H.O.M.E. Society
Policy & Procedure Manual

Reviewed December 2025

SECTIONS

Review Date	2023	2024	2025
A. ADMINISTRATION	Nov 10/23 DL & SR	Dec. 11/24 CR & DL	Dec 16/25 DL, KB, CR
B. LEGAL AND ETHICAL	Dec 1/23 CR & SR	Dec. 16/24 CR/KB/MD	Dec 16/25 DL, CR
C. HEALTH AND SAFETY	Dec 21/23 H&S Committee	Nov. 21/24 H&S Committee	Dec 16/25 CL August 2026 H&SCommitte
D. PAYROLL AND HUMAN RESOURCES	Nov 21/23 CR, SR, KB	Nov. 26/24 CR & MD	Dec 16/25 CL, CR
E. SUPPORTED INDIVIDUAL POLICIES	Dec 4, 2023 KB & KD	Nov. 28/24 KB & KD	Dec 16/25 KD, KB
F. FINANCIAL	Dec 12 2023 SR & AW	Nov. 7/24 AW & SS	Dec 16/25 DL, SS
G. PROPERTY AND EQUIPMENT	Nov 8/23 DL/KD	Dec. 5/24 KD & CR	Dec 16/25 CR, SS

SECTION A

ADMINISTRATION

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POLICY A.10 STANDARDS FOR EXCELLENCE

The H.O.M.E. Society is a non-profit organization dedicated to making a difference in the lives of people with disabilities. The H.O.M.E. Society must act ethically while establishing expectations of behavior, character, and conduct; while being aware of the distinction between right and wrong, moral duty, and obligation to the community. The society is accountable for achieving results through improved quality of life.

The H.O.M.E. Society standards for excellence are based on honesty, integrity, fairness, respect, trust, responsibility, and accountability in operations, governance, human resources, financial management, community supports and fundraising.

The following documents address The H.O.M.E. Society standards for ethical practices concerning caregivers, management and all operations of the society. Inclusive in these is the expectation that support services are provided responsibly, fairly and with awareness of the surrounding community.

POLICY A.20 INTRODUCTION, MISSION STATEMENT AND VALUES

Our Mission Statement and Values

H.O.M.E.S. is committed to:

- Welcoming men and women who need a supportive home in the community by embracing the Philosophy of Gentle Teaching.
- Linking with family, friends and neighbors' to provide a circle of support for those we serve
- Supporting the community in which we live and work, contributing to the local economy, agencies and events, and sharing the gifts and skills of those within the H.O.M.E. Society.

Our Values

- Ethical Conduct
- Awareness of moral duty
- Responsibility and accountability in all aspects of our operations
- Pursuit of excellence
- Honesty and integrity
- Fairness and equality
- The celebration of cultural, ethnic, and spiritual diversity

POLICY A.30 BOARD OF DIRECTOR'S (ROLES)

The management and control of the society shall be vested in a board of directors to consist of not less than five or more than twenty members who shall be elected at the Annual General Meeting. All directors shall be elected for a term of two years. No person shall be eligible to serve as a member of the board of directors for more than 5 successive terms.

Officers of the board of directors shall be a President, Vice-President, Secretary, Treasurer and immediate Past President. These officers shall be elected from amongst their members at the first meeting of the board following the Annual General meeting. They shall act for two year terms and elections take place at the AGM. No officers shall hold the same office for more than 3 successive years.

President

- Prepare an agenda and preside at all meetings of the board of directors and of the society and shall call special meetings of the board of directors whenever he/she deems necessary.
- Talk with and listen to all directors.
- Chair the finance committee
- Supervise the other officers in their duties.

Vice-President

- Shall perform the duties of the President in the event of his/her absence, resignation or inability to perform his/her duties.
- Replace any table officer in his/her position when that board member is away from a meeting.
- Replace any officer on leave until such time as the board designates an interim officer.

Past President

- Shall be a special advisor to the board
- Have all the rights and responsibilities of a table officer for one term (two years)

Secretary

- Shall attend all meetings of the society and the board of directors and keep a clear record of all minutes thereof. He/she will also issue notice of meetings to the society and directors and maintain the register of members.
- Carry out all correspondence of the society including attendance, resignations, and register of members.

Treasurer

- Shall keep a clear and correct amount of all receipts and expenditures, and perform any duties pertaining to the office not herein specified and shall receive all money the property of the society and deposit such money in the name of the society in such bank or keeping, as the directors may from time to time decide.
- Shall be custodian of the seal of the society and all books, papers, records, correspondence, contracts, and other documents, belonging to the society which he/she shall deliver up only when authorized by a resolution of the board of directors to do so. The treasurer shall also render financial statements to the directors, members and others when required.

Directors

- All directors must be members of the society and not be employees of the society
- Directors must stay “members of good standing”.
- Directors shall be elected for a 2 year term, and may not serve on the board for more than ten years.
- The number of directors shall be not less than 5 and not more than 17.

Board Membership

1. At the Annual General Meeting of the Society, the President and Secretary will be elected for terms of 2 years. The Vice-President and Treasurer will be elected for one year terms.
2. Separate elections must be held for each office to be filled. If a new person in that position is not elected, then the person previously in that position continues to hold office.
3. The directors will ensure that at least 20% of Board members are self-advocates, up to a maximum of four.
4. The President, Vice-President, Secretary, Treasurer, Past President and if agreed by the members at a general meeting, one or more people are the Officers of the society. They shall be elected for terms of 2 years. No

person shall be able to serve in one table officer's position for more than 3 years in a row.

5. After serving in one position for 3 terms in a row, an officer must stop being an elected director for at least one year before being allowed to run again for election.

Election of Board members

Nominations may be made by:

- By a duly authorized nominating committee,
- By the chair,
- From the floor, and
- In writing.

A member of the Society can make a nomination if:

- He is a member in good standing,
- Has been a member for at least 30 days before the Annual General Meeting.
- Provides written acceptance of the nomination if the nominee is absent.

A member of the society can accept a nomination and run for election if:

- He is a member in good standing,
- He has been a member for at least 90 days before the Annual General Meeting.

The Director's may from time to time appoint a person to be a member to fill a vacancy on the Board. They will hold the position only until the next Annual General Meeting of the Society. They can be re-elected at that meeting.
The members may, by ordinary resolution, remove a director, before the end of his term of Office, and may appoint a replacement to finish the term of Office, if they believe that the Director is:

- Working in opposition to the stated goals, policies and principles of the Society,
- Or, bringing discredit or disrepute to the society as a result of immoral, unethical or criminal acts.

The Directors may also approve a Leave of absence of up to 6 months if requested by a Board Member, for business, health, family or similar reasons. The Board will appoint an interim officer if the Director on leave is an Officer.

Board Meetings

The Director's may meet together at places that are reasonable for them to conduct business, manage and adjourn (end) their meetings.
The President is the chairperson at all General and Director's meetings of the society. If the President is not present the Vice-President will act as chairperson.

Committees

The directors may give some, but not all, of their powers to committees made up of any Director(s). The board has the power to delegate (assign) work to either "standing" or "ad hoc" committees in order to work more effectively. Standing committees are committees which are meant to exist on an ongoing basis while ad hoc committees are generally formed for specific purposes.

Governance and Management

In General terms, the board:

- Ensures the board complies with relevant laws and regulations.
- Supports Individual safety and health initiatives within the organization.
- Participates in and approves plans for the future
- Monitors and minimizes possible risk to the H.O.M.E. Society
- Oversees the work of the Executive Director(s) and the management team
- Oversees internal and external communication
- Annually reviews Board/Governance Policies.
- Ensures that finances and information are managed and distributed accountably.

The Executive Director(s) and the Management team are responsible for but not limited to;

- Hiring and personnel decisions.
- Approving operational procedures, protocols and operational policy revisions.
- Ensuring that communications, budgeting, payroll and record keeping are all done in accordance with policy and legal requirements.
- Dealing directly with affected and involved people such as Individuals, employees, families, Ministry employees, and other professionals.
- Ensuring that all H.O.M.E.S. property is safe, insured, inventoried, and properly maintained.
- Ensuring that all individuals, caregivers, and people affected by H.O.M.E.S. operations are as safe as possible.
- Ensuring that all work is done as efficiently as possible.
- Reporting back to the board on an ongoing basis.

All board members and Directors must follow the policies & procedures set out in the H.O.M.E.S. manual in regards to;

- Code of Ethics
- Conflict of Interest
- Privacy and Confidentiality
- And any other policies concerning administration, legal & ethical.

Reviewing the Executive Director(s)'s Performance

The Executive Director(s)'s performance will be closely watched through formal and informal ways. The whole Board is responsible for evaluating the Executive Director(s).

The Executive Director(s)'s job performance will be reviewed and checked only in relation to the agreed-upon job goals (which include The H.O.M.E. Society meeting the goals of the Board's policies, and the responsibilities written in the Executive Director(s)'s job description).

The following rules apply when reviewing the Executive Director(s)'s job:

- Decisions or instructions of individual Board members, officers or committees have no power over the Executive Director(s), except in rare cases when the Board agrees to make a special arrangement.
- The Board will not give instructions to persons who report directly or indirectly to the Executive Director(s).
- The Board will not evaluate, either formally or casually, any caregivers except for the Executive Director(s).
- The Board will review the Executive Director(s)'s performance as one way to review The H.O.M.E. Society's success at meeting its goals. For example, when the Board's goals are met, the Executive Director(s) will be seen as performing effectively.
- The Board will develop a way to officially review and evaluate the Executive Director(s), which must include regular collecting of information to help make decisions about what type of job he/she is doing. One of the following three ways for deciding if the Executive Director(s) is doing a good job may be used by the Board:

  (a) an inside report where the Executive Director(s) gives examples of meeting The H.O.M.E. Society's goals;

  (b) an outside report where someone not connected to the Board in any way is chosen by the Board to see if the Executive Director(s) is following the rules of the Board; or

  (c) the Board will select one or more members of the Board to see if the Executive Director(s) is following the rules of the Board and meeting The H.O.M.E. Society's goals.

- The review and evaluation of the Executive Director(s) is regarded as an effective way of determining if The H.O.M.E. Society's goals and policies are being met.
- All policies that give direction for the Executive Director(s) to follow up will be checked regularly in a way chosen by the Board. The Board can check a policy at any time, but usually do an annual Board policy review.
- The Board will communicate any changes in the way it reviews the Executive Director(s)'s job to the Executive Director(s).

Annual Evaluation of the Executive Director(s)

One of the key responsibilities of The H.O.M.E. Society's Board of Directors is the performance evaluation of the Executive Director(s). It is important to conduct an annual evaluation with the Executive Director(s) to outline their achievements

and areas for improvement. This evaluation is also an opportunity for the Board to communicate formally with the Executive Director(s) about goals and planning/performance of the Association, as directly related to the Executive Director(s)'s strengths and limitations. The evaluation will include a review of overall corporate performance and individual performance and professional development versus targets/goals as established in the current strategic plan.

Usually, at the same time as the annual evaluation of the Executive Director(s), the board will review the current succession plan.

The H.O.M.E. Society Board of Directors will conduct the annual evaluation at the June Board Meeting.

The Board of Directors will make recommendations about the Executive Director(s)'s compensation (if necessary). During this meeting, all Board members have an opportunity to give their feedback and input into the evaluation, as well as the goals and action plans for the upcoming year.

Once the Board completes the annual evaluation(s), they present it to the Executive Director(s) after the Board meeting has ended. The Executive Director(s) will have an opportunity to give input into the goals and objectives. The annual review(s) must be signed by the Board Members and the Executive Director(s).

If a disagreement occurs about the evaluations between the Board and the Executive Director(s), the Executive Director(s) will submit his or her assertions in writing within 14 days of the evaluation date. This document is reviewed and discussed with the entire Board at a mutually agreed-upon date.

Regardless of the evaluation process used, the Executive Director(s) needs feedback from the Board all year round. The on-going and formal feedback should include acknowledgement for work the Board is pleased with, as well as immediate feedback for areas of concern. Effective, consistent, and timely communication is very important to building the relationship between the Board and the Executive Director(s).

A formal performance review is only one component of the on-going communication and relationship between both parties. In turn, a positive working relationship between the Board and Executive Director(s) will ensure great planning, organization, and quality of the Agency's services, supports and goals.

Note: Due to the extensive work it takes to fully evaluate the Executive Director(s), the Board will conduct a thorough review once every three years. However, to ensure a review is completed annually, the Board will review the Executive Director(s)'s performance in regards to the performance goals established through the evaluation and other goals that are jointly established with the Board throughout the year.

Executive Director(s) Compensation

The Board will review the Executive Director(s) compensation in conjunction with the annual evaluation. The Board will make their recommendations based on the following considerations:

- Resources available
- Outcome of the performance review
- A comparative analysis to other equivalent positions, including base pay, incentive plans, benefits plans and perquisites.

When a decision has been made of a change in the existing Executive Director(s) compensation, the board will ensure the following is documented:

- Terms of compensation arrangements
- Approval date
- Names of Board members involved in the decision
- Data used in the compensation decision (follow Except Employee's salary increase rate)
- Disclosures of any conflicts of interests

Executive Director(s) Duties

Please see Policy D.70 for Executive Director(s) Job description.

Executive Director(s) Limitations

The Executive Director(s) will not start or allow any practice, activity, decision or situation at The H.O.M.E. Society that is either against the law, unsafe, or against the rules of professional business behavior.

The following rules apply to the Executive Director(s):

- The Board recognizes that there may be times when situations come up where the Executive Director(s) will have to choose between two or more Board policies.
- In situations involving the individuals getting services or those applying to get services, the Executive Director(s) will not start or allow any situations, services, or decisions to exist that are not safe, not respectful, and do not honor a person's privacy (confidentiality).
- In situations about the treatment of paid and volunteer caregivers, the Executive Director(s) may not start or allow situations that are not fair or not respectful.
- Budget planning during the financial business (fiscal) year of The H.O.M.E. Society will not: affect or move away from the Board's goals,

allow risky situations that result in less money/funding; and allow the opportunity to complete needed planning for the future.
- Information and advice to the Board will be on time, complete, and true.
- All items that belong to The H.O.M.E. Society are considered 'assets' and must be protected, looked after properly, and kept safe.
- Money and benefits for specialized caregivers will depend on if there is enough money available.
- There will be no conflict of interest involved in situations involving money or making contracts. If there is a conflict, the Executive Director(s) will tell the Board right away.

Communication and Advice to the Board

The Executive Director(s) will never give the Board information that is not true, inaccurate, or not properly checked, so they can make good informed decisions. The Executive Director must:

- Let the Board be aware of new issues that come up, possibilities of problematic or negative media/news coverage, outside and inside changes, and especially changes in the meaning of any current Board policy.
- Give information that is needed for regular evaluations, is on time, properly checked, easy to understand in plain language, and connected to the rules of the Board policies.
- Get information about issues and choices needed for the Board to make fully-informed decisions.
- Speak to all members of the Board, except when a board member has asked for their own information about board-related decisions.

As soon as possible, report any times when Board rules are not being followed.

Succession Planning

It is very important to always promote leadership throughout the organization. It is responsible and in the best interest of the Agency to make sure strong leadership is in place for Management and financial matters.

The Board and Executive Director(s) share the responsibility of succession planning for The H.O.M.E. Society. The Board makes the final decision regarding the choice of Executive Director(s).

However, throughout the term of the Executive Director(s), the Executive Director(s) can present, create, and expose senior managers to learning and capacity-building opportunities, both internally and externally, related to executive leadership.

As for succession planning in other areas of The H.O.M.E.Society, the Executive Director(s) will make sure there are maximum opportunities for leadership growth and development across all areas within the Agency.

POLICY A.40 SIGNING AUTHORITY

The Directors will arrange signing authority with the society's bank in accordance with the by-laws. Cheques written from the society's account must be signed by two of the following people:

- Current signing authorities as designated by the Board of Directors.
- Employees of the society who will be named by resolution of the board (Executive Director or designate).
- In the case of Co-Executive Director(s)s, only one Executive Director(s) may sign.
- **Cheques less than $2500.00 can be signed by any two H.O.M.E. Society Directors.**
- **Cheques over $2500.00 can be signed by any HOME Society Director and one Board member.**
- **Agreements for accounts or cash management products, credit cards, mortgages, international fund granting etc. will be completed by two Board Members.**

POLICY A.50 ETHICS

PURPOSE

To establish expectations of behavior, character, and conduct, while being aware of the distinction between right and wrong, moral duty, and obligation to the community and to be accountable in providing quality services.

This policy applies to all individuals who provide services for and with The H.O.M.E. Society.

POLICY

All programs, services, employees and supports of the H.O.M.E. Society must follow the Societies Mission Statement, values and the policies/procedures of the society. All programs must adhere to the rules and regulations of the licensing and contract agencies, the local, provincial and federal governments and any agencies that have jurisdiction in the operations of the support services. Members of the Board and members of the Society are expected to:

- Represent the interests of all the people served by the society.
- Use their service for the exclusive benefit of others and not for themselves, their personal friends or supporters.
- Maintain the confidentiality of information involving caregivers and individuals.

PROCEDURE

All caregivers will have access to a copy of the H.O.M.E. Society Policy and Procedure Manual at the time of hire and will be available at all locations via the internet.

The Policy on Ethics will be reviewed at the time of hire with the Employee Orientation Sheet and annually at team meetings.

A copy of the Policy on Ethics will be available to all people receiving support services, parents and/or guardians.

The Board of Directors will review the Ethics Policy on an annual basis.

EMPLOYEE CODE OF ETHICS

All employees will have to make the following affirmation:

I Affirm That:

- I shall not discriminate against or refuse professional services to anyone on the basis of age, sex, color, race, creed, national origin, religious persuasion, sexual orientation, marital status, political belief or mental/physical disability (such as AIDS)
- I do not use my professional relationship with individuals to further my own interests.
- I do not abandon or neglect individuals in my care without making reasonable arrangements for the continuation of such care.
- I shall evidence a genuine interest in all individuals, and do hereby dedicate myself to the best interest of the individuals and to helping them help themselves.
- I shall uphold H.O.M.E.S commitment to represent the diverse population it serves.
- I will be respectful of the language spoken and understood by the people I support by speaking solely in their language at all times while in their company.

CODE OF ETHICS

Service & Support to Individuals in Care

1. **Respect:** Every individual is a person of inherent value and fully worthy of our respect. We will respect each individual's rights, responsibilities, and freedoms. We will treat them as persons with dignity, and we will do our best to make sure others see them and treat them the same way. We will not stigmatize Individuals in care. We will never disparage, demean, or humiliate an Individual in care.
2. **Choices:** We will recognize all individual's capacity and competency before limitation. Therefore we will seek to expand their choices and opportunities, and to provide them with the information they want and need. We will also assist them to understand the information to the best of our abilities. In all that we do we will promote choice, decision making, and personal empowerment.
3. **Advocacy:** Individuals receiving services are entitled to all the rights, responsibilities and privileges that are accorded to them as citizens of

Canada. We will enable to Individuals to lead meaningful lives as full citizens of the community. This includes helping them to achieve their right to belong, to be valued, to participate, and to make meaningful contributions. We will never conduct ourselves in a way that undermines this effort. We will advocate for the individual's rights and interests within the Society, within external systems, and within the community at large.

4. **Personal Service:** We will seek to understand and accommodate the complex person we are supporting: this includes considering such things as language, culture, race, sexuality, religion, values, creed, and so on. We will treat each individual as an individual. We will tailor our services to meet their needs and their expectations of us. We will be sensitive to their differences and celebrate their diversity.
5. **Safety:** We will take responsible measures to protect health, safety and emotional well-being of all the individuals receiving service: at the same time. We will recognize their right to take measured risks and to make mistakes.

Professional Conduct

Our society will be accountable for maintaining the highest possible standards of professional practice. This will include all undertakings by the society as well as undertakings by individuals working for or on behalf of the society (including the board of directors, managers, employees and contracted support services).

1. **Interpersonal Relationships:** We will treat all persons with whom we are interacting with dignity and respect. Especially we will honor the important role of our individual's families, friends and advocates. We will be honest and straightforward, and genuine in all our dealings with people. We will be sensitive and respectful to diversity and difference: we will resolve interpersonal conflicts in a timely and respectful manner.
2. **Criticism and mutual support:** We will accept constructive criticism from one another. We will welcome complaints from stakeholders and respond in a respectful, timely and effective manner. We will accept credit only for the work we have done and acknowledge the work and contributions of others. We will support one another to perform to the best of all our abilities, and to avoid conduct that diminishes quality of service or that erodes morale.
3. **Collaboration:** We will promote and contribute to professional collaborations. In the interest of maximizing our service, we will consult with stakeholders, with outside expertise, and with one another, as often as needed. We will work with other service providers, organizations, and caregivers in a spirit of mutual and collegial respect. We will invite their

feedback and contribution, even as we offer our own. Our influence will be a positive one, characterized by cooperation and encouragement. We will not act with malice, discourtesy, or enmity.

4. **Stewardship:** We will respectively maintain, and preserve the property, assets, and resources made available to us for the performance of our duties and commitments.
5. **Excellence:** We will be earnest in all our efforts and thoughtful in all our undertakings. We will strive to find more efficient and more effective ways of conducting business. We will provide individuals in care with the highest possible standards of service.
6. **Integrity:** We will accept responsibility for our actions. We will not operate beyond the scope of our competencies, nor misrepresent our qualifications, experience and/or expertise. We will act quickly to correct any misinformation or misrepresentation concerning our services, activities, outcomes or credentials. We will not withhold evidence that might disconfirm our findings or views, and will acknowledge alternative positions, explanations, or hypotheses.
7. **Community Citizenship:** We are a member of the communities in which we work and serve. This comes with responsibilities such as being a good neighbor, a good employer, and an overall positive influence. We will be mindful of our communities' needs and interests, and we will be supportive of its charitable, cultural, and educational institutions. We will not be politically complacent, but will maintain a presence that befits our responsibility.
8. **Duty under law:** We will comply with the letter and spirit of all laws, regulations, agreements, or requirements that govern us. Where such requirements negatively impact operations of those we serve, we will seek immediate remedy; where the requirements do not go far enough to advance the interests of individuals or best professional practices, we will exceed them.
9. **Personal Fundraising:** Personnel will not use their relationship or influence with H.O.M.E.S stakeholders, including individuals receiving services, families, colleagues, and personnel supervised, to solicit donations or sell products for personal fundraising purposes. Personnel will be cautious and mindful of engaging any stakeholder in personal fundraising activities because of the perceived conflict of interest. Personal fundraising will not interfere with job duties and all stakeholders must be free and independent to make decisions about financial purchases and

engagements. Personnel will never use pressure or persuasion tactics to influence participation in personal fundraising or gain.

10. **Organizational Fundraising:** No fundraising can occur without approval from a H.O.M.E.S Director. H.O.M.E.S marketing and fundraising activities will always be carried out with respect, dignity and consideration of the privacy rights of persons served. Marketing activities will highlight the vision, mission, goals and accomplishments of H.O.M.E.S and its stakeholders. We will accurately and truthfully represent H.O.M.E.S and all of its stakeholders.

    Donors and stakeholders will have access to H.O.M.E.S most recent annual report and financial statements as approved by the governing board, H.O.M.E.S registration number, a list of current board members and a copy of this Ethics Policy.

    All donors are entitled to receive an official receipt for income tax purposes.

    All restricted or designated donations will be used for the purposes for which they are given. If necessary, due to program or organizational changes, alternative uses will be discussed where possible with the donor or the donor's legal designate. If the donor is deceased or legally incompetent and the agency is unable to contact a legal designate, the donation will be used in a manner that is consistent as possible with the donor's original intent.

Human Resources

We will clearly and effectively communicate the roles, responsibilities and qualifications relating to all positions within the society.

1. **Treatment of our employees:** We commit to treating our employees with dignity and respect and to ensuring that they are not subjected to any form of discrimination, or to sexual or personal harassment. Our evaluative processes will be fair and just. We will encourage them in their professional development and assist them to learn and apply best practices. We will strive to create a place of work where employees feel welcomed, appreciated, and comfortable. To this end we will promote safe and healthy working conditions, positive working relationships, and a spirit of collegiality. We will endeavor to foster in our employees a sense of personal satisfaction, purpose, and accomplishment. We will represent our employees' interests within the larger political and professional spheres within which we operate.
2. **Recruiting Practices:** We will utilize recruitment practices that are consistent with the Society needs and objectives, and that are fair, effective, and free from all forms of discrimination.

Business and Financial Practices

All of our business and financial practices will be in accordance with applicable legislation, requirements, and standards, and will be subject to annual independent review by external auditors. We will be transparent in our undertakings, exercise integrity in all our financial practices, and be held accountable to our membership, funding bodies, and other stakeholders.

1. **Financial Practices:** All our financial practices will be handled in accordance with generally accepted accounting principles and practices. Financial matters that fall within the scope of our financial management policies will comply with these policies; financial matters covered by the societies' bylaws will be handled in accordance with those bylaws.
2. **Fund Development and Communications:** We will represent those receiving services in a respectful manner. We will never use representations of individuals in care that are demeaning or that are designed to elicit pity or sympathy. Our solicitation of funds and our promotional practices will be ethical, legal, and respectful. All corrupt practices, such as inducing "guilt" or obligation, personal gain, bribery, or collusive transactions, are prohibited. We will abide by all applicable laws, regulations, standards, and ethical practices. We will ensure all written communication meets or exceeds current professional standards. We will provide the financial community and, where possible, the community at large, with information regarding the needs and achievements of the society. We will accurately represent the society and its stakeholders.

Information Management

1. **Maintenance:** We will maintain information that is accurate, current, and managed (organized, secured, archived, and destroyed) in accordance with all applicable regulations and standards.
2. **Disclosure:** We recognize the right of stakeholders to expect a broad range of information from us. When we are presented with a reasonable request for information, and/or when we are required to make disclosures, we will provide accurate and complete information in a timely manner.
3. **Protection:** We will protect proprietary information from improper or inadvertent disclosure. This includes information from stakeholders (including but not limited to, the society, individuals, families, employees, or members). Especially, we will keep in confidence all information regarding individuals in care, unless sharing the information complies with our policies and standards, and/or is required by law.
4. **Legal Documents:** Individuals and families will be referred to the appropriate legal services and or be encouraged to have unpaid support team members act as witnesses whenever signing legal documents. However, if need, the Executive Director or Senior Managers can witness legal documents.

Conflict of Interest

A conflict of interest arises when direct or indirect personal gain is a factor in a decision that impacts the people we serve and/or the society. We will strive to avoid conflicts of interest. Should any instance of real, potential, or apparent conflict exist, we will disclose it so that remedy might be sought.

Reporting Violations

If you observe or become aware of a violation of H.O.M.E.S Code of Ethics, you need to report the violation to your Coordinator, Director or the Executive Director within 24 hrs. If you fail to report as per these expectations, it may result in corrective action up to and including termination of employment or role with H.O.M.E.S. If you are in doubt or unsure, err on the side of caution and report your concern.

In the event that the incident involves the Executive Director/Director/Manager, the Board of Directors will investigate. If the incident involves a member of the Board of Directors, an outside party will be retained to investigate. The person investigating will provide a report to the appropriate person(s) which will include recommendations.

Investigation of violations of H.O.M.E.S Code of Ethics will begin immediately upon receipt of an alleged violation. You must participate fully and truthfully in any H.O.M.E.S investigation. H.O.M.E.S will make every effort to complete its investigation within 14 days and will document how substantiated violations have been addressed. Retaliation against anyone for reporting violations of H.O.M.E.S Code of Ethics is expressly forbidden and will not be tolerated by H.O.M.E.S.

POLICY A.60 DEVELOPMENT

PURPOSE

To ensure that all H.O.M.E. Society policies are developed, approved and distributed in a coordinated efficient manner.

POLICY

The development of new policies for the caregivers and individuals of the HOME Society will be the function of the Policy and Procedure committee. This committee is comprised of the Manager's and Coordinator's (as appropriate)

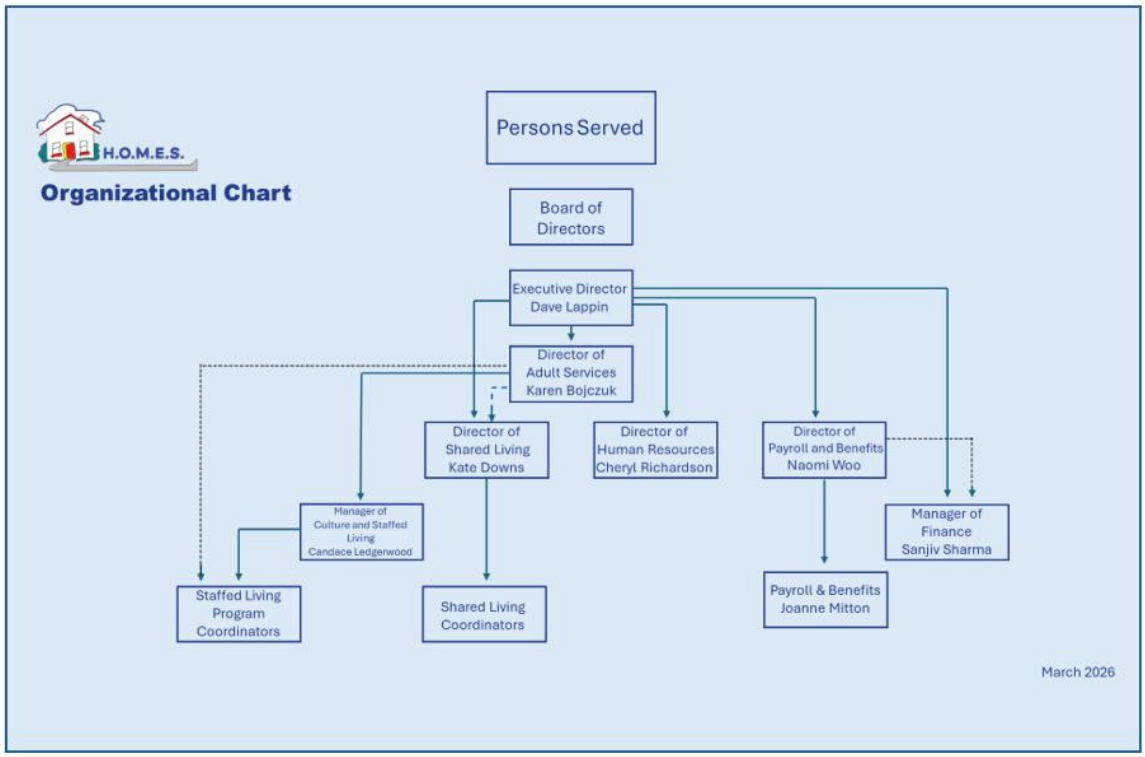
Policies will be reviewed at team meetings to ensure caregivers remain competent to carry out the duties outlined in the policies. In homes that fall under the Residential Care Regulations (Licensed homes), Policies and Procedures must be reviewed on an annual basis, or more as needed, to ensure they meet the current Residential Care Regulations.

Policies that are updated and/or revised will be approved by the Executive Director(s).

Once a new policy has been developed, it will be approved by the Executive Director(s) and the Board of Directors of the society, before being put into place.

Following approval of a policy, a copy will be placed in the policy and procedure manual in each program. The P&P Manual will also be updated on the www.homesociety.com website. It will be discussed at a caregivers meeting so each caregiver has an understanding of the policy. This policy will be revised/reviewed annually or as needed by the management of the society.

POLICY A.70 ORGANIZATIONAL CHART



POLICY A.80 SOCIETY MEMBERSHIP

The H.O.M.E. Society operates as a non-profit corporation and, as such, must act in accordance with the society act. The Act states that non-profit societies in British Columbia are to be operated under the governance of a 'volunteer' board of directors. The Board of Directors must be comprised of members of the society.

- The members of the society shall be the subscribers to the by-laws and those persons and corporations and other legal entities as are admitted as members of the board of directors.
- All applicants for membership shall be submitted to the board of directors and, upon approval by the board, the applicant shall become a member.
- A member shall be in good standing when he has paid his current annual membership fee, if any.
- Every member shall uphold the constitution and comply with the by-laws.
- There shall be no dues or fees payable by members except such, if any, as shall from time to time be fixed by unanimous vote of the board of directors, which vote shall become effective only when confirmed by a vote of the members at an annual or special general meeting.

POLICY A.90 BOARD OF DIRECTORS ORIENTATION

PURPOSE

To establish methods through which members of the H.O.M.E. Societies Board of Directors are made aware of the HOME Society's mission, vision, values and organizational structure.

This policy applies to members of the Board of Directors.

POLICY

It is the policy of the HOME Society, that new Board members receive an orientation as to the organization's history, mission, operation, policies and strategic plan.

PROCEDURE

Members of the Board of Directors will receive an orientation to the organization's history, mission, operation, policies and strategic plan through discussions/presentation with the Executive Director and Directors. Upon being elected to the Board of Directors, each board member will receive a Board of Directors Handbook.

POLICY A.100 EMPLOYMENT EQUITY

PURPOSE

Certain segments of the population face employment disadvantages such as higher unemployment rates, lower employment/population ratios, limited occupational distribution, and/or limited career progression compared with the rest of the work force. The following groups experiencing these employment disadvantages have generally been identified as designated groups: Aboriginal people, members of visible minority groups, persons with disabilities, and women.

Employment equity is about developing a workforce that is at all levels representative of the diverse population it serves and about ensuring that no individual is denied employment or advance for reasons unrelated to ability to do the job.

POLICY

H.O.M.E.S is committed to reflecting the diversity of its community's population throughout the organization and in its workforce. An equitable workplace is best achieved through the promotion of safety, teamwork, staff empowerment, open communication, and by valuing employees as individuals and contributors, in order to attain the agencies strategic and program objectives. H.O.M.E.S recognizes that meeting the goals of Employment Equity is best achieved in a workplace that promotes equality of opportunity in a positive and supportive working environment. H.O.M.E.S is committed to employment equity as an ongoing process. H.O.M.E.S will endeavor to match the diversity of the current community demographics in its workforce.

The Employment Equity process:

- Recognizes the worth and dignity of each individual,
- Strives for a qualified workforce that represents the diversity of the community,
- Identifies and eliminates any discrimination in the organization's employment procedures and policies,
- Remedies the effects of any past discrimination through the development of special measures and accommodation of differences,
- Sets goals and timetables to achieve a representative workforce.

H.O.M.E.S is committed to:

- A workforce which, at all levels, is representative of the diverse population it serves,
- The identification and removal of barriers in employment systems, policies, procedures, practices, organizational attitudes and established behavioral patterns that have an adverse effect on the employment or career progression of members of designated groups,
- The implementation of special measures to correct the effects of employment disadvantages and promote the work force participation of designated groups,
- Achieving and maintaining a fair and diverse work environment that values diversity of both employees and individuals,
- A workplace where all employees are respectful of each other,
- A workplace free of discrimination and harassment,
- Removing barriers to the recruitment, selection, promotion and retention of members of systemically disadvantaged groups, especially women, aboriginal people, people with disabilities, and visible minorities.

Employment Equity Strategies:

This challenge can be addressed through several different strategies:

- Training on employment-related topics,
- Removal of employment barriers for designated groups,
- Putting in place remedial measures to achieve representation of designated groups,
- Maximizing the possibility that members of the designated groups will remain in the workforce,
- Identifying special opportunities to encourage designated group members to enter into training opportunities that promote an environment supportive of the principles of employment equity that would attract and retain designated group members and encourage individuals to self-identify,
- Using associations that provide hiring support to designated groups in its recruitment,
- Providing training to employees regarding the values and principles of diversity and administrative fairness,
- Complying with the equity laws outlined in the BC Human Rights Code and the Canadian Charter of Rights and Freedoms.

Accommodation

Reasonable accommodation is defined as "adjustments to the workplace to allow persons with disabilities or others protected under the Human Rights Act to carry out their work." Since reasonable accommodation is provided on a case-by-case basis no single approach fits all situations. All accommodation requests must undergo a formal Accommodation Review led by Human Resources and Quality Assurance, and which may also involve the CSWU, Disability Management support, or other professionals.

Accountability

It is the responsibility of everyone employed by H.O.M.E.S to apply the principles of Employment Equity. The Executive Director is responsible for ensuring that all employment policies and practices are consistent with Employment Equity principles and that all stakeholders are aware of the Employment Equity Policy. All individuals in positions of responsibility and having the authority to make or influence employment decisions are responsible for ensuring that this policy is consistently applied throughout their area of jurisdiction. They also have an obligation to communicate this policy to the employees for whom they have responsibility.

POLICY A.110 OUTCOMES

PURPOSE

H.O.M.E.S is committed to a process of ongoing self-evaluation and improvement (continuous quality improvement) for each of the services that it provides. This will be achieved by setting outcomes for each service, measuring success in achieving outcomes, formulating an "Outcomes Management Report" and implementing plans to improve services based on the Outcomes Management Report.

SETTING OUTCOMES:

An outcome is a program goal and/or expectation. Outcomes establish goals or objectives of the service and/or program. The individuals receiving services and other key stakeholders will play a role in identifying and altering the program outcomes.

MEASUREMENT:

The collection of information will be designed to measure our success in achieving program outcomes in four areas:

Effectiveness – the achievement of program/personal outcomes

Efficiency – the ability of a program to provide services in an accountable and productive manner

Experience (formerly satisfaction) – the approval and contentment of stakeholders with H.O.M.E.S services and programs

Service Access - waiting time for routine or emergency service, convenience of service hours and locations, and time taken to set a first appointment or orientation.

Business Functions- Functional objectives to support the achievement of agency business; finance etc.

The Program Manager (or designate) is responsible for measuring the achievement of the outcomes and then reporting the results to the stakeholders.

INPUT:

One of the data sources used to measure success in achieving program outcomes is input. Input is the feedback and information gathered from stakeholders. Information and feedback is collected from stakeholders regarding the effectiveness, efficiency, and satisfaction of services and/programs.

We will obtain input from persons receiving services and other key stakeholders on a minimum yearly basis. Each program and/or service will gather input from its stakeholders. Input is collected in a variety of ways. Input from stakeholders is used to direct the continual improvement of services and programs. Input is collected from stakeholders in a way that is most understandable and meaningful to them.

The Program Manager(s) (or designate) will be responsible for obtaining input from the stakeholders.

Note: Financial reports, intake data, program timelines, demographic reports, and the information management system may be used as other sources of data to determine program efficiency.

STAKEHOLDERS:

Key stakeholders are individuals and/or groups of individuals that receive services and supports with The H.O.M.E Society. Other key stakeholders may be individuals and/or groups of individuals who do not receive services, but are directly related to the services provided in the organization.

The H.O.M.E Society identifies the following individuals and/or groups of individuals as key stakeholders:

- People receiving services and supports
- Families of persons served
- Friends of persons served
- Significant others of the persons served
- Board of Directors
- Members of The H.O.M.E Society
- Funders
- External Supporters and/or Partners
- Professional Support/Consultants
- Employees
- Community members.

WAYS TO GATHER INPUT:

Each program/service area will utilize a combination of qualitative and quantitative ways to gather input from stakeholders. The following are possible ways to gather stakeholder input, but are not limited to:

- H.O.M.E.S Guidelines/Policies for Personal Planning
- H.O.M.E.S Guidelines/Policies for Reporting
- Service Evaluation
- Service Response Planning
- Individual Service Plans and PATH's
- Satisfaction/Experience Surveys
- Personal Contact
- Exit Interviews
- Focus Groups
- Advisory Committees/Councils
- Community Forums
- General Meetings
- Board Meetings
- Staff Meetings

ANALYSIS:

The input gathered from stakeholders is analyzed through various quantitative and qualitative techniques and strategies. The data analysis technique or strategy used will depend on the type of data collected. The input is examined to find the effectiveness, efficiency, and satisfaction levels of each service and/or program. The effectiveness, efficiency, and satisfaction of a program may be measured based on personal outcomes or collective stakeholder outcomes.

Performance Improvement Report:

The Performance Improvement Report will be produced annually. The Performance Improvement Report will summarize the findings of stakeholder input and overall program performance. It will identify the following:

- Participating stakeholders
- The process of determining the outcomes for each program
- The outcomes measured
- The data collection process and tools
- The results of the data collection

The Director is responsible for producing the Performance Improvement Report. Together, with input from the management team, the Director will outline all action plans for improvements in service areas.

The Executive Director will approve the report and then submit it to the Board of Directors. The Director ensures the report is sent to all stakeholders.

Decisions for service changes and future planning will be made based on the analysis of input and success in achieving outcomes. The decisions may affect both individual programs/services and the overall organization.

The action plans set in the Performance Improvement Report will be monitored by the Director on (at a minimum) a monthly basis and progress/status reported to the Management team.

POLICY A.120 QUALITY IMPROVEMENT

PURPOSE

To provide an ongoing systematic framework for improving the quality of services delivered to the persons served.

POLICY

All services delivered by The HOME Society shall be systematically reviewed and evaluated; identifying and measuring outcomes impacting the individuals we serve, including informed choice, quality and satisfaction. Priority will be given to the identification and measurement of service delivery outcomes that determine the impact and effectiveness of the efforts for and on behalf of the individuals served.

These measures will include:

- Outcomes of services for the people we serve as expressed by indicators of various stakeholders' experiences and satisfaction.
- Outcomes of services for the people we serve as expressed by indicators of satisfaction from our contract agencies and other interested individuals.
- Monitoring Internal Outcome to meet continuous quality improvement standards related to program operation, maintenance and employee productivity and performance.

PROCEDURE

1. Continuous quality improvement is a commitment of service delivery by every employee of the H.O.M.E. Society. Each employee recognizes that the quality of his or her services delivered to the people served is impacted by the effort each has made to deliver improved quality with effectiveness and efficiency.

2. Management will be responsible for implementing and maintaining all documentation of efforts to improve the quality of the services delivered to the people it serves by:
    - Assisting the Coordinator's in bringing problems or issues of quality to resolution

- Tracking the agencies effectiveness in meeting the standards of all regulatory agencies through the use of monthly summary reports.
- Assisting the Coordinator's in the systematic examination and understanding of deficiencies found through surveys or inspections. This will be done by reviewing the corrective action plans designed to prevent further deficiencies.
- Assists in the examination of caregivers training and the development of training programs which provide understanding and quality improvement for care providers and management.
- Developing and conducting assessments of satisfaction outcomes of the people served, parents/guardians, caregivers and external stakeholders.
- Managing the information/data systems to assure that indicators and aspects of care information can be assessed and utilized by management and the various committees involved in the continuous quality improvement process.
- Preparing the Annual Performance Management reports of services delivered by the H.O.M.E. Society.
- Directs satisfaction survey activities to determine satisfaction levels of the persons served.
- Participates as an active member of various standing agency committees such as the Safety committee, Policy & Procedures, work groups, etc.

3. The continuous Quality improvement process shall provide for confidentiality protection of the individuals served.

4. Coordinators will monitor incident reports for safety issues, trends, and potential causes using an incident report.

POLICY A.130 PERSONS SERVED EXPERIENCE/SATISFACTION

PURPOSE

To establish a systematic method of evaluating persons served satisfaction/experience for services provided by the H.O.M.E Society

POLICY

It is the policy of the H.O.M.E Society that consumer experience/satisfaction surveys will be taken at least annually. Results will be evaluated by the CQI Committee and recommendations made as necessary to effect improvement in delivery of supports and services.

PROCEDURE

The HR/QI department will send out surveys to the individuals we serve, the parents/guardians, contract agencies, caregivers and people in the community on an annual basis.

The Executive Director(s) or delegate will assure that the following tasks are completed:

1. Aggregate all survey responses and provide reports to the CQI Committee for review and recommendation.
2. Engage in activities within the society to facilitate the improvement of persons served outcomes.
3. Assure that the Steering Committee is made aware of dissatisfied individuals or issues of dissatisfaction as indicated on the surveys in order to promptly make both individual and systemic changes necessary to meet the needs of the individuals we serve.
4. Assign a person/committee, to receive input from all levels regarding experience/satisfaction with services and ideas on improving services.

