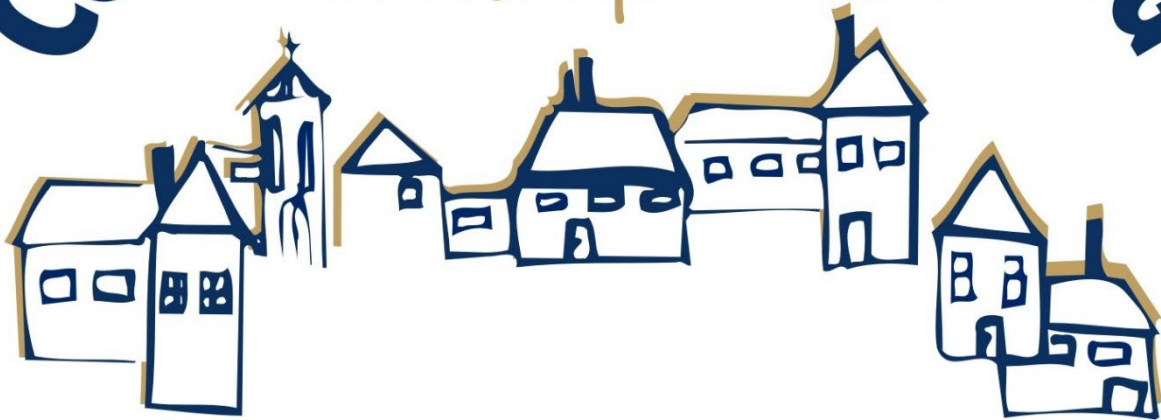


# COMMUNITY LIVING

*St. Marys & Area*



## **Policies and Procedures Manual**

**Revision Feb 2025**

**Community Living St. Marys and Area  
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# **Community Living St. Marys and Area**

## **Policy and Procedures**

### **Introduction**

The Policy and Procedures Manual is intended to be a complete book of the current policy decisions of the Board of Directors.

Policies are the Board's statements of the decisions it has made regarding certain questions that have been raised. Generally, policies follow good practice. The spirit of the policies should reflect the mission and principles of the Association. Policies should be looked at as direction and parameters in which decisions are made. It would be impossible to create a policy for every action that will be taken within the Association. Attempts to do so, lead to lack of creativity, compassion and initiative. However, there are questions that are asked again and again. In these instances, policies are created. Policies are motions that are moved and seconded and noted in the Board of Directors minutes.

Under extraordinary circumstances, there may be times when an exception or modification to a policy or procedure is required before a fulsome review can be accomplished. In these limited conditions, the Board may vote to override part or all of a policy on a one-time basis. In this case, a two-thirds majority of the whole board must approve the variation.

Procedures are the how to's. They describe how a particular policy is to be carried out.

Since both policies and procedures are decisions made from time to time by the Board of Directors, they can be changed by the board. It is a good rule of thumb, that if a policy is getting in the way of providing the level of support outlined in the mission and principles, then it is time for review.

Please note:

- 'Association' refers to Community Living St. Marys and Area.
- On our website, additional information is located under Resources.



# Community Living St. Marys and Area

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Vision, Mission, Principles V1



# Community Living St. Marys and Area

Section: Vision

Policy # V 1

Policy: Vision, Mission Statement and Principles

Approved by the Board of Directors: Nov 24, 2014

Ministry requirement

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Community Living St. Marys and Area is committed to working from a solid vision, mission and principles; as well, adhering to the United Nations Universal Declaration of Human Rights.

**Our Vision:** A community where everyone belongs.

**Our Mission:** To nurture the ability and willingness in our community to welcome and support all people as valued and contributing citizens.

## Procedures

We recognize that it takes action to achieve our mission. Our principles are:

### *Principle # 1*

We believe everything starts with the person.

- We will help people plan for their good life
- All supports are tailor made together with the person and their family
- All budgets are individualized
- We will advocate for the Ontario government to individualize funding for disability supports

### *Principle # 2*

We believe we are accountable to the person first while honouring relationships in the person's life.

- We will support the individual's right to call on family and friends for support and advocacy throughout his or her life
- We will support families to be active decision-makers in the lives of their children and youth

### *Principle # 3*

We believe that a range of relationships are valuable and important to everyone.

- We will support people to explore and develop those relationships through intentional and natural opportunities

#### *Principle # 4*

We believe everybody has the right to self-determination.

- We will support people to be full citizens of their community
- We will support people to direct and monitor their services and budget
- We will support People First

#### *Principle # 5*

We believe that inclusive communities are created and strengthened by recognizing and acting on the belief that each person has unique gifts that are necessary contributions.

- We will help people discover their gifts, abilities, and skills
- We will help people use/share/contribute their gifts

#### *Principle # 6*

We believe in our commitment to people with developmental disabilities from St. Marys and area.

- We will walk with people through their journey
- We will find ways to support people currently not supported
- We will have a clear, transparent, equitable process for how decisions are made regarding who receives what service (including the allocation of funds, existing and new, human resources and assignments)

#### *Principle # 7*

We believe that being involved in your community leads to full citizenship.

- We will create inclusive supports
- We will not create or operate segregated and congregated supports

#### *Principle # 8*

We believe we have a role in grassroots community development.

- We will support people who use our service, families, Board members and staff at every level to lead and take part in community initiatives
- We will support self-advocacy
- We will support family advocacy

#### *Principle # 9*

We believe it's important to plan for future needs of people living in our community.

- We see our role as an agent of change in the areas of education, seniors, transportation, housing, recreation, and employment
- We will advocate for individual and system change to help people get supports they need

#### *Principle # 10*

We believe in an organizational culture that encourages learning, risking, evolving and innovating.

- We will learn together by continuing to question ourselves and each other
- We will stay connected to movements within human services including citizenship, human rights, advocacy and best practices

- We will share information and stories – team-to-team, general staff, newsletter and newspaper

*Principle # 11*

We believe in the honourable role that staff play in people's lives.

- We will recognize and appreciate staff, encourage leadership and mentoring opportunities, invest in training, and advocate for good wages, benefits and employment opportunities

*Principle # 12*

We believe in planning that is separate and local and also, we believe there is a role for independent, unencumbered planning in Ontario's developmental service system.

- We will explore issues of further separating planning from services
- We will continue to act as a provincial resource while balancing local needs

*Principle # 13*

We believe that our organization is healthier when there is an active quality assurance process in place in every area of the organization.

- We will regularly ask people who use our service and their families about the quality of services they receive

# Community Living St. Marys and Area

Section: Vision

Policy # V 2

Policy: Services Values

Approved by the Board of Directors: May 28, 2012

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The Association provides services which are responsive to the person using or requesting these services and to their family and friends. Supports and/or planning are based on the person's talents, needs, hopes and desires, choices and preferences as expressed by the person themselves or through those closest to them and the principles of service.

## **Provision of Service is based on:**

### **1. Individualization**

All support and planning and facilitation services provided by the Association are individual and reflect what the person, their family and friends have said are needed.

### **2. Choice and Empowerment**

Each person receiving support and their family and friends provide the major input to planning and decision making regarding the support required from the Association. In making these choices, the person and their group accept the obligations and responsibilities inherent in the decisions made.

### **3. Flexible, Portable Resources**

The Association has limited resources in terms of human resources and funding. These resources are allocated based on individual needs and circumstances in a fair and equitable manner.

The Association has a system of individual budgets. Disbursement of these funds is directed by the person and their family and friends and/or the Association. All or part of the funds identified for a person's support may also be moved to another service provider with the assistance of the Association and in consultation with the Ministry.

## **Procedure**

1. Any services provided will be based on the plan developed by the person; and be consistent with the Association's vision, mission, and principles and meet any relevant regulations.
2. If the resources allocated to a person are insufficient, it is the responsibility of the person and their family and friends to actively seek and/or provide the additional resources. The Association will provide support to do this as requested.
3. If a person chooses services which fall outside the vision, mission and principles of



service, the Association will assist the person to acquire these services from another service provider.



## **Board of Directors**

The Board of Directors of the Association is an elected body that acts on behalf of the membership to carry out the activities of the organization. It is mandated by the Corporations Act of Ontario through the Letters Patent. The board is responsible for the management of the whole Association. It is accountable to the membership for all of its decisions.

The board is the body within the organization that is liable for all actions taken on its behalf by employees and volunteers. Given this level of responsibility, the board creates policies to be followed when making decisions.

The membership gives the board a mission and principles to act as guidelines when making decisions. It is the board's responsibility to ensure that the policies adhere to these parameters.

In order to accomplish this undertaking the board has developed ways of organizing its activities. These include committees which recommend policy to the board and employees to carry out the policies of the board through procedures.

The Board's functioning is outlined in the Bylaws of the organization. These need to be consulted for the election procedures, terms of office, officers, job description of officers, committees, fiscal year and removal of officers or board members.

- BD 1 Board Member Orientation
- BD 2 Involvement in Decision Making
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# Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 1

Policy: Board Member Orientation

Approved by the Board of Directors: May 28, 2012  
Jan 22, 2018

Ministry requirement

Revised: January 2018

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When new members join the Board of Directors, it is often confusing and overwhelming. In order to alleviate some of the initial uneasiness, an orientation to the Association and all its activities is undertaken. On-going orientation is provided to all board members through retreats and participation in conferences and training events.

## Procedure

1. When first elected to the board, each new member will receive an orientation to:
  - a. Vision, Mission statement and Principles.
  - b. Rights of people using our services.
  - c. Abuse prevention, identification and reporting.
  - d. Privacy and confidentiality.
  - e. Role and responsibility as a board member.
  - f. Policy and procedure regarding ethical governance practices.
2. Each new member will be given the opportunity to discuss the information with the President or their representative.
3. New members will be invited to participate in the regular new employee orientations.
4. All Board members are encouraged to participate in board retreats, Association retreats, conferences and training events that are relevant to their position within the organization.
5. A record of the date of orientation for each Board member will be signed off and kept in their file.
6. The Board will do a yearly review of the Association's policies on abuse prevention, identification and reporting.
7. The Board will assess its performance as a group and individually on a bi-annual basis to ensure it is functioning effectively and carrying out responsibilities and duties and making improvements when identified as being needed.

8. When a board member voluntarily leaves their position, the nomination committee will present names at the next Annual General meeting and will also call for nominations from the floor. The Board will seek diversity and balance in welcoming new members.

# Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 2

Policy: Involvement in Decision Making

Approved by the Board of Directors: July 6, 2006

Revised: August 2013

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The Association actively encourages and promotes the meaningful involvement and participation of all those people using the services of the Association in the decision-making bodies such as the Board of Directors and its Standing Committees.

The Association engages in organizational planning retreats to study and make recommendations to the Board. The Board encourages the participation of people using the services, family members, employees, Association members and community members.

## **Procedure**

1. The Board of Directors will ensure that the people using the services and their families receive information on the benefits of becoming a member of the Association.
2. The Board will make sure that people using the services are invited to sit as members of Standing or Ad Hoc Committees and Task Forces.
3. People who are using the services of the Association will be invited to stand for nomination to the Board of Directors.
4. New Board or Committee members will be provided the necessary supports to meaningfully participate in the meetings and processes.
5. Support to participate effectively may be provided by technology, a relative, friend or advocate. Employees of the Association may not provide support at the Board level.
6. The Board of Directors will ensure an organizational planning retreat with external facilitation that will be held at minimum every five years.

# Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 3

Policy: Conflict of Interest

Approved by the Board of Directors: July 6, 2006  
Revised: June 2015, August 2016

Ministry requirement

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The Association wishes to conduct its business in a fair and open way that is not seen to be unduly prejudiced by Board and committee members who may derive a personal benefit from the decision being made.

## Procedure

### 1. Definition of Conflict of Interest

A conflict of interest occurs when:

- a. A board member has a private or personal interest sufficient to appear to influence a decision made in their official capacity.
- b. A board member has a direct or indirect financial interest in a contract or a proposed contract with the Association.
- c. A spouse, child, blood relative or family member of the board member has control of the contracting firm or has influence over the firm.
- d. A board member has control or influence over the contracting firm.

### 2. Declaration of the Conflict of Interest

The board member upon realizing that a conflict of interest exists must:

- a. Inform the Executive Director as soon as possible.
- b. If attending a meeting (staff, board, committee or any Association meeting) when the conflict becomes apparent, the board member must disclose the conflict at the beginning of the meeting.
- c. Once conflict is disclosed, the board member will not take part in any discussion or consideration of the situation.

3. If the board member is absent from the meeting or becomes aware of the conflict of interest following the meeting, they will inform the Executive Director and/or comply with the declaration of the conflict at the next meeting attended.

4. If the board member fails to declare their conflict of interest, appropriate action will occur in accordance with CLSMA bylaws.

## Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 4

Policy: Attendance at Board Meetings

Approved by the Board of Directors: July 6, 2006

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The Board of Directors meets regularly throughout the year. It is expected that all directors will attend these meetings to ensure the proper functioning of the board. Absence of a director at three consecutive meetings without good regrets will result in the termination of the directorship.

### **Procedure**

1. If a board member fails to attend three consecutive board meetings, the President will contact the board member to obtain an explanation for the absence.
2. The President will bring the findings to the next board meeting for consideration.
3. If it is deemed by the board that there is not just cause for the absence, the board will terminate the director's term of office.
4. The President will send a written notice of the termination to the director.
5. The board may appoint from eligible members a person to complete the term.



## **Community Living St. Marys and Area**

Section: Board

Policy # BD 5

Policy: Public Awareness

Approved by the Board of Directors: July 6, 2006

Revised: August 2016

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Any public awareness campaigns for the purpose of fundraising and public education must adhere to the vision, mission and principles of the Association.

Any public/media communications about the Association are to be made by the President, Executive Director or a person delegated by either. Refer to Policy HR 1.

## Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 6

Policy: Terms of Reference of Committees

Approved by the Board of Directors: July 6, 2006

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The Board of Directors recognizes that it is important to define the scope of the committees undertaking board business. As such, each committee either standing or ad hoc will have terms of reference approved by the board.

### Procedure

1. At the beginning of each year, the standing committees will review and submit their terms of reference to the board for approval.
2. When striking an ad hoc committee, the board will determine the terms of reference for the committee.
3. The terms of reference will include the following:
  - Name of committee
  - Composition of the Committee
  - Mandate
  - Quorum required
  - Objectives
  - Responsibilities
  - Resources of the Committee
  - Time frame of Operation/ yearly action plan
4. All terms of reference are to reflect the Mission and Principles of the Association.

## Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 7

Policy: Review of Bylaws and Letters Patent

Approved by the Board of Directors: July 6, 2006

Jan 22, 2018

Revised: January 2018

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The Bylaws of the Association are the rules for running the organization. The Letters Patent are the legal guidelines of the corporation known as the Association. Both of these documents are to be reviewed regularly to ensure that they reflect the current operations of the Association.

### **Procedure**

1. The Board of Directors will establish an ad hoc committee to review the Bylaws and Letters Patent of the Association at least every five years.
2. This committee will invite suggestions from members for changes, deletions and additions to both the Bylaws and Letters Patent.
3. The committee will make recommendations to the board.
4. Any changes to the Letters Patent or the Bylaws need to be approved by the membership at either the Annual General Meeting or at a meeting called to discuss the Bylaws and Letters Patent.

## Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 8

Policy: Review of Policies and Procedures

Approved by the Board of Directors: May 28, 2012

Ministry requirement

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The policies of the Association are the board's decisions of what needs to be done to achieve the mission. The procedures are how the policies are to be carried out. Both policies and procedures need to be reviewed regularly. The review should include looking at changes to existing policies and procedures, additions and deletions.

### Procedure

1. The Board of Directors will do an annual review and update as needed the policies on vision, mission statement, principles and Rights of Persons Using Services.
2. The Board of Directors will establish an ad hoc committee to review all other policies and procedures at least every two years. This may be the same committee charged with looking at the Bylaws and Letters Patent.
3. This committee will invite suggestions from members, employees, people using the services and their families for changes, deletions and additions.
4. The committee will make recommendations to the board.
5. Any changes to the policies need to be approved by the board. These changes are to be circulated to all employees, filed in the master Policy and Procedure Manual and added to the appropriate handbooks.
6. Any changes to the procedures are approved by the Executive Director who will inform the board. These changes are circulated to all employees, filed in the master Policy and Procedure Manual and added to the appropriate Handbooks.

## Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 9

Policy: Delegation to the Executive Director

Approved by the Board: July 6, 2006

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The Board of Directors has delegated the authority of the day-to-day operations to the Executive Director of the Association. The Executive Director is expected to carry out these duties in accordance with the Mission and Principles of the Association and to comply with the policies and relevant government laws.

### **Procedure**

1. The Executive Director takes direction from the Board of Directors and reports back on the activities undertaken.
2. The Executive Director acts as an advisor to the board and ensures that the board is informed of all relevant information needed to make decisions.

## Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 10

Policy: Job Description of the Executive Director

Approved by the Board of Directors: July 6, 2006

Jan 22, 2018

Revised: January 2018

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The job description for the Executive Director is developed and updated by the board when appropriate.

### **Procedure**

1. The board will review the job description at least every five years to ensure it reflects the activities required.
2. The board will review the compensation package for the Executive Director as deemed necessary.

# Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 11

Policy: Monitoring the Performance of the Executive Director

Approved by the Board of Directors: July 6, 2006

Jan 22, 2018

Revised: January 2018

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The Executive Director position carries with it a lot of responsibility. To support, encourage, and recognize these efforts, the board will undertake to formally review the performance of the Executive Director on a yearly basis. Such a review will look at the achievement of goals set previously and identify future performance expectations, the leadership shown, any training or professional development needed or requested and continuation of employment.

## **Procedure**

1. When first hired there will be an informal review at three months. This will be conducted by the representative(s) appointed by the board. A formal review will be conducted at six months and at least every 2 years thereafter.
2. The format of the review is determined by the Board of Directors. They will seek input about the performance of the Executive Director from the Executive Director, board members, employees, people using the service including their family and friends and appropriate community organizations.
3. The results of the review will be in written form and will be attached to the Executive Director's personnel file with a copy in the board's private file.
4. Both the board president's and the Executive Director's signature on the form will indicate agreement with the written review.
5. The Executive Director is free to request a review at any time.

# Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 12

Policy: Fundraising

Approved by the Board of Directors: Sept 28, 2015

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The Board of Directors and Executive Director are responsible for ensuring that the financial needs of Community Living St. Marys and Area are met. They are also responsible for ensuring that all fundraising activities fall within the ethical guidelines established by the Association and adhere to and where possible promote the values, vision, mission and principles of the Association.

## Procedure

1. The fundraising needs and goals of the Association shall be determined each year by the Board of Directors.
2. All fundraising activities suggested for the Association require the approval of the Board of Directors.
3. Fundraising support services must be approved by the Executive Director.
4. Employees may volunteer as a member of a fundraising committee and follow all guidelines set in place by the committee.
5. The Executive Director or their delegate shall secure and complete all the required licenses and permits for each fundraising event.
6. The Executive Director, the Finance Manager or their delegate will determine what new accounts will be required to satisfy the security and fiduciary needs of each new fundraising activity and will also be responsible for reconciling and closing the accounts once the fundraising event is ended.
7. Central Administration will issue tax receipts to all donors within twenty working days following the reconciliation of an event's revenue and expense accounts.



# Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 13

Policy: Investments

Approved by the Board of Directors: Sept 28, 2015

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The Board of Directors is responsible for the security and preservation of Community Living St. Marys and Area's assets, capital, and reserves and will only accept investment risks common to its peers.

## Procedure

1. The Executive Director and Finance Manager will invest all excess cash. Investments will be limited to low to medium risk instruments. Investments in excess of fifty thousand dollars will require the pre-approval of the Board of Directors.
2. All purchases and sales (excluding maturities) must be approved by an officer of the Board signing authority and the Executive Director.
3. At least once a year, Board Treasurer and/or designate and the Executive Director will meet with the Association's Investment Consultant who shall provide a detailed investment summary. At the minimum the report should include the type of investment held, the cost and the market value of the investment, the stated rate of return if applicable, the maturity date and any activity since the previous report. The summary will be presented to the Board of Directors at the next meeting.
4. This policy is intended to provide limits within which the investment portfolio will operate. If a specific situation arises, where it appears advantageous to go beyond these set limits, then the written approval of the Board of Directors must be obtained prior to the investment taking place.
5. It will be the Executive Director's responsibility to ensure that the investments in the portfolio adhere to all governing bodies overseeing non-profit charitable organizations.

# Community Living St. Marys and Area

Section: Board of Directors

Policy # BD 14

Policy: Succession and Continuity of Senior Leadership Team

Approved by the Board of Directors: August 3, 2016

Revised: August 21, 2017

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To promote continuity and minimize risk from the loss of Executive Director services and senior leadership, the Board of Directors has a succession and continuity plan which will be implemented in the event of absence, resignation or termination of the position.

## **Procedure**

### **For Executive Director:**

1. The Executive Director will maintain a task analysis of critical duties and ensure senior staff are cross trained in these functions.
2. In a planned absence, the Executive Director will appoint one or more Directors to assume duties and notify the Board.
3. In a resignation or termination, the Board President will call a special meeting of the executive for the purpose of establishing a transition team that can appoint an Acting Executive Director and begin a recruitment process.
4. The transition team will work closely with the outgoing Executive Director (if appropriate) to ensure a smooth transfer, addressing concerns and priorities for the new Executive Director and conducting an exit interview.
5. The outgoing Executive Director and/or Acting Executive Director will develop a report on the agency priorities that require the attention of the new Executive Director. This report will be given to the Board President and transition team.
6. The transition team will develop an orientation plan for the new Executive Director, including, but no limited to; a letter of welcome, introductory meeting between the Board and the new Executive Director, staff meetings, letter to the stakeholders of the organization, media announcement, review of agency policies and procedures and review of performance priorities.

### **For Senior Leadership Team:**

1. The Senior Leadership team will maintain task analysis for critical duties and ensure there is cross training for priority areas.

2. In a planned absence, the Executive Director will arrange for someone to fill in temporarily or reassign duties as appropriate.

3. In a resignation or termination, the Executive Director will begin the recruitment process and reassign duties for the interim as appropriate.



## **Administration**

The administration of the Association is delegated by the Board of Directors to the Executive Director. The Executive Director is responsible for the day-to-day running of the organization. This includes overseeing both the human and financial resources of the Association.

The administration needs to act in a way that is consistent with the vision, mission and principles of the organization. The administration is the public face by which the organization is judged, whether it be the person who answers the phone, Executive Director speaking to the media or a director attending a meeting.

The Administration oversees the accounting for all money matters of the Association. It makes sure that the Association has an accounting system in place that meets the needs of the Association, fulfills any requirements of reporting to funding bodies and complies with the Association's responsibilities as a corporation.

The Board of Directors is responsible for the financial management of the Association, so the board must ensure that monies are used in accordance with the vision, mission and principles of the organization.

The financial practices are audited yearly and the annual audited statements are open for public view. So it must, as well, reflect the vision, mission and principles of the organization.

- A 1 Accounting
- A 2 Budgeting
- A 3 Purchasing
- A 4 Payroll and Attendance
- A 5 Information and Records - Organization
- A 6 Information and Records - Services
- A 7 Privacy of Information
- A 8 Credit Card Purchases
- A 9 Technology and Office Equipment
- A 10 Inventory Control
- A 11 Disposal of Confidential Information
- A 12 Knowledge and Discovery Research

## Community Living St. Marys and Area

Section: Administration

Policy # A 1

Policy: Accounting

Approved by the Board of Directors: July 6, 2006  
Revised: July 2016

Ministry requirement

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As a corporation and a charity, the Association is required by law to have an accounting system for its money and assets. It needs to follow generally accepted rules for accounting and have the books audited each fiscal year.

### Procedure

1. In the chart of accounts, each number includes the account, department and identification designations.
2. Assets are listed yearly taking into account actual cost, depreciation, insurance coverage and petty cash system.
3. Incoming monies from sales or services, rents, operating grants, donations are tracked by invoices, receipts and notification slips.
4. Deposits are to be made if the total receipts on hand exceed \$500.00.
5. Invoices and bills to be paid are authorized for payment. Cheques are signed by two of the four signing officers. Cheque and EFT registers are provided at time of signing. EFTs are authorized before posting.
6. A general ledger and bank reconciliation is done weekly with all corresponding reports.
7. An external audit is done annually by a company approved by the membership at the previous Annual General Meeting.

## Community Living St. Marys and Area

Section: Administration

Policy # A 2

Policy: Budgeting

Approved by the Board of Directors: May 28, 2012

Ministry requirement

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Each year the Association is required to submit budgets to funding bodies for continued monies. The Association has chosen to budget government funds on an individual basis and then produce an overall budget to be sent to the respective government agencies.

### Procedure

1. Support Services prepares support requirement information for each person using the services based on the request outlined in their plan.
2. The individual support requirements information is forwarded to Central Administration for input into budget format.
3. Individual budgets are reviewed throughout the year by Support Services along with the person using the service and, if they choose, their family and friends.
4. Central Administration will prepare the central administration budget taking into account the previous year's expenses and projected costs.
5. Central Administration will consolidate the individual budgets and the Central Administration budget for submission to the Ministry of Community and Social Services using the forms provided.
6. The Executive Director will review all budgets prior to presentation to the Board of Directors. Once approved, the budgets will be submitted to the appropriate funders.

## Community Living St. Marys and Area

Section: Administration

Policy # A 3

Policy: Purchasing

Approved by the Board of Directors: July 6, 2006

Revised: July 2016

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All purchases by or on behalf of the Association must be authorized by the appropriate person and documented by invoice, receipt or voucher.

### **Procedure**

1. Purchases under \$1,000.00 will be authorized by the appropriate director or team leader.
2. Purchases of more than \$1,000.00 and less than \$10,000.00 will be authorized by the director and endorsed by the Executive Director.
3. For purchases of more than \$10,000.00, a proposal for the expenditure will be presented to the Board for approval prior to purchase. Each proposal will include three quotes.
4. A petty cash system is maintained by each department for purchases under \$100.00. The director or delegate responsible for the petty cash will ensure that each expenditure is receipted and a voucher is completed. To replenish petty cash, a summary of all vouchers with receipts attached is to be forwarded to Central Administration for processing.



# Community Living St. Marys and Area

Section: Administration

Policy # A 4

Policy: Payroll and Attendance

Approved by the Board of Directors: July 6, 2006

Revised: July 2016, Aug 2019, July 2022

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As a legal employer, the Association provides a mechanism to ensure the accurate documentation and administration of payroll and attendance information for all employees.

## **Procedure**

### **Payroll**

1. All employees are paid bi-weekly by direct deposit.
2. The pay period begins on Saturday and ends the second Friday following.
3. Each employee will use an-online payroll system to confirm payable hours worked, vacation, sick time, bereavement and training based on their schedule. Hours are approved by the employee's immediate supervisor or designate.
4. Changes including but not limited to rate of pay, hours or status are to be forwarded to Central Administration by the employee's manager or designated personnel using a notice of change form. Notice of Change Forms will be uploaded to the HR component of the payroll system. Personal information changes or special requests can be directed to Central Administration by the employee.
5. Employees can access their current and previous statement of earnings and T4's as well as vacation and sick time balances through the online payroll system if applicable.

### **Attendance**

1. Attendance records are automatically generated within the payroll system and are kept to conform to Revenue Canada requirements, to establish eligibility for benefits and seniority.

# Community Living St. Marys and Area

Section: Administration

Policy # A 5

Policy: Information and Records - Organization

Approved by the Board of Directors: July 6, 2006

Ministry requirement

Revised: August 2013, Aug 2019, July 2022

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Records of all business operations and activities of the Association will be maintained in an organized, efficient manner.

## Procedure

### 1. Personnel

- a. Personnel files for each employee will be maintained in the Central Administration office and the Association's secure web-based database; and will contain information required for Human Resources and payroll purposes such as:
  - Personal data
  - Initial employment information
  - Employment history
  - Termination of employment information
- b. Employee medical/health information will be maintained by the Privacy Officer in the Central Administration office in a separate and secure cabinet.
- c. Files of former employees will be retained intact for five years. All records will be maintained according to government requirements.
- d. Personnel files are considered to be the property of the Association and will be maintained with due regard to confidentiality. Direct access for administrative purposes will be limited to:
  - Executive Director
  - Central Administration personnel
  - President of the Association
  - Designated Privacy Officer
  - Managers
- e. Employees have the right to view their personnel file following the outlined process. Information in a personnel file may be accessed only in the presence of one of the roles/positions listed in d) above by:
  - The specific employee, with prior written authorization from an immediate supervisor.
- f. Any record or document concerning performance or discipline will be included in the employee's personnel file, only after the employee has been given the opportunity to read it and sign it.
- g. Information may not be added or deleted to a file without the knowledge of one of the roles/positions listed in d), above.

h. A personnel file may not be taken from the Administration Office, except in an emergency endangering the files.

2. Applications for employment will be retained in a file for a period of one year.
3. Employee information will only be released with the employee's written and signed permission or emailed permission/electronic signature.
4. Following the required retention period of five years, all personnel documents will be shredded.
5. Following the required retention period of seven years, all financial documents will be shredded.

# Community Living St. Marys and Area

Section: Administration

Policy # A 6

Policy: Information and Records - Services

Approved by the Board of Directors: May 28, 2012  
Mar 22, 2021

Ministry requirement

Revised: February 2016, June 2020, Mar 2021

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The Association recognizes its responsibility to maintain personal files for each person using services for twenty (20) years after the last entry, or seven (7) years after the individual is no longer receiving supports and services.

These files must be stored in a safe, secure environment and comply with applicable privacy legislation.

## Procedure

### 1. Files for people using services

- a. The Association requires an active file be maintained in Central Administration and the Association's secure web-based database for each person using service. The following information is generally included in the file:
  - i. Name, date of birth, gender.
  - ii. Address prior to involvement with the Association.
  - iii. Names, addresses, and telephone number of parents or next of kin.
  - iv. Personal, social and family history.
  - v. Beginning date of involvement with Association.
  - vi. All relevant medical and health information.
  - vii. A contact list of people important to the person.
  - viii. Copies of relevant legal and financial documents.
  - ix. Current and past life and/or personal and/or support plans.
  - x. Application package for Developmental Services and Supports (if there is one).
  - xi. Supports Intensity Scale needs assessment (if there is one).
  - xii. Children's assessments, agency agreements, etc. (if applicable)
  - xiii. Quality Assurance Measures documentation (including annual abuse prevention training, consents, annual rights training and third party review etc.)
- b. Files are named using a standard format: 3 letters of the month, 4 numbers of the year, full first and last name, item. For example; Nov 2020 Jane Doe Correspondence (family).
- c. The file maintenance chart and file naming protocol chart are included in this policy.

## **2. File Audits**

Regular audits are done by the HR person on files of people using services to ensure they are complete. HR Admin will notify the team leader or person responsible of any missing or outdated documents with a deadline attached and then follow-up as necessary with the manager until the file is complete.

## **3. Files for people using services who have died**

The file must contain the following:

- a. Details of circumstances surrounding the death of a person using services including date, time, place and name and address of the person who attended to the details of internment.
- b. If the Association is involved in any of the person's financial affairs, evidence that the balance of any accounts and remaining monies have become part of the person's estate.

## **4. Files for people who have discontinued services**

The file must contain the following:

- a. Date and circumstances of discontinuing services.
- b. Forwarding address and telephone number (if available).
- c. If the Association has been involved in any of the person's financial affairs, documents clearly showing that all monies and trust accounts have been transferred at the person's direction.

5. A Personal Information Form for each person using services must be located at the front of their file in Central Admin and similar basic information is available on the web-based database. A team leader or facilitator is responsible for ensuring the information is current.

6. Written consent must be given by the person using services, or legal parent or guardian if under 18 years of age to release any information to other people or agencies.

