

**INDEPENDENT LIVING
HOUSING SOCIETY
OF GREATER VICTORIA**



**BE THE BEST
PART OF SOMEONE'S
DAY**

**Host Agency Independent
Contractor Handbook
2020-21**

Table of Contents

Mission Statement	3
Vision Statement	3
Values	3
Rights	3
Why this Guide?.....	4
Ethical Responsibility	4
CARF Accreditation	4
History	5
Community Emergency Contacts.....	7
Useful Contacts for Contractors	7
Why this Guide?.....	8
Being a Support Contractor	8
What is an Independent Contractor?	9
WorkSafeBC.....	10
Your Contractual Obligations.....	10
ILHS' Obligations:.....	11
Our Written Contract with You	11
Working with Individuals.....	11
Communication.....	11
Language.....	12
Confidentiality & Privacy	12
Decision-making.....	13
Personal Identification.....	13
Transportation	13
Community Inclusion and Advocacy	14
Religious Activities.....	14
Working Alone.....	14
Individual Health and Well-being.....	14
Personal Care.....	15
Behaviour Support.....	15
Standard or Universal Precautions	15
Support During a Hospital Stay	16
Behaviour Management & Support Strategies	16
Violence Prevention.....	17
Safety / First Aid.....	18
Emergencies	18
Integrated Mobile Crisis Response Team (Emergency Mental Health).....	18
Critical Incidents.....	18
Abuse and Neglect	19
Working with ILHS	20
Monitoring and Evaluation.....	20
Taking Care of Yourself.....	21
Substance Use & Abuse.....	21
Conflict of Interest	21
Additional Employment.....	21

A Final Word.....	22
Appendices	22
Appendix A Respect and Protection of Individual Rights	22
Appendix B Positive Practices for Managing Challenging Behaviour	23
Appendix C.....	26
Appendix D Incident Reporting.....	27
Critical and Reportable Incidents.....	27
Appendix E Medication Management and Administration Procedures.....	29
Appendix E Common Sources of Stress for Caregivers.....	30

ILHS Contact Information
Administration Office:
#1-3891 Douglas Street
Victoria BC V8X 5L3
Ph: 250-383-2524 Fax: 250-383-9431
Email: info@ilhs.ca Website: www.ilhs.ca

Kelly Lott, Manager - kelly@ilhs.ca

Mission Statement

To provide safe and comfortable homes where people with diverse abilities are supported to achieve more independent lifestyles.

Vision Statement

My home, our community, a world where everyone is welcome.

Values

At the Independent Living Housing Society, we value...

- * The rights of all people and strive to ensure they are understood and honoured.
- * Relationships based on empowerment, respect, trust, equality, and integrity.
- * We value homes and workplaces that create a strong sense of belonging and embrace Individuality and diversity.
- * Homes and workplaces that promote health, wellness, and safety.
- * Meaningful recognition, celebration and personal growth.
- * Open communication and collaboration.
- * Quality and strive for continuous growth and improvement.

Rights

At the Independent Living Housing Society Individuals supported have the right to...

- * maintain their Individuality and dignity.
- * privacy and confidentiality.
- * be free from abuse, neglect, exploitation and discrimination.
- * be fully involved in independent living decisions.
- * live in a manner consistent with their needs, interests and capabilities.
- * receive quality-managed services.

Why this Guide?

Welcome to Independent Living Housing Society (ILHS). ILHS supports people with diverse abilities together with their families and support networks by promoting their full citizenship and inclusion in the community. We help by arranging services and supports the Individual may require. As an independent contractor your services provide opportunities for Individuals to grow, make friends, participate, learn, have fun and make choices for themselves. We believe this helps highlight Individual abilities and create a stronger more welcoming and inclusive community, and that benefits us all.

The people you provide support to are adults with diverse abilities. In this guide, we refer to the people receiving support as Individuals supported. We refer to you as either a Home Share Contractor or an Independent Contractor, depending on your contract.

The service you provide is intended to enhance the Individuals' supported lifestyle to provide the support based on the Individual's unique needs and lifestyle preferences. Whatever your particular arrangement will be, we thank you for taking on this important role and trust that you will find it a rewarding experience.

This guide is for you. It forms part of your contract with Independent Living Housing Society (ILHS) and summarizes your obligations as a contractor and provides practical suggestions and guidelines for success. Read it carefully and keep it somewhere where you can refer to it when you need to. If you have any questions, please do not hesitate to contact us. There are important contact numbers listed on page 7, along with space to write in your own. We hope you find it useful and we welcome your suggestions for improving.

Ethical Responsibility

ILHS' Code of Ethics has been created to provide a framework and guidance on the Society's beliefs and values by means of sound ethics conduct. It serves to ensure all employees and contractors are aware of their Individual responsibilities with regards to ethics and the expectations that the Individuals we support, our stakeholders and our community are being treated ethically and fairly.

CARF Accreditation

ILHS has been CARF accredited since 2008. Accreditation is a peer review process that helps the Independent Living Society of Greater Victoria improve the quality of services provided to the Individuals supported. Accreditation standards are set through CARF, and agencies must meet or exceed the standards that are applicable to the service provided. Successful accreditation demonstrates that our organization has opened its service delivery and business processes to outside scrutiny to improve the quality of our homes. Every three (3) years surveyors visit our homes, programs and office to evaluate our compliance with the highest standards for residential operations and organizational management.



History



The Independent Living Housing Society was founded in 1976 by a group of people who lived at the Gorge Road Hospital in its Extended Care Unit. They shared the desire to live a more independent lifestyle free of institutional constraints and had a meeting to discuss new and innovative housing options. Out of those people, four decided that they were compatible and could live together. They were also willing to take responsibility for hiring and firing care workers, looking after the physical

maintenance of a house, and paying the rent, utilities, and their household expenses. A renovated, wheelchair-modified house in the Swan Lake area was purchased and the first tenants moved in on May 25th, 1976.

In 1978, a second home was opened in the Tillicum area. It was a newly constructed home designed specifically to address the needs of persons with physical, mental, or multiple challenges.

The new Society was initially operated under the auspices of the G.R. Pearkes Clinic and funded by a cross section of government ministries and other non-profit organizations. The formal mission of the new Society was developed, "To respond to the expressed consumer need for independent living by providing and assisting with community based independent living options for persons with physical or developmental challenges."

The opportunity was thereby created for any person who so desired to be in control of their environment and all decisions concerning their personal needs and care, who their roommates would be, home furnishings and décor, house maintenance, meal planning and preparation, as so on. As the organization grew, administrative work originally handled by the residents was transferred to the Society. On October 2, 1986, G.R. Pearkes Clinic turned the houses over to the ILHS for \$1.00.

ILHS subsequently developed and constructed a house in the Gordon Head area, which was officially opened on June 22, 1990. It is a licensed home funded by the Ministry for Children and Family Development, Services for Community Living Branch. To protect the assets of the new home, a separate society was formed in 1988, called the Independent Living Housing Society of Greater Victoria. The two societies later amalgamated, as both were serving the needs of the same group of people.

Throughout the 1990's, the Independent Living Housing Society opened three other housing

resources: a home located in the Gordon Head area, a house in the Swan Lake area with two permanent tenants and three respite beds, and one floor of an apartment building in the Tillicum area with seven, one-bedroom apartments. The Independent Living Housing Society continues to work to provide opportunities for Individuals to develop a more independent lifestyle in a very active way, and to the extent that they are able, manage housing finances, participate in decision-making, and direct activities of daily living.



