whether an insurance claim will be required. For vehicle purchases, see Director of Operations.

B.10.13 VEHICLE INSURANCE

B.10.13.1 INSURED DRIVER POLICIES

TCE is proactive in vehicle accident prevention. The following policies are designed to assist TCE in maintaining coverage:

1. All persons driving TCE vehicles **must** possess a full Class 'G' license or other approved license (class 'A' through 'E'). If a staff possesses a 'G1' or 'G2' license, s/he will not be added as an insured driver and, subsequently, will **not** be permitted to drive any of TCE' owned, leased or rented vehicles,
2. All persons must be registered with the insurance company **before** driving any TCE' vehicle. This involves filing the form **Driver's Record Check** with the Administration office. This form must be completed in its entirety before staff will be added to the Insured Drivers List and be allowed to drive.

Note: By law, any name change requires a change in driver's license number. Administration office must be notified immediately upon receipt of the new license number.

3. Staff are not expected to transport people supported in their own vehicles. If, in consultation with their manager, staff elect to do so:
 - Staff must have a full 'G' or other approved license (class 'A' through 'E').
 - TCE assumes no liability.
 - Where approved by their manager, staff may be reimbursed according to current rates noted in the Collective Agreement.
 - TCE requires that staff have a minimum of \$1 million liability insurance and recommends that staff have \$2 million liability insurance

B.10.13.2 DRIVING PRACTICES

1. **Persons operating a TCE vehicle must have a zero blood alcohol level.** Insurance provisions stipulate liability insurance may be void if alcohol is detected. Operating any TCE' vehicle, or any vehicle while on TCE business, while under the influence of any prescription drug, illegal drug, or other substance that may impair, reduce or otherwise impede the reactions or judgment of the operator is also prohibited.
2. Drivers are expected to obey all traffic and parking regulations while in control of a TCE vehicle. Parking and traffic violation tickets issued to TCE vehicles (whether owned, leased or rented) or to persons driving these vehicles, are the responsibility of the driver. TCE will not assume responsibility for these fines.
3. Smoking is not permitted in any TCE vehicle.
4. **Circle Check** - A thorough circle check of the vehicle should be completed and documented prior to the first trip of every day. On each subsequent trip a "trip check" including a quick walk around the vehicle and an abbreviated circle check should be conducted so that the driver is aware of any changes to the vehicle and the area surrounding the vehicle. Refer to the Vehicle Log /Circle Check form.
5. Backing procedures:
 - It is recommended that the driver either avoid parking in areas where they will need to back out OR that the driver back into the parking area when arriving.
 - Before driving the vehicle take time to carefully examine the area around the vehicle to ensure that the area being backed into is clear of obstructions.
 - When parking, back into driveway when possible and appropriate for the situation. In some cases, it may be

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necessary to drive into the driveway if the street is busy and then back into the driveway at a later time when traffic has subsided.

- To avoid hitting objects when backing up, enlist the assistance of another staff person, when possible.
 - When in a parking lot, look for a 'drive through' spot.
6. Always be aware of other objects, vehicles and pedestrians.
 7. Staff must take necessary precautions to avoid distractions while driving (e.g., avoid eating/drinking, 'rubbernecking', changing music, excessive talking).
 8. "Drive thru" windows are to be avoided.
 9. Cell phone use should be kept to a minimum while driving. If the use of a cell phone is necessary the phone must be equipped with a hands-free device. *See also Section - Mobile Communication Devices.*
 10. As per Ontario legislation, the law makes it illegal for drivers to talk, text, type, dial or email using hand-cell phones and other hand-held communications and entertainment devices. The law also prohibits drivers from viewing display screens unrelated to the driving task, such as laptops or DVD players, while driving. The use of hands-free devices is permitted, and drivers may use hand-held devices to call 9-1-1.
 11. Every program must develop a vehicle orientation. Each staff must go through a program-specific orientation prior to driving that is completed, documented and placed in the employee's file. *This* orientation should cover specifics such as:
 - a review of seating arrangements (e.g., individual preferences, any behavioural precautions) specialized equipment (e.g., lifts, Q-strains)
 - safety equipment (e.g., location of first aid kit, fire extinguisher)
 - documentation requirements (e.g., completion of Vehicle Log / Circle Check form, trip checks, location of forms/information in case of an accident or a breakdown)
 - backing procedures (specific to program location)
 - mutual accountability (e.g., assisting each other in avoiding distractions and following policies, reporting if/when staff are not driving safely)
 - vehicle maintenance (e.g., routines, who is contact person regarding concerns, Fleet Services information, where to locate names and contact information for repairs and maintenance)
 - frequented locations (and location of maps).
 12. An "orientation drive" with the Program Supervisor or designate must be completed and documented. This should be done with no persons supported in the vehicle and should allow the trainee to practice driving, backing up, parking, going to frequented locations and using specialized equipment as appropriate to ensure trainee feels comfortable driving.
 13. In the event that careless or unsafe driving of a TCE' vehicle is observed. by or reported to a TCE' employee, the Program Supervisor and the staff involved should be notified. Immediate measures should be taken to ensure the safety of persons supported and corrective action must be taken to reduce the risk of accident. This may include additional training, reviewing safe driving practices, suspending staff's driving privileges and/or addressing performance issues.