7. Following the required retention period, all documents will be shredded.

**File Maintenance Chart (updated Nov 2020)**

Note: We will use the fiscal year as our file 'year' as well (April 1-March 31)

<b>Personal-ORANGE</b> <b>Support Plan-BLACK</b> <b>Compliance-CREAM</b> (for archived annual trainings/consents) <b>Medical-YELLOW</b> <b>Financial-BLUE</b> <b>Team-GREEN</b> <b>Planning-PURPLE</b> <b>Alternative Supports-RED</b> (not audited) <b>Employment information-TEAL</b> (not audited) <b>Miscellaneous-WHITE</b> (hard copy files only-not audited) <b>External Communication-MINT</b> (AIMS electronic files only-not audited) <b>Archived Documents-GREY</b> (AIMS electronic files only-not audited, transferred scans from previous database) <i>**Hard copy files and AIMS electronic file colours will correspond</i>						
File Location	Checked in Internal Audit	Document	Store hard copy for:	Shred	Archive	Other
ORANGE	yes	Personal & Historical Information	Life of File	no	no	Update hard copy every 3 years Make updates to AIMS overview page as they occur
ORANGE	yes	Support Plan (CURRENT)	Life of File (most recent in Orange, move older copies to purple)	no	no	Due date listed in AIMS Uploaded signed copy in AIMS (annually) Uploaded working copy in AIMS (once)
ORANGE	no	Sheltered Workshop	Life of File	no	no	
CREAM	yes	Annual Trainings	Life of File	no	no	Due date listed in AIMS Uploaded signed copy in AIMS
CREAM	yes	Annual Consent Form	Life of File	no	no	Due date listed in AIMS Uploaded signed copy in AIMS
YELLOW	yes	Medical Clinical Visits/Consultations	Life of File	no	no	PreAIMS: Paper copy exists PostAIMS: Clinical visits entered directly into system and will be kept indefinitely
YELLOW	yes	MAR Sheets & PRN Records	2 years	yes	no	Shred only after information has been summarized on Dr order form and uploaded to AIMS DMS. Paper MARS can be kept

						in people's home until they are uploaded
<b>YELLOW</b>	yes	Annual Standing Orders (medications)	Life of File	no	no	paper copy kept in person's MED binder, electronic version uploaded ot AIMS
<b>YELLOW</b>	no	Medication Errors	1 year	yes	no	PreAIMS: Remove paper copy from file and also remove copy from personnel file PostAIMS: medication errors will be entered directly into the system and will be kept in the database indefinitely.
<b>YELLOW</b>	no	Seizure Chart	2 years	yes	no	PreAIMS: Remove paper copy from file only after information has been summarized on Dr order form. PostAIMS: seizure activity will be entered directly into the system and will be kept in the database indefinitely.
<b>YELLOW</b>	no	Accident/Incident Report	1 year	yes	no	PreAIMS: At end of the year, information gets summarized and uploaded to Sharevision-to both person we support and involved staff. PostAIMS: Accident/Injury reports for <b>people we support</b> will be entered directly into the system and will be kept in the database indefinitely. Post Inclusion System: Accident/Injury reports for <b>employees</b> will be filled out and uploaded to Inclusion System HR

						and be kept indefinitely.
<b>YELLOW</b>	no	Medical Test Results/Reports	Life of File	no	no	
<b>YELLOW</b>	no	Health Trackers (blood pressure, BM charts)	as per Team Leader/Manager	no	no	
<b>BLUE</b>	yes	Third Party Financial Check	Life of File	no	yes	PreAIMS: Uploaded to Sharevision PostAIMS: Uploaded to AIMS DMS
<b>BLUE</b>	no	Personal Banking Information	Not Required	N/A	N/A	Information to be kept with individual-exceptional case only
<b>BLUE</b>	no	Monthly Association Budgetary Information	2 years	yes	no	File hard copies only, do not need to be uploaded to a database (electronic copies can be obtained from Finance Manager if required)
<b>GREEN</b>	yes	Team Meeting Minutes	Life of File	no	no	
<b>GREEN</b>	no	Team Schedules	5 years for paper copies	no	no	Pre Inclusion System: stored in hard copy Post Inclusion System: Stored in database indefinitely
<b>PURPLE</b>	yes	Support Plan (past years)	Life of File	no	no	
<b>PURPLE</b>	no	Life Plan	Life of File	no	no	
<b>RED</b>	no	Alternative Supports	Life of File	no	no	SYH Coordinatormanages this file
<b>TEAL</b>	no	Employment	Life of File	no	no	Employment Facilitator manages this file
<b>OTHER</b> (does not fit into file colours above)	no	Rental Assistance/night monitoring/support	1 year	yes	no	Shred copies of applications for funds



<b>OTHER</b> (does not fit into file colours above)	no	Equipment Checklists	no need to keep-can shred all	no	yes	As of Nov 2020, checklists go directly to JHSC (Linda P) for storage-DO NOT FILE
<b>OTHER</b> (does not fit into file colours above)	no	Legal Information	Life of file	no	no	
<b>OTHER</b> (does not fit into file colours above)	no	Communication Books	1 year	yes	no	in hard copy only
<b>OTHER</b> (does not fit into file colours above)	no	Log Books	Life of File	no	yes	PreAIMS: paper log books should be archived Post AIMS: log notes appear as 'daily notes' in database indefinitely
<b>OTHER</b> (does not fit into file colours above)	no	Nutrition/Meal Plan	Not Required	yes	no	PreAIMS: paper copies can be destroyed at any time Post AIMS: can be uploaded to DMS
<b>OTHER</b> (does not fit into file colours above)	no	<del>Month-End Reports</del> DISCONTINUED	Discontinued as of 2006, restarted as of 2015, and discontinued again as of 2018(ish)			

#### Central Filing Reminders

At year end:

- a. Summarize monthly budget reports and retain on file for future reference. Original reports are to be shredded. If there is a need to see the original report, they are available at Central Admin.
- b. MAR reports are to be kept for a period of 2 years. Summarize current year MAR sheet and archive. Shred MAR from 3 years ago, keeping 2 most recent years.
- c. Medication Error Reports are kept in the person's file, as well as in the file of the staff making the error for the period of 1 year. Team Leaders are expected to keep record one year from when an error is reported and remove and shred from both the person's files and the staff's file.

- d. Seizure charts are to be kept for a period of 2 years. Summarize current year Seizure chart and archive. Shred Seizure chart from 3 years ago, keeping 2 most recent years.
- e. Rental Assistance/Night Monitoring records (applications for funds) are to be kept for one year. Copies of Applications for Funds can be shredded. If there is a need to see the original report, they are available at Central Admin.
- f. Hard copies of Team Schedules are to be kept for a period of 1 year. Schedules/summary of hours worked will be kept on the server by Team Leaders. No paper archives needed.

# Community Living St. Marys and Area

Section: Administration

Policy # A 7

Policy: Privacy of Information

Approved by the Board of Directors: May 28, 2012  
Revised: Aug 2019

Ministry requirement

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The Association is committed to keeping personal and personal health information private and safe and is governed by one or more of the following Acts:

- *Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (HPPA)*
- *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56 (MFIPPA)*
- *Personal Health Information Protection Act, S.O. 2004, c. 3, Sch. A (PHIPA)*
- *Other applicable provincial and municipal legislation*

## Procedure

1. The Association only collects as much personal and personal health information as needed to support the delivery of services.
2. This information may include, but is not limited to:
  - a. Name, address, date of birth, Ontario health card number.
  - b. Information related to eligibility for services.
  - c. Health-related assessments about individual or family health history.
3. Information will only be collected directly from the person using the Association services and their family and friends when consent is given.
4. Anyone using Association services can change or withdraw their consent at any time by notifying the Association in writing.
5. The personal health information collected will only be used for the purposes for which it was collected. This information will not be shared with others without consent unless required or permitted by law.
6. The Association will keep personal information private and safe from theft, loss or unauthorized use by others. Information will only be kept for as long as the law allows and will be stored and/or disposed of according to the law and Association policies.
7. The Association has a designated Privacy Officer who can answer questions about how personal health information is collected, maintained, used or disclosed.

8. The Association will ensure people know if they have a complaint or concern about how the Association handles personal health information they can contact:

**Information and Privacy Commissioner/Ontario**

2 Bloor Street East, Suite 1400

Toronto, ON M4W 1A8

Phone: 416-326-3333 or 1-800-387-0073

Fax: 416-325-9195

[www.ipc.on.ca](http://www.ipc.on.ca)

9. All Police Vulnerable Sector Checks will be kept in a sealed envelope in employee's personnel file.

# Community Living St. Marys and Area

Section: Administration

Policy # A 8

Policy: Credit Card Purchases

Approved by the Board of Directors: February 24, 2014

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All credit card purchases by or on behalf of the Association must be authorized by the appropriate person and documented by attaching the invoice, receipt or voucher to the "Credit Card Purchase" form.

## Procedure

1. Any purchases requiring payment in this manner must be approved by the appropriate director or the Executive Director prior to receiving the credit card.
2. The Credit Card Purchases form must be totally completed and properly authorized. This includes amount, date of transaction, how the purchase was done, who the funds are payable to and an adequate explanation to support the request. All pertinent and available documentation must accompany the form.
3. Credit Card Purchases by phone or online should only be used when absolutely necessary.
4. When completing the "Credit Card Purchases" form, attach all appropriate paperwork (record of contact, phone number, company, or printout of confirmation if online, etc.)
5. The "Credit Card Purchases" form must be sent to Central Administration when the purchase is authorized. Do not wait until the service is complete or the item is received.
6. Any additional paperwork received subsequently (packing slips, invoices, etc.) must be submitted to Central Administration as soon as possible.

## Community Living St. Marys and Area

Section: Administration

Policy # A 9

Policy: Technology and Office Equipment

Approved by the Board of Directors: August 3, 2016

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The Association has a responsibility to ensure its technology and office equipment are appropriate to meet current and future needs.

### **Procedure**

1. The Association has a technology plan that is implemented and reviewed regularly to assess the current IT (Information Technology) environment and to guide future changes.
2. The Association carries out regular maintenance and service on office equipment. Training is provided to employees using this equipment. Non-compliance with health and safety, proper operating procedures and standards is subject to disciplinary and performance review.

Refer to HR 31 Information Technology

## Community Living St. Marys and Area

Section: Administration

Policy # A 10

Policy: Inventory Control

Approved by the Board of Directors: Aug 19, 2019

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The Executive Director will ensure that an annual inventory of the physical assets of the Association is undertaken.

### **Procedure**

1. Assets consist of all items of property such as office supplies and furniture (including items at homes of people supported) of a minimum of \$500.00 value, all housing and commercial real estate and all vehicles.
2. Assets are to be identified and a list maintained.
3. Serial numbers, original purchase prices, invoices and warranties on all property of considerable value are to be filed at the Central Administration office.
4. Assets are not to be transferred without the approval of the Executive Director or designated representative.
5. Assets are to be entered into inventory at purchase, verified at the time of annual count, and removed from inventory when no longer in use or discarded.
6. Damage to or loss of agency assets are to be reported immediately to the appropriate supervisor.

Refer to the Technology Plan and Computer Inventory.

# Community Living St. Marys and Area

Section: Administration

Policy # A 11

Policy: Disposal of Confidential Information

Approved by the Board of Directors: Aug 19, 2019

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The Association will ensure that all confidential documentation is disposed of in a manner compliant with the Privacy Act. The objective of the policy is to comply with law regarding information security and privacy; help reduce the threat of a security incident and protect the confidential information for all parties.

## Procedure

### Paper Documentation Procedure

1. Any discarded paper documentation that contains information about the Association, employees, volunteers, people supported or associated partners will be placed into locked cabinets located within the James Purdue Centre that will be collected and disposed of on a regular basis by a reputable disposal company chosen by the Association.

### Digital Information Procedure

1. CLSMA regularly stores sensitive information on computer hard drives and other forms of electronic media. As new equipment is obtained and older equipment and media reach end of life, sensitive information on surplus equipment and media must be properly destroyed or otherwise made unreadable to protect confidential information or personally identifiable information.

2. All computer desktops, laptops, hard drives, and portable media shall be processed through our IT contractor for proper disposal. The IT contractor shall ensure procedures exist and are followed that destroy or otherwise renders unreadable all of the information contained, either by:

- a. In case of re-use: overwriting the information using the established [US] DOD *5220.22-M Procedure (3 pass overwrite)*.
- b. Physical destruction of the data carriers (disks, flash memory media) to conclusively render access to the information impossible.

3. Hardware and storage that has been used to process, store, or transmit confidential information shall not be released into general surplus until it has been sanitized and all stored information has been cleared using the appropriate method. Non-adherence to this procedure is considered a serious policy violation and can lead to disciplinary measures up to and including termination.



# Community Living St. Marys and Area

Section: Board of Directors

Policy # A 12

Policy: Knowledge and Discovery Research

Approved by the Board of Directors: Aug 3, 2016

Jan 22 2018, Mar 27 2023

Revised: Jan 2018, Mar 2023

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The Association understands and values the potential of research in furthering our vision and mission. Refer to V1 – Principle 10. It also recognizes the importance of regular and ongoing activities that gather feedback from stakeholders for the purpose of continual improvement.

The decision to engage in any research project or to seek feedback will be made by the Executive Director and senior staff and the board will be kept informed.

The Association reserves the right to require that the standard for any research project or discovery activities is high and that it does not compromise the vision, mission and principles of the agency and does not interfere with the rights, privacy and preferences of any participant. The purpose of any knowledge discovery such as surveys, interviews etc. must be clearly outlined and organized and provide a way to share what is learned in appropriate ways. Any formal research must meet a standard academic ethical review from a credible research body.

## **Procedure**

Any formal or informal research projects or knowledge discovery that seeks feedback and information from people supported or employees must meet the following criteria:

1. The Executive Director will be aware of all research/knowledge discovery.
2. The purpose and intended benefit of the research/knowledge discovery is clearly communicated to participants and in a way that they can understand.
3. The privacy of participants is protected and meets the Association's policies and procedures.
4. There is confidentiality around any information or data gathered.
5. There is voluntary and informed consent gathered.
6. Participants understand that they have the right to withdraw consent and end their participation at any time.

7. Activities adhere to research or project guidelines and agreements and are monitored throughout the project.

## Human Resources

The most important and most visible resource of the Association is its people, both paid and unpaid.

The Association strives to hire and attract the most competent people. It strives to provide a work environment that uses peoples' strengths, provides opportunities for growth and development, encourages people to take risks and supports people to do so. It strives to provide a compensation package that recognizes peoples' value in both time and money.

- HR 1 Code of Ethics
- HR 2 Standards of Conduct
- HR 3 Job Descriptions
- HR 4 Definitions of Employment Categories
- HR 5 Hours of Work
- HR 6 Hiring
- HR 7 Criminal Reference
- HR 8 Criminal Reference for Volunteers
- HR 9 Job Sharing
- HR 10 Personnel Files and Records
- HR 11 Probationary Period
- HR 12 Seniority
- HR 13 Orientation and Training
- HR 14 Performance Appraisal
- HR 15 Termination
- HR 16 Disciplinary Action
- HR 17 Problem Resolution
- HR 18 Reallocation of Hours
- HR 19 Salary and Wages
- HR 20 Vacation
- HR 21 Pay Statements/Schedules
- HR 22 Employee Benefits
- HR 23 Statutory and Legislated Benefits
- HR 24 Out of Pocket Expenses
- HR 25 Leaves of Absence
- HR 25a Sick Leave
- HR 26 Communicable Diseases and Employment
- HR 27 Workplace Violence and Harassment
- HR 28 Consultation Services
- HR 29 Conflict of Interest
- HR 30 Personal Business on Work Time
- HR 31 Information Technology (Email, Social Media)

HR 32 Driver Abstract  
HR 33 Alternative Dispute Resolution  
HR 34 Drugs and Alcohol  
HR 35 Telecommuting/Working from Home  
HR 36 Disconnecting from Work  
HR 37 Electronic Monitoring  
HR 38 Diversity and Non-Discrimination

# Community Living St. Marys and Area

Section: Human Resources

Policy #HR 1

Policy: Code of Ethics

Approved by the Board of Directors: July 6, 2006

Ministry requirement

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The Association has professional, legal and moral obligations to the people using its services and their families. All volunteers and employees will conduct themselves in accordance with a common Code of Ethics. The Code has the following responsibilities.

## 1. **Philosophy**

Each volunteer and employee will support and adhere to the Association's vision, mission, and principles.

## 2. **Professional Conduct**

Each employee is expected to conduct themselves, whether alone or with others, in a conscientious and respectful way which enhances the quality of life of each person using the services. This level of professionalism needs to be expressed at all times.

## 3. **Confidentiality**

Volunteers and employees have access to confidential information about the people using the services and their families. This information may come from files, reports and by people telling their stories. All of this information is confidential and cannot be shared with others unless the volunteer or employee is authorized to do so in writing, subpoena or verbal consent with the person present.

If the health and safety of the person using the services is in question, the employee is to discuss the situation with their immediate supervisor before proceeding with any disclosure. Board or committee members will discuss the situation with the board president.

## 4. **Representation of the Association**

Volunteers and employees are seen by the community as representatives of the Association. Volunteers and employees will need to make sure that statements made of a personal nature are not confused as statements on behalf of the Association.

Any public/ media communications about the Association are to be made by the President, the Executive Director or a person delegated by either.

# Community Living St. Marys and Area

Section: Human Resources

Policy #HR 2

Policy: Standards of Conduct

Approved by the Board of Directors: April 23, 2007

Aug 19, 2019

Revised: May 2015, June 2015, July 2019

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The Association has established “**Standards of Conduct**” related to our Code of Ethics (HR1) that are intended to ensure that all employees and volunteers are aware of and comply with the expectations of the Standards of Conduct and the possible results of failing to meet these expectations.

## Procedure

The Association standards of conduct are intended to inspire positive, exceptional performance and to provide opportunity for correction and growth. They are not merely intended to address negative behaviours. The Acceptable and Unacceptable behaviours in the **Guidelines** are examples and do not include all of the types of conduct which may be deemed to be unacceptable.

When unacceptable behaviour is noted or brought to the attention of the supervisor, progressive discipline may be implemented as outlined in policy HR 16 Disciplinary Action. In certain situations, unacceptable conduct may result in immediate termination.

ACCEPTABLE STANDARDS OF CONDUCT	EXAMPLES OF UNACCEPTABLE CONDUCT
<p><b><i>Appropriate behaviour toward the people Community Living St. Marys and Area supports:</i></b> Treating all people with dignity and respect. Fostering positive, respectful interactions with and about people. Holding in confidence information related to people accessing support.</p>	<p>Derogatory tone or demeanor in interactions with or about people supported. Use of force, assault, degrading treatment, yelling at or toward a person, sexual activity, neglect of people accessing support, failure to provide proper service or care, any form of abuse, including physical, sexual, emotional, verbal and psychological abuse or contemptuous speech or actions. Failure to maintain confidentiality.</p>
<p><b><i>Reporting of inappropriate behaviour toward people accessing support or</i></b></p>	

<p><b>contravention of work rules or specific support methods:</b> Immediately reporting to the supervisor inappropriate behaviour toward a person accessing support and any contravention of work rules.</p>	<p>Failure to report any contravention of work rules, specific support methods or any witnessed acts of suspicion of assault, sexual activity, degrading treatment, neglect and any other form of abuse or harassment.</p>
<p><b>Positive interaction with all agency members, including but not limited to, persons accessing support, families, and co-workers:</b> Bringing concerns or grievances to the person involved or to a supervisor in an appropriate manner. Positive interactions with or about co-workers and all agency members.</p>	<p>Gossip, destructive or derogatory talk about another person. Intentionally destructive criticisms, direct or indirect, leading to a misuse of agency, team or support resources.</p>
<p><b>Daily punctuality:</b> Reporting to and leaving the work place according to specified work hours.</p>	<p>Failing to report to work punctually; leaving the workplace early and without permission, doing personal errands or activities while working.</p>
<p><b>Attendance at work:</b> Regular attendance.</p>	<p>Absence from work without authorization or justifiable reason.</p>
<p><b>Competence and productivity:</b> Performing work according to the requirements of the position specification, legislation and administrative requirements and in a competent, careful and productive manner. Cooperating with co-workers in work related activities in a positive manner.</p>	<p>Substandard, incompetent and/or careless work performance which is within the control of the employee. Spending time on non-work related matters; sleeping on the job.</p>
<p><b>Compliance with supervision:</b> Complying with the directions of the employer. Support and adhere to the principles of service and the mission of the organization. Adherence to the personal plans, wishes and direction from supported persons.</p>	<p>Refusal, direct and indirect, to perform work assignments, refusal to comply with policies, statutes, procedures and regulatory/safety requirements of which the employee is aware or should reasonably be aware; refusal to accept work. Non-adherence to personal support plans.</p>
<p><b>Lawful and honest conduct:</b> Behaving in an honest and trustworthy manner, complying with the law while engaged in the employer's business, and acting at all times in such a manner that the employment relationship is not undermined.</p>	<p>Involvement in activities that result in a conflict of interest: dishonesty, deception, theft, falsification of records, fraudulent conduct and any other illegal conduct. Encouraging gifts from people accessing support from the Association.</p>

<p><b>Care, use and maintenance of Association property:</b> Appropriate maintenance and use of property.</p>	<p>Failure to take reasonable care with property, including regular maintenance and immediate reporting of problems, deliberate damage and/or unauthorized use of Association property.</p>
<p><b>Orderly conduct:</b> Behaving in an orderly fashion; behaving in a manner which is appropriate to the workplace when dealing with persons accessing support, visitors and other employees.</p>	<p>Swearing, abusive threatening or profane language, fighting, horseplay, harassment of others, threatening to harm others, abuse of others, endangering the wellbeing of one's self and/or others, assault, and any behaviour which prejudices the employer's ability to continue to provide support and maintain a reputation.</p>
<p><b>Non-impairment in the workplace:</b> Employees are strictly prohibited to be under the influence, or in possession of alcohol, recreational marijuana or illicit drugs while:</p> <ul style="list-style-type: none"> <li>● On Association property;</li> <li>● Operating a motor vehicle on behalf of the Association;</li> <li>● Representing the Association either in the homes of persons accessing support or in the community</li> </ul>	<p>Being under the influence of drugs, alcohol, marijuana or any substance and/or improper use of prescribed substances* during working hours.</p> <p>*If an employee is prescribed a potentially impairing substance (i.e. cannabis, narcotics, etc.) and requires accommodation, they must inform their manager or immediate supervisor. A specific medical diagnosis need not be disclosed, however a note from their doctor and a copy of appropriate documentation must be provided.</p>

**Boundaries:**

Trust is the foundation upon which best practice support occurs. Diligence in the management of boundaries, self-management and organizational management, is essential to foster, nurture and maintain trusting relationships between people supported and employees and volunteers. Employees and volunteers can be seen to be in a position of power and must always act in the best interests of people supported.

When employees and volunteers may be the only individuals who interact with or advocate on behalf of people, there is a high propensity to fall into the 'we are family' mode of thinking. Recognizing the power differential and not misusing this power is imperative.



<b>Relationship Characteristics</b>	<b>Professional</b>	<b>Personal</b>
Money	Money is paid to the staff for care only as long as the staff are employed by the agency Volunteers choose to work with service recipients and may change their minds at any time	Shared power Money not exchanged for time spent together.
Length	Limited to the duration of employment or volunteering commitment	May last a lifetime
Location	Confined to work hours/assignment /support goals	No boundaries
Purpose	To support people to achieve their goals	To enjoy oneself
Structure	Defined by hours of work/ service site assignment	Spontaneous and unstructured
Power balance	Staff/volunteers are privy to private personal information, may change the service without consultation	Shared power
Responsibility	The staff/volunteer are responsible for establishing the professional boundaries and type of relationship	Shared responsibility for setting boundaries

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 3

Policy: Job Descriptions

Approved by the Board of Directors: July 6, 2006

Revised: Aug 2013, Aug 2019

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To assist each employee to understand the expectations of their job, the Association has developed job descriptions for each position within the Association structure.

For job descriptions of the volunteer sector, please consult the bylaws.

## **Procedure**

1. A job description for each position within the Association will be kept in the Policy and Procedure Manual in the Central Administration office.
2. Each job description will be reviewed at minimum every 5 years by the department. Any changes will be forwarded to the Executive Director for consultations and presentation at the Board.
3. Each job description will include:
  - Title of position
  - Place in organizational structure
  - Immediate supervisor
  - Reporting relationship
  - Purpose of Position
  - Responsibilities
  - Requirements
  - Qualifications
  - Core Competencies
4. For the job description of the Executive Director, consult the Board policy.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 4

Policy: Definitions of Employment Categories

Approved by the Board of Directors: July 6, 2006,

Mar 22, 2021, Feb 27 2023

Revised: Aug 2013, Aug 2019, Mar 2021, Apr 2023

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The Association has developed various categories of employment to meet the needs of those people who are using the services and to provide for the on-going functioning of the Association.

## Definitions

1. **Full-time** Employees hired for an indefinite period of time who have successfully completed a six (6) month probationary period. Full-time employees shall be deemed to mean employees who are regularly scheduled to work no less than thirty-two (32) and no more than forty (40) hours per week.
2. **Part-time** Employees hired for an indefinite period of time, who have successfully completed a six (6) month probationary period. Part-time employees shall be deemed to mean employees who are regularly scheduled a minimum of five (5) hours per week and less than thirty-two (32) hours per week.
3. **Contract** Employees hired for a finite period of time to complete a specific assignment/project/task. Hours of work are dependent on the terms of the contract and may be up to a maximum of forty (40) hours per week.
4. **Relief** Employees whose hours of work are determined on an as needed basis with no guarantee of hours. Relief employees are on a Relief Roster and may be scheduled up to five (5) hours per week, and may be asked to work additional relief hours as available. Part-time and full-time employees who are regularly scheduled less than 40 hours per week are also eligible to join a Relief Roster.
5. **Salaried** Employees are those employees holding a supervisory, administrative or managerial position where the expectation is that the requirements of the position will take a known number of hours each week. Salaried employees may be full-time, part-time or contract employees.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 5

Policy: Hours of Work

Approved by the Board of Directors: April 23, 2007

Mar 22, 2021

Revised: Aug 2013, Aug 2019, Mar 2021

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Hours of work for each employee will be set out in the letter of employment. It is expected that each employee will be available for work and will fulfill their obligations unless reassigned or authorized. The Association also recognizes that the actual day to day work time may vary depending upon the particular needs of the person receiving support services. Employees will need to be flexible in planning each work day.

## Procedure

1. A normal work period of two weeks is up to 80 hours. It is expected that this will only be exceeded if there is an emergency need for supports.
2. It is understood that the employee will be available for work recognizing that from time to time sickness or injury may result in innocent absenteeism. If the employee expects or intends to be absent from work, they must notify their supervisor so that arrangements can be made.
3. If an employee is not required to work their regularly scheduled hours and is given less than 12 hours' notice, then they are entitled to be paid for their regularly scheduled hours up to a maximum of three. In the event a meeting specific to a person, such as a team meeting, is cancelled with less than 12 hours' notice, employees (provided they were attending) will be compensated up to one hour pay at their regular rate.
4. Overtime is calculated at time and a half. Overtime is considered to be any hours worked over 88 hours averaged over 2 weeks with a signed Overtime Averaging Agreement. (Applies to full-time, non-salaried employees only).
5. Authorization for overtime must be obtained prior to the work being done and may be a condition of payment.
6. In an emergency situation where prior approval was not given, the employee will notify their supervisor on the hours worked as soon as it is feasible to do so.
7. Salaried employees will be compensated for overtime with the equivalent time off, with pay, at a mutually agreed upon time.

8. It is understood that Relief employees, and employees on a Relief Roster may be scheduled up to five (5) hours per week and will check their schedules on a regular basis.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 6

Policy: Hiring

Approved by the Board of Directors: May 28, 2012  
Jan 22, 2018

Ministry requirement

Revised: Jan 2018, Aug 2019

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The Association endeavours to hire and maintain highly competent employees. The process includes both documentation and interviews.

## Procedure

### 1. Posting

All positions will be posted internally.

Internal and external posting will be advertised for a period of 7 days minimum. External postings may be done at the same time as the internal postings.

All postings will include:

- a. Note accommodation is available for applicants identifying disability.
- b. Police Vulnerable Sector Check is required by all applicants.
- c. Note we thank all applicants for their interest; however only those selected for an interview will be contacted.

### 2. Applications

Internal applications are submitted in writing. All applications received will be treated confidentially and be considered in an equal and fair manner.

### 3. Screening

Following the closing date for applications, the submitted applications will be reviewed and those applicants that match the requirements will be offered an initial interview.

All internal applicants will be given an interview provided they meet the minimum requirements.

### 4. Interviews

The initial interview is used to determine the candidates' suitability to the position offered. Those candidates that match the needed criteria will be asked back for a second interview. References may be checked after the first or second interview.

For Support Services, the second interview is conducted by a group including the person using the services and/or their designate and the team leader. Final selection of

a new employee is made by the person using the services or their designate together with the team leader.

For other positions, the interview group will reflect the various components of the organization which is affected.

When two or more internal applicants are the choice of the person using the services and are equal in skills, ability, qualifications and experience, employment seniority will be the deciding factor. The Executive Director will be told of all final selections.

### **5. Nepotism**

Employees may not be supervised by an immediate family member including siblings, children, married or common-law partner, or in-laws.

### **6. Notification**

Once a final decision is made, the successful candidate will be notified and asked to present a current Police Vulnerable Sector check before an offer to hire can be extended. New employees will also be asked to provide verification of credentials as noted in the job description under education at the discretion of the Director of Support Services.

All candidates who were interviewed will be notified of the decision by phone or in writing in a timely manner.

### **7. Competition File**

A Competition notes file will be created for each job posting and will contain all resumes and interview notes for a period of 7 years.

### **8. Offer of Employment**

The successful candidate will receive a letter of employment which outlines the terms and conditions of work including:

- Welcome to the Association
- Title of Position
- Remuneration and Benefits
- Hours worked
- Probationary period
- Mandatory Training/Requirements/Orientation
- Policy and Procedure Manual

For Support Services, the letter will contain the expected hours of work averaged over a one week period and for whom the employee is working. It is known that life and circumstances can change and therefore schedules and hours may vary. The expected number of hours and the schedule cannot be taken as guaranteed.

Prior to beginning employment the employee will return:

- a. The signed Offer of Employment.
- b. The signed Declaration of Commitment/Oath of Confidentiality.
- c. Overtime Averaging Agreement (if applicable).

Until reference checks, police record checks and orientation are completed, a new staff member will be supervised while working with a person using services. The length of orientation is at the discretion of the employer.



# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 7

Policy: Criminal Reference

Approved by the Board of Directors: May 28, 2012  
Revised: Aug 2015, Aug 2019

Ministry requirement

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The Association wants and needs to provide a safe and secure environment for all people who use the services of the Association. It is important that the Association can demonstrate to the people using the service that the Association has taken as many precautions as it can. As a result, the Association requires that all successful candidates for employment must provide a Police Vulnerable Sector Check.

## Procedure

1. The successful candidate is required to provide the Association with a current (within six months) Police Vulnerable Sector Check. All costs are the responsibility of the candidate. The Association will require employees to have this updated every 5 years.
2. When there is a criminal record that would cause concern about the suitability of the candidate, any offer of a position either expressed or implied is withdrawn. Time is then taken to better understand the record and its implications on the position.
3. Having a criminal record may not exclude the person from employment. Any change must be reported to immediate supervisor within 48 hours.
4. It is the employee's responsibility to report a change on their own circumstance that would be reflective on a Police Vulnerable Sector Check. Employees will be required to sign off annually on a *Police Vulnerable Sector Check and Driver Abstract* form, verifying that there has been no change since their last submitted Police Vulnerable Sector Check.
5. It is at the discretion of the Association to request a Police Vulnerable Sector Check at any time. All Police Vulnerable Sector Checks are kept in a sealed envelope in personnel file.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 8

Policy: Criminal Reference for Volunteers

Approved by the Board of Directors: May 28, 2012  
Revised: September 2013

Ministry requirement

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The Association wants and needs to provide a safe and secure environment for all people who use the services of the Association. It is important that the Association can demonstrate to the people using the service that the Association has taken as many precautions as it can. As a result, the Association requires that volunteers, including board members, who work directly for a person using the services must have a Police Vulnerable Sector Check.