In 2020, ILHS will begin operations of five barrier free units in the Westview apartment complex.

Community Emergency Contacts

Crisis Line	1-888-494-3888
Integrated Mobile Crisis Response Team	1-888-494-3888
Poison Control	1-800-567-8911
RCMP – Non-Emergency	250-475-4321 (Saanich)
BC Nurse Line	8-1-1
Provincial Emergency Program Information	250-952-4913
Power outages	1 800-224-9376
Community Living British Columbia (CLBC)	250-952-4203
Quality Service Office (CLBC)	250-387-6099
Quality Service Office (CLBC) after hours	1-800-663-9122

Useful Contacts for Contractors

Employment Standards	www.labour.gov.bc.ca/esb
WorkSafeBC	www.worksafebc.com
Government of Canada-Public Safety	www.publicsafety.gc.ca/index-en.aspx
Canada Revenue Agency	www.ccr-aadrc.gc.ca
Community Living British Columbia	www.communitylivingbc.ca
Office of the Public Trustee	www.trustee.bc.ca
Human Rights	www.bchrt.bc.ca
Criminal Record Reviews	http://tiny.cc/criminalrecordcheck
Health Precautions	www.bchealthguide.org
Information & Privacy Commissioner	www.oipc.bc.ca

Your Personal Contacts:

Welcome to Independent Living Housing Society (ILHS)! ILHS supports people with intellectual disabilities together with their families and support networks by promoting their full citizenship and inclusion in the community. We help by arranging services and supports the Individual may require. As an Individual support contractor, your services provide opportunities for Individuals to grow, make friends, participate, learn, have fun and make choices for themselves. We believe this helps highlight Individual abilities and create a stronger more welcoming and inclusive community, and that benefits us all.

The people you provide support to are adults with intellectual disabilities. In this guide, we refer to the people receiving support, Individuals supported. We refer to you as the caregiver, contractor or support contractor. The service you provide is intended to enhance the Individuals' lifestyle through recreational, leisure and community opportunities that support their dignity, self-determination, and acceptance. Activities usually take place in the Individual's home, and or community. The activities you support the person with are based on the Individual's personal goals. They may include recreational activities, life skills development, personal care assistance, financial management, meal planning or job development. Whatever the needs the Individual may have, we arrange the support based on their identified goals. We do that by contracting with people to provide the support based on the Individual's unique needs and lifestyle preferences.

Support worker arrangements vary widely and depend on the unique needs of the family and Individuals you are working with. It may be for a few hours a week, overnight, or a few days at a time. It can be on a regular basis with a specific schedule, or it may be just occasionally throughout the month. Whatever your particular arrangement will be, we thank you for taking on this important role and trust that you will find it a rewarding experience.

Why this Guide?

This guide is for you. It forms part of your contract with Independent Living Housing Society and summarizes your obligations as a contractor and provides practical suggestions and guidelines for success. Read it carefully and keep it somewhere where you can refer to it when you need to. If you have any questions, please do not hesitate to contact us. There are important contact numbers listed on the inside cover, along with space to write in your own. We hope you find it useful and we welcome your suggestions for improving it.

Being a Support Contractor

Support workers are very important people. You support Individuals and their family, and in doing so, you get to know this person, and likely their family and/or support network. You probably will learn something about yourself too. You need to be adaptable, flexible, organized, and accepting. You need to be a good problem-solver and communicator, who has a sense of humour and likes to learn new things. You also need to take care of yourself.

Your role is to provide care for the Individual in an accepting, inclusive, and safe environment. You are responsible for the safety, health, and well-being of the Individual, while he or she is in your care, and for making sure that he or she has opportunities to enhance social and recreational skills. You are also responsible for communicating with the Individual and their family on a regular basis.

We expect you to conduct yourself in ways that reflect the inclusive philosophy of Independent Living Housing Society. ILHS is committed to the principles of community living. These include respect for uniqueness, dignity, recognition of each person's need for self-determination, personal happiness and satisfaction, and for a meaningful life where their gifts and contributions are valued. ILHS's philosophy is based on the rights of people with intellectual disabilities to have the full range of life choices that are available to all citizens. This includes access to educational opportunities, to affordable appropriate housing, leisure options, gainful employment, and community life in general. Individuals have rights that are to be upheld and respected by everyone involved with them. You should conduct yourself accordingly, and not impose your own personal values or beliefs on the Individuals or families you work with.

Every Individual has the right to a physically and emotionally safe environment that supports his or her dignity and privacy. The welfare of Individuals is of the utmost concern. Abuse, neglect, humiliation, retaliation, or disrespect of any kind is not tolerated. You are expected to dress, speak, and act in ways that are respectful and appropriate.

What is an Independent Contractor?

Under your contract with ILHS, you are considered an independent contractor, not a ILHS employee. Independent contractors are self-employed Individuals. The definition of an independent contractor is determined through several tests. Generally, if you control how, when and where you carry out your duties, use space and equipment that you own, and have a chance to make a profit or loss, you are an independent contractor. The B.C. Employment Standards Branch is responsible for determining who is an independent contractor. If you have questions, contact them at the website listed above.

As an independent contractor, you are covered by the insurance coverage ILHS receives with each contract with Community Living British Columbia. This has a limit of \$2 million and is liability insurance against any third-party damages, arising from performing functions as outlined within your contract. The Host Agency Coordinator can provide you with details of this coverage. You should consult an insurance professional to ensure you have adequate liability, vehicle, and other types of insurance. If you use your vehicle to transport the Individual your support, you may need to have business insurance on your vehicle. Check with your insurance agent for more information. If there is a provision for mileage in your contract, you will be sending in mileage claim forms each month. In this case we will require a copy of your vehicle business insurance. We also must remind you that you are responsible for any damage to your home or property as a result of providing care.

You are responsible for any income tax, CPP premiums, and any other statutory requirements. You will be paid on the basis of invoices you submit to ILHS. You will not receive T-4 slips from ILHS and ILHS does not make any remittances to Canada Revenue Agency on your behalf, nor are you eligible for Employment Insurance should the contract terminate. If you have questions about your income tax status, we suggest you consult a tax professional or accountant. All Host Agency contractors are covered by WorkSafeBC. We will make remittances on your behalf, unless you specify that you have your own coverage. The money to fund the cost of Work Safe is covered through Community Living British Columbia.

WorkSafeBC

All contractors are required to be covered under WorkSafeBC. The Workers Compensation Act establishes a no-fault workplace accident insurance plan. There are two ways that Host Agency contractors can obtain WorkSafeBC Coverage.

Host Agency Contractors can obtain personal optional protection (POP) for themselves directly through WorkSafe BC. To find out more about POP coverage, we recommend you contact WorkSafeBC directly. If you choose this option, you are required to provide ILHS with a clearance letter from the board verifying that you are registered under the act. ILHS will obtain clearance letters from time to time to ensure your premiums have been paid and are up to date.

Your Contractual Obligations

Your contract is the legal document that governs your relationship with ILHS and the services you provide. Be familiar with your contract. Keep a copy handy for easy reference. If you have questions about anything in the contract, you should clarify them by seeking independent legal advice.

The purpose of the contract is to set out our mutual obligations and define who you will provide care for and how much you will be paid. It also sets out the terms under which either you or ILHS may terminate the contract.