A Committee will review and receive persons served feedback/information pertaining to levels of satisfaction/experiences or grievances pertaining to services and supports delivered or coordinated by the society.

POLICY A.140 UNIONIZATION

The H.O.M.E. Society signed their first Contract with The Construction and Specialized Workers Union, Local 1611 in 1998. The Term of Agreement was from June 30, 1998 to March 31, 2003.

Some of the old Policies and Procedures were negotiated in the new contract. Both the employer and the Union agreed that it was in the best interest of both parties to cooperate fully, individually, and collectively with one another and agreed to abide by the Terms of the Agreement.

The H.O.M.E. Society is represented by the Community Social Services Employers' Association (CSSEA).

On April 1, 2003 a New Collective Agreement was signed between the Employer and the Association of Unions.

The Purpose of the agreement is to provide orderly collective bargaining between the Employer and the Association of Unions. The Parties to this agreement share a desire to improve the quality of services provided by the employer. Accordingly, they are determined to establish, within the framework provided by the law, an effective working relationship at all levels in which members of the bargaining unit are employed.

Conflict with Regulations

In the event that there is a conflict between the contents of the Collective Agreement and the policies and/or regulations made by the employer, or on behalf of the employer, the union agreement shall take precedent over the said policies/regulations.

The Union acknowledges that the management and direction of employees in the bargaining unit is retained by the Employer, except as the union agreement otherwise specifies.

POLICY A-150 BOARD OF DIRECTORS CODE OF CONDUCT

1. Board members shall maintain the confidentiality of the details and dynamics of Board discussions, as well as those items designated as confidential.

2. Regardless of their personal viewpoint, Board members shall not speak against, or in any way undermine Board solidarity once a Board decision has been made.

3. Board members are expected to attend all Board meetings. Board members shall be prepared to commit sufficient time and energy to attend to Society business.

4. Directors shall avoid, in fact and in perception, conflicts of interest and disclose to the Chair, in a timely manner, any possible conflicts.

5. Directors' contributions to discussions and decision-making shall be positive and constructive, respectful and free of animosity.

6. Directors' interactions in meetings shall be courteous, respectful and free of animosity.

7. Directors' shall participate in the society in ways other than attending Board meetings.

8. Directors shall adhere to the Society's governance policies.

9. Directors shall be prepared for meetings, having read pre-circulated material in advance of the meeting.

10. The Executive Director(s) is responsible to the entire Board. Consequently, no single Board member or committee has authority over the Executive Director(s) or undue influence over the society.

11. Board members shall not attempt to exercise individual authority or undue influence over the society.

_____
Director's Signature

_____
Date signed

POLICY A.160 CORPORATE RESPONSIBILITY

As an organization, the H.O.M.E. Society will be accountable and responsible to all stakeholders by demonstrating the values and practice of corporate responsibility. Corporate responsibility is ensuring that the organization's resources and materials are used and allocated in an appropriate and diligent manner and that all actions taken by employees of H.O.M.E.S will comply with civil, provincial, and federal laws and regulations.

All H.O.M.E.S employees, when acting on behalf of the organization or carrying out their job duties, must act and demonstrate adherence to the principles and practices of corporate responsibility. This means that all employees must:

- Comply with the civil, provincial, and federal laws and regulations.
- Use the organization's resources (i.e. financial, social, material, product, property, communication, etc.) only as intended and never in a fraudulent, wasteful, or abusive manner.
- Never provide false information or representation that may lead to fraudulent, wasteful, or abusive actions against the organization and/or the individuals and families receiving services.

Employees must immediately report, in writing, to their direct Coordinator / Manager any actions taken or incidents that do not demonstrate corporate responsibility and/or are fraudulent, wasteful, or abusive towards the organization and/or the individuals and families receiving services. The employee will not face reprisal for making the report, unless the action is malicious or knowingly false. If the Coordinator's actions are the basis for the allegation, the employee must report directly to the authority responsible for the Coordinator. If the allegation is against the Executive Director(s), the report must go directly to the Board of Directors.

If an employee does not report any known actions or incidents that do not demonstrate corporate responsibility and/or are fraudulent, wasteful, or abusive towards the organization and/or the individuals and families receiving services, the employee will be enabling the action and will be subject to disciplinary action.

The person receiving the report and the Program Manager (or designate) will complete an investigation within five days of the report being brought forward. The report and subsequent investigation is confidential. Only the individuals directly involved in the incident (i.e. the employee, witnesses, the investigators) will be privy to the information and outcome of the investigation. If the employee is found to be acting or conducting themselves in a way that breaches corporate responsibility and is fraudulent, wasteful, or abusive towards the organization and/or the individuals and families receiving services, the employee will be subject to discipline up to and including dismissal.

POLICY A.170 ACCESSIBILITY

The H.O.M.E Society will provide services that are accessible to the individuals receiving support. Furthermore, H.O.M.E.S will provide opportunities, for the individuals we support, to participate and contribute to the organization's activities. H.O.M.E.S will assess and identify barriers that may limit the accessibility of its services and organizational activities in a timely and responsive manner. H.O.M.E.S will develop an accessibility plan to address and remove the identified barriers in the best possible way.

Accommodation

An individual who meets the eligibility criteria for a service will be provided reasonable accommodation to ensure full access to the service. Reasonable accommodation may include, but is not limited to:

- Communication
- Financial
- Transportation
- Physical
- Technology
- Caregivers training

Accessibility Plan

The Manager of Quality Assurance (or designate) will complete an accessibility checklist on an annual basis. The checklist will be completed for the organization and within each service area. The checklist will identify potential accessibility barriers in the following areas, but is not limited to:

- Attitudinal barriers
- Communication barriers
- Transportation barriers
- Environmental barriers
- Financial barriers
- Cultural barriers
- Architectural barriers
- Technology barriers
- Employment barriers

Based on the results of the accessibility checklist, the Manager of Quality Assurance, or designate, will write an accessibility plan/report. The plan will identify

the barriers and outline recommendations to remove the barriers in the best possible way.

Concerns related to accessibility can also be addressed to the HR/Quality Improvement Director (or designate) on an on-going basis.

Members, families, people receiving support, and employees can submit accessibility concerns verbally or in writing at any time. These concerns will also be included and addressed in the accessibility plan.

HR/Quality Improvement Director will submit the accessibility plan to the Executive Director(s) and the Board of Directors for review. The Board of Directors must review the accessibility plan on an annual basis.

POLICY A.180 RECORDS MANAGEMENT

Purpose

As a provider of services, H.O.M.E.S is required by statutory and contractual obligations to establish, maintain and dispose of records. It is also a necessary requisite of providing quality services and being accountable to the people we serve, our members, our funders and the public.

Definition

Records may be individual records, program or resource records or corporate records. They may include documents, books, letters, photographs or audio or video recordings. And they may be stored on different types of media, from paper to electronic formats.

Policy

H.O.M.E.S will establish and maintain records for: (1) people we serve; (2) employees; (3) volunteers; (4) members; and (5) contractors

H.O.M.E.S will also establish and maintain the following records:

- Financial (payroll, accounts, etc.)
- Administrative (attendance, vehicle, etc.)
- Legal (contracts, minutes, etc.)

File Status

Records may have one of the following two statuses:

- Open
- Closed

Files will be opened once a person is being considered for service and/or added to a waitlist or once service is provided. Information may be held temporarily prior to a person receiving services or being added to a waitlist. If no file is opened, the information will be destroyed.
Files are closed once H.O.M.E.S ceases to provide service to an individual and there remain no outstanding issues or liabilities.

Protection of Personal Information (Confidentiality)

Files that contain personal information must comply with the H.O.M.E.S Privacy Policy for individuals and families and the H.O.M.E.S Privacy Policy for Employees. (Policy B.40)

Responsibility

The responsibility for establishing, maintaining or destroying administrative documents and records for individuals will be defined in Records Management Procedures.

[1] Document Disposal Act, Freedom of Information and Protection of Privacy Act, Income Tax Act

POLICY A.190 STRATEGIC PLANNING

Purpose

Strategic planning is a process of ongoing evaluation and improvement of the organization's services and activities, involving all stakeholder groups.

Policy

The Strategic Plan outlines the direction and goals of the organization, usually over a five year time frame.

H.O.M.E.S "stakeholders" include the following individuals and groups:

- *Persons served*
- *Families and friends of persons served*
- *Board of Directors*
- *Funders*
- *Volunteers*
- *Personnel*
- *Professional Affiliates*
- *Community Members*
- The Board of Directors will approve H.O.M.E.S Strategic Plan
- The Strategic Plan will be included in H.O.M.E.S Annual Report, which is available to individuals, families, caregivers, funders and other stakeholders.
- The Strategic Plan will also be posted on the H.O.M.E.S website.
- H.O.M.E.S executive team is responsible for implementing the strategic plan and ensuring that H.O.M.E.S operations are consistent with the strategic plan.
- H.O.M.E.S executive team will review the Strategic Plan on a bi-annual basis.
- The HR/Quality Improvement Director will initially produce a 6 month report based on the reviews and an annual report thereafter. This report will be distributed to all stakeholders.
- All of H.O.M.E.S stakeholders are encouraged to provide input to strategic planning. Input is obtained both formally and informally:
- Formal input is obtained through an annual satisfaction/experience survey, regular team meetings, written reports, an online "suggestion box," intake

and exit interviews, and through various written guidelines set forth in H.O.M.E.S policy and procedures manual.

- Informal input is obtained on a day-to-day basis through regular contact with all stakeholders, through social events, and opportunities for volunteer and committee participation.

POLICY A.200 BOARD OF DIRECTORS EDUCATION, DEVELOPMENT & PERFORMANCE

Purpose

- To ensure that the Board of Directors has access to current educational opportunities and development, which is directly relevant to their role as a Board member.
- To ensure that the Board of Directors performance is reviewed on a regular basis for quality assurance.

Policy

Ongoing professional and personal development is important to the overall effectiveness of the Board, on a collective and individual level.

Board members, along with the Executive Director(s), will circulate educational opportunities on a regular basis. The learning opportunity must be related to the member's Board duties and responsibilities. The Agency will pay for the related costs, including travel, fees, meals, and accommodation.

As a means of monitoring, the board conducts an annual assessment of itself (as a group). As well, the board conducts periodic self-assessments of individual members, minimally every two years.

The Board of Directors are to review governance policies at the first Board meeting after the AGM has been held.

POLICY A.210 BOARD OF DIRECTOR'S CONFLICT OF INTEREST

Purpose

Board members are expected to avoid any actual or perceived conflict of interest(s) including that which might impair or impugn the independence, integrity or impartiality of the board. There must be no apprehension of bias, based on what a reasonable person might perceive.

Policy

Board members shall recuse themselves from positions, discussions, or votes where they have, appear to have, or believe that they have a conflict of interest that would prevent them from acting in the best interests of H.O.M.E.S and the safeguarding of its programmatic and corporate soundness.

Furthermore, should a Board member have a personal financial interest, or a financial interest in any agency, company, or entity that receives or stands to receive financial or other material benefits from performing services for H.O.M.E.S, that Board member shall disclose that interest to his or her fellow Board members.

An actual or potential conflict of interest arises when a board member is placed in a situation in which:

- His or her personal interests, financial or otherwise, or
- The interests of an immediate family member or of a person with whom there exists, or has recently existed, an intimate relationship

No board member shall knowingly participate in any decision that appears to directly or preferentially benefit a fellow board member or any individual with whom the member has an immediate family, intimate or commercial relationship.
Board members should not have any connection to the agency within the previous two years, or for a period of up to three months following the completion of their duties as a board member.

Examples of a connection to an agency currently or within the past two years include:

- Preparing an application or providing expert advice used in developing any proposal(s), beyond information on the board's criteria, guidelines and procedures.
- Making public comment for or against an application or agency that might result in the apprehension of bias.
- Working for or previously employed by The H.O.M.E. Society.

- Working as a consultant/contractor for The H.O.M.E. Society.
- Having financial or other business interests with The H.O.M.E. Society.

Procedures:

The Individual and the Executive Director(s) of H.O.M.E.S will jointly administer this Conflict of Interest Policy; each may, at his or her discretion, refer issues or matters to the full Board or an appropriate committee thereof.

A Board member who becomes aware of a potential or perceived conflict of interest involving him or herself should report the situation promptly by filing a written disclosure statement with both the Individual and Executive Director(s).

A Board member who becomes aware of a potential or perceived conflict of interest involving another Board member or employee should report the situation promptly by filing a written disclosure statement with both the Individual and Executive Director(s).

This Conflict of Interest Policy is to be communicated to and subscribed to by all members of the Board each calendar year at the AGM.

A signed copy of this Conflict of Interest Policy from each Board member shall be returned for review to both the Individual and Executive Director(s). Any disclosure of conflict of interest or potential conflict requires that the Individual and Executive Director(s) review the situation together and document a suggested resolution that is in the best interests of H.O.M.E.S.

Resolutions may be appealed to the full Board. All appeals must be made in writing. Board rulings will be decided by a simple majority vote.

A copy of all documents relating to disclosures, resolutions, and appeals will be retained by the H.O.M.E.S Board of Directors and Executive Director(s).

All Disclosure Statements are to be retained for four years. All disclosures and related actions involving grants and contracts must be maintained at least three years beyond the termination of the related grant or contracts or resolution of any action with the funding organization, whichever is longer.

It is a violation of H.O.M.E.S policy to retaliate against an individual who files a statement raising a potential or perceived conflict of interest. It also is a violation for a Board member knowingly to file a false statement. If such actions should occur, they should be brought immediately to the attention of both the Individual and Executive Director(s).

I have read and am aware of the conflict of interest policy for the Board of Directors of H.O.M.E.S, and hereby agree to abide by this policy in all matters dealing with my responsibilities toward the H.O.M.E. Society.

Signature: _____

Date: _____

Name (Please print): _____

POLICY A.220 SOCIAL MEDIA & GUIDELINES

Purpose

H.O.M.E.S recognizes the importance of online communications in sharing information, raising the agencies profile, and engaging others in thinking about our mission, our values and our values of inclusion, collaboration and belonging. We also recognize the importance of our employees and other personnel using social media tools to expand and develop relationships within our agency and in the broader community. It's helpful to be able to share perspectives on the role we can all play in supporting marginalized people to have good lives. This ultimately strengthens our service delivery, community development and advocacy work to advance the quality of life of the people we support.

Definition

Social media refers to web-based media technologies and practices used to communicate, share and network in an online environment. Social media can take many different forms and includes social networking sites (e.g. Facebook, LinkedIn); blogs; Twitter; online discussion groups; instant messaging; text messaging; multi-media sharing for videos (YouTube), pictures (e.g. Instagram, Snapchat), audio and presentations; collaborative media such as Wikipedia; sites for sharing social news, opinions and reviews; social bookmarking sites; event monitoring; game sharing; and many others. This medium thrives on authentic, personal and timely communications, resulting in engaging others and building communities of interest.

Policy

The objectives of this policy are to:

- Encourage the safe, creative and effective use of social media by H.O.M.E.S employees/personnel;
- Provide a framework for the policies and guidelines that oversee social media use;
- Include social media in engaging the community in H.O.M.E.S vision, mission and values.

This policy applies to all social media use by employees and volunteers/practicum students

Guiding Principles

H.O.M.E.S is committed to supporting honest, respectful, transparent, and knowledgeable dialogue on the internet through social media. All employees and volunteers/practicum students who participate in social media - whether on business or personal time – on behalf of H.O.M.E.S or who reference H.O.M.E.S in any manner are expected to adhere to the following "guiding principles".

- While using social media, all employees and volunteers/practicum students are bound to uphold the agencies Code of Ethics. The code sets out how we conduct ourselves as professionals with respect to our colleagues, persons served, and within the community. Protection of personal information (including images) and privacy is to be respected at all times.
- When engaging in social media, be kind, have fun and connect.
- Anything published on social media can reflect on you personally, or on the agency. Everyone is responsible for exercising good judgement when publishing.
- It is the discretion of the employee/volunteer/practicum student to accept or decline a friend request from someone we provide services to.
- Employees and volunteers/practicum students are to consult with their Manager when creating or initiating new internal blogs, discussion forums or other social media to promote H.O.M.E.S initiatives on behalf of the agency.
- Collaboration is welcomed and encouraged!
- Blogs, discussion forums or other social media created by H.O.M.E.S will be moderated and maintained with current and relevant information by the employee/volunteer/practicum student who set it up or subsequently becomes responsible for it. This includes monitoring the site for inappropriate language, images, depictions, and misuse. If the site is found to contain any incorrect or inappropriate information, it is the employees and volunteers/practicum student's responsibility to correct the error or have the site taken down immediately.
- Ensure your online activities do not interfere with your job or commitments to persons served. Check with your Coordinator/Manager if you are not sure about the appropriateness of publishing during work hours.
- It is understood that H.O.M.E.S computers and internet access should only be used for H.O.M.E.S related purposes and that all information contained or sent via our email (homesociety.ca) platform is H.O.M.E.S property. Employees and volunteers/practicum students have no expectation of privacy when using H.O.M.E.S computing equipment or network internet access.

- All employees and volunteers/practicum students are expected to comply with the corresponding *"Social Media Guidelines for Employees, Volunteers and Practicum Students."*

Social Media Guidelines for Employees / Volunteers / Practicum Students

- H.O.M.E.S encourages using social media tools to explore how we can expand and develop community connections. The following guidelines reflect current best practices for safe and collaborative online engagement.
- Guidelines for safe and effective online engagement:
- Add value to the conversation. Make contributions that help you or others solve a problem; improve knowledge or skills or build a sense of community. Write about what you know from your own perspective and include links to relevant resources.
- Develop community. Understand the concept of community, and that it exists so that you can support others and they in turn can support you. Connect and share information with others in your community of interest.
- Respect privacy, copyright laws and fair use. Always give people proper credit for their work and make sure you have the right to use something (text or images) with attribution before you publish.
- Show respect for audiences and colleagues by ensuring the content is family friendly, protects the privacy of others and respects different opinions. The same guidelines and etiquette that you use at work apply in the social space.
- Be transparent about who you are and who you represent. Any communication through social media can become public, and the identity of and anonymous contributor identified.
- We encourage people to consider the option of setting up a professional profile for posting on public sites and identify yourself when posting. Facebook or Twitter users who have a personal account and who follow

H.O.M.E.S employees are encouraged to open a professional account to follow the agency. This will assist employees/volunteers and practicum students in better protecting and controlling their professional Facebook character and will enable them to set their personal pages as private.

H.O.M.E.S welcomes Ambassadors/Advocates! H.O.M.E.S is best represented by its people. Use your (professional) profile to help develop connections for H.O.M.E.S. Share our community event listings, news about our initiatives or current job opportunities. If you blog about community living, please let us know and connect with us.

Statement of Understanding

I have read H.O.M.E.S Social Media Guidelines. I fully understand them and agree to abide by them.

_____
(Board Member, Employee/Volunteer/Practicum Student **name**)

_____
(Board Member, Employee/Volunteer/Practicum Student **signature**)

_____
(Employee Number)

(Date) _____

POLICY A.230 LEADERSHIP SUCCESSION PLAN

Purpose

A leadership succession plan is one way to ensure strong leadership and planning is in place for The H.O.M.E Society. It is important for the agencies prosperity, consistency, growth and to safeguard practices. Furthermore, a leadership succession plan is essential to H.O.M.E.S continuity of service and implementation of its values, practices and philosophy. The H.O.M.E Society is committed to ongoing leadership development.

Policy

H.O.M.E.S will develop and maintain leadership succession plans for the following:

- The Board of Directors
- The Executive Director
- Senior Management

The Board of Directors will review the Executive Director Succession Plan on an annual basis or when any change in the Executive Director position occurs.

All other succession plans will be reviewed on an annual basis by the Senior Management team

POLICY A.240 TECHNOLOGY

PURPOSE

H.O.M.E.S IT Plan will guide the efficient and effective deployment of hardware, software, and security to support the users, service delivery objectives, and business systems of the agency.

The H.O.M.E Society will ensure an Information Technology Plan is in place at all times.

POLICY

The IT Plan may include but is not limited to H.O.M.E.S practices and safeguards for:

- Support and training related to information and technology
- Back up of data
- Disaster recovery plans
- Annual testing of disaster recovery
- Anti-virus software
- Firewalls
- Confidentiality of data
- Assistive technology deployment
- Security against threats such as viruses, Trojans, phishing, spam, spoofing and any other trends in security threats.

The IT Plan will be drafted by the IT Consultant (or designate) with input from the Management team and other relevant stakeholders. The IT Consultant will review and report to the Management team on a minimum bi-annual basis to ensure that the development and deployment of information systems are accessible.

H.O.M.E.S will update the plan annually at a minimum, or as required due to changing systems or internal or external trends.

SECTION B

LEGAL AND ETHICAL

B.10 INCIDENT REPORTING
B.20 EXPECTED AND UNEXPECTED DEATHS
B.30 ABUSE AND NEGLECT POLICY
B.40 PRIVACY AND CONFIDENTIALITY
B.50 CONFLICT OF INTEREST POLICY
B.60 CRIMINAL RECORD CHECK
B.70 COMPLAINT RESOLUTION
B.80 RELEASE OF INFORMATION TO THE MEDIA
B.90 CONFLICT RESOLUTION
B.100 POLICY ON HARASSMENT
B.110 DISCLOSURE OF ADVERSE EVENTS
B.120- TESTIFYING IN COURT POLICY
B.130 VIDEO SURVEILANCE POLICY
B.140 WHISTLEBLOWER POLICY
B.150 AI POLICY

POLICY B.10 INCIDENT REPORTING

Purpose

The purpose of using incident reports is to ensure incidents are reported and reviewed in a timely manner by the home/program, the funder and (where appropriate) the licensing officer. This process will assist in the prevention of reoccurrence and in the promotion of the high standard of care, safety, health, and dignity of the persons in care. Completing incident forms complies with the legal responsibility to report incidents. If you are unsure whether or not to report an incident, err on the side of caution and report it.

(a) Individuals, families, and support networks are encouraged to develop appropriate personal and community safeguards to prevent critical incidents.

(b) The H.O.M.E. Society is required to document and report to the funder details of any critical incidents involving persons served.

(c) The H.O.M.E Society uses a non-reprisal approach for personnel reporting and encourages personnel to report any wrong doing they may encounter.

(d) The funder has the responsibility for initiating an investigation or involving external authorities (eg. police) if deemed necessary.

(e) If the reported wrongdoing does not require an external investigation, an internal investigation will be started within 24 hours of receiving the report.

Procedure for reporting Critical Incidents: *(Please refer to house copy of instructions and guidelines for completing a reportable incident form, also available on Sharevision)*

(a) Any caregivers, person, volunteer or subcontractor who witnesses a critical incident or who is on duty when a critical incident occurs must report the incident to the Coordinator or Manager and complete a Critical Incident Report on Share Vision, within 24 hours of the incident's occurrence.

(b) Incidents for people living in a licensed home are also reportable to the Fraser Health Authority, Community Care Facilities.

(c) The Coordinator will review the report for accuracy and forward it to the Manager. It is important that critical incident reports provide an accurate, complete description of the event(s) so that follow up can be helpful and any revision to the individual’s support plan or services is based on correct assumptions and facts.

(d) The Coordinator and/or Manager will review the report and forward it to the funding agency (and or licensing officer, if applicable), within 24 hours of the incident's occurrence. If it is not possible to submit the written report

within 24 hours, the Coordinator or Manager will make a verbal report, to be followed up by the written report as soon as possible.

(e) The Coordinator will identify steps to be taken to follow up on the incident, if necessary. The Director(s)/Manager will be the fixed point of contact for any external investigations into critical incidents by the funder, licensing officer or police.

CRITICAL INCIDENT DEFINITIONS:

ABUSE

Emotional Abuse: Alleged or actual act or lack of action that diminishes an individual's sense of well-being and is perpetrated by a person in a position of trust or authority, including verbal harassment, yelling, or confinement.

Financial Abuse: Alleged or actual misuse or abuse of an individual's funds or assets by a person in a position of trust or authority. Obtaining property or funds without the knowledge and full consent of the individual or a formal or informal representative.

Physical Abuse : Alleged or actual excessive or inappropriate physical force directed at an individual by a person in a position of authority or trust, including: • a staff member or volunteer, or a person who is not responsible for providing services and is not a supported individual.

Sexual Abuse: Alleged or actual sexual behavior, directed at an individual, whether consensual or not, by a staff member, volunteer or any person in a position of trust or authority. Sexual behavior may include inappropriate, unsolicited, or forced sexual attention. **Sexual behavior between two consenting individuals is not a critical incident**.

AGGRESSION BETWEEN INDIVIDUALS

Aggressive behavior by an individual **towards another individual** that causes injury requiring first aid (e.g. bandage, ice pack), emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.

AGGRESSIVE / UNUSUAL BEHAVIOUR

Aggressive or unusual behavior by an individual that results in harm and/or causes significant concern. Harm can be to property or to a person. Harm to a person can be physical or emotional harm, and can be towards themselves, another supported individual, staff, or others. Unusual behavior means behavior that is unusual *for the person*.

Behaviors included in the Behavior Support and Safety Plan **must** be reported **if** they are beyond what is included in, or effectively addressed by the Safety Plan **or** if they cause harm.

ATTEMPTED SUICIDE

Attempt by an individual to intentionally self-harm for the purpose of taking his or her own life.

CHOKING

An individual's airway is obstructed, **requiring first aid, emergency care** by a medical practitioner or nurse practitioner, or transfer to a hospital.

DEATH

Death of an individual while participating in a CLBC funded service.

DISEASE/PARASITE OUTBREAK

Outbreak or occurrence of a communicable disease **above the normally expected level**, including a communicable disease or parasite such as scabies. Contact local Health Authority if you have questions.

FALL

A fall that results in an injury requiring emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.

MEDICATION ERROR

Mistake in administering medication that:

- **adversely affects an individual,** and
- **requires emergency care** by a medical practitioner, nurse practitioner, or transfer to a hospital.

MISSING/WANDERING

Unscheduled or unexplained absence of an individual from a CLBC funded service. An absence is considered unscheduled or unexplained if it is unusual for the individual, the service provider is unaware of their location, and the behavior is not reflected in a Behavior Support and Safety Plan.

MISUSE OF ILLICIT DRUGS OR LICIT DRUGS

Serious misuse of a legal substance such as prescription drug, marijuana or alcohol that requires medical attention. Any use of an illicit drug that requires medical attention.

MOTOR VEHICLE INJURY

Injury to an individual as a result of a motor vehicle accident while accessing a CLBC funded service.

OTHER INJURY

Any other injury or assault to an individual (including those of a sexual nature, that do not meet the definition of Abuse*)* that **requires emergency care** by a medical or nurse practitioner, or transfer to a hospital.

NEGLECT

Alleged or actual failure of a service provider to meet the individual's needs, including the need for food, shelter, medical attention or supervision which endangers the individual's safety.

POISONING

Ingestion of a poison or toxic substance by an individual (excluding licit or illicit drugs)

RESTRICTED PRACTICES:

- **Exclusionary Timeout** Removal of an individual from a situation and environment for a period of time to prevent harm to them or others. It does not include positive redirection of an individual to a safe, quiet place. It differs from seclusion in that the individual is not left alone. Must be reported as a critical incident even when it is included in an approved Behavior Support and Safety Plan.
- **Restraint** Use of physical or mechanical or chemical restraints to temporarily subdue or limit the individual's freedom of movement, including containment. Containment means restricting an individual within a certain area (e.g. using a half- door or locked exits). Must be reported as a critical incident even when it is included in an approved Behavior Support and Safety Plan.
- Refer to *Critical Incidents: Restraint Exemption Framework* for information about the specific conditions under which exemptions from the requirement to report use of restraints are allowed.
- **Restriction of Rights** Removal of an individual's access to activities. It does not include standard safety practices or reasonable house rules. Must be reported as a critical incident even when it is included in an approved Behavior Support and Safety Plan.

SERVICE DELIVERY PROBLEM/ DISRUPTION OF SERVICES

Condition or event that could impair or interrupt the ability of a service provider and its staff to provide service to an individual and which affects the individual's health, safety, dignity, or well-being. For example, sudden illness of caregiver.

UNEXPECTED ILLNESS/FOOD POISIONING

Illness of an individual **requiring emergency care** by a medical practitioner or nurse practitioner, or transfer to a hospital, including food poisoning. Food poisoning is a food borne illness involving an individual that requires emergency care by a medical practitioner or nurse practitioner, or transfer to the hospital. For unlicensed programs, any incidents of food poisoning must be reported as "unexpected illness" on the *CLBC Critical Incident Report*.

USE OF SECLUSION

Involuntary separation of an individual from normal participation and inclusion. The person is restricted to a segregated area and denied the freedom to leave it and is left alone. Use of seclusion **must** be reported as a critical incident. It may never be included in a Behavior Supports and Safety Plan.

WEAPON USE

An individual uses or threatens to use a weapon to harm or threaten somebody. Use of a weapon by a person to harm or threaten an individual. A weapon includes any object used to threaten, hurt or kill a person, or destroy property.

Report Types

There are THREE types of incident reports that can be generated from the same Sharevision record:

1. **"Critical Incident Licensed" Fraser Health Authority** (LICENSED HOMES only)

Reportable incident forms are to be completed by the caregivers witnessing the incident, or one receiving notification of a reportable incident. Completed reports are to be reviewed and signed by the coordinator/manager of the reporting personnel. All sections of the ShareVision incident report that are designated for caregiver completion (as noted in the instructions on ShareVision) should be entered.

When the form is completed by personnel, the coordinator/manager shall within 24 hours of receiving the report:

- Review the information
- Ensure the sections specified for manager completion are appropriately completed
- Ensure the quality assurance section is completed
- Select and print the Fraser Health Report
- Sign the report

- Forward a signed copy to the licensing officer.
- Send a copy to the funder (CLBC)
- Debrief with persons involved.

To avoid duplication, DO NOT FAX unless the incident is of an urgent nature that would require licensing involvement, such as an allegation of abuse or a disease outbreak.

2. **"Critical Unlicensed"** Community Living BC (CLBC) (UNLICENSED HOMES)

These incidents are to be reported to CLBC first by telephone, followed by the completion and submission of the incident report within 24 hours. As noted above, caregivers must complete all sections as shown in the instructions on ShareVision and Managers are responsible for reviewing for accuracy and completing the sections designated to them. The CLBC report can then be printed from ShareVision, signed and sent to CLBC.

3. **Internal Incidents H.O.M.E.S Requirement (Both Licensed and Unlicensed Homes)**

The Internal Incident (in-house) reports are to inform Management and personnel of less severe, non-reportable incidents. These are as follows:

- Medication Error (No adverse reaction)
  - Incorrect Dose
  - Incorrect Individual
  - Incorrect Route
  - Dose Omitted
  - Incorrect Time
  - Documentation Error
  - Incorrect Medication
  - Dispensing Error
- Treatment Error:
  - Incorrect Treatment
  - Incorrect Individual
  - Incorrect Time
  - Treatment Omitted
- Medication Refusal
- Medication Error Illness (not requiring medical attention)
- Minor Injury

- Minor Motor Vehicle Accident
- Agitation
- Swearing
- Yelling or shouting
- Common Serious Challenging Behaviour
- Self-injurious
- Bio-hazardous Accident*
- Critical incident outside of service time**

A log of all non-reportable (internal) incidents will be maintained by each home.

POLICY B.20 EXPECTED AND UNEXPECTED DEATHS

PURPOSE

To establish a procedure for immediate and appropriate action to be taken following the death of an individual under circumstances that were expected or unexpected.

POLICY

It is the policy of the H.O.M.E Society that immediate and appropriate action be taken upon the expected or unexpected death of an individual served by The Society. The H.O.M.E. Society follows CLBC's End of Life Policy SE4.320 for these situations.

Background Information:

The following is offered for clarification and understanding:

- Unexpected Death**- any death occurring under unanticipated circumstances, such as sudden illness or accident.**
- Expected Death- **any death occurring after a long-term serious illness or illnesses.**

PROCEDURE

When death occurs at a community home, day program or Hospital:

The H.O.M.E. Society Coordinator/Director or designated caregivers:

1. Secures medical assistance.
2. Assures that the attending physician, fire department, emergency #911, or police departments are notified, as needed, of the death.
3. Assures that caregivers does not move the body unless directed by a doctor or the emergency caregivers to do so.
4. Assures that the individual has been pronounced dead by a doctor and that the Coroner has been notified.
5. Assures that all appropriate H.O.M.E Society personnel are notified.
6. Completes a CIR and submits within 24 hours.
7. Requests copies of death certificate and autopsy report (if completed)
8. Assists in or makes funeral arrangements.
9. Makes an arrangement with family for disposition of personal effect

POLICY B.30 ABUSE / NEGLECT

Policy

Any form of Abuse and/or Neglect (as per definitions) will not be tolerated, and must be reported immediately to Coordinator's and/or Managers/Directors.

DEFINITIONS AND CATEGORIES OF ABUSE

Physical

- Assault (slapping, hitting, kicking, punching)
- Rough handling without regard for the individuals comfort.
- Physical neglect (withholding food, personal or medical care).

Psychosocial

- Verbal or emotional abuse (yelling, making demeaning or derogatory remarks, teasing, swearing, and name calling)
- Neglect (lack of attention, isolation, confinement)
- Interactions that could be interpreted as disrespectful.

Financial

- Misuse of an individual's finances for inappropriate purposes
- Theft of money or personal property
- Fraud, deceitful manipulation of finances
- Solicitation for compensation

Sexual Abuse/Assault

- Any form of sexual conduct by force or threat of force
- Any form of sexual contact
- Any attempt to engage in sexual activities
- Unnecessary disregard for privacy
- Unnecessary touching of a person's private parts

Medication Abuse

- Medicating or sedating unnecessarily
- Misuse of an individual's medications and prescriptions
- Misuse of non-prescription medications

Violation of Rights

- Denial of basic civil/human rights

Neglect

- Willful withholding of basic necessities and care
- Unintentionally withholding of basic necessities and care

- Failure to respond to an individuals need for discussion, inclusion, or routine action on a daily basis.

Individual Abuse Emergency Procedure

In case of alleged abuse to an individual, the following procedure must be followed:

1. Safeguard Individual(s). Alleged abuser to leave or be removed immediately.
2. Apply first aid as necessary.
3. Call 911 if necessary
4. Contact the Coordinator. If the Coordinator is not available call the Manager. If not available, call the Executive Director(s).
5. Contact Funding Ministry.

Upon receiving direction:

1. Notify your Manager/Director, Coordinator and Executive Director(s).
2. Contact Licensing (licensed facilities only)
3. After hours, notify Police (911) of any situation perceived to be an emergency. Notify licensing (licensed facilities) and the funding Ministry as soon as possible.
4. Complete an Incident Report on ShareVision.
5. Fax copy of incident report form to the Funding Ministry and Licensing.
6. Cooperate fully with inquiry/investigation by funding Ministry and/or Licensing and/or Police. Ensure safety of individual(s) in the program while the investigation proceeds.

Employees' and Volunteers' Responsibilities:

Employees or volunteers who suspect that abuse or neglect has occurred have the responsibility to report their suspicions within 24 hours to their coordinator/manager. If the accused is a coordinator/manager, the suspicions must be reported within 24 hours to the Manager/Director.

Employees or volunteers who know or could reasonably be expected to know about an incident of abuse or neglect and who do not report it will be treated as having aided the abuse or neglect and will face disciplinary measures up to and including dismissal.

POLICY B.40A PRIVACY & CONFIDENTIAL INFORMATION FOR PEOPLE RECEIVING SERVICES

PURPOSE:

- To protect people receiving services from harm resulting from the unsanctioned or inappropriate release of personal and confidential information.
- To comply with legislation regarding the protection of personal information and confidential information.

POLICY:

The Society will comply with legislation, regulations and best ethical and professional practices regarding the protection and nondisclosure of personal and confidential information.

Definition of Personal Information:

All information collected by the Society about a person receiving services including all electronic files (Sharevision).

Personal information may include but is not limited to the following:

- Identification data (e.g. name, address, Social Insurance Number, Personal Health Number, BCID, etc).
- Medical, functional, behavioral, psychiatric or psychological assessments, reports and meetings outcomes.
- Family and personal histories, as appropriate.
- Prior program histories.
- Verbal or written reports from other service providers, funding agencies, families, friends or advocates.
- Reports, care plans and protocols, summaries, logs, serious incident reports, written or electronic correspondence and other documentation generated as a reasonable result of receiving services.
- All financial information collected including bank statements and Individual house accounts forms.
- All legal documentation including but not limited to summons, court hearings and records, subpoenas, charges, probation and any criminal records.

Collection and Use of Personal Information:

The Society will limit the collection and use of people receiving services' personal information to that which is required by law and to that which is required to effectively plan and provide services to individuals in order to fulfill its obligation to provide the service deliverable outlined in its contracts with funding.

Wherever possible, personal information will be collected directly from the person about whom it pertains. If personal information is collected from a third party, the Society will note their identity unless there is a lawful reason for not doing so.

A person receiving services or his/her advocate may withdraw (in writing) his/her consent to the collection, use or disclosure of personal information at any time subject to legal or contractual restrictions and reasonable notice.

A person receiving services may request changes to applicable records when s/he believes information is inaccurate. While the Society may not destroy existing records, errant information will be replaced with current information and archived as soon as it is reasonable to do so. Corrections will be made when the Society is satisfied that the suggested amendment is more accurate than existing information.

Files will maintain a printed record on individual's applying for services, receiving services or discharged from services. At least once per year, these records will be culled and non-essential or inactive information will be sent to archives. While electronic information in databases or files may be deleted if printed versions of the information exist, the information may also be maintained in an "inactive" status. Convenient copies of records (i.e. duplicates) may be confidentially shredded provided the original is retained.

All records will be maintained for a period of time prescribed by applicable legislation or contract, whichever is longer.

Disclosure to Third Parties:

A person receiving services or advocate(s) will be informed of the nature of the disclosure and its implications in a manner that is meaningful to them. S/he will also be invited to participate in disclosures to the extent that s/he is capable and interested in doing so.

In addition to obtaining consent from a supported individual or his/her legal representative, a disclosure to a third party will also require the written consent of the Province when the information belongs to the Province and the disclosure is not directly related to the fulfillment of the Society's contractual obligations.

Requests by third parties for written disclosures of an individual's personal information will be directed to the Executive Director(s) or designate.
When making disclosures of personal information to third parties, the Society will take reasonable steps to ensure that the person receiving it has adequate safeguards in place to ensure that the information will be protected.

The Society will not disclose information that it deems to be unnecessary or irrelevant to the stated purpose of information requests.

Disclosure to Family Members:

While family members are generally considered to be “third parties,” they also have an integral role in the provision of service to person’s for whom informed consent is problematic. In such cases, effective fulfillment of the Society’s contractual obligations may require involvement of family members who are in relationships and support with the individual. For these reasons, the Society may disclose information to family members when it is in the best interest of supported individuals to do so, and when obtaining reasonably informed consent from supported individuals is problematic.

Obtaining Consent:

Consents may be obtained verbally or in writing, although written consents will generally be preferred or required over verbal ones. The Society has discretion to accept email, letters, designated Society forms, or facsimiles as acceptable forms of written consent.

Consents of children or youth must be signed by a legal designate.

Use of Non-Legal Designates for Consents:

Where appropriate, the Society may assist an individual who cannot provide informed consent to establish a legal representative. It may also attempt to identify someone to serve as a non-legal designate to sign consent on behalf of a person receiving services. While a non-legal designate does not have the legal authority to act on behalf of the person receiving services, the Society will recognize his or her moral authority in circumstances where consent is required and where there is substantive question regarding a people receiving services ability to provide informed consent.

The Society will seek direction from relevant stakeholders as to how consents will be gathered for adults for whom there is no legal designate.

This process will be reviewed at the discretion of the Society or as requested by a stakeholder.

Circumstances Where Consent is not required:

The Society may lawfully collect, use or disclose information without the knowledge or consent of the people receiving services when 1) the collection, use or disclosure of the personal information is clearly in the interests of the people receiving services and consent cannot be obtained in a timely way, 2) the information is publicly available, 3) the collection or disclosure is required or authorized by law, 4) the information is used for the purpose of responding to an emergency that threatens the life, health or security of an individual and/or 5) the disclosure is made to a lawyer representing the Society.

Safeguards to Protect Personal Information:

The Society will take all the necessary security arrangements to protect personal information whether written and/or electronic.

People receiving services access to his/her records:

Where possible, a person receiving services request to review his or her record(s) will be met within 5 business days. Requests to view files or archived records will be addressed within 30 days of receiving them.

While people receiving services have the right to view the contents of their records, statutory exceptions may apply. Examples of circumstances where people receiving services may be denied access to part or all of their records include, but are not limited to information that 1) could reasonably be expected to threaten the safety or physical or mental health of an individual, including who made the request, 2) would reveal personal information about another individual and 3) discloses the identity of a person receiving services who does not consent to the disclosure of his or her identity.

Records belonging to the Province will be accessed by means of the process established under the Freedom of Information and Protection of Privacy Act (FOIPPA). When the person receiving services would like a third party (i.e. family member, friend or advocate) to help them access and view his or her records, and where the third party is not a legal representative with a valid authority to view the records or the person receiving services would like his or her records, whether in part or in whole, for either himself or herself or for a third party.

In such cases, the Society will offer assistance to make and expedite a Freedom of Information Request, if possible.

H.O.M.E.S abides by PIPEDA with regards to the collection of personal data.

**PIPEDA: Personal Information Protection and Electronics Documents Act.*

POLICY B.40B PRIVACY & CONFIDENTIAL INFORMATION FOR EMPLOYEES

PURPOSE:

To protect employees from harm resulting from the unsanctioned or inappropriate release of personal and confidential information.
To comply with legislation regarding the protection and confidentiality of personal information.

POLICY:

The Society will limit the collection and use of employee's personal information to that which is required by law, that which is needed to establish maintain and terminate the employment relationship, and that which is needed to effectively provide services.

Definition of Personal Information:

All information collected by the Society about an employee including all electronic files.

Responsibility of the Employer:

The Society will ensure that personal information is protected and safeguarded where designated individuals have access. For example, the Society will ensure that all electronic files are protected using a password system where only designated individuals have access.

Access to personnel records will be limited to designated individuals such as auditors and caregivers who administer employment, compensation and benefits policies, and to persons or organizations entitled to access as per legislation or in accordance to the wishes of an employee via written consent.

Responsibility to Inform Employee:

The Society will advise new employees that personal and confidential information is being collected and s/he may withdraw his or her consent to collection, use or disclosure of personal information at any time, subject to legal or contractual restrictions and reasonable notice. The Society will inform the employee of the implications of a withdrawal of consent, including the possible termination of employment as a result of the Society's inability to administer or manage employment.

Personnel Files:

When an employee has requested to review personnel files, where possible, the request will be met within 5 business days. Essential personnel files (written, printed and electronic) will be stored in a confidential manner and accessible for a period of 7 years. These personnel records will be destroyed after this period.

Accuracy of Information:

Employees may request changes to personnel records when they believe information is inaccurate. Corrections will be made when the Society is satisfied that the suggested amendment is accurate.

Disclosure of Employee Personal Information to Third Parties:

Personal information will not be disclosed to external organizations without prior written consent from the respective employee. A letter, memo, e-mail and/or fax are examples of acceptable forms of written consent. Consent will be specific with respect to both the information that can be disclosed and to whom the information can be disclosed. Where appropriate, time limits for disclosure will be established.