## **Procedure**

1. Volunteers who work directly for a person using services are required to provide the Association with a current (within six months) Police Vulnerable Sector Check. The Association will reimburse the volunteer the cost of the record check.
2. When there is a criminal record that would cause concern about the suitability of the volunteer, any offer of a position either expressed or implied is withdrawn. Time is then taken to better understand the record and its implications on the position.
3. Having a criminal record may not exclude the person from volunteering.
4. It is the volunteer's responsibility to report a change on their own circumstance that would be reflective on a Police Vulnerable Sector Check.
5. It is at the discretion of the Association to request a Police Vulnerable Sector Check at any time.
6. Personal references will be documented for new volunteers, including board members.

## Community Living St. Marys and Area

Section: Human Resources

Policy # HR 9

Policy: Job Sharing

Approved by the Board of Directors: July 6, 2006

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The Association recognizes that there may be occasions when two or more employees may wish to job share one position. This arrangement will be considered if it is in the best interests of the person using the services and the Association.

### **Procedure**

1. The intention to job share can be expressed by an employee in a position at any time. Consideration of the request will be made by the immediate supervisor.
2. The intention to job share can be expressed in the application process. Consideration of the request will be made by the interview team.
3. The interview will consist of all parties to the job share.
4. All employees involved in the job share are accountable to ensure the complete job is done in a satisfactory manner.
5. If one component of the job share becomes open, others in the job share will have the opportunity to take over the available hours. If this is not possible, the job share will revert to the whole position. This position will be posted.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 10

Policy: Personnel Files and Records

Approved by the Board of Directors: July 6, 2006  
Revised: Feb 2016, Aug 2019, July 2022

Ministry requirement

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The Association will maintain personnel files in a secure manner to ensure confidentiality. The files will contain information required by law and by the policy of the Association.

## Procedure

1. Each personnel file (paper form and/or electronic) will contain:
  - a. Personnel data including but not limited to name, address, telephone number, date of birth, emergency contact, social insurance number.
  - b. Initial employment information and training documents including but not limited to start date, benefit participation, banking information and deductions, driver abstract, First Aid and CPR, WHMIS and separately sealed Police Vulnerable Sector Check.
  - c. Employment history including but not limited to attendance records, prior training certificates, performance appraisals, requests for and results of leaves of absence, disciplinary notices (only those cc'd to personnel file) and reports, disclosure to car insurance, copies of degrees/certificates/diplomas, and annual signoffs.
  - d. Upon termination, the file will contain the nature of termination, separation documents and exit interview notes if applicable.
2. All records and files of former employees will be kept according to the requirements of Revenue Canada and retained intact for five years. Refer to Policy A 11 – Disposal of Confidential Information for disposal procedures.
3. Employees have access to their own personnel file only with supervision and support. Refer to Policy A5 Information & Records - Organization.
4. Personnel files are to be stored in a safe and secure manner. Employee medical/health information are to be stored in a separate and secure manner.
5. Only those people authorized to do so may open and read an employee's file. These files are not to leave Central Administration. Refer to Policy A5.

## Community Living St. Marys and Area

Section: Human Resources

Policy # HR 11

Policy: Probationary Period

Approved by the Board of Directors: July 6, 2006  
Revised: March 2017, Mar 2024

Ministry requirement

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All successful candidates will begin their employment with the Association with a probationary period. This period gives the employee time to understand the job expectations, receive any training, have a performance appraisal and determine whether or not the job is suitable. The Association uses this period to provide an orientation and training, conduct a performance appraisal and determine the employee's suitability.

### **Procedure**

1. For all employees the probationary period is six (6) months.
2. The length of time prior to eligibility for the Employee Benefits package is determined by the carrier. It is independent of the probationary period but is not shorter than the probationary period.
3. Upon the successful completion of the 6-month probation period employees will gain access to sick and vacation time.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 12

Policy: Seniority

Approved by the Board of Directors: July 6, 2006

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The Association supports the concept of seniority for recognizing the contribution of an employee and for determining specified rights and benefits.

## Procedure

1. Seniority is defined as the total of hours worked for the Association.

If the date of hire was prior to January 1, 1990, information from the personnel records and negotiation with the employee will determine the number of hours before January 1, 1990. This number of hours will be added to the hours worked following January 1, 1990.

For all dates of hire following January 1, 1990 to the present, records of hours worked are maintained.

2. An updated seniority list is available from Central Administration annually.

3. The employee's anniversary date is the anniversary of the date of hire. The anniversary date is used to determine vacation time, merit increases, length of service and seniority with the Association.

4. A second anniversary date is created when an employee accepts a different position within the Association. This second anniversary date is used to determine times for performance reviews and merit increases.

5. If an employee is not working for a period of time, seniority is not lost unless the period exceeds one year.

6. When employment is terminated, seniority ceases and will only accumulate from any new date of hire.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 13

Policy: Orientation and Training

Approved by the Board of Directors: May 28, 2012  
Dec 13, 2018

Ministry requirement

Revised: January 2018, Dec 2018, Aug 2022

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The Association recognizes that every employee has a personal responsibility for professional growth and development. The Association would like to enhance all employees' and volunteers' opportunities to gain information, skills and knowledge about the duties required for their position.

## Procedure

1. Each new employee and volunteer will receive and is expected to participate in a specific orientation for the position for which they were hired and a general orientation to the Association.

The specific orientation based on the support plan with the person purchasing the service will be conducted by the employee's supervisor or designate and will include at least:

- a. Value base of the work we do, including our vision, mission statement and principles.
- b. Rights of persons using services.
- c. Job description.
- d. Performance expectations.
- e. Policies and Procedures Manual.
- f. General health and safety procedures.
- g. Health and well-being needs of the person using services.
- h. Emergency and fire procedures.
- i. General Association information.
- j. Medication procedure.
- k. Abuse prevention, identification and reporting.
- l. Privacy and confidentiality.
- m. Accessibility training.

A general orientation will be conducted at least semi-annually by members and/or staff of the Association. This orientation is open to all employees and volunteers and must include all employees hired within the last six months. This is an opportunity to review and discuss the following:

- a. Value base of the work we do.

- b. Association philosophy.
- c. Association vision, mission and principles.
- d. Association goals and objectives.
- e. Association policies and procedures.
- f. Areas of service and organizational structure.
- g. Planning process.
- h. Quality Assurance Measures.
- i. Board of Directors and Committee.
- j. Risks and responsibilities of providing financial support.

An annual review for staff and volunteers will be conducted on our vision, mission statement and principles, Rights of Persons Using Services and Abuse prevention, identification and reporting.

A record of the date of all orientation and reviews will be kept for each staff and volunteer.

2. Individual training needs are identified through the performance appraisals, professional development days and General Staff meetings.
3. An annual Staff Training and Development plan will incorporate the combined staff training needs.
4. Every employee and volunteer are eligible and is encouraged to attend relevant training events, seminars, and conferences. Ability to attend such events is determined by:
  - a. Availability of individual budget and/or Association resources.
  - b. Consistency with employee's training plan.
  - c. Consistency with Association training plan.
5. Employees and volunteers who wish to attend Professional Development opportunities must:
  - a. Submit a written request to their supervisor/manager for authorization.
6. Paid mandatory training for all employees includes:
  - a. W.H.M.I.S. Certification
  - b. Worker Health & Safety Awareness
  - c. Accessibility
  - d. Quality Assurance Measures
  - e. CPI – Nonviolent Crisis Intervention (as required – every 2 years)



# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 14

Policy: Performance Appraisal

Approved by the Board of Directors: July 6, 2006

Revised: December 2014, Nov 2020

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To support, encourage and recognize the efforts of each employee, a regular, formal performance appraisal is to be conducted at least annually. The appraisal will assess job performance, identify future performance and training goals, accessibility needs, determine eligibility for continuation of employment after the probationary period and eligibility for a new position.

## Procedure

1. The employee's immediate supervisor will initiate the performance appraisal.
2. The supervisor will make sure that the employee knows the procedure and format of the review process.
3. The supervisor will seek input about the performance from the person being supported and family or their designate and the employee. The supervisor may seek input from co-workers.
4. The supervisor will meet with the employee to go over the feedback and discuss future goals.
5. A written report will be signed by the employee, the immediate supervisor, their supervisor or Executive Director, and when applicable the person using the services or their designate. The report will be placed in the employee's personnel file and a copy given to the employee.
6. The employee may submit additional comments in writing which become a part of the final report.
7. An interim written appraisal is done at three months and at the end of the probationary period, at either three or six months after a change in job assignment and then at least yearly.
8. An employee may request a performance appraisal at any time.

9. Any changes to the performance appraisal format or procedure is the responsibility of the Executive Director.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 15

Policy: Termination

Approved by the Board of Directors: April 23, 2007

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The Association understands that circumstances for an employee may change or that an employee may wish to seek employment elsewhere. There are some situations that arise where continued employment is not feasible.

## Procedure

1. An employee who wishes to resign their position will submit a written notice to their immediate supervisor giving the last expected date of employment. The supervisor will inform the person and their family. The minimum notice time is two weeks, however a month is appreciated.
2. If an employee's performance is unacceptable, procedures as outlined in Disciplinary Action policy will be adhered to.
3. If an employee's conduct is unacceptable, as outlined in Standards of Conduct policy, an employee will be suspended with pay until an investigation can be completed. The investigation will be carried out by the director and/or the Executive Director and/or by an external person as quickly as possible. The investigation will take into consideration the allegation, the employee's behaviour history and patterns, and the response of the employee. The results of the investigation will be shared with the employee.
4. If the employee is terminated, the employee will be asked to leave their place of employment immediately and will be escorted from the property. In the case of criminal activity, the police will be called.
5. Upon notification of termination, Central Administration will complete the necessary forms for distribution to appropriate authorities and to the employee.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 16

Policy: Disciplinary Action

Approved by the Board of Directors: July 6, 2006

Revised: April 2015

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The Association expects that all employees and volunteers will maintain the highest standard of performance possible and that supervisors will address all issues of performance as they arise. Performance that fails to meet the standard will be addressed in a progressive, positive manner which encourages and guides the employee to better their performance through a process of mutual discussion and goal setting.

## Procedure

1. Supervisors will ensure that each employee knows and understands the standards of performance outlined in the Policy Manual, job description, performance appraisals, individual Support Plans or contracts of employment.
2. The Association will make every effort to enable employees to perform their jobs competently and effectively through regular supportive supervision.
3. If overall performance or a particular aspect of performance is below the expected standards, steps will be taken to help the employee bring the performance to a satisfactory level.

**Step 1** The supervisor will call a meeting with the employee to discuss the performance standard expected. The discussion will reflect:

- a. The nature and seriousness of the problem.
- b. Preceding circumstances.
- c. Employee's performance record.
- d. Any mitigating circumstances.
- e. The number of incidents involved.
- f. Time interval and employee response to prior disciplinary action(s).

A plan will be developed to change the performance and a date to review the implementation of the plan will be set. This discussion will be recorded, labelled as a verbal warning and placed on the employee's personnel file.

*It is expected that in most instances, the performance standards will be met and no further action will be needed.*

**Step 2** If the performance does not meet the standard or, if a similar incident of unsatisfactory performance occurs, the supervisor will arrange a meeting with the employee to discuss the issue and what action is needed to correct the performance. Following the discussion, a written report will be given to the employee including the date for performance review. A copy of this report will be placed on the employee's personnel file and will constitute the second warning.

**Step 3** If the performance is still below expectations, following the meeting to discuss the performance, a third written warning will be given the employee outlining the steps to correct the performance and a date by which the performance is expected to meet the standard. This warning will contain any actions that will be taken if the performance does not meet the standard by the time agreed upon. Actions that could be considered are:

- a. Suspension
- b. Demotion
- c. Termination

4. When making decisions about disciplinary actions, consideration is to be given to all relevant circumstances, the extent or lack of appropriate training and orientation and the employee's explanation.

5. All disciplinary actions are recorded and placed on the employee's file. The report will contain:

- a. The nature of the issue.
- b. Details of the issue including dates.
- c. Basis of proof.
- d. Summary of previous issues of similar nature, discipline applied and date.
- e. Disciplinary actions taken for current issue.
- f. Plan for correction.
- g. Date of review of performance.

6. All disciplinary records will remain on the employee's file for the duration of their employment.

7. In situations of extreme sensitivity of the information collected about an issue, the records will be sealed and placed in a secure location. A note to this effect will be placed on the employee's file.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 17

Policy: Problem Resolution

Approved by the Board of Directors: July 6, 2006

Revised: August 2013

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The Association encourages and promotes open communication between all levels of the organization. Occasionally, there may be unresolved issues, disagreements or disputes that need to be discussed and resolved quickly and effectively for those involved.

## Procedure

1. The Association expects that when an employee has a problem or concern about duties, responsibilities, expectations, the performance of any other employee, or any aspect of services provided by the Association, the employee would first discuss this problem or concern with the person most directly involved.

2. If the problem cannot be resolved, then the following steps for resolution may be taken.

Step 1 The issue can be taken to the immediate supervisor for discussion and resolution.

Step 2 Forward a written report of the employee/supervisor meeting and results to the next level of management. The issue is then discussed with all concerned and resolution is sought.

Step 3 Forward written report outlining all efforts to date and agreements made to the Executive Director. A meeting is then held and the results in written form are reported to the employee and the director.

Step 4 If the whole matter was unresolved, the matter with all documentation is to be submitted to the board President for consideration and resolution. A written report will be forwarded to the employee and the Executive Director. This resolution is considered final within the Association.

3. The employee may wish to ask another person to support them in this task. Confidentiality is to be considered when asking a third person for support. The employee is required to identify the third party and their affiliation a minimum of one hour prior to the scheduled meeting.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 18

Policy: Reallocation of Hours

Approved by the Board of Directors: July 6, 2006

Aug 19, 2019

Revised: May 2017, July 2019

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The Association expects that there will be changes in people's life circumstances and choices while the person is receiving support services. These changes may be caused by funding availability, resources required and other personal factors. When such changes occur, the Association will endeavour to implement any reductions or increases in service, layoffs or displacements fairly and equitably.

## Procedure

1. In any consideration of reallocation of hours, the person receiving the support services and/or their designate are key decision makers in this process. Several factors will be taken into consideration.
2. When a decrease in hours happens within a team, the team leader may negotiate with all affected team members to realign their duties and share the decrease. Internal reassignments may also be explored. The best solution will have the least disruption for the person receiving supports, adheres to Association principles and fulfills employee obligation.
3. When the reduction of hours or wages regularly earned in a fiscal period is greater than or equal to 33% or when hours go from full-time to part-time, the employer, along with the employee, may begin a displacement process in a timely manner.  
The process is:

The employee with the least seniority is the first on the displacement list.

An employee may displace another employee of lesser seniority who holds a similar position of the same responsibilities if:

- a. The employee is qualified.
- b. The employee meets the approval of the person receiving the support services and/or their designate.
- c. There are no outstanding personnel matters relevant to the hiring process.

If displacement is not possible, the employee may choose to displace to a less responsible position under the same process.

4. The employee will have only one opportunity to begin a displacement process for each reduction of hours as outlined above.
5. When hours have changed significantly, Letters of Employment must be written to reflect the current situation.
6. Policies and procedures related to layoffs will follow the Employment Standards Act.



# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 19

Policy: Salary and Wages

Approved by the Board of Directors: July 6, 2006

Revised: Nov 2020

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The Association recognizes the value of all employees. It endeavours to provide a level of remuneration that is in keeping with the responsibilities and duties of each position, reflects community standards in the Human Services field and is financially sound.

## Procedure

1. Central Administration maintains a current schedule of salary and wage rates for each position within the Association.
2. Specific rates are determined by the negotiations with funding sources, authorized yearly by the Board of Directors through the budgets and validated by the Pay Equity process.
3. A range of salary and wage rates for each position has a four level grid. The grid is maintained and adjusted based on the funds available. It is calculated as follows:
  - Level 1 93% of base rate
  - Level 2 96% of base rate
  - Level 3 Base rate
  - Level 4 103.5% of base rate
4. New employees normally begin at Level 1 but may be offered any other level depending on qualifications, experience and negotiations at hiring.
5. Progression through the grid for each position advances on anniversary dates or the next pay period and is determined by direction from the Board of Directors as to availability of wage and salary resources. The annual rate increase may be delayed if the employee has been on a leave of absence.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 20

Policy: Vacation

Approved by the Board of Directors: July 6, 2006

Aug 19, 2019

Revised: Feb 2018, July 2019, Sept 2022, Mar 2024

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Vacation is earned paid time off from work. The Association recognizes that all employees need to have an opportunity to balance work and leisure to promote well-being and health.

## Procedure

1. Central Administration maintains a schedule of vacation rates. Rates are determined by negotiations with the funding bodies, authorized by the Board of Directors and at least meets the minimum requirements of the Employment Standards Act.
2. Specific rates for employees are based on their anniversary date and calculated as follows:
  - a. First year - 6% of earnings.
  - b. Second year - 8% of earnings.
  - c. After five complete years, vacation pay will increase at the rate of .4% per year until a maximum of 10%.
  - d. After 15 complete years - 10.4% of earnings.
  - e. After 20 complete years - 10.8% of earnings.
3. Part-time employees will receive their vacation earnings on every pay. Entitlement is based on length of employment at April 1st and is calculated as follows:
  - a. First year – 2 weeks
  - b. Two to Five years – 3 weeks
  - c. Five + years – 4 weeks
4. All employees are expected to exhaust their Annual Vacation Entitlement during the year.
5. Summer Support Workers and students will earn 4% vacation earnings on every pay.
6. Vacation time cannot be taken during a probationary period.
7. Upon the successful completion of the 6-month probation period, employees will gain access to vacation based on their eligibility.
8. If an employee goes from full-time to part-time, accumulated vacation will be paid out prior to change to part-time status.

9. Vacation accounts may not exceed the maximum annual entitlement unless prior approval has been given by the Manager and confirmed by the Executive Director. (Under Review at this time.)

10. Vacation time must be arranged and approved by the employee's immediate supervisor in consideration of the support requirements of the people receiving the support services. Vacation requests that exceed 3 weeks consecutively require approval from the Manager and/or Executive Director.

11. CLSMA shall make every reasonable effort to grant chosen vacations. It is recognized that the final decision around vacation schedules resides with the employer. Seniority may take precedence.

12. In our payroll system your accumulated vacation earnings are converted into hours based on your current rate of pay. Therefore, the total number of vacation hours will change when an employee has an increase or decrease in their hourly pay rate.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 21

Policy: Pay Statements/Schedules

Approved by the Board of Directors: July 6, 2006

Revised: July 2022

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The Association will reimburse an employee for hours worked based on approved scheduled hours in Inclusion System.

## **Procedure**

CLSMA uses Inclusion System, an online scheduling software database to publish schedules. The time verification component is used to pay employees. Employees are paid on a bi-weekly basis.

1. Each employee will sign into Inclusion System at the end of their shift(s) and confirm that the scheduled shift(s) were worked as originally posted or adjust to reflect actual time worked. Comments can be added.
2. If an employee fails to verify a shift, the immediate supervisor or designate will do so on their behalf.
3. Each shift confirmed by the employee will be approved by their immediate supervisor or designate.
4. Missed shifts may be paid the following pay period.
5. ESOE (Electronic Statement of Earnings) will be emailed to an employee's work email prior to funds being directly deposited.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 22

Policy: Employee Benefits

Approved by the Board of Directors: July 6, 2006  
Mar 22, 2021

Revised: March 2017, Aug 2019, Mar 2021, July 2022

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The Association feels it is important to enhance the compensation package for employees by including an employee benefit package.

## Procedure

1. Central Administration will regularly review its financial situation to determine what resources are available to support an employee benefit package and the level of participation of both Association and employee.
2. Central Administration will negotiate with appropriate carriers on behalf of the employee group to get the best package available within the confines of the budget.
3. Central Administration will develop procedures for dealing with the benefit packages that meets both the Association's and the carrier's needs.
4. The carrier will provide information for each employee that details the coverage, options, electives and any other requirements of the benefit package.
5. Extended Healthcare Benefit package, including Health Spending Account Class A, is available to employees who:
  - a. Are full-time employees as defined in HR policy #4 Definitions of Employment Categories.
  - b. Have successfully completed the probationary period.
  - c. Have been continuously employed for six months
  - d. Have specifically elected coverage for some or all of the available benefit package.

Note: Waiting period for eligibility for benefit package is determined by the carrier.

6. Health Spending Account Class B, is available to part-time employees who:
  - a. Are part-time employees as defined in HR policy #4 Definitions of Employment Categories.
  - b. Have successfully completed the probationary period.

- c. Have been continuously employed for six months and meet the 250-hour requirement if applicable.
- d. Have specifically elected coverage for all of the available benefit package.

Note: Waiting period for eligibility for benefit package is determined by the carrier.

7. For employees or their eligible dependants receiving Long Term Disability Benefits, such group benefits will cease after two years from the commencement of an approved Long-Term Disability claim.

An employee's current position will be held for a minimum of one year from the commencement of an approved Long-Term Disability claim. If an employee is able to return to work and provides medical evidence of their fitness to do so prior to any other invocation of rightful termination of employment pursuant to this or any other applicable policy and/or legislation and/or otherwise, such an employee will be offered the first available position that fits within their medical restrictions (if any) and for which they are deemed suitable and qualified, subject to a supported person and/or their family having the right to choose their own support staff. After two years on Long Term Disability, the employee will not be employed by CLSMA if they are no longer able to return to their own occupation.

For employees whose Long-Term Disability claim is denied by the insurer, the Association will request on behalf of the employee, that group benefits (excluding disability) be continued for six months from the date the Long-Term Disability claim is denied. It is at the discretion of the insurer as to whether such request is accepted.

8. The RRSP Matching program is available to all employees who:
- a. Have been continuously employed for two years, this includes an approved leave of absence.
  - b. Have minimum earnings of \$10,000 on previous year's T4.

9. All employees including full-time, part-time, relief and contract are covered by CHUBB Life Insurance Company of Canada for injury on the job. CLSMA legally withdrew from WSIB in 1999.

10. Employee Assistance Program is provided to all employees including full-time, part-time, relief and contract through LifeWorks Corporation Ltd providing personalized support and wellbeing.

11. Compensation for carrying the Association's Emergency Response Cell Phone will be at the discretion of the Executive Director.

12. Reimbursement for use of personal tech devices will be at the discretion of the Executive Director.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 23

Policy: Statutory and Legislated Benefits

Approved by the Board of Directors: July 6, 2006

Revised: August 2015, July 2022

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The Association will ensure that statutory benefits and payroll deductions will be made in accordance with the relevant legislation and procedures.

## Procedure

1. Central Administration will ensure the necessary payroll deductions and remissions on behalf of the employees and the Association are made. This is done in accordance with relevant legislation. Each employee will receive an ESOE (Electronic Statement of Earnings) to their work email account which contains the deductions made.

2. The Public or Statutory Holidays are as follows:

- New Year's Day
- Family Day
- Good Friday
- Victoria Day
- Canada Day
- Labour Day
- Thanksgiving Day
- Christmas Day
- December 26<sup>th</sup>

The Association also recognizes:

- Civic Holiday in August
- Easter Sunday

3. When an employee works on a Statutory Holiday, eligibility for statutory holiday pay will be established in accordance with the Employment Standards Act. Eligible employees will receive:

- their regular daily wage plus time and one-half their regular wage for any hours worked

Or

- regular wage for any hours worked plus the equivalent time-off with pay

4. When an employee does not work the Statutory Holiday, eligible employees will receive:

- their regular wages

Or

- when wages vary, the payment will be based on the average hours worked per day (excluding overtime) in the 4-week period immediately preceding the Public Holiday.

5. Statutory pay does not count towards overtime.

6. When a Public Holiday falls on a Saturday or Sunday, the Association will declare that either the preceding Friday or the following Monday will be considered the Public Holiday.

7. If a Public Holiday occurs when an employee is on vacation, the employee is entitled to the equivalent amount of paid time-off. This time-off is to be taken at a time mutually agreed upon by the employee and their supervisor.

8. An employee that does not qualify for Statutory Holiday pay will be paid at least 1.5 times the regular rate of pay for each hour worked on a Public Holiday.



# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 24

Policy: Out of Pocket Expenses

Approved by the Board of Directors: May 28, 2012

Revised: November 2014, Aug 2019, July 2022

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Employees or volunteers may incur personal expenses while performing assigned duties on behalf of the Association. Recognizing the Association's responsibilities within the Ministry's Transfer Payment Governance & Accountability Framework, the Association will reimburse these expenses when proper documentation and authorization are presented.

## Procedure

1. Expenses which are eligible for reimbursement are those that have:
  - a. Been incurred as a direct result of carrying out employment or volunteer activities.
  - b. Been authorized by the appropriate supervisor and may be approved by the person using services or their designate.
  - c. Been supported by a proper receipt.
  - d. Been claimed on the approved form.
2. Allowable expenses may include out of town expenses for accommodation, meals, travel, parking, registration fees or other authorized expenses while working. Reimbursement for meal expenses is subject to a maximum of \$55.00 per day, rates as follows: breakfast \$15.00, lunch \$20.00, and dinner \$30.00. Alcohol cannot be claimed and will not be reimbursed.
3. If the approved expense is large and would affect the employee or volunteer negatively, an advance may be approved.
4. All authorized expenses for reimbursement will be submitted to Central Administration quarterly; March, June, Sept and Dec. Any mileage expenses received from a prior fiscal year will not be reimbursed.

## Compensation for Damages

1. When an employee, in the course of working with a person they support, suffers damage to their personal property, the employee can present their claim for replacement or repairs in writing to the Association. Provided that the employee has used all precautionary measures as directed by the Association and as dictated by common sense, the employee will be compensated by the Association for any

damages. Such claim will not be unreasonably denied. The Association may require three written estimates prior to approval.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 25

Policy: Leaves of Absence

Approved by the Board of Directors: May 28, 2012,  
Jan 22, 2018, Aug 19, 2019  
Revised: Jan 2018, July 2019, Nov 2020, July 2022,  
Mar 2024

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The Association recognizes that an employee may need to take leaves of absence from time to time for various reasons. All leaves of absence, with or without pay, must be approved by the employee's supervisor, Executive Director or the Board of Directors. The Association will adhere to the Employment Standards Act and other relevant legislation.

## Procedure

1. **Leave of absence for personal reasons** not already covered in this policy may be granted to an employee with or without pay at the discretion of the Association if:
  - a. Written notice is given to the employee's supervisor with adequate notice.
  - b. The absence will not cause undue staffing concerns.
  - c. The employee has completed their probationary period.
  - d. Approval has been obtained from the Board of Directors for leaves in excess of 120 days.

Note: If a leave of absence for any reason exceeds one year, the employee will not be increased to the next grid level for a period of one year from the date of their return. If the leave exceeds 3 months, the period spent at the grid level prior to the leave will be extended to incorporate the length of the leave.

An employee is not eligible for income replacement benefits for a leave of absence without pay.

2. **Pregnancy, Parental, Family Medical, Critical Illness, Child Death, Domestic or Sexual Violence, Crime Related Child Disappearance (minor child) Leaves** are granted in accordance with the current provisions of the Employment Standards Act.
3. **Employee Sick leave** is intended for the use of full-time employees when unable to attend work because of illness. The conditions that apply to the sick leave credits are:
  - a. An employee may use sick credits for scheduled procedures and medical appointments and for the purpose of attending procedures or medical appointments of someone the employee is a primary caregiver to.

- b. Employees are not eligible for paid sick leave when on probation. Following successful completion of the probationary period, sick leave credits earned during the probationary period will be added to the total of credits available.
- c. Sick leave credits accumulate in hours and are based on employees contracted hours.
- d. Sick leave credits are not payable as a cash benefit.
- e. A medical certificate signed by the employee's doctor may be required for sick leave over three days or for repeated use of sick leave.

4. **Bereavement Leave** is intended for the purpose of attending a funeral for family members, or of putting in order the deceased's affairs. The leave is with pay and all employees are eligible. The leave may be granted with the following limits:

- a. A written request for the leave is received by the employee's supervisor or Executive Director and approved.
- b. Up to five days may be granted for the death of a spouse, common-law partner, or child, or child of the employee's spouse or common-law partner.
- c. Up to three days may be granted for the death of a parent, grandparent, brother, sister, brother-in-law, sister-in-law, parent-in-law, son-in-law, daughter-in-law or guardian.
- d. In special cases, employer discretion can be allowed.
- e. For other important relationships in which attending a funeral is important to the employee, a half day for funerals that are within a one-hour drive radius or one day for funerals that are in excess of one hour's drive may be granted. If the bereavement leave is required while the employee is on their regular day(s) off or on vacation, an equivalent number of days off may be granted and scheduled at a time that is mutually agreed upon with the employee's supervisor.
- f. Bereavement leave shall be for the scheduled hours the employee would otherwise have worked.

5. **Return to Work** plan for employees coming back from a health-related leave of absence is important to their successful return. The Association recognizes that early intervention in an employee situation usually assists in an earlier return to work. It is the Association's "duty to accommodate" and to have provisions in place to prevent discrimination. The "duty to accommodate" requires that the Association provide a plan for return to work to the point of "undue hardship." Given appropriate accommodations, the Association is not required to accept substandard performance or to create a position that is neither useful nor productive.

6. Employees serving as a **Juror or Crown Witness** shall receive normal earnings for the lost time spent while serving in either capacity. A summons or legal notice for such duty will be provided to the Association. Employees will provide proof of hours engaged on Jury Duty or as a Witness. Employees must pay monies received for jury duty or crown witness to the Association.

## Community Living St. Marys and Area

<b>Policy Title:</b> Sick Leave <b>Policy Number:</b> HR 25a	<b>Section:</b> COMPENSATION & BENEFITS
<b>Original Date:</b> January 1, 2025 <b>Last Revision Date(s):</b>	<b>Next Review Date:</b> January 1, 2027
<b>Approved by:</b> CLSMA Board of Directors, October 2024	

**PURPOSE:** To ensure salary continuity for employees during brief absences from work due to illness.

**POLICY:** In accordance with the terms of this policy, the Community Living St. Marys & Area (CLSMA) will provide salary continuance to full-time employees up to one-hundred and forty-four (144) hours per annum during periods of bona fide short-term illness.

In accordance with the Employment Standards Act, (ESA) part-time employees are entitled to three (3) days of unpaid sick leave.

At no time will employees have more than one-hundred and forty-four (144) hours in their sick bank. Sick time taken, over and above one-hundred and forty-four (144) hours per annum will be unpaid.

While on probation, employees are not eligible for paid sick time. Following the successful completion of their probationary period, employees will be eligible to take paid sick time.

At no time shall unused sick credits be carried forward into the subsequent year nor will unused sick time be paid out upon termination of employment.

While an employee is receiving his/her regular salary under the sick leave plan, all other contributions to benefit plans will continue to apply.

**PROCEDURES:** Employees unable to report to work due to illness, are required to contact their respective supervisor, following on-call protocols, at the start of each day or as early as is practicable. Voicemails, emails, and texts left for the supervisor or co-workers are unacceptable methods of reporting absences due to illness.

For absences of three (3) or more consecutive days, a medical certificate may be required from your legally qualified treating physician. CLSMA reserves the right to request at any time, and at its discretion, a medical certificate to cover any absences

from work due to illness. The employer shall assume the cost of medical certificates/letters, only when requested by the employer.

In the event an employee receives in-patient treatment from a hospital while on scheduled vacation, sick leave credits may be applied to the period of the hospitalization or convalescence. CLSMA will require a letter from the employee's treating physician indicating that the employee has been under their care to convert vacation time to sick leave. The re-scheduling of vacation time must be mutually agreed to by the manager and the employee.