For the purposes of the provision of services, the following is a summary of the key obligations that you must follow:

- * Participate in the application and interview process, as defined by ILHS, including a criminal record review, reference checks and provide a copy of your valid first aid certificate, and provide a copy of your business car insurance (when applicable)
- * Participate in orientation and/or training related to the needs of the Individual you will be supporting.
- * Adhere to routines, goals, and specific care standards as set out in the Individual's care plan and health care plans and protocols as applicable.
- * Follow the requirements of Community Living British Columbia, including behaviour management policy and critical incident reporting.
- * Perform caring functions, including sustaining the Individual's well-being.
- * Communicate regarding the Individual's needs and interests; involve the Individual/family

in decision-making affecting the Individual; and promote ongoing relationships with the Individual's family, friends, and support network.

- * Document any medical emergencies or critical incidents pertaining to the Individual.
- * Treat all information about the Individual and family as confidential.
- * Report on Individuals goal progress based on the Individuals Person Centered Planning goals
- * Invoice ILHS monthly for services provided.

ILHS' Obligations:

- * Provide up-to-date guidelines regarding the standards of care required to the family.
- * Help the family screen, approve, and support you, the caregiver.
- * Provide you with pertinent information or training regarding the Individual.
- * Monitor the service provided in conjunction with the Individual and their family.
- * Ensure the Individual is supported in a manner that is reflective of his or her established goals and care plan.

Our Written Contract with You

You and ILHS have entered into a contractual relationship. We both have legal rights and responsibilities under the Host Agency Contractor Agreement.

The purpose of the Host Agency Contractor Agreement is to set out our mutual obligations, including the services you will provide, how much you will be paid, and how either party may end the relationship. It is important for you to be familiar with your Agreement and the standards relevant to the services that you are providing. If you have any questions, please reach out to Kelly Lott, Home Share Manager. Her contact information is located on page 3 of this guide.

Working with Individuals

We are committed to assisting families to establish supportive relationships between caregivers and the Individuals you work with. The following guidelines will help you in developing these relationships, and in meeting your obligations under the contract.

Communication

Open and regular communication is the key to a successful family and caregiver relationship. You should communicate with the family about changes in the behaviour or support needs of the Individual.

Families are responsible for arranging specific times and pick-up/drop-off routines with you, and for giving reasonable notice of any changes. You are also expected to give reasonable notice of any changes. We suggest that you keep a record book showing all bookings and cancellations and the dates and times of care provided.

Language

The language you use is important. The perceived value or worth of an Individual can be affected by the language used by those around them. For many years, people with disabilities have been identified by their disability first, and as people second. They have often been described as helpless victims to be pitied or feared and ignored. Words that are negative, de-personalizing, stereotypical, and sometimes offensive have often been used.

It is important to use language, both written and verbal, that enhances dignity and commands respect for all Individuals. Below are some basic principles to follow when talking with and about people with disabilities. You can find more detailed information on the website listed on the front inside cover of this guide.

- Put people first, and disability second.
- Instead of disabled person or defective child, use person with a disability or child with an impairment.
- Do not use a depersonalized disability or medical diagnosis as a label for a person.
- Don't call people the intellectually disabled, the retarded, the learning disabled, invalids, or epileptics. Instead use people who have intellectual disabilities, child with a learning disability, someone with a mobility impairment, someone with epilepsy, or someone affected by autism.
- Use emotionally neutral expressions.
- Instead of saying someone is suffering from or afflicted with cerebral palsy, or is a stroke victim, say he or she is a person with cerebral palsy or someone who has had a stroke.
- Emphasize positive abilities, not limitations.
- Don't say that someone is confined to a wheelchair or housebound. Say that he or she uses a wheelchair or is taught at home.
- Don't use terms such as able-bodied or normal in contrast, as they imply that the person with a disability is abnormal.
- Use words that empower and value people as contributing community members.
- Don't refer to people as family burdens or problems who need placements, case management, and professionals to make decisions for them.
- Talk about Individuals and families who have strengths, support needs, preferences, cultural beliefs and personal goals, and who face challenges.
- Avoid offensive words.

Words such as cripple, retard, moron, deformed and mongoloid are offensive and derogatory. Use person with a limp, person with an intellectual disability or child with Down Syndrome instead.

Confidentiality & Privacy

Each Individual receiving services has the right to have personal information about them treated in confidence. This includes medical, psychological, financial, employment and educational information. This obligation continues indefinitely, even after your contracting relationship is over.

In keeping with confidentiality expectations, you should not provide personal or sensitive information about the person you are supporting to people outside their family or ILHS, without their signed consent. In the case of a minor or an adult who is not making his/her own decisions, this consent must come from the family or legal representative. This includes use of photos and names, as well as written reports or other information.

There may be some circumstances in which you have to release information, such as a medical emergency. Ideally, the Individual or family should provide the information directly. If this is not possible, share only what is necessary, and use appropriate language. Remember, you are obligated to report abuse or neglect to the appropriate authorities and cooperate in any subsequent investigations.

Decision-making

As a caregiver, you should not become involved in the legal, financial, or personal affairs of the Individual. All consent forms and legal documents must be signed by the Individual, parent, or legal guardian or representative. An adult can give consent unless he or she has a designated representative. In the case of children and youth under 19, and adults with representatives, only the family or representative can provide consent.

Personal Identification

Families are responsible for making sure that children and adults have appropriate identification and for making sure it accompanies them in the community. This could include BCID, B.C. Medical Card, and Medic Alert (if applicable).

Transportation

You may use your own vehicle to transport the Individual you are supporting. You are expected to have a safe and reliable vehicle, to drive with due care and attention and adhere to all requirements of the Motor Vehicle Act. Never leave an Individual supported unattended in a vehicle. Vehicle insurance, payment of all traffic fines and costs associated with operating and maintaining the vehicle are solely your responsibility. You are required to carry at least \$3M in third party liability insurance and check with an insurance professional about whether you should carry business insurance.

We recommend that you do not take Individuals supported out of the Victoria area. If you are going to do so, you must get advance written permission. For Individuals with a representation agreement in place, this permission must come from the parent or representative. Other Individuals can provide their own permission. You must also carry medical information and emergency numbers with you. If you are crossing into the U.S., you must also have a notarized permission letter from the parent or representative, passport, proof of citizenship for the Individual supported, appropriate medical insurance coverage, and medical information and emergency numbers. In the current environment, travel rules for crossing the border may change; check before you leave home.

Community Inclusion and Advocacy

Part of your role as a support contractor is to help broaden the circle of friends and build new opportunities for the Individual you are supporting. Recreational and other community activities should form a part of the service you provide. Ideally, this should happen in settings in the community, with peers if possible. It can mean swimming at a recreation centre or going horseback riding or to the movies. It may also mean taking an Individual to a regularly planned recreational activity. The Individual or family is expected to pay for the costs of admission or participation in such activities. ILHS can provide you with information about community recreational opportunities, as well as any ILHS-sponsored events.

During any of these activities, be aware of the Individual's rights and responsibilities in the community. Stand up for them if you feel they are not being respected and treated with dignity. Support the development of their own self advocacy skills, so they can speak on their own behalf in the wider community.

Religious Activities

ILHS values diversity and respects and honours the cultural differences and practices of all Individuals, their families, and support networks. We encourage and support the right of Individuals to freedom of religious and spiritual choices. As a caregiver, you should respect and support family choices and make reasonable accommodations regarding things such as dietary or moral decisions based on beliefs. Do not take an Individual in your care to a religious or spiritual meeting or event without express family or Individual consent.

Working Alone

In your role as a support worker, there will be times that you are working alone. As an independent contractor you are responsible for your own safety when working alone and must take appropriate steps to ensure your safety. This could be in the form of a check in system with someone you know and trust, a phone call set up with the Individual's family where appropriate as well as being aware of professional boundaries when supporting an Individual.