B.10.13.3 ACCIDENT/COLLISION REPORTING

1. **Automobile Accident Report** forms must be carried in all vehicles at all times.
2. Immediately after an accident the staff involved must:
 - ensure the safety of the passengers. As necessary, complete an **Occurrence/Incident Report**
 - obtain the other driver's insurance information
 - if the accident involves another vehicle notify the Police or make a report to a Collision Reporting

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Centre, as appropriate

- complete an **Automobile Accident Report** and forward to the Program Supervisor.
3. The Program Supervisor must verbally notify the Director of Operations or Director of Finance and deliver or fax the accident report to the Director of Operations or Director of Finance.
 4. The Director of Operations or Director of Finance will contact the insurance company. This insurance company will contact the program and make arrangements for an adjuster to assess the damage. Repairs will be made on the recommendations of the Insurer.
 5. For repairs costing \$1,000 or more, the Program Supervisor must obtain and forward 3 repair quotes to the Director of Operations.

B.10.13.4 ACCIDENT PENALTIES

1. Staff involved, but not at fault, in an accident while driving a TCE' vehicle will not be penalized.
2. Each "at fault" accident will be assessed individually by TCE' supervisory personnel to determine appropriate follow-up measures to be taken, which may go beyond the policies stated herewith.
3. Driving records will be kept for 8 years.

B.10.14 ELEVATORS AND LIFTS

B.10.14.1 MAINTENANCE

1. Elevating devices must be properly maintained and repaired by a registered contractor in accordance with the *Elevating Devices Act (as amended)*. Contact the Administration Office for the necessary maintenance agreement information.
2. In conjunction with the Administration office, the Program Supervisor/designate at each location must ensure that elevating devices are maintained and inspected as determined by the owner, contractor, and/or manufacturer's recommendations and no less than semi-annually (every 6 months) by an external company,
3. The Program Supervisor or designated team member at each location must ensure conformance with the Elevating Devices Act and Regulations in respect to maintenance, operation and usage
4. All other lifting devices used at support locations (e.g., mechanical lifts, portable floor lifts, etc.) must be inspected annually.

B.10.14.2 LICENSES

1. Elevating devices are to be licensed annually in accordance with Ontario's *Elevating Devices Act* and Regulations in conjunction with the Technical Standards and Safety Authority (TSSA).
2. This license must be posted in the elevating device at all times. A copy of this license must be forwarded to the Director of Operations.

B.10.14.3 OPERATION FOR ALL TYPES OF LIFTS

This policy applies to all types of lifts: elevators, mechanical lifts (e.g. overhead track), and portable floor lifts.

1. All staff are required to read the "User/Operator Manual" for the lifting device being used in the program prior to first time operation. The operator must know how to work the controls.
2. New staff will be required to observe trained staff using the lift. New staff will then be observed by trained staff while operating the lift to ensure that they are using the lift properly. All training to be documented with times, dates, and staff involved, using the **Staff Lift Training** form and placed in staffs personal file.
3. All staff are required to follow the lift procedures as outlined in the manufacturer's specifications for that specific lift and understand all the safety rules such as loading, load or passenger limits, etc.

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4. An elevator should never be used in the event of a fire.

B.10.15 DRINKING WATER

B.10.15.1 INTRODUCTION

Although the following drinking water information is our policy, TCE purchases an outside service which monitors, maintains the water system, submits water samples, takes corrective action if there is an adverse water test, completes and submits the required testing and documentation where drinking water is obtained from a ground water source (well) regulated by the Safe Drinking Act, 2002 (as amended) and subject to O. Reg. 170103 (as amended).

1. Programs where drinking water is obtained from a ground water source (well) are regulated by the Safe Drinking Act, 2002 (as amended) and subject to O. Reg. 170103 (as amended).
2. Programs that fall under this regulation are required to have a copy of the above-mentioned regulations and to ensure that the following systems are in place to ensure the safety of the water supply in the home.
3. Appropriate water treatment equipment (disinfection equipment such as UV or chlorination, filtration and monitoring equipment) installed and maintained.
4. Trained persons (persons who have successfully completed the Small Water Works "Operation of Small Drinking Water System" course through the Walkerton Clean Water Centre (WCWC)) to perform adjustments and maintenance work of water treatment equipment and to make weekly checks to ensure functionality. Staff need to be re-trained every three years to keep their certification.
5. Spare equipment (e.g., UV lamp, UV sleeve, 5-micron filters, water softener salt, etc.) is to be kept near the equipment for easy replacement.
6. Written operating instructions for the water treatment equipment are to be kept near the equipment for easy review.
7. Regular sampling and testing of treated and raw water for water quality.

B.10.15.2 WATER SAMPLING

If the home is on a well, it is mandatory that the supervisor ensure that regular samples of treated water are taken and analyzed for microbiological parameters, as required by the regulation. Trained staff must collect both treated and raw water samples and send them to an accredited lab to perform the analytical tests:

- For UV based treatment systems: Treated water and raw water samples are to be collected and submitted once every month.
- For Chlorine based treatment systems: Treated water is to be sampled every other week and raw water samples are to be collected and submitted once a month.
- Testing for nitrates and nitrites must be done quarterly.
- Sampling for chemical parameters (listed in O. Reg. 170/03 Schedule 15-2) is to be done every five years (60 months).