Situations where Consent is not required:

The Society may lawfully collect, use or disclose information without the knowledge or consent of the employee where 1) the collection is in the best interests of the employee and consent cannot be given, 2) the use or disclosure of the personal information is clearly in the interests of the employee and consent cannot be obtained in a timely way, 3) it is reasonable to expect the information could be useful in an investigation or legal proceedings, 4) the use or disclosure is necessary for emergency medical treatment of the employee the employee does not have the legal capacity to give consent, 5) the information is used for the purpose of responding to an emergency that threatens the life, health or security of an individual, and 6) the disclosure is made to a lawyer representing the Society.

The employer has the right to deny an employee access to certain information in order to protect the rights of a third party such as:

1) work references,

2) personal information lawfully collected without the employee's consent for the purpose of an investigation wherein associated proceedings and appeals have not been completed, and

3) personal information collected or created by a mediator or arbitrator appointed under enactment or by the court.

Further, as required by law, the Society will not give an employee access to personal information if doing so:

1) could reasonably be expected to threaten the safety or physical or mental health of the individual who made the request,

2) the disclosure would reveal personal information about another individual,

3) the disclosure would reveal the identity of an individual who had provided personal information about the employee and who does not consent to the disclosure of his or her identity.

Concerns and Complaints:

Employees with questions and/or concerns regarding the collection, use, retention, disclosure or disposal of personal information may contact the Executive Director(s) or designate. Complaints may be registered in writing to the Executive Director(s) or designate.

POLICY B.40C PRIVACY & CONFIDENTIAL INFORMATION FOR VOLUNTEERS/PRACTICUM STUDENTS

PURPOSE:

To protect volunteers/practicum students from harm resulting from the unsanctioned or inappropriate release of personal and confidential information.
To comply with legislation regarding the protection and confidentiality of personal information.

POLICY:

The Society will limit the collection and use of volunteer/practicum students' personal information to that which is required by law, that which is needed to establish maintain and terminate the relationship, and that which is needed to effectively provide services.

Definition of Personal Information:

All information collected by the Society about a practicum/volunteer's personal information including all electronic files.

Responsibility of H.O.M.E. Society:

The Society will ensure that personal information is protected and safeguarded where designated individuals have access. For example, the Society will ensure that all electronic files (Sharevision) are protected using a password system where only designated individual(s) have access.

Access to volunteer records will be limited to designated individuals and to persons or organizations entitled to access as per legislation or in accordance to the wishes of a volunteer/practicum student via written consent.

Responsibility to Inform Volunteer:

The Society will advise new practicum student/volunteers that personal and confidential information is being collected and s/he may withdraw his or her consent to collection, use or disclosure of personal information at any time, subject to legal or contractual restrictions and reasonable notice.

Volunteer Records:

Essential practicum/volunteer records (written, printed and electronic) will be stored in a confidential manner and accessible for a period of at least 5 years.

Accuracy of Information:

Practicum students/volunteers may request changes to his or her records when they believe information is inaccurate. Corrections will be made when the Society is satisfied that the suggested amendment is accurate.

Disclosure of Volunteer/Practicum Student Personal Information to Third Parties:

Personal information about a volunteer/practicum student will not be disclosed to external organizations without prior written consent from the respective volunteer/practicum student. A letter, memo, e-mail and/or fax are examples of acceptable forms of written consent. Consent will be specific with respect to both the information that can be disclosed and to whom the information can be disclosed. Where appropriate, time limits for disclosure will be established.

Volunteer/practicum student names and personal information at no time will be sold to any other organization or business enterprise.

CONFIDENTIALITY AGREEMENT

In order to run a smooth and efficient agency, it is very important that Contractors/Employees/Volunteers and Practicum Students (personnel) understand and follow the policies concerning confidentiality. “Confidential Information” is defined to include all personal information that is contained in individual records and files, or has been disclosed to the Society for purposes of employment/volunteering and/or the provision of service to individuals supported. Examples may include financial, medical or criminal record information, and family or personal histories

The nature of our work and the well-being of our Society is dependent upon protecting and maintaining confidential information. All H.O.M.E. Society personnel will refrain from disclosing anything that may be considered as personal or sensitive and will refer all requests for information to the Executive Director(s) or designate. As a society, we are very serious about the importance of confidentiality and privacy, and will not tolerate anything that may undermine team morale and the well-being of those we support through the unnecessary disclosure of private information.

Confidentiality Agreement (This agreement will be placed in your personnel file).

In consideration of my continued relationship with H.O.M.E.S., and in recognition of the increased awareness of privacy rights and the need for confidentiality, I _____ agree with the following.

During the course of my contractual/employment/volunteering responsibilities with the society, I will have access to and be entrusted with confidential information relating to the individuals supported by the Society, contractors, employees and the services provided by the society. If the Confidential Information is disclosed to any individuals external to the society, it would be detrimental to the best interests of the Society as a whole.

I, therefore agree that during the term of my contract/employment/volunteering and at all times thereafter, I will not (i) reveal, disclose or make known any of the Confidential information to any person or (ii) use the Confidential Information for any purpose of the Society except:

As mandated by law.

To prevent clear and immediate danger to a person.

If there is a waiver previously obtained in writing, and then such information may only be revealed in accordance with the terms of the waiver.

To improve the quality of life of a specific person, with the written authorization of H.O.M.E.S. I recognize that confidentiality and privacy requirements also apply to all H.O.M.E.S. personnel.

I shall be responsible to store or dispose of Individual records in ways that maintain confidentiality and will request guidance in any situation of uncertainty.

I acknowledge and agree that this confidentiality Agreement survives the termination of my contract/employment/volunteering howsoever caused.

Personnel
Printed Name_____
Employee Number: _____
Personnel
Signature_____ Date_____

Manager Signature_____
Date_____

Release of Information Form

I / We, _____ hereby authorize the release of pertinent information about me/us, whether or not considered or privileged.

To: The H.O.M.E. Society

33140 Mill Lake Rd

Abbotsford, B.C. V2S 2A5

Attn:

Executive Director(S)

This consent is only valid for 60 Days.

Name of Consenting Person A	Signature	Date
Address		

Name of Consenting Person B	Signature	Date
Address		

Name of Witness	Signature	Date
Address		

POLICY B.50 CONFLICT OF INTEREST

PURPOSE

While identifying conflict of interest is not a simple task, the H.O.M.E Society recognizes its responsibility to encourage interaction between its care providers and the public sector as an important component of its operation.

POLICY

It is the policy of the H.O.M.E Society that caregivers avoid situations deemed as a conflict of interest in matters of personal gain or financial benefit affecting the Society.

DEFINITION

We recognize that people have ties of varying strengths to other people and organizations and that these ties create relationships and obligations that must be fulfilled. Under most conditions, people can keep their relationships and obligations separate enough that they do not interfere with each other; however, situations can occur where relationships and obligations compete and this creates a conflict of interest.

Conflict of interest occurs when a Director or employee of a not-for-profit organization participates in discussion or decision making about a matter which may benefit that Director or employee, regardless of the size of the benefit. The conflict must result in direct or indirect benefit to the Director or employee, or someone with whom that individual has a close personal relationship.

An appearance of conflict of interest occurs when Directors or employees, related persons or organizations receive personal gain but it is not clear if this occurred because of their position with H.O.M.E.S or at the expense of H.O.M.E.S.

In this Policy, references to a conflict of interest include an appearance of conflict of interest, unless stated otherwise, and references to Directors include the Executive Director(s). In the context of our agency and the services we provide, a conflict of interest may occur at either the Board of Directors level or employee level.

AVOIDING CONFLICTS OF INTEREST

We realize that conflicts of interest cannot always be anticipated or avoided and that people are sometimes put into these situations without their knowledge or participation. We also realize that unanticipated conflicts of interest can develop despite people acting in good faith and with the best intentions and that a conflict of interest can appear where none actually exists. However, we expect members,

directors, employees and, as much as possible, individuals and families to watch for, anticipate, and avoid conflicts as well as they can.

THE KEYS TO AVOIDING A CONFLICT OF INTEREST ARE:

1. Assessing the short and long term effects of actions before they are taken.
2. Consulting with people who are not part of the decision making process but who understand the situation and who can be trusted to give an honest opinion.
3. Assessing how an action will appear to people outside the situation and outside the agency.
4. Appraising whether a proposed action is ethical and legal. This may involve consulting someone outside the decision making process.
5. Communicating the proposed action, its intended effect, and the circumstances that require it to those who are most directly concerned and affected.

DECLARATION OF A CONFLICT OF INTEREST

If a conflict of interest or an apparent conflict of interest does occur, we expect members, directors, employees and, if possible, individuals and families to acknowledge and declare:

1. That they have or may have a conflict of interest,
2. The nature and extent of the conflict of interest,
3. The nature and amount of benefit that may be received either directly or indirectly.

PROCEDURES AND GUIDELINES FOR EMPLOYEES

1. Employees shall disclose to the Executive Director(s) any possible conflict of interest in decision making of the operations of the agency. If an employee or their immediate family has an interest in an agency that conducts affairs with, or competes for, resources with H.O.M.E.S, that employee has a conflict of interest that he or she must disclose.
2. Disclosure must be in writing and be recorded in the employee's personnel file.
3. Disclosure shall be made before discussions of, or decision-making around, the matter in which the employee has an interest.

4. An employee with a conflict of interest in a matter before the agency shall not partake in discussions or decision-making with respect to that issue.
5. Employees shall not participate in the hiring or direct supervision of a person whom they have a close personal relationship.
6. Should an employee indirectly supervise a person with whom they have a close personal relationship, clear guidelines shall be established to ensure that the coordinator/manager has authority and autonomy to fulfill their supervisory role.
7. Employees shall not have a permanent position within any program which a family member holds a contract with The H.O.M.E Society.
8. Employees shall not accept gifts that create or appear to create a favored position for an individual or agency that conducts affairs with H.O.M.E.S.
9. Employees being hired into agency positions must disclose the names of any close friends or relatives working for the agency.
10. H.O.M.E. Society care providers may engage in employment with another employer, carry on a business, or receive remuneration from public funds for activities outside their position provided that:
    - It does not interfere with the performance of their duties as a care provider;
    - It does not bring the H.O.M.E Society into disrepute;
    - It is not performed in such a way as to appear to be an official act or to represent the organization's opinion or policy; or
    - It does not involve the use of the H.O.M.E Societies premises, services, equipment or supplies to which the care provider has access by virtue of their relationship with the society.
11. H.O.M.E.S recognizes that it is not an ideal situation to have an employee who also has a contractual relationship with the agency. H.O.M.E.S also recognizes that some of these people in dual roles have the best long standing relationships with those we serve. Moving forward, we will try to limit these situations but where situations do exist, the following are the procedures to follow should a potential conflict/concern arise:
    - An incident or action regarding an employee that warrants an investigation or union involvement would trigger a parallel investigation into the Shared Living setting.

- Conversely, serious concerns raised in the Shared Living setting would also trigger a parallel investigation into the employee's unionized activities.

Where an employee has not complied with these procedures and guidelines, he or she shall account to the Executive Director(s) for profit made or benefits gained as a consequence of the agency entering into or performing the proposed contract or transaction. An employee who contravenes the agencies policy regarding conflict of interest may face disciplinary measures up to and including dismissal.

The Executive Director(s) shall have final approval to determine the proper course of action pertaining to any matter of conflict of interest brought forward.

12. H.O.M.E.S recognizes that it may be a "perceived" conflict of interest for a paid caregiver to involve their own family and friends in the support of an individual. We acknowledge that this is often a very effective method of increasing a persons served natural and unpaid network of friends. Provided that the person served is genuinely consulted and has an honest desire to engage with family and friends of their paid caregiver, then H.O.M.E.S would encourage such relationships, provided the persons served needs and safety are first and foremost in every interaction.

POLICY B.60 CRIMINAL RECORD CHECK

Purpose

We are to ensure that the sensitive position of trust with vulnerable adults is not compromised and to reduce the possibilities of abuse.

Policy

All employees are required as a term of employment to have completed a criminal record check (CRC) prior to commencing work with the Society. The CRC must be completed through the Ministry of Justice, in accordance with the Criminal Record Review Program (CRRP). To protect the employee or volunteer's privacy, only the Executive Director or Directors/Managers, are authorized to view results.

Procedure

NEW EMPLOYEES AND VOLUNTEERS:

All new employees and volunteers must have a criminal record check completed as a condition of hire. Employment or volunteer placement is subject to the review of the CRC. In compliance with the CRRP and the Criminal Record Review Act, if a candidates' CRC indicates a relevant offense, the candidate will not be considered for volunteer placement or hire. The decision is made by the Ministry of Justice.

CURRENT EMPLOYEES & VOLUNTEERS:

All existing H.O.M.E.S employees and volunteers must have a CRC completed every five years. Continued employment or volunteer placement is subject to the review of the CRC in compliance with the CRRP and the Criminal Records Review Act.

Any employee or volunteer charged or convicted of a relevant offence, must promptly report the charge or conviction to the Executive Director and provide a Criminal Record Check authorization for a further criminal record check.

POLICY B.70 COMPLAINT RESOLUTION

PURPOSE

The H.O.M.E. Society encourages our individuals receiving services, families, members, advocates, and community members (our stakeholders) to bring forward concerns or complaints they may have about the association. When concerns or complaints are brought forward, H.O.M.E.S is committed to resolving the matter in a timely and appropriate manner. H.O.M.E.S is also committed to providing stakeholders with opportunities to resolve concerns before they become formal complaints.

POLICY

H.O.M.E.S will establish a formal process for resolving concerns or complaints brought forward by persons receiving or requesting services, family members, friends, advocates, and community members (our stakeholders). This formal process will be communicated to all stakeholders on an on-going basis.

- H.O.M.E.S will appoint a Complaints Resolution Officer to investigate complaints and facilitate resolutions.
- H.O.M.E.S will encourage stakeholders to feel safe in reporting their concerns and complaints. Concerns or complaints brought forward will be addressed in a timely and appropriate manner.
- Bringing forward a concern or making a complaint will not result in retaliation, harassment or barriers to service.
- H.O.M.E.S has the authority to implement a resolution or to use a different resolution process when there are significant barriers to H.O.M.E.S ability to address a concern or complaint in a timely and appropriate manner (e.g. the unavailability of key persons or documents related to the concern or complaint, etc.).

  In such cases, H.O.M.E.S will inform the complainant of the barriers to processing the complaint in the usual manner and the subsequent resolution process that will be used. The complaint and its conclusion will still be documented and filed based on the related procedures.
  H.O.M.E.S Complaint Resolution Officer
- The H.O.M.E.S Complaint Resolution Officer is the Executive Director(s). The Executive Director will appoint a designate to investigate and resolve formal complaints. The designate must ensure all steps of the Complaint Resolution process are complete.
- If a formal complaint is made against the Executive Director(s), the complainant will be referred to the Executive Committee of the H.O.M.E.S Board of Directors. The Executive Committee designate must ensure all steps of the Complaint Resolution process are complete.

PROCEDURES

EMPLOYEES

Employees who wish to bring forward a complaint or concern can do so under the Conflict Resolution Policy or grievance procedure.

CONCERNS

H.O.M.E.S will encourage stakeholders with concerns to seek an informal resolution with the H.O.M.E.S designates at the level where the concern first arises (e.g. Program Coordinators for concerns relating to programs). Where this is not possible, or where resolution has not been achieved, persons with concerns are encouraged to pursue the matter with more senior designates (e.g. Managers/Directors).

COMPLAINTS

Concerns that have not been resolved through informal processes, or which are considered to be serious by the stakeholder, may be brought forward through H.O.M.E.S formal Complaints Resolution Process. Complaints may be expressed either verbally or in writing. Stakeholders are encouraged to bring their concerns or complaints forward as soon as possible to ensure a timely response and resolution.

CONFIDENTIALITY OF COMPLAINTS

A complainant is required to identify him or herself when making a complaint. Anonymous complaints will not be investigated. Where possible and as appropriate, the Complaints Resolution Officer and/or designate will maintain confidentiality for both the complainant and persons named in the complaint.

Non-identifying information relating to the complaint may be used in reports for the purpose of improving the overall quality of service H.O.M.E.S provides. Information from the complaint will be conveyed to the funder, regulatory bodies and/or guardian where the complaint is serious and relates to the well-being of supported individuals.

ADVOCATES

Complainants may ask an advocate to assist them with making the complaint. Once an advocate has been identified, the Complaint Resolution Officer and/or designate will provide opportunities for this advocate to be present during any discussions with the complainant. Furthermore, all letters or reports issued to the complainant will, at the request of the complainant, also be copied to the advocate.

H.O.M.E.S will provide complainants with information regarding the option to have an advocate support them with making a complaint. It will also inform complainants of possible persons or agencies that could fulfill this function.

INVESTIGATION AND REPORTS

The Complaint Resolution Officer and/or designate will investigate all complaints unless to do so would interfere with a concurrent investigation by the police, a regulatory body, or another authority. In such cases, the Complaint Resolution Officer and/or designate will liaise with the investigators, as appropriate, to ensure an accurate and thorough conclusion to the investigation.

Internal investigations will consist of obtaining information relating to the complaint and of finding a resolution acceptable to both H.O.M.E.S and the complainant. Where the Complaint Resolution Officer and/or designate finds that H.O.M.E.S conducted itself inappropriately, the Complaint Resolution Officer and/or designate will issue an apology on behalf of the Society and will outline the steps and changes that will be made to prevent incidents.
The Complaint Resolution Officer and/or designate must document the resolution and communicate it to the complainant and any other related parties within 14 days of the original complaint being brought forward.

RECORDS AND FILE MANAGEMENT

The Complaint Resolution Officer and/or designate will maintain dated records of all discussions and interviews conducted in the investigation of a complaint. The Complaint Resolution Officer will also maintain a confidential file for each complaint consisting of a complete set of documents, records and reports relating to a complaint. Duplicate documents will be destroyed.

The Complaint Resolution Officer will issue an annual report that summarizes and analyzes all complaints registered against H.O.M.E.S within the previous year.

THE APPEAL PROCESS

Complainants have 30 days to appeal to the Complaint Resolution Officer. The Complaint Resolution Officer must respond in writing within 14 days of receiving the appeal. The Complaint Resolution Officer’s decision is final and will be documented. The decision will be communicated to all related stakeholders.
H.O.M.E.S will advise the complainant of his or her options in pursuing the complaint with external agencies or offices.

DEFINITION OF A COMPLAINT

A complaint is an expression of grief, pain, or dissatisfaction.
A complaint is something that is the cause or subject of protest or outcry
A complaint is an objection to something that is unfair, unacceptable, or otherwise not up to normal standards.
A complaint is a formal allegation against a party.

POLICY B.80 RELEASING INFORMATION TO THE MEDIA

PURPOSE

To ensure that the privacy rights of the individuals are protected, to ensure that Caregivers have clear directives on their actions when dealing with media personnel, and to make Caregivers conscious of the importance of confidentiality, and to their commitment to confidentiality, upon being hired.

POLICY

It is the policy of the HOME Society that caregivers, at all times, be committed to the principles of confidentiality and not to divulge information to the media.

PROCEDURE

When an employee is approached by a representative of the media, to disclose information about H.O.M.E.S, or individual(s), the caregiver should immediately give the following response:

- Inform the media person it is a violation of the individual(s) confidentiality, which all H.O.M.E.S. caregivers have pledged to uphold.
- If the media representative is insistent about discussing the H.O.M.E. Society, or H.O.M.E. Society individuals, the caregiver will direct the media person to the Executive Director(s).
- The Executive Director(s) is responsible to take the media representative's request and respond appropriately

POLICY B.90 CONFLICT RESOLUTION

PURPOSE

To ensure all care providers take an active role in resolving issues as they arise.

POLICY

Some problems are administrative and relate to policies, documentation, plans, financial accountability, and organization. Other problems, probably the most common, relate to individuals and the breakdown of relationships. Being proactive when addressing small issues ensures that they do not become big problems.

PROCEDURE

It seems the most challenging difficulties that arise are the interpersonal conflicts within the support team. When faced with such conflict please consider the following:

1. Always talk to the individual you are having the problem with first. Give them an opportunity to state their side of the story and "seek first to understand". It is unfair and unproductive to speak to others not involved in the conflict by gossiping to them.

2. Try to resolve the conflict with the individual by talking openly about the difference, actively listening to their opinion, and offering your assistance to bring about the desired result.

3. If the problem continues, ask that individual to come with you to talk to the Coordinator.

4. If the problem is concerning the Coordinator please see them directly.

5. If the problem is still not resolved, a conflict resolution meeting should be arranged with the Coordinator, Director or Executive Director(s) and yourself.

The intent of this protocol is to permit the individuals directly involved in the situation, the opportunity to resolve it respectfully and privately. This builds a foundation of integrity and trust, two essential components of a harmonious and effective team.

POLICY B.100 BULLYING & HARASSMENT

Policy Statement

The H.O.M.E Society, in cooperation with the Construction & Specialized Workers Union (CSWU-1611) promotes a work environment that is characterized by professionalism, collegiality, and harmony. This policy prohibits conduct defined below as either personal or sexual harassment or bullying.

H.O.M.E.S will not tolerate personal or sexual harassment or bullying in any interactions connected to work with H.O.M.E.S and where such conduct is found to have occurred, H.O.M.E.S may take disciplinary action, up to and including termination.

This policy is not intended to constrain normal social interactions.
H.O.M.E.S also considers false allegations of bullying and harassment to be serious workplace misconduct subject to disciplinary action, up to an including termination.

Purpose

The purpose of this policy is to assist all employees in identifying and preventing personal and sexual harassment and bullying in the workplace, and to provide procedures for handling and resolving complaints. It is intended to promote the well-being of everyone in the workplace and to foster the values of integrity, trust, and harmony that are essential for a sound organization.

This policy is intended to address WorkSafeBC requirements imposed by Bill 14.

Application and Scope

This policy applies to all regular and casual bargaining unit employees, exempt employees, and management. This policy applies to all situations where activities are connected to work with H.O.M.E.S and could impact on employment during and outside of regular business hours at the workplace and away from the workplace.

This includes:

- Activities on the premises of H.O.M.E.S
- Work assignments outside of the premises of H.O.M.E.S;
- Work-related training sessions, education seminars, and conferences;
- Work-related travel;
- Work-related social functions that are sponsored or organized by H.O.M.E.S.
- Employees are expected to conduct themselves in a manner that is consistent with the requirements of the collective agreement in addition to those Bill 14, which prohibit workplace bullying and harassment. Employees should take these requirements seriously.

Failure to meet the appropriate standards of workplace conduct and/or to meet the requirements of the collective agreement and the new Bill 14 requirements may result in discipline, up to and including termination of employment.

Definitions

Bullying:

Workplace bullying is usually seen as behavior (conduct or comments) that can "mentally" hurt or isolate a person; however it can involve negative physical contact as well. Bullying usually involves repeated incidents or a pattern of behavior 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.

Harassment:

Harassment in the workplace can include "engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome", or "any vexatious behaviour in the form of repeated and hostile or unwanted conduct, verbal comments, actions or gestures, that affects an employee's dignity or psychological or physical integrity and that results in a harmful work environment for the employee".

Procedures

Employees with bullying or harassment complaints should direct them to their immediate coordinator/manager, or alternatively a Director (a contact person outside of their department). Bullying complaints should be submitted in writing, and include the names of possible witnesses.

Reported complaints are measured against the Bullying and Harassment Policy. If an investigation is warranted, the investigator appointed must determine a fair and unbiased process to follow, which may require the implementation of interim workplace measures. For example, it may be necessary to place the complainant and/or alleged harasser on investigative leave with pay, or to arrange temporary transfer or reassignment, if possible. Ideally, investigators shall have independence from the area or department in which the complainant works.

Investigations shall be conducted as quickly as possible, and a complainant will ultimately be informed of the outcome of the complaint process regardless of whether any action is taken against the alleged harasser.

Employees with bullying or harassment complaints should follow the procedures for reporting outlined in the collective agreement.

NOTE: if an incident of work place harassment or bullying is reported to WorkSafe BC, they may also conduct an investigation under their jurisdiction and procedures.

The following is provided for information purposes only. Additional information is available online at the WorkSafeBC website (http://www.worksafebc.com).

POLICY B.110 DISCLOSURE FOR ADVERSE EVENTS

PURPOSE

In keeping with our Mission and Values and philosophy of care, we need to ensure that individuals and/or their substitute decision maker, and/or their family are properly informed about their care. This includes an obligation on the part of all managers and caregivers to inform individuals about significant adverse events and unanticipated negative outcomes of care that may affect their well-being.

DEFINITIONS

Adverse events (significant)

Adverse events are negative individual outcomes that can occur as the result of care and not due to the individuals overall health. They are often unanticipated and unexpected outcomes of care that do, or have the potential to, negatively impact an individual's health and quality of life. They include complications and side effects of care (or lack thereof) as well as errors in the performance of care giving duties. Adverse events are not necessarily markers of substandard care.

Non-Significant Events

They are minor incidents that do not have a negative impact on individual(s) outcomes, now or in the foreseeable future. No extra procedures affecting the individual are required are required to prevent negative individual outcomes. These events are not significant from the individual's perspective and disclosure to the individual and/or substitute decision maker or family is discretionary.

What is the difference between an error and an adverse event?

- Errors and adverse events overlap but are also different.
- Adverse events are alike in that they are unwanted and often unanticipated events or processes of care. They occur to even the most careful caregiver and are not necessarily markers of negligent care.
- Some adverse events are unexpected, such as allergic reaction to a first time treatment with penicillin.
- An error is sometimes considered to be a "preventable adverse event" such as prescribing penicillin to an Individual with a history of penicillin allergy. It is unlikely, however, that all errors are preventable.
- Adverse events are "adverse" because they cause, or threaten to do so, some harm to Individuals.

PROCEDURE

Disclosure of the event should be made to the individual or in certain circumstances the individual's substitute decision maker and/or family. If the individual is deemed incapable of understanding a discussion of this nature, then in accordance with the Health Care Consent Act, the individual's substitute decision maker should be informed.

Timelines

Disclosure of the event should take place as soon as practically possible after it has occurred or has been identified.
Disclosure to the Individual should occur when the individual's condition is stable and/or the individual is able to comprehend the information.
Disclosure to the individual's substitute decision maker may occur prior to this and will depend on the severity of the event.

Events where disclosure is not required

Disclosure of non-significant events (ones that do not harm an individual) should be a matter of judgment by the relevant Coordinator with consultation from their manager. Such incidents do not require disclosure to the individual because they do not affect the person's well-being. Disclosure is a matter of 'proportionality': the greater the harm or risk of harm caused by an event, the greater is the duty of the manger/delegate to disclose this event to the person and/or to the individuals substitute decision maker. For example, a minor delay in giving an individual a medication may be an unwanted event, but if there was no harm to the individual as a result, disclosure would not be required.

What mechanism(s) will be in place to help with the disclosure?

- Caregivers involved in a significant event who are employees of the H.O.M.E. Society will immediately contact their direct coordinator/manager, who will then contact their manager/ delegate. The direct manager will review the significant adverse event with the Director and begin to plan the disclosure process.
- The caregiver involved in the significant adverse event will be encouraged to participate in the process whenever possible.

What are the beneficial consequences of disclosure?

- Individuals will receive prompt and thorough interventions for any harm suffered or anticipated.
- Individuals and/or families will have their concerns and fears openly addressed and respected.
- Individuals will receive important information about their care in a timely manner.

- Errors and adverse events, while unwanted, are opportunities for H.O.M.E.S. and its caregivers to learn how to improve quality of care and improve the individual's safety

Actions for caregivers

These actions apply to those most immediately responsible for the care of the individual at the time the significant adverse event is recognized.

- The event should be documented on a Critical Incident Report in an objective, factual, and narrative way. This should be done as soon as possible after the event has occurred or has been recognized.
- Caregivers will involve their manager/delegate immediately.
- Disclosure of the event to the individual, substitute decision maker and/or family should take place in a timely way at the direction of the relevant manager, and the Director. The adverse outcome may be obvious:
- What may require attention is disclosure of the circumstances leading up and surrounding the event.
- Discuss the event with the individual's care team and the manager.

Administrative Actions

- The H.O.M.E. Society encourages reporting of adverse events and errors and will support caregivers in this initiative. Individual safety is the primary concern of the organization, not disciplining the caregivers involved in the events. H.O.M.E.S. will focus on correcting the factors that allow events to occur and work with caregivers affected to prevent the reoccurrence of such events.
- Secondary records made about the event e.g. interview notes. Will be factual and objective. They will be stored in a secure area. Summary reports will be used for quality improvement.

Rationale

- The relevant manager should meet with the individual/substitute decision maker as promptly as possible and as appropriate given the individual's condition. The assumption is that most individuals/families would want to know what has happened.
- Disclosure is a process. Employees should avoid speculation, focus on what is known about the event at the time of the discussion, and answer questions from the individual or the substitute decision maker to the best of their ability. Unanswered questions ought to be noted and prompt and thorough responses sought.
- Avoid attributing blame to specific individuals or simple explanations as to 'cause'. Most serious events have multiple contributing factors that may or

may not always be apparent at the time of the first meeting with the individual/family.

- A timely and empathetic expression of sorrow or regret and condolences may well be appropriate and should not be construed or taken to be an admission of liability or fault. ("*This must be very difficult for you, I wish things had turned out differently")* Doing so soon after an adverse outcome can help promote confidence and trust with the H.O.M.E. Society and prevent unnecessary feelings of distrust.

In addition to this Policy, please refer to Policy B.40 (Privacy and Confidentiality) regarding disclosure of events to third parties.

POLICY B.120 TESTIFYING IN COURT & SEARCH WARRANT

Purpose

The purpose of this policy is to ensure that employees are aware of their responsibilities as citizens to testify when required and to tell the truth. It is also to make Employees aware that they have some rights with respect to testifying in Court, and to make them aware of their duties to the H.O.M.E. Society as their Employer to exercise those rights and to disclose any request or summons to testify to the Society well before any scheduled Court date, and to emphasize that the overarching purpose of the Society is to act in the best interests of the people it serves.

Furthermore, the purpose is to ensure that wherever legally possible, Employees of the Society do not consent and are not required to testify in Court regarding any question that might in any way compromise the Society's purpose and duty to act in the best interests of people with disabilities, and to ensure that any information that is the property of the Society is not utilized in a Court without the Society's permission, or at least its knowledge, and to ensure so far as legally possible that it is not used in a manner inconsistent with the best interests of people with disabilities.

Furthermore, the purpose is to ensure that information that is the property of the Society is not utilized in a court of law without the Society's knowledge and permission and to ensure that it is not used in a manner that is not in the best interests of people with disabilities unless required by a court of law.

Introduction

A "Court" is a judicial body such as the B.C. Supreme Court. For the purpose of this Policy the word "Court" also includes administrative tribunals or an arbitrator whose position is governed by law. It also refers to any proceeding or activity in a Court, including proceedings or activities other than trials.

An Employee or a Director may be "compelled" (legally required, regardless of their own wishes) under law to appear and testify in Court. The documents requiring such appearance and testimony are called a "Summons" or a "Subpoena".

Alternatively, an Employee or a Director may volunteer to appear and testify in Court. One example of voluntary testimony is of an expert witness who is hired to assist the Court by providing special knowledge or judgment. Another is of a

person who has information about an accident, a crime or business dealing and feels obliged to "do the right thing".

An Employee or a Director may be compelled to act as a witness or an expert witness to provide information considered to belong to the Society or to be confidential under the terms of the Employee's employment.

Policy Regarding Employees

- It is a term of their contracts of employment with the Society that Employees have a duty, both during and outside their hours and places of work, to act in a manner consistent with the best interests of the Society and of people with disabilities.
- An Employee who receives a Summons or a Subpoena has a public, legal duty to the Court. However, when that happens, the Employee also has a private legal duty to the Society, as part of the contract of employment. These duties do not conflict and the Employee must fulfill both, and may not neglect either.
- The same duty applies to an Employee who is considering voluntarily giving information to anyone or testifying in Court. Employees who are requested to provide information, or requested or required to testify in Court, in any matter related to or arising out of their employment or to the business or purposes of the Society, must notify the Executive Director(s).
- In the case of the Executive Director(s), the Executive Director(s) will inform the Board of Directors.
- Employees may not agree to act voluntarily as a witness or as an expert witness in any Court proceeding which might directly or indirectly affect the best interests of a person or persons with a disability unless they first notify the Executive Director(s) in writing of their intention to do so and receive his or her prior permission in writing to do so.
- The Executive Director(s) may not agree to act voluntarily as a witness or an expert witness in a case which might affect the best interests of a person or persons with a disability without first notifying the Board of Directors in writing of an intention to do so.
- Employees who become aware that information has been subpoenaed or otherwise compelled from the Society as evidence in Court, or by the police, must inform the Executive Director(s) immediately, and only the Executive Director(s) may provide such information or delegate the provision thereof, and where at all possible the Executive Director(s) must notify the Board of Directors of all such requests before providing any such information or delegating the provision thereof.
- Employees who become aware that information has been requested of the Society as evidence in Court in a matter which may be related to the best interests of a person or persons with a disability, must inform the Executive

Director(s) immediately, and, within the limits of the law, only the Executive Director(s) may determine whether such information shall be made available, and the Executive Director(s) must will notify the Board of Directors of all such requests before making any such decision.

Policy Regarding Directors

- It is a term of their agreement to serve as Directors that Directors of the Society have a duty to act in a manner consistent with the best interests of the Society and of people with disabilities, and that they place that duty above their other interests.
- Directors have a greater responsibility than Employees to identify and fulfill those duties, because Directors are not subject to the same degree of control and supervision as Employees.
- By law, Directors must always act in the best interests of the Society and must always put the interests of the Society above their own personal or business interests.

Search Warrant(s)

A search warrant is a written order issued by a judge that allows the person holding the order- generally a law enforcement officer- to search a specific area for a particular piece of evidence related to a crime and/or legal investigation.

The Board of Directors, H.O.M.E.S personnel, individuals receiving services, and students/volunteers (H.O.M.E.S representatives) must be fully cooperative when a legal search is executed on the premises of a property owned and/or operated by the agency.

H.O.M.E.S representatives will not participate in searches that do not meet legal requirements.

POLICY B130 VIDEO SURVEILLANCE

Purpose:

To regulate the use of video surveillance and recording on H.O.M.E.S premises (owned and leased). Information obtained through video surveillance will be used exclusively for health and safety, or security and law enforcement purposes, which must relate to the protection of persons served, employees and the general public, or the deterrence or detection of criminal activity, including theft, vandalism, or other property damage.

Definitions:

Reception equipment: any device capable of capturing and/or recording images, including audio and thermal imaging devices.

Video Surveillance System*:* refers to a video, physical or other mechanical, electronic, digital or wireless surveillance system or device that enables continuous or periodic video recording, observing or monitoring of specific locations on H.O.M.E.S property and the actions of individuals in those locations.

Personal Information*:* is recorded information about an identifiable individual which includes, but is not limited to, the individual's race, color, national or ethnic origin, sex and age.

Scope of Policy:

This policy only applies to video surveillance activities necessary to enhance the health and safety of individuals (persons served, staff, and the public) on H.O.M.E.S premises, and the security of H.O.M.E.S buildings and property. In furtherance of these purposes, video surveillance may be used to monitor exterior and interior areas of H.O.M.E.S property where there is:

1. No reasonable expectation of privacy;
2. Limited expectation for privacy (shared living spaces exclusive of bathrooms);
3. An expectation for privacy that is balanced by health and safety expectations.

Policy:

Video surveillance of H.O.M.E.S premises will be conducted in a professional, ethical and legal manner, in accordance with the following principles:

- Video Surveillance must be conducted in accordance with the laws of British Columbia and Canada;

- Video surveillance will be used only where it is demonstrably necessary for the purposes of enhancing the health and safety of persons, or the deterrence of theft or destructive acts, such as vandalism and graffiti;
- Video surveillance will be used only by H.O.M.E.S employees authorized by the Executive Director, and only where less intrusive means of monitoring and deterrence has been shown to be ineffective or unworkable;
- Appropriate signs and notice of video surveillance must be posted in areas subject to video monitoring with consideration of the privacy and confidentiality of persons served residing on the premises;
- Employees and video service provider(s) will have access to information collected through video surveillance only where necessary in the performance of their duties and in accordance with the provisions of this Policy;
- Employees and video service providers who may require access to information collected through video surveillance will be provided proper training and orientation with regards to this Policy and their obligations under this Policy, and will provide written acknowledgment that they have read and understood the contents of this policy and procedure. Any employee who knowingly or deliberately breaches this policy will be subject to discipline up to and including termination. Failure of a video service provider to comply with this policy will constitute breach of contract and may result in termination of contract and legal action;
- The recording medium must be handled in a manner that maintains the integrity and security of the recorded information;
- All recorded information shall be destroyed after three months, excepting information specifically awaiting review by law enforcement agencies, information seized as evidence, or information that has been duplicated for use by law enforcement agencies;
- Reception equipment locations and operation shall be limited to visual access of areas where there is no reasonable expectation of privacy. Video surveillance for the purpose of monitoring work areas, social areas, or sensitive areas will only occur in special circumstances, and must be consistent with the policy's principle purpose, which includes the prevention/deterrence of illegal activity and the enhancement of health and safety of persons served and staff;
- When video surveillance footage is being displayed by authorized employees on a video monitor, the monitors will be in a position that cannot be viewed by others;

- The video surveillance system will be subject to periodic audit;
- The video surveillance system will be operated consistent with all H.O.M.E.S-related policies, and in particular, Policy B.40– Privacy and Confidentiality and E.40 Individual Rights.

Responsibilities:

Identified employees are responsible to operate and monitor the video surveillance system(s) when and as directed. The designated Manager/Director(s) is responsible for oversight of the system – managing and coordinating maintenance of the video surveillance system(s), training employees who will access the system. The Executive Director(s) is responsible for ensuring that the system is used in accordance with this policy, particularly with respect to privacy issues and relevant individual safety plans. Video surveillance with respect to the Privacy Policy will be implemented in consultation with the Executive Director(s), the designated Manager/Director. The Senior Directors will arrange periodic audits of the system and recommend new video installations and system upgrades through the budget process.

POLICY B.140 WHISTLEBLOWER POLICY

(Protection of Reporters of Suspected Misconduct)

PURPOSE:

- To ensure open, honest, ethical, accountable and transparent relationships within the organization and the communities within which it operates.
- To ensure protection from reprisal to those board members, employees and volunteers who – in good faith – report misconduct.
- To protect the privacy, interests, and safety of an individual who comes forward to report misconduct by personnel.

POLICY:

The H.O.M.E. Society is committed to maintaining the highest standards of honesty, accountability, and transparency. H.O.M.E.S. believes that it is in the best interests of all stakeholders that any knowledge of misconduct is reported, and as such, H.O.M.E.S will make every effort to respect and protect the confidence of the person who comes forward in making such a report.

Procedure:

- All personnel are encouraged to report their concerns about misconduct, including knowledge of illegal activities, improper conduct, and malpractice to their supervisor or a member of the H.O.M.E.S. Leadership Team.
- H.O.M.E.S. asks that people report knowledge of activities constituting misconduct, including but not limited to the following:
    a. Criminal offences including abuse as defined in our policy B.30
    b. Failure to comply with provincial and/or federal legal or regulatory requirements
    c. Miscarriages of justice
    d. Actions endangering the health and safety of the individuals supported, employees, stakeholders, or the public
    e. Actions damaging the workplace or environment
    f. Any breach of H.O.M.E.S. Policy and Procedure, Mission Statement, or Philosophy
    g. Any breach of H.O.M.E.S. Code of Ethics
    h. Any misuse or misrepresentation of H.O.M.E.S. assets, resources or finances

i. Any actions intended to conceal any of the above

- If it is not clear whether an act or actions constitutes misconduct, H.O.M.E.S personnel will have to use their own judgment, or seek private counsel with a manger, director, or the board president. If in doubt, it is requested that a report be made rather than keeping the information to yourself.
- Reports can be made verbally or in writing (email, letter mail, fax, or dropped off in person to any H.O.M.E.S. affiliated property). Please address your report in confidence to your immediate supervisor; except in cases where the immediate supervisor is implicated, in which case the report should be made to the next senior person in the leadership team. If the allegation is of a serious or confidential nature and the person reporting is not comfortable reporting to their immediate supervisor, the report can be made directly to the Executive Director or Board President.
- While absolute proof is not necessary to support a report of misconduct or suspected misconduct, concrete reasons for the suspicion or allegation must be provided to begin a formal investigation into the concern. An investigation of the reported concerns will be undertaken by senior leadership and/or other parties as determined appropriate.
- Initial reports of misconduct or suspected misconduct can be delivered in confidence, but it is the sole responsibility of the person reporting the misconduct to indicate their wish for confidence prior to making the report, to guarantee privacy at the meeting.
- Maintaining confidence or anonymity for the reporter following the initial report of misconduct cannot be guaranteed but H.O.M.E.S. will do everything possible to protect the identity of the person making a report from other H.O.M.E.S. personnel. There may be circumstances during a formal investigation or arbitration where witnesses are required, or when an external regulatory body takes over the investigation, at which time H.O.M.E.S' ability to keep the reporter's identity a secret may be limited.
- H.O.M.E.S. will take every possible action and intervention to protect the reporter from reprisal that may arise because of the report. Any allegations of reprisals will be investigated. If an investigation substantiates the allegation of a reprisal, the organization will take action to rectify the situation. Any attempt at reprisal by H.O.M.E.S personnel will be subject to disciplinary measures up to and including dismissal.
- If the person who reported the misconduct is unhappy with the way H.O.M.E.S. has addressed their complaint they may use the formal conflict resolution policy to resolve the concern. (See policy B.90)

- H.O.M.E.S. recognizes that some forms of misconduct may warrant the reporting person going directly to Licensing or the police. H.O.M.E.S. requests that if the report of misconduct within the agency is being directed to WorkSafeBC, Licensing, or the police, that the person reporting will notify their supervisor, director, Executive Director, or the Board President that such a report has been made.
- When a report of misconduct or suspected misconduct is made in good faith, even if the allegation is not confirmed by the subsequent investigation, the report will be valued and appreciated. Any person making a report with good faith shall not be subject to any reprisals.
- If a report of misconduct or suspected misconduct is falsely made, whether mischievously or for personal gain, the person making such a report shall be subject to disciplinary measures up to and including termination.
- All parties to the investigation will be treated fairly and in keeping with organizational policies regarding complaints.
- If the complaint is regarding the Executive Director, the complainant should contact the Board of Directors President.
- If the complaint is regarding any of the Board Members, the complainant should contact the Executive Director.

For the most up to date information regarding whom you may provide a report to, in addition to your direct supervisor, you can visit the following links to view current Senior Leadership and the Board of Directors:
Our Admin Team - The HOME Society
Board of Directors - The HOME Society

POLICY B.150 AI POLICY

PURPOSE

To ensure we use Artificial Intelligence (AI) in a way that honours Gentle Teaching values—focusing on safety, integrity, and service quality—while protecting the privacy and dignity of the individuals we support.

POLICY

To implement the use of artificial intelligence technology and tools in an ethical and responsible manner. This policy will be reviewed regularly to ensure our use of AI continues to align with ethical principles and meet regulatory requirements.

Core Principles:

- **Confidentiality**: Confidentiality must always be maintained. This means that identifying information may not be used in AI tools.
- **Human-First:** AI will never replace the human connection or the "Gentle Teaching" presence. It is a tool to support our employees, not a substitute for care.
- **Inclusion & Equity:** We will not use AI that discriminates against or excludes people based on their medical or mental health needs.
- **Right to Choose:** Individuals and their families have the right to “opt-out” of AI being used in their care. It is up to the individual/family/representative to inform the agency if they would like “opt-out”.

Protect Privacy: Never type an individual’s name, birthdate, PHN, or specific medical details into a public AI tool (like ChatGPT). Use only organization-approved, secure tools for sensitive work.