An employee's medical documentation shall be maintained in a file separate from the Employee file, and confidentiality maintained by the Privacy Officer.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 26

Policy: Communicable Diseases and Employment

Approved by the Board of Directors: April 23, 2007

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Given that, in most cases, we are unaware of who is a carrier of an infectious organism or disease, it is imperative that universal precautions are followed. The Association recognizes and respects the rights of employees with regard to communicable diseases that have been developed and defined under Federal and Provincial legislation, and recognizes its obligation to provide a safe working environment for its employees and people who receive services.

## **Procedure**

1. All employees will adhere to universal precautions to prevent the spread of communicable/infectious disease caused by bacteria, viruses, parasites, etc. whether airborne, on surfaces, blood-borne, or found in other body fluids and matter.
2. Where an employee has a relevant medical condition, the Association expects:
  - a. That the employee will inform their supervisor so that actions necessary for the balancing of rights and protection and safety of other staff and the people receiving services may be taken.
  - b. To adjust the work requirements and duties of the employee, where possible, to accommodate specific circumstances relevant to the identified condition, in accordance with applicable law and sensitivity.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 27

Policy: Workplace Violence and Harassment

Approved by the Board of Directors: May 28, 2012

Revised: June 2017

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Every employee has the right to freedom from violence and harassment in the work place by management employees, another employee, an employee of a contracted service, a volunteer, a person using services or their family. Community Living St. Marys and Area will not tolerate harassment, bullying or violence in the workplace.

Workplace Violence is (1) the exercise of physical force by a person against a worker, in a workplace, that cause or could cause physical injury to the worker; (2) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; or (3) a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

There are four types of workplace violence:

- Type 1: External perpetrator (thefts, vandalism, assaults by a person with no relationship to the workplace)
- Type II: Client/Customer/Consumer (physical or verbal assault of an employee by a client/family member or customer)
- Type III: Employee to employee (physical or verbal assault from an employee or former employee: includes harassment, stalking and bullying)
- Type IV: Domestic violence (personal relationship)

Workplace Harassment is any behaviour that demeans, humiliates, or embarrasses a person, and that a reasonable person should have known would be unwelcome. It includes actions, comments, or displays. It may be a single incident or continue over time.

Some examples of harassment include:

- a. Unwelcome remarks, slurs, jokes, taunts, or suggestions about a person's body, clothing, race, national or ethnic origin, colour, citizenship, religious belief, sex, family status, sexual orientation, disability, age, marital status, pardoned conviction, or other personal characteristics.
- b. Unwelcome sexual remarks, invitations, or requests (including persistent, unwanted contact after the end of a sexual relationship).
- c. Displays of sexually explicit, sexist, racist, or other offensive or derogatory



material.

- d. Written or verbal abuse or threats.
- e. Practical jokes that embarrass or insult someone.
- f. Leering (suggestive staring) or other offensive gestures.
- g. Unwelcome physical contact, such as patting, touching, pinching, hitting.
- h. Abuse of authority that undermines someone's performance or threatens their career.
- i. Vandalism of personal property .
- j. Physical or sexual assault.
- k. Creating an intimidating or offensive working environment.
- l. Creating a degrading, humiliating, or hostile work environment.

Workplace bullying is usually seen as acts or verbal comments that could hurt or isolate a person in the workplace. Sometimes, bullying can involve negative physical contact as well. Bullying usually involves repeated incidents or a pattern of behaviour that is intended to intimidate, offend, degrade or humiliate a particular person or group of people. It has also been described as the assertion of power through aggression.

## **Procedure**

1. It is understood the employee may, at any time, seek advice or assistance from the Ontario Human Rights Commission.
2. The Association will assess the risk of workplace violence and will develop measures and procedures to control identified risks. These measures and procedures will be part of the workplace violence prevention program. Findings will be shared with the Joint Health and Safety Committee. The Association will repeat the assessment as often as necessary to ensure the protection of workers.
3. If an employee feels that they are being harassed or bullied, the employee should first speak to the harasser to tell them that the behaviour is unwelcome and should stop immediately.

In situations where the person being harassed feels in danger, the employee should seek support from their supervisor or a person at such level that the employee feels they will be safe. This includes seeking assistance from persons outside the Association.

4. If the harassment and/or bullying behaviour continues, document of incidents, times and any witnesses should be kept. This information should be made available to the person or persons who are assisting in the resolution of the situation.
5. Employees shall report all incidents of workplace violence, including incidents of domestic violence that are likely to expose a worker to physical injury in the workplace. Employees shall, in the event of workplace violence, ensure their own immediate

physical safety and that of the person they are supporting and then report the incident to management and/or police as the situation warrants.

6. Immediately that management is made aware of the allegations (any workplace violence including harassment and bullying) a thorough and fair investigation will be undertaken. If the accused is the Executive Director, the President of the board should be notified. If the accused is a person using services or their family, the Executive Director will take action to come to a resolution.

7. The investigation may be conducted by senior management, Joint Health and Safety Committee representative, an ad hoc committee or by an outside investigator. The conditions of an investigation are:

- a. That the process is impartial.
- b. The respondent is entitled to know the allegations and the accuser.
- c. privacy of the employees will be maintained.
- d. The complainant must be prepared to be identified to the respondent and those involved in the investigation.
- e. It is recognized that some complainants may wish to have advocate with them.
- f. If the allegations are found to be correct, disciplinary action will be taken.

8. People who conduct the investigation will maintain strict confidentiality on any information or evidence that is revealed as part of the investigation. The results and findings of the investigation will be made known to the alleged person who experiences harassment and the alleged harasser.

9. If the situation remains unresolved, the employee may wish to contact the Human Rights Commission or seek legal advice.

10. Any person in a position that knows of or should have known of the harassment, bullying or violence in the workplace and who has the authority to discipline or prevent the harassment, bullying or violence and failed to do so may be found in violation of this policy and subject to disciplinary action.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 28

Policy: Consultation Services

Approved by the Board of Directors: July 6, 2006

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The Association is happy to share the skills, knowledge and expertise that its staff have gained through their employment with the Association, with other people, organizations or groups. The Association encourages and supports such requests.

## Procedure

1. Each request coming to the Association will be considered on its own merit taking into account:
  - a. The intention or expected benefits.
  - b. Associated costs, liabilities, responsibilities or risks.
  - c. Availability of expertise.
2. When an employee is directly approached for a consultation, they will be required to submit a proposal outlining the above to the Executive Director for approval.
3. Once the proposal is approved, the employee may elect to conduct the consultation as either Association Sponsored or Individual Consultation.

### Association Sponsored

The Association will set the fee to be charged and make the arrangements for the consultation.

### Individual Consultation

The employee is responsible for establishing the fee and details of the consultation under the following criteria:

- a. The Association may charge the employee an administration fee if any cost for the consultation is incurred by the Association.
  - b. The consultation fee is determined at the time of the approval.
  - c. The employee may elect to use earned overtime hours as time off to perform the consultation.
4. The Association may require that the receiver of the consultation sign a waiver of responsibility.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 29

Policy: Conflict of Interest

Approved by the Board of Directors: July 6 2006, Mar 27 2023

Revised: August 3, 2016, Mar 2023

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The Association strives to conduct all business in a fair and open way that requires all employees, volunteers and students to immediately disclose any real or perceived conflict of interest.

A conflict of interest is any situation where the employee, volunteer or student has a personal or business interest in conflict with the best interest of the Association or a person supported. A conflict of interest may occur when a direct or indirect personal gain, benefit, or privilege is given to or received by the employee/volunteer/student or their family member. This policy also applies to a scenario where a member of the public or a person supported by the agency would reasonably perceive the employee/volunteer/student to have a conflict of interest. A conflict of interest may be financial or non-financial in nature.

## **Procedure:**

All financial transactions administered by the Association must adhere to the agency policies/procedures and any legislation as pertains to conflict of interest.

Some specific examples of conflicts of interest include:

1. A non-financial conflict of interest will exist where an employee/volunteer/student is placed in a position of power or of being able to influence decisions directly related to the services of the Association to a family member of the employee or someone in a family-like relationship with them.
2. A financial conflict of interest will exist where an employee/volunteer/student is in a position to influence decisions of the Association in relation to the acquisition of goods and services from, or to give or sell goods or services to, external organizations or persons in which the employee or a family member also has a financial interest. To protect employees/volunteers/students as well as the Association itself, from allegations of conflict of interest, transactions must be dealt with in an arm's-length basis. For greater clarify, transactions with the following persons or entities would not quality as being at an arm's length basis:
  - a. An employee/volunteer or student.
  - b. A family member of the above.

- c. A person in a family-like relationship to the above.
- d. A business, organization, or entity in which the person above, a family member, or a person in a family-like relationship to them has a financial, professional or personal interest.

The Association requires employees/volunteers/students to immediately disclose any real or perceived conflict of interest. The Association reserves the right to cancel any contract (to the degree it is legally able to do so) or may refuse to enter into a contract where and when a real or perceived conflict is discovered that was not disclosed and approved beforehand.

1. The employee/volunteer/student who has the conflict will declare the conflict to the Executive Director or designate immediately upon the discovery of the actual or possible conflict. In the event that the designate has a conflict, they shall declare it to the Executive Director and in the event that the Executive Director has a conflict, they shall declare it to the Board of Directors.
2. The employee/volunteer/student who has the conflict shall, unless otherwise given written approval by the Executive Director or designate, abstain from taking part in meetings, discussions, decisions, or services in relation to the matter that is the subject of the conflict of interest.
3. Employees/volunteer/students are prohibited from accepting substantial gifts, benefits, or favours for their use or enjoyment offered by a person supported, their family, a supplier, a proposed supplier, a purchaser, a proposed purchaser, a donor, a proposed donor or any other agency, institution, or person with whom the employee/volunteer/student is dealing with on behalf of the agency.

## Community Living St. Marys and Area

Section: Human Resources

Policy # HR 30

Policy: Personal Business on Work Time

Approved by the Board of Directors: July 6, 2006

Revised: August 2013

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Doing personal business on paid work time is not permitted. There is a cost to the person using services and/or the Association when time is spent on personal business rather than work related activities.

### **Procedure**

1. Doing personal business on paid work time is a job performance issue and will be dealt with accordingly.

Personal business may include:

- Use of the internet
- Personal phone calls
- Personal errands
- Personal shopping
- Personal texting and talking on cell phone

2. If an employee continues to conduct personal business on work time, disciplinary action will follow. Refer to HR 16.

# Community Living St. Marys and Area

Section: Human Resources

Policy #HR 31

Policy: Information Technology (Email, Social Media)

Approved by the Board of Directors: October 27, 2014

Revised: Feb 2016, Feb 2019, Aug 2019

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The Association requires that all staff and volunteers take the proper steps to ensure all technological devices, electronic communications and accessed information are used in a professional, ethical and lawful manner.

## Procedure

### Email

The following email procedure is in specific reference to any emails containing the domain clstmarys.ca as hosted by Google's G Suite platform.

1. Email is a business communications tool and should be treated with the same professionalism as any other Association correspondence. Confidential information must not be shared outside the Association without authorization.
2. All employees/volunteers are required to solely use their Association email for all work-related outgoing and incoming correspondence. Employees/volunteers are not to conduct personal business using the Association email. Personal email accounts, i.e., Hotmail, Gmail etc., are not to be used for any work-related correspondence. Email accounts are not to use the 'forward option' offered by the Association's email provider. Nor should any individual work-related emails be forwarded to a personal email account.
3. Emails may not contain content that may reasonably be considered offensive or disruptive. Unacceptable and prohibited use of the email system includes, but is not limited to the creation or sending of:
  - a. Sexual comments or images, racial slurs, gender-specific comments.
  - b. Any comments that would offend someone on the basis of their age, sexual orientation, religious or political beliefs, national origin, or disability.
  - c. Discriminatory, threatening or harassing comments.
  - d. Solicitation for non-Association related business.
  - e. Messages that adversely affect the operation of the computer network.
  - f. Messages that reduce a person's ability to perform Association work.
4. Any emails that discriminate will be dealt with according to the Workplace Violence and Harassment Policy (Refer to HR 27).

5. All email accounts and related messages maintained on our email system are property of the Association. Information contained within the email system is considered part of the Association's record. The Association reserves the right to audit, intercept, access and disclose all messages created, received or sent over the email system for any purpose. Users expressly waive any right of privacy in anything they create, store, send or receive on the Association's computer system or email system. The Association can, but is not obliged to, monitor emails without prior notification. If there is evidence that you are not adhering to the guidelines set out in this policy, the Association reserves the right to take disciplinary action.

6. Employees/volunteers learning of any misuse of the email system or violations of this policy shall notify their supervisor/coordinator immediately. Employees/ volunteers who receive emails of an offensive or disruptive nature are expected to unsubscribe or advise the sender to stop sending any subsequent emails.

7. Maintenance of email accounts will include discarding any email messages that you do not need to have a copy of to your email recycle bin/trash. Subsequently, after 30 days any discarded messages in your recycle bin will be permanently deleted.

8. Upon termination/resignation, the Association email address will be immediately suspended and after review by management, permanently removed.

9. Any outgoing emails sent from our domain clstmarys.ca will automatically have the following disclaimer appended:

'This email and any files transmitted with it are confidential (may contain information protected under the Freedom of Information and Protection of Privacy Act) and intended solely for the use of the individual or entity to whom they are addressed. If the reader of this email is not the intended recipient, you are hereby notified that any disclosure or distribution or copying of this email is strictly prohibited. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of the Association. Finally, the recipient should check this email and any attachments for the presence of viruses. The Association accepts no liability for any damage caused by any virus transmitted by this email.'

## **Legal Risks**

It is important that you are aware of the legal risks of email. If you send or forward emails with any libelous, defamatory, offensive, racist or obscene remarks, you and the Association can be held liable:

- a. If you unlawfully forward confidential information, you and the Association can be held liable.
- b. If you unlawfully forward or copy messages without permission, you and the Association can be held liable for copyright infringement.
- c. If you knowingly send an attachment that contains a virus, you and the Association can be held liable.



## **Passwords**

1. Passwords are confidential. Users are responsible to safeguard, not share or disclose their password. The Association will hold the user responsible for all activity that occurs under their user name and password.
2. Users shall immediately report any known or suspected compromise of their passwords to Central Administration.
3. The use of another user's account password is strictly prohibited.
4. Regular password renewals are encouraged but will need to be communicated and approved by the G Suite Administrator. Guidelines for creating a sufficiently 'strong' password can be found in our 'Strong Password Policy Guide'.

## **Texting**

1. Communication between employees via text messaging on an Association or personally owned device should be limited to non-identifying matters that maintain the privacy of people supported and employees.

## **Internet Access**

1. Internet access is intended to support Association operations.
2. Downloading of software or executable files from the internet is not permitted without prior approval.
3. The Association reserves the right to monitor the use of the internet and record the websites accessed by employees.

## **Remote Access**

1. Employees/volunteers must ensure security measures are taken when working remotely (using computer equipment at a non-agency location) to guard against:
  - a. The physical loss or theft of Association information or I.T. equipment/mobile devices.
  - b. Inappropriate access by non-employees (e.g. family members).
  - c. Loading and/or transferring data onto home or personal devices.
  - d. Communicating information through unprotected channels, wireless security measures must be taken.
  - e. Printing information with inappropriate disposal options.

## **Social Media**

Social Media includes forms of electronic communication through which users create online communities to share information, ideas, personal messages and other content.

1. Employees are expected to conduct themselves professionally both on and off duty.
2. Employees are prohibited from using personal social media during regular working hours. Refer to Policy HR 30 Personal Business on Work Time.
3. Posts involving the following will not be tolerated and should be reported to management:
  - a. Exclusive and confidential Association information.
  - b. Discriminatory statements or sexual innuendos regarding co-workers, management, people we support.
  - c. Defamatory statements regarding the Association, its employees/ volunteers, or people we support.
4. Employees/volunteers are prohibited from using the Association's protected materials (copyright material, branding and/or logo(s)) without prior consent.
5. Community Living St. Marys and Area employees/volunteers are prohibited from speaking on behalf of the Association, releasing/circulating private, confidential or sensitive information, posting photographs of coworkers or people we support, releasing news, or communicating as a representative of the Association without prior authorization to act as a designated Community Living St. Marys and Area representative. Refer to Policy HR 1.
6. The Association may request an individual to withdraw certain posts or comments.
7. Use of personal social media may not conflict with any of Community Living St. Marys and Area's existing policies. This includes (but is not limited to) the Code of Ethics Policy (HR 1) and the Standards of Conduct Policy (HR 2).
8. Community Living St. Marys and Area wants to ensure employees/volunteers understand that the internet is permanent and not anonymous. Everything written or posted on the internet can be traced back to the person who wrote it. Thus, Community Living St. Marys and Area strictly prohibits employees/volunteers to post or link to any materials that are defamatory, harassing or indecent while using any Association email, website or social media.

## **Video Monitoring**

All video monitoring must be approved by the Executive Director, the individual being monitored and /or persons on their behalf prior to video monitoring is installed.

1. Clear guidelines for when and how the video monitoring is utilized will be developed specific to the individual. These guidelines will be identified in the Behaviour Support Plan and Individual Support Plan or just the Individual Support Plan if monitoring is solely for health and safety purposes.
2. The following must be included in the video monitoring protocol:
  - a. Purpose/outcome of the monitoring.
  - b. When the monitor can be used and cannot be used.
  - c. Tracking expectations of the monitor.

- d. Review and documentation of the information collected.
- e. Consent of the individual and/or persons acting on their behalf.
- f. Consent as to whom the data may be shared with.
- g. Rights and restrictions if applicable. Means to address restrictions or purpose behind restrictions.
- h. How long the monitoring system will be utilized.

### **Bring Your Own Device (BYOD)**

1. Community Living St. Marys and Area does not have an I.T. department but will provide support through its off-site consultant to employees who use their personal devices for work purposes to ensure security for Community Living St. Marys and Area data.

Additional Note: CLSMA supports individuals who have video and audio monitoring systems in place at their residences. The original suppliers maintain the systems.

## Community Living St. Marys and Area

Section: Human Resources

Policy # HR 32

Policy: Driver Abstract

Approved by the Board of Directors: November 24, 2014

Revised: August 2015

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When the Association provides transportation in employee or Association-owned vehicles, safety is a major consideration. As a result, the Association requires that all successful candidates for employment must provide a Driver Abstract.

### Procedure

1. The successful candidate is required to provide the Association with a current Driver Abstract. All costs are the responsibility of the candidate. The Association will require employees to have this updated every 5 years.
2. When there is a driving record that would cause concern about the suitability of the candidate, any offer of a position either expressed or implied is withdrawn. Time is then taken to better understand the record and its implications on the position.
3. It is the employee's responsibility to report a change on their own circumstance that would be reflective on a Driver Abstract. Any change must be reported to immediate supervisor within 48 hours. Employees will be required to sign off annually on a *Police Vulnerable Sector Check and Driver Abstract* form, verifying that there has been no change since their last submitted Driver Abstract.
4. It is at the discretion of the Association to request a Driver Abstract at any time.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 33

Policy: Alternative Dispute Resolution

Approved by the Board of Directors: August 3, 2016

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The Association is committed to creating a culture where conflict can be addressed in informal but binding ways through open and respectful dialogue for all people who use our service and their personal networks, employees and volunteers.

To begin with, anyone with a dispute is encouraged to resolve the matter as directly as possible with the parties involved and where appropriate, in accordance with S 10 Service Compliments and Complaints.

The Association may provide access to confidential independent qualified mediation services for the purpose of dispute resolution at the discretion of the Executive Director or Board President.

## **Procedure**

1. Any supported person, family member, employee, volunteer or other person associated with the agency may request assistance with mediation of a conflict. The request must be made to the Executive Director either in writing or through conversation. Refer to S 10 Service Compliments and Complaints and the Complaint Brochure.
2. Anonymous complaints will not be addressed. The named parties will be invited to participate in the mediation process and will be given the opportunity to agree upon a mutually acceptable mediator.
3. The mediator's report shall be binding on all parties. In situations where the mediator is unable to formulate a plan for moving forward then the matter will be referred back to the Executive Director for further consideration and action.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 34

Policy: Drugs and Alcohol

Approved by the Board of Directors: Aug 19, 2019

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The employees of Community Living St. Marys and Area are our most valuable resource, and for that reason, their health and safety is of paramount concern.

Employees under the influence of drugs or alcohol on the job can pose serious health and safety risks both to themselves, their fellow employees and the people we support. To help ensure a safe and healthy workplace, the Association reserves the right to prohibit certain items and substances from being brought on to, or present while working.

Employees who fail to adhere to these expectations or who engage in illegal activities such as selling drugs and/or alcohol while on Association property or while working will be subject to disciplinary action up to and including termination of employment and referral to legal authorities.

## Definitions

**Drug and/or Alcohol Dependency:** is defined as a mental, physical or psychological dependence on drugs and/or alcohol that is considered as a mental, physical, and psychological disability and under Human Rights Law.

**Recreational Drug and/or Alcohol Use:** with recreational use of drugs and/or alcohol, there is no mental, physical or psychological dependence, therefore, this is **not** considered a mental, physical or psychological disability under Human Rights Law.

## Drug and/or Alcohol Dependency

- a. The Association understands that employees may develop a chemical dependency on certain substances and that this is defined as a mental, physical and psychological disability. The Association promotes the early diagnosis of this disability and encourages employees with a dependency on alcohol or drugs to pursue medical and/or psychological treatment.
- b. Any employee who suspects that they might have an emerging drug or alcohol problem is expected to seek appropriate treatment promptly from one of the many resources in the community.
- c. The Association defines a rehabilitated drug user, alcoholic, or any individual engaged in a supervised drug or alcoholism rehabilitation program that is no longer using drugs or alcohol, as an employee with a disability.

- d. All medical information shall be kept confidential by the Association.

### Expectations

#### Leadership

- a. Shall identify any situations that may cause concern regarding an employee's ability to safely perform their job functions.
- b. If it is known or ought to have been known that an employee has a substance dependency, the employer shall accommodate the employee to the point of undue hardship.
- c. Shall ensure any employee who asks for help due to a drug or alcohol dependence will not be disciplined for doing so.

#### Employees

- a. All employees are expected to abide by the provisions of this policy.
- b. Employees are encouraged to communicate to their employer that they have a dependency or have had a dependency so that their rights are protected and they can be accommodated appropriately.

### Accommodation Process

During the accommodation process, the Association will respect the dignity and privacy of the individual requesting accommodation. During this time, the following actions may occur:

- a. The employee may take a leave of absence to seek assessment and treatment for a drug and/or alcohol dependency.
- b. The employee will be allowed to return to work upon rehabilitation.
- c. The Association will accommodate relapses prior to, during, and post treatment, given the accommodation does not create undue hardship for the Association.

During the accommodation process, the employee shall:

- a. Inform the Association if they are currently experiencing a drug and/or alcohol dependency.
- b. Disclose previous problems with a drug and/or alcohol dependency **only** if it is relevant to their current job duties.
- c. Provide medical documentation to confirm they have a drug and/or alcohol dependency.
- d. Fully cooperate with the recommendations of professional assessments.

### **Recreational Marijuana**

#### Expectations

The following expectations apply to employees while conducting work on behalf of the Association:

- a. Employees are expected to arrive to work fit for duty and able to perform their duties safely and to standard; employees must remain fit for duty for the duration of their shift.

- b. Use, possession, distribution, or sale of drugs or alcohol during work hours, including during paid and unpaid breaks, is strictly prohibited.
- c. Employees are prohibited from reporting to work while under the influence of recreational marijuana and any other non-prescribed substances.
- d. Employees on medically approved medication must communicate to management any potential risk, limitation, or restriction requiring modification of duties or temporary reassignment.
- e. Employees are expected to abide by all governing legislation pertaining to the possession and use of marijuana.

### Roles and Responsibilities

The Association will clearly communicate all expectations surrounding marijuana use, misuse, and abuse. To help enforce this policy, leadership and employees are expected to adhere to the following:

Leadership will:

- a. Identify any situations that may cause concern regarding an employee's ability to safely perform their job functions.
- b. Ensure that any employee who asks for help due to a drug or alcohol dependency is provided with the appropriate support (including accommodation) and is not disciplined for doing so.
- c. Maintain confidentiality and employee privacy.

Employees must:

- a. Arrive to work fit for duty, and remain fit for duty throughout their shift.
- b. Perform work safely in accordance with company-established safe work practices.
- c. Avoid the consumption, possession, sale, or distribution of marijuana, other drugs, or alcohol on company property, and during working hours even if off company property.
- d. When off duty, refuse a request to come into work if unfit for duty.
- e. Report limitations and required modifications as a result of medically approved marijuana use.
- f. Report unfit co-workers to leadership.
- g. Seek advice or appropriate treatment, where required.
- h. Communicate dependency or emerging dependency.
- i. Follow the after-care program, where established.
- j. Abide by all governing legislation pertaining to the possession and use of marijuana.

### **Medical Marijuana**

Where an employee uses medical marijuana, it is expected they provide a copy of their medical licence to use marijuana to the Association.

### Medical Marijuana Use

Medical marijuana will be treated the same as all other prescription medication. The Association has the same expectations from employees who use medical marijuana as



who use all other types of medication and will accommodate individuals up to the point of undue hardship.

### Guidelines

- a. Employees may only use medical marijuana with a license in their names from a physician.
- b. If an employee is required to use medical marijuana while at work, they must inform the Privacy Officer. An employee is not required to disclose their specific medical diagnosis; however, they are required to provide a note from their doctor and a copy of the possession license.
- c. All information provided in regard to medical marijuana use is considered confidential and will be treated as such, keeping an employee's privacy as a top concern second only to safety.
- d. Employees who have a medical condition which requires additional accommodation can discuss their marijuana use schedule in the context of the general accommodation plan with the Association and their primary care physicians.
- e. The Association will work with the individual that requests accommodation in an effort to ensure that the measures taken are both effective, and mutually agreeable.
- f. In the event that medical marijuana is deemed to pose a significant or potential hazard to people supported, the employee and/or other employees, the Association will attempt to find alternative work for the employee, up to the point of undue hardship.

### Use of Medical Marijuana While at Work

- a. In the event that an employee is taking medical marijuana during regular working hours, they are expected to use it in moderation, only at the recommended level of dosage and the applicable frequency of the doses.
- b. The Association asks that, where possible, employees who require medical marijuana use a method of ingestion other than smoking.
- c. Employees who choose to smoke medical marijuana must abide by all provincial smoking regulations.
- d. Employees who choose to smoke medical marijuana are not permitted to smoke in the presence of other employees or people supported.
- e. The Association will determine an appropriate smoking area for the employee, with the goal of maintaining the confidentiality of the employee's medical situation.

Leadership is required to:

- a. Treat employees who use medical marijuana the same as all other employees using prescription medication.
- b. Provide accommodation up to the point of undue hardship.
- c. Be aware of the effects of marijuana use and ensure employees are not placed in any safety sensitive situations.
- d. Assess the effects of the use of marijuana on an employee's performance on the job.

- e. Ensure that the use of medical marijuana does not adversely affect the safety of the employee and/or their co-worker and/or people supported.
- f. Respond to any employee queries regarding the use of medical marijuana, while maintaining the privacy of an employee's specific situation at all times.

Employees are required to:

- a. Work with the Association to develop accommodation plans that are mutually agreeable including the safe storage of medical marijuana.
- b. Follow the agreed upon accommodation plan and the guidelines of this policy.
- c. Never share their medication with any other employee or Member, even those who may have a similar prescription.
- d. Maintain ongoing communication with management regarding the effects of marijuana on their ability to perform their job duties.
- e. Never participate in activities which could cause a safety risk such as driving while under the influence of marijuana.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 35

Policy: Telecommuting/Working from Home Policy

Approved by the Board of Directors: June 22, 2020

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There are times when remote work is a useful and necessary solution. It might be on a short-term basis such as working from home during a snowstorm or for a longer period such as during the COVID-19 pandemic. The Association encourages flexibility in employee work arrangements where it is possible and practical to do so without compromising the efficiency and effectiveness of operations.

Telecommuting is an employee privilege and not a guarantee or an entitlement. All telecommuting arrangements require the approval of the employee's supervisor and may require a work plan and tracking of time. Due to the nature of work, telecommuting cannot be implemented for all positions. Some areas will have greater flexibility to facilitate telecommuting and as such, there will be variation across the Association in ability to adopt this policy.

This policy will help determine what positions are eligible for telecommuting and ensure consistent work practices are followed such that telecommuting employees continue to provide a level of service equal to or better than that provided on-site.

## **Procedure**

### ***Granting of Telecommuting Privileges***

1. The granting (as well as the termination) of any telecommuting privileges will be made in the sole and absolute discretion of the Association taking into account the following:
  - a. The current COVID-19 status or the status of any similar epidemic, pandemic or widespread disease or disaster.
  - b. The ongoing operational requirements of the Employer.
  - c. The operational requirements of a particular role.

All requests for telecommuting privileges must be approved by the employee's supervisor and if longer than three days must also be endorsed by the Executive Director.

### **Conditions under any Telecommuting Arrangements**

1. All Employee's operating under this Policy agree to remain bound by the following conditions and for the duration of their telecommuting arrangements:
  - a. All internet connections used to access Association related servers, email and information must be privately owned, password protected and have Wi-Fi connections that are not shared, or publicly accessible.

- b. Employees will perform due diligence to protect the security of the Association's documents and confidentiality while working from home or at an off-site location.
- c. All existing work plan targets and/or responsibilities shall continue and where necessary, roles and responsibilities will be reasonably adapted.
- d. All employees shall also remain available and contactable during ordinary business hours; and will continue regular communication with their supervisor.
- e. Employees will manage personal responsibilities in a way that allows successful completion of job responsibilities.
- f. All other terms and conditions of employment and policies and procedures shall remain in place and their application adapted accordingly.

### **Health, Safety and Liability**

1. Given the private and residential nature of telecommuting work, the Employer will have limited access and/or control over the Employee's place of work. Employees will be responsible to keep a safe and fit for work environment and will identify and remove potential hazards.

### **Privacy, Confidentiality and Data Security**

1. Employees who work under this Policy acknowledge and agree that despite the flexible nature of their work arrangements, they will not have any expectation to privacy in relation to Association-owned electronic devices issued to them for the purposes of telecommuting work arrangements, including but not limited to computers, tablets and phones.

2. Association devices, along with the contents of devices will remain the property of the Association at all times, and could be subject to inspection and / or repossession at any time. The Employee acknowledges that they will not be entitled to retain possession of, or deny access to, any of the Association issued equipment. Conduct of this nature will constitute a breach of this Policy and may result in disciplinary action, termination for cause, and police intervention in circumstances that involve theft of Employer property.

3. Employees are also required to ensure that no other family member, relative, employee or third party has access to, or uses their Employer issued equipment and that all computers, tablets and phones are password protected and placed into a locked state whenever the Employee leaves their respective work area.

4. Employees are also obliged to ensure that all work product and information is backed up daily (if such facilities exist), in accordance with the Employer's standard Information and Technology practices.

5. In the event of any data security breach or accidental access by any family member or third party, the Employee will immediately contain the breach and inform a Manager or the Executive Director.

6. If the employee experiences technical issues with the device, they will notify the Association's approved contractor for assistance.

7. Employees will not use third-party technicians for maintenance or repair of Association owned devices or software unless approved.

### **Duration, Amendment and Revocation**

1. Any telecommuting work arrangements are a privilege and the Association reserves its right to amend or withdraw such privileges at any time it deems appropriate.

2. In the event of termination of employment, the employee agrees that the Association may immediately revoke access to agency issued accounts and equipment, without advanced notice, and that all information contained will constitute property owned by the Association. The Employee also agrees that in the event of termination of employment and within three (3) calendar days, to return and make available all agency issued equipment. In such cases, no copies, drafts or backups of any form may be retained by the employee. These obligations will similarly apply in the event that the Employee is suspended, pending an investigation, *etc.*

### **General**

1. Given the nature of telecommuting work and the potential tax implications thereof, the Association will not involve itself with the tax affairs of any employee, nor will it make any misrepresentations to the Canada Revenue Agency on behalf of any employee.