B.10.15.3 INDICATIONS OF ADVERSE WATER QUALITY

The following are prescribed as adverse results of a drinking-water test for the purpose of section 18 (Corrective Action) of the *Act 170/03*:

- A result that exceeds any of the standards prescribed by Schedule 1, 2 or 3 to the Ontario Drinking-Water Quality Standards, if the result is from a sample of treated drinking water, this is an Adverse Water Quality Incident. Follow the procedure outlined in **Section - Reporting an Adverse Water Test Result** (Schedule 1, 2 & 3 specifies maximum acceptable standards for the following microbiological parameters: *Escherichia coli* (E. coli), total coliforms and fecal coliforms must not be detectable, HPC not greater than 500 CFU per milliliter.).
- If water that has not been disinfected is directed to users, where disinfection is used or required, this is an Adverse

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Water Quality Incident. Follow the procedure outlined in ***Reporting an Adverse Water Test Result***.

- If an alarm is indicating, or has been indicating, that there is a problem with the disinfection system, this is an Adverse Water Quality Incident. Staff must follow the procedure outlined in ***Section - Reporting an Adverse Water Test Result***.
- If chlorination is used, and the concentration of free chlorine residual is less than 0.05 mg/L in any required sample, this is an Adverse Water Quality Incident. Stop water use, resample and test again. If the free chlorine residual is still less than 0.05 mg/L, increase the chlorine dose and flush the water distribution system and plumbing to ensure the free chlorine residual is at least 0.2 mg/L at all points in the distribution system and plumbing. Stop water use until otherwise directed by the Medical Officer of Health. Follow the procedure outlined in ***Section - Reporting an Adverse Water Test Result***.
- A result indicating the presence of a pesticide not listed in *Schedule 2* to the Ontario Drinking Water Quality Standards in a sample of drinking water, at any concentration, is an Adverse Water Quality Incident.

B.10.15.4 REPORTING AN ADVERSE WATER TEST RESULT

1. Immediately upon receiving notification from the Laboratory of an Adverse Water Quality Incident (AWQI) verbal notice must be given to the proper authorities:
 - Notify the local Medical Officer of Health, either in person or on the telephone.
 - Call the Ministry of the Environment, Spills Action Centre (1-800-268-6060) and notify them of the adverse reading.
 - Contact the Director of Operations and/or Executive Director.
2. Within 24 hours of giving verbal notice:
 - Deliver written notice by completing the form entitled *Notice of Adverse Water Incident & Issue Resolution* subject to *O. Reg. 170/03, 16-7(2)*. PIBS # 4444e.
 - Send the form to the local Medical Officer of Health, and the Ministry of the Environment, Spills Action Centre (fax 1-800-268-6061).
 - Notify the Director of Operations and/or Executive Director.
 - Complete an **Occurrence Incident Report** and report it to the Administration Office as a Serious Occurrence (*see also Section - Occurrence/Incident, Serious Occurrence and Enhanced Serious Occurrence*).
 - The interested authority for the facility (MCSS) will be notified through Serious Occurrence reporting.

B.10.15.5 CORRECTIVE ACTION - RESPONDING TO AN ADVERSE WATER RESULT

1. Please refer to *O. Reg. 170/03, Schedule 18 "Corrective Action"* for specific corrective action required. For additional information see also MOE, Procedure For Corrective Action for Systems Not Currently Using Chlorine (PIBS 4414e).
2. If an adverse water quality condition has occurred, the following is required:
 - Immediately stop drinking the water and take all reasonable steps to notify all users of water from the system to use an alternate source of drinking water (i.e. bottled water) or to bring water to a rapid rolling boil for at least one minute before use.
 - Immediately resample and test.
 - The trained staff should conduct an inspection of the water system, distribution system, and any plumbing to ensure that the system has been properly maintained to prevent entry of contamination. Correct any problems identified before continuing with corrective action steps. Ensure that microbiological contamination is eliminated from the system through temporary disinfection, flushing of the lines, and by continuing to resample and test.
 - If the Medical Officer of Health issues a "boil water" notice for the program, water must be brought to a

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rapid, rolling boil for at least one minute to be considered "boiled".

- Post signs above all faucets and fixtures stating that the water is unfit for human consumption.
- Allow sponge baths to be taken if deemed to be safe to do so, and then only if necessary.
- Inform incoming shift staff of water quality problems.
- If, at the time of the event, there is no staff onsite trained in the Operation of Small Drinking Water System then one must be notified immediately and must arrive on site within four (4) hours.
- Take such other steps as are directed by the Medical Officer of Health.

B.10.15.6 ISSUE RESOLUTION

1. Once the issue that gave rise to the Adverse Water Quality Incident has been resolved, a follow-up written notice summarizing the action taken and the results achieved must be delivered to:
 - the Ministry of the Environment Spills Action Centre and the Medical Officer of Health within 7 days (*O.Reg170/03 S.16-9 (1)*)
 - the MCSS (Interested Authority) within 30 days (*O.Reg.170/03 S.16-9(2)*) using the *Notice of Adverse Water Incident 7 Issue Resolution Section 2(b)*.
2. The Adverse Water Quality Incident is rectified only after two consecutive sets of water test results, tested 24 to 48 hours apart do not detect an adverse result or as otherwise directed by the Medical Officer of Health.

B.10.16 SEPTIC SYSTEMS AND WASTE MANAGEMENT

1. Where a septic system is required, the Director of Operations shall provide the oversight and project coordination.
2. The design (or replacement) must be completed and work overseen by a professional, qualified engineer in conjunction with the Municipality of the location, and the Ministry of Health (where appropriate).
3. The septic tank shall be serviced at least once every 12 months.
4. If a problem has been identified the Director of Operations and/or an approved Septic System Inspector/Engineer shall conduct an inspection.
5. Locations using septic systems should maintain in their in-house procedures manual information surrounding the use of these wastewater systems. It shall include, but not be limited to, phone numbers of septic system pumping company, instructions as to what to do in case of an alarm, water conservation practices, what is not to be disposed of in a septic system, etc. *See also the TCE Facilities Management - Property Systems Manual* for more details.