Verify Everything: AI can "hallucinate" (make things up). You must check every AI-generated suggestion for accuracy before acting on it—especially regarding medical or mental health support.

Use Kind Language: AI can sometimes use biased or clinical language. Always edit AI outputs to ensure they are respectful, person-centered, and align with Gentle Teaching.

No Monitoring Without Consent: We do not use AI to secretly track or judge the movements or emotions of the people we support.

PROCEDURE

1. **Ask "Should I?"** Before using AI, ask: Does this respect the person's dignity? Does it keep their data safe?

2. **Prepare the Info.** Remove all "Identifying Information" (names/addresses). Use labels like "Person A" or "The Individual" instead.

3. **Review Output.** Read what the AI wrote. Is it true? Is it inclusive? Does it sound like our organization?

4. **Human Sign-off.** An AI-generated report or schedule is not valid until a member of leadership reviews and signs it. You are responsible for the final result.

When to Get Help

If you notice the AI is making biased comments about disability, or if you accidentally enter private information into a tool:

1. Stop using the tool immediately.
2. Notify your coordinator or Director.
3. We will provide a human alternative for the task to ensure no gap in care.

Summary for Individuals & Families

- We may use AI to help with paperwork so our caregivers can spend more time with you or your loved one.
- We will never use AI to make decisions about your life without a human being involved.
- Your private information is always kept safe and is not shared with public AI companies.
- You can ask us to stop using AI for your specific support at any time.
- As with other potential data breaches, you will be notified if this ever occurs.
- If AI is used to assist with meeting notes, you will be notified prior to the start of the meeting and have the option to opt-out.
- If AI is ever used to edit or create photos or videos, you will have the right to decline consent

SECTION C

HEALTH AND SAFETY

C.10 AGENCY WIDE EMERGENCY PLAN
C.20 FIRE POLICY AND PROCEDURE
C.30 EARTHQUAKE POLICY AND PROCEDURE
C.40 DIFFUSING AND DEBRIEFING POLICY AND PROCEDURE
C.50 MEDICATION POLICY AND PROCEDURE
C.60 FIRST DOSE & ADVERSE REACTION TO MEDICATION
C.70 UNIVERSAL PRECAUTIONS POLICY
C.80 HEPATITIS B AND HIV POLICY
C.90 FIRST AID POLICY AND PROCEDURE
C.100 WORKPLACE ALCOHOL & DRUG POLICY
C.110 SAFETY COMMITTEE
C.120 SMOKING and VAPING POLICY
C.130 WHIMIS POLICY
C.140 WORKING ALONE OR IN ISOLATION POLICY
C.150 RISK MANAGEMENT POLICY
C.160 COMMUNICABLE DISEASE REPORTING
C.170 EMERGENCY VEHICLE (ACCIDENT OR BREAKDOWN)

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C.180 GENERAL HEALTH & SAFETY POLICY
C.190 GENERAL HEALTH & SAFETY – EMPLOYEES- POLICY
C.200 PANDEMIC & INFECTIOUS DISEASE PREPAREDNESS POLICY
C.210 PET POLICY
C.220 HARM REDUCTION POLICY
C.230 COVID 19 VACCINATION POLICY
C.240 INCLEMENT/HAZARDOUS WEATHER POLICY
C.250 SCENT FREE POLICY

POLICY C.10 AGENCY WIDE EMERGENCY PLAN

PURPOSE

To ensure that caregivers are prepared to deal with any emergency should it occur so that the employees and the people we serve are safe in all emergency situations.

POLICY

All caregivers will be trained in emergency procedures prior to working in the program. In addition, all programs will have the Agency Wide Emergency policy available in the Emergency Binder so that anyone who lives, works or visits the program is able to review those procedures.

PROCEDURE

1. Emergency Procedures for the following will be available in all homes:

    - General/Medical Emergencies.
    - Fire/Earthquake Policy and Procedure
    - Natural Disasters, Extreme Weather and Power Outages
    - Telephone, Bomb, and Personal Threats
    - Recovery Plan
    - Emergency Procedures/Responsible Person.

2. Management/Coordinators' will train all new caregivers in emergency procedures, and they will ensure that all employees know where the emergency procedures are posted.

3. Management/Coordinators' will ensure that Fire and other Drills are run as required.

4. Management will update the policies as needed

POLICY C.20 FIRES

Policy

To provide safe environments for people to live and work, every HOMES site must have emergency procedures in place.

Procedure

FIRE DRILL REPORT

(Fire Drills to be done every month rotating shifts)

How to conduct a drill is on the reverse of this page.

PROGRAM: _____

DATE: _____ TIME: _____

Name(s) of caregivers on shift:

_____
_____
_____
_____

Name(s) of Individuals at home during fire drill:

_____
_____
_____
_____
_____

Describe fire drill, meeting place etc. Include length of time to clear house, any obstacles/hazards faced during drill.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Caregivers reporting Drill:_____ Date:_____

Coordinator's signature: _____ Date: _____

FIRE DRILL INSTRUCTIONS

Prior to fire Drill

1. Ensure there is a floor plan of your home, indicating 2 ways out of every room. Discuss escape routes with every caregiver/individual so they are familiar with the plan.
2. Agree on a meeting place outside your homes where everyone will gather to wait for the fire department. Once you are out, stay out.
3. Ensure that all smoke detectors and fire extinguishers are checked monthly basis and fire inspections are done annually by qualified personnel.

Responding to a Fire:

Your Primary concern is safety. **When in doubt, get out.**

Fire Drill

1. Call out “Fire”. In a drill a caregivers person is to designate a location where the fictional fire is taking place.
2. **Call “911” (drill only) and report location of fire.**
3. Caregivers and Individuals are to immediately evacuate the home using the exits routes specified in the emergency protocols.
4. Assemble quickly outside according to the meeting place. Stay together until you are directed otherwise. Make sure everyone is outside and accounted for.
5. After the drill is over, return to the house and discuss the drill.
6. -Caregivers conducting the drill will complete the fire drill report, which must be signed and reviewed by the coordinator/manager.
7. -The names of all caregivers and Individuals involved in the drill must be recorded.
8. -Record exit times.
9. -Record any significant behaviors/obstacles which occurred during the drill.

POLICY C.30 EARTHQUAKES

Policy

To provide safe environments for people to live and work, every H.O.M.E.S site must have emergency procedures in place.

Procedure

Please refer to H.O.M.E.S Agency Wide Emergency Plan.

It is the responsibility of the Coordinator/Operator to ensure that

(1) adequate supplies are on hand in the event of an earthquake.

(2) all caregivers are trained in the H.O.M.E.S and site-specific earthquake emergency procedures; and

(3) the individuals at each site are aware of and regularly practice (if able) what to do during and after an earthquake.

Following is a list of emergency supplies that each site must have on hand in the event of an earthquake. Quantities of emergency supplies should be adequate for at least 72 hours:

Have at least a 3 day supply of food and water. Choose ready-to-eat foods that do not need refrigeration. Keep supplies in an easy to find and accessible spot. Replace and rotate food every 6 months or as necessary.

Water & Food

- At least 2 liters of water per person per day.
- Canned food: soups, stews, baked beans, pasta, meat, poultry fish vegetables, fruits.
- Crackers and biscuits
- Honey, peanut butter, syrup, jam, salt, pepper, sugar, instant coffee, tea.
- Any special diet food the home or the individuals may need.

Other

- Eating utensils, cups, plates, manual can opener, bottle opener.
- Knives, pots, non-electric kettle.
- Water proof matches and plastic garbage bags.
- Camp Stove/barbecue with fuel – do not use barbecue indoors.
- Liquid detergent

Survival Kit

- Grab and go bags (with small first aid kit) for each person. See attached list.

- Flashlight & batteries (replace as needed)
- Radio & batteries
- Important papers/documents (in Grab & Go bags)
- Candles, matches, lantern (battery)
- 1 blanket/sleeping bag per person.
- Whistle
- Medications should be brought in their blister packs for each individual.

Grab & Go Bags

All individuals must have "Grab & Go" backpacks made up in case of Fire, Earthquake, or any other disaster. In any case the individual could not return home for a period of time certain items (Attached List) would be included in the backpack. This will not take the place of an earthquake kit and only include personal items. There should also be one backpack made up for caregivers for emergency use also. Most of the items could be purchased at the dollar store and an inexpensive backpack could be bought. Please assign someone in your program to be responsible for this. All Grab n Go Bags are to be kept in a convenient and accessible location in the home.

Grab & Go Backpack Items:

____Fact Sheet (Keep updated)

____Medication Administration Record (Copy) (Keep up to date)

____*Copies* of important documents (Birth Certificates etc)

____Water/Snacks

____Toiletries/hygiene products/ and toilet paper etc.

____Face cloths, towels

____Change of clothes

____Comfortable shoes

____Small First Aid kit

____Flashlight & Batteries

____Disposable Gloves

____ Relaxation Items (books, magazines, cards, puzzles, toys or anything for amusement)

____ Other Specific items that the individual may need for their safety or comfort.

EARTHQUAKE DRILL REPORT

(Earthquake drills are to be done every six months (Twice yearly) rotating shifts)

How to conduct a drill is on the reverse of this page.

PROGRAM: _____

DATE: _____ TIME:_____

Name(s) of caregivers on shift:

_____

_____

_____

_____

Name(s) of Individuals at home during Earthquake drill:

_____

_____

_____

_____

_____

Describe earthquake drill. Discussion on: **1**.Where earthquake kit and emergency equipment is located. **2**. How to shut off gas in case of fire or gas leaks. **3**. Make sure kits are restocked regarding batteries, water, and out dated items. **4**. Follow guidelines of "what to do in an earthquake"

_____

_____

_____

_____

_____

_____

_____

_____

_____

Caregivers reporting drill:_____

Date:_____

Coordinators' signature: _____

Date: _____

EARTHQUAKE DRILL INSTRUCTIONS

Inside Drill

1. Call out “earthquake”.
2. Do not run outside. You may be hit by falling glass, masonry or power lines.
3. Take cover. Everyone should practice “Duck, Cover and Hold”.
   - Duck – As soon as you feel shaking, drop to the floor.
   - Cover - If possible, crawl beneath a table or desk.
   - Hold – Hold onto one of the legs so it doesn’t slide away from you.
4. If you are unable to find shelter under a piece of furniture, crouch up against an inside wall, away from windows or brace yourself in an inside doorway.

Outside Drill

1. Move away from trees and power lines.
2. If you are in a vehicle, pull over and stop.
3. Stay in the vehicle.

AFTER THE QUAKE

The following points should be discussed at every drill and all employees should know in the event of an earthquake. Health& Safety members will quiz employees at the safety inspections of their knowledge of the drills.

1. If you smell gas evacuate the house. Natural gas has an additive that smells like rotten eggs.
2. Instruct caregivers where the gas shut off is and how to turn off with a crescent wrench, which should be easily accessible near the gas shut-off. ***Turn gas off only if you smell gas*****,** as gas can only be turned on again by a professional.
3. Familiarize caregivers of the location of the earthquake kit, emergency supplies, and procedure of checking in after an earthquake.
4. Check kits and replace as necessary regarding batteries, water, and outdated supplies.
5. Send report to head office as indicated on the month end checklist (Twice yearly)

POLICY C.40 DIFFUSING/DEBRIEFING

PURPOSE

Provide support to care givers and Individuals to ensure their safety in the community and at home.

POLICY

Safety of the Individuals and care givers should be the primary consideration. Planning should include:

- Identification of members of Emergency Response Teams and their phone #'s.
- Protocol for the effective management of emergency situations including:
    1. How to assess the severity of the situation.
    2. When and how to call for emergency response.
    3. Procedures for defusing, controlling the crisis and accessing further help.
    4. The role of experts and when to hand over the incident to outside experts (police, mental health professionals, etc).
    5. Debriefing by the team to decide what further action to take, if any.
    6. Procedures to handle the individual post traumatic effects of the crisis.
    7. Scheduled reviews of critical incidents plans as needed.

PROCEDURE

- The Executive Director(s) (or designate) should be notified as soon as possible by the Coordinator or support worker when a serious critical incident has occurred.
- An emergency response team will be available to support workers, consisting of the Managers' of the H.O.M.E. Society to assist in the crisis.
- Contacting additional support from other sources such as police, health or social workers if needed.
- Managing media inquiries and handling communication issues with the community.
- Contacting other agencies that might have Individuals or caregivers that could be affected by the critical incident.
- Debriefing following a critical incident to assess and review the plan.

A Critical Incident Debriefing session should occur near the aftermath of the critical incident to allow all involved the opportunity to review thoughts, feelings, impressions, and emotions arising from the event. Participants should be:

- Encouraged to speak freely about the experience.
- Asked to provide information.
- Depending on the seriousness of the incident, Sparrow may be contacted for further counseling. (See Policy D.140 Employee support program)

POLICY C.50 MEDICATION

PURPOSE

To ensure the safe handling and storage of medications and to ensure that medications are properly prescribed, dispensed and administered.

POLICY

To ensure a consistent and safe manner for the administration of all medication's, based on the H.O.M.E. Society guidelines as well as relevant legislation (Licensing) in accordance with the policies and procedures established by the medication safety and advisory committee.

PROCEDURE

Giving medication is a serious responsibility! Always be careful and alert. Check and triple-check information. **DO NOT TAKE ANY SHORT-CUTS IN PROCEDURE!**

Except when being administered, all medications are to be kept in the locked medication cabinet.

Relief/Casual Caregivers must have authorization from the Coordinator before administering medication.

All Regular Caregivers and those casual caregivers who have authorization to give medications must be trained by the Coordinator prior to being allowed to administer medication.

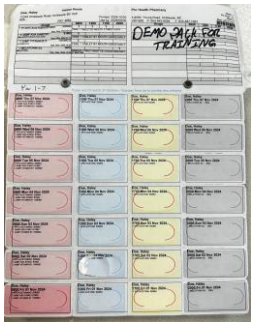
All caregivers who administer medications must also be trained for giving PRN medications through a "Transfer of Function". This training is given by an RPN/RN/PC/HS Coordinator or designate.

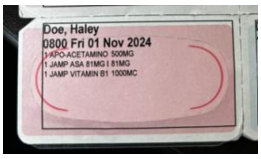
*** As per the community Care Facilities and Pharmacies Act, the only meds that can legally be dispensed are those specifically prescribed by a medical practitioner authorized to do so. A medication can only be administered to an Individual when his/her name appears on the medication & medication sheet received from the pharmacy. All medical authorization/prescriptions are channeled through Pharmacy.

Medication Cards (Blister Packs)

Medications must be administered directly from the original blister pack supplied by the pharmacist, and to the right person. Each blister pack card contains a 7-day supply of medication, with 28 capsules/bubbles in total. A total of 2 weeks supply of medication should be on hand at the beginning of the week in blister packs with 28 capsules/bubbles. Each capsule contains all prescribed medications for a specific date and time. The pharmacist will label the blister packs with the times/dates for medication administration

The information listed on the blister packs must include:





- Medication name (Generic and/or trade brand).
- Individual and prescribing Doctor's name.
- Dosage and the amount to be given.
- Month and year.
- Special instructions for giving medication.
- Pharmacies name, address and phone number.

Liquid Medications

Liquid medications are measured in two ways:

1. Dropper method - for small bottles with droppers. Draw the liquid up to the measure required.
2. Medication Cup Method - for large bottles with no measuring indices on the bottle. Pour liquid into a medication cup to the level required (i.e., 30 ml. as marked on the medication cup). Please ensure the medication cup is on a level surface.

Medication Administration Record

- Medication Administration Records (or medication sheets) must be kept for each Individual.

- Each medication sheet lists the medications currently being taken by the Individual. New sheets, and new blister packs are delivered weekly by the pharmacy.
- 2 weeks' supply will be on hand each week.
- Caregiver's signatures must be on record in the Medical Administration Records Book.

Each medication sheet should contain the following information:

- Name of medication (generic and/or trade name).
- Individual and Doctor's name (general practitioner).
- Dosage and amount given.
- Month and year.
- Special instructions for administering (i.e., with milk, after meals, etc.).
- Pharmacies name, address and phone number.
- Times and medications are to be given

Charting Medications

A "Positive Charting system" is used, which means that all medication given out is accounted for. The caregiver initials the appropriate box on the Individual's medication sheet.

Do not sign your initials when administering medication in the following circumstances. It is imperative that you record on the medication sheet any one of the following codes that are found on the Medication Administration Record.

- "1" – drug ordered/not received
- "2" – drug refused
- "3" – absent from home
- "4" – absent from home with medication
- "5" – hold/see nursing notes

- “6” – hospitalized
- “7” – sleeping
- “8” – nausea/vomiting
- “9” – pulse rate below 60 BPM
- “10” – other/see notes

Caregivers Responsible for Administering Medications

One caregiver per shift is designated for giving out medications. The designated caregiver is responsible for carrying the medication key on the shift and ensuring that the medication cabinet is locked when medications are not being given out. **Relief caregivers may give out medication only if they have been oriented in medication administering procedures and given authorization by the Coordinator.** Individuals must be observed taking medications and cannot be left to take them on their own. Any errors in administering medications must be documented on an Internal Incident Report form and the physician and appropriate individuals contacted.

Discontinued Medications

When a medication is completely discontinued, rows must be marked with a “d/c” (which stands for discontinued) and have lines drawn though to the end of the medication sheet beginning immediately after the time that the last medication was administered. If a medication is being partially discontinued or reduced (i.e., a medication given out 4 times a day is changed to 2 times a day), then all the rows should be marked with “d/c” and have lines drawn through them to the end of the medication sheet. It is to be considered an entirely new prescription, and both the blister pack and the MAR sheet need to updated. The pharmacy will then deliver the new blister pack(s) and Mar sheets. The old blister packs will be handed to the pharmacy’s driver to be returned and disposed of.

Packing Medications for Individuals Going Out or on Leave of Absence

If an Individual taking prescribed medication is going on an outing or home for the weekend/holidays, then their medications must be sent along with them. The caregiver going out with the Individual should be the caregiver preparing the medications to go. The caregiver will detach the whole blister capsule needed for the times that the medication will be administered while out. Each blister capsule is labeled with:

- Individuals name
- Medication name (may be generic or trade name).
- Dosage and the amount given (i.e., two 50mg tabs)
- Date & time medication is to be dispensed.

Caregivers accompanying the individual on the outing will ensure that the correctly labeled blister capsules are taken. The entire labeled blister capsule must be given to the individual for administration at the specific time.
The caregiver who is responsible for the medications that day will then record “4” in the appropriate time slot on the Medication Administration Record and record on the back of the MAR.

Procedure for Filling Prescriptions

Whenever an Individual is prescribed any new medications, the doctor will fax or email the prescription to take directly to the pharmacist. The caregivers must email the pharmacist to confirm receipt of the prescription. The pharmacist will then prepare a new blister pack and include new MAR sheets to be replaced.

Pro-Health contact info:

Phone: 604-845-8084

Fax: 833-487-1053

Email: pharmacist@pro-health.ca

Emergency Situations

After-Hours Emergency Situations

If you need to contact the pharmacy after regular hours, phone the emergency after-hours phone number provided to speak to an on-call pharmacist. If the pharmacist is not immediately available, leave a message and they will phone back at the soonest available time. Please leave a detailed message for the pharmacist containing the following information:

- Name of the residence (home)
- Name of the person calling
- Reason for the call
- Time of the call
- Best phone number to call back

After-Hours Emergency Phone Number	**(604) 703-8188**
After-Hours Emergency Phone Number	**(778) 873-9009**

Disaster Situations

If a situation arises such as a natural disaster, loss of power or loss of operating abilities in either the pharmacy or the home, Pro-Health Pharmacy will continue to make every effort to ensure individuals' receive their medications. Pro-Health Pharmacy will communicate with the home immediately regarding the disaster event and any adaptations in procedures that need to be made. Pro-Health Pharmacy's Disaster Situations Plan contains the necessary steps needed to ensure that individuals' continue to receive their medications in the event that the pharmacy experiences a disruption. The plan includes redirecting resources to ensure provision of medication, cross-training staff to ensure essential work duties can continue, alternative communication methods, contingency delivery schedules, and ensuring that the pharmacy keeps sufficient inventory to survive any disasters lasting up to one month.
Likewise, the home will contact Pro-Health Pharmacy in the setting of an event causing a disruption to their ability to carry out normal functions. If individuals of the home must evacuate, the home must inform the pharmacy of the individuals new location, send medications with the individual and notify the pharmacy of any immediate medication needs.

Monthly Medication Ordering

Medications received from the pharmacy every week are delivered to predetermined addresses. Either the individual's home or the HOMES Office. Before any medication can be active use, Medication Record Sheets and blister packs are to be checked by two people prior to the beginning of the new week.

Ordering Medications

The home is expected to communicate physician orders in a prompt manner to the pharmacy. When the home is needing specific medications, caregivers are to email pharmacist@pro-health.ca to request the prescription. Included in the email should also be when the medication is needed i.e... Today, next day, or next delivery run. Orders received by the pharmacy before the cut off time can usually be delivered the same day. Orders received after the cut off time will be delivered on the next business day. For urgent medication orders received after the cut off time but during business hours, the home is required to contact the pharmacy at 604-845-8084.

The pharmacy hours and contact information should be posted in an easy to access are for staff in the home.

Medication Storage and Handling

The correct storage of medication is indicated on the Medication Facts Sheet.

a) All medication (unless otherwise indicated) will be stored in a locked secure drawer or cabinet at room temperature between 59 and 77 degrees Fahrenheit or 15 and 25 degrees Celsius. It should be stored away from heat, moisture or light.
b) Some medication may need to be refrigerated as per directions on the Mediation Facts Sheets. This medication must be in a locked container in the fridge and labeled with the individual's name.

Transportation of Medications

All medications are delivered by Pharmacy each week. If there are medication changes during the week, the old medication needs to be returned to the Pharmacy when they drop off the new prescriptions.

If for some reason medications need to be picked up from the pharmacy instead of being delivered, then they are to be directly returned to the home. They should not be left in the vehicle unattended. Medications should be in a locked trunk or tote that is not visible in the vehicle. Medication should be picked up in a bag/box which conceals the contents.

Medication Updates or Change of Prescriptions

Doctor's orders are required for all medications. The doctor must give written authorization to discontinue all medications that have been prescribed on a continuous basis.

Procedures for Administering Medication

Medications must be administered at the appropriate time and to one individual at a time. A one-hour leeway before or after the scheduled time may be utilized. Caregivers must follow the **3 Checks** and the **6 Rights** to ensure safe administration:

3 Checks:

1. Before removing the medication from the blister pack.

2. After removing the medication from the blister pack.

3. Before returning the blister pack to the medication cupboard.

6 Rights:

1. Right individual.
2. Right drug.
3. Right dose.
4. Right time.
5. Right route.
6. Right to refuse
7. Right documentation
8. Right reason
9. Right response
10. Right education

Steps for Administering Medication:

1. Prepare the Medication Book: Open the Medication Administration Record (MAR) for the specific individual and review the medication name, dosage, time of administration, and any special instructions.

2. Verify the Blister Pack: Confirm that the blister pack matches the MAR. If discrepancies are noted, review the individual's doctor's notes, daily log notes, and house communication notes. If discrepancies remain unresolved, contact the individual's doctor, pharmacist, or nurse for clarification.

3. Check the Bubble Contents: Double-check the pills in the blister pack bubble against the pictures on the blister pack and/or the medication picture summary pages.

4. Remove and Verify: Remove the bubble corresponding to the scheduled time. Confirm one final time that the blister pack and MAR match.

5. Administer the Medication: Open the tab on the blister bubble, place the medications in a cup, yogurt or other form and give it to the individual. Ensure the individual is facing you while taking the medications. Administer any sprays, creams, or drops required at this time.

6. Document Administration: Return to the medication area and initial the appropriate place on the MAR to confirm the medications were administered.

7. Double-Checker Role: Place the empty blister bubble in the designated spot for the double-checker to confirm that the medication has been given correctly.

8. Spoiled, Dropped, or Missing Medications: If a medication is spoiled, dropped, or missing, use the replacement dose from the second blister pack. Immediately contact the pharmacist to replace the missing dose.

Begin the process again for the next individual requiring medications.

Adhering to this procedure ensures safe and accurate medication administration for all individuals.

- Any unused medication must be given back to the pharmacist for disposal.

Self-Administering of Medications

1. All self-administering of medications must be authorized in writing by the person in care's physician and approved by the medication safety and advisory committee and where applicable, the Coordinator.

    a) In Licensed facilities, there must be variance from Licensing in place.

2. A current letter of release is required to be on hand at the home to cover any medications which are self-administered. This release is renewable every year or more frequently if there is a concern about the person in care's ability to self-administer medication. This form is available on Sharevision.

3. A lockable storage area in the individual's room is required before the individual can self-administer medication(s).

4. All medication to be self-administered must be ordered by a physician and be supplied by the designated pharmacy.

5. The person in care must be aware of the indication, side effects and full directions for use of each medication to be self-administered.

6. Caregivers/Nurse are responsible for ongoing monitoring (at least every two weeks initially, monthly thereafter) of self-administration use by a person in care to confirm they are coping with self-medication. This monitoring will be documented and kept in the individuals care plan at their home and a copy is to be kept on file at the office.

7. For social leave or short term leave of absence, medications must be dispensed as outlined in this policy (which has been approved by the MSAC)

8. The individual is aware that they must not take any “over the counter” medication without a Physician’s/Psychiatrist’s order.

MEDICATION ERROR POLICY AND PROCEDURE

All medication errors must be reviewed with the Coordinator or designate as soon as possible.

As a general rule: the **first** error will result in a verbal warning, the **second** error will result in a written warning, and the **third** error will result in disciplinary action up to and including dismissal.

It is recognized some errors are beyond the control of caregivers and may not result in discipline. Other errors of a more serious nature, however, can result in initial discipline being more severe and may be up to and including dismissal.

If an Individual is given an incorrect medication, dose, route, time or a missed medication the following people must be contacted in the following order until you are able to reach someone who can give you clearer instructions on any further steps that need to be taken.

The Coordinator or designate is to be called, who then will try and call the:

- Pharmacist who dispensed the medication(s)
- Nurse (811)
- Local Hospital emergency department (911)

File an Incident Report outlining the circumstances of the incident. Under **NO** circumstances should you attempt to administer a missed medication or the correct medication in situations where the wrong medication has been given without first receiving authorization from a medical professional (i.e. pharmacist, doctor or nurse).

Spoiled medication must be returned to the pharmacist.

Incident Report: Must be completed by caregivers responsible for the error or the person discovering the error. Report must be read and signed by the

Coordinator or designate. All medication errors which result in an adverse event must be reported to CLBC within 24 hours. A copy also must be sent to the office.

It is **not reportable** to Licensing unless a person requires emergency intervention or hospitalization or has an **adverse reaction to a medication**. **Please refer to the (Adverse reaction Policy & Procedure).**

Medication Issues:

- Incorrect dose
- Incorrect route
- Incorrect time
- Incorrect medication
- Incorrect Individual
- Documentation error
- Administration error
- Dose omitted (not given one hour before or after required time)

Medication Protocol for PRN's

This Protocol is for all regular and casual caregivers who have not been trained for specific "Transfer of Functions ". If you are working alone with an Individual or in a position where you find it necessary to give a PRN or perform a treatment that you have not been trained to do by a Coordinator or designate, this protocol must be followed.

PRN (as needed or whenever required). A maximum dosage per day will always be indicated. PRN medications are only given when PRN procedures have been followed.

All PRN medication must have a Transfer of Functions completed with all caregivers by Coordinator or designate. Follow medication Protocol for PRN administration if you have not been trained for specific "Transfer of Functions".

When PRN medication is dispensed caregivers must initial on the medication sheet under the appropriate date. In addition, caregivers must indicate on the

reverse side of the medication sheet the date, time, medication name, the reason given and the result. It is very important to chart the effect of the medication for future reference.

If you are asked by an Individual to give a PRN medication:

1. Notify your immediate Coordinator or designate and they will give further direction.
2. Document on daily logs and back of medication administration record (MAR) sheet as to the time and reason the medication was given and whether it was effective or not.

If you feel that an Individual might need a PRN medication for any reason:

1. Have all observations, vital signs and/or other pertinent information available.
2. Notify your immediate Coordinator or designate to inform them of the situation and/or receive further instructions.
3. Document on daily logs and on the back of the medication administration record (MAR) sheet as to the time and reason the medication was given and whether it was effective or not.

POLICY C.60 FIRST DOSE & ADVERSE REACTION TO MEDICATION

PURPOSE

Medications are given by many caregiver's and must be done in a safe manner.

POLICY

To ensure a consistent and safe manner for the administration of all medications, based on Society guidelines as well as relevant legislation.

PROCEDURE

First Dose

- The first dose of any medication must be given at home to ensure that no initial allergic reaction occurs. This provides a safe environment, should an adverse reaction occur (see below).
- During the time following the initial dose, the individual should be monitored in ½ hour intervals.
- The first dose should be administered by a senior permanent caregiver. All caregivers should be able to closely monitor the individual following the initial few days of a new medication.
- Health watch information should be discussed with the Pharmacist regarding potential adverse reactions.

Adverse reactions

The following steps should be followed:

- Document the reaction on the Individuals Medication Record
- Notify the Coordinator/Contractor, who will then notify:
- Manager/Director/Coordinator
- Individual's Doctor
- Pharmacist

Monitor & record the Individual's vital signs and give emotional support.

Life Threatening Adverse Side Effects:

- Allergic or untoward reactions to medication:
- Swelling (Breathing problems may develop quickly)
- Heart rate increases, decreases or stops
- Respiratory distress
- Urination ceases
- Jaundice (yellow complexion)
- Abdominal Swelling

All these above symptoms are considered to be life threatening and **911 must be immediately activated.**

Unusual or Unexpected Reaction to a Medication:

- Rash
- Medication has the opposite effect. (i.e. anti-anxiety makes the person more anxious)
- Severe drowsiness
- Severe dizziness
- Severe nausea/vomiting
- Any other unusual symptoms that would be considered severe.

POLICY C.70 UNIVERSAL PRECAUTIONS

PURPOSE

To ensure that all HOME Society employees recognize the obligation to ensure the safe delivery of services to the individuals served, and provide an environment that is safe from health hazards.

POLICY

All contact with individuals within the society will be done in a safe and protective manner using the principles of Universal Precaution.

Definition of Universal Precautions

Universal precautions are steps we should take to protect ourselves when we come into contact with the blood or body fluids of other people. Universal precautions are intended to stop the spread of germs to others.

PROCEDURE

The Basics of Universal Precautions:

Blood and body fluids - *Always* treat as potentially infectious. Clean up spills promptly using absorbent material first, and then clean more thoroughly with a disinfectant.

Gloves - wear latex, vinyl or rubber disposable gloves when handling blood, body fluids, or when cleaning cuts, scrapes or wounds. Wash hands after removing gloves, and dispose of the gloves in a plastic bag. Add gloves to your first-aid kit so they are always ready.

Needle stick injuries - report to the appropriate physician and complete an Incident Report form; the person in charge will follow this up.

Sharp objects - place needles and syringes in a sharps container. Never re-cap, bend or break off used needles! Place them in a scaled puncture-proof container and then return to the pharmacy.

Personal articles - never share toothbrushes or razors. They can transmit small amounts of blood from one user to the next. Dispose of razors carefully. Wrap sanitary napkins before disposing. Handle bloody bedding or clothing cautiously, and wash in hot soapy water.

Hand washing - is the best single way to prevent the spread of germs from one person to another. Wash hands thoroughly, with soap and water.

Always wash hands:

- Before preparing food.
- Before mealtimes.
- After toileting or diapering.
- Before and after providing first-aid.
- After handling blood or body fluids

Cover your mouth when you cough or sneeze, then *wash your hands*. Don't pass your germs on to others.

How can you safely clean up spills of blood or other body fluids?

- Protect yourself by wearing disposable vinyl, latex or rubber gloves. If there is a risk of splashing use protective eye wear.
- Use disposable absorbent material such as paper towels to remove most of the spill. Place these in a plastic bag and deposit in the garbage.
- Wipe the floor, or any contaminated surfaces with a disinfectant solution. Mixing one part household bleach to ten parts of water can easily make this. This type of bleach solution should be freshly made up or it may lose its strength. For carpets or upholstery that may be damaged by bleach, other germicides or disinfectant agents can be used. Soak mops or brushes that have been used for cleaning in a disinfectant for 20 minutes.
- When you are finished wash your hands thoroughly with soap and water.

What should you do if you find a used syringe or condom?

- If you find a used syringe or condom - especially in a park, school or playground it is important to dispose of them promptly and carefully.
- A needle that someone else has used contains a small amount of their blood, which may carry the AIDS, or Hepatitis B virus. Used condoms can also contain infectious body fluids.
- Use a pair of tongs or pliers, or a pair of puncture-proof gloves to pick up these items.
- Discard condoms in a plastic bag.
- Discard syringes or needles in a puncture-proof container, preferably one intended for such purposes. Any plastic or metal container with a lid, such as a coffee can, will also do.

- When you have finished wash your hands carefully with soap and water.
- While the risk of infection from used condoms and syringes is very low, it is best to limit this risk as much as possible. It is important to all persons understand how important these necessary precautions are.

What should you do if you accidentally prick yourself with a dirty needle?

- If possible, put the pricked area low to the ground to promote bleeding.
- Wash the area well with soap and water.

How to Clean:

Thermometers

Wash with warm soapy water. Soak in 70% alcohol for 10 minutes, dry and store. The thermometer should be reserved for individual use only.

Linen

Handle as little as possible. Clothing contaminated with blood, secretions or excretions should be stored in a plastic bag, and washed in hot soapy water. Household bleach may be added to fabrics that can tolerate it. If dry-cleaning is necessary, any visible, moist secretions/excretions should be wiped with a damp paper towel that should be discarded with other Individual waste.

Dishes

No special precautions are generally necessary and use of an automatic dishwasher is adequate for cleaning. Hand washing is important after loading if dishes are visibly contaminated with blood or body fluids, and in the absence of a dishwasher, such dishes should be washed in hot soapy water using gloves.

Waste Disposal

A separate container, lined with a plastic bag, should be available in the Individual's room for waste such as dressings, tissues and other disposable items. This should be removed, secured and placed in a plastic bag or garbage can and then discarded with other household garbage.

Kitchen & Bathroom Surfaces

All counters should be wiped down daily with bleach solution (1:10 bleach : water). Visibly soiled toilet facilities (including sink) should be cleaned and then disinfected with bleach solution.

Reusable Individual-Care Equipment

Ideally, disposable equipment, e.g., dressing trays, are recommended for use with individuals with Communicable diseases. Any equipment, including rented commode chairs, wheelchairs, etc. should be cleaned and disinfected with bleach solution before being used for other Individuals. Reusable instruments and dressing trays should be cleaned, and then sterilized by boiling in water for ten minutes.

Specimen Collection

Specimens should be placed in a well-constructed, leak-proof container. The exterior of the container should be wiped with bleach solution. All specimens should be prominently labeled “Blood and Body Fluid Precautions”. It is essential that the handling and packaging requirements of the laboratory receiving the specimens are followed and that the laboratory be alerted when any specimens are sent.

POLICY C.80 HEPATITIS B AND HIV

POLICY

H.O.M.E.S. recognizes and respects the rights of all of its Individuals and employees, rights that have been defined in law, in collective agreements and in management policies. At the same time the Society recognizes its obligation to ensure the safe delivery of services to its Individuals. In particular, the Society acknowledges a responsibility to Individuals and employees handicapped by illness, supporting their right to pursue those activities which their condition allows including the right to continue to attend work.

Transmittable Body Fluids

Hepatitis B Virus (HBV): All blood/body fluids are potentially infectious for HBV.

Human Immunodeficiency Virus (HIV):

Blood products, semen, vaginal secretions, cerebrospinal fluid, amniotic fluids, menstrual discharge, pleural, peritoneal, or pericardial fluids, inflammatory exudates, and any other body fluid or tissue contaminated with blood is potentially infectious for HIV.

Body fluids not listed above are generally regarded as non-infectious for HIV (unless contaminated with blood). These include feces, nasal secretions, sputum, sweat, tears, urine, vomits, and saliva.

HIV

Risks of Infection to Fellow Workers and Caregivers

In the everyday social contact setting and work environments, there is no risk of transmission of the virus among individuals, fellow workers and caregivers. There is a theoretical potential for transmission when open skin sores or broken mucous membranes come in contact with blood or other body fluids of an infected person.

These circumstances are more likely to occur in situations where an individual lack bowel and/or bladder control and are wearing a brief. In addition, individuals who lack control of their secretions and excretions or who exhibit aggressive behavior, such as biting or striking pose a higher risk.

Risks of the Person's Environment to the Person

The infected person may have immune system damage which renders the person more susceptible to infectious diseases such as chickenpox, measles, and herpes simplex. The risk to the person is greater in the work setting than in the home. In specific disease contact situations this risk can be reduced by the prompt use of appropriate immunoglobulin.

Risk of Transmission by Infected Adults

Employees who have an HIV infection pose no risk to other caregivers or Individuals since casual social contact does not allow for the exchange of infectious body fluid.

Employees and Individuals in any of the Society's settings with HIV infection, who are able to carry out the essential duties of their jobs in a satisfactory manner without posing a health or safety hazard to themselves or others will be entitled to continue working. When their condition no longer permits productive, safe, full-time work, the Society will deal with them compassionately as outlined in the guidelines to follow.

Support at the management level is not enough. The main support for the person with AIDS must come from fellow employees but this support will only be forthcoming if employees have accurate information which convinces them that there is no risk to their own health. The Society commits itself to the continued education in regards to HIV/AIDS safety.

A low level of risk for HIV exposure may be identified in certain jobs or work locations. As these locations are identified, operating procedures will be reviewed and, if necessary, modified to eliminate or minimize the risk and other appropriate protective measures will be initiated as necessary.

The guidelines that follow are based on the fact that AIDS cannot be contracted through casual contact or workplace activities which do not involve exposure to blood, or bodily fluids contaminated with blood. These policies are also designed to protect employees and Individuals in situations where exposure to AIDS virus infected blood may occur.

Employees with HIV or AIDS

OBJECTIVE

The objectives of this policy are to ensure that the rights of an employee with HIV/AIDS are protected while keeping foremost in mind the safety and well-being of the people that we are mandated to serve.

POLICY

H.O.M.E.S recognizes that HIV infection is a life-threatening illness, and that employees with HIV infection will be treated like those with other life-threatening illnesses.

Employees with HIV/AIDS can continue to work in their present positions as long as they are able to meet the normal performance standards of the job, as notes in their job description.

Employees no longer able to perform required job duties will be entitled to the same benefits and support provisions as provided for any other illness or disability.

The decision whether an employee with HIV /AIDS should be permitted to remain in his present work environment shall be based on:

- physical condition of the employee with HIV/AIDS;
- type of physical interaction with Individuals;
- nature and severity of Individuals behaviors in workplace;
- Medical advice.

Where physical condition or exposure to individual's with violent behavior pose a health or safety risk, alternative arrangements may be provided. That person may be temporarily excluded from his employment while the situation is under review or while awaiting a transfer to a "low risk" program.

H.O.M.E.S will not demand testing to detect the presence of HIV/AIDS when hiring, transferring or promoting employees.

Any employee with HIV/AIDS shall take all appropriate steps to prevent the transmission of the HIV virus to others. If an employee with HIV/AIDS fails to take all appropriate safety measures, thereby posing a threat to any Individual and co-workers, management reserves the right to terminate the employee's service.

Discrimination

H.O.M.E.S will not tolerate discrimination or harassment of employees with HIV/AIDS nor will H.O.M.E.S tolerate any employees refusing to work with a fellow employee solely on the basis of his condition.

Confidentiality

There is no legal requirement for persons with HIV/AIDS, or the attending doctor to report their condition to the employer. Should an employee choose to advise the employer, the employee has the right to have this information held in strict confidence.

Individuals with HIV or AIDS

POLICY

The HOME Society recognizes that HIV/AIDS is a life threatening disease and that Individuals with these infections will be treated like those with other life-threatening disease.

Philosophy

These Individuals will be treated as persons with a severe medical problem, with full recognition that this may entail absences and functional limitations.

Right to Confidentiality

The information regarding an Individual with HIV infection will be reported on the advice of the Medical Health Officer, and only to those who need to know. The decision to inform is most often required when the person's status requires consideration of an alternate or special arrangement. The individual's right to privacy must be respected, as long as the risk to others is minimal. The condition of the individual must be monitored and changes in the program recommended if necessary.

Concerns of Family and Caregivers

This group may express concerns about their own safety and that of their family member. The Society will explain the issues with HIV infection and its transmission, if necessary arrange for more comprehensive education for the involved persons. There will be actions by the society to ensure that these individuals are not subjected to any discriminatory actions by others.

POLICY C.90 FIRST AIDE

PURPOSE

To ensure the safety of all Individuals and employees by providing them with proper equipment and properly trained caregivers when dealing with any medical emergencies.

POLICY

It is the H.O.M.E. Society policy that all employees have a current First Aid certificate including Adult CPR certification. We will offer courses throughout the year with a qualified First Aid Instructor. Costs for the course will be the responsibility of the employer. If an employee chooses to take a course elsewhere it must be a course for Adult Care Services. We will reimburse for the cost of the course only if is not covered by another employer. Original receipts must be submitted.

All homes will initially be supplied with First Aid Kits that will have sufficient supplies for the number of person's living in the home. It is the responsibility of the Coordinators' of the homes to do a monthly First Aid Checklist to ensure that the kits are replenished as needed. The cost for this can be taken out of Petty cash or the "Optimum" Points can be used.

Similar (smaller) Kits will be issued for the vans and vehicles in case of medical emergency while traveling.

POLICY C.100 WORKPLACE ALCOHOL & DRUGS

PURPOSE

The H.O.M.E Society is committed to fostering a safe, productive, and healthy workplace for its employees and those whose safety is impacted by the conduct of employees. The Agency recognizes that workplace alcohol and drug use can adversely affect safety and/or productivity. Therefore, H.O.M.E.S is committed to taking steps to address and minimize workplace hazards associated with alcohol and drugs.

OBJECTIVE

This Policy applies to all H.O.M.E.S employees. The objective of this Policy is to ensure the safety of all employees and individuals and to minimize the risk of unsafe and/or unproductive performance due to alcohol and drugs. This Policy is intended to outline the standards and expectations associated with workplace alcohol and drug use and is only one facet of an overall approach to safety and productivity.

PROCEDURE

Agency Obligations:

- Clearly communicate expectations surrounding alcohol and drug use;
- Provide a safe work environment; and
- Review and update this Policy on a regular basis.

Management Obligations:

- Be aware of this Policy and enforce compliance with its provisions; and
- Identify and promptly respond to any situations that may cause concern regarding an employee's ability to safely perform their job functions.

Employee Obligations:

It is the responsibility of all employees to adhere to this Policy. Employees are expected to report to work fit for duty and remain fit for duty while performing their duties. Employees shall also advise their coordinator/manager whenever they have any concerns about their colleagues' fitness or duties.

H.O.M.E.S employees are prohibited from:

- Working, reporting to work or representing the Agency at any time while under the influence or impaired by alcohol or drugs, including cannabis;

Consuming alcohol or impairing drugs, including cannabis, while on duty, including during meals or breaks or when representing the Agency at any time;

- Being present on Agency premises or worksites while under the influence of alcohol or impaired by drugs, including cannabis;
- Operating vehicles or equipment under the influence of alcohol or impaired by drugs, including cannabis;
- Manufacturing, distributing, dispensing, possessing, promoting, selling or using alcohol, drugs – including cannabis or medication, other than possessing and using medication in compliance with the "Medication" section of this Policy – or related paraphernalia while on Agency premises or while representing the Agency at any time; and
- Possessing a controlled substance on Agency premises.