Individual Health and Well-being

You may provide personal care to the Individual you care for, develop relationships with them and their families, and form a part of the network of formal and informal supports surrounding that Individual. As such, you can become involved in many personal aspects of their lives and play a role in their overall development. You are responsible for their health and personal well-being while they are in your care.

The key to successfully supporting an Individual is to follow an up-to-date care plan, as well as other Individual plans or protocols that pertain to their specific situation and needs. The following describes these Individual plans, and the various aspects of an Individual's well-being for which you are responsible while you care for them.

Personal Care

Some Individuals supported need direct assistance with personal care and hygiene routines. You are expected to provide personal care in a way that ensures the privacy and dignity of the Individual supported and promotes the highest level of independence and personal choice possible. This helps the Individual supported learn appropriate touch, language, and personal boundaries through consistent modelling. It also provides comfort, consistency of routine and familiarity for the Individual while protecting everyone involved.

Touch and personal interactions are integral components of providing personal care. Make sure you adhere to the following guidelines when touching the Individual supported.

- * Avoid private parts during affectionate touching or hugging.
- * Allow as much privacy as possible while ensuring safety.
- * Follow the care plan.

Let the Individual supported feel in control and be able to stop the touching at any time, except in a dangerous situation.

Behaviour Support

Some Individuals supported have complex or challenging behavioural needs that require professional involvement. They require a behaviour plan that sets out strategies and interventions to support them in an appropriate and safe way. If the Individual supported has a behaviour plan, you must follow it. Contact ILHS if you have questions or concerns.

Standard or Universal Precautions

Caregivers are expected to observe basic cleanliness routines such as regular hand washing, and to understand and follow standard health precautions at all times when providing personal care to an Individual. Always treat blood and other bodily fluids as potentially dangerous. Use latex/vinyl gloves when personal care involves blood or other body fluids, or when touching non-intact skin or items/surfaces contaminated with blood or body fluids. Disinfect contaminated surfaces, items, and materials with bleach or in the dishwasher or microwave. For more details on standard precautions, check out the website listed on the inside cover of this guide.

For your own protection, you may want to consider immunizations against Hepatitis A, Hepatitis B and influenza. If the Individual you are supporting is a carrier of Hepatitis B, you have a right to be notified and we strongly advise that you be immunized. If you choose not to be immunized, we may decide not to consider you as a caregiver for someone who is a Hepatitis B carrier. In this circumstance, we also suggest that you do not perform personal care duties. You are responsible for arranging your own immunizations, blood tests, and boosters.

Support During a Hospital Stay

Sometimes you may have to transport or accompany an Individual to the hospital, if the family or alternate contacts are not available. In such situations, you are expected to act as the person's advocate and to provide support, and information to medical staff as required. This may include acting as an interpreter, providing personal and emotional support. You are not allowed to sign consent forms on behalf of the Individual or carry out medical or nursing duties such as administering medication or I.V.s, moving the person, or changing dressings. Be aware of the Individual's rights and dignity while being cared for in the hospital. Advocate on their behalf, if needed.

Behaviour Management & Support Strategies

Contractors are expected to interact with Individuals supported in valuing and respectful ways that support their rights, safety, and dignity. This caring relationship forms the basis for positive and appropriate behaviour. Always strive to assist Individuals supported to develop self-control, self-confidence, self-discipline, and sensitivity to their interactions with others.

Redirection and correction should be a positive learning experience that teaches the Individual to control and correct his or her own behaviour. It can include natural consequences, praise, encouragement, modeling, rules, setting limits, and counselling. The principles of respect, dignity, and empowerment should always be used when faced with a situation that may be potentially harmful to the Individual or others. It must not include punishments such as spanking or removal of basic rights such as food or privacy. Positive and preventative strategies that help establish a positive atmosphere can maximize the opportunities for appropriate behaviour and help to establish a trusting relationship between you and the Individual. For example:

- ▶ Establishing clear and consistent expectations and explaining them in a simple, straightforward way
- ▶ Stating limits in a positive way
- ▶ Focusing on the behaviour, not the person
- ▶ Stating what is expected instead of asking questions
- ▶ Giving time for someone to respond to change
- ▶ Positively reinforcing appropriate behaviour with words and gestures
- ▶ Ignoring minor incidents
- ▶ Observing and anticipating

Some Individuals exhibit challenging behaviours at times. You are expected to use documented behaviour management and intervention techniques designed to reduce behaviours that present risk to the health, safety, or well-being of the Individual or others, or limits his or her inclusion in the community. Such strategies must have been approved by the family and set out in an Individual's behaviour support plan. The least restrictive strategies must be used first. Strategies may include verbal or manual guidance, reinforcement, removing others from the area to ensure safety.

Violence Prevention

Some Individuals may have behaviours that could cause you harm if not appropriately managed. Make sure you are familiar with the **Positive Practices for Managing Challenging Behaviour in Appendix B**, as well as any issues and strategies about behaviour in the Individual's care plan, behaviour plan, and health care protocols.

In exceptional circumstances, and only for the purposes of preventing physical injury or harm to an Individual or others, and where no written plan exists, you may:

- * Block blows using non-violent crisis intervention strategies.
- * Use physical restraint to interrupt the threatening behaviour in order to prevent physical injury to the Individual or others.
- * Remove objects that could potentially be used as a weapon.

Emergency responses must stop as soon as the behaviour is no longer threatening or harmful to the Individual or others. Only use the latter when an Individual is hurting himself or others and as a last resort, never as a punishment or for your own convenience. Notify the family of any restraint situations as they must provide ILHS with documentation.

Techniques that are never permitted include:

- * Mental or verbal abuse, threats, coercion
- * Physical punishment e.g., spanking, belt
- * Non-prescription medications
- * Noxious substances e.g., Tabasco sauce
- * Psychotropic drugs without medical authorization
- * Deprivation of basic human rights such as food, rest, clothing
- * Orders and demands except in an emergency situation
- * Ropes, bonds, harnesses
- * Withholding of visits or family contact
- * Belittling or ridiculing remarks
- * Any violation of a person's human rights

We strongly encourage you to access resource materials and training on behaviour management, and to discuss any concerns with the family. If you are uncomfortable with a parent's request regarding behaviour management, discuss your concerns with ILHS.

Safety / First Aid

Make sure you have a fully stocked first aid kit in your home and in your vehicle if you are transporting the Individual. Check and restock the kit after every use and at least annually. Your first aid kit should include:

- + Antiseptic towelettes
- + Band-Aids in various sizes
- + Sterile gauze and eye pads
- + Gauze roll
- + Non-allergenic tape
- + Large and small pressure dressings
- + Roll crepe tensor bandage
- + Triangular bandages
- + Scissors
- + Tweezers
- + Safety pins
- + Disposable gloves
- + Source of cold (ice pack, frozen peas, chemical cold)
- + Mouth shield for CPR (child and adult)
- + Protective eye goggles

Emergencies

An emergency is a situation that places an Individual or a caregiver at risk, and/or that requires the assistance of a doctor or police officer. Examples include a fire, vehicle accident, or earthquake. Call 911 if it is a medical or safety emergency. Contact the family, or designated family emergency contact if the family is not available. Notify ILHS if an emergency situation has occurred.

Integrated Mobile Crisis Response Team (Emergency Mental Health)

This emergency service is provided through Island Health daily from 1pm-Midnight. It is comprised of a team of 9 professionals including a team leader, 2 psychiatric nurses, 2 youth/child clinicians, 2 police officers, 2 social program officers. It is accessible by calling the 24-hour Crisis Line and requesting this emergency support at 1-888-494-3888.