B.10.17 PROCEDURE FOR SANDING/SALTING

It is the responsibility of all staff to ensure walkways and ramps are sanded/salted, during the winter season.

Developed by JHSC:

Each winter season TCE hires external contractors to provide snow plowing and sanding salting procedures to our owned properties. Exceptions occur at programs that include Housing Corporations.

However it is impossible for them to visit our locations several times a day and therefore we must rely on staff to take an active role in ensuring safety on our walkways.

It is the responsibility of all staff to ensure walkways and ramps are sanded and salted, during the winter season.

Staff are to check walkways on half hour prior to shift changes to ensure they are clear of ice and snow. If there is ice on the walkway, staff will sand and salt the pathway to ensure safety for staff and residents leaving and arriving on shift.

In addition to this staff should be sanding the walkways during inclement weather, again to ensure safety for all.

B.11 EVALUATING SERVICE

B.11.1 INTERNAL SERVICE REVIEWS

1. Ongoing internal evaluations of services are carried out at planning meetings by persons supported, their families/designates, staff teams, Program Supervisors.
2. Formal reviews and evaluations of services and programs are carried out organizationally (e.g., Program Assessments).
3. TCE may seek an external agent (e.g., an accreditation agency) to evaluate its services.

B.11.3 LEGISLATIVE AND REGULATORY COMPLIANCE

1. It is the responsibility of TCE to ensure that its programs are in compliance with the appropriate legislation (e.g., *Supports and Services to Promote the Social Inclusion of Persons with Developmental Disabilities Act (as amended)* and its regulations).
2. The appropriate ministry will initially inspect and approve each site.
3. Once the ministry has inspected/approved the site, the Program Supervisor and/or designated team member(s) will:
 - complete self-monitoring compliance reviews as outlined and requested by the local ministry office
 - as requested, complete and submit documentation to the Administration Office.
4. The Executive Director is responsible to advise local ministry offices with compliance information as requested.
5. Programs may be reviewed as requested by local ministry offices.

B.11.4 INTERNAL COMPLIANCE REPORTING

1. The Executive Director shall submit a letter to the Board of Directors indicating issues of compliance and non-compliance each year. This letter should reflect compliance for the previous calendar year (January to December).

B.12 MANAGING INFORMATION OF PERSONS SUPPORTED

TCE seeks to keep accurate records about people supported that are relevant and current. TCE will make relevant information available to other people who need to know it in a way that respects the rights of persons supported. *See also Section - Privacy Policy and Section - Maintaining Records of Persons Supported and Confidentiality and Disclosing Information.*

B.12.1 CONTENT OF FILES

1. Documents (both paper and electronic) must be stored and maintained based on the guidelines outlined in the TCE Standardized Filing System.
2. The file of each person supported must contain the following forms/information on intake:
 - **Referral Form** and/or application for developmental services and supports
 - **Individual Information Sheet**
 - **Intake Medical Record**
 - **Consent for Service**
 - **Photo Video Consent.**
 - **Consent to the Disclosure, Transmittal or Examination of Information** (as required)
 - **Tenancy Agreement** and/or **Agreement Between Tenants** (as required).
3. The file of each person supported must contain the following forms/information during service:
 - **Annual Medical** (if applicable)
 - **Cumulative Health Record**
 - **Personal Plan**
 - **Individual Training Support** (as required)
 - **Support Notes**
 - **Financial Journal**
 - **Consent to the Disclosure, Transmittal or Examination of Information** (as required)
 - **Occurrence/Incident Report**
 - **Seizure Record Chart** (if applicable)
 - **Medication Schedule/MAR Sheet.**
4. The file of each person supported must be kept for 20 years after transfer/termination/death and must contain the following forms/information on support transfer/termination/death:
 - **Individual Information Sheet**
 - **Consent for Termination of Service** or **Consent for Internal Transfer.**
 - **Individual Support Plan**
 - **Application for Service**
 - **Support Intensity Scale**
 - **Copy of last inventory**

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- **All financial Records**
 - **All Medical Records**
 - **Transfer details**
 - **Termination of service details**
 - **Death certificate and Serious Occurrence**
5. Each program must maintain the following information for all persons supported, including:
- **name**
 - **gender**
 - **birth date**
 - **name and address of family/designate**
 - **date of intake**
 - **date of support termination (if applicable)**
 - **name of agency to which individual was transferred.**
6. The Administration Office will keep records of:
- proposals
 - TCE's Policies and Procedures Binder (Reference Manual)
 - applicable legislation
 - Supports and Services to Promote the Social Inclusion of Persons with Developmental Disabilities Act, as amended
 - resource and educational materials that are current
 - brochures and publications,
 - information on persons supported within the organization

B.12.2 MAINTAINING RECORDS OF PERSONS SUPPORTED

1. All records of persons supported must be stored in a locked cabinet or locked office space. Steps should be taken to reduce the risk of damage to paper records by storing them off the floor and/or in waterproof cabinets or bins. Where files are stored at an alternate location, this information must be documented in the In-House Procedure Manual.
2. When a person supported moves to a new support location within TCE, all paper and electronic documents specific to that person must move with the person.
3. Records on each person supported including documentation such as: support details, financial journals, medical findings and recommendations must be kept for twenty (20) years after the date of the last entry in the record for the person. *See also Section - **Content** of Files.*
4. If a person supported dies or terminates services with TCE:
 - Staff must forward all documents pertaining to person supported to the Administration Office.
 - The Administration Office will coordinate the files and add any other necessary information from their records. They will ensure that each file box is labeled with the following information:
 - last address
 - program name