MEDICATION:

Employees are required to responsibly use medication, including medical cannabis, in a manner that is consistent with direction from a medical professional. Medication may inhibit employees' ability to perform their job safely and productively. Employees are prohibited from working or reporting to work while impaired by medication.

Employees are required to:

- Consult with a medical professional to determine whether medication will negatively affect their fitness for work, including by advising the medical professional of the nature of their job requirements;
- Use medication only as prescribed or directed by a medical professional;
- Use alternative medication or treatment that will not negatively affect fitness for work;
- Report to their Coordinator/Manager if medication may affect their ability to perform their job safely; and
- Comply with any modified duties and/or recommended course of action to minimize safety risk.

If medication use may affect employees' ability to safely perform their job, a medical work modification may be issued and the individual may be assigned to alternative duties (if available). The Agency reserves the right to confirm the nature and duration of any required work modification.

CONSEQUENCES OF A POLICY VIOLATION:

General Requirements:

Any violation of this Policy may result in discipline up to and including termination of employment. In all situations, an investigation will be conducted to verify that a Policy violation has occurred. The appropriate discipline in a particular case depends on the nature of the Policy violation and the circumstances surrounding the situation.

Conditions for Continued Employment:

Should the Agency determine that employment will be continued after a violation of the Policy, the Employee may be required to enter into an agreement governing their continued employment which may require any or all of the following actions, or any other condition appropriate to the situation, as determined by the Agency:

- Adherence to any recommended treatment and post-treatment program;
- Adherence to any ongoing rehabilitation conditions or requirements; and
- No further Policy violations during the monitoring period.

Failure to meet the requirements of the agreement will be grounds for discipline up to and including termination.

SOCIAL EVENTS POLICY:

In the case of any H.O.M.E.S social event, appropriate regard will be taken for the safety and well-being of the individuals present and the community. Responsible alcohol use may be permitted at H.O.M.E.S sponsored social functions with 'prior' approval.

If alcohol is made available in the course of conducting Agency business (e.g. restaurant meetings), Employees are expected to use reasonable judgment and be responsible in hosting others, and remain in compliance with the Policy.

[For clarity, Employees are prohibited from possessing, selling, using, or distributing drugs, including cannabis in any form while at any H.O.M.E.S social function. There are no permitted exceptions.]

ACCOMMODATION AND REHABILITATION:

The H.O.M.E Society is aware of its duty to accommodate employees who have admitted alcohol or drug dependency problems or have disabilities requiring the use of medications, and is prepared to take reasonable steps to the point of undue hardship to accommodate such employees.

POLICY C.110 HEALTH & SAFETY COMMITTEE

PURPOSE

To insure that The H.O.M.E. Society maintains quality programs that provide choice, an environment that is home-like, well maintained and clean, and that the levels of satisfaction are excellent. HOMES is committed to promote safety and create and provide a healthy and safe workplace.

POLICY

The Health & Safety Committee will meet monthly to review all issues related to the Health and Safety of all programs within the Society. Minutes will be kept & reviewed by the Managers.

PROCEDURE AND RESPONSIBILITES

- The Health & Safety Committee will meet monthly. With the approval of all members, the meeting dates can be changed.
- The committee will consist of all representatives from all program areas.
- All members will have equal input.
- Any Safety Issues in the programs will be reviewed follow up will be recommended and a plan of action will be developed.
- Incident Report data is reviewed for trends and potential causes.
- The Coordinator will document what action has been taken and the date. The Coordinator is implement the plan, and to make management and caregivers aware of the plan. The Coordinator will report with documentation when the plan is completed to the safety committee.
- Each recommendation will be reviewed and approved or disapproved by the committee by a majority vote.
- Minutes will be kept of each meeting and distributed to each member and programs.
- Conduct Health and Safety inspections at sites used by HOMES on a Bi-annual basis.
- Shared Living homes who utilize a union employee will have a Health and Safety inspection on an annual basis.

POLICY C.120 SMOKING/VAPING

PURPOSE

To promote a healthy workplace and lifestyle, this policy outlines the procedures related to smoking tobacco/vaping e-cigarette products and recreational cannabis.

POLICY

Smoking, vaping and the use of recreational cannabis and tobacco products including electronic cigarettes and vapour products is prohibited at all times inside any residence, anytime, anywhere.

Anyone who wishes to smoke tobacco/vape e-cigarettes (NOT including recreational cannabis) must do so outside, in a designated area within the property boundaries that is not used for providing support/care. One caregiver at one time will be allowed providing there are at least two caregivers on shift. This is dependent on individual's needs.

Some of our persons served may choose to smoke tobacco/vape e-cigarettes or recreational cannabis and we respect their right to do so. At the same time, we want to encourage them to choose a healthier lifestyle and support them to try and quit smoking/vaping. Therefore, employee smoking and or vaping with the individuals will not be permitted.

Recreational Cannabis (smoke or vape)

- Employees see Policy C.100 Workplace Alcohol and Drug Policy

Persons Served Procedures:

- Recreational Cannabis is to be purchased only through retail outlets that are licensed with The Liquor and Cannabis Regulation Branch of B.C (LCRB).
- Employees will have to balance the person served rights in safely providing access to medical and recreational Cannabis while respecting rights, safety, health and comfort of other individuals, caregivers and visitors.
- Storage of cannabis (dry or oil): Recreational cannabis can be stored securely in an Individual's personal locked box which will be kept in the office of the home.

- No one other than a person in care engages in a restricted activity while on the premises of the persons served.
- Employees do not engage in restricted consumption while providing services to persons in care.
- If necessary for the safety of the person in care, a person in care who engages in restricted consumption is supervised.
- Employees using their own vehicles to transport individuals are not permitted to smoke/vape in these vehicles during the times they are transporting individuals. Smoking and or vaping is not allowed at any time in the H.O.M.E. Society vehicles.

Buffer Zone

Under the *Tobacco Control Act,* a smoke-free "buffer zone" is created around doorways, open windows, and air intakes of indoor public and work places. No smoking or vaping of any product, including cannabis is allowed within 6 meters of doorways, opening windows, or air intakes. This protects against smoke (vapor's) entering the building, and protects people as they enter or exit the building. The designated smoking area is not to be visible to individuals served.

❖ ***'Restricted activity' means the following:***

a) An activity that constitutes restricted consumption;
b) The growth or storage of cannabis.

❖ ***'Restricted consumption' means the following:***

a) To smoke or use tobacco or hold lighted tobacco;
b) To use an e-cigarette or hold an activated e-cigarette;
c) To smoke or vape cannabis.

❖ ***Caregivers* who wish to smoke or vape may do so following the above** "Buffer Zone" guidelines as well as Article 14.3 and 14.4 of the Collective Agreement

POLICY C.130 WHMIS - WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEM

PURPOSE

Because controlled products are used in the workplace, H.O.M.E.S., as part of the overall health and safety program, has established, and maintains an effective WHMIS program which addresses applicable WHMIS requirements such as education and training.

POLICY

H.O.M.E.S. employees will receive training in the following areas:

- The elements of the WHMIS program.
- Major hazards of the controlled products in use in the workplace.
- Rights and responsibilities of the employer and workers.
- Content required on labels and Material Safety Data Sheets, and the significance of this information.
- Procedures for the safe use, storage, handling and disposal of the controlled product. As per WCB regulations.
- Procedures to be followed in case of an emergency involving a controlled product. As per WCB regulations.

Copies of the Material Safety Data sheets will be kept:

- At the workplace for workers who may be exposed to the product.
- With the Joint Occupational Health and Safety Committee.

POLICY C.140 WORKING ALONE OR IN ISOLATION

PURPOSE

To ensure the safety of employees who are working alone, and the safety of the Individuals whom they are supporting.

POLICY

All employees who work for the H.O.M.E. Society will be given instruction on working alone or in Isolation.
The instruction given to the employee will be given by the Coordinator or designated Senior Caregivers of the home.

PROCEDURE

The instruction will include and not be limited to the following:

- Thoroughly read the written procedures for working alone or in isolation and any specific procedures that have been developed for a particular home or circumstance above and beyond the written procedure.
- The employee will be instructed to sign the written procedures for the Working alone or in isolation to indicate their receipt and acknowledgement of the procedures.
- The employee will be given a copy of the procedure and a copy of the signed acknowledgement to be kept on file.
- How to do a home security check.
- Where the emergency numbers are listed.
- Where the emergency procedures are kept.
- Review of the Emergency procedures.
- Orientation to the Individuals.
- Orientation to the home.
- Fire and safety procedures and exits.
- Mandt Training
- Risk Assessments

First Aid and CPR Training

PROCEDURES

Working alone or in Isolation at Night (11:00 p.m.-7:00 a.m.)

Sleepover Night Position

1. A visual check-in is done at the start of the shift with the out-going afternoon caregivers. The "individual/caregiver check" must be completed on Share Vision's daily logs indicating that all individuals and caregivers on the afternoon shifts are accounted for and in good health.
2. Ensure that the home is secured and security checks have been made (refer to security list)
3. Ensure that you have emergency numbers and cell phone handy if you need to call for assistance.
4. *Because this is a sleep-over position, you may not want to be disturbed during the night but if you would like someone to call and check on you at a certain time, please make arrangements with Swensson home.*
5. A visual check-in is done at the end of the shift with the incoming morning person. The morning caregiver will check ShareVision logs to ensure that all individuals are accounted for and in good health.
6. If any issues arise that require attention during the night, the emergency procedures for the home will be followed.

Overnight Awake Position

1. A visual check is done on the Individuals at the start of the shift with the out-going afternoon caregivers and then every hour or more frequently as required/established. ***A check is required on the daily log*** that you have observed that all individuals are accounted for and in good health.
2. Ensure that the home is secured and security checks have been made (refer to security list)
3. Ensure that you have emergency numbers and cell phone handy if you need to call for assistance. A waist pack is provided in each home that carries the house cell phone, extra set of keys, numbers of any door codes in the home, emergency #'s for your home, and the phone # of the night phone (carried at Swensson)
4. Swensson Home is responsible for carrying the night phone number (604-615-3190) and the following night protocol:

All Awake homes

a) Upon arriving at the home, check the status of the relief cell phone to make sure it is charged and working. **A check is required on the daily log** that you have found all individuals and caregivers on the afternoon shift in good health.

b) You must carry this phone with you at all times. There is a fanny pack in each home to carry the phone all the necessary emergency #'s. You must be aware of the night emergency phone # should you require immediate support.

c) At approx. 12:15 to 12:30 am., you will receive a call from the overnight caregiver at Swensson home. She/he will be calling the relief cell home. If no contact is made you will receive a call on the house phone.

d) The following information will be shared at this time:

- Who is on shift.
- Any issues
- At the scheduled times 2 am, 4 am and 6 am, you are to call the night cell phone (604-615-3190) and speak to the night person directly. If the cell phone is not connecting then you must phone Swensson Home directly at 604-857-4942 and make direct contact.
- Your calls must be documented on the working alone/isolation documentation sheet.
- Should the Swensson overnight person **NOT** receive your phone call within 15 minutes of the scheduled call, he/she will call the house cell phone or if no response the home phone #. **Should there not be a response the Swensson Night person will call the immediate Coordinator or Manager and inform them of the situation.**
- **The immediate Coordinator or Manager will then send someone to the home to check.**

e) The oncoming caregivers (morning) will do a visual check, and document on ShareVision that all individuals and over-night caregivers are fine and in good health.

Working Alone with someone in the community and/or their home.

1. If you are working alone with someone in the community or in their home, please follow the procedures outlined below:
   - Review the homes "working alone" guidelines.
   - Each single home will have a designated "sister" home which they will call midway through their shift as a 'check in'.

- At the end of your shift, document in the daily log what time and who you called to 'check in'.

2. Ensure that you take the relief cell phone and KEEP IT TURNED ON SO PEOPLE MAY CONTACT YOU IN AN EMERGENCY.
3. Ensure you have emergency numbers handy if you need to call for assistance.
4. Ensure that you are familiar with the area of the community you are going and any potential risks. Check the environment.
5. Keep alert at all times and know the location of telephones or assistance that can be called upon.
6. In any emergency, emergency procedures are to be put in place.
7. Yearly risk assessments to be done and kept on file in regards to community outings and have the assessment specific to each Individual.
8. Follow Protocols/Support Plans as established in your work area.

Single/Two Person Home

Home: _____

Sister Home: _____

Sister Home Contact #'s _____

POLICY C.150 MANAGEMENT OF RISK

PURPOSE

As a means of identifying actions of physical force by one person that would cause injury to another, risk assessments are completed for individuals who receive services from the H.O.M.E. Society and are considered a safety risk to other Individuals or employees.

POLICY

In the interest of maintaining high standards of support and safety, the H.O.M.E. Society will complete Risk Assessments for all individuals who are considered at risk.

PROCEDURE

Violence is defined as the threatened, attempted or actual exercise by a person, of any physical force so as to cause injury to another person. This would include any threatening statement or behavior that gives the other person cause to believe that he/she is at risk of injury.

The risk assessment of an individual is done by completing “A Guide to Assessing the Risk of Violence for Respite and Care Providers” form. Caregivers may need to obtain information from the individual’s extended support network, social worker and other relevant professionals. It is important that the assessment be detailed, accurate, and up to date, so that all members of the support team understand the information in the assessment, and receive appropriate training. If there is a risk of violence, all caregivers must be trained in MANDT.

There may be other risks, such as the risk of elopement which need to be identified for the safety of the individual, the safety of the person supporting them or the general safety of the community.

POLICY C.160 COMMUNICABLE DISEASE REPORTING

POLICY

The H.O.M.E. Society has the responsibility to report any communicable disease as out lined in this policy to the local Licensing Officer, Medical Health Officer, Public Health Nurse or Environmental Health Officer as soon as the outbreak occurs. Reports are made on a Community Care facility Incident Report Form. This will allow Public Heath caregivers to assist you.

PROCEDURE

- Employee illnesses must be documented as to the reason for their absence from work. Employees must fill out a sick form as soon as possible stating the reason for their absence. If the reason is confidential please seal in an envelope and submit to the office. Doctor's notes must be submitted for any illnesses over five days. As per employment standards regulations, a doctor's note will not be require for the first two health related absences in the calendar year, provided each absence lasts five consecutive daus or fewer.

- Any communicable diseases that the Individuals have or suspected of having must be reported. A list of reportable communicable diseases will be listed on the following page.

- All employees should inform their coordinator/manager immediately should any communicable disease outbreak occur with themselves, their families or the individuals we support so we can take the appropriate step

List of Reportable Communicable Diseases in B.C.

Anthrax

Acquired Immune Deficiency Syndrome

Botulism

Brucellosis

Cholera

Congenital Infections (Toxoplasmosis, Rubella, Cytomegalovirus, Herpes Simplex, Varicella-Zoster, Hepatitis B, Listeriosis and any other congenital infection)

COVID-19

Cryptococcal infection

Cryptosporidiosis

Cyclospora

Diffuse Lamellar Keratitis

Diphtheria (Cases and carriers)

Encephalitis (Post infectious, Sub-acute sclerosing panencephalitis, vaccine related, viral)

Food born Illness

Gastroenteritis epidemic (Bacterial, Parasitic, viral)

Genital Chlamydia Infection

Giardiasis

Haemophilus Influenzae Disease

Hantavirus Pulmonary Syndrome

Hemorrhagic Viral fevers

Hemolytic Uremic Syndrome

Hepatitis Viral (A, B, C, and E)

Human Immunodeficiency Virus Infection

Invasive Group A Streptococcus Disease

Invasive Streptococcus pneumoniae Infection

Leprosy

Lime Disease

Measles

Meningitis (All types Bacterial and Viral)

Meningococcol Disease (All types)

Mumps

Neonatal Group B Streptococcol Infection

Pertussis (Whooping cough)

Paralytic Shellfish Poisoning

Plague

Poliomyelitis
Rabies
Reye syndrome
Rubella
Severe Acute Respiratory Syndrome (SARS)
Smallpox
Syphilis
Tetanus
Transfusion transmitted Infection
Tuberculosis
Tularemia
Typhoid Fever and Paratyphoid Fever
Venereal Disease (Chancroid & Gonorrhea)
Waterborne illness
West Nile virus Infection
Yellow fever

POLICY C.170 VEHICLE EMERGENCY

PURPOSE

To ensure the safety of the Individuals and caregivers when out in the community in vehicles

POLICY

All relief cell phones to be turned on when out in the community or in vehicles.

Other homes may be trying to call for emergency backup or there may be other critical situations where you would have to be contacted.

1. Ensure all Individuals are safe and park as far off the road as possible. Remain calm, giving support to the Individuals as needed.
2. Individuals should remain in vehicle unless unsafe to do so, as in the case of a motor vehicle accident. Follow instructions of (Police/Ambulance/Fire) in the case of an accident or injuries.
3. If the accident does not require emergency assistance, please determine if the employees or Individuals need to be checked by a doctor/clinic. If in doubt, please call coordinators or 911 for further consultation.
4. Call the nearest home if they are available, to transport Individuals into another vehicle. If there is no response from the homes contact relief cell phones. Have vehicles checked for safety if any major damage is sustained.
5. The following people have BCAA cards for the Society and should be contacted in case the vehicle needs to be towed.
    - Dave Lappin Cell # 604-807-9822
    - Karen Bojckuk Cell # 604-897-4741
6. Fill out a Critical Incident Report.

POLICY C.180 GENERAL HEALTH & SAFETY

Overview and Philosophy

When we provide services, the health and safety of the people we serve are of great importance. We have responsibilities to the people we serve and to our employees and volunteers. We also have responsibilities under laws and regulations.

We believe that individuals are entitled to live their lives in ways that promote personal safety, security, fulfillment and growth. This entitlement includes the right to live and be served in healthy environments and to access appropriate health care intervention.

Policy

We will have policies and procedures that guide our employees and volunteers in providing service so that:

- We can appropriately deal with situations that may arise that threaten the health or safety of the people we serve,
- Employees and volunteers have appropriate training to be able to provide services in such a manner to ensure the health and safety of persons served,
- We comply with laws and regulations that govern our services and policies and regulations of funders,
- We monitor incidents to better understand the causes of health and safety concerns and improve our policies, procedures and practices when necessary, and
- We evaluate our policies, procedures and practices periodically to ensure they are adequate.

The policies and procedures will be known and used by employees and volunteers and are available to recipients of services

POLICY C.190 GENERAL HEALTH 7 SAFETY-EMPLOYEES

Philosophy

The H.O.M.E. Society is committed to promoting a safe and healthy workplace environment for its employees. Furthermore, H.O.M.E.S is committed to establishing and maintaining safe work practices through proper procedures and direction. All employees share the responsibility to keep their workplace safe.

Policy

The H.O.M.E. Society will promote safe and healthy working conditions.

The leadership team will establish and appropriately maintain worksites and equipment, strive to eliminate physical and health hazards, develop work practices compliant with all applicable laws and regulations, and ensure employees are orientated in and follow the safe work practices and procedures.

Employees have a duty to follow safe work practices, comply with applicable laws and regulations, and participate in the maintenance of an overall safe working environment.

Program Meetings

Regular program meetings will include a discussion of health and safety issues, training, and follow-up. Minutes will be taken to document the discussion.

Training

Training and education are fundamental to successfully preventing injuries and accidents. H.O.M.E.S will ensure all employees are orientation and trained in the following workplace issues:

- Current and/or potential hazards and risks, and the corresponding prevention plans and protocols
- Correct measures or methods to lift or transfer supported individuals
- Proper use of all equipment and appliances, including those used for lifts and transfers
- Potential risks of aggression from supported individuals and the individual support plan and protocols

H.O.M.E.S will ensure that PC 1&2's receive training in the following areas:

- Policy and procedures relating to health and safety
- Conducting risk assessments and safety inspections
- Reporting requirements for safety hazards, accidents, and injuries.

- Proper use of equipment and appliances, including those used for lifts and transfers.
- Potential risks in supporting individuals and the development of individual support plans and/or health and safety guidelines.

Health and Safety Concerns

An environment that encourages individuals to bring forward health and safety concerns is an element in furthering H.O.M.E.S commitment to its health and safety program. Such an environment requires that health and safety concerns can be brought forward to the Health and Safety Committee by individuals without fear of reprisal, retribution, or damage to their relationship with the employer. As a result, The H.O.M.E Society will, to the extent of its ability, protect the identities of individuals that bring concerns forward.

Often, concerns are brought forward by individuals who wish to remain anonymous. While H&S Committee members will, to the extent possible, protect the identity as requested, this may not fully guarantee that the individual's identity will never be learned by the employer or other workplace party.

For example*: Where the individual was provided information that was necessary to provide as evidence relevant to the concern, it may be necessary to provide the name of that individual so the H&S member can look into the accuracy of the information.*

For these reasons, the H&S committee will typically attempt to obtain adequate evidence without using information provided by the person seeking anonymity. Where this is not possible, the H&S committee should alert the individual to the need to use that information and be sensitive to the concerns of the individual while balancing the need to ensure H&S issues at the workplace are addressed.

POLICY C. 200 PANDEMIC & INFECTIOUS DISEASE PREPAREDNESS

PURPOSE

To prepare for and respond to a potential widespread impact from the spread of infectious influenza, COVID-19, and other contagions', employees are required to adhere to the following policy for the protection of people we serve, employees of the organization and the community at large.

Employees' are expected to adhere to and understand the Universal Precautions Policy (C.70) and the Infectious Disease Preparedness & Prevention Plan (Part 9) in H.O.M.E.S Agency Wide Emergency Plan.

POLICY

The H.O.M.E Society will follow all Provincial Health Orders and Guidelines.

Responsibilities:

Employer

- Track and identify employees who are ill for an extended time (5 days or more) and require a medical certificate from those employees assuring they are fit to return to work, and not contagious, unless otherwise directed.
- Track and identify the individuals we support, who may have or be exposed to the virus.
- Provide information about the use of protective equipment, safe work practices, information regarding the pandemic virus.
- Provide links for the employee to access for current information.
- Provide hand sanitizers for every home and information regarding hand washing and the use of sanitizers.
- Provide information of dates and times of vaccine clinics that are available for employees to attend.

- **Essential Services:**
  - Office & Payroll – should an outbreak occur and the office needs to close, payroll and accounts payable will not be interrupted. Directors can work from home, and we have contracted employees to complete payroll if necessary.
  - Directors will determine care giving levels, should an outbreak occur in our homes, and if necessary assist in relocating our individuals for optimum levels.

- Supported work, lawn crew, and individuals who work and train in the office will not work until the safety for all is established.

Employees:

- All employees are responsible for reporting any signs and symptoms they experience to their Manager or signs and symptoms of those individuals they are supporting.

Coordinators will conduct discussion sessions with their employees at team meetings to review the following:

1. How the virus is spread.
2. Flu vaccine provision for employees and the individuals we support. We will take direction from B.C center for disease control or Public Health, in regards to vaccinations for influenza and COVID 19 viruses.
3. Precautionary Measures – See Section 9 AWEP
4. Assessing for Symptoms
5. Supporting/Caring for Persons Affected.
6. Reviewing the Pandemic Policy and ensuring employees sign off that they have read and understand it.
7. Review of the H.O.M.E.S. Infectious Disease Preparedness and Prevention Plan (Part 9, AWEP)

Information will be sent via email regarding all active pandemic planning.

FLU/VIRUS VACCINATIONS

All employees are advised to get their annual Influenza as well as the COVID 19 vaccinations. Employees may receive their vaccines at local flu clinics or their Doctors office. If clinics have been established, information will be shared about times and nearest locations. Information regarding the flu and COVID 19 vaccines update frequently, so the best and current information can be accessed through the websites at the end of this policy.

Limiting Exposure in our Homes

Universal precautions should be adhered to as per society policy when there is the possibility of contact with bodily fluids, including respiratory secretions from persons with flu symptoms. Caregivers should follow routine policy including:

1. HO.M.E.S has provided additional information regarding hand washing and has provided hand sanitizers at all homes as extra precautionary measures to prepare for influenza/viral outbreak.
2. Employees complete annual Universal Precaution and PPE Competency Training.

3. H.O.M.E.S keeps a supply of PPE available in all H.O.M.E.S and has a stockpile.
4. Review Section 9 AWEP.

Assessing our Individuals or Employees for Influenza/Virus/Infectious Disease Symptoms

Please refer to H.O.M.E.S Infectious Disease Preparedness and Prevention Plan (Part 9, AWEP)

Vaccinations and Sick Leave

Employees may be asked to provide a medical certificate of fitness or other form of documentation to prove the employee is safe to return to the workplace if they have been exposed to COVID-19 or any infectious disease.

Regular employees who have completed probation are allowed under Article 20.2 to special leave without pay to attend to ill immediately family members (employees may refer to Article 20.2 for conditions and particulars)

For more information:

Phone:

Health link BC anytime at 8-1-1

Websites:

COVID 19 Information https://www.canada.ca/COVID 19 info
World Health Organization (http://who.int/en)
Centre for disease control (http://www.cdc.gov)
Ministry of Health for BC www.health.gov.bc.ca/pandemic/index.html
Health link BC www.healthlinkbc.ca/healthfiles/hfile108.stm
Public Health Agency of Canada www.publichealth.gc.ca

POLICY C.210 PETS

PURPOSE

Involving pets in supported person's lives provides important social, emotional and learning opportunities. With pets, come responsibilities to ensure a sanitary, healthful and safe environment is maintained.

POLICY

- All requests for pets from persons served will be considered.
- Discussion will include the acceptance or not of pets by the relevant landlord.
- Other roommate's health and safety will be taken into consideration.
- Dogs and Cats shall be immunized for any disease which can be transmitted to humans and be free from fleas, ticks and worms.
- Records and receipts of all immunizations/vet visits/worming dates etc, shall be maintained in a "Pet Binder" which is kept on the premises.
- Caged animals require caging that is safe and easy to clean. The PC 1 and/or 2 and/or the person served shall ensure animal areas are cleaned frequently and that cage cleaning and maintenance are completed on a regular basis.
- All persons shall wash hands after feeding or handling animals.
- Adequate care for animals must be arranged for when people are not present for periods of time (vacations etc)
- Illness or injuries caused by a pet, in which the person served requires medical attention, must be reported on a Critical Incident Report.
- The Coordinator shall develop guidelines which direct employees in the care and handling of pets within the home.
- Animals are not allowed in areas used for storage, preparation and consumption of food.
- Persons in care shall be taught safe practices around animals and proper techniques for picking up and handling them.
- All costs associated with pet ownership shall be the responsibility of the pet owner.

POLICY C. 220 HARM REDUCTION

Pre-Amble

H.O.M.E.S recognizes that risky behavior occurs along a continuum that ranges from minimal to extreme and that any change associated "with risk reduction, no matter how small, is positive." Our goal is to minimize the negative outcomes resulting from risky behaviors.

"Dignity of risk" means respecting each individual's autonomy and self-determination (or "dignity") to make choices for him or herself. The concept means that all adults have the right to make their own choices about their health and care, even if healthcare professionals believe these choices endanger the person's health or longevity.

In addition, H.O.M.E.S recognizes that those with Complex Developmental Disabilities are a population who may be susceptible to developing substance-related problems because they may lack the adaptive skills to protect against misusing substances. People with learning and intellectual disabilities that have experienced psychological trauma (bereavement, physical and psychological abuse) or social isolation (being bullied or exploited, lack of companionship, loneliness) could misuse a combination of alcohol, illicit drugs and prescribed medications to 'self-medicate against life's negative experiences. By the very nature of an individuals' intellectual disability, he or she may not fully understand the concept of personal harm.

The populations served by harm reduction are diverse and often marginalized. The criminalization of illegal drugs and those that use them often compounds stigma and associated health harms. We believe that any harm reduction or treatment and recovery practice must respect human rights and dignity by adhering to basic ethical principles such as fairness, beneficence and respect for autonomy.

The harm reduction approach acknowledges that not everyone is able or ready for abstinence, and some may never be. Like our Gentle Teaching Philosophy, you meet people where they are through non-judgmental relationships. ***Some harm reduction strategies simply boil down to quality care*.**

What does Harm Reduction look like in practice?

- Offer support that helps people become aware of their substance use and take steps to reduce harm.
- With a genuine approach, take the time to establish trust.
- Meet people where they are, taking into account readiness to change, education level, resources and self- esteem. This could include reviewing pamphlets and other written information together to explain and answer questions.
- Set the stage for individuals to talk openly and honestly about their substance use. Let them know that you accept and care for them for who they are, and that you don't judge them for the drugs they use.

Purpose:

Harm reduction aims to prevent the spread of infections (including HIV/AIDS, Hepatitis C and other blood-borne infections); reduce the risk of overdose and other drug related fatalities; and decrease the negative effects drug use may have on individuals and communities. Strategies include prevention and treatment.

Policy:

H.O.M.E.S Harm Reduction Policy follows the six "Core Principles" of harm reduction that have been adapted from the Canadian Center on Substance Abuse.

1. **Pragmatism**

   Harm reduction recognizes that there will always be a percentage of the population who will engage in high risk behavior, for a range of social, economic, mental health and personal reasons. Harm reduction recognizes that drug use is a complex and multifaceted phenomenon that encompasses a continuum of behavior from abstinence to chronic dependence, and produces varying degrees of personal and social harm.

2. **Focus on harm**

   The priority for harm reduction is to decrease the negative consequences of drug use to the user and others, rather than to decrease or eliminate drug use itself. While harm reduction emphasizes a change to safer practices and patterns of drug use, it does not rule out the longer-term goal of abstinence. In this way, harm reduction is complementary to the abstinence model of addiction treatment.

3. **Human rights**

   Harm reduction respects the basic human dignity and rights of people who use drugs. It accepts one's decision to use drugs as fact; no judgment is made either to condemn or support the use of drugs. Harm reduction acknowledges the individual's right to self-determination and supports informed decision making in the context of active drug use. Emphasis is placed on personal choice, responsibility and self-management.

4. **Maximizing intervention options**

   Harm reduction recognizes that people with drug use problems benefit from a variety of approaches. There is no one prevention or treatment approach that works reliably for everyone. It is choice and prompt access to a broad range of interventions that help to keep people alive and safe, and promote health.

5. **Priority of immediate goals**

   Harm reduction recognizes readiness to change as key to the process of individuals leading healthier lives. People may be anywhere along a continuum- from not thinking about change, to contemplating it, to taking action, to maintaining change – moving forward and back. Harm reduction starts with

"where the person is" with their drug use, with immediate focus on the most pressing needs. Harm reduction is based on the importance of incremental gains that can be achieved over time.

6. Involvement of people who use drugs.

The active participation of people who use drugs is at the heart of harm reduction. People who use drugs are seen as the best source of information about their own drug use, and are empowered to join with H.O.M.E.S and other service providers to determine the best interventions to reduce harm from drug use. Harm reduction recognizes the competency of people who use drugs to make choices and change their lives.

POLICY C. 230 COVID-19 VACCINATION

***Please note that on July 26, 2024, the Provincial Health Officer rescinded the Covid-19 mandate effective immediately. CLBC confirmed that this includes the community living sector which means that Covid-19 vaccinations are no longer a requirement of employment.**

Purpose

The COVID-19 pandemic has given rise to significant health and safety risks for employees and the people and families H.O.M.E.S serves. Vaccination plays a critical role in preventing the workplace transmission of COVID-19 and protects not only H.O.M.E.S caregivers and the people we serve but also members of the public with whom we interact.

As set out in the applicable Occupational Health and Safety laws and regulations, employers and employees have a collective duty to maintain a safe workplace.

In addition, the Public Health Officer order for October 14, 2021 (and amended November 18, 2021) (the "PHO Order") requires employees performing services through funded programs with Health Authorities and Community Living BC ("CLBC") to be vaccinated, and provides specific timelines for vaccination.

Policy

As an organization, H.O.M.E.S has expectations that all current employees have full and up-to-date COVID-19 vaccinations as per job requirements. As per our Employee Hire Policy D.110 and Job descriptions, all external job applicants must have full and up-to-date COVID-19 vaccinations, as per job requirements, in order to be considered for employment.

The following is in addition to daily self-screening for COVID-19 symptoms and situations designated by the applicable Health Officer or Health Authority where individuals should self-isolate and/or be tested at a public COVID-19 Collection Centre and in addition to any other COVID-19 safety protocols in place by the Employer.

Application and Scope

The Policy applies to ALL employees of the Employer covered by the PHO Order and its reasonable expansion due to employee and service integration.

Definitions

"Fully Vaccinated" means having received the full dose of a Health Canada approved Covid-19 vaccine, and any subsequent dose, booster, or boosters that may be required or recommended by the applicable Health Officer or Authority.

"Proof of Vaccination" means a legible .pdf, screenshot or printed copy of your COVID-19 vaccination passport (e.g. a provincial QR code where available).

"Health Authority PHO Order Employees" means Employees covered by the PHO Order providing services to Health Authorities, as well as those Employees included by integration of services.

"CLBC PHO Order Employees" means Employees covered by the PHO Order providing services to CLBC, as well as those Employees included by integration of services.

VACCINATION REQUIREMENT

All Employees as defined in Section II - Application and Scope above must be Fully Vaccinated in order to continue working and performing services.

CLBC PHO Order Employees must comply with the following schedule:

- By December 3, 2021: Report their vaccination status to the Employer;
- By December 10, 2021: Must have received their first dose of a COVID-19 vaccine approved by Health Canada and provided documentation of same to the Employer or have applied for or secured an exemption and provided documentation of same to the Employer; and
- January 14, 2022: Must have received their second dose of a COVID-19 vaccine approved by Health Canada and provided documentation of same to the Employer or have applied for or secured an exemption and provided documentation of same to the Employer.

NON-COMPLIANCE

1. Employees who do not meet their respective timeline(s) outlined above will not be permitted to work as of the dates specified in the schedule above.
2. These Employees will be placed on unpaid leave for a period of three months.
3. After an Employee has been on an unpaid leave of absence for three months, the Employee's employment is subject to termination for just cause.
4. Employees placed on unpaid leave will become eligible to return to work by establishing proof of being fully vaccinated.
5. Subject to availability, if there are opportunities for redeployment elsewhere in the agency outside of the Section II – Application and Scope of this Policy, Employees may in the Employer's discretion be offered a reassignment as an alternative to being placed on unpaid leave of absence.

PROOF OF VACCINATION

Employees must provide Proof of Vaccination to the Director.

ACCOMMODATION

For CLBC and Health Authority PHO Employees, the only exemption from the vaccination requirements set out in the Provincial Health Order are for employees who have an approved or pending medical exemption request.

A request for exemption under the Order must be made to the PHO and may only be made on medical grounds. A request for exemption must include a signed and dated statement from a medical practitioner, based upon a current assessment, that the health of the person would be seriously jeopardized if the person were to comply with the Order, and a signed and dated copy of each portion of the person's health record relevant to this statement. A request may be submitted to the Provincial Health Officer at ProvHlthOffice@gov.bc.ca.

CLBC and Health Authority PHO Employees with an approved medical exemption must provide proof of exemption in order to verify that they are permitted to work despite being unvaccinated. Those Employees must also comply with any conditions attached to their approved exemption request, as specified by the PHO or Medical Health Officer granting the exemption. The Employer does not have authority to grant any medical exemptions under the Order.

CLBC and Health Authority PHO Employees who have an accommodation request under other protected grounds may apply to the Employer under the process set out below. The Employer will consider whether re-deployment to work that is not covered by the scope of the PHO Order is possible as a form of accommodation. If re-deployment is not possible, the Employee will be placed on an unpaid leave of absence pending the resolution of the accommodation request.

All non-medical accommodation requests must be immediately sent to the Executive Director and should include:

- the reason for the accommodation (i.e. why is it required and which human rights protected ground applies); and supporting information, sufficient to allow the Employer to properly consider the request.
- The Employer will review and consider the request for accommodation on a case-by-case basis, taking into consideration the employee's specific needs. The Employer reserves the right to request additional information, if necessary. If an employer does not find grounds for an accommodation, the employer will proceed per section V (Non-Compliance).

PRIVACY

The Employer will collect certain personal information in order to administer the Policy, including vaccination status, direction from applicable Health Officer or Authority and any information provided for the purpose of requesting an accommodation. The Employer will maintain strict confidentiality of this personal information and will not use or disclose it except for the purpose of administering the Policy unless otherwise authorized or required by law.

The Employer will retain any personal information collected for the purpose of the Policy only as long as necessary for the administration of the Policy.

BREACH OF POLICY

An Employee who misrepresents their vaccination status or direction from the applicable Health Officer or Authority may be subject to disciplinary action, up to and including termination of employment for just cause.

POLICY REVIEW

Given the evolving nature of the COVID-19 pandemic, the Employer reserves the right to amend or end this Policy at any time, including due to changing public health guidelines.

The Employer will conduct periodic reviews to consider the ongoing necessity of the Policy

POLICY C. 240 INCLEMENT/HAZARDOUS WEATHER POLICY

Purpose

Employees are required to make a reasonable attempt to attend work as scheduled. This includes proactively exploring alternate options, including speaking with their Coordinator, should they be needed.

Policy

Employees, who after reasonable attempts are unable to attend work as scheduled due to hazardous weather may be granted an unpaid leave of absence.

Employees who are unable to attend work will notify their Coordinator or Director ASAP.

POLICY C. 250 SCENT FREE

Purpose

Due to the health concerns arising from exposure to scented products, H.O.M.E.S has instituted this policy to provide a scent free environment for all employees, visitors and the individuals we support.

Policy

While we acknowledge the medical community is uncertain if there is a cause and effect relationship between scents and disease and or adverse reactions, we respect the symptoms experienced by our employees and stakeholders.

The use of scented products will not be allowed within applicable spaces/buildings at any time. In addition, all cleaning products/materials will be scent free wherever possible.

Procedure

Employees will be informed of this policy through signs posted in relevant buildings, the Policy Manual, promotional materials and will receive this policy at the time of hire and orientation.

Visitors and persons served will be informed of this policy through signs and it will be explained to them by their caregiver(s).

For further information

https://www.ccohs.ca/

SECTION D

PAYROLL AND HUMAN RESOURCES

D.10 GENTLE TEACHING
D.20 MANDT
D.30 CAREGIVERS IMMUNIZATION POLICY
D.40 DRIVER'S LICENCE
D.50 DRIVER'S ABSTRACT & TRAFFIC VIOLATIONS
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SECTION D

HUMAN RESOURCES & PERSONNEL POLICIES

D.180 FITNESS FOR WORK POLICY
D.190 PROFESSIONAL DEVELOPMENT POLICY
D.200 JOB DESCRIPTIONS POLICY
D.210 PROVISION OF REFERENCES POLICY
D. 220 USE OF CELL PHONES POLICY
D. 230 WORKING REMOTELY
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D. 250 EARLY INTERVENTION PROGRAM – EXEMPT EMPLOYEES

POLICY D.10 GENTLE TEACHING

PURPOSE

At the H.O.M.E. Society we follow the philosophy of Gentle Teaching co-founded by Dr's.John McGee and Dan Hobbs. H.O.M.E.S. believes that Gentle Teaching is directly related to one's ability to love, accept love in return, participate and engage, and convey value. It provides a powerful framework in which to place everything we do.

POLICY

A Spirit of Gentleness is....

- Our non-violence
- Our sense of social justice
- Our expression of unconditional love
- Our warmth to those who are cold
- Our teaching others to feel safe, loved. loving, and engaged
- Our teaching a feeling of companionship with the most marginalized
- Our forming community
- Our sense of human interdependence

Gentle Teaching believes that behaviors, especially self-destructive behaviors, are a manifestation of deep wounds within the person, and to successfully address these behaviors, one must address the issues of rejection, damaged self-esteem, and devaluation. Without precondition, it places strong emphasis on positive human interface (positive touch, encouraging words and tone of voice, the invitation to be engaged interactively with another person). It requires that caregivers engage all the senses (touch, voice, light etc) to send a strong message of acceptance and an invitation to participate. While the activity which is being done may be useful in itself, it also acts as a medium to convey another underlying message of personal worth.

Companionship is built on teaching others to feel....

1. Safe

- A feeling of self-worth and being grounded
- Knowing ones place in the world and feeling well about it
- Having a circle of friends
- Accepting others

2. Loved

- Pride in self
- Finding joy in others
- Socializing
- Contentment

- Finding joy in caregivers and peers
- Sense of self esteem

3. Loving Others

- Smiles
- Touches warmly
- Communicates joyfully
- Approaches others
- Stays with others
- Seeks out others
- Shares with others

4. Engagement

- To be together
- To do things together
- To do things for one another
- To do things for others

We expect employees of the H.O.M.E. Society to mentor others and new employees with the Gentle Teaching Philosophy using the tools of caregiving.

1. ***Our presence*** (message of peace, protection, and caring)
2. ***Our hands*** (message of being safe and loved)
3. ***Our words*** (message of encouragement and nurturing)
4. ***Our eyes*** (warm the person's heart with tenderness and love)

POLICY D.20 MANDT TRAINING

PURPOSE

The Mandt System is a comprehensive, integrated approach to preventing, de-escalating, and if necessary, intervening when the behavior of an individual poses a threat of harm to themselves and/or others. The focus of The Mandt System is on building healthy relationships between all the stakeholders in human service settings in order to facilitate the development of an organizational culture that provides the emotional, psychological, and physical safety needed in order to teach new behaviors to replace the behaviors that are labeled “challenging”.

POLICY

All employees who provide direct care to the men and women of the H.O.M.E. Society must have ongoing training with crisis prevention. We provide this training via The Mandt System.

ONE DAY WORKSHOP (Required Annually)

- The MANDT System integrates knowledge about the neurobiological impact of childhood trauma with the principles of positive behavior support and provides a framework that empowers service providers to do their work in a way that minimizes the use of coercion in behavior change methodologies.

- MANDT training will be offered to persons in care who express an interest in self protection skills.

- MANDT training may be provided in person or online.

POLICY D.30 CAREGIVERS IMMUNIZATION

PURPOSE

Ensures the protection of Caregivers and Individual's in case of an outbreak or spread of a communicable disease according to Ministry and Licensing guidelines.

POLICY

While some immunization is not mandatory in Community Care Licensing Facilities, Influenza protection (Flu shots) is strongly recommended as a best practice for the protection of caregivers and Individuals.

Licensees/head office must keep a record of each employee and volunteer's immunization status, even if the immunizations are incomplete. This information is required, as it will allow public health and medical caregivers to quickly identify each person's immunization status in the event of an outbreak.

Recommended Immunizations for caregivers and volunteers

- Tetanus and Diphtheria (Every 10 years)
- Poliomyelitis
- Measles
- Rubella (German Measles)
- Hepatitis B (series of 3 vaccinations) (Should have levels checked for immunity)
- Influenza (Yearly)
- Varicella (Chicken Pox

All caregivers must complete an immunization form provided for all employees at the time of sign up.

POLICY D.40 DRIVER'S LICENSE

PURPOSE

To ensure the safety of the men and women we support and to ensure that all H.O.M.E. Society employees are qualified and properly licensed to operate a motor vehicle**.**

POLICY

Employees who are required to operate a motor vehicle in our Society must present a Class 4, 5 or 7 driver's license and a favorable driving record/abstract, acceptable to our insurer. A Class 4 Driver's License is preferred but not mandatory unless you are in a permanent position in specified homes. If you enter into a position that requires a Class 4 license, you will be given six months to obtain the license and be reimbursed for the costs associated Failure to obtain the license in the time frame given will result in being removed from the position. A copy of your License will be kept in your personnel file and updated whenever you renew your license.

If a medical reason or the new provincial driving regulations (new drivers or new to Canada drivers) prevent you from obtaining a complete Class 4, 5 or 7 license, those reasons must be forwarded to your employer along with the necessary motor vehicle and doctor's documentation. These reasons will be reviewed and either approved or denied by management.

Employees who cannot obtain a Class 4, 5 or 7 License because of the above restrictions or must wait a required time before obtaining it will be limited as to the shifts (i.e. nights only) or programs they may work in. They may be eligible to apply for regular part-time or full-time night positions only where driving a society vehicle is not required and they fall under those above restrictions.