2. This Policy will be reviewed from time to time. In the event of any changes, the employee will be informed and will be required to apprise themselves of any additional obligations and amendments.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 36

Policy: Disconnecting from Work

Approved by the Board of Directors: Aug 3 2022

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The Association provides a wide variety of essential services and support to people with developmental disabilities and their families on a 24-7 basis. The provision of these services works to promote and facilitate community inclusion, meaningful participation and full citizenship for the people supported.

The Association values the contribution of all employees, encourages and supports them in protecting their health and well-being. Regardless of the nature of an employee's working arrangement, location or role, taking appropriate time to disconnect from work is vital for wellbeing and is essential for maintaining work-life balance.

In accordance with the Working for Workers Act, S.O. 2021, c. 35 – Bill 27, the Association encourages all employees to take time to disconnect from work when it is appropriate to do so.

## **Procedure**

### **Hours of Work:**

Based on the continuous nature of the Association's operations, regular hours of work vary from one employee to the next. Further, given the unpredictable nature of the agency's business, work outside of established working hours for any person may be required from time to time.

All employees are encouraged to know and conduct their assigned work within their established work hours, subject to ensuring that they meet their responsibilities and the needs of people supported by the Association are not neglected.

Aside from such times as work may be required outside of an employee's working hours (e.g. to deal with urgent matters that cannot wait until an employee's regular hours of work, where an employee is on-call, etc.), the Association encourages employees who are off duty to disconnect from work.

### **Communications**

Given that, employees across the organization have differing hours of work it is not possible to ensure that all communications are only sent during employee's on-duty hours. All employees are expected to use their best judgement when determining whether to send a communication during a recipient's off hours. Similarly, all employees are expected to use their best judgement when determining whether to respond to a

communication received during their off hours and also set reasonable expectations for response time.

Nonetheless, employees continue to be expected to review and respond to communications from their employer and to participate in employer processes such as scheduling, investigations, absence management, performance management and other types of contact, communications and meetings that occur outside of regular working hours, as may be reasonably expected for the management of their employment. The Association will communicate expected response times for various types of communications.

# Community Living St. Marys and Area

Section: Human Resources

Policy # HR 37

Policy: Electronic Monitoring

Approved by the Board of Directors: Oct 24 2022

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Community Living St. Marys and Area is committed to abiding by all of its obligations under Ontario's Employment Standard's Act, 2000 (ESA), specifically those that apply to electronic monitoring. As such, CLSMA is committed to informing its employees about the presence (if any) of electronic monitoring software or equipment either in the workplace or contained on any of the organization's servers or programs.

This policy is based on Bill 88: Working for Workers Act, 2022 and is subject to change based on any new information provided by the Government of Ontario.

This policy is intended to specify:

- a. A description of how, why, and in what circumstances, CLSMA may electronically monitor employees.
- b. The purposes for which CLSMA may use the information obtained through electronic monitoring.
- c. The date the policy was prepared and the date any changes were made to the policy.

This policy offers standards to ensure the following:

- a. Employee safety and security.
- b. That the organization operates efficiently.
- c. That appropriate data is collected to make informed business decisions, as needed.

This policy applies to all employees of CLSMA who are covered by the Employment Standards Act, whether their primary location of work is in the home of someone supported, at the main office, working from home, on the road, or a combination of any or all of the above.

CLSMA will provide this written policy to all employees within 30 days and any changes made to it in the future. CLSMA requires all newly hired employees to review policies as part of their onboarding.

## Procedure

Subject to compliance with applicable legislation, including the Employment Standards Act, CLSMA may from time to time, electronically monitor its employees. The purposes for which monitoring, and information gathered through monitoring may be used include the following:

- a. Ensuring the health and safety of employees and people supported.



- b. To investigate workplace issues, incidents of concern, allegations of abuse or protection and security of agency owned property.

CLSMA may have the following electronic monitoring in place;

- Email communications sent using agency owned networks, equipment or user accounts may be monitored.
- Video cameras and recording equipment for public areas may be used on agency owned or managed property to deter thefts, vandalism and ensure employee safety. Should illegal conduct be uncovered, video surveillance footage may be disclosed to approved third parties.
- Employee network and computer activities may be monitored to verify that agency owned IT resources are used for work related or professional activities.
- Key card monitoring for access to the office building/JPC is in place for security purposes.

## Community Living St. Marys and Area

Section: Human Resources

Policy # HR 38

Policy: Diversity and Non-Discrimination

Approved by the Board of Directors: Sept 25 2023

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CLSMA believes in the inherent worth of all individuals and their right to be treated with dignity and respect. CLSMA recognizes that individuals and groups can be unfairly discriminated against and acknowledges its responsibility to eliminate discrimination, both direct and indirect, and any form of discrimination that is unlawful.

The organization is committed to full equality and in upholding the spirit and letter of relevant legislation in Canada, and the Province of Ontario in creating and maintaining an environment, where all people are valued for the diversity they bring. All policies, procedures and practices shall be free of deliberate or unintentional (systemic) barriers, so that all staff and those served by the Association receive fair and equitable treatment.

There shall be no differential treatment of individuals, based on, age, sex, colour, race, ancestry, citizenship, place of origin, ethnic origin, creed, disability, family status, marital status, gender identity, gender expression, receipt of public assistance, record of offences, sex including pregnancy, and sexual orientation. Record of Offences will be reviewed within the context of duties, and in accordance with the Criminal Reference Check policy established by CLSMA.

CLSMA seeks to operate within a framework of fairness, openness, integrity, and accountability and to extend its commitment to equality of opportunity via its expectations of those who provide services for CLSMA.

The Association aims to integrate equality of opportunity into all its employment activities. We seek to recruit and retain a workforce that is diverse and representative of the community and those with whom the organization works or provides a service to.

CLSMA will be responsible for the reasonable accommodation of the differences and needs of staff and individuals supported by the Association, so that each person has the opportunity to contribute to their full potential. It is understood that equality does not necessarily mean the "same" and there may be instances where the response to individuals may need to be different. Management will strive to manage, encourage, and support diversity, while remaining cognizant of the need for consistency and fairness.

The responsibility for upholding these principles rests equally with all staff and of CLSMA.

## Services

Community Living St. Marys and Area provides three forms of service - Planning and Facilitation Services, Support Services and Administration Services. All are within the confines of the vision, mission and principles of the organization.

People using services of the Association and those interested in using services are matched with a planning facilitator who will help them develop a personal plan. The person usually invites family and friends to participate in making a good life plan. Information from the plan is used in the design of support services.

The support is provided directly by the Association with teams of employees working with one or more people. Support is directed co-jointly by the person using services and by the Association. This direction is outlined in the personal support agreement.

Support is also provided to assist people in maintaining and monitoring purchase of service contracts they have with Community Living St. Marys and Area.

Most often people wish to purchase administrative services from the Association. These may include payroll, paying bills, auditing government monies, budgeting, supervising and monitoring situations.

Community Living St. Marys and Area firmly believes that the person receiving or purchasing the support is in charge. Planning and support services are then voluntary actions. The person receiving the assistance does so freely and is able to change the service request or withdraw. The Association has a responsibility, through its principles, to try, within its resources, to meet the person's requests.

- S 1 Rights and Diversity of People Using Services
- S 2 Types of Services
- S 3 Assisting People with Medical, Health and Well-Being
- S 4 Person Directed Planning
- S 5 Delivery of Support Services
- S 6 Requesting Services
- S 7 Distribution of Existing Resources
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- S 12 Reporting Incidents/Accidents/Injury
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- S 15 Use of Self-Employed Workers
- S 16 Guidelines for the Use of Alternative Support
- S 17 Buildings and Vehicles
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- S 21 Medication Orientation
- S 22 Medications; Administration and Self-Administration
- S 23 Medication Incidents, Errors and Refusals
- S 24 Medication Access, Storage, Transfer and Disposal
- S 25 Emergency Medical Services
- S 26 Pets and Service Animals
- S 27 Supporting the Well-Being of the Person: Personal Property
- S 28 Supporting the Well-Being of the Person: Nutrition
- S 29 Right Approach and Use of Intrusive Supports
- S 30 Report Writing
- S 31 On Call Emergency Response

# Community Living St. Marys and Area

Section: Services

Policy # S 1

Policy: Rights and Diversity of People Using Services

Approved by the Board of Directors: May 28, 2002  
Revised: Sept 2013, Aug 3 2016, Aug 2019

Ministry requirement

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The Association and all employees and volunteers will honour and respect the diversity and rights people have when using services of the Association.

## Procedure

1. The Statement of the Rights of Supported People will be respected.
2. Member of People First or someone with lived experience will be involved in orientation and ongoing training of all employees.
3. The requirements as outlined by the Ministry of Children, Community and Social Services Quality Assurance Measures, the Ontario Accessibility Act and other relevant legislation will adhere to where a person's support plan has requested or agreed to a right restriction.
4. The Association will review with each person when they begin to use Association services:
  - Vision, Mission statement, Principles.
  - Statement of the Rights of Supported People.
  - Abuse prevention, identification and reporting.
  - Privacy and confidentiality.

This will also be reviewed with each person every year.

5. Respect around the provision of personal care shall be addressed individually with each person supported in their support plan. In general, no personal care should be provided by a staff person until orientation is complete.
6. The restriction of any right should always be as a last resort and time limited. In certain circumstances such as the health and safety of the person supported or others, a specific right might be restricted at the request and or with consent of the person and their support network. In all cases this would be documented in an attachment to the support plan and will include:
  - a. Naming the restriction and the rational for it.
  - b. Setting a clear time frame for the restriction.
  - c. A plan for monitoring and reviewing the restriction and who will be part of this.
  - d. Should include and be based on a risk assessment.

## ***Statement of the Rights of Supported People***

Any person who is served by Community Living St. Marys and Area has the right to be treated the way any Canadian citizen expects to be treated.

- Rights upheld by the Canadian Charter of Rights and Freedom:
  - Right to equal treatment without discrimination because of race, ancestry, origin, colour, ethnicity, citizenship, creed, sex, sexual orientation, age, marital status, family status, disability, or other analogous ground.
  - Right to vote.
  - Right to enter, remain in or leave Canada or any province.
  - Right to life, liberty and security.
  - Right not to be deprived of one's life, liberty, or security except in accordance with the principles of fundamental justice.
  - Right not to be subjected to any cruel and/or unusual treatment or punishment.
  - Right to be secure against unreasonable search or seizure.
  - Right to equal protection and equal benefit of the law.
  - Freedom of conscience and religion.
  - Freedom of opinion and expression.
  - Freedom of peaceful assembly and association.
- 
- Rights that are important for the individuals who choose supports from this agency, but may not necessarily be upheld by the Canadian Charter of Rights and Freedoms, and therefore can be ensured only with advocacy:
  - Right to equal treatment under the law.
  - Right to participate in affirmative action programs designed to ameliorate the conditions of individuals or groups who are disadvantaged.
  - Right to contract for, possess and dispose of property.
  - Right to income support.
  - Right to an education.
  - Right to sexual expression, marriage, procreation, and the raising of children.
  - Right to privacy.
  - Right to adequate health care.
  - Right to equal employment opportunities.
  - Right to appropriate support services of the individual's own choosing
  - Right to be treated in a courteous and respectful manner and to be free from mental, physical and financial abuse.

# Community Living St. Marys and Area

Section: Services

Policy # S 2

Policy: Types of Services

Approved by the Board of Directors: May 28, 2012  
Revised: August 2013

Ministry requirement

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The Association provides planning services, support services and administration services to people who have a developmental disability.

## Definitions

### 1. Planning and Facilitation Services

- a. Help the person and their family and friends develop a plan which reflects the person's desired life style.
- b. Help the person explore any and all resources, including service providers that will help them achieve their plan.
- c. Help the person identify and develop the strategies to achieve the plan.
- d. Help the person to take advantage of the opportunities which may lead to the achievement of their plan.
- e. Are available to people living in St. Marys and Area who wish to participate regardless of whether or not they receive support services.
- f. May be available to people from outside of our area at special request.

### 2. Support Services

- a. Provide individual support services as outlined in the person's plan.
- b. Range from "as needed" to 24-hours per day.
- c. Are provided where the person wants them.
- d. Assist in the development of relationships.
- e. Help the person develop and manage their individualized budget.
- f. Human resources management.

### 3. Administrative Services

- a. Payroll
- b. Paying bills
- c. Auditing
- d. Budget reports
- e. Meeting relevant government requirements
- f. Human resources management
- g. Agency management

# Community Living St. Marys and Area

Section: Services

Policy # S 3

Policy: Assisting People with Medical, Health and Well-Being

Approved by the Board of Directors: May 28, 2012  
Revised: September 2013, June 2020

Ministry requirement

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People using services of the Association may request support with their medical, health and well-being.

## Procedure

1. Any medical services the Association supports the person to access, such as medical and dental appointments, will be documented, including dates, details etc.
2. The Association will support the person to understand and monitor their health concerns when they have requested such support. When relevant, this may include providing information to the person in a way they understand, or supporting them to access community supports, about:
  - a. Prescription medication
  - b. Food and nutrition consistent with Canada's Food Guide
  - c. Personal hygiene
  - d. Fitness
  - e. Sexual health
  - f. Lifestyle choices that may be harmful
  - g. Self-esteem
  - h. Communication
  - i. Relationships
  - j. Pet care, including immunizations
  - k. Proper storage of hazardous materials
3. A person using services may refuse medical services. The Association will support the person to understand possible consequences of their decision to refuse medical services.
4. Refusal to accept medical services will be documented.
5. For children and youth, the Association must adhere to the regulations set out by the Child, Youth and Family Services Act. Annual assessments and documentation of health, vision, dental and hearing conditions must be completed.



## Community Living St. Marys and Area

Section: Services

Policy # S 4

Policy: Person Directed Planning

Approved by the Board of Directors: May 28, 2012  
Revised: August 2013, Aug 2019

Ministry requirement

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The Association believes that person directed planning provides the foundation for future action. Therefore, each person involved with the Association will be supported to develop a personal plan, Life Plan and/or Support Plan.

### Procedure

1. A person directed plan may be developed through either a formal or informal process with the person, and their family and friends (where the person chooses to have these people involved). The planning process will adhere to the agency's principles. The Association is required to ensure every person funded Developmental Services has a support plan. Some exceptions do apply.
2. Any workers paid through the Association who are involved in the planning process will act only in a facilitative and supportive role to the person and/or their family and friends who will make all the planning decisions. The staff role includes providing information so the person can make informed decisions about the benefits and risks of their decisions.
3. Where it is apparent that the person does not agree with their family and friends regarding the personal needs, goals and aspirations identified, the Association may have a role in mediating. The wishes of the person are primary.
4. Various planning tools may be used to support people in the development of their person directed plan, which may include goals, preferences and needs. People may be supported to develop a Life Plan and/or Support Plan.
5. In the development of the Life Plan and/or Support Plan, where appropriate, relevant risk assessments will be used to ensure the personal safety and security of person using services.
6. The person will be supported to review their plan annually and update as needed. A record of the date of the original plan and all reviews will be kept.
7. All employees are expected to have a good understanding of the underlying values of planning.
8. The planning process is captured in the attached *Guide to the Planning & Facilitation Process*, which is considered to be part of this policy.

## Community Living St. Marys and Area

Section: Services

Policy # S 5

Policy: Delivery of Support Services

Approved by the Board of Directors: May 28, 2012  
Aug 19, 2019

Ministry requirement

Revised: August 2013, July 2019

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Support Services provided will be based on what is identified in the support plan.

### Procedure

1. Support Services will review the plan and determine how and to what extent the plan can be implemented by the Association. All support services will adhere to the agency's principles.
2. Support Plans will be developed with each person using services. The agreement will outline expectations of the person using the services and the Association. The agreement will also include a list of contact people designated by the person using services for the purpose of supportive decision making.
3. A secondary document may be required by the Association. This document will outline the roles, responsibilities and expectations of all parties including person, Association and may include family and friends.
4. The delivery of support services is outlined in the attached guide, *Community Involvement and Support Services Guide*, which is considered to be part of this policy.
5. Where support services are contracted out to a third party, the Association will ensure the contract includes quality assurance measures. The Association will actively monitor with each person using services the delivery of contracted services.

# Community Living St. Marys and Area

Section: Services

Policy # S 6

Policy: Requesting Services

Approved by the Board of Directors: July 6, 2006

Revised: August 2013, June 2020

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Community Living St. Marys and Area is committed to all people with a developmental disability from within the agency catchment area.

## Procedure

1. Initial contact with the Association may happen in many ways... the person, family, community members, services, Developmental Services Ontario etc.
2. Access to all provincially funded Developmental Services is by application to Developmental Services Ontario. The Association may assist the person with this process.
3. A planner may be assigned to assist the person to explore and develop their personal plan. In rare situations, Support Services will assist to address an immediate need.
4. If through the development of a personal plan, the person wishes to make a request for Support Services from the agency, a formal written request to the Executive Director will be made. The Association must adhere to the regulations as set out by the Social Inclusion of Persons with Developmental Disabilities Act.
5. For children and youth, the Association must adhere to the regulations set out by the Child, Youth and Family Services Act.

# Community Living St. Marys and Area

Section: Services

Policy # S 7

Policy: Distribution of Existing Resources

Approved by the Board of Directors: July 6, 2006

Aug 19, 2019

Revised: July 2019

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Existing resources of the Association include human resources, donations and fundraised monies, and government grants and subsidies. Decisions about the distribution of existing resources will be made based on the best information at the time and the availability of resources, and with the involvement of Developmental Services Ontario.

## **Procedure**

1. Requests for new, changed or additional services can be made at any time. Within a month, the request will be considered by a committee set by the Executive Director. The person making the request will be advised of the status of their request soon after.
2. On an annual basis, all individual budget requests will be reviewed for approval by the committee.
3. The Association operates on the understanding of fiscal sharing between individual budgets as needed.
4. From time to time, the Association may designate a limited fund for particular purposes. Processes to access this fund will be available.

# Community Living St. Marys and Area

Section: Services

Policy # S 8

Policy: Monitoring of Services

Approved by the Board of Directors: July 6, 2006

Revised: August 2013

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People using planning and facilitation, administrative and support services of the Association will be supported to monitor these services. As well, the Association has an obligation to regularly evaluate the services provided.

## Procedure

1. Every person using services will have a plan to monitor their services. Their plan will include but not be limited to the following:
  - a. Clear and easy to understand budget statements.
  - b. How the person will be involved in hiring choices.
  - c. Input into employee performance appraisals.
  - d. How and when the support plan is reviewed.
  - e. Help in understanding the process for making compliments and raising concerns.
2. The Board of Directors will initiate a process to evaluate all services of the Association on a regular basis, at least every five years. This process will involve an independent third party.
3. The Association will ensure that the monitoring mechanisms that it has in place are implemented and any recommendations are dealt with.

## Community Living St. Marys and Area

Section: Services

Policy # S 9

Policy: Discontinuing Services

Approved by the Board of Directors: July 6, 2006

Jan 22, 2018, Sept 28, 2020

Revised: January 2018, June 2020

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If an adult or family/parent with a child under 18 years of age chooses to no longer use our service, the Association will document information about their decision through planning documents and or a voluntary exit interview. The Association may offer assistance as needed if the person is transitioning to another situation. If a person supported dies, the Association will assist with final arrangements as needed.

## Community Living St. Marys and Area

Section: Services

Policy # S 10

Policy: Service Compliments and Complaints

Approved by the Board of Directors: May 28, 2012  
Dec 13, 2018

Ministry requirement

Revised: May 2015, Dec 2018

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People using services, their families, volunteers, and the general public have a mechanism to express their views of the services provided by the Association.

Positive comments about services are always welcomed by any employee or board member. Complaints about Association services are also welcomed without fear of reprisal. Positive comments and complaints will contribute to the agency's continued growth and development.

People who use services, their families, volunteers and the general public will be told the process for making a complaint.

### Procedure

1. When a concern about Association services or employees has been received by any employee or board member, it is the obligation of that person to forward the information to the supervisor of the service. In the case of a concern about the Executive Director, the complaint must be forwarded to the board President.
2. Concerns or feedback come in a variety of ways including written or verbal. If the concern is received verbally, the person receiving it will document it immediately and forward it to the supervisor.
3. Depending on the nature of the complaint, it may be deemed a serious occurrence and therefore, reported to the Ministry of Community and Social Services. Refer to S 13.
4. The supervisor receiving the complaint will investigate the matter. If the supervisor cannot be free of conflict of interest, they will forward the complaint to the Executive Director. Depending on the nature of the complaint, it may be necessary to be reported to police. Refer to S 11.
5. The supervisor receiving the complaint will ensure that the process is free of any coercion or intimidation or bias, before, during or after the investigation.
6. The role and responsibility of people using services will be considered when a complaint is received.

7. The steps a staff member should take if they receive a complaint include:
  - a. Tell their Supervisor or the on-call person within 24 hours in case the complaint is a Serious Occurrence.
  - b. If it is a Serious Occurrence the Supervisor or on-call person should report it within 24 hours.
  - c. The complaint should be reported to Management immediately. It can then be decided who should respond to the complaint.
  - d. The complaint should be documented and added to a tracking report.
  - e. The person responsible for responding should reply within 1 business day to acknowledge receipt of the complaint.
  - f. The person responsible for responding will reply to the complaint within 5 business days with an attempt at resolution. If the issue cannot be resolved within that time period, they will respond identifying a reasonable time frame.
  - g. If there is not a satisfactory response to the complaint, the person making the complaint should forward the information to the next supervisory level. The final level is the Board President.
  
8. Every year the Association will review complaints and compliments received to evaluate the effectiveness of policies and procedures.



## Community Living St. Marys and Area

Section: Services

Policy # S 11

Policy: Preventing, Identifying and Reporting Abuse/Suspected Abuse

Approved by the Board of Directors: May 28, 2012  
Aug 19, 2019  
Revised: Aug 2013, July 2019

Ministry requirement

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The people using the services trust that the Association will not wilfully harm them physically, mentally, emotionally, or financially. The Association has a zero tolerance to all forms of abuse.

The people using services, staff, volunteers and board members will receive training/education on the prevention, identifying and reporting of abuse/suspected abuse.

This policy will be reviewed annually by the Board or designate and updated as needed. All changes made during reviews will be implemented immediately and staff and volunteers will be trained in any changes.

**It is the duty of all employees and volunteers to comply with the law in every aspect and at all times. This includes Regulation 299/10 Quality Assurance Measures under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act.**

Abuse is any intentional act of an employee, volunteer or other person which is harmful to a person using the services of the Association. This includes failure to care for or refusal to provide service, treatment or remedy.

1. **Physical Abuse** is any physical act against a person using the services with the intent to hurt that person.
2. **Sexual Abuse** is any sexual act or exploitation of a person using the services of the Association.
3. **Psychological Abuse** includes threats, destruction of personal property and withholding social interaction or contact as a form of punishment.
4. **Emotional Abuse** is a persistent pattern of belittling, degrading, criticizing, undermining and attacking self-esteem.
5. **Financial Abuse** includes stealing, charging for services already paid for in the person's individual budget and having control over the personal monies of a person using the services.

6. **Verbal Abuse** includes screaming at the person, using derogatory language, ridiculing the person in front of others or using language which devalues the person.

7. **Neglect** includes failure to provide basic levels of hygiene, deliberately withhold food, water or medication from people or isolate the person from family and friends.

## **Procedure**

### **Reporting**

1. All incidents of suspected, alleged or witnessed abuse of a person with a developmental disability that may constitute a criminal offence will be immediately reported to the police.

2. The agency will not initiate an internal investigation before the police have completed their investigation with respect to incidents of abuse that may constitute a criminal offence.

3. If the incident of suspected, alleged or witnessed abuse does not constitute a criminal offence, a supervisor should be contacted immediately to begin an internal investigation.

4. A written incident report is required as part of the service record for all incidents of suspected, alleged or witnessed abuse. Your incident report is considered documentation that can be used as evidence in a court of law. It is important that your documentation is accurate and clear and uses specific factual language. Use only black or blue ink. Do not use white out or rewrite the report; if you make an error put a line through it and rewrite the word.

5. Serious Occurrence Reporting procedures will be followed for the reporting of abuse as per Policy # S13.

### **Supporting**

1. Where abuse of a person supported is alleged, the Association will ensure that the victim receives support and any assistance they need.

2. Employees should intervene to ensure the person's health, safety and well-being.

3. The person allegedly abused should have no contact with the alleged abuser.

4. The employee should not ask the person questions about the alleged abuse. If the person talks about the abuse, the employee should record the exact words only. Do not prompt, persuade or attempt to question the person.

5. As soon as the individual provides enough information that indicates the allegation of abuse may be criminal in nature, stop all discussion, support the individual and call the police. Ask the person if they would like to call or should you.

6. Do not discuss allegations with others until the police have arrived and taken your statement and that of the person who was abused. Discussing the allegation with others can result in contaminating the evidence.

7. The person who was allegedly abused must give consent, if possible, before notifying others such as family.

### **Dealing with Employees Alleged to have Abused**

1. The employee suspected of abuse will be suspended with pay until any investigations are completed. The volunteer suspected of abuse will be suspended until any investigations are completed.

2. If an internal investigation is required, it will be carried out by the Executive Director and/or by an external person as quickly as possible.

3. The results of the investigation will be shared with the person accused, their supervisor and the victim or their family or friends.

4. If the alleged abuser is found guilty, they will be dismissed immediately, with no recourse for reinstatement of employment. Where investigation by authorities does not lead to conviction of a criminal offence the agency reserves the right to subsequent investigation and disciplinary actions may follow.

5. If the Executive Director is suspected of abuse, the police will be notified if the abuse may constitute a criminal nature. If not, the President of the board will be notified and the board or designate will complete an internal investigation.

### **Privacy and Confidentiality**

1. Confidentiality will be maintained throughout the investigation process to the extent practicable and appropriate under the circumstances. All records, notes and files will be kept confidential except where disclosure is required by a disciplinary or other remedial process, or law requires as.

## Community Living St. Marys and Area

Section: Services

Policy # S 12

Policy: Reporting Incidents/Accidents/Injury

Approved by the Board of Directors: July 6, 2006

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When a person using the support services of the Association is involved in an incident, accident, is injured or dies, the Association will ensure that the appropriate people are notified and that the proper documentation is completed.

### **Procedure**

Once an immediate response to the incident/accident/injury has been made, it will be reported immediately to the people designated by the person using the service and/or the on-call person. The Association will ensure it will be documented on the appropriate form and kept on file.

# Community Living St. Marys and Area

Section: Services

Policy # S 13

Policy: Serious Occurrences

Approved by the Board of Directors: July 6, 2006  
Jan 27, 2020

Ministry requirement

Revised: September 2013, January 2020

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The Ministry of Community and Social Services has a policy and procedure for the reporting of all “Serious Occurrences” that happen to a person using the services of the Association. The Association follows the most recent procedure from the Ministry. The procedure will also comply with regulation for maintaining the privacy and confidentiality of personal information.

## Procedure

1. When a “Serious Occurrence” happens, as defined by the Ministry of Children, Community and Social Services, the staff person will follow the procedures from MCCSS.

Serious Occurrence categories include:

- a. Death – of an individual while receiving a service.
- b. Serious Injury – which requires unscheduled medical attention or unplanned hospitalization.
- c. Serious Illness – either new or existing which requires unscheduled medical attention and/or unplanned hospitalization.
- d. Serious individual action – including serious examples of the following: suicidal behaviour; alleged, witnessed or suspected assault; contraband/safety risk; inappropriate/unauthorized use of information technology; unusual, suspicious or unauthorized individual absence; serious charges; relinquishment of care/threat of relinquishment of care.
- e. Restrictive intervention – including use of physical or mechanical restraint or secure de-escalation.
- f. Alleged, witnessed or suspected abuse or mistreatment while the person was receiving a service.
- g. Error or omission – including a medication error or breach or potential breach of privacy and/or confidentiality.
- h. Serious complaint – including by or on behalf of someone receiving a service regarding the violation of their rights or any other serious complaint regarding standards of the services by a person.
- i. Disturbance, service disruption, emergency situation or disaster.

2. The Association will ensure that each staff member and volunteer is aware of the procedure for reporting serious occurrences upon hire and then reviewed on an annual basis.

3. If an incident occurs which is or may be a serious occurrence it should be responded to immediately with attention to safety and reducing risk. The employee or volunteer should take charge of the situation until further help is available. Once an immediate response has been made, report the occurrence immediately to your supervisor, manager or the on-call emergency phone. The Executive Director or designate is responsible for reporting the Serious Occurrence to MCCSS according to their procedures. Refer to HS 4 Accidents, Injuries and Emergencies.

4. A roll-up of all serious occurrence reports is done once every three months by the manager and reported to the Health and Safety Committee. An annual review and analysis of all incidents and SORs is completed and shared with the board for the purpose of identifying patterns or trends.

# Community Living St. Marys and Area

Section: Services

Policy # S 14

Policy: Assisting with Personal Finances

Approved by the Board of Directors: May 28, 2012  
Jan 22, 2018

Ministry requirement

Revised: January 2018, June 2020

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The Association nor their employees will assume legal or financial authority for people using services.

People using services may request assistance with the management of their day to day finances.

## Procedure

1. No employee of the Association will take on legal or financial authority. (i.e. power of attorney, trustee, executor, co-signing at a bank). Exceptions to this will be brought to the Board of Directors for decision-making.
2. If an employee is asked to assume any of these roles, every effort will be made to support the person to find someone else who is able and willing to take on these roles.
3. If a person using Association services requests help with managing their personal finances, the Association will support the person to keep financial records. Employees will receive information on the risks and responsibilities of providing financial management for people supported. For children and youth, the Association must adhere to the regulations set out by the Child, Youth and Family Services Act.
4. The person using Association services will sign consent to have help to manage their personal finances and will be asked to sign an agreement that a third party will review their financial records to safeguard both the person using services and staff of the Association.
5. If the Association is assisting someone with their personal finances, their support plan will contain their specific information on how they choose to document financial transaction, how accounting is set up and monitored and how the person will access funds. It will also have information on the person's assets and how to protect them.  
Area.
6. The Association will share information with people and their families about wills, trusts, power of attorney, etc.

## Community Living St. Marys and Area

Section: Services

Policy # S 15

Policy: Use of Self-Employed Workers

Approved by the Board of Directors: July 6, 2006,  
Aug 19, 2019

Revised: August 2013, July 2019

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The Association may approve and support people and families to use self-employed workers to provide ongoing direct service.

### **Procedure**

1. The Association will consider the use of self-employed workers if the following criteria are in place:
  - a. An employee is not currently providing the same service to that person.
  - b. Current agreements between the person using the service and self-employed worker.
  - c. Self-employed workers meet minimum requirements as established by the Association including valid first aid, police vulnerable sector check.
2. The Association will have a role in supporting people to monitor their individual budget and the quality of services delivered by the self-employed workers.
3. The Association will share information with people using self-employed workers about their obligations when engaging self-employed workers.



# Community Living St. Marys and Area

Section: Services

Policy # S 16

Policy: Guidelines for the Use of Alternative Support

Approved by the Board of Directors: Sept 28, 2020

Revised Aug 2022

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The Association recognizes the benefit of people supported having choice in how their service is designed. Tailoring service to their needs may include alternative support such as Share Your Home, supportive neighbours and supportive roommates. The Association will operate alternative supports in accordance with all legislative requirements to provide a safe environment that encourages natural relationships and broadens community connections and participation. It is the role of the Association to monitor and evaluate the quality of service provided in each situation.

Alternative support can apply to full-time or part-time living situations or even as a respite option for adults or children living in their family home. It may also apply to providing permanent or temporary foster care to children and youth funded by the Ministry of Children, Community and Social Services through the local Children's Aid Society.