More information about type of support available is online at: <http://tiny.cc/imcrt>

Critical Incidents

A critical incident is any event that is detrimental to the person being cared for, or to you or other members of your household. A critical incident is also any event that constitutes an infringement of an Individual's rights; and/or is unusual or extraordinary in nature. Examples include injury requiring medical attention, suspected or actual abuse, aggressive or unusual behaviour, car accident, poisoning, medication error, exposure to a communicable disease such as Hepatitis B, unusual illness, unexpected death, missing persons, and damage to the caregiver's home or a public facility. Anything requiring emergency medical, fire, or police involvement is considered a critical incident. Critical incidents also include "near-misses" or "close-calls".

If you witness or are involved with a critical incident, you must contact the Individual's family to inform them of the incident. You must also complete and submit a Critical Incident Report (**Appendix E**) and submit to ILHS as soon as possible. ILHS has an obligation to report critical

incidents to the Quality Service Analyst within 48 hours of an incident. As a contractor you must be familiar with the Community Living BC's requirements for Reporting Critical Incidents that appear as **Appendix D** at the back of this guide and follow them.

You should be prepared for the potential of an Individual going missing. You should always have on hand emergency information for the Individual and a list of contacts, family, friends, and places the person might go. Consider in advance, in consultation with ILHS and the family, whether this is an expected risk and what period of time might be considered reasonable before a search would be initiated.

For all other incidents that are not considered critical, they should also be documented on an internal incident report. There is a sample at the back of this guide for your use.

Abuse and Neglect

All Individuals have the right to live and work in an environment that is safe and free from abuse and neglect. Abuse is defined as an action or behaviour by someone that may result in physical, emotional, or mental harm to an Individual including neglect, humiliation, retaliation, and exploitation. This includes physical, verbal, emotional, financial and sexual abuse as well as active and passive neglect.

Examples include:

- ▶ Hitting, kicking, slapping or punching
- ▶ Use of unreasonable force when disciplining or handling someone
- ▶ Isolation or confinement
- ▶ Exploitation
- ▶ Humiliation or intimidation
- ▶ Retaliation
- ▶ Withholding of basic care and necessities such as food, clothing, shelter or needed medication
- ▶ Fraud regarding an Individual's finances
- ▶ Sexual behaviour towards an Individual such as touching, obscene gestures, stalking, or intercourse.

As a caregiver, you are strictly prohibited from subjecting the person you support to abuse or neglect or allowing them to be abused or neglected by others while in your care. You are expected to protect those you support from abuse and neglect. Abuse or neglect of an Individual by a caregiver is grounds for immediate termination of the contract and may also result in future legal action.

If you suspect that an Individual you are supporting may have been abused or neglected, you must report it.

Follow these steps:

- * Ensure the immediate safety and well-being of the person.
- * Notify the police if it is an emergency.
- * Obtain medical attention if needed.
- * Notify the family, unless the family is involved in the suspected abuse
- * Cooperate fully with any investigation by police, Community Living British Columbia, ILHS, the Office of the Public Trustee, or the Regional Health Authority.

The law has recently changed regarding how reports of abuse towards vulnerable adults are handled. The Adult Guardianship Act now provides for the Office of the Public Trustee to intervene if someone reports that an adult is being abused or neglected. Reports of alleged abuse are usually received by the Community Living British Columbia or a Regional Health Authority.

Working with ILHS

As an independent contractor, you are responsible for support of the Individual you work with. We are committed to nurturing your relationship with the Individual and their family by providing you with the support and training you need to be a successful caregiver. Your main contact at ILHS is the Host Agency Coordinator. The Coordinator and/or the Individual's family are responsible for screening, approving and monitoring caregivers, matching and orienting families and caregivers, providing training and support for caregivers, monitoring and evaluating the service, signing contracts and reporting to Community Living British Columbia who funds the program.

We need to have your invoice into us at the end of each month. The invoice must contain the following:

- * Your name and the name of the Individual you have supported
- * The dates and number of hours you supported the Individual
- * Your rate of pay as outlined in your contract
- * Your complete address that you would like the cheque sent to
- * The signature of the family that has arranged the hours with you.
- * There is an example of an invoice in **Appendix E** of this guide.

Monitoring and Evaluation

We are concerned about the health, safety, and well-being of the Individual, and about your performance in meeting your contractual obligations. We will speak with the family and Individual about their perspective on how things are going from time to time and more specifically as your contract comes to an end. If all is going well, we may then offer to renew your contract. If there are concerns on our part or on yours, we will try to address them and make changes as needed. The safety and well-being of the Individual is always the most important consideration in our decisions.

Taking Care of Yourself

Being a support worker can have an impact on you. There are many positive benefits and opportunities. There can also be stresses and challenges – physical, mental, and emotional. We suggest that you take good care of yourself first, so that you will have the energy to take care of others. There is a guide to common sources of stress for caregivers in **Appendix D** at the back of this guide. The following are some other things you should be aware of in order to protect and take care of yourself and make your work as a support worker a positive one for everyone involved.

Substance Use & Abuse

ILHS supports a healthy, smoke free environment. Contractors should use common courtesy around people in their care. Specific guidelines for smoking should be mutually agreed upon between you and the family before service begins. These may include refraining from smoking in the same room or vehicle as the person being cared for.

We understand that social drinking is part of the culture and a commonly accepted practice among many Individuals and families. We expect you to conduct yourself in a manner that demonstrates positive role modelling, good judgement and common sense. It is unacceptable for you to use or be under the influence of substances such as alcohol or illegal drugs while supporting Individuals. Use of other substances such as prescription or non-prescription medications that could cause impairment is not permitted while providing support to an Individual.

Conflict of Interest

As a caregiver, you could be in a conflict of interest if your self-interest is in conflict with the interests of ILHS, the family or Individual. An example is a caregiver selling products to an Individual supported

- * Caregivers should take care to avoid a conflict or apparent conflict of interest situation by:
- * Not supporting two Individuals at the same time, except with advanced approval.
- * Making sure that relatives or others living in your household are not involved in the screening or monitoring of you as a contractor.
- * Not selling goods or services or entering into a business relationship with the Individual or family for whom you provide support.
- * Making sure that other contracts or employment does not interfere with your ability and availability to provide support as negotiated with the family.
- * Not using ILHS, the Individuals or family's property or services for personal use.

Additional Employment

You may engage in other contract work, employment, or business activities, provided that it does not interfere with the provision of support as per your contract and does not constitute a conflict of interest. In carrying out other work, you are not permitted to use ILHS property, equipment, or premises, represent ILHS or bring ILHS into disrepute.

A Final Word

In closing, we wish to thank you again for taking on the special job of providing support for adults with intellectual disabilities or children and youth with special needs. If you have read through to the end of this guide, you are well on your way to be an informed, successful caregiver. We encourage you to use this guide and the other resources we have to offer. Together we can help build a more inclusive community, and support Individuals to live fuller lives as citizens of Victoria.

Appendices

- A. Respect and Protection of Individuals Rights
- B. Positive Practices for Managing Challenging Behaviour
- C. Continuum of Procedures Ranging from Least to Most Restrictive and the Level of Authority Required for Their use
- D. Critical Incident Reporting
- E. Medication management
- F. Common Sources of Stress for Caregivers
- G. Sample Incident Report
- H. Sample Invoice

Appendix A Respect and Protection of Individual Rights

It is the caregiver's responsibility to protect and safeguard the rights of Individuals under the Canadian Charter of Rights and Freedoms and the BC Human Rights Code. It is expected that all Individuals' rights are respected with dignity and worth. The Individual shall be afforded the same rights as all other citizens in our community.