POLICY D.50 DRIVER'S ABSTRACT & TRAFFIC VIOLATIONS

PURPOSE
To ensure that all employees of the H.O.M.E. Society have a favorable driving record. To ensure the Individuals receiving services are transported in a safe and responsible manner.

POLICY
All employees whose work requires the operation of a motor vehicle must have a favorable driver's record search upon being hired.

The employer has the right to request a driver's abstract from the motor vehicle at least yearly or at any time that an employee's driver's record might be in question with regards to safety of the men and women we support. This cost, if any, will be the responsibility of the employer.

It is the employee's responsibility to ensure that any driving infractions that incur in the course of their duties, or changes to the status of their license, are immediately reported to their Coordinator and/or Director. Failure to do so may result in disciplinary action, up to and including dismissal.

All vehicles must be driven with due care and attention and all Motor Vehicle laws and defensive driving procedures must be followed at all times.

All traffic violations resulting in a fine are the responsibility of the employee operating the vehicle at the time of the offense. The cost of fines resulting from such violations will not be borne by the Society.

All traffic violations received by an employee while on society business and driving a society owned vehicle must be reported to the employee's Coordinator and/or Director. Any employee who is cited for a traffic violation while driving a personal vehicle while transporting individuals must also report such violations to their Coordinator and/or Director.

Traffic violations, incurred while on Society business, may result in discipline up to, and including, dismissal.

POLICY D.60 DRESS CODE/APPEARANCE

PURPOSE

The purpose of this policy is to set guidelines for employee appearance and attire.

An employee's appearance affects persons served by the Association as well as the attitudes and opinions of family, friends, professionals, and the community at large.

POLICY

Clothing and Appearance

Clothing and appearance should adhere to general community standards and norms. While on duty, employees will maintain an appropriate level of personal hygiene and appearance and will avoid dressing or acting in such a way as to draw undue attention to persons served, or to negatively represent the Association. Clothing will be neat, clean, and free from immoderate or excessive holes.

Clothing that embarrasses or devalues the Association or persons served, negatively affects the attitudes or opinions of people with respect to persons served, or that is potentially offensive or indecent, is prohibited. This includes but is not limited to:

- vulgar or lewd T-shirts
- immodest exposure because of fashion holes or shredding
- clothing and accessories commonly associated with gangs
- clothing and accessories that display slogans or symbols supporting offensive ideologies or illegal practices

Dressing for Specific Weather or Events

Employees accompanying persons served to special events or to work activities will wear clothing appropriate to the designated event or job. Employees supporting persons served outdoors will ensure that they and the persons served have appropriate dress for the likely weather conditions.

Work Clothing, Jewelry and Accessories

Employees will exercise good judgment in choosing their work clothing. Employees are not to wear expensive jewelry or articles of clothing that are difficult or costly to replace if lost or damaged, or that increase the likely risk of injury to the employee or persons served.

Employees working with or near persons served who have behavioral or physical support needs will not wear sharp, protruding jewelry (including chains and earrings), unsafe footwear such as sandals, open-toed shoes,

high heel or platform shoes, or other articles that could result in injuries to employees or persons served. Employees will not be compensated for loss or damage to clothing or jewelry in situations described above.

Cultural or Religious Attire

H.O.M.E.S will respect the right of employees to dress in accordance with their ethnic, cultural or religious traditions. In the event that such dress may impact the employee's ability to safely or effectively fulfill their responsibilities, H.O.M.E.S will seek a compromise acceptable to both parties.

Summer Wear

Employees may wear clothing appropriate for summer events and activities. Unless swimming, the minimum acceptable dress will be walking shorts, T-shirts, and closed-toe footwear (where foot safety is an issue). Employees will wear modest one-piece bathing suits when swimming.

POLICY D.70 JOB DESCRIPTIONS

Job Title: **EXECUTIVE DIRECTOR**

Job Summary:

- Plans, organizes, directs, controls and administers all agency activities, programs and operations directly or through other reporting managers consistent with Board approved agency policies, goals and objectives and in accordance with legal, statutory, constitutional and other requirements. Ensures that a high standard of Individual based program delivery is maintained. Promotes the agency's activities through contact with the community, business organizations, government and the general public.

Reports To: Typically reports to the Board of Directors**.**

Duties and Responsibilities

1. Formulates and develops mission statements, new or revised policy and strategic plans, goals, operational policies, new program proposals, directions or initiatives, impacts of legislative changes, resource needs and other matters of importance to an agency. Provides information to, and recommends/presents proposals and plans to the Board for review, discussion and approval.
2. Plans, organizes, directs and controls the long term, general and day-to-day operations, administration and facilities management of a community social service agency providing service(s) directly or through a team of reporting managers. Establishes and implements management and human resource policies necessary to support the objectives of the agency including labour relations issues related to hiring, performance appraisal, discipline, grievance resolution, arbitrations, and discharge. He/she may also participate in union negotiations.
3. Establishes and maintains effective relationships with senior and other government officials, Individuals and stakeholders, funding sources, volunteers, community groups, etc.; communicates and/or promotes the agency's services, funding needs, value to the community, etc. He/she represents the agency at community and fund raising events, or other official functions.
4. May participate on various task forces, working groups and other committees as an agency advocate.
5. Prepares annual Operating/Management Plans and budgets for consideration by the Board. Oversees and maintains control of approved budgets and expenditures for assigned responsibility area and major projects in accordance with agency financial control and administrative

procedures. Develops and recommends contract terms and conditions to the Board. Develops and implements fund-raising activities. May undertake contract negotiations and program proposals with the Ministry.

6. Oversees and ensures risk management policies and procedures are sufficient to protect the agency, employees and/or volunteers from liability and other claims. Establishes and ensures all professional, licensing or other accreditation requirements are in place to satisfy legal, regulatory and other requirements.
7. Oversees and/or approves major program/project contracts, priorities, schedules and resource requirements and ensures all aspects of projects are carried out expeditiously and consistent with agency/ Board objectives and policies including directing and monitoring the work of consultants, contractors and vendors.

Education, Training and Experience

1. Planning, organizing, financial management and control, communications, policy development and administrative management and/or counseling and social work specific to agency/association needs. Knowledge and skills are typically acquired through completion of a university degree in a discipline relevant to agency requirements or equivalent.
2. Five to seven years of progressively more responsible program, managerial, planning, organization, financial management and control, communications, policy supervision, and financial control experience in the community social services sector with a demonstrated and in depth working knowledge of community based programs and services, funding sources, community relations, Board relations, access to community resources is required.
3. Specific Information Technology, financial management, labor relations or professional knowledge may be required depending on individual agency requirements.

Job Skills and abilities

Excellent presentation, public relations, oral, written and interpersonal communication skills.

1. Demonstrated teamwork, leadership, managerial, and administrative skills.
2. Well-developed planning, organizing, controlling and negotiation, bargaining, and decision-making skills.
3. Ability to deal tactfully with sensitive individual issues.

Job Title: **Director of Adult Services**

Job Summary:

- Plans, organizes, directs, oversees and evaluates agency activities, programs, and services. Provides leadership, vision, and director to the Program Directors/Managers and their team members ensuring that quality, person centered, and responsive services are provided with respect and dignity. Promotes a team approach, excellence, and innovation in service delivery. Contributes to decision making as part of H.O.M.E.S. Leadership Team and promotes the agencies activities through contact with community partners.

Reports to: Executive Director

Duties and Responsibilities:

1. Directs, plans, oversees and monitors the delivery of services. Provides leadership, vision and direction. Ensures effective service delivery consistent with H.O.M.E.S mission and central purpose, policy, legal, and contractual, budgetary and other requirements. Develop or make recommendations for the development of new programs or services.

2. Participates as a member of the Leadership team in developing long range and strategic plans. Participate in manager meetings, team meetings, strategic planning, and director meetings to assess and resolve operational and policy issues.

3. Develops and establishes standards and accountability/control mechanisms in accordance with policies and goals established and approved by the Executive Director; develops and recommends long range plans and objectives; provides advice and recommendations to the Executive Director on significant or cross-agency issues.

4. Assists families with planning and acts as a support and resource for families where applicable.

5. Determines service, resource/budgetary, operational and organizational requirements for all new and existing services. Monitors other agency Directors' plans and strategies to achieve identified objectives.

6. Directs, develops and motivates Directors/Managers and other assigned staff to attain service objectives and organizational goals and objectives including strategic plan, values and key directives. Meets regularly with each Director/Manager.

7. Ensure effective case planning and management and accountability to referring authorities/agencies

8. In collaboration with Director of HR, ensures that labour relations issues related to hiring, performance appraisals, discipline, grievance resolution, arbitrations and discharges are completed (involvement when this impacts service delivery). Provides input in union negotiations as required.

9. Participates in various community and provincial committees, working groups, associations, as assigned by the Executive Director. Maintains effective relationships with government officials, volunteers, community groups; may communicate and/or promote the agency's services, funding needs and value to the community. May represent the agency at community and fund-raising events, or other official functions as authorized by the Executive Director.

10. In collaboration with Directors/Mangers, ensures systems are in place to maintain
required records and documentation.

11. Maintains a current awareness of services (including behavioural support, health care, mental health, justice services, etc) and development in the community living sector. Develops and maintains relationships with external agency representatives.

12. Acts as a resource person for Directors/Managers with regards to service development and as a contact person in the event of an emergency.

13. Maintains a current awareness of initiatives in the community living sector. Actively seeks out knowledge pertaining to community living best practices and participates in ongoing professional development.

14. Contributes to the health and safety of all employees, volunteers and practicum students of the organization, by adhering to all H&S policies and procedures. During an emergency follows the Emergency Preparedness Plan and the directives of the position.

15. Participate in overseeing risk management policies and procedures are sufficient to protect the agency, employees and/or volunteers from liability and other claims. Establishes and ensures all professional, licensing or other accreditation requirements are in place to satisfy legal, regulatory and other requirements.

16. Assists Executive Director in overseeing and/or approving major program/project contracts, priorities, schedules and resource requirements and ensures all aspects of projects are carried out expeditiously and consistent with agency/ Board objectives and policies including directing and monitoring the work of consultants, contractors and vendors.

17. Performs other related duties as required.

Education, Training and Experience

- Operational/administrative management, planning, organizing, human resources, communications, counseling or social service knowledge and skills are typically acquired through a degree in human service or the equivalent combination of education and experience.
- Three to five years of experience of program management experience in the community sector with a demonstrated and in-depth working knowledge of specific community-based programs and services, applicable legislation and policies, issues surrounding assigned community relations is required.

Job skills and abilities:

- Excellent oral, written, facilitation and interpersonal communications skills.
- Demonstrated teamwork, leadership, and supervisory skills.
- Well-developed planning, organizing, controlling and administrative skills.

Other Required

Class 4/5 driver's license
Favorable driver's record
Current First Aid CPR certification
Criminal Record Search
Physicians Health Clearance
Gentle Teaching Training
MANDT Training
Any other training as required by licensing or the H.O.M.E. Society

Additional Information

This position requires the ability to function independently, and frequently under pressure while managing multiple concurrent projects and deadlines including effectively managing emergency situations. Participation at meetings**, conferences, and other events may involve long workdays and/or evening/weekend.**

Job Title: **Director**

Job Summary:

- Responsible for managing assigned program(s) and caregivers, including planning, coordination and administration of the programs, caregiver's assignments and caregiver's direction. May include other services mandated by contracts with the Ministry**.**

Reports to: **Executive Director**

Duties and Responsibilities:

- Plans, organizes, controls and directs the provision of services for assigned new and existing programs and/or projects. Ensures that the program standards, guidelines and policies of the organization are maintained and that all licensing requirements are met.
- Manages and evaluates Coordinator's. Participate in grievance resolution amongst caregivers and assists in such personnel activities as interviewing, hiring, and training caregivers and caregivers discipline issues.
- Ensures that appropriate systems are in place to support Coordinator's and maintain programs.
- Supervises expenditures within the existing budget allowance and makes budget recommendations.
- Participates as a member of the senior management team in developing long range and strategic plans, assessing and resolving operational issues and policies.
- Develops and establishes standards and accountability/control mechanisms for assigned responsibility area in accordance with policies and goals established and approved by the Executive Director. Develops and recommends long range plans and provides advice to the Executive Director on significant or cross agency program and service issues.
- Determines program, resource/budgets, and operational/organizational requirements for all new and existing programs within responsibility area. Develop comprehensive plans and strategies to achieve identified objectives.
- Supervises, develops and motivates Coordinator's and other assigned caregivers to attain program objectives; ensure effective planning and management; accountability to referring authorities/agencies including labour relations issues related to hiring (Performance appraisal, discipline, grievance resolution, arbitrations and discharge). May also provide training to caregivers' members and have input in union negotiations.

- Discusses problem situations and remedies with specific Coordinator's and may participate directly.
- Participates in various committees, working groups, and associations and maintains effective relationships with government officials, volunteers, and community groups. May communicate and/or promote the societies services, funding needs, and value to the community. May represent the society at community fund raising events or other official functions.
- Prepares reports, conducts special studies, makes presentations and maintains a current awareness in assigned area of responsibility.
- Performs other related duties as required.

Education, Training and Experience

- Operational/administrative management, planning, organizing, human resources, communications, counseling or social service knowledge and skills are typically acquired through a degree in human service or the equivalent combination of education and experience.
- Three to five years of experience of program management experience in the community sector with a demonstrated and in-depth working knowledge of specific community based programs and services, applicable legislation and policies, issues surrounding assigned community relations is required.

Other Required

Class 4/5 driver's license
Favorable driver's record
Current First Aid CPR certification
Criminal Record Search
Physicians Health Clearance
MANDT Training
Any other training as required by licensing or the H.O.M.E. Society

Job skills and abilities:

- Excellent oral, written, facilitation and interpersonal communications skills.
- Demonstrated teamwork, leadership, and supervisory skills.
- Well developed planning, organizing, controlling and administrative skills.

Additional Information

This position requires the ability to function independently, and frequently under pressure while managing multiple concurrent projects and deadlines including effectively managing emergency situations. Participation at meetings**, conferences, and other events may involve long workdays and/or evening/weekend work.**

Job Title: **Shared Living Coordinator**

Grid Level:14, JJEP Wage Grid

Job Summary:

The Shared Living Coordinator shares responsibility for the day-to-day operations of the H.O.M.E Society's Shared Living Department. As a Shared Living Coordinator, you will be joining a highly collaborative and supportive team, as well as a team of contracted Shared Living providers who share their homes and lives with the people we support. The Shared Living Coordinator is responsible, under the direction of the Director, for the recruitment, screening, selection, monitoring and evaluation of all independent contractors that provide home sharing services for the agency. The Shared Living Coordinator provides ongoing support, advocacy and advice to persons served, their families, and Shared Living Providers. This position participates with the Director in the planning, assessing, and direction of our Shared Living Services to ensure effective service delivery consistent with H.O.M.E.S strategic direction and policy. He/she provides leadership, vision and direction to Shared Living Providers while ensuring that quality, individualized and responsive services are provided with respect and dignity.

Reports to: Director/Manager

Duties and responsibilities

- Recruits, screens, monitors and supports contractors
- Builds trusting relationships with families/persons served.
- Participates in ongoing development and implementation of service policies and procedures
- Liaises with community resources and government staff.
- Consults with other organizations/agencies to provide input and establish resources for ongoing development of the Shared Living Department
- Communicates accurately and fully with team members.
- Provide ongoing training/support to Shared Living Providers.
- Attend meetings as required, including Board meetings.
- Is accessible via cell phone 24 hours/day, 7 days/week

Education, training and experience

- Operational/administrative management, planning, organizing, human resources, communications, counseling or social service knowledge and skills are typically acquired through a degree in human service or the equivalent combination of education and experience.

- Three to five years of experience of program management experience in the community sector with a demonstrated and in-depth working knowledge of specific community based programs and services, applicable legislation and policies, issues surrounding assigned community relations is required.
- Direct Shared Living experience an asset.
- Strong interpersonal, leadership and organizational skills with a high level of personal integrity, initiative and maturity
- Experience and proven ability in complex case management
- A philosophy of care and support in line with H.O.M.E.S philosophy of Gentle Teaching.
- Ability to work as a member of the team as well as being able to work independently
- Previous experience working with adults who experience disabilities (including Mental Health, FASD, Behavioural)
- Willingness to be available for flexible working hours and access to own vehicle for home visits, etc.
- Strong computer skills with working knowledge of Microsoft Word/Excel.
- Excellent oral, written, facilitation and interpersonal communications skills.
- Well-developed planning, organizing, controlling and administrative skills.

Other Required

Class V driver's license
Favorable driver's record
Current First Aid/CPR certification
Criminal Record search
Physicians Health clearance
MANDT Training
Any other training as required by the H.O.M.E Society

Additional Information

This position requires the ability to function independently, and frequently under pressure while managing multiple concurrent projects and deadlines including effectively managing emergency situations. Participation at meetings, conferences, and other events may involve long workdays and/or evening/weekend work.

Classification: PROGRAM COORDINATOR 2 (Licensed Homes)

Grid Level:14, JJEP Wage Grid

Job Summary:

- Responsible for supervising an assigned program(s) and caregivers. May include other services or involvement with committees. Ensure that a comfortable, safe and home-like environment is provided for individuals in our care. Eligibility for licensing approval may be necessary.

Reports to: Director/Manager

Duties and Responsibilities

Program

- Responsible for the development of program standards, policies and house guidelines, jointly with the Director. To consistently promote and ensure that Individual safety is the top priority.
- Develops, implements, and evaluates Individual goals, objectives, and procedures and ensures that the required standards are maintained. Identifies both physical and program needs of the home and addresses such needs to the Director.
- Responsible for the scheduling, preparation and facilitation of P.A.T.H.'s (Planning Alternative Tomorrows with Hope) protocol meetings, or planning meetings for each Individual.
- To ensure each Individual is involved in decision-making situations to his/her abilities.
- To ensure that each Individual has as much opportunity for personal growth and extensive community integration as possible in order to develop to his/her potential and that his/her rights are protected. These rights shall include (but are not restricted to) religious beliefs, privacy, finances, sexual orientation, and political beliefs.
- To ensure that liaison occurs with community training programs, employment services, and other community support services as required.

Personnel

- Responsible in conjunction with the Director to interview, hire, train, supervise, and evaluate caregivers and practicums/volunteers in the home.
- To plan, assign, and schedule all caregiver's shifts and duties and ensure safe and adequate caregivers coverage at all times. Responsible for submitting all payroll timesheets, accurately and on time as per payroll schedule**.**

- To authorize all employee time away from work for reasons of over-time, vacation, statutory holidays, and special leaves as defined in the union contract.
- Responsible for the development of a team approach and to ensure that regular caregivers meetings are held as well as opportunities for caregiver's development and training.
- To ensure that all caregivers promote Individual safety as a top priority.
- To ensure that all caregivers have current certifications in all licensing requirements such as First Aid/CPR and any other mandatory certification.
- To ensure that all caregivers are aware of and follow all health and emergency policies and procedures.
- To ensure that an acceptable standard of all caregivers conduct is maintained within the home and in the community.

Organizational

- To be responsible for operating within the capital budget of the home in conjunction with the Director.
- To be responsible to oversee key worker duties in regards to Individual finances, clothing reimbursements, and record keeping and submit documentation as required.
- To be responsible for all financial information and documentation of all month end (mileage forms, gas receipts, petty cash etc) required by the accounting department, accurately and on time.
- To be responsible to ensure adequate control, record keeping, and safeguards for all funds within the home.
- To ensure that the residence and grounds are maintained in accordance with WCB and Licensing regulations and that all repairs and safety hazards are reported promptly and corrected.
- To ensure that adequate food supplies and medical supplies are available at all times according to licensing standards.
- To be responsible to ensure that preventative safety and health care techniques are practiced on an ongoing basis, in compliance with W.C.B. regulations and recommendations from the Health& Safety Committee.
- To promote co-operation and good communication between families, advocates, caregivers, Individuals, other association caregivers, volunteers, community agencies, schools and vocational placements.
- To attend Individuals and caregiver meetings, development and in-service training sessions.
- To maintain confidentiality of all caregivers, Individuals, association records and reports.
- To be available on call as necessary.

- To read, accept, and practice house guidelines, gentle teaching philosophy, and the policies and procedures of the H.O.M.E. Society.

- **Education, Training and Experience**
  - Graduation from a university or community college with diploma in human services, social work, counseling or a related field.
  - A minimum of 2 years supervisory experience in the field of mental and physical challenges.
  - A minimum of one year combination of related education and previous supervisory experience.
  - Formal training in the following areas: Gentle Teaching
  - Eligibility for approval as Coordinator by licensing.

Other Required

Class 4 or 5 driver's license (whichever is required)
Favorable driver's record
Current First Aid CPR certification
Criminal Record Search
Physicians Health Clearance
MANDT Training
Any other training as required by licensing or the H.O.M.E. Society

Job skills and abilities

- Demonstrated competency in written and verbal skills.
- A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.
- Demonstrated ability to work within a team setting, with an emphasis on leadership, self-initiative, patience, maturity and tact.
- Excellent organization skills.
- Knowledge of the local community resources provided by the Ministry of Children and families.
- Ability to work a flexible schedule if necessary based on program needs. Some on-line work is expected.

Additional Information

This position may be required to work in a stressful environment often dealing with Individuals in crisis situations. The ability to function independently and under pressure is an ongoing expectation of this position. Evening and weekend work may be required.

Classification: PROGRAM COORDINATOR 2 (Non-licensed home)

Grid Level: 12, JJEP Wage Grid

Job Summary:

- Responsible for supervising an assigned program(s) and caregivers. May include other services or involvement with committees. Ensure that a comfortable, safe and home-like environment is provided for individuals in our care.

Reports to: Director/Manager

Duties and Responsibilities

Program

- Responsible for the development of program standards, policies and house guidelines, jointly with the Director. To consistently promote and ensure that Individual safety is the top priority.
- Develops, implements, and evaluates Individual goals, objectives, and procedures and ensures that the required standards are maintained. Identifies both physical and program needs of the home and addresses such needs to the Director.
- Responsible for the scheduling, preparation and facilitation of P.A.T.H.'s (Planning Alternative Tomorrows with Hope) protocol meetings, or ISP planning meetings for each Individual.
- To ensure each Individual is involved in decision-making situations to his/her abilities.
- To ensure that each Individual has as much opportunity for personal growth and extensive community integration as possible in order to develop to his/her potential and that his/her rights are protected. These rights shall include (but are not restricted to) religious beliefs, privacy, finances, sexual orientation, and political beliefs.
- To ensure that liaison occurs with community training programs, employment services, and other community support services as required.

Personnel

- Responsible in conjunction with the Director to interview, hire, train, supervise, and evaluate caregivers and practicums/volunteers in the home.
- To plan, assign, and schedule all caregivers shifts and duties and ensure safe and adequate caregivers' coverage at all times. Responsible for submitting all payroll timesheets, accurately and on time as per payroll schedule.

- To authorize all employee time away from work for reasons of over-time, vacation, statutory holidays, and special leaves as defined in the union contract.
- Responsible for the development of a team approach and to ensure that regular caregivers' meetings are held as well as opportunities for caregiver's development and training.
- To ensure that all caregivers promote Individual safety as a top priority.
- To ensure that all caregivers have current certifications in all licensing requirements such as First Aid/CPR and any other mandatory certification.
- To ensure that all caregivers are aware of and follow all health and emergency policies and procedures.
- To ensure that an acceptable standard of all caregivers' conduct is maintained within the home and in the community.

Organizational

- To be responsible for operating within the capital budget of the home in conjunction with the Director.
- To be responsible to oversee key worker duties in regards to Individual finances, clothing reimbursements, and record keeping and submit documentation as required.
- To be responsible for all financial information and documentation of all month end (mileage forms, gas receipts, petty cash etc.) required by the accounting department, accurately and on time.
- To be responsible to ensure adequate control, record keeping, and safeguards for all funds within the home.
- To ensure that the residence and grounds are maintained in accordance with WCB and H&S regulations and that all repairs and safety hazards are reported promptly and corrected.
- To ensure that adequate food supplies and medical supplies are available at all times.
- To be responsible to ensure that preventative safety and health care techniques are practiced on an ongoing basis, in compliance with W.C.B. regulations and recommendations from the Health & Safety Committee.
- To promote co-operation and good communication between families, advocates, caregivers, Individuals, other association caregivers, volunteers, community agencies, schools and vocational placements.
- To attend Individuals and caregiver meetings, development and in-service training sessions.
- To maintain confidentiality of all caregivers, Individuals, association records and reports.
- To be available on call as necessary.

- To read, accept, and practice house guidelines, gentle teaching philosophy, and the policies and procedures of the H.O.M.E. Society

- **Education, Training and Experience**

- Minimum grade 12 education required.
- A minimum of 2 years supervisory experience in the field of mental and physical challenges or a combination of related education and previous supervisory experience.
- Gentle Teaching Training (level's 1 & 2, 12 hrs minimum)

Other Required

Class 4/5 driver's license
Favorable driver's record
Current First Aid CPR certification
Criminal Record Search
Physicians Health Clearance
MANDT Training
Any other training as required by the H.O.M.E. Society

Job skills and abilities

- Demonstrated competency in written and verbal skills.
- A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.
- Demonstrated ability to work within a team setting, with an emphasis on leadership, self-initiative, patience, maturity and tact.
- Excellent organization skills.
- Knowledge of the local community resources.
- Ability to work a flexible schedule if necessary based on program needs. Some on-line work is expected.

Additional Information

This position may be required to work in a stressful environment often dealing with Individuals in crisis situations. The ability to function independently and under pressure is an ongoing expectation of this position. Evening and weekend work may be required**.**

Classification: Program Coordinator 1

Grid Level: 12, JJEP Wage Grid

Job Summary:

- Supervises an assigned program and caregivers under the direction of the Program Coordinator 2 or Manager. May include other services and/or involvement with committees, also ensuring that a home-like, comfortable and safe environment is provided for individuals in our care.

Reports to: Program Coordinator 2 and/or the Director/Manager

Duties and Responsibilities

Program

- Responsible for maintaining program standards, policies and house guidelines.
- To consistently promote and ensure that Individual safety is the top priority.
- Responsible for implementing, and evaluating Individual goals, objectives, and procedures and ensures that the required standards are maintained.
- Responsible for the participation in all P.A.T.H.'s (Planning Alternative Tomorrows with Hope) protocol meetings, or ISP planning meetings for each Individual.
- Responsible for ensuring that each Individual has as much opportunity for personal growth and extensive community integration as possible in order to develop to his/her potential and that his/her rights are protected. These rights shall include (but are not restricted to) religious beliefs, privacy, finances, sexual orientation, and political beliefs.

Personnel

- Responsible in conjunction with the Program Coordinator 2/ Director: for interviewing, supervising, and evaluating caregivers and volunteers in the home.
- Responsible in conjunction with the Program Coordinator 2/ Director: for submitting all payroll timesheets, accurately and on time as per payroll schedule.
- May be responsible to authorize employee time away from work for reasons of over-time, vacation, statutory holidays, and special leaves as defined in the union contract with approval of the Program Coordinator 2/ Director.
- To ensure that all caregivers are aware of and follow all health and emergency policies and procedures.

- To ensure that an acceptable standard of all caregivers conduct is maintained within the home and in the community.

Organizational

Under the direction or delegation of the Program Coordinator 2/ Director:

- Responsible for overseeing key worker duties in regards to Individual finances, clothing reimbursements, and record keeping and submit documentation as required.
- Responsible for all financial information and documentation of all month end (mileage forms, gas receipts, petty cash etc) required by the accounting department, accurately and on time.
- Responsible to ensure adequate control, record keeping, and safeguards for all funds within the home.
- To ensure that the residence and grounds are maintained in accordance with WCB and Licensing regulations and that all repairs and safety hazards are reported promptly and corrected.
- To ensure that menus are followed and medical supplies are available at all times according to licensing standards.
- To be responsible to ensure that preventative safety and health care techniques are practiced on an ongoing basis, in compliance with W.C.B. regulations and recommendations from the Health& Safety Committee.
- To attend caregiver team meetings, development and in-service training sessions.
- To maintain confidentiality of all caregivers, Individual, society records and reports.
- To be available on call as necessary.
- To read, accept, and practice house guidelines, gentle teaching philosophy, and the policies and procedures of the H.O.M.E. Society.

Education, Training and Experience

- Graduation from a university or community college with a diploma in human services, social work, counseling or a related field and/or a combination of education/experience and proven and demonstrated leadership qualities in the field of mental and physical disabilities.
- Formal training in the following areas: Gentle Teaching, systematic assessment of problematic and maladaptive behaviors, and seizure management. Some programs/homes may require specialized training or experience with specific needs of our Individuals as indicated in the job postings.

- A good knowledge of Licensing and/or Ministry regulations.

Other Required

Class 4/5 driver's license
Gentle Teaching 1&2
Favorable driver's record
Current First Aid CPR certification
Criminal Record Search
Physicians Health Clearance
MANDT Training
Any other training as required by licensing or the H.O.M.E. Society

Job skills and abilities

1. Demonstrated competency in written and verbal skills.
2. A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.
3. Demonstrated ability to work within a team setting, with an emphasis on leadership, self-initiative, patience, maturity and tact.
4. Excellent organization skills.
5. Knowledge of the local community resources provided by the Ministry of Children and families.
6. Ability to work a flexible schedule if necessary based on program needs. On-line work is expected.

Additional Information

This position may be required to work in a stressful environment often dealing with Individuals in crisis situations. The ability to function independently and under pressure is an ongoing expectation of this position. Evening and weekend work may be required.

Classification: COMMUNITY SUPPORT WORKER

Grid Level: 10, JJEP Wage Grid

Job Summary:

- Responsible for providing a home-like, comfortable and normative environment in the Individual setting. Also ensuring that each individual has the opportunity to develop to the fullest extent of his/her abilities and desires. They will establish a warm and personal relationship with each individual living in the home and encourage the active participation of parents, siblings, and friends in each person's life while keeping the Individual's safety and well-being the priority at all times.

Reports to: Coordinator(s)

Nature and Scope

A team approach to providing high quality, person centered support is essential.

Respectful working relationships must be developed and maintained with the individuals served, their network (family members, friends and personal networks) and other team members of H.O.M.E.S. Good external relations must be developed and maintained with CLBC Community Service Workers, health-care professionals, organizations and community contacts, including employers.

The most important decisions of the Support Worker relate to the quality of life and support provided to the persons served, particularly:

- Ensuring the support provided is of high quality and in harmony with planning, H.O.M.E.S philosophy and Gentle Teaching;
- Always working towards the individuals overall satisfaction. The Support Worker understands that he/she is coming into the home/life of individuals served by H.O.M.E.S. Recognition of this must remain foremost in our minds. We must therefore respect an individual's wish in their service provision within the parameters of safety and quality of life. These parameters must be decided at the team level with the support of the individual, family/personal network, funding bodies and community supports (where available).

Duties and Responsibilities

Program

1. Under direction of the Coordinator(s) or delegate, this position is responsible for providing a homelike, comfortable and normative environment in the home.
2. Provides direct support and lifestyle planning consistent with H.O.M.E.S beliefs, values and Gentle Teaching.

- Provides direct support that reflects Gentle Teaching principles, in that:
- **Intent is not on changing others, but in changing ourselves;**
- Support is always focused on teaching the individuals served to feel safe and loved, and to become more loving and engaged;
- Positive use of the four 'tools' of Gentle Teaching in everyday support (hands/touch, eyes, words and presence).

3. To document, implement and evaluate programs as required and requested.
4. To be a key worker to designated individuals as assigned by the Coordinator's or delegate.
5. To implement all support guidelines, protocols, policies and procedures.
6. To work with all individuals and ensure a high standard of personal care is maintained, in a respectful manner, while being a role model in this area.
7. Assisting individuals in personal problem solving or decision making;
8. Providing assistance to individuals in completing their personal responsibilities (i.e.: cleaning and preventative home maintenance);
9. Sharing and/or developing ideas for community involvement/employment;
10. To administer and record medications in accordance with H.O.M.E.S Policy C.50 and ensure that all prescribed medications are consumed by individuals according to schedule.
11. To monitor health needs ensuring that preventative health care and safety practices are utilized, as well as immediate treatment for illness or accident.
12. To make available to all individuals the opportunity to participate in integrated community activities, in order to learn new skills, make choices and be involved in what is happening in their lives. All this is to be accomplished while showing the individual respect and dignity.
13. Assist/teach individual with self-care, budgeting, banking, cooking and household management as required.
14. This position may require assisting individuals with lifts/transfers and various other physical limitations.

Organization

1. Responsible for proper financial record keeping and accounting for certain funds (petty cash, receipts from charge accounts) and submitting these to the Coordinator(s) or delegate on a regular schedule.

2. To record and read all relative information in the appropriate log and communication books on a daily basis as required. To complete all required documents as required, maintaining the confidentiality of all caregivers, individual and society records and reports.To attend all caregivers meetings, program planning, caregiver's development and in-service training sessions as required.
3. To maintain good communications with families, other caregivers, individuals, community agencies, in conjunction with the Coordinator(s) or delegate and submit program reports as required.
4. Specific duties/tasks as per individual needs may be required such as lifting and transferring. Training will be provided by qualified professionals and/or delegate.

The above statements reflect the general details considered necessary to describe the principal functions of the job and shall not be construed as a detailed description of all the work assignments that may be inherent in the job.

Education, Training and Experience

1. A diploma in a field related to supporting persons with disabilities preferred.
2. Experience in working with individuals with a developmental disability/dual diagnosis.
3. Formal training in the area of program planning or counseling.

Other Required

Class V driver's license (Class IV may be required in some homes)
Favorable driver's record
Current First Aid CPR certification
Criminal Record Search
Physicians Health Clearance
MANDT Training
Any other training as required by licensing or the H.O.M.E. Society

Job skills and abilities

1. Demonstrated competency in written and verbal skills.
2. A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.
3. Demonstrated ability to work within a team setting, with an emphasis on leadership, self-initiative, patience, maturity and tact.
4. Excellent organization skills.
5. Ability to work a flexible schedule if necessary based on program needs and as per collective agreement.

Additional Information

This position may be required to work in a stressful environment often dealing with individuals in crisis situations. The ability to function independently and under pressure is an ongoing expectation of this position. Evening and weekend work may be required.

Job Title: AWAKE COMMUNITY SUPPORT WORKER (NIGHTS)

Grid Level:6, JJEP Wage Grid

Job Summary:

- Ensures the well-being of Individuals during the night hours. Along with Individual monitoring the Awake Community night worker is responsible for creating and maintaining a comfortable and clean living and working environment.

Reports to: Coordinator(s)

Duties and Responsibilities

1. Monitors Individuals during night hours and ensures their safety is the top priority.
2. Takes care of Individual's night's needs (medical and otherwise) that may arise and supports Individuals with any behavioral issues.
3. Notifies Coordinator(s)/Manager if any problems arise. Ensures that good written and verbal communication with day/afternoon caregivers is maintained.
4. To work with all individuals and ensure a high standard of personal care is maintained, in a respectful manner, while being a role model in this area.
5. To administer and record medications in accordance with house guidelines and ensure that all prescribed medications are consumed by Individuals according to schedule (if applicable).
6. Knows and follows all working alone procedures to ensure safety for themselves and other homes.
7. Carries out orders regarding specific Individuals left by the Coordinator(s) or day/afternoon caregivers.
8. Maintains accurate reports with regard to Individuals and ensures that all documentation is correct and complete.
9. Performs housekeeping duties as indicated in each programs night duty lists, to ensure a clean, safe and healthy home.
10. Maintains up-to-date knowledge of emergency, fire, and earthquake regulations and procedures. Ensures that house regulations are followed.
11. May be involved in some meal preparation/baking and maintaining food inventory.
12. Perform other related duties as required

Education, Training and Experience

1. Experience in working with individuals with a developmental disability
2. Formal training in the area of program planning or counseling.

Other Required

Class V driver's license
Favorable driver's record
Current First Aid CPR certification
Criminal Record Search
Physicians Health Clearance
MANDT Training
Any other training as required by licensing or the H.O.M.E. Society

Job skills and abilities

1. Demonstrated competency in written and verbal skills.
2. A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.
3. Demonstrated ability to work within a team setting, with an emphasis on leadership, self-initiative, patience, maturity and tact.
4. Excellent organization skills.
5. Ability to work to work independently.

Additional Information

This position may be required to work in a stressful environment often dealing with Individuals in crisis situations. The ability to function independently and under pressure is an ongoing expectation of this position. Evening and weekend work is required.

Job Title: ASLEEP COMMUNITY SUPPORT WORKER (NIGHTS)

Grid Level:5, JJEP Wage Grid

Job Summary:

- Ensures the well-being of Individuals during the night hours.

Reports to: Coordinator(s)

Duties and Responsibilities

1. Sleeps through the night hours but is required to wake in order to attend to any minor/major night time needs that may arise with the Individuals (medical, behavioral or other). May be required to assist in or deal with emergency calls during the night. Must ensure Individual safety at all times.
2. Notifies caregivers or Coordinator(s) of any problems or emergencies that may arise. Ensures that good written and verbal communication with day/afternoon caregivers is maintained.
3. Knows and follows all working alone procedures to ensure safety for themselves and other homes.
4. Maintains accurate reports with regard to Individuals and ensures that all documentation is correct and complete.
5. Maintains up-to-date knowledge of emergency, fire, evacuation and earthquake regulations and procedures. Ensures that house regulations are followed.
6. May be required to go to another home during the night if they are the second night person in response to an emergency situation or for extra support in that home.

Education, Training and Experience

1. Experience in working with individuals with a mental handicap/dual diagnosis.
2. Formal training in the area of program planning or counseling.

Other Required

Class V driver's license
Favorable driver's record
Current First Aid CPR certification
Criminal Record Search
Physicians Health Clearance
MANDT Training
Any other training as required by licensing or the H.O.M.E. Society

Job skills and abilities

1. Demonstrated competency in written and verbal skills.
2. A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.
3. Demonstrated ability to work within a team setting, with an emphasis on leadership, self-initiative, patience, maturity and tact.
4. Excellent organization skills.
5. Ability to work to work independently.
6. Ability to respond to emergency situations quickly and competently.

Additional Information

This position may be required to work in a stressful environment often dealing with Individuals in crisis situations. The ability to function independently and under pressure is an ongoing expectation of this position. Evening and weekend work is required.

Job Title: LIFE SKILLS/OUTREACH WORKER

Grid Level:10, JJEP Wage Grid

Job Summary:

- Responsible for providing a home-like, comfortable and normative environment in the Individual setting, also ensuring that each individual has the opportunity to develop to the fullest extent of his/her abilities and desires. They will establish a warm and personal relationship with each individual living in the home and encourage the active participation of parents, siblings, and friends in each person's life.

Reports to: Coordinator(s) or Manager/Director

Duties and Responsibilities

Program

1. Under direction of the Coordinator(s) or Manager, this position is responsible for providing a homelike, comfortable and normative environment in the home.
2. To document, implement and evaluate programs as required and requested.
3. May be assigned to be a key worker to designated individuals as assigned by the Coordinator(s). To implement all support outlines, protocols, policies and procedures, while ensuring Individual safety as a priority.
4. To work with all individuals and ensure a high standard of personal care is maintained, in a respectful manner, while being a role model in this area.
5. To administer and record medications in accordance with house guidelines and ensure that all prescribed medications are consumed by Individuals according to schedule.
6. To monitor health needs ensuring that preventative health care practices are utilized, as well as immediate treatment for illness or accident.
7. To make available to all Individuals the opportunity to participate in integrated community activities, in order to learn new skills, make choices and are involved in what is happening in their lives. All this to be accomplished while showing the Individual respect and dignity.

8. Assist and teach Individual aspects of self-care, budgeting, banking, cooking and household management as required.

Organization

1. May be responsible for proper financial record keeping and accounting for certain funds (petty cash, receipts from charge accounts) and submitting these to the Coordinator on a regular schedule.
2. To record and read all relative information in the appropriate log and communication books on a daily basis as required. To complete all required documents as required. Maintaining the confidentiality of all caregivers, Individual and society records and reports.
3. May be required to attend caregivers meetings, program planning, caregivers' development and in-service training sessions.
4. To maintain good communications with families, other caregivers, Individuals, community agencies, in conjunction with the Coordinator and submit program reports as required.

Education, Training and Experience

1. A diploma in a field related to supporting persons with disabilities.
2. Experience in working with individuals with developmental disabilities/dual diagnosis.
3. Formal training in the area of program planning or counseling.

Other Required

Class V driver's license
Favorable driver's record
Current First Aid CPR certification
Criminal Record Search
Physicians Health Clearance
MANDT Training
Any other training as required by licensing or the H.O.M.E. Society

Job skills and abilities

1. Demonstrated competency in written and verbal skills.
2. A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.
3. Demonstrated ability to work within a team setting, with an emphasis on leadership, self-initiative, patience, maturity and tact.
4. Excellent organization skills.
5. Life skill workers are required to work a flexible schedule as necessary based on individual's schedules and program schedules up to 80 hours bi-weekly.

Additional Information

This position may be required to work in a stressful environment often dealing with Individuals in crisis situations. The ability to function independently and under pressure is an ongoing expectation of this position. Evening and weekend work is required.

Job Title: **COMMUNITY INCLUSION WORKER**

Grid Level:10, JJEP Wage Grid

Job Summary:

- This position ensures the well-being of individuals and promotes their development in a family setting. A key component of this job is to assist individuals in their physical, social, emotional and daily life skills development, which increases their independence, and engagement in their community. The Community Inclusion worker typically supports individuals with intellectual, developmental, and/or physical diversabilities, emotional, behavioral, and any other medical needs including addictions. The Community Inclusion Worker establishes and maintains a warm and personal relationship with each person served and encourages the active involvement of family members, friends and neighbors in each person's life.

Reports to: Manager/Director

Key Duties and responsibilities

1. Supports individuals in their own homes and/or in the community to allow them to function more independently. Evaluates individual's needs and helps to develop the ISP with the Shared Living provider.
2. Reviews and reports on the individual's goals and assists in helping the individual attain such goals.
3. Ensures that Individual safety is the top priority when providing care.
4. Working together with the Shared Living provider, monitors individual's well-being, and assists individuals with daily life skills such as health needs, financial matters, shopping, and banking.
5. Assists individuals with grooming, activity planning, creating and maintain community connections, etc.
6. Facilitates physical, recreational, educational activities to build self-confidence and to develop life skills and relationships with others.
7. Assists individuals in attending appointments when necessary and provide transportation.
8. Recognizes potential emergency situations, analyzes situations accurately and develops strategies to support individuals with aggressive behavior to ensure no harm comes to the individual and/or the public. Reports concerns to the Shared Living provider and/or the Shared Living Coordinator, Manager or Director. Fills out the appropriate forms (i.e. Ministry Incident Reports and internal incident reports.)
9. Ensures health and safety standards are maintained.

10. Maintains, either written and/or verbal reports regarding individual's daily schedules, activities, and progress on goals. Ensure that all required documentation is complete and accurate.
11. Identifies community resources that will meet individual's needs.
12. Performs other related duties as required by Shared Living provider.
13. Administering prescribed medications and treatments, and responsible for observing, recording, and reporting symptoms/changes in Individual conditions.
14. May be asked to provide support to individuals involved in the justice and court system, including victim support.

Education, training and experience

1. A diploma in a field related to supporting persons with disabilities.
2. Experience working with individuals with a mental handicap/dual diagnosis.
3. Formal training in the area of program planning or counseling.
4. A combination of education and experience may be considered.