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- name of person
 - contents of the box (please ensure that similar contents or information are kept together for that archiving year)
 - storage year date (current year)
 - destruction date.
5. Destruction of records does not happen at the program level. Destruction of records should take place with appropriate security measures so that identifying information is not released. *See also Section - Managing Information of Persons Supported.*

B.12.3 MAINTAINING PROGRAM-SPECIFIC RECORDS

1. Program-specific records must be stored and maintained based on the guidelines outlined in the TCE Standardized Filing System.
2. A written record of inspections and tests of fire equipment, fire drills, fire detection and alarm systems, heating system, chimneys and smoke detectors, carbon monoxide must be kept for seven years. *See also Section - Fire and Carbon Monoxide Precautions.*
3. Records pertaining to furnace inspections and health inspections must be kept for seven years. *See also Section - Fire and Carbon Monoxide Precautions.*
4. Records of elevator licensing and inspections and lift inspections must be kept for seven years. *See also Section - Elevators and Lofts.*
5. Records pertaining to maintaining safe drinking water at programs that are regulated by the Safe Drinking Water Act, 2002 (SDWA) and subject to O.Reg.170/03 must be kept for five years (e.g. water sampling tests, installation and inspection of equipment to filter water, etc.). *See also Section - Drinking Water.* Chemical test results, adverse water quality reports and annual reports must be kept for 15 years.
6. Electrical safety inspections must be kept for seven years. The Electrical Safety logbook must be maintained on an on-going basis. *See also Section - Electrical Inspections.*

B.12.4 CONFIDENTIALITY AND DISCLOSING INFORMATION

TCE is committed to ensuring that the information of persons supported is maintained in a confidential manner. To this end, TCE maintains restricted access to records and disclosure of information pertaining to persons supported (*see also Section F.1 - Confidentiality*).

TCE's supports and services are subject to the current legislation regarding privacy and access to information (e.g., *Freedom of Information and Protection of Privacy Act*, the *Supports and Services to Promote the Social Inclusion of Persons with Developmental Disabilities Act*, the *Personal Health Information Act*).

1. Personal information collected and used to provide services to persons supported must be maintained in accordance with governing regulations and TCE's policies. This information must be maintained in as accurate, complete and up-to-date a form as necessary in order to fulfill the purposes for which it was collected. *See also Section A - Privacy Policy and Section - Managing Information of Persons Supported,*
2. At each location, the Program Supervisor or designated supervisor must ensure that information is stored and secured against damage or use by unauthorized persons.
3. No staff shall disclose the records of a person supported to any person, except in accordance with these guidelines:
 - Personal information in a person's record must not be disclosed to any employee, student or volunteer who has not signed a confidentiality agreement (e.g., Employment Contract) and who is not directly involved in the person's support or in providing administrative support (e.g., Administration Office staff).
 - Information should be disclosed by authorized employees who must screen it and disclose only that which is

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required and appears justified.

- If information is requested by MCSS officials or by the appropriate authority in response to an action authorized under law (e.g., a warrant), access to information regarding persons supported may be given without the person's consent.
 - Before disclosing personal information, reasonable steps must be taken to ensure it is accurate, complete and not misleading. To correct any personal information on file, a written update that demonstrates the inaccuracy or incompleteness of personal information must be sent to the TCE's Director of Operations. The information will be amended as required. *See also Section - Privacy Policy.*
4. Releasing information to persons supported and families/designates is governed by the following considerations:
 - Persons supported shall normally have full access to identifiable information about themselves.
 - Information shall not be released that could cause serious mental or physical harm to the person in question. Specific information or parts of the record may be withheld or a summary of the information may be provided in cases where full disclosure to the family/designate would be harmful to the person supported or to another person.
 - Information shall not be released in a form that would violate the privacy of another party.
 - In cases where the release of names or other information would violate the privacy of third parties, only parts of the record may be provided.
 - In cases where information was obtained from a professional hired by the agency to provide assessment or treatment, the agency must withhold the information but may provide the name of the professional to enable the subject's families/designates to seek the information from its source.
 5. If a person supported transfers to another agency, original documents should not leave the agency that compiled them. A copy of the **Consent for Termination of Service** form as well as a copy of summary notes from the discharge conference may be transferred.
 6. For an internal transfer, all records must be transferred to the new program. *See also Section - Termination/Internal Transfer.*
 7. Authorization to obtain or release confidential information may be given by the person supported and, in some cases, his/her family/designate. Releasing confidential information to a third party must be approved using an **Consent to Disclosure, Transmittal or Examination of Information** (or similar form). Situations requiring authorization to obtain or release confidential information include, but are not limited to: external day supports; schools; external behaviour supports; other supports such as occupational therapy, physical therapy, or speech language supports; and interactions with other agencies. *See also Section - Privacy Policy and Section - Confidentiality.*
 8. Failure to obtain signed consent to disclose information prior to sharing information when required or any other situation that results in confidential information being shared must be documented on an **Occurrence incident report**. *See also Section - Occurrence/Incident, Serious Occurrence and Enhanced Serious Occurrence*
 9. A violation of consent includes the following situations:
 - Breach of photo consent (e.g., TCE uses a person's photo without permission).
 - Inappropriate third party access to data or documents pertaining to a person supported.
 - Sharing personal information without proper documentation (e.g., failure to complete consent to disclose documentation).
 - Accessing treatment without appropriate consent.
 10. Where an employee becomes aware of a violation of consent, it must be reported as an Occurrence Incident (*see also Section - Occurrence/Incident, Serious Occurrence and Enhanced Serious Occurrence*). The person and their family must be informed.