## Guiding Principles

1. Community Living St. Marys has a set of policies that inform all service through the agency including alternative community supports. This includes a set of principle statements that guide the work.
2. These procedures also meet any requirements under the Ministry of Children, Community and Social Services including the Quality Assurance Measures Regulation and the Child, Youth and Family Services Act.
3. CLSMA wants people supported by this Association to have quality support that promote the safety and well-being of everyone involved.
4. CLSMA will work in partnership with other community organizations such as the local Children's Aid Society, The Avon Maitland School Board and Huron Perth Catholic District School Board.
5. CLSMA believes that children and youth are best served when they are supported to remain in their home community and school environments and have planning for a seamless transition to adult services

## **Procedure**

### **Eligibility**

1. Family members of the person supported generally cannot become host families or supportive neighbours for their own relative.
2. Employees of CLSMA are not eligible to provide alternative support unless there is a unique situation that is approved by the Executive Director.
3. Provision of service from CLSMA is dependent on funding. Access to funding for support through the Ministry of Children, Community and Social Services must go through Developmental Services Ontario.
4. CLSMA places a priority on community members who make a request for service. Others living outside of the service area may apply for consideration.

### **Requirements for ALL Alternative Support Providers**

1. Police record check including vulnerable sector screening for every adult living in the home dated within the last six months. According to the Association's policies, the police record check will be completed again every five years or as requested due to a concern. A record check that is part of initial screening should be paid for by the applicant.
2. Two personal references for the primary care provider.
3. A driver's abstract and proof of personal vehicle insurance (one million dollars liability) will be requested as well as a copy of the provider's driver's license will be kept on file. The Association has the right at any time to request an updated abstract.
4. A copy of household insurance for situations where a person is living in someone's home either on a part-time or full-time basis.
5. Current First-Aid/CPR for the primary care provider.
6. Annual abuse prevention training along with signed oath of confidentiality.
7. Training on Association policies including rights of people supported, serious occurrence reporting and complaint process.
8. Statement of physical and emotional health signed by a doctor.
9. All alternative support providers will review and have a copy of these guidelines.

### **Screening for Alternative Support Providers**

Any adult or family interested in becoming a host family, supportive neighbour or roommate must complete an application and submit it to the Coordinator of Home

Share. Approval is based on the applicant meeting all requirements, successful screening and the person supported/family's agreement. The situation must have final approval from the executive director or designate.

To ensure the safety and well-being of the person supported, applicants for any alternative support must undergo a rigorous screening process to determine their suitability, skills and capacity to provide optimal support according to the specific needs of the person. The screening process will look different depending on the amount of direct time spent with the supported person.

### **Screening for Share Your Home (full-time/part-time/respice)**

When someone is sharing a home with an adult/family the following will be in place;

1. An assessment of Matching and Capability to provide care.

Key considerations are:

- a. A willingness and motivation to accept the person as part of the family and a willingness to foster and respect the person's independence, dignity, self-determination and community participation.
- b. Physically, mentally, emotionally and socially being able to provide quality care consistent with the demands and stress that may be experienced as a caregiver.
- c. The family has a secure financial status with adequate income to provide for the needs of the household.
- d. Matching that complements the person's goals, interests, cultural practices, religious background, physical needs, proximity to natural family members and any other determining factors.

### **2. Interviews with Family Members**

The interview process provides the Association with information to assess the suitability of the prospective host family. Documentation will be kept to inform the approval process. Topics include:

- a. Motivation to share life with someone.
- b. Nature and quality of the family's relationships.
- c. Soft skills such as patience, adaptability, understanding, warmth, open-mindedness, acceptance, maturity, integrity, cooperativeness and flexibility.
- d. Family history, attributes, lifestyle, substance use, outside interests, hobbies and philosophy of support.
- e. Attitude regarding the involvement of the person's natural family and other relationships.
- f. Experience, education and understanding of people with an intellectual disability.
- g. Appropriateness of the match with the person supported.

The interview will serve as an opportunity to provide information to the host family regarding Share Your Home structure, roles, expectations and the range of supports and services provided by the Association.

The host family must demonstrate their availability and willingness to participate in orientation, ongoing training and monitoring by the agency as outlined in the support plan and in the Agency's policies and procedures.

### 3. Environmental Assessment

As part of completing the initial and then annual house and fire risk assessment, an on-site assessment of the prospective home ensures a healthy and safe environment.

Examples of features assessed include:

- a. Entrances and exits.
- b. Medication storage.
- c. Clean, safe water quality and temperature.
- d. Hazards.
- e. Air quality and temperature.
- f. Fire safety including fire extinguishers, carbon monoxide, smoke detectors and properly maintained dryer vents and lint traps. In addition, fire evacuation plans.
- g. Firearms and weapons.
- h. Pets.
- i. Vehicles.
- j. Swimming pools, ponds and proximity to bodies of water.
- k. Private bedroom with a window that opens.
- l. Food storage.
- m. Moisture/water problems.
- n. Air conditioning and heating systems.
- o. Woodstoves, chimneys and fireplaces including annual WET inspections.
- p. Compliance with applicable provincial, municipal and zoning by-laws.

### 4. Placement Cap

The Ministry requires that Share Your Home situations will not have more than two children and/or adult placements by an agency funded by the Ministry of Children, Community and Social Services.

### 5. Approval by the Person Supported

The person supported and family if appropriate should be involved as possible in the screening process. At a minimum, they will meet the family, have visits and learn everything they need to know about the adult/family in order to make an informed choice about the living situation. The person will have final say on whether there is a good fit for them.

### 6. Confidentiality Requirements

CLSMA has policies and procedures dealing with privacy and confidentiality regulations. Providers sign an oath of confidentiality.

### 7. Caregiver Respite

Planned and emergency respite options for full-time share your home situations are important to sustaining healthy relationships and to provide security to the person supported. The agency will support the development of a respite plan that is appropriate for the person and meets all screening requirements. This could be a part-time provider, person's own family etc. This respite is part of a back-up plan that can be implemented if a full-time provider becomes sick or has an emergency that affects the supported person.

## **Screening for Supportive Neighbours**

The intensity of screening for supportive neighbours will vary depending on the type of connection with the supported person and their needs. Some supportive neighbours spend time directly with the person through shared meals or activities and this requires more intense screening. Other supportive neighbours who provide overnight monitoring from outside of the person's home may require reduced screening.

In some cases, CLSMA is involved in establishing tenant relationships with the landlord. This is different in every case. Sometimes the landlord is a parent or family member or could be a third party or even William Hanly Incorporated.

## **Training**

The Association will provide an initial orientation to the person's needs in all alternative support arrangements. The intensity and scope of the orientation will depend on the level and type of support that will be provided.

Training that is part of the requirements outlined earlier in procedure is required at the beginning of the agreement and may need to be ongoing such as annual abuse prevention training.

## **Agreements**

An initial and then annual agreement will be completed for each alternative support arrangement. All agreements are signed. The agreements will include information on:

- a. Support expectations.
- b. Training and requirements to be met.
- c. Monitoring arrangements.
- d. Responsibility to report issues or concerns.
- e. Outlines roles and responsibilities for providing a safe living environment, fostering independence, community participation, proper healthcare and good nutrition.
- f. Responsibility for financial support and maintaining good records.
- g. Problem resolution and dealing with conflicts.
- h. Dealing with conflicts of interest.
- i. Changing or ending the situation.
- j. Outlines remuneration/compensation.

## **Remuneration/Compensation**

1. If a per diem rate is being used such as for shared living arrangements, the rate will be determined based on all of the factors involved including the person's unique support needs, available support budget and any other considerations. A per diem should be based on a 24-hour period that includes an overnight.

2. Invoices should not be submitted ahead of hours worked or per diem nights worked. This is a best practice and avoids confusion if the visit is cancelled at the last minute.

3. Expenses such as transportation must be approved and or negotiated in the agreement.

### **Monitoring and Support**

The Association will provide ongoing monitoring and support to ensure the safety and well-being of the person supported.

In Share Your Home situations, both part-time and full-time, there will be regular contact and visits (at least monthly) and at least one unscheduled/unannounced visit per year/within a 12-month period. The Association will also ensure there is one meeting with the person supported on a quarterly basis. The Community Resource Coordinator will monitor share your home situations where the person living in them is an adult. The Youth Facilitator will monitor share your home situations where the person living there is a child. Visits will be documented and will always include a physical check of the residence and property for safety and security.

For supportive neighbours, the Community Resource Coordinator will check in at minimum every six months regarding agreement concerns. More regular and ongoing support for schedules or issues regarding the person supported will be dealt with by the team leader or designate.

### **Reassessment of Situations**

The Association will reassess alternative support arrangements anytime there is a significant change in circumstance and this will be documented. Examples might include a family member becoming ill or the primary person being unable to provide care. If a new person moves into the home, requirements such as a vulnerable sector check must be completed for that person.

When an evaluation of an alternative situation is required, it would involve some or all of the following things:

- a. Notifying family and friends and involving them in discussions and decision-making.
- b. Spending additional time with the person supported to understand their wishes.
- c. Meeting with the provider to discuss concerns or changes that may be needed. This will be documented in a letter and signed off by the provider.
- d. Additional support, training or monitoring would be provided as needed.
- e. In cases where there is a health and safety concern, emergency respite would be coordinated and the Executive Director would be notified.

### **Documentation**

1. Information regarding the supported person's health including medical appointments, injuries or monitoring health needs will be documented and signed by the provider.

2. Administration of medication for children will follow the CLSMA policy and procedures.

3. The Association will keep detailed files for each person supported.
4. If the provider assists the adult supported person with their personal finances then financial records will be kept including bank statements and budgets and reviewed during monthly visits.
5. Alternative Support providers will keep a daily journal for the person that contains any relevant information. It will be reviewed during visits by the agency.

### **Unique guidelines for Children and Youth**

If the person has a developmental disability/dual diagnosis and is a child/youth under the age of 18 the following applies:

1. The Youth Facilitator will be the first point of contact for the agency.
2. The Youth Facilitator will work with the family, guardian, and/or CAS contact and involved organizations to create a future vision and immediate support plan tailored to the specific child/youth. The plan will ensure continuity of care (support services only when necessary, i.e., 1 in 3 weeks) for the child/youth.
3. The Youth Facilitator will ensure the vision is in line with CLSMA's Vision, Mission and Principles and the immediate goal is for the child/youth to remain in CLSMA's designated service area. If the vision is not a match with CLSMA, the Youth Facilitator will aid in making connections with other possible agencies.
4. CLSMA is committed to families living in St. Marys and surrounding area. Recognizing existing children/youth services and programs that are available in the area, CLSMA will provide services to child/youth with a focus on alternative, community support options first.
5. The Youth Facilitator will work with the family/guardian and/or CAS to clearly outline how parents will interact with the child/youth.
6. A support plan is designed for the child/youth and details how they will be encouraged to participate in community activities and who will support these activities. The support plan will also include the approach to take when the child's behaviour needs to change.
7. CLSMA policy and procedure including these guidelines will be made available to alternative support providers for children/youth.
8. CLSMA will be responsive to questions, concerns that come forward from outside community organizations and will respond within 2 business days.
9. Provide crisis planning and support connection to clinical support

## **Role and Responsibilities of Person Supported/Natural Family**

1. Meet with the Coordinator of Alternative Support or Youth Facilitator to speak about their support.
2. Communicate issues and concerns to the provider and or the agency.
3. Provide direction on the support needed to meet their needs.
4. Participate in orientation and screening.

## **Role of Alternative Support Provider**

1. Treat the person with respect and dignity, honour their rights and foster self-determination and community participation.
2. Uphold the person's right to privacy. Keep confidential all information and records of the person in accordance with the agency's policies and procedures and the signed confidentiality form.
3. Provide a safe and healthy environment.
4. Support the person as outlined in the agreement.
5. Request respite from the agency as needed. Agree that all respite will be screened by the agency prior to any support being provided.
6. Be available and willing to participate in orientation.
7. Keep the agency informed of any changes in the person's behaviour, health or needs.
8. Notify of any changes with the provider including ability to provide care, a new person moving into their home, moving to a new residence whether in or outside the agency's service boundary, status of charges or offences or any other circumstance that might impact the person supported.
9. If the role involves supporting the person with their finances, the provider will maintain a complete account of them and provide them as requested.
10. If the role involves assisting the person to attend medical and dental appointments, all documentation of these visits will be kept.
11. Advise the agency in instances of serious occurrences in accordance with policy.
12. Develop and keep current fire and evacuation plans.



## **Role of Association**

1. Recruit and screen new alternative support providers.
2. The development of an agreement at the onset and then update it on an annual basis or sooner as needed.
3. Monitor the arrangement to ensure the safety and well-being of the person supported.
4. Proper documentation is kept for each arrangement.
5. An individual support plan is developed annually for each adult.
6. An individual budget is developed each year, monitored and may include collaboration with the person and or their family/network.
7. Where there is perceived risk in a situation the agency will address the issues and may access the risk analysis tool to investigate possible solutions.
8. Annual training is provided to the supported person as outlined in the QAM legislation.
9. Annual training that includes the person's rights.
10. The person can access planning/facilitation services as needed.
11. Regular contact is maintained with the person and family.

At regular visits, the Coordinator of Alternative Support would check in around the following things:

- a. Catch up with the supported person separately to find out how things are going.
- b. Find out from the provider what the person has been up to and how things are going in general.
- c. Ask about their health and any medical appointments.
- d. Review the person's financial information and check bank statements etc.
- e. Ask about any goals from the support plan or life plan.
- f. Ask about connections with family and friends.
- g. Ask about any respite visits.
- h. Ask about any changes in the home that might affect the fire or house inspection check-list. The Coordinator of Alternative Support would do visual inspections of the home when they visit to scan for issues.
- i. Ask the provider about any concerns they have or where they might need support.

# Community Living St. Marys and Area

Section: Services

Policy # S 17

Policy: Buildings and Vehicles

Approved by the Board of Directors: July 6, 2006

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The Association has the responsibility to ensure that its physical assets, buildings and vehicles, meet all the community and legal standards. The Association requires that all vehicles that it provides are operated in a manner which promotes the safety and well-being of all.

## Procedure

### Vehicles

1. The Association will carry out regular service and maintenance of its vehicles.
2. For insurance purposes, only authorized people are permitted to operate Association owned vehicles.
3. All drivers must adhere to all rules and regulations under the Highway Traffic Act.
4. All drivers are responsible for reporting any operating problems immediately to the Executive Director and/or maintenance personnel. Where appropriate, the driver may initiate repairs as needed under the circumstances.
5. All drivers are responsible for ensuring that the vehicle is free of garbage and clean.
6. Non-compliance with health and safety practices and standards is subject to discipline and performance review.

### Buildings

1. The Association will have the major components of the buildings checked at least annually to ensure proper functioning. These inspections will include:
  - a. Routine internal inspection using a check list.
  - b. Annual inspection by the Fire Department.
  - c. Heating equipment will be inspected annually and serviced as needed.
  - d. Fire alarms and smoke detectors will be routinely inspected and tested.
  - e. The sewage systems will be inspected and cleaned as needed.
  - f. Chimney(s) will be annually inspected and cleaned as needed.
2. The Association will honour its responsibilities as Landlord under the relevant legislation.

# Community Living St. Marys and Area

Section: Services

Policy # S 18

Policy: Use and Booking of Association Vehicles

Approved by the Board of Directors: July 6, 2006

Revised: Aug 2019

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The Association has vehicles to provide a cheaper transportation alternative for people receiving support services and those employees or volunteers on Association business. There is an established booking system to ensure vehicles are made available in an orderly and fair manner.

## Procedure

1. When requesting to use an Association vehicle, the following factors will be considered by the team leader or director prior to approval:
  - a. Need for transportation based on person's plan.
  - b. The needs of those people who require the van due to limited mobility.
  - c. The length of the trip proposed.
2. The booking system will be posted at the James Purdue Centre and will include procedures for standard order booking, pre-bookings, and unscheduled bookings. Conflicts or scheduling problems will be resolved with the appropriate team leader or director.
3. The Association vehicle may not always be available. It is the responsibility of the employees to assist people receiving support services to develop alternative means of transportation so that their activities are not compromised.
4. The Association vehicles are not to be used for personal staff errands.
5. Each vehicle and its key has been assigned to a specific location. After use, the vehicle and its key, is to be returned to its proper location free of any personal effects or garbage.
6. Smoking or vaping is not permitted at any time.

## Community Living St. Marys and Area

Section: Services

Policy # S 19

Policy: Use of Personal Vehicles

Approved by the Board of Directors: July 6, 2006

Revised: Aug 2019, July 2022

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When alternative means of transportation are not available, it may be necessary for an employee or volunteer to use their own vehicle.

### Procedure

1. When an employee or volunteer is authorized to use their own personal vehicle for Association business, the employee or volunteer will be reimbursed for their travel expenses.
2. The rate of reimbursement will be decided upon by the Board of Directors.
3. The employee or volunteer will make sure that their vehicle meets the minimum standards for insurance and mechanical fitness.
4. No smoking or vaping when transporting people supported.
5. Employees using their own vehicles to transport for compensation need to tell their insurance company that they are doing so.
6. If the employees' insurance company requires additional insurance the Association will compensate the employee up to \$75 per year for the extra cost incurred on presentation of the insurance endorsement.
7. If a person using services damages an employee's vehicle, the Association will support the employee to obtain compensation from the person/family first, then from the Association.

Refer to policy HR 24 Out of Pocket Expenses.

# Community Living St. Marys and Area

Section: Services

Policy # S 20

Policy: Providing Support with Controlled Acts

Approved by the Board of Directors: August 3, 2016  
Revised: August 2017, July 2022, Sept 2023

Ministry requirement

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The Association will promote the safety and well-being of people using service and employees around the administration of a controlled act.

## Procedure

1. Definitions and guidelines for controlled acts are set out in the Regulated Health Professional Act, 1991 (RHPA). Controlled acts are tasks and procedures that are considered to be potentially harmful if performed by an unqualified person.
2. Under the act, unregulated care providers can perform certain controlled acts when providing first aid or temporary assistance in an emergency and when assisting a person with their routine activities of daily living. Activities of daily living are defined as: procedures that involve established and predictable need, response and outcome.
3. The procedures that can be delegated as part of daily living are:
  - a. Performing procedure below the dermis or mucous membrane.
  - b. Administering a substance by injection or inhalation.
  - c. Putting an instrument, hand or finger into a body orifice or artificial opening into the body.
4. The Association will provide training from an outside regulated health care provider for employees who require it using a train-the-trainer model. The health care provider who teaches the controlled act must determine if/when the employee is competent to perform the particular procedure before delegation. Employees will sign off on the appropriate form. A detailed procedure specific to the person will be attached to their support plan as a reference.
5. In some cases, the outside regulated health care provider may use a 'train the trainer' model. This will be clearly outlined in the person's support plan detailing what the controlled act is, who the health care provider has deemed capable and competent to provide training to others, as well as a detailed procedure. The outside regulated health care provider will still monitor the training process closely and will be available to answer any questions and provide clarification as needed.
6. The Association will work with the outside regulated health care provider to ensure there is an ongoing process for monitoring competence. This monitoring includes a review of the timelines for training.

# Community Living St. Marys and Area

Section: Services

Policy # S 21

Policy: Medication Orientation

Approved by Board of Directors: Aug 19, 2019

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An orientation to all medications and medication Policies and Procedures is provided for new staff members or for staff members providing support in new and different situations. The orientation must be successfully completed prior to the staff person independently administering medication.

## **Procedure**

1. A support worker giving medication must be eighteen years of age or older and must be first oriented to medication procedures by the team leader or trained designate.
2. Liquid medications and/or PRN medication may be in original containers and should be noted on the MAR sheet. Most often a person's pharmacy will pre-pour medications into a blister pack.
3. Each new support worker must complete a Medication Orientation BEFORE they can independently administer any medications or treatments.
4. The orientation prior to administration includes:
  - a. Reading and understanding all Community Living St. Marys and Area Medication Policies and Procedures, including any individualized Medication Procedures.
  - b. Reading and becoming familiarized with MAR sheets for each person.
  - c. Reading all information regarding each medication on the information sheets from the pharmacy.
  - d. Reviewing all current medical information regarding each person.
5. Each new employee must give evidence of proficiency during supervised administration by being observed by the trainer 2 (two) times at separate medication times.
6. Re-orientation of employees will be completed as required.

### Medication Orientation Check List

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluated by: \_\_\_\_\_  
(Supervisor or trained designate)

Action:	Date Completed:
1. Read CLSMA Medication Policies and Procedures	
2. Read Individual Medication Procedures	
3. Read and familiarized with MAR sheets for each person supported	
4. Read all information regarding each medication on information sheets from pharmacy	
5. Review all current medical information regarding each person	
6. Observation of Administration (first check) as per the policy	
7. Observation of Administration (second check) as per the policy	

I have had the opportunity to read, understand and ask questions.

Signature of Employee \_\_\_\_\_

# Community Living St. Marys and Area

Section: Services

Policy# S 22

Policy: Medications; Administration and Self-Administration

Approved by the Board of Directors: Aug 19, 2019

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Best practices will be employed by Community Living St. Marys and Area staff to effectively support people with medication administration. Self-administration of medications by people supported will be facilitated by ongoing assessment, documentation and training of the person supported and of the employees assisting.

The Association must support employees in meeting their obligations through orientation, monitoring and ongoing training.

## **Procedure**

### **Administration of Medications**

The Association and employees are accountable to ensure medication and treatment procedures are followed. Administration of Medication procedures are followed when it is understood that the agency and its employees are responsible for the medication, its care and administration. These procedures are to ensure that the correct person is given the correct medication and dose at the correct route and documenting accordingly.

1. The person administering medication must be eighteen years of age or older. Employees are responsible for the manner in which medication and treatments are administered and are accountable to the person involved and their family member(s) or designate, the person's physician and the organization.
2. The person administering must be first oriented to medication procedures by the supervisor or trained designate prior to administering medications. They must complete a Medication Orientation Checklist BEFORE they can independently administer any medications and treatments.
3. Medication must be in an original container with original pharmacy label. A person's pharmacy will pre-pour medications into a blister pack. When blister pack arrives, an employee will check the meds and initial 'person who checks' on the MAR sheet. Any mistakes should be taken back to pharmacy to be fixed.
4. Follow any special instructions on the label or Drug Information sheet, such as "keep refrigerated." Administer according to medication type recommendations, as per attached document, Medication Administration Methods: Recommendations.



5. Medication must always be locked and stored in a safe area where it will not be exposed to extreme conditions of heat, cold or moisture etc. Medications will be locked in order to ensure everyone's safety. All narcotic medications will be double locked.

6. Do not give medications if the person is showing signs of toxicity, vomiting, very sedated or unconscious, or showing signs of allergic reactions.

7. Check expiry dates of medications. Do not give if discoloured, chalking or unusual odour. Medications must be disposed according to Policy S 24.

8. Always wash your hands. Avoid handling medications.

9. Do not crush or take apart capsules unless the doctor gives the okay. Dispose as per procedure. Refer to Policy S 24.

10. Follow the Six Rights of Administering Medications:

#1 Right Person

- Read the name on the blister pack, and Medication Administration Record (MAR) sheet.
- Talk to the person and use their name.
- Give medication to one person at a time.

#2 Right Drug

- Read the blister pack and the MAR sheet.
- Research the drug actions, side effects and reason for giving.
- Do three checks when pouring.
- Know the generic and trade name for the medication.

# 3 Right Dose

- Check the blister pack and the MAR sheet.
- Look at the dose on the label.
- Consider the dose amount and how you will formulate that prescription.
- Measure accurately; know abbreviations, symbols and equivalents.
- Make sure the person takes all the medication.

#4 Right Time

- Read the MAR sheet and medication bottle.
- Give the medication at the time ordered, leeway of 30 – 60 minutes.
- For blood levels give at stated intervals, such as four to eight hours.
- Know abbreviations for times – a.c., p.c., od, b.i.d., etc.

#5 Right Method

- Read doctor's order, MAR sheet and blister pack.
- Give orally if no method is stated or indicated. Ask if unsure.
- Give as indicated – with milk, on an empty stomach, with applesauce, etc.
- Think and keep your mind on your work.
- Pour pill into lid of container first. Pour liquid directly into measured cup or spoon.

## #6 Right Documentation

- Every medication must be recorded on person's file – doctor's order, MAR sheet, along with dose, time, route.
- The person checking the blister pack and giving medications must record after doing so.
- Any medication not administered must be recorded on MAR sheet, noted in log/communication books (indicating the reason).

Failure to do any of these is a medication error. Remember people have the RIGHT TO REFUSE. Document this if it occurs. This is not a medication error. Note when a medication is withheld using the proper code.

11. Doctors' orders are required for all medications, including PRN medications. No medication or treatment can be given without a doctor's signature.

12. Non-prescription medications and treatments require a Doctor's Standing Order.

13. The Medication Administration Record (MAR) are used for one-month period of times. Outdated MAR sheets are kept as part of the person's Medication History and placed in the person's binder under medical section or filed away.

14. Never administer a medication that you have not personally poured.

15. Each person receiving support to administer their medication and treatment must have a Med Book.

### Contents of the Med Book

- Medication Administration Record (MAR)
- Physician's Orders
- Medication & Treatment Notes
- Medical/Consultation Appointment
- Related forms
- Information printouts of the person's meds (usually provided by pharmacy)

16. Non-compliance with medication procedures are subject to discipline up to and including dismissal from Community Living St. Marys and Area.

## **Self-Administration of Medications**

1. It is important for people who can safely do so, to administer their own medication or to self-administer with assistance. The Association will be part of determining the safeguards that need to be in place, if any, for each person to self-administer their medication and the specific details will be outlined in the person's Support Plan.

### 2. Medication Self-Administration Plan

A plan may include but is not limited to the following steps:

- a. The person's medicine is stored with other medications. The person self-administers and a support worker records. Or

- b. The person's medicine is stored with other medications. The person self-administers and signs the medication sheet. A support worker performs documented spot checks and initials medication sheet. Or,
- c. A pharmacy blister packs medications and the person self-administers. The support worker will monitor and document any concerns.
- d. When new medications are prescribed, the self-administration procedure will be reviewed and amended as necessary.

### 3. Considerations to assessing a person's ability to Self-Administer Medications and Treatments.

- a. Ability to swallow medication.
- b. Ability to voluntarily and purposefully move hands and arms.
- c. Ability to identify the correct route, drug, time and dose.
- d. Ability to follow proper medication procedures.
- e. Ability to physically access medications.
- f. Ability to order and check prescribed medication.
- g. Ability to seek assistance if needed.
- h. Recognize the 5 rights of medication.
- i. Willingness to allow monitoring of medication administration.

# Community Living St. Marys and Area

Section: Services

Policy# S 23

Policy: Medication Incidents, Errors and Refusals

Approved by Board of Directors: Aug 19 2019, Sept 12 2024

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Medication incidents including errors, omissions, refusals and other situations that don't follow best practice will be documented and reviewed to ensure consistent well-being of persons supported. Medication incidents may result in serious occurrence.

## Procedure

1. In view of the life and death implications of drug administration, management and/or the Executive Director of Community Living St. Marys and Area will review error reports and make recommendations to prevent reoccurrence.
2. A progressive disciplinary action model will be followed and medication error reports will remain on file.
3. If an employee has two (2) medication error reports on file, they will be required to be re-orientated in medication Policy and Procedures at the discretion of the supervisor.
4. Repeated medication errors not resulting in harm, will result in the employee being shadowed by a supervisor or trained designate (i.e., forgot to sign MAR sheet).
5. Repeated medication errors that could or do cause harm may result in termination from employment at the recommendation of the Manager and/or Executive Director.
6. Medication errors include but are not limited to;
  - a. Wrong dose (any dose above or below as ordered by a physician).
  - b. omission (any dose not given by the time the next dose is given OR any dose not given).
  - c. Wrong person.
  - d. Wrong time (any medication given more than 60 minutes before or after the prescribed time).
  - e. Wrong route.
  - f. Failure to record properly.
7. Upon discovery of a medication error, the person who discovers the error will:

### STEP 1

Determine who/if you need to call the pharmacy, on-call emergency cell, team leader, support staff, family physician who made the error as appropriate.

**STEP 2**

Determine with the information given from one of the previous mentioned resources what needs to be done as a result of the error (e.g., if MAR sheet was not signed, was the medication taken and not signed for, or was the medication in fact not taken, does it need to be given).

**STEP 3**

Implement recommendation.

**STEP 4**

Complete Medication Error Report in AIMS, including notification of the report to the Team Leader and Manager as per AIMS process.

**STEP 5**

All Serious Occurrences must be reported immediately. Refer to S 13.

# Community Living St. Marys and Area

Section: Services

Policy # S 24

Policy: Medication Access, Storage, Transfer & Disposal

Approved by Board of Directors: Dec 13, 2018  
Aug 19, 2019  
Revised: July 2019

QAM requirement

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Prescribed medications are the personal property of people supported by the Association. Where a support plan and agreement has established that the Association bears responsibility for the management and administration of medications, then practices regarding access, storage, transfer and disposal of medications are in place and adhered to.

## Procedure

### Access and Storage

1. Where staff persons bear responsibility for the administration of medications, then medications and treatments are stored in a manner that is safe for all parties. Medications are stored in an accessible but secure manner to prohibit unauthorized access.
2. The storage location is made known and accessible to staff who are required to administer medication. Stored medications are labeled according to the med name, the person's name and dosage reference.

### Transfer

1. The transfer of medication from one location to another or from one responsible person to another is in accordance with Administration or Self-Administration principles. This requires that the medication be secure, labeled according to the medication, dosage and the person, and accompanied by a **Medication Transfer Form** (see attached). This is only applicable where the transfer of medication is to a location when service or support is provided (does not include visiting family and friends).
2. When medications and the responsibility of administration thereof are transferred to a third party, sufficient administration information, labeling, and secure packaging should accompany the event of transfer. The proper notification of absence should be included on the CLSMA MAR.

### Disposal

1. Medications may need to be disposed for the following reasons:

- Contaminated
- Refused
- Extra
- Expired
- Change in prescription

2. All medication must be disposed of by the pharmacy.

3. Complete **Medication Disposal Sheet** located in medical section of personal binder (see attached form).

4. Take medications to the pharmacy to be destroyed.

5. Notify the Team Leader in writing on the next business day when any medications are destroyed.







MEDICATION TRANSFER FORM

Name of person supported: \_\_\_\_\_

Medication being transferred **from** \_\_\_\_\_ **to** \_\_\_\_\_

Name of Medication	Dosage	Administration Time (s)

Notes (important information regarding administration or possible side effects).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Staff Sending: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Receiving \_\_\_\_\_ Date: \_\_\_\_\_

## Community Living St. Marys and Area

Section: Services

Policy # S 25

Policy: Emergency Medical Services

Approved by the Board of Directors: Aug 19, 2019

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Community Living St. Marys and Area will assist the person supported by the agency to acquire Emergency Medical Services in the event of a medical emergency.

### **Procedure**

1. Community Living St. Marys and Area employees will access Emergency Medical Services when a situation requiring emergency medical treatment occurs.
2. Emergency Medical Services may need to be accessed immediately in a medical emergency according to the specific decision of the staff on duty.
3. It may be deemed necessary for staff members to seek Emergency Medical Services despite the person's and or family's right of refusal.
4. Emergency Medical Services may need to be accessed in accordance with a specific health protocol, for example, with respect to seizures. Where a specific protocol exists, it should be followed and will be part of the person's Support Plan and part of employee orientation and training.
5. Where uncertainty exists regarding the necessity of Emergency Medical Services an employee may consult the on-call emergency system (or the family as agreed upon) where time permits.
6. An incident involving Emergency Medical Services should be immediately reviewed and reported as an incident and a potential Serious Occurrence as per Policy S13 Serious Occurrences.
7. Staff person is required to stay with the person needing Emergency Medical Services until relieved or in consultation with a supervisor.