Other Required

Class 4, 5 or 7 driver's license
Favorable driver's record
Current First Aid/CPR certification
Criminal Record Search/Ministry Consent Form
Physicians Health clearance
MANDT Training
Annual competency training
Any other training as required by the H.O.M.E. Society

Job skills and abilities:

1. Good written and verbal communication skills.
2. Demonstrated ability to work effectively with others in both group and one to one settings.
3. Able to function independently and manage Individuals care in regards to a wide range of medical, mental, behavioral, and emotional and/or learning disabilities.
4. Excellent organizational skills.
5. Check email on a daily basis.
6. Maintain job requirements as required.
7. Community Inclusion workers need to be able to work a flexible schedule depending on the family needs and the individual's schedules.

Additional Information

This position may require employees to work in a stressful environment often supporting individuals in crisis situations.

POLICY D.80 EMPLOYEE EVALUATIONS

PURPOSE

To provide a process by which the job performance of each employee is appraised for purposes of development, merit review and counseling.

POLICY

The employee evaluation process will accomplish the following objectives:

- Enhance individual employee performance and ensure effective society operations.
- Summarize both formal and informal performance discussions held with employees throughout the review period.
- Document performance areas in which employees do well and those areas, which require improvement. Establish performance goals and plans to correct performance shortcomings.

PROCEDURE

Coordinator(s) and Managers are responsible to set and communicate clear performance standards for his or her employees at the beginning of, and throughout, the review period.

Coordinator(s) and Managers are responsible to observe and discuss with his or her employee's positive and negative aspects of their performance in relation to standards throughout the review period.

On a regular basis, Management is responsible to conduct formal performance evaluations on each subordinate employee summarizing past discussions and setting performance goals.

Timing

All caregivers will receive a performance evaluation at approximately the time of their anniversary date, occurring at one-year intervals from date of hire.

Newly hired employees will be evaluated after the completion of 30 and 90 days.

Approvals

Performance evaluations must be reviewed with the next level of management before a coordinator/manager may discuss and review the performance evaluation with the employee.

Performance Evaluation Discussion

Management will hold a discussion with the employee regarding the evaluation. The discussion should be held at a prearranged time in a private location free from interruptions.

Employee Signature

The employee will be asked to comment on the evaluation and acknowledge it by signing the form. He or she will then be given a copy of the signed evaluation. If the employee declines to sign the form, he or she should be encouraged to discuss any concerns and perhaps write a rebuttal. If the employee still declines to sign the evaluation, the appraiser should note “employee declined to sign” at the bottom of the form, add his or her signature and the date, and give the employee a copy of the evaluation. Appraiser should then notify his or her Manager.

POLICY D.90 PAYROLL ADMINISTRATION

POLICY AND PROCEDURE

Shared Living Employees

- Timesheets are filled out by employees in the Shared Living homes they are working in.
- Timesheets are approved and signed for by the Director or designate. The Operator(s) acknowledges times worked.
- They must be sorted according to employee number.
- All leave forms must be approved prior to taking the leave by the Director.
- Casual payroll must have the “reason worked” at the bottom of the page.
- All sick leave forms must be submitted with payroll. For doctor’s note requirements, please see Policy D.120.
- Payroll Sheets must be submitted to the office (in payroll basket) by 10:00 a.m. on the payroll Monday morning.
- Totals are double checked and coded.
- They are then entered into the payroll system.
- Entries are double checked by payroll admin.
- Payroll is then registered –Director to review and approve register.
- Data report to be reviewed and approved by Director or Executive Director(s) for unusual amounts or employees.
- File transfer to bank for Direct deposit.

Staffed Living Employees

- Employees who work in the Staffed Living homes use Com Vida online scheduling. Training is provided upon hire. All leave requests follow the above procedures.
- Payroll Data reports are approved first by the Coordinator, second by Director.
- Payroll Data reports are reviewed by payroll admin prior to final processing.
- OT is pre-approved by a Director/Manager in emergency situations. A note will be attached , on ComVida, to explain why overtime was required and who approved it.

POLICY D.100 VOLUNTEERS/PRACTICUM STUDENTS

PURPOSE

The H.O.M.E. Society may have volunteers or Practicum Students from the local Colleges working with the individuals we support. This may lead to employment with The H.O.M.E. Society if they possess the training, skills, and experience to support the men and women of the society. Volunteers with no direct experience or education must volunteer a minimum of 24 hours before they can be considered for employment. At no time will volunteers/practicum students be without the direction of a permanent employee.

POLICY

Volunteers must fill out a volunteer application form available at the Head Office. They must be interviewed by a Director or Coordinator prior to volunteering in the home(s).

PROCEDURE

Volunteers:

- Fill out Application form.
- Interview with Director or Coordinator.
- References (phone) will be checked for suitability.
- Criminal Record check must be completed prior to volunteering.
- Immunization records to be submitted
- Volunteers will be assigned to homes under the direction of the Director and Coordinator.
- Read and sign Policy B-40 Privacy and Confidential Information.
- Complete the Volunteer/Practicum Orientation Checklist.
- Read and sign the Volunteer/Practicum duties list.

Practicum Students:

- Are referred to us from the local University or colleges. They will have an assigned instructor who will oversee their practicum in regards to the skills that they wish accomplish.

SUPERVISION

The Director/Coordinator is responsible for all aspects of the functioning of the home, including Volunteers/Practicum Students. Students/Volunteers will work directly under the supervision of the Coordinator of the home, with the Coordinator coordinating with permanent caregivers for volunteer duties and feedback.

Volunteers/Practicum Students will be evaluated upon completion of their assignment(s). All documentation will be on file at the Head Office.

DISMISSAL

The Director/Coordinator reserves the right to approve the Volunteer/Practicum Student. If conflicts arise with the Volunteer/Practicum Student and the people in the home/program and/or employees, the Director will mediate the conflict. The H.O.M.E. Society reserves the right to terminate a Volunteer/Practicum Student if his/her participation is detrimental to the interests of the persons supported, employees or operation of the service. The H.O.M.E. Society will immediately terminate a Volunteer/Practicum Student if their actions in any way adversely affect the health and safety of the people we support.

EXCLUSIONS

Families and friends of the persons served do not fall under the parameters of this policy when they participate in activities or events directly related to the care and support of their loved one. They are participating in these activities because of their relationship with an individual we support- not as a volunteer.

If family members, friends, and/or individuals receiving services would like to volunteer in a program, event, or activity that is outside of the normal activities or programs their loved one is involved with, they must meet the requirements of this policy.

If a question is raised about the involvement of a family member or friend as a volunteer or non-volunteer at H.O.M.E.S, the issue will be referred to the Executive Director(s) for resolution. The Executive Director(s) will make the final decision on the question raised

POLICY D.110 NEW EMPLOYEE HIRE, ORIENTATION & REQUIREMENTS

PURPOSE

The H.O.M.E. Society recruits and hires employees with the required education, experience, and qualifications set out in the Job descriptions in this manual. We only employ individuals who have the personality, ability, and temperament to maintain the spirit, dignity, and individuality of the person(s) being supported.

POLICY

Hiring Guidelines

- Résumés are collected and entered into the applicant data base.
- Applicants are then selected according to the education, qualifications, and experience needed to support our men and women. Those applicants without the required qualifications will be sent a letter and not interviewed.
- Personal interviews are then arranged at a mutually agreed time.
- Once the interview is completed, it is determined by the interviewers whether the individual meets the criteria of the Society.
- Reference Check(s) are then done through phone calls.
- Credentials/Certifications must be verified as accurate with the primary source.
- All job requirements including a favorable Criminal record check, Class 4, 5 or 7 driver's license, CLBC Privacy Training, a favorable driver's abstract, Food Safety, current vehicle insurance, WHMIS, TB risk assessment, medical clearance, and current First/Aid CPR certification must be submitted prior to hire and orientations in the homes. Certificates/training must be updated throughout employment as required by professional organizations and other entities.
- Applicants are then asked to come to the office to sign up as an employee. They are given the necessary payroll documents, including Com Vida scheduling, union cards and contract. Policies regarding confidentiality, immunization, and availability are discussed with the new employee. They will be assigned certain programs/homes to be orientated to, depending on their suitability. The Coordinator's will then complete the orientation check list to their homes and introduce the men/women who live there.

- H.O.M.E.S has a contractual obligation to ensure that all employees meet the requirements of employment at all times. Employees who do NOT complete their job requirements for employment as requested, will have their shifts suspended, without pay, until all job requirements are met.
- All employees will be required to read and fully understand the H.O.M.E. Society's Policy & Procedure Manual, which is available in all programs online.

POLICY D.120 ATTENDANCE, LATENESS AND ABSENTEEISM

PURPOSE

To ensure employees are aware of their responsibilities to attend work regularly and punctually.

POLICY

It is the responsibility of every employee to attend work as scheduled on a regular and consistent basis.

Procedure

Employees are expected to be punctual and ready to commence work at the start of their scheduled shifts and to remain on duty until the stipulated quitting time.

Employees who are unable to report to work must advise their Coordinator/Manager/Director by calling (no texts or emails), with as much notice as possible, ensuring that arrangements for a replacement caregivers may be made.

Employees are not required to submit a doctor's note for their first two health-related, short-term absences of five consecutive days or fewer in a calendar year. This is based on new employment standards regulations implemented November 2025.

Attendance is considered a criterion of performance and is measured when assessing overall employee performance at work.

Attendance (sick days) will be tracked and monitored, and where there is a consistent pattern or unusually high rate of sick time used, the employee may be asked to submit a doctor's note. Employees may be interviewed regarding their high rate of absenteeism.

If an employee is late, they will be expected to stay the equivalent amount of time to ensure all scheduled hours are worked. If another employee is required to stay due to you being late, you will be docked pay in an equivalent amount of time starting at 20 minutes.

Employees are encouraged to communicate proactively about potential lateness and to seek support if they are facing challenges that affect their punctuality.

Lateness will be tracked and monitored and when an employee shows a pattern or is late on a regular basis, they may face disciplinary action.

POLICY D.130 PERSONAL INFORMATION EMPLOYEE

PURPOSE

All employees at the H.O.M.E. Society have a personnel file, which is kept secure at the administrative office.

Keeping your personnel file up-to-date can be important to you with regards to pay, benefits and other matters

POLICY

To ensure all information about employees is accurate and can be accessed by appropriate individuals

Procedure

If you change in any of the following items, be sure to notify your coordinator/manager as soon as possible:

- Legal name
- Home address
- Home telephone number
- Person to call in an emergency
- Number of dependants
- Marital Status
- Change of Beneficiary
- Driving record or status of license
- Exemptions on your T-1 tax form
- Doctor’s note
- First Aid/ CPR Certification
- Criminal Record Search
- Immunization records
- Any educational courses you attend

You may see the information kept in your personnel file, after giving your employer 5 days notice, of your desire to do so. The file will be viewed in the place where it is normally kept and in the presence of a designated management representative.

POLICY D.140 EMPLOYEE SUPPORT

PURPOSE

Studies have shown that troubled employees have higher absenteeism, more personal accidents, a greater number of sick days, more morale problems, lower productivity and poorer workmanship than do their colleagues.

Approximately 15 % of all workers will develop emotional, physical or social problems that interfere with their productivity. Alcohol or drug abuse, family disputes, finances or emotional stress are the most prevalent.

It is a fact that mental health claims are the fastest growing category of disability costs in Canada, overtaking cardiovascular disease. Workplaces across industries are challenged to find the right support at the right time.

Supporting employees is of paramount importance to the H.O.M.E Society. Along with the continual support of the management team, H.O.M.E.S provides for its' employees, the services of:

Sparrow

Expert help with life, work and everything in between. H.O.M.E.S offers its employees exclusive access to Sparrow (formerly Telus Health). Whether you have questions about handling stress, maintaining relationships, challenges at work, parenting and childcare, managing money, caring for an older relative, or mental health challenges, you can connect to Sparrow for confidential information and support. Sparrow is a wellness concierge platform that is available to all employees.

What you get with Sparrow

- Enhanced Mental Health support
- Total health and life services that include health, career and lifestyle coaching, legal and financial counselling, and personalized nutritional services.

It's easy to access sparrow from your computer or mobile device, simply go to my mysparrow.ca or download the app on your mobile device.

Contact the Director of Benefits or HR for more information or for step by step registration instructions.

POLICY D.150 VACATION

POLICY

Vacation Schedules

- All vacation should be scheduled as per article 18.5. Employees to submit their vacation requests by November 1st for the period of January 1st to April 30th and by March 1st for the period of May 1st.through December 31st.
- Any employee who does not exercise their rights of the above time frame shall not be entitled to exercise those rights in respect to any vacation time previously selective by a less senior employee or if caregiving allotments are insufficient.
- In addition, all vacation requests must be in writing with a minimum of 2 weeks' notice given to Coordinator's and/or Managers.
- All leaves are 'approved' when signed off by the Coordinator, Manager and/or Director on the leave form.
- If you are eligible for 3 or 4 weeks of vacation, you may take your 3rd or 4th week in single day increments. *Only one week of vacation* may be taken in single day increments. With part-time employees this would be the number of days per week in which they are scheduled. Specific dates of vacation in single day increments must be established by prior arrangement with your coordinator/manager. The request shall be granted as long as your request does not affect caregiving operations.
- If eligible, employees may take a maximum of one month vacation at a time, pending approval.
- An employee shall not receive pay in lieu of vacation time except upon retirement, resignation or termination or as per Article 18.13 of the Collective Agreement.
- All other vacation clarification comes under Article 18 of the Collective Agreement.

POLICY D.160 EXIT INTERVIEW

PURPOSE

To determine and document the reasons employees leave the society, to provide an opportunity for the airing of unresolved grievances, and to solicit constructive feedback to improve the society.
This policy applies to all employees who choose to end their employment with H.O.M.E.S.

POLICY

Upon ending employment an exit Interview and/or questionnaire will be conducted with each employee.

PROCEDURE

The Director will interview and provide a questionnaire to the employee covering the following points:

1. Society policies and practices, working environment, opportunities for advancement, salary and benefits.
2. Quality of supervision, fairness and supportiveness.
3. Reasons for leaving.
4. Job duties and work load, understanding of the job, match with interests and abilities, quality of training.
5. The results of the interview will be discussed at the next administrative meeting, of methods that may have been employed to retain this employee

Exit Interview/Questionnaire Feedback form

According to your employment and experience with the H.O.M.E. Society, please fill out the form below.

1. How do you feel about the Societies policies, practices, working environment, and opportunity for advancement?
   _____
   _____
   _____
   _____
   _____
   _____

2. How was the quality of supervision, fairness, and support?
   _____
   _____
   _____
   _____
   _____

3. Reason for leaving?
   _____
   _____
   _____

4. Comments concerning job duties, workload, understanding of the position, and quality of training?
   _____
   _____
   _____
   _____
   _____

5. Any additional comments or concerns?
   _____
   _____
   _____
   _____
   _____

Name: _____ Date: _____

Program(s)
_____

Director:
_____

POLICY D.170 PROGRAM COORDINATOR TRAINING

PURPOSE

The H.O.M.E. Society is dedicated to training and communicating with its employees and to mentor and instruct them in the most current and up to date practices.

Training gives the successful applicants an understanding of their supervisory roles, responsibilities, and functions. This plan is designed to give guidance to primarily new Coordinator's in the position for the first time. They will become the coaches and mentors of their respective teams.

POLICY

The H.O.M.E. Society encourages a cooperative learning environment.

Upon being promoted to a Coordinator position, the successful candidate will be assigned a mentor to learn:

- Payroll procedures
- Basic accounting for petty cash, grocery, food, and gas budgets
- Scheduling of their employees
- Month end submissions
- Critical Incident reporting (ministry, Licensing, and internal reporting)
- Individuals Accounts
- Risk Assessments & Protocols
- Emergency Procedures
- Any other in-house required training

He/she will team up with a Senior Coordinator on their administration days until such time as they feel comfortable in their new role. The Senior Coordinator/Mentor will give feedback and evaluate the new Coordinator and report to the appropriate manager.

POLICY D.180 FITNESS FOR WORK

PURPOSE

To ensure employees are aware of their responsibilities, regarding their health and physical well-being, when providing support to our men and women.

POLICY

It is the responsibility of every employee to make sure they are physically and mentally fit to perform their job duties.

EXPECTATIONS

Employees are expected to:

- Be free of any communicable diseases as listed in Policy C.160 (Communicable Disease Reporting)
- Proof of illness may be requested via doctor's note for the second absence of 5 days or more within a calendar year.
- Be free of any alcohol, drugs or other prohibited substances as indicated in Policy C.100 (Workplace Alcohol & Drug Policy)
- Have full clearance when returning from WCB or long term illness unless the need for a gradual return to work is indicated by WorkSafe BC and/or DMI. Employees and the employer (H.O.M.E.S) have a duty to work together with regards to WorkSafe claims.
- Show up for work in a condition that does not impair their ability to perform their duties. (I.e. over tired, stressed, sick, & any conditions listed above).

Should an employee show up for work in any condition that may be deemed as unfit, the Coordinator and/or Manager will be called and a decision will be made as to whether the employee should be sent home. If necessary an investigation will follow.

POLICY D.190 PROFESSIONAL DEVELOPMENT

Policy Overview

We believe that employees who work daily with people with disabilities play an essential role in maintaining their quality of life. This is accomplished in part by providing the highest possible standard of professional support. We are therefore committed to increasing the effectiveness and value of all caregivers by promoting their professional development.

Types of Professional Development

- Training is mandatory for a position/employment.
- Training that the employer requests the employees to enroll in.
- Training or education that a caregiver requests.

Mandatory Training

Training that is mandatory for a position at H.O.M.E.S, will be the employee's responsibility to have and maintain. Such requirements will be identified in job descriptions and job postings. This may include First Aid/CPR, Food Safe, a valid unrestricted Class 4 or 5 Driver's License, and MANDT training.

First-Aid/CPR

CPR & First Aid are prerequisites for all positions. (They are required by CLBC Contracts and Continuing Care Licensing). They must be renewed regularly.
To support its employees in maintaining these qualifications, the H.O.M.E Society offers re-fresher courses from time to time at no cost to employees.

- As per the collective agreement, time at First Aid/CPR is without loss of pay.
- Time spent at a course on a day of rest will be paid at straight time.

Class 4 Driver's License

As stated in Vehicle Policy and unless a waiver has been granted all employees who drive our specialty vehicles must have a Class 4 driver's license. H.O.M.E.S will cover the costs of obtaining a Class 4 license if it is required in any of our homes. For more information about licensing requirements and the use of our vehicles see Vehicle Policy.

Employer Initiated Training

When the Society requires a regular employee to attend a course, conference, seminar, or other professional development; that is other than a basic job requirement the employee shall be granted a leave with pay.

The employee will not be required to work their regular shift if the course falls on a day of work, except where the course is shorter than the regular shift. In this instance, the employee may be required to attend a portion of their regular work shift.
Where the course falls on a day of rest, the Coordinator and the Employee will schedule the equivalent time off in lieu of the time of the course.
In all of the above situations the employee will submit a green leave form. When the Society requires a regular employee to attend a course, the employer will bear the full cost of the course.

MANDT Training

MANDT Training is a requirement for most positions, and it must be renewed as annually.

Employee Initiated Training

When an employee wishes to attend a course, conference, seminar, or other professional development program; the employee will submit a request for time off, and a request for reimbursement in advance.
The employer may approve time off **with or without pay**. However, all time off is subject to caregivers coverage, and program requirements. Flex or vacation may be used. The employer may agree to compensate the employee in whole or in part of the cost of the course.
All approvals must be in advance and must be in writing.

POLICY D.200 JOB DESCRIPTIONS POLICY

PURPOSE

The H.O.M.E Society is committed to maintaining a workforce that demonstrates the values and visions of the organization. H.O.M.E.S recruits and hires employees who demonstrate the necessary skills and qualifications to support the individuals and served by the organization in the best possible way. Employees are made aware of the job skills, duties, values, and qualifications through Job Descriptions and/or Performance Expectations. Current Job Descriptions are maintained for all employees of The H.O.M.E Society.

POLICY

Job Descriptions

Every employee will have a job description.
Each job description identifies:

- Job Title
- Job Goal
- Qualifications
- Job Requirements
- Education and Training
- Related Work Experience
- Duties & Responsibilities
- Designated Authority
- Terms of the Employment
- Hours of Work
- Salary Range
- Other Relevant Requirements

Every employee of The H.O.M.E. Society must fulfill the components outlined in his/her specific Job Description unless special consideration is authorized by the Program Manager and/or Executive Director(s).

Performance Expectations

Employees also have Performance Expectations they must meet. The Performance Expectations are outlined in the following categories:

- Values
- Communication
- Professional
- Administration
- Supports to Individuals
- Relationships
- Being Part of the Community
- Home Life

- Communication
- Health and Safety
- Personal Growth and Development

Review of Job Descriptions and Performance Expectations

- Job Descriptions are reviewed at a minimum of every year. The review process will be led by the Coordinator and Director. Input from support caregivers will be gathered and used in the review process. The review process is intended to keep Job Descriptions accurate and relevant.
- Performance Expectations are also reviewed at a minimum of every year. The review process will be led by Coordinator and Director. Input from people receiving support, families, and support caregivers will be gathered and used in the review process. The review process is intended to keep Performance Expectations accurate and relevant.

Job descriptions are also reviewed and adjusted as required by changes in the Collective Agreement.

New Position

When a new employment position is created within a program or service and it does not fall within the job classifications and requirements of the existing Job Descriptions, a new Job Description will be developed. The Coordinator, along with the Director responsible for the program or service will develop the Job Description. The Director will review the Job Description with the Executive Director(s).

When an exempt position is created outside of the existing Job Descriptions, the Executive Director(s) is responsible for developing the new Job Description.

POLICY D.210 PROVISION OF REFERENCES

PURPOSE

The provision of references to prospective employers of present and past employees carries with it a duty to the employee and a legal obligation to the prospective employer. The intent of this policy is to outline the delegation of authority to provide references and to provide direction to those delegated to provide references.

DEFINITION

References refer only to verbal reference checks. Written reference letters will only be issued in special circumstances such as a requirement for education.

POLICY

H.O.M.E.S delegates the authority to provide references only to its exempt employees (Managers/Directors).

In situations where non-exempt employees are asked to act as a reference for an existing or former employee, they must refer their request to their Director(s).

In instances where the Director(s) are not familiar with the employee in question, references will be based on feedback provided by the employees' performance appraisal or from the employees' direct Coordinator(s)

All employees (current and past) must complete a Reference Consent form to ensure H.O.M.E.S can legally share information with potential employers. These forms are available on Sharevision and they can also be requested from the HR Dept.

POLICY D.220 USE OF CELL PHONES AND PERSONAL COMMUNICATIONS

PURPOSE

Within limited exceptions described below, use of cell phones while driving is prohibited, and personal use of phones (cell phones or landlines) while working is strictly limited.

POLICY

Protection of the people we support is our paramount concern.
In British Columbia, it is illegal for all drivers to hold, operate, or watch an electronic device while driving, including when stopped at red lights or in traffic. Full-license holders may only use hands-free systems (Bluetooth/wired headset) via voice commands or one-touch, while L and N drivers are banned from all electronic device use.

Whether the vehicle is personally owned or provided by H.O.M.E.S, this is to underscore the employer's expectation. While on paid H.O.M.E.S time, if found in violation of the law (especially when transporting supported individuals) employees may face disciplinary action, up to and including dismissal.

Key Cell Phone Rules (Class 4 and 5):

- Hands-free only: Devices must be securely mounted or Bluetooth-enabled, requiring only one touch to initiate, accept, or end a call.
- Forbidden actions: No texting, emailing, holding the phone, or watching videos.
- Stoplight rule: You cannot use your phone, even if you are stopped in traffic or at a red light.
- Phone placement: If in a holder, it cannot block your view of the road.

Rules for Learner (L) and Novice (N) Drivers:

- Zero usage: You are not permitted to use any handheld or hands-free electronic devices (phones, GPS) while driving.
- Exception: You may use a device only to call 911 in an emergency.

Both the police and health authorities agree drivers are significantly distracted even while using hands-free devices.

In the Workplace:

Employees may conduct personal telephone, cell phone and messaging *only* during down time, unless there is a bonafide personal emergency that requires immediate attention…. *provided all supported individuals are safe or supported by other caregivers.* Incoming personal calls must similarly be kept to a minimum.

Cell phone use is limited to urgent matters only. Caregivers are to remain present and engaged with those we serve. Phone "scrolling" while on shift is prohibited and while supporting folks in their home, phones will be kept in the office. Phones may be kept with employees while out in the community and away from the home in case of an emergency.

POLICY D.230 WORKING REMOTELY

PURPOSE

The availability of technology may allow employees to perform their work duties with increased mobility. Improved work life balance and reduced transportation costs are two benefits of working outside the office, or “working remotely”. The most common form of remote work is working from home. Flexibility in the location where work is performed supports more inclusive environments, opening possibilities for people with disabilities. It may also allow for operational continuity where the employer determines that it is advisable to work remotely (e.g., space availability and public health measures).

POLICY

- An employee may request to work remotely. It requires the mutual agreement of the employee and employer, and a full understanding of the terms and conditions of the arrangement.
- The employer may require that work be performed remotely to support operational continuity in cases such as office space shortages or a need to support public health measures.
- Open, ongoing communication about performance, team goals, workplace environment, scheduling changes, training and technology are essential to the success of these arrangements.
- The suitability of remote work options will vary according to specific operational requirements. Generally, employees requesting to work remotely must be performing satisfactorily prior to being approved and must maintain their performance.
- *Remote work options must support the health and safety of employees.*
- *Remote work options must safeguard the safety and confidentiality of work-related information*

PROCEDURES

Arrangements to work remotely will be governed by the following procedures:
The arrangement will identify:

1. The employee, program, and manager;
2. address for the performance of the work;
3. all contact information;
4. effective date for commencement and duration (if known);
5. work duties and responsibilities;
6. the work schedule; it is understood that the employee will make necessary adjustments or changes to schedule for meetings etc. as required. The schedule is subject to change with mutual agreement of employee and coordinator/manager.
7. that, in the case of an employee requested arrangement, the arrangement may be terminated by either the employee or the employer provided written

notice is given with 30 or fewer days. Reasonable notice of the termination may be influenced by employee performance, existing space in the office, or hazards to the employee. In the case of an employer required arrangement, the employer will provide as much notice as is reasonable of the termination of the arrangement.

Employee Status, Benefits and Entitlements

Employee status, benefits and leave entitlements, eligibility for authorized overtime and employee wage rates are not altered under these arrangements.

Conditions of Employment, Legislation, Policy and Guidelines, Collective Agreements, etc.

The provisions of all relevant workplace policies and guidelines, legislation, Terms and Conditions of Employment and/or relevant Collective Agreement provisions will continue to apply.

Occupational Health and Safety

The employee will maintain a designated and dedicated workspace that meets occupational safety standards for the home office and office ergonomics. The employee will read and implement the following employer policies relating to remote work:

- C.190 General Health and Safety- Employees Policy
- C.140 Working Alone or in Isolation Policy
- C.10 Agency Wide Emergency Plan (Emergency Preparedness)

WSBC coverage for work related accidents will continue to apply during the work schedule under this arrangement. The Employer will not be responsible for any non-work-related injuries that may occur remotely. Compensation will be limited to the approved remote work times only and will be limited to designated remote workspace.

The employee will follow safe work practices and promptly report any work-related accident that occurs at the remote work location to their Coordinator/Director.

On-Site Visits - The employee agrees that joint on-site safety and suitability visits by the employer and OSH Committee Representatives may be performed prior to the commencement of remote work arrangements and then on a regular basis (at a minimum annually), with advance notice. These visits will be to ensure that the remote workspace meets basic safety standards and is suitable for the tasks to be performed by the employee.

Technology, Equipment, Materials and Supports

The employer in consultation with the employee will determine what equipment will be used to support the remote work arrangement.

All software used by the employee on employer computers must be legally acquired and licensed by the Employer and installed by appropriate employer personnel.
All the equipment provided for remote working arrangement shall remain the property of the employer and must be returned should employment or the telework agreement terminate.

Equipment and supplies provided by the employer are to be used only for the purpose of carrying out the employer's work - employer-owned equipment shall not be used for personal use.

The employee will be responsible for all assets belonging to the employer and will be responsible for the replacement value of those assets that cannot be accounted for.

On-site visits may be made for the purpose of retrieving equipment and other employer property in the event of the employee's illness, termination, or in any other extraordinary circumstances.

The cost of all equipment and supplies provided by the employer will be paid for and maintained by the Employer, including the following:

- All equipment provided by the employer to support the working remotely agreement; laptop, computer, printer, ergonomically correct chair, stationery etc.

Employees are expected to maintain the remote workspace, including items such as homeowner or tenant insurance, heat and hydro. Employees will ensure that this arrangement does not breach the terms of their household insurance policies.

Employees are responsible for any costs linked to home renovations required to have a home office.

Employees are responsible for the maintenance of their own equipment.

Confidentiality/Security Standards

The employee will be responsible to secure and protect the property, documents and information belonging to the employer. The employee will read and implement the precautions outlined in the applicable policies computer and internet use and information security:

- Policy G.70 Computer, Email and Internet.
- Policy A.220 Social Media Policy and Guidelines.
- Policy B.40 Privacy and Confidentiality Information for Employees.

POLICY D.240 GRATUITIES

PURPOSE

The H.O.M.E Society believes that happy caregivers are healthy caregivers and wants to promote health and wellness.

POLICY

The H.O.M.E. Society will provide the following gratuitous practices:

- Health and Wellness Grant
  - $200 Health and Wellness Grant (once per year, no carryover, taxable benefit) for full-time, part-time, and casual employees. Employees, who have worked at least 500 hours in the calendar year, may apply for the gratuity after June 30th of every year.
- Wellness Day
  - Wellness day off (one day off for perfect attendance of all regular scheduled shifts for the closest in pay periods from April-September and October-March.
- Birthday Day
  - Birthday off, one shift to a maximum of 8 hours, for regular employees in a benefited position. Must be taken within 5 working days of birthday; before or after.

**The employer reserves the right to stop or change these gratuitous practices at any time. The following gratuitous practices are to employees in a benefited position (unless otherwise stipulated).*

PROCEDURES

Health and Wellness Grant

1. Obtain a Health and Wellness Grant Request form(available at the office)
2. Complete the top section of the form and staple the receipt(s) to the back of the form.
3. Submit to Human Resources for approval/payment. This is a taxable benefit and will be added to the following payroll if approved.

Wellness Day

If you have earned a wellness day, you will receive an email and letter from payroll to notify you. The wellness day will be added to your accrual bank for future use. When you would like to use your wellness day, complete a green leave form indicating the use of wellness day and submit it to your program coordinator or director/manager for approval.
If you are a Community Inclusion worker in Shared Living, please have the Shared Living provider sign off prior to submitting the form to Human Resources.

Birthday Day

If your birthday is coming up, obtain and complete a green leave form indicating that you are requesting a Birthday leave. Submit your form to your program coordinator or director/manager for approval.
If you are a Community Inclusion worker in Shared Living, please have the Shared Living provider sign off prior to submitting the form to Human Resources.

Other Conditions

The employer and employee may need to review and implement other conditions to support the success of a remote work arrangement. These additional or specific conditions will be recorded in writing.

POLICY D.250 EARLY INTERVENTION PROGRAM – EXEMPT EMPLOYEES

PURPOSE

To outline the responsibilities and expectations of the employee, employer, and service provider with regards to the Early Intervention Program to ensure a pro-active, appropriate, and customized service that assists with an effective return to work.

POLICY

If an employee is absent due to medical reasons for 5 consecutive shifts, the employee will be referred to the Community Social Services Early Intervention program (CSSEIP). Participation in the program will be mandatory.

PROCEDURES

Employees:

- Will notify the employer that they are unable to attend work due to illness or injury and provide a supporting medical note.
- Will participate in the Early Intervention Program (EIP) facilitated by Disability Management Institute (DMI).

Employer:

- Will refer employee to DMI for EIP once being notified of illness or injury that has caused said employee to miss 5 consecutive shifts.
- Will work with the employee and DMI to provide suitable modified duties, if possible, and will participate in the development of return to work plans if necessary.

Early Intervention Program:

- Will determine the eligibility of the employee to participate in the program
- Will design a return-to-work plan tailored to the employee's individual circumstances in consultation with the employee and the employer.
- Will monitor the progress of the employee and adjust the plan as needed to ensure a successful return to work.

For an eligible employee to be considered for Long-term disability benefits (LTD) participation in EIP is mandatory as outlined by the benefits provider, Group Health. Access to benefits may be at risk for employees who do not participate.

SECTION E

INDIVIDUAL/INDIVIDUAL POLICIES

E.10 P.A.T.H.'S/PERSONAL PLANS
E.20 HEALTH CARE PLANS
E.30 VISITING POLICY
E.40 INDIVIDUAL RIGHTS
E.50 INDIVIDUAL ORIENTATION
E.60 INTAKE POLICY
E.70 INPUT FROM PERSONS SERVED
E.80 MISSING INDIVIDUAL POLICY
E.90 CAREGIVERS RELATIONSHIPS WITH INDIVIDUALS/FAMILIES
E.100 INFORMED CHOICE/CONSENT
E.110 DISCHARGE POLICY
E.120 PARENTAL, FAMILY AND GUARDIAN INVOLVEMENT
E.130 PERSON SERVED GRIEVANCE POLICY
E.140 RESTRAINT POLICY
E.150 INDIVIDUAL SUPPORT PLANS
E.160 INDIVIDUAL SUPPORT PLANNING
E.170 PERSONS SERVED CONSENT POLICY
E.180 RELEASE OF VULNERABLE ADULTS POLICY

POLICY E.10 P.A.T.H.

P.A.T.H. (PLANNING ALTERNATIVE TOMMORROWS WITH HOPE)

PURPOSE

To support the individual to identify, develop and accomplish long and short-term goals through a collaborative, personalized planning process.

POLICY

The Society may utilize the P.A.T.H. planning process for the individuals it supports. The P.A.T.H. plan ensures a person-centered service that has continuity and is responsive to the individual's growth and changing needs.

PROCEDURE

Coordinators will contact the parents, representatives or family members prior to setting a date for the P.A.T.H. to ensure that the parents, representatives or family members will be able to attend. They will arrange to have a P.A.T.H. facilitator and an illustrator to conduct the process.

Coordinators will work with the individual in the home and with the parents, representatives and family members to arrange a safe, comfortable place for the meeting to take place.

Management will ensure that the parents, representatives and family members are involved in the pre-planning meetings. Management will contact and get input from the parents, representatives and family members prior to the meeting.

It is the individual's right to choose not to have a P.A.T.H. If an Individual chooses not to have a P.A.T.H., then a Personal Plan must be completed which includes the assistance of all stakeholders close to the individual to outline goals and plans for that individual.

POLICY E.20 HEALTH CARE PLAN

PURPOSE

To ensure that individuals with health care issues are supported by planning that identifies critical health care needs.

POLICY

The Society will ensure that appropriate actions can be taken and timely decisions are made in managing the care of a person with an acute health care condition as per Licensing Regulations Part 6, Div 1.

PROCEDURE

- The Health Care Plan will cover areas where the individual requires planned medical/therapeutic support.
- Qualified health professionals are involved in the development of the Health Care Plan, and approve the plan in writing.
- The individual and his/her support team are involved in the development of the Health Care Plan
- Employees have input into the Health Care Plan, are familiar with protocols outlined, and receive training as necessary.
- Health care is provided according to the Health Care Plan.
- The Health Care Plan is monitored for its effectiveness in directing health care and changes are made to the plan as needed.
    - ❖ For homes that are licensed under the Community Care and Assisted Living Act, Individual Care Regulations 66, 83, 87, and 89 (2)(c) must be followed in regards to Nutrition Monitoring.

POLICY E.30 VISITING

PURPOSE

To ensure that visits from family and friends are completely safe and enjoyable.

POLICY

HOMES encourages the participation of family and friends in all persons served lives.

AT HOME VISITING

The H.O.M.E Society has an open-door visitation policy. Despite this, there may be circumstances (caregiver ratios, safety of individuals and visitors) that would require individual visiting protocols.

Every effort will be made to provide privacy and safety for the visit. All visitors will be orientated to safety issues regarding individuals and the home. Caregivers will ensure the safety of both the visitors and the individuals.

Family and friends should be encouraged to notify the home, when they wish to visit individuals.

Caregivers will be assigned to support individuals during the visit.

During H.O.M.E. Society functions, individuals will be in the company of designated caregivers if necessary for safety reasons.

If family, friends or an unknown person arrives without prior notification, support caregivers may, if necessary, call the coordinator so that arrangements for the visit can be put in place. If unable to contact the coordinator, notify the appropriate Manager.

- All Individual visits and calls are to be documented on the contact sheets.
- If an individual in care has a court order in place and someone attempts to violate the court order, the caregiver is to contact the appropriate legal authority (Police etc) and Manager immediately.

OUT OF HOME OVERNIGHT/VISITS

At times the men and women we support may want to go home for overnight or day visits to their family or friends. The H.O.M.E. Society encourages contact with family members, friends and advocates. We also want to ensure that these visits are safe and enjoyable by both the Individuals and the people they are visiting.

If there are any safety issues arising out of visits, they must be addressed in an individual visiting protocol prior to the visit so that everyone involved knows the procedure to follow if an emergency arises. The following should be put in place for the visit:

- Any medication that needs to be administered should accompany the Individual and be given to a responsible adult. Medication must be either packaged by the pharmacist or as determined by the Medication Safety and Advisory Committee. Some dependent or semi-independent Individuals may be responsible to administer and carry their own medication.

- Phone numbers and contact person(s) in case the family or friend need assistance.

- A contact number where the Individual can be called.

On rare occasions, a family member may request to spend the night at the individual's home. Being respectful of the living situation (roommates etc), H.O.M.E.S will consider requests within the following parameters:

- Serious illness/End of Life/Palliative Care.

All requests outside of the above parameters will be reviewed and decisions will be made pending the current situation. H.O.M.E.S reserves the right to say no.

POLICY E.40 INDIVIDUALS' RIGHTS AND APPEAL PROCESS

PURPOSE

The purpose of an individual rights statement is to ensure the dignity, privacy and confidentiality of all individuals.

POLICY

All individuals receiving services from H.O.M.E. Society will be afforded the same rights that you and I enjoy every day of our lives. Following is a general outline of the rights we, as a **society and as employees**, must ensure are respected.

RIGHTS

1. The RIGHT TO BE INFORMED. The right to receive information in words that one can understand and the right to always know what one is signing.
2. The RIGHT TO CHOOSE. The right to make informed choices about all things that effect one's life and the right to take the time needed to decide what one really wants.
3. The RIGHT TO MAKE MISTAKES. The right to use information resulting from the choices one has made.
4. The RIGHT TO DISAGREE with something, someone, and or a service that one does not like.
5. The RIGHT TO BE HEARD. The right to assistance and the right to access generic community "supports", for example, legal aid, police, etc.
6. The RIGHT TO SELF DETERMINATION. The right to give input into plans that affect one's life. The right to receive the support necessary to achieve one's dreams.
7. The RIGHT TO THE LEAST RESTRICTIVE AND MOST EFFECTIVE TEACHING MODELS AND SETTINGS based on one's individual skills and needs.
8. The RIGHT TO REQUIRED MEDICAL SERVICES. The right to choose doctor/specialists and the right to understand medical treatment plans.
9. The RIGHT TO EMOTIONAL AND PSYCHOLOGICAL SUPPORTS (formal and informal). The right to privacy when receiving such support.

10. The RIGHT TO ATTEND RELIGIOUS SERVICES of one's own choosing.
11. The RIGHT TO CHOOSE ONE'S FRIENDS and the times one wishes to socialize with them. The right to have friends in one's home and to have private time when meeting with them (including telephone conversations).
12. The RIGHT TO OPTIMAL INDEPENDENCE in health, hygiene and grooming practices.
13. The RIGHT TO receive or prepare three nutritionally balanced MEALS daily, based on the person's cultural preferences.
14. The RIGHT TO A PERSONAL LIVING AREA that is comfortable and safe. The right to decorate one's own living space.
15. The RIGHT TO responsible use of PERSONAL POSSESSIONS such as books, radios, toiletries, jewelry, cigarettes, alcohol, etc. and the right to control access to those possessions.
16. The RIGHT TO PRIVACY.
17. The RIGHT TO SEND AND RECEIVE MAIL.
18. The RIGHT TO EARN MONEY and to receive eligible allowances that one is entitled to.
19. The RIGHT TO CHOOSE WHERE ONE WANTS TO LIVE. The right to live in the community of one's choice and to be given the support needed within that environment.
20. The RIGHT TO VOTE, to be provided the opportunity to understand the voting process and to exercise the right to vote, if that is my choice. The individual will be encouraged to make his/her own informed decision, based on what matters to them.

With rights come **RESPONSIBILITIES**.

It is more difficult to outline general responsibilities as each person's ability to understand and accept responsibility is different. Each person must be looked at individually to determine the extent to which he/she is able to maintain their home, take charge of their health and safety, manage their finances, access their community independently, and cooperate with others.

Respecting rights and responsibilities is an area that does not always have clear black and white rules. Each individual relationship will have its own interpretation of how a right is realized and to what extent the corresponding

responsibility is taught or expected. Remember that one must never make assumptions when attempting to assess what a person can and cannot do.

H.O.M.E. Society relies greatly on the employee's ability to exercise good judgment when faced with situations that may be 'grey'. If you feel uncomfortable with a situation that arises, it is always prudent and helpful to consult with your coordinator/manager.

As a person served I have the right to:

Competent, professional service

- receive ethical service
- receive the professional supports needed
- attend planning meetings
- have programs and the goals of the services fully explained
- have access to my personal files
- appeal decisions that affect consumer rights (see Appeal Process below)
- have my personal information treated confidentially
- access information about me and say who can access my information

Be treated as a full citizen

- in a fair way
- with respect
- with dignity
- ask for or refuse help

Make choices and decisions based on what is important to me

- access to information to help make choices
- choose the services, including concurrent services used
- decide to stop using a service
- have a say even if I need help making decisions

Speak for myself and be listened to

- speak my mind and give my opinions
- show my feelings
- make complaints if I am not happy
- disagree with people
- have people listen to me when I talk
- have people try to understand me
- say "no" without fear

- Privacy
- spend time on my own, if I want
- have people get my okay to go into my personal belongings or space
- use the telephone, internet, and mail without help
- have personal information kept private

Safety and protection

- be safe when using services
- freedom from abuse, neglect and humiliation
- freedom from financial or other exploitation
- be free from retaliation,
- be informed about health, safety and security
- Choose to take reasonable risks or chances

I also know that everyone else has rights, so I should

- not do things that take away other people's rights
- treat other people the way I want to be treated
- be a responsible decision-maker

APPEAL/ REVIEW PROCESS

It is the right of every person served to formally complain about their service by appealing decisions or actions that affect their consumer rights. Formal complaints will not result in retaliation or barriers to service.

H.O.M.E.'s adult services are funded by Community Living BC (CLBC), you may follow the Complaints Process for CLBC. Information outlining this process is available on-line at www.communitylivingbc.ca

If you are planning an appeal, the following conditions of the Appeal Process may apply:

- You have the right to choose your own representative to help you present your appeal. This representative should not be an employee of H.O.M.E.S. If you need help finding a self-help, advocacy support services or legal representation, H.O.M.E.S will help you by giving you a referral to someone who can help.

- You must make certain that all of the facts of the situation you expect to be resolved are presented as accurately and completely as you know them to be.

- You may be required to submit your appeal in writing.

- CLBC's Quality Assurance Office will look at the nature of the complaint and initiate the review. You should receive a response within 2 business days to confirm receipt of your complaint.

The CLBC staff person conducting the review will contact you directly to discuss the complaint and provide a written response to your complaint. The timeline for resolution will depend on the complexity of your complaint.

The response will include a decision, recommendation(s) to resolve the situation and information about additional steps you may wish to take if you are not satisfied with the decision.