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11. Where persons supported and/or their family/advocate feels there has been a violation of consent, the concerns and complaints process should be utilized (*see also Section - Concerns and Complaints*).
12. All requests from persons supported and/or families/guardians for information should be dealt with as quickly as possible and, preferably, within 30 days. Care should be taken to ensure that information is shared in a form that is comprehensible to the recipient. This may include a staff member being available to explain the information if the recipient has any questions.
13. In the event that a person supported or their family/designate requests information and where there is a dispute regarding access to information or records, the nature of the request and all relevant circumstances must be fully documented. The Program Supervisor shall review the request and make a recommendation to the Director of Operations who shall consult the Executive Director. A decision to supply, or not supply, the requested information will be rendered in accordance with the considerations set out above and applicable to privacy laws. If the decision is not satisfactory to all parties, appeal can be made through mechanisms set out in applicable privacy laws.
14. This Confidentiality and Disclosing Information policy must be reviewed with persons supported and their family/guardian during the orientation process and then as required there after.

B.12.5 COMMUNICATION BOOK

1. The purpose of the daily log or in-house communication book is to record any information/instances that are pertinent to the shift(s) (e.g., reminders for appointments, contacts with family/designate, references to occurrences/incidents, fire drills, etc.).
2. The communication book is an official document and must remain in a secure place on location for staff use only. It should not contain person-specific details that are to be documented elsewhere (e.g., Support Notes, Cumulative Health Record, etc.).
3. The communication book should be archived at the program location.

B.12.6 INVENTORY

1. Each location shall keep an inventory of all furnishings and equipment. This inventory is to be kept current. A copy of the current **Inventory list** will be submitted to the Administration Office upon request.
2. New purchases must be added to current list immediately.
3. All items with a value of more than \$50.00 are to be included.
4. An inventory of each person's belongings is done upon intake and maintained (**Personal Inventory List** form).
5. The Program Supervisor must approve all write-offs or disposals. They are then crossed off the original inventory list by a single line through the entry, and initialled.
6. When assets are transferred from one location to another, the asset being transferred is deleted from the original location's list and added to the list of the new location.
7. Missing or stolen items must be reported immediately using the **Occurrence/Incident Report**. (*See Section - Occurrence/Incident, Serious Occurrences and Enhanced Serious Occurrence*). A waiting period should be set for their return after which time they are crossed off the inventory list. Where appropriate, TCE may compensate (e.g., replace the item or reimburse with an appropriate dollar value) persons supported for missing personal items. The **Inventory list/ Personal Inventory Lists** are on-going documents and must be updated as items are purchased and disposed.

See *also Section - Policy for Disposing of Assets*.

B.12.7 IN-HOUSE PROCEDURE MANUAL

1. It is the responsibility of the Program Supervisor to develop and maintain an In-House Procedure Manual.
2. Each staff must have access to the In-House Procedure Manual.
3. The manual should contain issues pertinent to the location. It should be developed with the intent of clarifying issues that might otherwise be somewhat obscure.
4. The In-House Procedure Manual should include:
 - access to building
 - confidentiality
 - long distance telephone calls
 - removal of equipment from building
 - staff holidays
 - appointments for persons supported
 - medication administration
 - transfer of medication between support locations
 - rights of persons supported
 - supplies and equipment
 - procurement
 - evacuation of building
 - parking at the program
 - staff schedule
 - Call In binder
 - procedures for employees when unable to work scheduled shifts (e.g., calling in sick)
 - emergency response plan
 - petty cash procedures and frequency of cash counts (both petty cash and finances of people supported).
5. The following policies include references to items that, if applicable, also must be included in the In-House Procedure Manual:
 - orientation for new persons and their family/designate
 - written first aid protocols and response to medical emergencies
 - seizure activity
 - support to persons with significant health-related issues
 - accountability measures to prevent the theft of narcotics and other medications with "street value"
 - supported independent living
 - use of supported persons' finances to make bulk or collective purchases
 - search and rescue
 - protocols that outline how staff will provide assistance to each person who requires assistance with personal

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care/procedures regarding bathing, showering or swimming

- protocols to address situations where staff may be vulnerable to false allegations of abuse
- regular program maintenance and service procedures
- provisions regarding video monitoring
- septic systems.

6. Each staff must review the In-House Procedure Manual annually and sign-off to indicate their review.

B.13 FIRE ARMS AND PROHIBITED WEAPONS

Firearms and prohibited weapons will not be permitted on TCE property, and discovery of such items will lead to immediate Police involvement.

1. Upon the discovery of any firearm or prohibited weapon, the TCE employee involved will immediately contact the Police to request the removal of the item and that an investigation be conducted, with charges to be laid if appropriate.
2. After contacting the Police, the incident shall also be immediately reported to Management utilizing the appropriate On Call procedures.

B.14 INTERNET USE & ELECTRONIC COMMUNICATION

At TCE, access to the internet is used primarily for electronic communications related to the business of the organization. In rare circumstances, it may be used for research and investigation related to the business of the organization and/or along side the residents. All employees have the responsibility to ensure these resources are used in a professional, ethical and lawful manner. Use of TCE's internet access for any other purpose is prohibited and employees disregarding this policy are subject to disciplinary action up to and including dismissal.