# Community Living St. Marys and Area

Section: Services

Policy # S 26

Policy: Pets and Service Animals

Approved by the Board of Directors: Dec 13, 2018

QAM requirement

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Community Living St. Marys and Area supports the rights and responsibilities of all persons receiving support regarding pets and service animals in and around their home.

## Procedure

1. The owner of the pet may require assistance with managing the necessary immunization records. These records will be kept by the owner and may be requested by CLSMA.
2. As part of safe and healthy practices pets should be immunized and their food kept separate. Litter boxes and cages should be kept clean and maintained. Assigned responsibilities for pet care tasks should be clearly understood by the owner and their family.
3. Animals and their care should be considered with respect to safety for all people living in the home, for example, with respect to safety in mobility.
4. Person supported may need assistance to adequately care for their personal pets. This may be a necessary part of support provided. Consideration should be given to the right of the person to own the pet in conjunction with consideration of the impact on their house-mate, neighbours etc.

# Community Living St. Marys and Area

Section: Services

Policy # S 27

Policy: Supporting the Well-Being of the Person:  
Personal Property

Approved by the Board of Directors: Dec 13, 2018

QAM requirement

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Respect for all persons supported by the Association is demonstrated by respect for the care, maintenance, and keeping an inventory of their personal property.

## **Procedure**

### **Inventory**

1. All people supported by the Association should be encouraged to own and care for their own personal property. People will have support to keep track of their own things in an ongoing inventory of possessions by list, photo or both. The inventory is updated and verified annually. New items are to be added as purchased.
2. A copy of the inventory is to be kept at the person's home with a duplicate kept at the central administration office.
3. Items should be removed from the list if they are discarded by or with the knowledge of their owner. Items missing from the annual inventory need to be reported to the Supervisor.

### **Care and Maintenance**

1. The Association will support people to care for and maintain their personal property. Staff responsibility includes modeling and teaching care and maintenance of the items.
2. This differs in kind from agency owned and maintained properties. Please see Policy# HS 11 Equipment Maintenance.

# Community Living St. Marys and Area

Section: Services

Policy # S 28

Policy: Supporting the Well-Being of the Person:  
Nutrition

Approved by the Board of Directors: Dec 13, 2018

QAM requirement

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The well-being of people supported includes assistance to practice healthy and nutritious dietary habits according to the Canada Food Guide.

## Procedure

1. People supported are included in the decision-making, planning, preparation and education about healthy and nutritious meal planning. Support and teaching will engage the person supported in the way that works best for them.
2. The support and teaching provided regarding nutritional practices are consistent with the recommendations made under Canada's Food Guide. The Association recognizes and encourages differences, reflecting the culture and diversity of the person supported.
3. Where staff are responsible for supporting the person with meal preparation, meal or dietary records, menus or planning records are utilized and kept to demonstrate that food provided is nutritious and consistent with the Canada Food Guide and reflects culture and diversity.
4. Where people supported by the Association are independent with meal preparation the service record may reflect notations of any dietary advice given, resources and teaching provided to demonstrate information about nutrition was shared.

## Community Living St. Marys and Area

<b>Policy Title:</b> Right Approach and Use of Intrusive Supports <b>Policy Number:</b> S 29	<b>Section:</b> Services
<b>Original Date:</b> May 28, 2012 <b>Last Revision Date(s):</b> Jan 20, 2025	<b>Approved by:</b> Board <b>Next Review Date:</b> Jan 2027

**Purpose:** People who use our services sometimes communicate in unique ways and it is imperative for us to understand and respond in a respectful and effective manner. The agency seeks to maintain the safety of all people and promote the use of positive intervention strategies that lead to more community participation and independence.

**Policy:** CLSMA will always utilize positive support strategies and when intrusive interventions are needed to keep people safe, the least intrusive interventions will be used first. This includes the use of the Right Approach in Support Plans and/or Behaviour Support Plans as required in Ontario Regulation 299/10 Quality Assurance Measures (QAM).

### **Procedure:**

#### **Right Approach:**

Clear strategies are developed with the person and family/friends to support a person's unique ways of communicating that can sometimes be difficult. Strategies are positive, respectful and look at building the person's skills. They reflect the organization's values and principles as well as policies and procedures and will be included in the person's Support Plan. The Right Approach will include an assessment of risk for the person and safeguards that are put in place. Examples of what might be included are refusal of support or choices that put the person at risk including eviction or social isolation.

#### **Behaviour Support Plans:**

1. A behaviour support plan is required for any person supported that has challenging behaviour. QAM defines "challenging behaviour" as "aggressive or injurious to self or to others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or to learn new skills or that is any combination of them."
2. The behaviour support plan will be in addition to the person's individual support plan.
3. The behaviour support plan must address the challenging behaviour, consider risks and benefits of strategies, set out the least intrusive approach and be monitored for effectiveness.
4. Any prescribed medication recommended to be used to address a person's challenging behaviour will have a protocol for its use based on the prescribing clinician's advice that will be an attachment to the behaviour support plan. The medication and its use will be reviewed by the prescribing physician and is included and documented in the regular review of the person's behaviour support plan.

5. The behaviour support plan will be developed with the involvement of the person supported and family or others acting on their behalf. The person supported and or their family or others acting on their behalf will be asked to provide consent for the plan and strategies. The plan will also include information on when and how the family is updated and notified of incidents.

6. The behaviour support plan will be reviewed at least twice in each 12-month period and this review will be documented.

7. All staff and volunteers supporting the person will be trained on the strategies included in the behaviour support plan before they start working and on an ongoing basis. Training records will be kept.

8. All employees of the Association are required to be trained in CPI – Nonviolent Crisis Intervention every 2 years according to #HR 13 Orientation and Training.

9. Supervisors will monitor the use of strategies as outlined in the behaviour support plan and provide feedback to workers as part of overall performance management.

10. A behaviour support plan that includes intrusive behaviour intervention strategies such as physical restraint or prescribed medication to assist the person in calming themselves must be approved by a clinician such as a psychologist, physician, behaviour analyst or psychiatrist.

**Intrusive Behaviour Intervention:**

Intrusive procedures or actions are only used when the person supported is at risk of harming themselves or others or causing property damage. Examples of intrusive actions are physical restraint, or prescribed medication to assist the person in calming themselves with a clearly defined protocol developed by a physician as to when to administer the medication and how it is to be monitored and reviewed.

1. In a crisis situation where less intrusive interventions have not worked; physical restraint may be necessary to keep the person and others safe. The restraint must use the least amount of force that is necessary to restrict the person's ability to move freely and the person should be monitored at all times. Notification to the designated contact person (family, Substitute Decision Maker) of the use of a physical restraint during a crisis situation will occur upon obtaining consent from the person supported as they are able or as identified in the behaviour support plan. This notification will be documented in the incident report.

2. All incidents involving physical restraint will be documented fully.

3. Notification to the designated contact person (Family, Substitute Decision Maker) of the use of intrusive supports will occur upon obtaining consent from the person supported as they are able or as identified in the behavior support plan. This notification will also be documented in the incident report.

4. A debriefing process will be conducted as soon as possible among all staff involved any other witnesses when an intrusive procedure has been used. There will also be a

debriefing with the person supported when appropriate and based on their needs. All debriefings will be documented.

5. A serious occurrence report will be filed if necessary based on Ministry of Children, Community and Social Services requirements and policy #S 13 – Serious Occurrences.

6. The agency will have access to a third-party committee that will review behaviour support plans that include intrusive measures and provide advice on their compliance to best practice and Ministry requirements. Any feedback or recommendations from the committee will be documented and shared with the clinician that oversees the behaviour support plan.

7. The third-party committee will always include a clinician with relevant experience and the Executive Director and other members will be invited in as appropriate.

8. Meetings will be convened by the Executive Director as needed.

### **Secure Isolation/Confinement Time-out**

1. When it is identified as part of an individualized behavior support plan, confinement time out must be developed in consultation with appropriate professionals. The formalized behavior support plan must include strategies and interventions that minimize the use of confinement time out. Those strategies include:
  - Verbal interaction and de-escalation techniques
  - Redirection
  - Limit setting
  - Prescribed medication
2. The physical space used for secure isolation/confinement time-out will meet the Site Inspection requirements of The Quality Assurance Measures Indicator List.
3. The formalized behavior strategy must identify objective criteria to determine the need for confinement time out. The behavior support plan will include the duration of time, extension periods and maximum time in isolation.
4. Once confinement time out has been implemented, the individual must be continuously monitored for the following purposes;
  - Maintain his/her health, safety and well-being.
  - Monitor and record behavioural changes in accordance with the behavior support plan.
  - Data collection and documentation as required by the behavior support plan and clinician follow-up.
  - Ensure compliance with policies, procedures and regulations.
5. The Behaviour Support Plan will clearly outline the stages of interval monitoring and required timing for regular record keeping.



6. Any incident involving the use of confinement time out must be documented using the internal Incident Report form and requires notification of the immediate supervisor if available or if unavailable, the emergency on call system.
7. Notification to the designated contact person (Family, Substitute Decision Maker) of the use of intrusive supports will occur upon obtaining consent from the person supported as they are able or as identified in the behavior support plan. This notification will also be documented in the incident report.
8. The duration of time that a person may spend in a secure isolation/confinement time out, any extension periods, and the total maximum amount of time that a person may spend in confinement time out, will be outlined in the behavior support plan and documented for the clinician to follow-up.

# Community Living St. Marys and Area

Section: Services

Policy # S 30

Policy: Report Writing

Approved by the Board of Directors: Aug 19, 2019

Ministry Requirement

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Employees of Community Living St. Marys and Area will ensure thorough report writing while maintaining dignity and respect for all persons.

## Procedure

1. All employees of the Association are expected to adhere to the principles and procedures of reporting and record keeping.
2. All employees will be orientated in the principles and procedures of reporting and record keeping. Note: Resource document Report Writing available for all employees.
3. All employees are required to read relevant documentation immediately upon beginning their scheduled shift.
4. All documentation is to be completed as soon as possible – prompt recording ensures more accurate recording – no staff person shall leave a shift without having completed the necessary recording, unless under extenuating circumstances and with the approval of the Supervisor. Incident Reports and Serious Occurrences, are to be reported immediately to ensure prompt and accurate written reporting.
5. All documents not relevant to a current situation will be relocated to an appropriate location in a timely manner. Refer to A 6.
6. Report writing and record keeping to be reviewed annually at team or all staff meetings to ensure best practices.
7. Failure to comply with this Policy and Procedure may lead to disciplinary action up to and including dismissal.

# Community Living St. Marys and Area

Section: Services

Policy # S 31

Policy: On Call Emergency Response

Approved by the Board of Directors: Sept 27, 2021

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Community Living St. Marys and Area will have an on-call system in place to ensure that staff and others can access assistance in case of an emergency outside of regular working hours.

## Procedure

1. In an emergency situation that involves the health and safety of people, staff should call 911 for emergency services first and then the on-call system as soon as possible.
2. The on-call emergency system is mainly in place for staff support but is available directly to people supported, alternative supports or families. Employees and people supported will be oriented to the appropriate use of the emergency on-call system on an annual basis.
3. If there is no response, please leave a detailed message and call back. Do not leave a message about any emergency on voice mail without a follow-up. Staff's obligation to report, or to notify, is not discharged until actual contact has been made. If there is no response after 30 minutes please call the Manager involved.
4. The on-call emergency system will be available *outside* of regular office hours of 8am – 4:30pm during the week and at any time during the weekends and holidays. From Monday to Friday during working hours, staff should call their team leaders or manager for assistance.
5. Emergencies may include but are not limited to the following:
  - a. Any situation that would fall under the Serious Occurrences reporting requirement to the Ministry of Children, Community and Social Services – see Policy S 13 Serious Occurrences.
  - b. An injury to a supported person, the onset of illness, or the death of a person.
  - c. The alleged abuse or mistreatment of a person.
  - d. A missing person.
  - e. A disaster on site such as fire, flood or significant plumbing or electrical problem.
  - f. A problem with water quality.
  - g. Significant concerns or complaints about the quality of service being provided.
  - h. Similar concerns expressed by a supported person or family member.
  - i. A significant incident involving the supported person or staff especially if police involvement occurs.
  - j. Any use of physical restraint.
  - k. Any other incident or issue that staff deem to be of a serious nature.

6. Situations that may not be defined as emergencies but may require staff to seek assistance or notify the on-call system:
  - a. Serious medication errors.
  - b. A staff person sustains a work-related injury or becomes ill at work.
  - c. A staff person needs to leave work before the end of the designated time.
  - d. A staff person is unable to be at work, for whatever reason, at the appointed time and is unable to search for or find a replacement.
  - e. A person supported or family member has become ill and assistance is needed.
7. Support services will manage the list of who will respond to the on-call emergency system and the schedule for rotation. All calls will be documented including the issues and outcomes for response or follow-up.
8. For non-emergency housing or maintenance issues outside of office hours, the person supported will have a list of specific information and contacts.

## **Health and Safety**

The Association believes that the living and working environments of the people involved with the Association need to be healthy and safe. This includes both the people receiving support and the people providing the support.

In some instances, the Association is the landlord and is impelled by law to ensure that their buildings meet the municipal standards. In some instances, the Association provides support to people living in their own home or working in the community. In these circumstances, the Association, through its workers, is to assist the person in making sure that the community standards are met.

- HS 1 Health and Safety Committee
- HS 2 Providing Personal Supports
- HS 3 Transferring, Lifting and Equipment
- HS 4 Accidents, Injuries and Emergencies
- HS 5 Fire Safety
- HS 6 Dangerous Weapons and Firearms
- HS 7 Emergency Preparedness Plan
- HS 8 Pandemic Plan
- HS 9 Severe Weather
- HS 10 Work Refusal Protocol
- HS 11 Buildings and Equipment Maintenance
- HS 12 Water Safety
- HS 13 Water Temperature
- HS 14 COVID-19 Vaccination Policy for Employees and Alternative Supports
- HS 15 COVID-19 Rapid Antigen Testing
- HS 16 Respiratory Protection Program

# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 1

Policy: Health and Safety Committee

Approved by the Board of Directors: August 3, 2016  
Revised: July 2016

Ministry requirement

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The health, safety and well-being of all people who use our service, employees, and volunteers are of primary concern to the Association. Promoting a safe working environment and the optimal health and well-being of all individuals is the responsibility of all people who use our service, employees and volunteers.

## Procedure

1. A Joint Health and Safety Committee composed of representatives from the employee group and management will be empowered to deal with health and safety issues.
3. Members of the JHSC are expected to be certified under guidelines established and enforced by the Ontario Ministry of Labour. The Association will pay for the training.
3. The Committee will have a terms of reference. There will be a current terms of reference attached to the policy. The terms of reference will include mission and mandate, composition of the committee, duties of the committee, duties of committee members and committee procedures.
4. Duties of the Committee will include review of:
  - a. Quarterly roll-up of incident and accident reports.
  - b. Fire training and drills.
  - c. Inspections of agency owned equipment maintenance.
  - d. Inspections at applicable buildings.
  - e. Oversight of any other regular health and safety activities.
5. The Committee will ensure that the Association meets its obligations of relevant health and safety legislation.

# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 2

Policy: Providing Personal Supports

Approved by the Board of Directors: July 6, 2006  
Aug 19, 2019

Ministry requirement

Revised: February 2016, July 2019

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The Association will promote and maintain safety practices while providing personal supports to ensure the health, safety and well-being of people using our service and employees.

## Procedure

1. All employees and volunteers are expected to follow good personal hygiene practices to protect against infection, communicable diseases or any other medical circumstances that might pose a threat.
2. All employees who provide personal supports will have a thorough orientation to the safety procedures needed for that person, including any needed personal support such as bathing and showering.
3. Where a relevant medical condition exists within a person who receives services, employees may expect that management will:
  - a. Inform all relevant employees so that they may be aware of any potential risk and can take precautions necessary to maintain their health and safety.
  - b. Provide any special equipment or medical devices such as gloves, masks and eyewear.
  - c. Provide information and accessibility to treatments or programs of immunization.
4. There is no medical reason justifying an employee's refusing to work with a person with an infectious disease.

# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 3

Policy: Transferring, Lifting and Equipment

Approved by the Board of Directors: July 6, 2006  
Revised: Sept 2015

Ministry requirement

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The Association will promote the safe use of transferring and lifting techniques and all relevant equipment.

## Procedure

1. Training in transferring and lifting is specific to the person using services and will be provided for anyone where manual lifting and transferring is necessary.
2. Employees or volunteers will receive specific training in all relevant equipment used by the person using our services.
3. Having received the appropriate training, the employee or volunteer is expected to use the proper techniques and the proper equipment. The Association will not be held liable for any accidents or injuries to trained employees or volunteers resulting from their failure to use such devices.
4. No one-person lifts unless pre-approved by the Association, except in emergency situations.
4. Non-compliance to these procedures will result in disciplinary action.
5. The Association will complete inspections on all relevant equipment at minimum on an annual basis and according to manufacturer's/Ministry guidelines.
6. Employees or volunteers are expected to report any needed repair to the team leader/director where necessary due to the nature of the equipment and its use, to repair or seek repair immediately.



# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 4

Policy: Accidents, Injuries and Emergencies

Approved by the Board of Directors: July 6, 2006

Ministry requirement

Revised: September 2013

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It is the intent of the Association to reduce accidents and injuries to the greatest extent possible by the use of every reasonable precaution and by safety practices that promote the optimal health and well-being of people using our services, employees and volunteers.

## Procedure

1. The employee is expected to respond immediately to any emergency, accident or injury which may include the calling of local emergency response systems.
2. Once an immediate response to the accident/injury has been made, it will be reported immediately to the people designated by the person and the supervisor on-call. Employees must ensure that the appropriate communication has been made. That person is required to take charge of the situation, unless a more appropriate person is identified, until the situation is resolved. The on-call person will ensure that all relevant and/or designated people are notified.
3. In the event of a missing person, follow the procedure as outlined in the person's Support Plan.
4. The Association will ensure the accident/injury and/or emergency will be documented on the appropriate form(s) and kept on file.
5. If the accident, injury and/or emergency constitutes a serious occurrence as defined by the Ministry of Community and Social Services, reporting procedures will be followed. Refer to S 13.
6. If notification of an employee or volunteer injury is not made by them, then an assumption will be made that the injury did not occur while on Association business.
7. Standard first aid supplies will be made available at designated work places.

# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 5

Policy: Fire Safety

Approved by the Board of Directors: May 28, 2012

Ministry requirement

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Fire safety is considered to be everyone's duty. All employees, volunteers and people who use our service must be aware of potential fire hazards and do all they can to eliminate or minimize these situations.

Fire Safety Plans are documented and accessible to staff and people who use services.

## **Procedure**

1. Fire equipment, including fire extinguishers and smoke alarms in Association owned buildings must be inspected monthly by appointed personnel.
2. All employees of the Association must be aware of and abide by the comprehensive set of fire procedures developed for the James Purdue Centre, William Hanly Apartments as well as individual fire escape plans.
3. Fire drills will be conducted on a regular basis at William Hanly Apartments. Once a year, the fire drill will include a full evacuation of the building.
4. Training on the use of fire equipment will occur regularly.

## Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 6

Policy: Dangerous Weapons and Firearms

Approved by the Board of Directors: July 6, 2006

Ministry requirement

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The Association will not permit any individual to have in their possession any dangerous weapon and/or firearm while conducting any Association related business. Possession includes having the weapon or firearm on person, on Association property, or any vehicle being used for Association business.

### **Procedure**

1. Disciplinary action will be taken.

# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 7

Policy: Emergency Preparedness Plan

Approved by the Board of Directors: May 28, 2012,  
Sept 28 2020, Mar 27 2023

Ministry requirement

Revised: August 3, 2016, Sept 2020, Mar 2023

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The Association will have an emergency preparedness plan that will outline actions required in the event of a fire, major accident, catastrophe or any other occurrence of a serious nature, including a person using services becoming lost. The disaster plan will include a Continuity of Operation plan in the event of service disruption. The Association has a separate Pandemic Plan to deal with preparing for and managing a pandemic crisis.

## Procedure

1. The Association's Emergency Preparedness Plan will be reviewed annually by senior management. The Joint Health and Safety Committee will be consulted as needed.
2. Staff will be trained in the emergency preparedness response. New employees will read the policy as part of their orientation and then review during the annual training.
3. Each person supported will have individualized information regarding emergency preparedness available in their support plan.

## Community Living St. Marys and Area Emergency Preparedness Plan

### 1. Emergency Response

Should include the following key elements for any type of crisis involving people supported, employees and or volunteers:

- a. Leadership – taking responsible steps to attend to your role in responding.
- b. Evacuation as appropriate to remove yourself and others from harm's way. In the case of immediate, impending danger, evacuate first and then make emergency contacts. Remember that even small fires require evacuation.
- c. Calling for Emergency Response **#911** from outside of the home or situation, and ready to share information about address, circumstances of emergency and help needed.
- d. Communication – staying calm while alerting others to the crisis. The Association has an emergency on-call phone number that would be the first contact within the agency (519) 949-1404. Each supported person would have his or her own personal emergency contact list as outlined in his or her support plan.

- e. Provide first aid and reassurance as needed to maintain comfort and calm. Every person supported by the Association has a first aid kit in their home and the location is noted in their support plan. In the same location is a list of meds and pertinent medical history (allergies, medical conditions, accommodations) that should go with the person being evacuated or taken to the hospital.

## **2. Fire Emergency**

- a. It is important to be proactive and check regularly for fire hazards. Test smoke alarms monthly and check fire extinguishers for expiry dates or any requirements for servicing.
- b. Each person supported will have access to fire safety information and training.
- c. A fire and home evacuation plan will be included in each person's support plan as well as details on practicing the plan such as fire drills.

## **3. Missing Persons**

If a supported person has a higher risk of going missing or any other safety concern a specific plan to help prevent this from happening will be included in their support plan as well as an individualized response if it happens. This includes summer support plans for children using summer support.

In general, if a person goes missing it is important to consider the following:

- a. Consider the history and individual nature of the situation including any health concerns.
- b. Based on the level of independence of the person, the police are to be notified.
- c. Contact local hospitals.
- d. Once the missing person has been found, complete an incident report including recommendations for the future and any follow-up needed.
- e. The manager in consultation with the team leader will determine when a serious occurrence report will be filed with the Ministry of Community and Social Services in accordance with guidelines.

## **4. Major Disaster Events**

All people supported by the Association have a first aid kit in their home and are encouraged and supported to keep an emergency survival kit. The location of these are outlined in the person's support plan. Also outlined in the support plan are any other considerations including health or specialized support needs and a plan for meeting those needs. One example of this might be considering unique health needs that would make going to an evacuation centre very difficult.

In the event of a major disaster event such as a tornado, flood, extended power outage etc. Community Living St. Marys would follow the instructions in the community Emergency Response Plan for both St. Marys and Stratford. A very brief summary of the two plans are written below. The full plans are available on the Town of St. Marys website [www.townofstmarys.com](http://www.townofstmarys.com) and the City of Stratford website [www.stratfordcanada.ca](http://www.stratfordcanada.ca) there is a copy of both plans in the Central Admin office at JPC.

### Town of St. Marys Emergency Response Plan

In the event that there is an emergency in the Town of St. Marys, public will be notified of the emergency and procedures to follow for personal safety in the following manner: Tune the radio or TV to any one of the following radio or TV stations for updated information:

1240 AM CJCS Stratford

107.7 FM Stratford

FM 1290 AM News talk 1290

92.7 FM BX 93

1410 AM Funny 1410

97.5 FM Virgin Radio

920 AM CKNX Wingham

CTV Kitchener – CKCO TV

CTV Two London – CFPL-TV

Check the Town of St. Marys website. [www.townofstmarys.com](http://www.townofstmarys.com)

Social Media:

Facebook

Twitter

211 Ontario

### Stratford Emergency Response Plan

In the event that there is an emergency in the City of Stratford, officials will notify the public through local media releases. The Stratford Rotary Complex will be the registration centre for any declared emergency. A call centre would be set up at the City Hall (or alternate location).

## **5. Emergency Survival Kit**

The Perth Health Unit recommends that every citizen prepare in case of an emergency. They suggest that you have an emergency survival kit that should have everything you and your family would need to be safe and take care of yourselves for at least three days immediately following an emergency.

The following list is broken down into the essentials, items you may need to meet your family's unique needs, and items to have ready in case you have to leave your home.

### **WHAT TO PUT IN YOUR SURVIVAL KIT**

#### **Essentials**

- Food (non-perishable and easy-to-prepare items, enough for 3 days) and a manual can opener
- Bottled water (4 litres per person for each day)
- Medication(s)
- Flashlight
- Radio (crank or battery-run)
- Extra batteries
- First-aid kit
- Candles and matches/lighter
- Hand sanitizer or moist towelettes
- Important papers (identification, contact lists, copies of prescriptions, etc.)

- Extra car keys and cash
- Whistle (to attract attention, if needed)
- Zip-lock bag (to keep things dry)
- Garbage bags

### **Special Considerations**

- a. Items for babies and small children—diapers, formula, bottles, baby food, comfort items.
- b. Prescription medication.
- c. Medical supplies and equipment.
- d. Pet food and supplies.
- e. Any other items specific to your family's needs.

### **Extra Supplies for Evacuation**

- a. Clothes, shoes.
- b. Sleeping bags or blankets.
- c. Personal items (soap, toothpaste, shampoo, comb, other toiletries).
- d. Playing cards, travel games, other activities for children.

### **OTHER TIPS**

1. Pack the contents of your kit in an easy-to-carry bag(s) or a case on wheels.
2. Store your kit in a place that is easy to reach, and ensure that everyone in your family knows where it is.
3. Your kit does not have to be built overnight. Spread your shopping over a few weeks. Purchase a few items every time you go to the store.
4. Your water supply should be able to cover what you would drink as well as what you might need for food preparation, hygiene and dishwashing.
5. Check and refresh your kit twice a year—when the clocks shift to/from daylight savings time is a good time. Check all expiry dates and replace food and water with a fresh supply. Check batteries and replace as needed.
6. Keep your cell phone or mobile device fully charged.

The Ministry of Community Safety and Correctional Services has resources on how to build your own emergency kit for your home and a tool for creating a personal emergency preparedness plan.

<http://www.emergencymanagementontario.ca/english/beprepared/beprepared.html>

The government of Canada also has resources available at

<http://www.getprepared.gc.ca/index-eng.aspx>

### **6. Continuity of Operation Plan**

- a. Prevention and Preparedness:
  - i. Ensure critical records are maintained through the use of secure web-based data systems for people supported and employees. Access to AIMS and Inclusion System can be done from any location.
  - ii. Offsite storage of computer backup is done on a weekly basis.

- iii. All paper files for people supported and employees are kept in fireproof filing cabinets.
- iv. Emergency contingency plans are developed for people supported that include family. Emergency contacts are updated. Support plans include individualized safety plans.
- v. Staff are cross-trained for essential services.
- vi. There is an inventory of critical supplies and equipment necessary for operations. This includes a stockpile of PPE for infectious diseases.

b. Response:

- i. The Executive Director or delegate is responsible for implementing the Continuity of Operation Plan during a location specific or agency wide emergency.
- ii. The Executive Director or delegate will work with external contacts and senior management team to develop a specific response plan for the situation. The plan will include identification of essential service and CLSMA staff will be redeployed based on the need.
- iii. The Executive Director or delegate will lead all communication both internal to people supported, families and employees as well as external contacts including the media.
- iv. Serious Occurrence reporting to the Ministry will happen as required.
- v. If evacuation is required for people supported, alternate temporary living situations or emergency shelters will be accessed.

c. Follow-up:

- i. Following an emergency, the Executive Director or delegate will lead debriefing and coordinate ongoing support activities. This may include use of the Employee Assistance Program, or other community resources to support people using services, employees and volunteers.



# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 8

Policy: Pandemic Plan

Approved by the Board of Directors: Sept 28 2020  
Mar 22, 2021  
Revised Mar 2021

Ministry requirement

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In the event of a pandemic, the Association will take the necessary measures to establish safeguards for people supported and employees based on information and direction provided by appropriate Health and other officials.

## **Procedure**

### **Roles and Responsibilities:**

Everyone is Responsible

To undertake our ongoing objective to provide a healthy and safe environment for the people we support, employees, and community members, all staff share the following responsibilities contained in the Pandemic Plan:

1. Be aware of current information and CLSMA's response, as contained in the Pandemic Plan and ongoing communication.
2. Assess yourself and others for signs and symptoms of illness.
3. Maintain infection control practices.
4. Follow CLSMA procedures throughout the pandemic.
5. Report to CLSMA if you are unwell.

### **Management Responsibilities:**

1. Assess pandemic situation and their impact on people supported, families and employees.
2. Develop and carry out health and safety policies and procedures, including infection control.
3. Develop a comprehensive and individualized Pandemic Plan to be used across CLSMA.
4. Provide regular, ongoing employee training and education in pandemic preparedness.
5. Develop a plan to respond to increased absences and interruptions to business, due to pandemic situations.
6. Develop an effective communication strategy for pandemic situations.

### **Operational Phases of a Pandemic**

There are six distinct phases related to a pandemic situation. This plan is organized along the line of these six phases, which include:

1. **Pre-Pandemic Phase**

Before the pandemic is local, i.e. when a global pandemic has been declared or there are international hotspots:

- a. Develop and test specific pandemic plan.
- b. Educate and train employees to fulfill their specific responsibilities in the event of a pandemic.
- c. Acquire and document appropriate resources and equipment including personal protective equipment.
- d. Develop/update appropriate policies and procedures.
- e. Develop a plan for back-up/increased employee support

## **2. Assessment Phase**

When local pandemic is imminent, i.e. pandemic has been declared in other regions of Canada or there are significant hotspots in North America:

- a. Evaluate the nature, seriousness and urgency of the pandemic.
- b. Monitor the pandemic.
- c. Consider potential implications of the situation.
- d. Communicate and share information between management, employees, people supported/families, and healthcare providers.
- e. Activate a plan for back-up/increased employee support if required.

## **3. Response Phase**

When local pandemic is in progress, i.e. pandemic has been declared, or there are confirmed cases in the local area:

- a. Activate pandemic response plan.
- b. Communicate and share information between management, employees, people supported/families, and healthcare providers.

## **4. Recovery Phase**

When the pandemic is over:

- a. Communicate and share information between management, employees, people supported/families, and applicable other groups.
- b. Provide or facilitate counseling to people supported/employees.
- c. Facilitate immunization for employees/people supported, where appropriate.

## **5. Rehabilitation Phase**

- a. Prevent further pandemics.
- b. Monitor potential aftereffects.
- c. Communicate and share information between management, employees, people supported/families and others.
- d. Support recovery.

## **6. Evaluation Phase**

Lessons learned and critique of response:

- a. Evaluate and if required, revise pandemic plan.
- b. Communicate and share information between employees, people supported/families and other.
- c. Assess need for pandemic plan funding.

## **Developing a Pandemic Specific Plan**

### **Pre-Pandemic Phase**

Preparations could include:

1. Engaging the CLSMA Health and Safety committee and Employee Management Relations committee in preparations.
2. Provide pandemic specific health and safety policies and procedures, that are reviewed by all employees.
3. Update the Pandemic Plan, including roles and responsibilities in widespread outbreak situations.
4. Activate a communication strategy to share information and directives to employees, people supported/families, home share providers and supportive neighbours. Regular communication will encourage people to access reliable sources of information including Huron Perth Public Health.
5. Develop and maintain comprehensive emergency contact information for including local fire, police, ambulance dispatch, hospital, hydro, municipal services, pharmacies, transportation and Public Health services.
6. Develop individualized essential support plans for each person who accesses any service from CLSMA. Information gathered should include; age, relevant health info, level of support etc. Identify a point of contact within the agency for each person supported to ensure there is support.
7. Reinforce infection control practices and provide training for frequent hand washing with soap and water, use of hand sanitizer while out of the home, using paper hand towels instead of cloth, properly wearing masks, keeping distance from others, not touching one's face, covering coughs and sneezes, proper cleaning of home surfaces and avoiding public gatherings.
8. Develop infection control supplies inventory for each worksite, which offers a description of the item and number on hand, e.g., disposal gloves, face masks, sanitizing hand wipes. CLSMA will also keep an inventory of personal protective equipment such as gowns, face shields, that can be handed out as needed.
9. Develop a forecast/plan for dealing with employee absences.
10. Cancels non-essential work related travel and Executive Director/designate will determine whether self-isolation is necessary for employees returning from travel near international hotspots.