Individual rights refer to the Individual's rights to:

- | | |
|---|---|
| * be free from all forms of abuse (i.e., abusive language, sexual, physical, financial, humiliation, exploitation or emotional abuse) | * engage in private communication with others, including the right to associate with others of one's choice |
| * be treated with dignity and respect | * make and participate in political decisions |
| * be free from discomfort, distress, deprivation and unnecessary/unauthorized restraints/restrictions (refer to 6.9 continuum of restrictive behaviours approval chart) | * engage in physical activity of one's choice |
| * be provided with medical, dental, psychological or other therapeutic services | * personal belongings and possessions |
| * live and work in conditions that conform to practices prevalent in the community | * adequate nutrition |
| * have the same forms of address, activity and interaction as others of typical age | * manage their own fund |
| * live and work in the least restrictive environment possible | * private sleeping areas |
| * spiritual involvement of their choosing | * privacy in personal hygiene |
| * information about civil and legal rights | * access to media |
| | * access to a process for communicating dissatisfaction about services provided by ILHS |
| | * have information about them kept private |
| | * the development of a personal support network |
| | * sexual expression; and, |
| | * inclusion in the community as typical citizens |

Table of Contents

Upholding these rights is demonstrated in a variety of ways that includes, but is not limited to:

- * encouraging and nurturing support styles
- * offering and honouring of choices
- * promoting Individual's rights

All suspected violations of these rights must be reported. There will be no reprisals for reporting such concerns. An investigation will be conducted and may result in immediate termination of your contract if the alleged issues are found to be valid and involve a contractor, friend or family member. Recourse for violations by external parties will be determined based on the circumstances and avenues available (i.e., education, legal).

Appendix B Positive Practices for Managing Challenging Behaviour

The purpose of this document is to ensure the least restrictive and positive practices are utilized in managing challenging behaviour with Individuals. It is important that assessments and practice guidelines be detailed, accurate and up to date so that caregivers who provide support to Individuals understand the information and receive the appropriate training.

Caregivers must demonstrate a willingness to understand the function or purpose of an Individual's behaviour and recognize that behaviour is communication. The principles of respect, dignity, and empowerment will guide caregivers in determining any approach that deals with harmful or potentially harmful behaviour on the part of an Individual. Positive support involves a continuous process of guiding behaviour and is offered while acceptable behaviour is occurring as well as before, during and after unacceptable behaviour is displayed. Any effort to deal with an Individual's behaviour that is harmful or potentially harmful to the Individual or others shall incorporate the least intrusive; least restrictive strategies (see attached Continuum of Procedures).

While there are many theories and approaches related to behaviour management, the goal is to assist Individuals to develop self-control, self-confidence and ultimately, self-discipline and sensitivity in their interactions with others. There will be a written Behavioural Support Plan if an Individual engages in a pattern of behaviour that is potentially harmful or threatening to themselves or others. Follow the Continuum of Procedures. Caregivers are expected to utilize positive strategies and approaches to facilitate a change in behaviour prior to the use of a restrictive procedure.

For example:

- * alteration of environmental conditions
- * involving the Individual in positive, inclusive activities
- * determining the cause or reason for the behaviour and supporting the Individual to develop more appropriate responses; and,
- * always reinforce desired behaviour

The use of a restrictive procedure to modify behaviour will only be approved if there is documented evidence that positive strategies have been tried and have failed.

If the least restrictive alternative has been unsuccessful, then the following must be adhered to:

- ▶ a written Behavioural Support Plan and/or a Safety Plan must be developed, and valid consent obtained prior to the implementation of the use of a restrictive procedure.
- ▶ from the range of effective techniques, the least restrictive alternative must be chosen with the level of authority approval.
- ▶ positive procedures must be used concurrently to support the development of appropriate responses on the part of the person and to provide opportunities for the Individual to be successful.
- ▶ whenever a restrictive procedure is used, the behavioural support plan must have a pre-determined period of time for review, the program is to be reviewed at least annually, and a decision made to continue, revised or discontinued.

Contractors who are expected to implement a restrictive procedure must be trained to implement the procedure and experience the maximum intensity of the intervention themselves to understand what is expected of them.

A Continuum of Procedures is attached explaining the range of alternatives and approval processes required from least restrictive to most restrictive. The use of a restrictive procedure requires the valid consent of the Individual and/or their representative, and in most cases, written permission must be obtained from each of the parties listed under Levels of Authority for Approval. Standard safety practices such as use of regular seatbelts in a car, bed rails, helmets, or restraints required for medical or dental practices are not considered restricted practices. Wherever these practices for safety are used, the use of restraints protocol form must be completed. See **Appendix E**.

A written Behavioural Support Plan includes:

- * a record or baseline measurement of the behaviour prior to intervention
- * a record of antecedents (triggers) to the behaviour
- * a rationale justifying why a restrictive approach has been chosen
- * a teaching goal stated in measurable and observable terms
- * a detailed description of the teaching strategies and behavioural intervention techniques
- * records of measurement of the behaviour during the intervention
- * specific review dates or a monitoring procedure to determine the effectiveness of the plan; and,
- * written authorization for the use of the procedure and valid consent

In exceptional circumstances, for the purposes of preventing physical injury or harm to an Individual or others, and where no written plan exists, caregivers may block blows, use only MANDT or CPI approved self-defense techniques, use non-violent crisis intervention strategies,

remove others from the situation, remove an object that could potentially be used as a weapon, secure the environment, administer a pre-authorized medication, and/or call the police for assistance; and, use physical restraint so as not to cause physical injury or emotional discomfort, but enough restraint to interrupt the threatening behaviour.

Any emergency response must stop as soon as the behaviour is no longer threatening or harmful to the Individual or others. Caregivers must report the emergency response to the Host Agency Coordinator by documenting the events surrounding the use of the response on an CLBC incident report. The use of medications to control or manage behaviour, as a part of an emergency response, must be documented on a CLBC Critical Incident report (See appendix D Critical Incident reporting).

The use of medications to control or manage behaviour, as a part of an emergency response, must be documented on the Medication Administration Record (MAR), sheet.

CLBC has responsibility to ensure that we are improving and maintaining our formal safeguarding approaches for adults receiving CLBC funded supports as per the CLBC Behavioural Support and Safety Planning policy. They will ask for a copy of the Behavioural Support Plan and/or a documented Safety Plan.