TCE is committed to providing functional electronic communication technologies for advancing the Goals and Objectives of TCE, providing administrative functions and to support people within TCE.

Employees may not use resources for personal benefit or gain, nor interfere with the employee's performance or responsibilities.

As all equipment is the property of TCE, management reserves the right, with reasonable grounds, to monitor/view all electronic equipment usage for both business and personal usage, with authorization from the Executive Director or designate. Random computer audits may be conducted at the Agency's discretion. Any unacceptable use of TCE computers will be addressed through the Employee Performance Review.

TCE will be the sole provider for passwords All passwords are the property of TCE and must be registered with the Program Supervisor.

The electronic communications policy and guidelines cover internal and external electronic communications. They apply to all resources provided for employees including, but not limited to:

- telephone or videophone
- mobile phones
- voicemail
- email
- fax
- scanners
- photocopiers
- printers
- internet/intranet
- instant messaging

Guideline

This guideline defines acceptable, unacceptable and limited conditions for TCE employee's personal use of electronic communications, including personal electronic devices. It is critical that employees remain attentive to the requirements of their position and avoid unnecessary distractions. TCE therefore outlines the circumstances under which computers and personal electronic devices, either existing or emerging, may or may not be used while at the work place.

Acceptable Use During Work Hours

The use of personal cellular phones, text messaging, Portable Digital Assistant Hardware (ie BlackBerry, Palm) while at the work place is strictly limited to any approved personal time during working hours.

The use of personal listening devices and which may require the use of headphones including but not limited to iPod, MP3 Player, etc., is strictly prohibited while at the work place.

Persons who bring personal electronic devices into the work place do so at their own risk. TCE does not accept responsibility for lost, stolen or damaged personal electronic devices which have been brought into the work place at the owners own risk. The secure storage of the devices is the sole responsibility of the owner.

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Examples of uses related to the duties or promotion of organizational effectiveness include, but are not limited to the following:

- Use of computer resources to review online job postings, online news services and articles related to TCE's business and the community at large.
- Aid in the advancement for people supported
- Announcement of and participation in social gatherings to acknowledge accomplishments.
- Development of competency in the use of information technologies and computer resources.
- Communication with appropriate agencies, organizations and services in order to build interpersonal rapport within the community and/or support and connections for people supported.

Acceptable "Personal" Use During Work Hours

Examples of permissible personal use include but are not limited to the following:

- There is no cost to TCE;
- Any use is brief in duration, is necessary and occurs infrequently;
- The use does not interfere with the performance of the employee's duties and responsibilities;
- The use does not disrupt or distract from ensuring people are supported;
- The use does not disrupt other employees;
- The use does not compromise the security or integrity of property, information, or software.
- Limited electronic communication with children and dependents.
- Office telephones are for use for TCE business. Telephones may be used by employees for personal business, as long as the number of calls and the length of calls are held to a reasonable level.

Acceptable Personal Use does not Include:

- Downloading software not in agreement with the TCE
- Laptops to be shared with family members during or after work hours.

Prohibited / Unacceptable - includes but is not limited to the following:

1. Electronic media cannot be used for knowingly transmitting, retrieving or storing any information that is:
 - Discrimination or Harassing
 - Derogatory to any Individual or Group
 - Obscene, sexually explicit or pornographic
 - Defamatory or threatening
 - Engaging in any purpose that is illegal or contrary to TCE Policies and Procedures or Business interests.
2. Putting people supported at risk.
3. Invading the privacy of people supported.
4. Texting and/or phoning the Program Supervisor for non-essential purposes which may be communicated through other means i.e. log book notes, requests for leave, and/or face to face discussions.
5. Activities of a personal nature such as checking social network sites and/or posting updates, checking personal email, sending personal messages / email, surfing the net for non- work related purposes, except when specifically on any approved personal time during work hours.
6. Sharing the access codes, account numbers, passwords or other authorization that have been assigned to them to unauthorized persons.

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7. Using abusive or otherwise objectionable language in either public or private messages.
8. In violation of any license governing the use of software and/or using the system for any illegal activity, including violation of copyright or other contracts. This means, in part, that no pirated or self-owned computer software or hardware shall be installed on any TCE computer systems.
9. Using the system for personal, financial or commercial gain.
10. Degrading or disrupting equipment or system performance.
11. Vandalizing the data of other users.
12. Gaining unauthorized access to resources or entities.
13. Adding new software programs without written authorization.
14. Purposely, sending messages that are likely to result in the loss of information or disruption to the system (for example a computer virus).
15. Publishing Web Pages or posting links to sites without the approval of Senior Management.
16. Sending inappropriate messages and/or images or viewing such site/images. These include but are not limited to messages and or images that are racist, pornographic, dangerous, obscene or illegal.
17. Sending "chain letters" or global messages or other types of communication.
18. Playing games or other entertainment software during work hours.

All users in the Internet and e-mail having access through TCE computers, facilities, offices, or network must recognize that TCE does not accept any responsibility for the use or misuse of information acquired, as well as any situations, issues, litigation that might arise from unauthorized use or contravention of the above rules of conduct.

B.15 ON-CALL SUPERVISOR

The On-Call is a System through which emergency intervention and general 24-hour care is guaranteed in adverse circumstances.