### **Assessment Phase**

1. Communicate with local Public Health Services for direction and/or updates on pandemic conditions.
2. Communicate with the Ministry of Children, Community and Social Services on sector specific protocols.
3. Begin use of the screening tool for all employees, people supported/families and visitors and monitor illness.
4. Work with families to determine where they provide essential services and create plans for this.
5. Begin using risk assessment tools to determine where risk of transmission can be reduced in all areas of service.

6. Continue with communication strategy.
7. Develop human resource strategies that may be required such as cross training, remote work procedures, remote interview process, streamlining teams and reducing employees with other employment.
8. Provide training on use of personal protective equipment.

### **Response Phase**

1. The Executive Director will declare when there is a pandemic emergency and is the person authorized to speak to the media on behalf of CLSMA.
2. Continue communication strategy.
3. Provide clear written delineation of authority regarding employee responsibilities.
4. Cancel training events and meetings.
5. Implement necessary travel restrictions for employees and people supported.
6. Reduction of community activity such as volunteer work, attendance at large gatherings or recreation for people supported based on the individualized essential service plans.
7. Reduction of visitors to people's homes and implement alternative methods of keeping contact with family and friends.
8. Protocols developed for the offices at JPC that could include, closing public access, having one locked entrance to the building with a sanitization station set up, additional cleaning, monitoring social distancing etc.
9. Where possible, remote work begins.
10. Activate staff redeployment plan if required.
11. Monitor self-isolation for employees who are returning from travel outside of Canada.
12. Communicate effectively with the Ministry of Children, Community and Social Services and implement directives.

### **Recovery and Rehabilitation Phase**

1. Communicate and share information between management, employees, people supported/families, family home providers, supportive neighbours, health care providers, Ministry on status of the situation.
2. Replenish supplies used.
3. Develop and implement a plan and guidelines for return to typical operations.
4. Debrief and provide support to people support and employees as needed.

### **Evaluation Phase**

As soon as the Executive Director deems appropriate, CLSMA will proceed with an evaluation of the pandemic response and a summary will be made available to employees and the Board.

### **Conditions for Operational Planning**

In the event of a pandemic emergency and/or critical staff shortage, CLSMA will prioritize and maintain essential services through value-informed decisions.

1. Implement the individualized essential service plan for each person supported that identifies prioritized service and non-essential service that could be suspended.
2. Notify all people supported/families of the decision to prioritize service, and the impact on service currently provided.

3. Move all available staff resources onto redeployment list for possible reassignment.
4. Cross-train staff to be prepared for redeployment.
5. Redeploy staff once critical shortage is experienced.
6. Care for ourselves and each other is critical.
7. Learn from this experience.

### **Human Resource Plan**

During a pandemic, there is a high likelihood that there will be a reduction in staff. The human resource plan deals with:

1. Identifying key personnel in decision making roles and delineation of authority.
2. Reviewing employee leaves and tracking this.
3. Redeployment of staff.
4. Overtime
5. Leaves such as vacation and sick time.
6. Health and safety issues such as work refusals, managing work related illness and wellness of employees.
7. Work from home.

### **Delineation of Authority**

The authority to implement all or portions of the pandemic plan lies with the Executive Director or delegate.

The senior staff team will confer with the ED and act as an incident management team.

### **Redeployment of Staff**

The incident management team will make all decisions about redeployment.

Redeployment may occur due to non-essential support being cancelled.

Orientation will be provided to ensure everyone deployed to work is qualified to work with the person.

### **Overtime**

Depending on staff availability, all efforts will be made to maintain regular contract hours. In the event CLSMA experiences staff shortages, staff may be required to work longer shifts or additional shifts as required.

### **Vacation**

In a pandemic emergency, all vacation requests will be reviewed and may need to be rescinded.

### **Work Refusal**

If a staff person wished to exercise their right to refuse work they feel is unsafe, CLSMA will adhere to HS10 Work Refusal Protocol unless directed otherwise by appropriate Health and other officials.

### **In Case of Known or Presumed Exposure**

Employees are expected to self-isolate and follow other protocols in accordance with CLSMA and Public Health guidance.

### **Supporting New People from the Community**

During a pandemic, requests for supporting new people will still be considered however will be reviewed individually to determine the risks involved. Decisions will be made based on which phase of the pandemic the request is made in, the amount and type of support needed, staffing availability and the person and family's situation. Steps to move ahead with planning will be based on current guidelines from MCCSS and Huron Perth Public Health.

# Community Living St. Marys and Area

Section: Health and Safety

Policy #HS 9

Policy: Severe Weather

Approved by the Board of Directors: November 24, 2008

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All employees, volunteers and people who use our services must be aware that severe weather conditions sometimes happen in our geographical area. In such conditions, traveling to and from work can become hazardous for employees who do not reside near the workplace. The Association recognizes the threat to health and safety posed by severe weather conditions and will reasonably consider any requests for adjustment to the work schedule so long as the support services can be maintained. Accordingly, some work shifts may have to be lengthened or shortened during such severe weather conditions to compensate for employee shortages.

## **Procedure**

1. During severe weather conditions, an employee who chooses not to attend work due to genuine fear of personal safety in their travel to the workplace, or who is unable to attend work because of road closures, is required to exercise best efforts to inform their supervisor, person being supported or family member, (whoever is most significant) prior to the beginning of the shift.
2. If an employee requests to leave the workplace early due to expected severe weather conditions, the request will be dealt with by the supervisor on a case to case basis, taking into consideration factors such as the well-being of the person receiving support, and/or availability of other employees in the area.
3. In order to maintain adequate support services, those on-shift employees already at their assigned workplaces may be asked to remain on duty after their regular shift if there is not sufficient relief available for the next shift due to severe weather conditions.
4. An employee who is unable to get to work due to severe weather conditions will not receive pay for the shift, but can apply their accumulated credits towards the time lost – i.e. time owing or vacation days.

## Community Living St. Marys and Area

Section: Health and Safety

Policy #HS 10

Policy: Work Refusal Protocol

Approved by the Board of Directors: August 21, 2017

Ministry requirement

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The Association will adhere to the work refusal process outlined below, in accordance with the provisions of the Ontario Occupational Health and Safety Act.

A worker may refuse to work or do particular work where they have reason to believe that:

- a. Any machine, equipment or tool that the worker is using or is told to use is likely to endanger themselves or another worker [section 43(3)(a)].
- b. The physical condition of the workplace or workstation is likely to endanger the worker [section 43(3)(b)].
- c. Any machine, equipment or tool that the worker is using, or the physical condition of the workplace, contravenes the Act or regulations and is likely to endanger themselves or another worker [section 43(3)(c)].

Certain workers who have a responsibility to protect public safety cannot refuse unsafe work if the danger in question is a normal part of the job or is the refusal would endanger the life, health or safety of another person [section 43(2)]. **In every situation, Association employees are working with vulnerable people and therefore the employee must ensure their own physical safety and that of the person they are supporting until the situation has resolved or additional assistance has arrived.**

### Procedure

1. The worker must immediately tell the supervisor or employer that the work is being refused and explain why [section 43(3)(c)].
2. The supervisor or employer, the concerned employee and an employee member (preferably certified) of the Joint Health and Safety Committee shall investigate the situation promptly.
3. The employee must remain in a safe place where they have been working until the investigation is completed [section 43(5)]. If the situation is resolved, the worker will return to work.
4. If the situation is not resolved, (the worker), the employer or someone acting on behalf of either must notify a Ministry of Labour inspector.
5. If the Ministry of Labour inspector is satisfied that the worker has the legal right to refuse unsafe work, they will come to the workplace to investigate the refusal in the presence of management, the employee and the Health and Safety committee representative.



6. While waiting for the Ministry of Labour to arrive the employee concerned may be assigned to alternative work.

7. The inspector will give his decision in writing. Any directives must be followed, but may be appealed. If the inspector finds that the work is not likely to endanger anyone, the refusing worker is expected to return to work [section 43(8) and (9)].

8. During any part of this refusal to work, the employee shall be deemed to be at work and paid accordingly.

9. Other employees may be assigned to do the work of the concerned employee, but first such other employees must be informed of why the first employee is refusing to do that particular job.

# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 11

Policy: Buildings and Equipment Maintenance

Approved by the Board of Directors: Dec 13, 2018

QAM requirement

Aug 19, 2019

Revised: July 2019

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The safety and well-being of persons supported will be ensured by inspection and routine maintenance of all buildings and equipment on premises owned or operated by Community Living St. Marys and Area.

## Procedure

1. The Association demonstrates its commitment to safety by ensuring that buildings, pertinent equipment and maintenance inspections are conducted routinely by qualified technicians. These include, but are not limited to: fire extinguishers, smoke and carbon monoxide detectors, alarm systems, mechanical lifts and lift systems, elevators, appliances, heating and cooling equipment and agency vehicles.
2. Copies of evidence of routine inspections will be filed at the central administration office. These may include: Certificates of Inspection, letters, Service Invoices, Billing Statements, or other detailed documentation confirming regular maintenance as recommended by the manufacturer.
3. Where possible the actual equipment may be tagged and/or service sticker affixed confirming regular maintenance.
4. Drinking water filtration equipment is maintained in accordance with the Ontario Safe Drinking Water Act, 2002, by a Licensed Operator, where required by the Regulations.
5. Items determined to require maintenance can be dealt with by the tenant or homeowner, the support staff, landlord or referred to the Supervisor as required.

# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 12

Policy: Water Safety

Approved by the Board of Directors: Dec 13, 2018

QAM requirement

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All people supported by Community Living St. Marys and Area who experience water safety issues including seizure activity will be reviewed annually to determine the amount and type of support required during bathing/swimming, while respecting their right to privacy.

## Procedure

1. The person and/or family, friends, advocates will make an informed decision about the amount and type of support required based on the following factors:
  - a. Age of the person.
  - b. Type and intensity of seizure activity.
  - c. Frequency and pattern of seizure activity.
  - d. Presence of other reasons for close supervision.
  - e. Safety features available, such as grab bars, non-slip rugs, pressure balanced taps, and temperature-controlled water.
  - f. Current level of support being provided and additional support available.
  - g. The degree to which seizures have been controlled.
  - h. The person's understanding of the risks involved in their personal preference which might include having a risk assessment completed.
2. The final determination of support must be documented, reviewed annually, or at any time the person's medical/health situation changes or at the request of the person. This is to be noted in the Support Plan either directly or in an appendix by stating the level of supervision needed first and the specific details of support. In situations where the person chooses not to have staff present during bathing/showering it will be clearly identified in the Support Plan and reviewed on a regular basis with the person and/or their family.
3. The bathing protocol will be included as part of orientation for new staff members to the team.
4. Support is to be provided in the least intrusive manner possible to ensure both privacy and safety.
5. Staff will supervise people with active epilepsy at all times while swimming or bathing according to the details of their support plan. They will also provide instruction on proper use of safety equipment.

6. This procedure will be applied to any situation where personal safety around water is a concern.

# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 13

Policy: Water Temperature

Approved by the Board of Directors: Dec 13, 2018  
*Applicable only where Intensive Support Residences  
(I.S.R.) funding applies*

QAM requirement

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Community Living St. Marys and Area will ensure safe and healthy environments for the people we support with respect to safe and healthy water temperature. This will be done by:

- a. Systematic instruction.
- b. Mechanical tempering valve regulators.
- c. Routine testing and documentation.
- d. Providing close personal support.

## Procedure

Safe water temperature management will be ensured by:

### Instruction

1. Support staff will teach people supported to participate in safe water temperature management as a daily practice and as a life skill. Running water will be tested at the shower, tap or tub faucet by; setting the correct running water temperature by touch – starting from cold to hot, maintaining an ongoing contact by hand throughout a physically assisted shower to ensure that the temperature does not change. Standing submersible water will then be tested again by; stirring standing water by hand in the tub and submerging your elbow or forearm prior to the person entering the tub. The standing tub water should be 1 to 2 degrees higher than body temperature.

### Mechanical Regulators

2. Tempering valve regulators will be installed and maintained in Association properties. These will be designed to heat water to a sufficient level to meet health requirements, while delivering water at a temperature not to exceed 49 degrees celsius.

### Routine Testing and Documentation

3. Water temperature testing and documentation will be carried out on a daily basis in each support location. Water temperature verification will be documented on the attached *Water Temperature Testing* form which includes; date of testing, location of testing and the temperature recorded. Water will be tested in any location where bathing occurs. Water will be tested by the following method:

- a. Run hot water for two minutes.



# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS14

Policy: COVID-19 Vaccination Policy for Employees and Alternative Supports

Ministry Requirement

Approved by the Board of Directors: Mar 22, 2021  
July 19, 2021  
Revised July 2021

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The Association is dedicated to ensuring the health and safety of all people supported and their families as well as employees, providers of alternative supports, volunteers and students. To assist in providing a safe work environment for not only its employees, volunteers and students but also the vulnerable population served and providers of alternative supports, CLSMA has created this policy.

## **The Association aims to:**

1. Prevent acquisition of COVID-19 and Variants.
2. Give protection to people supported, employees, providers of alternative supports, volunteers and students in the short-term against symptomatic, confirmed COVID-19 disease in the event that they contract COVID-19.
3. Inform people supported, employees, alternative supports providers, volunteers and students of their immunization options and the potential consequences for non-immunization.
4. Demonstrate the Agency's commitment to accommodating employees who are unable to vaccinate for human rights related reasons where possible without undue hardship.

## **For the purpose of this policy:**

1. **A person is considered fully immunized** if they have received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by Health Canada and they received their final dose of the COVID-19 vaccine at least 14 days ago. In the future, booster shots may be required to be fully vaccinated.
2. **Human rights** related restrictions may include medical/disability or religious restrictions.

## **Procedure**

## **1. Disclosure Requirements**

### **a. Prospective/New Employees or Alternative Supports Providers**

Any offer made by CLSMA to a prospective employee or volunteer, or new contract proposal for a prospective alternative support provider will be conditional upon proof of vaccination for COVID-19. Where the candidate fails to provide proof of full vaccination, any offer or proposed contract will be rescinded. Two exceptions that may apply will be for candidates (1) who provide proof of first vaccination and are fully vaccinated within 4 weeks of start date; and (2) who provide proof of a human rights related restriction that prevents them from being vaccinated, in which case CLSMA will investigate whether accommodation is required and possible without undue hardship and accommodation will be provided if it is possible without undue hardship.

### **b. Existing Employees, Volunteers and Alternative Support Providers**

Existing employees, students, volunteers and alternative support providers are required to provide disclosure of their vaccination status and proof of vaccination where they are vaccinated. Failure to provide such disclosure and proof will result in the person being considered unvaccinated for reasons that are not protected by the Human Rights Code.

## **2. Accommodation**

### **a. Prospective Candidates**

Should prospective/new employees, alternative supports providers, volunteers or students decline the COVID-19 vaccination, once available to them, for reasons related to disability, creed or any other ground protected by the Human Rights Code, the Association requests that they identify to CLSMA that declining the COVID-19 vaccine was based on a ground protected by the Human Rights Code. They will be asked to submit a Vaccination Declaration Form to request accommodation. The Association reserves the right to ask for information to substantiate the grounds, further to the normal workplace accommodation process. The Association is committed to human rights accommodation up to the point of undue hardship where a person is unable to vaccinate for human rights protected reasons. Such situations will be assessed on a case-by-case basis through the use of a risk assessment to determine whether accommodation is possible without undue hardship. Unfortunately, in some circumstances, accommodation may not be possible without undue hardship, in which case the offer or contract may be postponed, withdrawn or rescinded.

### **b. Current Employees, Alternative Support Providers, Volunteers and Students**

Should current employees, alternative supports providers, volunteers or students decline the COVID-19 vaccination, once available to them, for reasons related to



disability, creed or any other ground protected by the Human Rights Code, the Association requests that they identify to CLSMA that declining the COVID-19 vaccine was based on a ground protected by the Human Rights Code. They will be asked to submit a Vaccination Declaration Form to request accommodation. The Association reserves the right to ask for information to substantiate the grounds, further to the normal workplace accommodation process. The Association is committed to human rights accommodation up to the point of undue hardship where a person is unable to vaccinate for human rights protected reasons. Such situations will be assessed on a case-by-case basis through the use of a risk assessment to determine whether accommodation is possible without undue hardship. Where accommodation is not possible without undue hardship, an employee maybe subject to unpaid leave or layoff.

### **3. Alternatives to Vaccination (non-code grounds)**

The alternative measures that may apply to an unvaccinated employee, alternative support provider, volunteer or student will depend on a variety of factors, including: recommendations by Public Health, support plans, contractual obligations with partnering entities, the type of work performed (whether direct support, administration/office work), the needs of people supported, vulnerability of other stake holders, whether there is an outbreak in the workplace, and the present community risk level (the zone that applies in the region and whether the area has a high rate of infection).

Alternatives to vaccination may include one or a combination of the following:

- a. Outbreak protocols: In the event of an outbreak (as defined by Public Health) at a residence operated by CLSMA, CLSMA unvaccinated employees will be placed on an unpaid leave of absence.
- b. Maintaining proper cautionary restrictions and preventative measures including the use of enhanced PPE.
- c. Reassignment: the employee may not be permitted to work with people supported (either those at high risk of susceptibility to COVID-19 or all people supported).
- d. Temporary remote work if possible.
- e. Modifications to the work/support performed.
- f. As a matter of last resort, temporary, unpaid leave of absence (during this time, unvaccinated employees may be permitted to use any unused vacation or any other leave options).
- g. In circumstances where no alternative work or contract is available due to the nature of the relationship and the needs of people supported, a layoff or termination of contract may be required.
- h. such other measures as may be developed based on current public health information and the risks identified.

An unvaccinated (non-code grounds) employee, alternative support provider, volunteer or student is required to complete an education session on vaccination. The information is based in science and provided by credible sources such as Health Canada and Public Health Ontario.

#### Other COVID-19 Protective Measures

All employees, alternative supports, volunteers and students must continue to comply with the Association's policies, protocols and rules with respect to physical distancing, masking, screening, personal protective equipment and any other measures intended to reduce the risk of transmission of COVID-19.

#### **4. Reporting and Record Keeping**

Acceptable proof of vaccination will include a Dose Administration Receipt.

Information about vaccination status will be collected by CLSMA as such information is reasonably necessary to assess risk to people supported and employees. Vaccination records will be maintained documenting COVID-19 vaccinations and unvaccinated status in a secure manner and will only be collected, used or disclosed as may be necessary for legitimate operational purposes or as directed or requested by governmental authorities. The vaccination related information will be managed in a manner that is consistent with existing agency policies related to the collection, use and disclosure of personal health information.

#### **Review of Policy**

This policy will be regularly reviewed and updated to reflect the latest scientific research, guidance and legislation from the Ontario government, federal government, local health unit and any other relevant health bodies.

# Community Living St. Marys and Area

Section: Health & Safety

Policy # HS 15

Policy: COVID-19 Rapid Antigen Testing

Approved by the Board of Directors: Sept 27, 2021

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Community Living St. Marys and Area is dedicated to preventing and reducing the spread of infection related to COVID-19 among people supported, employees, alternative supports, students, volunteers and visitors. Surveillance swabbing rapid antigen testing, as a part of an enhanced COVID-19 screening process, is an important infection prevention and control measure and aids in protecting the health and safety of employees and persons supported from exposure to and transmission of COVID-19.

## Definitions

1. False Negative
  - a. A test result which incorrectly indicates that a particular condition or attribute is absent (e.g., a test indicates someone does not have COVID-19, when in fact they do).
2. False Positive
  - a. A test result which incorrectly indicates that a particular condition or attribute is present (e.g., a test indicates someone has COVID-19, when in fact they do not).
3. PCR Test (Polymerase Chain Reaction Test)
  - a. A test performed to detect genetic material from a specific organism, such as a virus. The test detects the presence of a virus if you are infected at the time of the test. The test could also detect fragments of virus even after you are no longer infected. For COVID-19, a PCR test for viral infection detects the virus or a component of the virus and tells you if you have a current COVID-19 infection. This is done using a swab from your nose or throat or in some cases a saliva sample.
4. Rapid Antigen Testing for COVID-19
  - a. An antigen test that looks for proteins from the COVID-19 virus.
  - b. It is used as an enhanced screening tool for asymptomatic individuals with no known exposure to COVID-19.
  - c. It should NOT be used for diagnosing someone with symptoms of or exposure to COVID-19.
  - d. Results are usually available within 15-20 minutes.
  - e. It has higher rates of false negative and false positive results than a PCR test for COVID-19.
  - f. All positive results need to be followed up with a PCR test to confirm a diagnosis of COVID-19.

## Procedure

### 1. Eligibility for COVID-19 Rapid Antigen Testing

- a. Individuals eligible for rapid antigen testing must:
  - Be asymptomatic for COVID-19
  - Pass entry screening
- b. Eligible individuals can include:
  - Staff
  - People Supported
  - Visitors
  - Students
  - Contractors
  - Alternative Support Providers
  - Volunteers
- c. Rapid antigen testing can only be used in areas **NOT** deemed in outbreak.
- d. Individuals who have previously been infected with and recovered from COVID-19 should **NOT** undergo repeat testing/antigen screening for 90 days after their positive COVID-19 PCR test result.
- e. Other exemptions to COVID-19 rapid antigen testing requirements include:
  - i. Emergency/first responders responding to an emergency.
  - ii. Contracted service providers and privately engaged third party caregivers who require immediate site access due to an urgent health/support issue involving a person supported.
  - iii. Contracted service providers who require immediate site access due to an urgent building and/or equipment issue that could cause health and safety risks to occupants if not immediately addressed.
  - iv. Contracted service providers who may be attending to a building and/or equipment issues while the site has been vacated of all other occupants.

### 2. Frequency of COVID-19 Rapid Antigen Testing

- a. Frequency of rapid antigen testing will vary depending on:
  - An individual's role.
  - An individual's vaccination status.
  - CLSMA site.
  - Community risk level for COVID-19.
  - Other factors as needed and appropriate.

### 3. Consent for COVID-19 Rapid Antigen Testing

- a. All individuals undergoing rapid antigen testing must consent prior to being tested.
- b. Consent forms will be completed once for each individual.
- c. Signed consent forms will be kept on file according to CLSMA policies and procedures.
- d. Individuals may withdraw their consent at any time by notifying their Manager or ED.

### 4. Conducting COVID-19 Rapid Antigen Testing

- a. All individuals administering a rapid antigen test must be authorized to do so and have received appropriate training on proper test administration and other associated protocols.

- b. Prior to opening or using a testing kit, prepare a clean, flat surface and sanitize the surface with an appropriate sanitizer.
- c. Prior to conducting a test, persons administering a test must:
  - i. Don personal protective equipment (PPE) for droplet contact precautions.
  - ii. Check any expiry dates on the testing kit and its components.
  - iii. Check the testing kit and components to ensure they are not damaged or tampered with.
- d. Quality control testing must be done each time a new box of testing kits is opened.
  - i. Steps for quality control testing may vary depending on the type of rapid antigen test.
  - ii. The quality control test results must be documented by the tester.
  - iii. If quality control swabs pass, proceed to using the kit for testing.
  - iv. If quality control swabs are invalid, reseal the box, set it aside and notify ED.
    - A new box is then opened and quality control testing occurs on the new box.
- e. Protocols for testing vary depending on the type of test used.
- f. Prior to testing an individual, the tester must record the following information into the *Antigen Rapid Test Results Tracker (Worksheet name: Rapid Test Results Tracker)*:
  - i. Two identifiers are needed for each person tested.
    - For staff members, this includes the first two letters of their first and last name.
    - For people supported and others, this includes the first two letters of their first and last name.
  - ii. The date of the test.
  - iii. The site at which the test is conducted.
- g. When the test is complete, the person administering the test must:
  - i. Read and certify the results in accordance with the test manufacturer's directions.
  - ii. Convey results in a confidential manner.
  - iii. Dispose of used devices and materials in a biohazard container.
  - iv. Remove and dispose of any labels from the testing table.
  - v. Record all test results in the *Antigen Rapid Test Results Tracker* and save and store the file securely.
- h. Staff may perform self-tests under the supervision of a trained individual. **Staff are NOT able to verify or certify their own results.**

## 5. Communicating Results of COVID-19 Rapid Antigen Testing

- a. Results of rapid antigen testing must be communicated in a confidential manner and every precaution necessary must be taken to maintain confidentiality of the results.
- b. If a test result is negative:
  - i. Negative results are only applicable if the person being tested has no symptoms and no known exposures.
  - ii. Persons should be counselled that the result is negative, and a false negative result is possible.
  - iii. Persons are to be reminded to continue to follow infection prevention and control measures and that visitors, families and contractors must adhere to CLSMA's PPE policies and procedures upon entry.
- c. If a test result is positive:

- i. A positive rapid antigen test is considered a **preliminary positive result**.
- ii. Manager or ED must be notified of a preliminary positive result.
- iii. Any staff receiving a preliminary positive result must notify their immediate supervisor that they have not passed the enhanced COVID-19 screening protocol.
- iv. Anyone who tests positive is instructed to self-isolate and arrange for PCR testing at their closest assessment centre.
  - They are **NOT** to enter CLSMA.
  - PCR must be completed within 24 hours.
- v. CLSMA notifies the appropriate Public Health Unit.
- vi. The testing area should then be cleaned and disinfected by the person conducting the test.

**NOTE: Any staff member who tests positive before returning to work must have a confirmed negative PCR test and/or be cleared by the Manager or their local Public Health Unit.**

### References

1. Ontario Ministry of Health. COVID-19 Guidance: Considerations for Antigen Point-of-Care Testing. Version 6.0. June 3, 2021.  
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2. Abbott. *Panbio™ COVID-19 Ag Rapid Test Device Nasopharyngeal Instructions for Use (Multilingual) REF 41FK10*.  
<https://www.globalpointofcare.abbott/en/product-details/panbio-covid-19-ag-antigen-test.html>
3. Safehaven Project for Community Living. Rapid Antigen Testing Abbott Panbio Policy. March 2021
4. Safehaven Project for Community Living. Rapid Antigen Testing BD Veritor Policy. March 2021
5. Sunbeam Community & Developmental Services. COVID-19 Rapid Antigen Testing Policy - JUNE 2021 – FINAL. June 2021.

# Community Living St. Marys and Area

Section: Health and Safety

Policy # HS 16

Policy: Respiratory Protection Program

Approved by the Board of Directors: Aug 3 2022

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The Association is committed to ensuring the health and safety of its staff, volunteers, alternative support providers and all those who receive supports and services. To ensure compliance with the Occupational Health and Safety Act in regard to the use of N95 NIOSH approved respirators, the Association recognizes the need for and will provide fit testing for respiratory protection equipment and related staff training to minimize the potential risk for respiratory infection to all staff, coming into contact with a respiratory hazard. Non-compliance with the Respiratory Protection Program is subject to discipline, up to and including dismissal from employment/volunteerism.

## **The Employer will:**

- a. Ensure that the respiratory protection program is prepared and implemented as a means to increase awareness of respiratory hazards and to inform on the means of protection against the hazards.
- b. Maintain an adequate supply of accepted respirators and a list of all respirator users in the organization.
- c. Ensure that all persons required to use respirators receive fit testing and are trained on use and care of respirators and refresher training as needed.
- d. Monitor the use of respirators.
- e. Ensure that the respiratory protection program is reviewed annually with the Joint Health and Safety Committee.

## **The Employee will:**

- a. Use the respirator in accordance with the written instructions and training provided by the employer.
- b. Will be clean-shaven for fit testing or when respirator is required, to ensure a proper seal between their face and the respirator face piece.
- c. Inspect the respirator and perform a user seal-check prior to use.
- d. Notify their supervisor in writing of any condition or change that may impact on their ability to use a respirator safely.
- e. Report inventory shortages or malfunctions of respiratory protection equipment to the supervisor in writing.
- f. Attend and participate in any training or fit-testing sessions as requested.

## **Joint Health and Safety Committee will:**

- a. Be consulted on any changes to the program. Maintain communication with the employer and monitor the program in an advisory capacity.

- b. Address any health and safety concerns brought to the committee's attention.

## **Procedure**

### **1. Hazard Assessment**

The decision to use respiratory protection must be based on a risk assessment of the potential hazards where all controls have been considered. This assessment will be conducted by a Manager or delegate, using tools such as a respirator screener.

A hazard assessment for an infectious agent should identify;

- which infectious agents are present
- what is the mode of transmission (droplets or airborne infection)
- who may be exposed

It is important to recognize that personal protective equipment for workers is only one component of the overall program required to provide a safe environment. When all other control measures have been implemented, but the hazard has not been eliminated or reduced to safe levels, the employer should provide appropriate respiratory protection and other personal protective equipment for workers.

### **2. Fit Testing**

NIOSH approved N95 respirators do not work properly unless they fit the wearer. The quality of the respiratory fit is determined by the seal where the respirator meets the wearer's face. A fit test is required for all tight-fitting respirators including the NIOSH approved N95 and must be completed prior to initial use. More specifically, AFTER the employee has completed the employee's health assessment and BEFORE they are required to wear the respirator at work. Exceptions applied when a government declared pandemic directions allow use of respirators without fit testing. Fit testing will be repeated every two years or may be required sooner when there is a change in available respirators (make, model or size), or there is a change in the employee's physical condition that could affect respirator fit (dental changes, cosmetic surgery, facial injury, or >10% increase or decrease in body weight). Fit test records will include;

- Date and name of person tested.
- Name of fit tester.
- Specific make, model and size of respirator.
- Type of fit test and agent used.
- Pass/fail criteria of method.
- List of additional PPE worn during fit test.
- Notes on restrictions (e.g. facial hair, dentures, eyewear).
- Results of comfort assessments (observation, movement and score).
- User's competency (including pre-use inspection, donning/doffing, user seal checks) and result of fit test.
- Result of post fit-testing comfort assessment validation question.
- Info on unsuccessful fit test and nature/cause(s) for the failure.
- Maintenance and repair of equipment.

Fit test records will be kept in the employee's electronic file.

### **3. Health Assessment**

At the time of fit testing, employees will complete an initial health assessment to identify



medical conditions that may make the use of the respirators themselves a hazard to the individual. If the assessment identifies a health concern regarding the use of a respirator, the employee should obtain an opinion from a health care professional regarding their ability to use a respirator. For employees who are unable to use a respirator in a specific work situation every effort will be made to provide a work accommodation. Employees may be required to provide updated medical information for continued accommodation. The agency maintains a confidential record of each employee's fit testing requirements for the life of the employee file.

#### 4. NIOSH Approved N95 Respirators

Will be provided to all employees and are currently the minimum standard for most scenarios with airborne infectious agents. For example, respirators will be worn when there is a suspected or confirmed case of Covid-19 in a person supported and/or if a support staff has been exposed to Covid-19. Respirators must not be worn for any other purpose without the knowledge and approval of the supervisor. No employee will be allowed to wear a respirator or be fit tested unless they are clean-shaven and a proper seal can be made. An employee must only use the specific respirator (same manufacturer, model and size) they were fit tested with and shall not share respirators. In addition, the respirator shall not be altered in any manner.

#### 5. Training for the Use and Care of Respirators will include:

- Donning, user seal check and safe removal (doffing) of respirator.
- Assessing user's comfort level of respirator.
- Communication with the user as to what model of NIOSH approved N95 respirator as been determined for their use.
- Care and storage of the respirator.
- Use of the respirator in conjunction with other PPE.

#### 6. Reassignment:

During an outbreak, if an employee has not already passed a N95 FIT test, the agency will reassign hours if possible.