Appendix C

Continuum of procedures ranging from least to most restrictive and the level of authority required for their use:

LEAST	MORE	MOST	UNACCEPTABLE TECHNIQUE
Positive Practices that can be used any time	Written Behaviour Support Plan	Behaviour Support Plan and Safety Plan	Restricted Practice
<ul style="list-style-type: none"> - verbal praise - social reinforcement - support the person - listen and negotiate - teach an alternative behaviour - teach communication skills - gentle teaching - change the environment - change the type of prompting - use of counselling techniques - interrupt and reinforce - agree and restate - logical consequences driven by the Individual's personal choice - self-monitoring driven by the person's Individual choice - spontaneous counselling 	<ul style="list-style-type: none"> - use of primary reinforcers - establishment of a contract with a person - use of extinction (planned ignoring) - use of time-out (non-exclusionary) - use of deception as a means to change behaviour - use of earning of privileges 	<ul style="list-style-type: none"> - physical restraint - isolation/ containment - use of time out (exclusionary) - over-correction - removal of personal belongings - exclusion from normal activities and restriction of rights (i.e. work, leisure) - mechanical restraint - doors, locks, barriers, wheelchair trays and straps used to restrict freedom of movement - (excludes restraints for safety – helmets, wheelchair tray, bedrails, arm straps) - use of medication to control behaviour 	<ul style="list-style-type: none"> - seclusion - verbal abuse - environment restraint - corporal punishment - forced satiation - deprivation of food, shelter and clothing - use of non-prescription medication - any violation of a person's human right
16.1 LEVELS OF AUTHORITY FOR APPROVAL			
<ul style="list-style-type: none"> - Individual/Family - Representative - Line Supervisor 	<ul style="list-style-type: none"> - Individual/Family - Line Supervisor - Manager 	<ul style="list-style-type: none"> - Individual/Family/Representative - Line Supervisor - Program Manager - CLBC Quality Analyst Liaison - Consulting Physician - Behavioural Specialist 	Never considered

Appendix D Incident Reporting

An incident involves any situation that is of an unusual nature. The person who knows most about the incident must write an incident report in clear, understandable terms. The information to be reported must be recorded so that it includes only facts, observations, actions and information about the incident with no personal interpretations included.

There are two Categories of incident reports for independent contractors:

1. Non-critical and not reportable to external parties
2. Critical and Reportable to CLBC

Contractors are required to maintain a record of non-reportable incidents which include a description of minor accidents or illnesses (not requiring outside medical attention), behavioural observations or other unexpected events that may need to be shared with parents, next of kin or others. Contractors are to complete an ILHS internal incident report and forward a copy to the Home Share Manager.

The Home Share Manager will provide you with a copy of the Non-Critical Incident Report form.

Critical and Reportable Incidents

An incident involves any situation that is of an unusual nature. The person who knows most about the incident must write an incident report in clear, understandable terms. The information to be reported must be recorded so that it includes only facts, observations, actions and information about the incident with no personal interpretations included.

Critical Incidents require immediate notification of the ILHS Home Share Manager. If the Home Share Manager is unavailable or the incident occurs after business hours, you can call the ILHS emergency on-call supervisor 250-888-9412 and leave your name and number. The on-call person will return your call within 10 minutes. ILHS is responsible to notify the CLBC analyst ideally the same day the incident occurs.

The Critical Incident Report (CIR) must be completed and forwarded to the ILHS Home Share Manager within 24 hours or the next business day. The CIR can be marked confidential and placed in an envelope, sealed, dated and signed across the seal if there is confidential or sensitive information included. You may also fax the CIR to ILHS marked attention ILHS Home Share Manager. The original CIR is returned to the Home Share Manager to be kept in the Individual's file. The ILHS Home Share Manager or a CLBC analyst may ask to view these during their visit for the monitoring review.

The Home Share Manager will promptly notify family representatives of the Individual involved in a reportable critical incident. There is a box to check on the CIR that this has been followed up on and when.



The Home Share Manager will provide you with a copy of a CLBC Critical Incident Form.

CLBC Reportable Critical Incidents include but are not limited to the following:

CRITICAL INCIDENT TYPES	
Based on Appendix One of the Critical Incidents Policy	
"CCFL" indicates this incident is reportable to Community Care Facilities Licensing. "CLBC" indicates this incident is reportable to CLBC.	
"Individual": For the purpose of these definitions, "individual" refers to an individual accessing CLBC funded services.	
<p>ABUSE</p> <ul style="list-style-type: none"> ▪ Emotional Abuse (CLBC/CCFL) *: Alleged or actual act or lack of action that diminishes an individual's sense of well-being and is perpetrated by a person in a position of trust or authority, including verbal harassment, yelling, or confinement. ▪ Financial Abuse (CLBC/CCFL): Alleged or actual misuse or abuse of an individual's funds or assets by a person in a position of trust or authority. Obtaining property or funds without the knowledge and full consent of the individual or a formal or informal representative. ▪ Physical Abuse (CLBC/CCFL) *: Alleged or actual excessive or inappropriate physical force directed at an individual by: <ul style="list-style-type: none"> • a person in a position of authority or trust, including a staff member or volunteer, or • a person who is not responsible for providing services and is not a supported individual. ▪ Sexual Abuse (CLBC/CCFL): Alleged or actual sexual behaviour, directed at an individual, whether consensual or not, by a staff member, volunteer or any person in a position of trust or authority. Sexual behaviour includes inappropriate, unsolicited, or forced sexual attention from a person who is not responsible for providing supports or services. Sexual behaviour between two consenting individuals is not a critical incident. <p>AGGRESSION BETWEEN INDIVIDUALS (CLBC/CCFL) Aggressive behaviour by an individual towards another individual that causes injury requiring first aid (e.g. bandage, ice pack), emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.</p> <p>AGGRESSIVE / UNUSUAL BEHAVIOUR (CLBC/CCFL) Aggressive behaviour by an individual towards a person (including another supported individual, staff, or others) or unusual behaviour that: <ul style="list-style-type: none"> ▪ is not appropriately addressed or documented in the individual's Behaviour Support and Safety Plan, or ▪ results in harm (physical or emotional) <p>If the harm is to another individual, refer to Aggression Between Individuals to determine if it would be more appropriate to report it as that incident type.</p> <p>Unusual behaviour is behaviour that is unusual for the individual.</p> </p>	<p>MISSING/WANDERING (CLBC/CCFL) * Unscheduled or unexplained absence of an individual from a CLBC funded service.</p> <p>MOTOR VEHICLE INJURY (CLBC/CCFL) * Injury to an individual as a result of a motor vehicle accident while accessing a CLBC funded service.</p> <p>OTHER INJURY (CLBC/CCFL) Any other injury to an individual that requires emergency care by a medical or nurse practitioner, or transfer to a hospital.</p> <p>NEGLECT (CLBC/CCFL) * Alleged or actual failure of a provider (e.g. contracted service provider, home share provider) to meet the individual's needs, including the need for food, shelter, medical attention or supervision which endangers the individual's safety.</p> <p>POISONING (CLBC/CCFL) Ingestion of a poison or toxic substance by an individual (excluding licit or illicit drugs)</p> <p>RESTRICTED PRACTICES</p> <ul style="list-style-type: none"> ▪ Exclusionary Time Out (CLBC only) Removal of an individual from a situation and environment for a period of time to prevent harm to him/her or others. It does not include positive redirection of an individual to a safe, quiet place. It differs from seclusion in that the individual is not left alone. Must be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan. ▪ Restraint (CLBC only) * Use of physical or mechanical restraints to temporarily subdue or limit the individual's freedom of movement, including containment. Containment means restricting an individual within a certain area (e.g. using a half-door or locked exits). Must be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan. ▪ Restriction of Rights (CLBC only) Removal of an individual's access to activities. It does not include standard safety practices or reasonable house rules. Must be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan. <p>SERVICE DELIVERY PROBLEM/ DISRUPTION OF SERVICES (CLBC/CCFL) * Condition or event that could impair a service provider and its staff to provide service or which affects the individual's health, safety, dignity, or well-being. Examples include flood and fire.</p> <p>UNEXPECTED ILLNESS/FOOD POISONING (CLBC/CCFL) Illness of an individual requiring emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital, including food poisoning.</p> <p>USE OF SECLUSION (CLBC only) * Involuntary separation of an individual from normal participation and inclusion. The person is restricted to a segregated area and denied the freedom to leave it and is left alone. Use of seclusion must be reported as a critical incident. It may never be included in a Behaviour Supports and Safety Plan.</p> <p>USE OR POSSESSION OF ILICIT DRUGS OR MISUSE OF LICIT DRUGS (CLBC Only) Misuse of a legal substance such as mouthwash, or ingestion of aftershave. Serious misuse of legal substances such as a prescription drug or alcohol. Any use or possession of an illicit drug.</p> <p>WEAPON USE (CLBC Only) * An individual uses or threatens to use a weapon to harm or threaten somebody. Use of a weapon by a person to harm or threaten an individual. A weapon includes any object used to threaten, hurt or kill a person, or destroy property.</p>
<p>ATTEMPTED SUICIDE (CLBC/CCFL) * Attempt by an individual to intentionally self-harm for the purpose of taking his or her own life.</p> <p>CHOKING (CLBC/CCFL) * An individual's airway is obstructed, requiring first aid, emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.</p> <p>DEATH (CLBC/CCFL) * Death of an individual while participating in a CLBC funded service.</p> <p>DISEASE/PARASITE OUTBREAK (CLBC/CCFL) * Outbreak or occurrence of a communicable disease above the normally expected level, including a communicable disease or parasite such as scabies. Contact your local Health Authority if you have questions.</p> <p>FALL (CLBC/CCFL) * A fall that results in an injury requiring emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.</p> <p>MEDICATION ERROR (CLBC/CCFL) * Mistake in administering medication that: <ul style="list-style-type: none"> ▪ adversely affects an individual, or requires emergency care by a medical practitioner, nurse practitioner, or transfer to a hospital. <p>* See Appendix One for additional information</p> </p>	
In addition to critical incidents, service providers are advised to maintain a record of all unexpected or unusual incidents that aren't critical.	