The On-Call Program Supervisor can be reached by the pager at 274-2093. The On-Call Program Supervisor should be contacted between 6:00 a.m. and 11:00 p.m. when possible and should only be contacted between 11:00 p.m. and 6:00 a.m. in the event of an emergency.

The following is a list of situations that the On-Call Program Supervisor must be informed of:

1. All critical medication errors.
2. All potential hospitalization or residents.
3. Extraordinary behaviour difficulties if unable to obtain supports within the team on shift.
4. Any serious occurrence or missing person, death of resident, allegations of abuse or mistreatment of residents in TCE's care.
5. All accidents or injuries involving either residents or staff.
6. TCE vehicle accidents or breakdowns, no matter how minor.
7. Problems or breakdowns within the home (i.e., flooding, fire, heating, etc.).
8. Issues with family members of residents which cannot be resolved.
9. All employees requiring leave due to illness or bereavement must call On-Call at least three (3) hours prior to his/her scheduled shift.

All other issues or concerns must be directed to the Program Supervisor upon his/her return to the program.

B.16 RESPITE SERVICES

TCE maintains one respite bed for individuals within our existing residential services. This will be made available to individuals who have multiple disabilities with special communication needs living in Ottawa-Carleton and requiring short-term relief.

The respite bed is available on a first come, first served basis. Emergency placements may take priority over regular pre-scheduled respite visits.

Families are permitted to use respite services for a total of 21 days per year. Special consideration may be granted to individuals or their families who require emergency or extra support.

Families are billed for respite based on community guidelines and ability to pay.

ADMISSION CRITERIA FOR RESPITE SERVICES WITHIN TCE

The individual must:

1. Meet the general admission criteria (see *Service Delivery*).
2. Benefit from an adult peer group.
3. Have multiple disabilities with a communication disorder such as deafness or aphasia and a developmental delay/disorder.
4. Have a demonstrated need for a total communication environment in which a full spectrum of communication modes (sign language, fingerspelling, speech, speechreading, auditory training, Blissymbolics, reading, writing, mime and gesture) will be used for the optimum benefit of each individual.
5. Benefit from the level of staffing support that the residence can offer.
6. Not pose a significant risk to self, others or the environment.

To apply for Respite Services, an application form outlining the following information will be completed:

- Name
- Date of birth
- Present address
- Parent or legal guardian
- Person making application and relationship to individual
- Nature of handicapping conditions or diagnosis
- Method of communication used
- Family/Significant other involvement with individual
- Education and vocational/day program history
- Medical history, conditions and medications
- Behavioural or emotional issues or diagnosis
- Transportation requirements
- Residential history, prior placements or services
- All support services and funding currently received (HCB, ODSP, SSH, special needs worker, behaviour management, other respite services, etc.)
- Reasons why you feel this individual would benefit from TCE Respite Services.

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- Any other documentation to support this application which is relevant and would help TCE know the individual better.

APPLICATION PROCESS FOR RESPITE

Upon an initial application for an individual, or as an update, TCE will arrange a time for a home and/or day program visit.

Release of information forms will be signed by the family and sent to all other relevant services to collect as much information as possible.

The decision as to suitability and admission to TCE Respite Services will be made by the Director - Operations and/or the Executive Director. Families may have the opportunity to meet with the Director- Operations or the Executive Director if they wish.

INVOICING FAMILIES

At the completion of a respite visit, the Program Supervisor will forward the particulars of the visit plus the billing arrangements agreed to by the family to the Director of Finance who will produce an invoice. Questions regarding the invoice should be directed to the Program Supervisor.

ALSO SEE SERVICE DELIVERY SECTION

B. 17 OPERATIONS FORMS LIST

Operations forms may be downloaded from the TCE Staff web page

Form Name:	Revision Date:
Service Delivery Forms:	
Individual Information Sheet	Sept 2011
Intake Medical Record	Sept 2011
Consent for Service	Sept 2011
Consent for Disclosure of Information	March 2012
Consent for Internal Transfer	Sept 2011
Risk Management Summary Sheet	Sept 2011
Photo/film/internet page consent form	Sept 2011
Report Forms:	
Residential Inventory List	Sept 2011
Personal Inventory List	Aug 2011
Automobile Accident Report	April 2013
Occurrence/Incident Forms:	
Feb2013_ESOR_Reporting_Form_FINAL - High Risk Designation_TCE	April 2013
Feb2013_SOR_Reporting_Form_FINAL - High Risk Designation_TCE	April 2013
Inquiry Team Report	August 2011
Medical Forms:	
Annual Medical (R05)	
Cumulative Medical Record (R08)	
Staff Signature and Initials List	
New Employee Medication Training Checklist	
Person Centered Support Forms:	

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Individual Support Plan (Form and Guide)	February 2013
Guidelines for My Personal Care (GLFMPC 2019)	May 2019
Consent for Disclosure of Information	2006
Resident Review Of “Resident’s Rights”	Sept 2011
Family Review of Resident’s Rights	Sept 2011
Tenancy Agreement	June 2013
As needed Medical Forms:	
Physician / Consultant Record (R04)	2011
Immunization Record	March 2012
Body Inventory Chart (R12)	March 2012
Additional Operational forms	
Security Checklist	May 2018
Record of Water Temperature	May 2018
Checklist Fire Drill	November 2012
Staff Lift Training	April 2013
TCE Vehicle Maintenance	May 2012
Vehicle Log and Circle Check	June 2013
ALSO SEE TCE’S MEDICATION POLICY AND PROCEDURE FOR MORE FORMS	