Appendix E Medication Management and Administration Procedures

- The following medication procedures must be followed in order to ensure the safe management and administrations of medications for Individuals who are not able to self-administer medications: Please note for Host Agency Contractors this is only required if you are responsible for administering medications.
- Always make sure that you are giving the RIGHT person the RIGHT medications, in the RIGHT dosage, at the RIGHT time, and by the RIGHT route. Double check this information with the Individual's Medication Profile & labels on the Medication Administration Record (MAR).
- LOA medications, or any medications remaining due to an LOA, or hospitalization, must have the reason indicated on the back of the MAR sheet.
- Medication should be administered as close to the stated time as possible; however, they may be given up to one hour prior to or one hour after the time. Medication given before or after the two-hour period should be considered a medication omission and documented as such. Contact the pharmacist to determine whether a missed medication should be given.
- When a medication has been dispensed, always observe the Individual to ensure the medication is consumed. The MAR sheet for that person must then be initialed in the appropriate box after administration has occurred.
- For liquid medications, inhalers or creams, follow the directions on the label, the pharmacist will ensure these medications are included in the MAR sheet. The MAR sheet must be initialed after the dispensing of these medications.
- If the medication is dropped or spilled on the floor or ground, discard the dosage. Mark it as code 10 (other) put a note on the back of the MAR "discarded, fell on the floor, and initial it. Take a pill from the bottom of the blister pack, code the blister and initial it. Contact the pharmacy to re-place the medication.
- If a medication is refused, the appropriate code indicating the reason why must be entered in notes section on the back of the MAR sheet. The Home Share Provider or primary caregiver is responsible to follow up with the Individual's physician if there are repeated refusals: (three or more in a one-month period). This is most often not the responsibility of the Home Share contractor.
- Before administering a PRN medication (as needed), check the documented criteria established by the Individual's physician on the label and follow the established protocol.

Medication Errors, Omissions and Adverse Drug Reactions

In the event of a medication error or adverse drug reaction, contractors are expected to follow these procedures:

- ▶ Ensure that the health and safety of the Individual supported is considered/treated first.
- ▶ Contact a health care professional (i.e., primary physician, pharmacist, or Poison Control) for medical advice and follow the recommended action. The BC Nurses Hotline can also be contacted if necessary. After receiving advice from one of the above, if you are still in

doubt, take the Individual supported to the nearest Medical Clinic or Hospital.

- ▶ Contact the Home Share Manager. A CLBC report must be filed.
- ▶ The Individuals' medical practitioner and the supervising pharmacist are to be notified whenever an adverse reaction occurs. If the Individual supported was seen in the emergency department, they will notify the primary physician.

Medication errors, omissions or adverse drug reactions are reportable if the Individual supported requires medical attention as a result. In these situations, contractors are required to submit a **CLBC Critical Incident Report** to the Home Share Manager. Always ensure the following information is included on the Report.

- ▶ The nature of the incident (error/omission/refusal)
- ▶ The medication name and administration time
- ▶ Document who you consulted with and their response. ex. : Physician/Pharmacist/Poison Control etc.
- ▶ If possible, include an explanation for corrective action to avoid similar incidents in the future.

See **Appendix D** for more information regarding Critical Incident Reporting

Appendix E Common Sources of Stress for Caregivers

Here are common sources of stress that caregivers may be faced with:

- * Trying to live up to their clients' high expectations and/or their own
- * Intensive caring for others at the expense of self-care
- * Inability to set appropriate boundaries
- * Pushing themselves too hard
- * Mental and physical demands
- * Heavy workloads
- * Long hours on the job
- * Time pressures
- * Limited resources
- * Competing priorities

Be on the Alert for Signs of Stress

Caregivers are usually alert to the stresses of people they help. They are not, however, always as alert to the stress and fatigue that can slowly surface in their own lives and need to be reminded of normal stresses that may affect them.

Common Physical/Behavioural Reactions: fatigue, loss of appetite, difficulty falling asleep, restlessness, headaches, changes in sleeping, increased blood pressure, changes in eating habits, increased susceptibility to colds, flu, infection, change in libido, changes in smoking habits, changes in alcohol and drug consumption.

Common Emotional Reactions: feeling helpless, overwhelmed, inadequate, fragile, vulnerable, unable to cope or go on, increased mood swings, decreased motivation, feeling burned out, crying more frequently and easily, isolation, changes in communication patterns and other relationship dynamics, withdrawal.

Common Cognitive Reactions: confusion, difficulty making decisions, difficulty problem solving, memory blanks, having ambiguous feelings, questioning why this happened in a world that is supposed to be safe, difficulty concentrating or paying attention.

Caregivers are not immune to the above reactions and need to remind themselves that these are normal human responses to stressful circumstances. Although many of the underlying stresses cannot be prevented, you can increase your resistance by taking care of yourself and staying healthy. It is important to pace yourself and know your limits, so you can continue to be available to your clients and your community.

Here are some stress-relieving activities:

- + Take other opportunities to be physically active
- + Eat sensibly. Avoid excessive use of caffeine and alcohol. Drink plenty of water
- + Know and respect your limits. If you feel exhausted and need time off, take it. Respect commitment for regularly scheduled time off
- + Spend time with family and friends. Talk to them. Listen to their stories. Listen to them if they become concerned with your health and well-being
- + As much as possible, continue to participate in previous social and recreational activities
- + Get some rest. If you have trouble sleeping, get up and do something relaxing or enjoyable
- + Be on the lookout for any changes in your habits, attitudes and moods
- + Share your own and clients' reactions and issues with colleagues. Don't hesitate to ask others for advice
- + Include yourself on the list of people you are taking care of. Take some time to do something just for yourself every day. Taking care of yourself will put you in better shape to give care to others
- + Be self-nurturing and don't forget to laugh