If you are not satisfied with the review, you can request that your complaint be escalated to the next stage of the complaints process or contact CLBC's Quality Assurance Office directly at 1-855-664-7972 or ComplaintResolutionCLBC@gov.bc.ca.

A CLBC Integrated Services Manager will contact you within 2 business days, initiate a review of the regional decision, and provide a written response within 30 days.

If you are still not satisfied with the response, you will be offered the opportunity to send your concern to a Director of Regional Operations who will conduct a review and submit a written decision to you within 10 days.

Individuals who do not have their complaints resolved through these reviews can request a final review by CLBC's Executive who will conduct a review and provide a written response within 10 days.

Rights Restrictions

The H.O.M.E Society recognizes that there may be times when an individual's rights may have restrictions attached to them. Restrictions are put into place only when they have been deemed necessary for the well-being of the individual's health and safety and all other measures are deemed unsuccessful. Any restrictions on an individual's rights will be created using outside professionals who will speak with the appropriate manager/director, and funders. All right restrictions must be reviewed on an annual basis and every effort will be made to remove the restriction.

POLICY E.50 INDIVIDUAL ORIENTATION

PURPOSE

To introduce individuals, we support to our society regarding our philosophy, roles, health & safety issues, rights, and documentation.

POLICY

All individuals who join the H.O.M.E. Society will be provided and orientation package and the following Individual orientation checklist will be initiated upon entry into the society. Some sections may not be applicable to some of the individuals we support.

INDIVIDUAL ORIENTATION

INDIVIDUAL: _____ LOCATION: _____

DATE: _____

Introduction to Home

(Discuss and explain the following headings with the Individuals. Encourage questions/comments/concerns)

_____Gentle Teaching
_____Shared Responsibilities
_____Tour of Home
_____Transportation
_____Activities
_____Privacy
_____Neighborhood
_____Meetings
_____Computer Use

Comments:_____
_____
_____
_____
_____
_____

Health & Safety

(Discuss all medical/emergency information and protocols)

_____Medication
_____Allergies
_____Personal Hygiene
_____Emergency Plans
_____911/Emergency calls
_____Grab & Go Bags
_____First Aid/Earthquake Kit

Comments:_____
_____
_____
_____
_____
_____

About our Caregivers:

(Discuss the following)

_____Caregiver Positions
_____Key Workers
_____1-1 Workers
_____Work Schedules
_____New Caregivers Hiring

Comments:_____
_____
_____
_____
_____
_____

Documents and Reports:

(Explain the following where applicable)

_____**Daily Logs**
_____**Monthly/Quarterly Reports**
_____**Individual Funds**
_____**Communication Book**
_____**Incident Reports**
_____**Representation Agreements**

Comments:_____
_____
_____
_____
_____
_____
_____

Important Parts of our Service:

(Discuss and give copies (if applicable) of the following)

_____**Rights**
_____**Role of family, Friends, & Advocates**
_____**Planning (P. A. T. H., Care plans, ISP's)**
_____**Complaints resolution Process**
_____**Confidentiality/Privacy**
_____**Consents**
_____**Culture Planning**

Comments:_____
_____
_____
_____
_____
_____

Orientation was given by:

_____

Signature: _____

Date: _____

Signature: _____

Date: _____

POLICY E.60 INTAKE PROCEDURES

POLICY

The H.O.M.E. Society provides inclusive, diverse and complementary services, seeking an effective way to support each and every person. When an individual is referred for service, H.O.M.E.S will follow, as defined, an intake process that facilitates a smooth transition and focuses on the success and suitability of the placement for the individual, as well as his or her family.

Referral Process

Most referrals to the H.O.M.E. Society are contracted through Community Living BC (CLBC). Referrals from the CLBC are deemed to have met the eligibility criteria for receiving service.

Entrance Criteria

- All individuals whom we support have a developmental disability or mental handicap as well as behavioral needs.
- Individuals who are transitioning from Foster Care to Adult Care.
- Individuals who are currently living at home but their families are no longer able to support their complex needs.
- Individuals who are supported in different Associations or Societies but are no longer able to remain in those placements for various reasons.
- Individuals who are currently in jails, forensics and other institutions that no longer need that type of secure environment.

Procedure

- Every reasonable effort will be made to ensure that the intake process is adapted to the family interests, cultural background and language of the individual. An interpreter will be used whenever deemed necessary.
- All referrals will be coordinated through the Executive Director(s) or designate.

Upon receipt of a referral, meetings will be coordinated with the individual, his or her family, legal representatives and current service provider to:Confirm that the individual meets the entrance criteria established.

- Explore the service needs and interests of the individual

- Identify specific strategies to address those needs
- Provide information about services offered by H.O.M.E.S

The Executive Director or designate will contact the funding source to discuss service strategies and any additional resources required for placement.

The Executive Director or designate will notify the funding source with the specific reasons if the individual does not meet the entrance criteria.

Where the individual meets the entrance criteria, but services are not currently available, the individual may be placed on a waitlist. The waitlist for CLBC contracted spaces is usually managed and maintained by CLBC.

The Executive Director or designate will coordinate service initiation with the individual, his or her family, case manager and other relevant parties including:

- Orientation to H.O.M.E.S and program site
- Completion of all appropriate records and releases
- Clear explanation of rights and due process (Rights handbook)
- Gathering of relevant file documentation
- Caregivers training to support individual needs.

A PATH and Individual Support Plan will be completed on the individual within six months – year of entrance into the service.

Exceptions to Policy

Individual situations may arise that are not covered by certain provisions of this policy, including emergency placement for persons in crisis or otherwise requiring immediate services. In such situations, exceptions will be made by the Executive Director.

POLICY E.70 INPUT FOR PERSON'S SERVED

PURPOSE

To gather and use information from the people we serve and various community agencies on order to ensure that they have input in the delivery of services. This policy applies to all the people in the program, family, guardians, and others involved in the planning for the future of those we serve.

POLICY

Management and caregivers will obtain and utilize input the people receiving services, their guardians and the community and ensure that the services provided are designed around the needs, expectations, and choices made by the people we serve.

PROCEDURE

- There will be a PATH or ISP process used with each individual on an annual basis to determine individual goals and objectives. As well as, to determine if there are any unmet needs.
- Caregivers will do daily progress notes and inform the management/coordinator of the changes needed.
- Progress is reviewed quarterly with input from the individuals served and caregivers.
- Management, caregivers, family, guardians and the people are in the program will be involved in the PATH/ISP process.
- A persons served satisfaction survey will be completed annually and results compiled for distribution.
- Management and caregivers will communicate with guardians, family and local community agencies based on their preferences/personal involvement.

POLICY E.80 MISSING INDIVIDUAL

PURPOSE

Individuals may go missing and a method is in place to ensure their safety and quick return.

POLICY

To ensure that when an Individual is missing a coordinated search is begun quickly and all who should be notified are.

A. INDIVIDUALS MISSING FROM THEIR HOME

- Search interior of house including closets, cupboards, garage etc.
- Check back and front yards. Check all gates on the property.
- Senior Caregivers will:
- Delegate one caregivers to remain with any other Individuals.
- Call 911-give as much information as possible
- Delegate one or more employees to check with neighbors and surrounding yards. Take cellular phone with them for communication.
- Notify Coordinator if they are not on shift. (See above numbers)
- Senior caregivers will then call the Executive Director(s)
- Senior caregivers will call other homes to request their assistance in the search
- When further assistance arrives,Coordinator or senior caregivers will coordinate them to drive in the immediate area and expand the search.

B. INDIVIDUAL MISSING IN THE COMMUNITY

- Search immediate area
- If in a mall or place of business alert owners or security guards

- Call 911 - give as much information as possible
- Call home or Coordinator immediately for extra caregivers to assist search.
- When further assistance arrives, the Coordinator or senior caregivers person (search captain) will coordinate the search, first in the immediate area and then expanding outwards.
- If an immediate search has been unsuccessful:
- The search captain will establish a central command with a call-in number for searchers reporting for up-dates or information as needed.
- Have the Individual's fact sheet with current photo to give to searchers and police.
- Describe clothing that the Individual is wearing.
- Describe any medical or behavioral concerns to searchers and police (see Individual Profiles)
- Describe any familiar locations where the Individual may go or wander to.
- If the Individual is not located within 30 minutes – the Coordinator/Manager or Executive Director will notify:
    - Community Living BC (CLBC) Phone: 604-870-5900. Please ask to speak with H.O.M.E.S Analyst.
    - After hours Emergency (Phone: 1-800-663-9122)
    - Licensing (Phone: 604-870-7900)
    - Individual's family
    - After the Individual is found, provide due care to the person and notify all persons involved in the search. Fill out the Critical Incident Report, and submit to the appropriate agencies.

Missing Individual Contact form

Individual Name: _____

(Photo)

Fact sheets, profiles, photos and other important information must always be close at hand (vehicle and house) to give to the police in the case of a missing person.

THIS DOCUMENT CAN ALSO BE GENERATED ON SHAREVISION

Home: _____

Home Phone: _____

Coordinator: _____

Cell Phone: _____

Manager/Director: _____

Cell Phone: _____

Executive Director: _____

Cell Phone: _____

POLICY E.90 CAREGIVERS RELATIONSHIPS WITH INDIVIDUALS/FAMILIES

PURPOSE

Provide information on positive relationship development.

POLICY

All persons employed in our programs should have the capability and desire to form positive relationships with the Individuals, their families and advocates.

PROCEDURES

- Form a meaningful relationship with Individuals by sharing activities, providing opportunities for discussions of feelings and thoughts and by providing personal care for the Individuals, as required.
- Talk, listen and respond positively (both verbally and nonverbally) to the Individuals in order to develop mutual understanding.
- Through direct training, verbal explanations, daily supervision and direct example, explain and teach age-appropriate social skills, rules and manners regarding interpersonal relations, the rights of others, and social conduct in public places
- Teach physical skills to maximize independence and act as an appropriate role model.
- To develop and maintain the relationships between Individuals and families.
- To facilitate family contacts, including correspondence, telephone calls and visits
- To assist families to recognize the Individual as a continuing member of the family.

POLICY E.100 INFORMED CONSENT/CHOICE

PURPOSE

To ensure the rights of each individual served by the HOME Society to make decisions which will affect his/her life. To ensure individuals who are involved in the criminal justice system are aware of the relationship and responsibilities between The H.O.M.E. Society and the criminal justice entity.

POLICY

Individuals served by the H.O.M.E Society will be informed about, and either independently make, or be supported to make decisions which affect his/her life. H.O.M.E.S will facilitate and maintain the development of harmonious working relationships with various community resources as needed and will ensure that compliance with provincial regulations will be followed. Individuals will have informed consent or refusal or expression of choice and withdrawal of consent regarding service delivery, release of information, concurrent services and composition of the service delivery team.

PROCEDURE

Every individual-in-care has the right to be informed about, and to make decisions which affect his/her life. In order to make an informed decision, an individual must be made aware of all information pertaining to the decision and the potential risks and benefits involved. The decision must be voluntary and made without coercion.

For Individuals who are Involved in the Criminal Justice System:

- A detailed history of the individual's criminal history is maintained, as required by provincial and/or local government authorities.
- Services are coordinated with other systems, as needed and/or required.
- Confidentiality is maintained
- This policy must be discussed/explained/understood and dated/signed by the individual involved.
- An informed consent form must be signed
- The dated and signed copy of this policy is to be placed in the individual's file.

POLICY E.110 DISCHARGE

PURPOSE

To ensure all individuals moving from a home, operated by the H.O.M.E Society, will have a smooth transition to their new home.

POLICY

The H.O.M.E Society caregivers will facilitate the person's move by providing transportation for scheduled visits, provide helpful information to the new home caregivers regarding assistance needed by the person, provide supportive contact during transition as needed, and help with the physical move. Additional services may also be arranged as needed. Medication will be turned over to the person or new provider as per the discharge plan. The H.O.M.E. Society will not restrict the person's ability to make his or her own living arrangements. We will contact the health agency responsible and aid them in implementing procedures to ensure treatment compliance.

The person or the designated representative will be refunded all unused personal allowance money and any personal property (i.e. furniture, clothing, etc.) at the time of discharge. At the time of discharge, the H.O.M.E. Society will provide copies of the person's records to the person/designated representative when requested, and as determined appropriate by the responsible mental health agency.

The H.O.M.E. Society caregivers will work cooperatively with the new provider/treatment team to ensure a smooth, successful transition for the person.

POLICY E.120 PARENTAL, FAMILY, AND GUARDIAN INVOLVEMENT

PURPOSE

To ensure that parents, family and guardians are encouraged to be involved in all aspects of the lives of the people we serve

This policy applies to all the people served by The H.O.M.E. Society.

POLICY

Management and caregivers of the H.O.M.E. Society will encourage the involvement of parents, family and guardians in the lives of the people we serve. This includes day-to-day activities, all planning processes, PATHS etc.

PROCEDURE

Coordinators' and/or Key Workers , and/or Shared Living Contractors will make regular contact with the parents, family and guardians of the individuals we serve. They will do this with:

1. Telephone calls.
2. Letters.
3. Cards for special occasions
4. Invitations to events within the home and the society.
5. Visits.
6. Staffed Living Quarterly reports

Coordinators and Shared Living Contractors will make every effort to assist if parents or family would like to visit with their relative or take them home.

- When convenient, management may have the parent or family member picked up, so they can come to the home or activity.
- When convenient, management will take the person we serve to the family's home so that they can visit.

P.A.T.H.S and ISP's

- The designated leadership will contact the parents, representatives or family members prior to setting a date for the P.A.T.H./ISP to ensure that the parents, representatives or family members will be able to attend.
- The designated leadership will work with the individual in the home/apartment and the parents, representatives and family members to arrange a safe, comfortable place for the meeting to take place.
- The designated leadership will ensure that the parents, representatives and family members are involved in the pre-planning meetings. Management will contact and get input from the parents, representatives and family members prior to the meeting.
- The designated leadership will ensure that arrangements are made for the parents, family and representatives to attend the meeting.

POLICY E.130 PERSONS SERVED GRIEVANCE

POLICY

For persons served to bring a grievance to the Coordinator(s), Management, or the Board of Directors, full cooperation and support from Caregivers is required. Ideally each person served should have an advocate, but this is not always the case.

Cause for grievance results when a person served (or her/his representative) feels he/she is not receiving fair services or treatment because of an H.O.M.E. Society decision, policy or procedure, or as a result of a team/worker's decision.

The Coordinator(s) will set aside time to review any persons served request (or requests made on their behalf) prior to the grievance stage.

Persons served who need representation during grievances can be represented by one or all of the following: advocates, caregivers, or the Manager of that service.

Grievance Steps

1. A Grievance will first be brought to the Coordinator(s). If she/he is unable or unwilling to deal with the issue caregivers and the coordinator(s) are to support the person served in bringing the Grievance to Management. Remember that a non-verbal person living in your home will have great difficulty communicating a grievance and it will probably take the combined efforts of everyone to find out what the person wants to communicate. If the grievance is beyond the capability of caregivers to address, they are expected to contact management in the hope they can deal with the situation.
2. The person served supported by an advocate, the Coordinator, or worker will attempt to have the Grievance resolved at the management level. If the issue cannot be resolved satisfactorily, the Board of Directors Program Committee, or anyone on the Board, will be contacted. A Board appointed Committee would deal with the Grievance. The decision of the Board will be final. It is the responsibility of management to contact the Board if it cannot resolve a Grievance.

POLICY E.140 RESTRAINT

PURPOSE

The H.O.M.E. Society follows the practices and philosophy of Gentle Teaching and therefore does not support physical restraints or restrictive practices without written approval. We believe in teaching by example, providing direction, and giving praise.

POLICY

The H.O.M.E. Society will not implement or support any of the following interventions for managing the behavior of the individuals we support. Examples of restrictive methods include, but not limited to:

- Physical Restraint
- Exclusionary time out
- Seclusion time out
- Mechanical restraints
- Physical punishment
- Electric shock
- Noxious stimuli
- Deprivation of basic rights
- Punitive withdrawal or restriction of food.
- Any medication without medical authorization for that person.

DEFINITIONS

a) Safety Hold

A safety hold is any procedure that limits a person's movement or activity.

GUIDELINES

All alternatives to the use of a safety hold must have been considered and either implemented or rejected.

- Safety holds may only be used when an individual's or another's personal safety is in jeopardy or in situations where there is imminent danger to the health and safety of the individual (e.g. person will run into traffic if not held), or where an individual presents an immediate safety hazard to others (e.g. person is physically attacking another).

- All direct support employees must be certified in MANDT and must use all de-escalation techniques prior to considering a safety hold.

- Where such incidents are probable, the Coordinator, Psychiatrist, Manager and the team involved must meet to prescribe the most safest, least restrictive and most effective protocol/guideline.

- Once the protocol has been approved, the Coordinator/Manager will ensure all caregivers are provided training with the protocol as well as alternatives. Restraints are not to be used for educational or training purposes; they may only be used in situations where an individual's safety is at high risk (to themselves or others).

- When a hold is used, the Coordinator/ Contractor/Employee must immediately report to the Manager via the Critical Incident Report and telephone.

b) Chemical (PRN) Restraint

Refers to medication prescribed by a medical doctor for the purpose of addressing mental illness or need for temporary sedation.

GUIDELINES

All alternatives to the use of the restraint must have been considered and either implemented or rejected.

- Medication must only be administered when prescribed by a medical doctor or psychiatrist for that specific individual. The individual's team must be updated regularly as medication is introduced, discontinued or changed (in type, dose, or times of administration).
- If the individual is deemed by his/her support team as able to understand the implications of being on medication, such implications will be explained and questions answered to the best of the team/family member.

Medication will never be used as a substitute for a less restrictive mode of intervention as detailed in the individual's guidelines/protocols.

The Coordinator/ Manager/Nurse will ensure that the caregivers are well educated regarding the medication: its indications, side effects, pre and post care (e.g. allowing an individual to sleep if Ativan makes him/her tired.)

MONITORING

- Whenever a restraint has been used, there will be a follow up meeting to discuss a continuance or an adjustment/ alternative to the protocol. This meeting will involve the individuals support team, Psychiatrist and Manager and/or Nurse.
- If a PRN has been used as a restraint, the individual must be closely monitored as per the PRN protocol.
- If the need for a restraint continues beyond 24 hours, the restraint will be reassessed at least:
- At least once every 30 days.
- The time specified by the persons who approved the use of the restraint.
- The time specified in the care plan of the individual.

REASSESSMENT

When reassessing the need for a restraint, the individuals care team must ensure that consultation occurs to the greatest extent possible between all individuals who approve use of the restraint.

Approval for a standing order for the continued use of a restraint must be determined by considering whether:

a) All alternatives to using a restraint have been exhausted
b) The restraint is as minimal as possible
c) The restraint is in the person in care's best interest or is necessary for the protection of others.

PRN Medication

All PRN Medication is prescribed by a qualified Physician. As with all PRN medication a "Transfer of Function" is completed on each medication, and employees are trained outlining the PRN Protocol by a qualified RPN/RN. These protocols indicate the reason for giving the medication as well as maximum times the medication may be given in a 24 hour period. They are reviewed yearly or as needed to determine the effectiveness of the medication. Any other important information is also outlined on the protocol.

Individual Specific Protocols or Procedures:

Risk Assessments/Protocols may be developed by authorized person(s) within the program and are Individual Specific. They are developed for the safety of the person, employees and other Individuals in the home and Community and review by appropriate/authorized person(s) as to their effectiveness every six (6) months.

POLICY E.150 INDIVIDUAL SUPPORT PLAN

PURPOSE

The H.O.M.E Society recognizes the importance of consistent support for individuals in care. In situations where several caregivers are in support of an individual and where caregivers change periodically, documented support plans enhance the likelihood of continuous, consistent support. The documentation of support adds a higher level of accountability to the provision of supports to people. An Individual Support Plan (ISP), as defined within the Community Care Facilities Licensing Policy states that "A Care (Support) Plan is an individualized action plan that takes into account the individual's unique needs, the goals of support and the service required to achieve stated goals. The support plan provides sufficient information to plan, implement, direct and evaluate the individual's care and support."

POLICY

The H.O.M.E.Society provides each person in care with an Individual Support Plan on an annual basis.

PROCEDURE

The Coordinator and/or the Shared Living provider are the fixed point of responsibility for the development of the Individual Support Plan. They are responsible to liaison with the person's circle of support to ensure that Individual Support Plan meetings occur. Meetings are necessary for the development of the plan to occur. An Individual Support Plan will be developed alongside a person's PATH and the goals stated in the PATH. Individual Support Plans are to be reviewed on an quarterly basis (minimum), along with PATH goals.

- The Individual Support Plan must reflect the individual's goals, preferences, and needs.
- An ISP is developed and maintained from the individual's perspective and input.
- A copy of the ISP is to be kept in the individual's home and another copy will be on Sharevision
- Individuals Information Sheets on Sharevision will need to be updated to reflect the current ISP as well as the next scheduled ISP

POLICY E.160 INDIVIDUAL SUPPORT PLANNING

PURPOSE

The H.O.M.E Society recognizes the right of each individual to be supported based on his/her individual needs, strengths, abilities, and preferences.

POLICY

An Individual Support Plan (ISP) is one way to formally identify the needs, strengths, abilities, and preferences for an individual receiving service with H.O.M.E.S An ISP should be a collaborative effort between the individual, his/her support network, and H.O.M.E.S.

H.O.M.E.S. recognizes the importance of the putting the individual's contributions to the ISP first. The person will participate in deciding who participates in and contributes to the ISP. H.O.M.E.S may also provide input and/or suggestions about other supports (i.e. professional, health care, and friends) that may provide relevant information into the ISP.

The ISP information will be protected and maintained as per the legal and organizational standards of information management. This standard applies across all services.
The caregivers are trained and expected to implement the ISP. The implementation of an ISP is a shared responsibility and effort between the individual and his entire support team.

The ISP must reflect the individual's goals, preferences, and needs. An ISP is developed and maintained from the individual's perspective and input. It is important an ISP provide as much up to date detail and consideration for the person and who he or she is.

The following is key information that may be used to develop an Individual Support Plan:

- Strengths
- Abilities
- Likes/dislikes
- Needs
- Relationships
- Cultural and religious background
- Communication

- Relevant medical history
- Current medical considerations
- Professional support and/or consultation
- Formal diagnosis (if necessary)
- Physical considerations
- Emotional considerations
- Invention practices
- Previous direct service or support
- Goals
- Outcomes

Whenever an ISP is created and maintained for an individual, H.O.M.E.S will advocate that the plan:

- Is in the individual's best interest
- Focuses on the capabilities and strengths of the individual
- Is developed with the support teams continual input
- Is respectful and the least-intrusive to the individual
- Is carried out in positive, safe, and supportive manner
- Is updated on a regular basis to ensure the best and most effective support strategies are being implemented with the individual
- Meets the goals and outcomes of the individual.

POLICY E.170 PERSONS SERVED CONSENT

PURPOSE

To ensure all individuals receiving services from The H.O.M.E Society have an opportunity to understand and sign an annual Consent for Service/Authorization for Release of Information form.

POLICY

H.O.M.E.S recognizes that not all persons served are able to fully understand and comprehend the annual consent for service process. If the person served does not have the comprehension to understand and sign a consent form on their own, caregivers members need to obtain consent from the persons served appropriate guardian or representative. If a guardian or representative does not exist, caregivers needs to document that they have exhausted all avenues of obtaining consent. This documentation will be done on an annual basis and placed on the persons served file at the office.

Individuals will be informed in a manner that is understandable to them that they can, at any time, revoke their consent by making a request in writing or any means of communication suitable to their needs to their caregiver. The caregiver will ensure the request is forwarded to the Executive Director within 5 days.

POLICY E.180 RELEASE OF VULNERABLE ADULTS

Purpose

To ensure vulnerable adults in our care are protected from people may pose a threat and who may deliberately target vulnerable people in order to exploit them.

Policy

The H.O.M.E Society will ensure that all persons served enjoy the highest level of safety and protection at all times.

Procedure

1. Caregivers must ensure that a person in care is not:
   a) released from their home to, or
   b) removed from the home by:

   any person except the person in care's parent or representative, or a person authorized in writing by that person.

2. The above does not apply to the release or removal of a person in care in accordance with the care plan of the person in care or another pre-existing arrangement.

3. If an authorized person appear to be incapable of providing safe care to the individual, the caregiver is to do the following:
   - Separate the person in care from the person.
   - Immediately call their Manager/Director and/or the legal authorities (Police, 911 etc)

4. If an unauthorized person arrives at the home and requests to remove the individual, the caregiver is to immediately call their Manager/Director and the legal authorities. (Police, 911 etc)

SECTION F

FINANCIAL

F.10 GENERAL ACCOUNTING POLICY & PROCEDURE
F.20 ANNUAL BUDGETS
F.30 PURCHASING
F.40 CREDIT CARDS
F.50 REIMBURSMENT FOR EXPENSES
F.60 INDIVIDUALS ACCOUNTS
F.70 PETTY CASH, GAS, FOOD BUDGET & POLICY
F.80 PROGRAM ACCOUNTS
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F.100 PERSONAL PAY ADVANCES
F. 110 CONTRACT POLICY
F.120 FINANCIAL GOVERNANCE POLICY
F.130 RISK MANAGEMENT POLICY
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F.160 PROGRAM BANK ACCOUNTS POLICY
F.170 ANNUAL BUDGET POLICY
F.180 INVESTMENTS POLICY
F.190 CAPITAL EXPENDITURES POLICY
F.200 PERSONS SERVED FINANCIAL AUTHORIZATION & PERSONAL FUNDS POLICY

POLICY F.10 GENERAL ACCOUNTING PROCEDURES

POLICY & PROCEDURE

ACCOUNTS PAYABLE

- Cheques and/or payments are issued bi-weekly
- Receipts are submitted to Accounting Clerk by Tuesday of the payment week and cheques and/or payments are issued on Fridays.
- All invoices and cheque requests are to be approved the Executive Director or delegate (Director's/Managers)
- Invoices are coded by Accounting Clerk *(AC)*
- They are entered into the accounting system
- Cheques are printed and double checked.
- Cheques are signed by 2 designated signing authorities.
- Cash journal is updated.

BANK DEPOSITS

- Deposits are done twice per month or as needed
- Cheques are received by Accounting Clerk.
- Back of cheques are stamped
- Cheques are stored in safe until deposited
- They are totaled, and photocopy is attached to cheque stub
- Entered into cash journal

BANK RECONCILIATION

- Done once per month
- Statement picked up by Accounting Clerk
- Statement opened by a Director
- Cheques are sorted by office personnel at the accounting dept
- Reconciled by Finance Director and approved by Executive Director

POLICY F.20 ANNUAL BUDGETS

POLICY

A consolidated annual budget will be approved by the Board of Directors and used to monitor and evaluate the financial progress of the Society throughout the fiscal year.

The consolidated annual budget will consist of:

- Planned budget for the next fiscal year.
- Current operating statement.

The board may pass a planned budget as presented by the financial committee or pass an interim budget if significant items have not yet been determined.

The Executive Director may revise budgets and offset budget variances provided:

- The revisions and variances are not significant.
- The Society is meeting its financial goals.

PROCEDURE

Financial Director

- Prepare the draft budget for the Finance Committee in January each year.
- Complete a consolidated annual budget in the fourth fiscal quarter.
- Present budget to the Finance Committee prior to fiscal year end

Financial Committee

- Meet in Feb each year to review the draft budget and prepare a budget to present to the board in March before the year end.
- Review financial statements quarterly throughout the year and compare them with operating budget.

Board of Directors

- Review proposed budget and, if necessary, send it back to the financial committee for amendment. Upon satisfaction, formally approve budget.

POLICY F.30 PURCHASING

PURCHASE ADVANCES

Coordinator(s) may request an advance of funds in order to purchase items, the cost of which would ordinarily deplete the petty cash fund.

- A cheque request is submitted to the Manager/Director of the program for purchases up to the amount of $2500.00. For amounts up to $25,000.00 the Executive Director must approve. For amounts over $25,000.00 the board must approve.
- Once the cheque request is approved, a cheque will be issued.
- Once the funds have been spent, the balance of cash remaining and the receipts for the purchases must be forwarded to the office within one week.

REIMBURSMENT OF EXPENSES

In the course of conducting Society business, there may be need for a Coordinator(s) to pay for cash personally for the program, only when access to petty cash funds is not possible or impractical.

All reimbursements must be verbally approved by a Manager/Director prior to purchasing the item(s)

LARGE PURCHASE ORDERS

At times large purchase orders may be necessary for furniture, appliances, or vehicles. The Director or Executive Director would initiate these expenditures.

POLICY F. 40 CREDIT CARDS

POLICY

The H.O.M.E. Society has issued credit cards to the programs/houses for the convenience of purchasing gas for society vehicles. This credit card is to be used for our society vehicles only and not for the personal use in the employee cars.

PROCEDURE

- Each home or program will have a monthly budget allotted to the home for the purchase of gas.
- Coordinator(s) are responsible for monitoring the expenditures and keep within their budget.
- Employees will sign the credit card receipt when the card is used
- The card and receipts must be kept in a secure place.
- All expenses for the month must be entered and totaled on a monthly gas purchase form with the original receipts attached.
- They must be submitted to the office in the month end envelope.
- Totals will be checked against the monthly credit card statement and monitored according to each programs budget.

POLICY F.50 REIMBURSEMENT FOR EXPENSES

POLICY

Any documents, i.e., invoices, cheque requisitions, petty cash, mileage reimbursement, reimbursement for Society-related expenses, must be submitted as soon as possible to avoid delay in payment to caregivers or vendors. Cheque signing is usually weekly but subject to changes.

An Expense Account form is to be completed and totaled by the employee claiming reimbursement and submitted to the Coordinator for approval. The Coordinator should examine the form for rate and reasonableness of mileage. If the amount claimed is under $10.00, mileage will be reimbursed from available petty cash funds. Expenditures must be pre-approved by the Coordinator. Any cash must be returned to the office with the receipts. Expenditures must be pre-approved by the Coordinator. A cheque request form must be completed and submitted.

Internal Billings

Where H.O.M.E.S. provides services to other group homes, any expenses incurred by the home shall be charged to that group home. The Coordinator must submit a Repair Request form to the designated Maintenance person(s). Only upon approval from the office will the request be filled.

Telephone and Hydro Charges

Employees may use the telephone for personal reasons on a limited basis and calls must be brief. Employees **must not** make personal long distance phone calls.Goods and Services Tax (GST)

Goods and services tax is charged on most items and services; however, the Society may only claim 50% of the G.S.T. charged. Therefore, 50% of the G.S.T. should be included in the cost of the expense item(s).

Receipts will indicate either the amount of G.S.T. charged on a purchase or service or that the total price includes G.S.T.

POLICY F.60 INDIVIDUAL ACCOUNTS

PURPOSE

It is recognized that the banking needs of each Individual are diverse. For some programs, banking is an element of the Individual's programming and each has his/her own bank accounts. In all cases, accurate accounting of all credits and debits to the account must be documented. The purpose of this section is to provide guidance to the Coordinator(s) and Care Workers in maintaining and being accountable for the Individuals' funds.

Funds for the Individuals' generally come from BC Benefits, GST refunds, OAS, and Public Guardian and Trustee. Receipts must be kept for clothing purchases, for reimbursement, if eligible, or disbursements from the clothing allowance payments. Receipts for general, comfort or recreational purposes must be collected for all expenditures.

The Coordinator or key worker should ensure that the Individual has sufficient funds in the program to cover any program expenses for up to one week. The total funds maintained in the program for an Individual should not exceed $100.00 (unless otherwise approved for specific purchases) as required for his/her needs. Individual funds within the home are kept in a locked secure container. A minimal amount of funds may be given to the Individual as appropriate. In programs where Individuals are banking independently, the coordinator(s), Key Worker, or Shared Living Provider should ensure that funds are not withdrawn too frequently and should investigate any questionable transactions.

A financial ledger will be kept to record transactions for Individual funds (cash) retained in the program. The ledger records each Individual's transactions separately. Withdrawals from the Individual's bank account, transferred to cash in the program will be recorded as deposits in the ledger book. When Individual

funds are withdrawn from the cash kept for them in the program, the amount will be recorded as a withdrawal in the ledger book.

There must be no borrowing by caregivers members from Individuals, nor should Individual funds be used for petty cash purposes.

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The appropriate Manager will make monthly examinations of the records kept by the Coordinator(s), in keeping with audit requirements.

It is generally unacceptable for employees to accept gifts from Individuals, nor is it acceptable to persuade or induce an Individual to make or buy a gift that will in any way benefit the employee, a relative of the employee, or a relative of the Individual unless a very modest gift for a their birthday or Christmas. As well, employees should not influence the Individual in the conduct of his or her financial affairs for the benefit of the employee, or for the benefit of a relative or spouse of either of them. (As per Licensing Regulations)

If an Individual is able to make an informed choice regarding donations to charities, they may do so.

Purchases being made for or by an individual that exceeds $500 must be pre-approved by a Coordinator, Manager, or Director. Three quotes for large purchases is preferred.

Individual financial plans must be reviewed annually and changes documented if applicable. A monthly account ledger must include ALL deposits and withdrawals. For cash transactions they must be recorded on the “debit/withdrawal” form and balance with the bank statements. Individual financial reconciliation documents must be submitted to the coordinator/manager/director by the 15th of the following month. Ex: January financials must be submitted by February 15th.

POLICY F.70 PETTY CASH, GAS, AND FOOD BUDGET

PETTY CASH

Each program will have a designated monthly allowance for Petty cash depending on the needs and size of the program.

Petty cash must be kept in a secure, locked cabinet. The Petty Cash Reimbursement form should be completed when funds require replenishing. The date, description of purchase, amount spent and balance remaining must be included on the form. This will ensure that if a discrepancy is discovered, the appropriate person(s) can be contacted. The balance remaining noted on the form should equal the cash at all times. The Coordinator(s) should ensure that sufficient funds remain in petty cash during the period that a reimbursement cheque is being prepared. This will prevent the program from running out of funds during this time. Sheets must be totaled and balanced. The Coordinator(s) is responsible for the day-to-day monitoring of all household moneys.

If funds will be removed from the petty cash prior to making a purchase, the person taking the cash should indicate the following information on a Petty Cash voucher: amount taken, date, purposes, and signature.

Goods and Services Tax may not be claimed unless the receipt indicates either the amount of G.S.T charged or that G.S.T. was included in the purchase price. The Visa or Sears sales draft alone is not sufficient to claim the G.S.T.; the vendor's receipt must accompany the charge card draft.

If goods or supplies are purchased and a receipt is not given, a petty cash voucher must be submitted with the petty cash reimbursement form.

GAS BUDGETS

Each program will have a monthly allotted amount to purchase gas for the society vehicles. Gas is not to be purchased for the employees' own vehicles. Please see Credit Card Policy for procedure to purchase gas**. (F.40 Credit Cards)**

FOOD BUDGETS

Each month the programs will have a designated amount of money to purchase Groceries. Groceries must be purchased according to the cycle menu and according to the dietary needs of the Individuals. Some programs have requested a house bank account for all Food and Petty cash money to be deposited. Each

month grocery receipts will be submitted to the Accounting Clerk along with the Food Purchase form itemizing all expenditures.

These forms must be submitted according to the deadlines that are posted in each home. The Accounting Clerk will then process each request and issue either a cheque or direct deposit up to the amount of each programs budget. The amount issued will be for the amount of receipts submitted only.

POLICY F.80 PROGRAM ACCOUNTS

PURPOSE

- To ensure the proper handling and distribution of funds consisting of food, petty cash and purchase requests within a program

POLICY & PROCEDURE

1. The Accounting clerk will set up bank accounts for all houses that request them, for the direct deposit of food, petty cash and cheque requests.

2. The Coordinator will submit food and petty cash receipts according to the deadlines established in the homes.

3. The Accounting clerk will process and submit the amount to the program account.

4. All advances or cheque request receipts must be returned to the office within 2 weeks.

5. Coordinator(s) will be responsible for receipts/money spent and designate who will have access to the account. All balances and expenditures must be checked with the bank statement at month end.

6. Any discrepancies or missing receipts must be reported to the Accounting Clerk and the Manager responsible for the program as soon as possible.

POLICY F.90 OFFICE JOB DESCRIPTIONS

Job Title: OFFICE /QI MANAGER

Job Summary:

- Plans, organizes, manages and directs administration services for an organization. Responsibilities may include some or all of the following; admin payroll, provision of information systems, telecommunication systems, office administration, human resource services, and quality improvement.

Reports to: Executive Director or Delegate

Duties and Responsibilities

1. Plans, organizes and directs the provision a complete range of general administration and/or human resource services for an organization. Ensures provision of efficient and timely administration support.
2. Develop and maintain online filing and tracking systems for critical documents.
3. Develops and establishes long and short range strategic plans, objectives, resources and systems requirements in discussions/meetings with the management team. Prepares comprehensive and detailed implementation plans and strategies to meet present and future and administrative requirements.
4. Discusses and presents proposals and project recommendations to the senior management team, Executive Director(s), and/ or Board members for approval. Directs the implementation and administration of approved projects and plans.
5. Develops and administers standards, policies and procedures, practices, and systems for an organization consistent with Board and Executive Director(s) approved directives, and applicable legislation.
6. Develops and prepares annual management plans.
7. Manages and supervises a team of employees providing administrative support services for the organization including issues related to hiring, performance appraisal, arbitrations, and discharge.
8. Participates in various committees, working groups, associations, etc. Liaises with external organizations and regulatory agencies on matters related to administrative and/or human resource functions.
9. Develop and implement quality improvement activities, analyzing data, fulfilling documentation and reporting requirements of the quality

improvement program/accreditation standards, performance management and developing educational and informational materials.

10. Acting as a liaison between administrative support and senior management.
11. Supervision of administrative caregivers.
12. Organizing and scheduling administrative tasks.
13. Reviewing job descriptions of administrative caregivers.
14. Delegating responsibilities of administrative caregivers.
15. Performs other related duties as required.

Education, Training and Experience

At least 5 years of progressively more responsible administrative management, collective bargaining, systems development, purchasing and/or human resource management experience in the community social services sector with an in-depth knowledge of non-profit community based programs and services, applicable legislation and policies, issues around assigned community relations and/or geographic area operations is required.

Other Required

Criminal Record Search
Physicians Health Clearance
First Aid/CPR
Other training as required

Job skills and abilities

1. Demonstrated competency in written and verbal skills.
2. A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.
3. Demonstrated ability to work within a team setting, with an emphasis on leadership, self-initiative, patience, maturity and tact.
4. Excellent organization skills.
5. Demonstrated report preparation and analysis skills

6. Demonstrated ability to manage and operate a computerized payroll/HR system.

Additional Information

The ability to function independently, and frequently under pressure, while managing multiple concurrent deadlines is an ongoing expectation. Participation at meetings, conferences, and other events may involve long work days and/or evening/weekend work.

Job Title: DIRECTOR OF FINANCE

Job Summary:

- To conduct the financial affairs of the H.O.M.E. Society in accordance with standards of good accounting practices.
- To maintain the administrative support services of the society in the most effective, efficient and responsible manner possible, encouraging, promoting and maintaining the professionalism of the society.

Reports to: Executive Director

Duties and Responsibilities

General

- To ensure the maintenance of all accounting records and related controls and the application of proper methods and systems.
- To supervise and control the receipt, custody, banking, investment and disbursement of society funds.
- To prepare financial, accounting and statistical statements, reports and information.
- To control or recommend for control the application of expenditures within the current operating and capital budget guidelines and to reflect current revenue trends.
- To ensure the confidentiality of all financial and statistical information as such pertains to the society, its Individuals and personnel.
- To prepare and develop annual operating and capital budgets for the administrative services department in accordance with guidelines as set down and subject to the approval by the Executive Director(s).
- To prepare for audit all financial and other records and information as required.

Personnel

- To administer the selection, hiring, training, supervision, evaluation, disciplining, and termination of all administrative caregivers.
- To develop and maintain a team management approach to the administrative department.
- To implement and supervise a system for evaluating all administrative caregivers.

Personnel Records and payroll

- To compile and maintain personnel files on each and all employees.
- To ensure the accurate preparation and distribution of all payrolls and personal information.
- To administer all caregivers benefit plans including the processing of claims.

Banking and Cash Control

- To record deposits, withdrawals, and transfers of funds.
- To report on cash flow and other financial matters to the Executive Director(s).
- To administer all funds.
- To maintain and administer all individual trust accounts, providing reports as required.
- To ensure preparation of monthly bank reconciliations.
- To invest funds surplus to immediate needs with a goal of gaining highest possible return.

Insurance

- To administer all Society insurance coverage and to recommend adequate coverage for all Society assets and employee liability.

Mortgages and Leases

- To administer all mortgages and leases undertaken by the Society and prepare annual reports.

Accounts Payable

- To ensure the review of all invoices and purchase orders, to process them for payment, and to resolve any discrepancies.
- To reconcile all accounts.
- To complete all credit applications and to ensure the correct use of all society accounts and credit cards.

Revenue and Receivables

- To ensure that all government billings are correctly made and that occupancy and achievement grant forms are prepared and submitted as required.
- To ensure that invoices for all services and products of the society and its departments and divisions are accurately prepared and submitted and that payment for such services and products is received.
- To receive and process all revenues including donations and membership fees.

Administration

- To ensure that policies adopted by the Board of Directors with regard to administration and the functioning of the Society are implemented in the most effective, efficient, and responsible manner available.
- To develop, implement, and maintain an on-going process for the evaluation and up-grading of all administrative, financial, and data processing functions.

- To ensure that all administrative, contract, and other records of the Society are maintained in accordance with business standards.
- To ensure the provision of administrative and secretarial services as required by the various departments and divisions of the Society.
- To ensure maintenance of all Individual and member lists in current condition.

Organization

- To be a member of the senior management team and to represent employees and services to that team.
- To promote and aid in the growth and development of the Society.
- To undertake and complete such research and development projects as may be required by the Executive Director.
- To attend all regular meetings of the Board of Directors.

Education, Training and Experience

- Formal training related to the job goal
- Preferred: Certification as a Chartered Accountant and certification in a recognized business Administration program.

Other Required

Criminal Record Search
Physicians Health Clearance
Other training as required

Job skills and abilities

1. Demonstrated competency in written and verbal skills.
2. A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.
3. Demonstrated ability to work within a team setting, with an emphasis on leadership, self-initiative, patience, maturity and tact.
4. Excellent organization skills.
5. Demonstrated financial report preparation and analysis skills
6. Demonstrated ability to manage and operate a computerized accounting and payroll system.

Additional Information

The ability to function independently, and frequently under pressure, while managing multiple concurrent deadlines is an ongoing expectation. Participation at meetings, conferences, and other events may involve long work days and/or evening/weekend work.

Job Title: PAYROLL CLERK

Job Summary:

- Collects, verifies and processes payroll information and determines pay and benefit entitlements within the organization.

Reports to: Director of Payroll and Benefits

Duties and Responsibilities

1. Processes Payroll. Accounts for all payroll related expenses. Prepares and balances period-end reports and reconciles issued payrolls to bank accounts.

2. Maintains records of employee attendance, leaves and overtime to calculate pay and benefit entitlements using manual or computerized systems.

3. Prepares and verifies statements of earnings for employees, indicating gross and net salaries/wages and deductions such as taxes, union dues, group insurance, pension plan contributions, RRSP deductions, etc. Needs to be aware of and comply with all statutory requirements.

4. Completes, verifies, reconciles, and processes forms, documentation and premium statements related to administration of benefits such as health, death, disability pension plans, unemployment, WCB and medical forms.

5. Provides information to employees on payroll matters, benefit plans, and collective agreement provisions.

6. Compiles statistical reports, statements, and summaries related to pay and benefit accounts.

7. Performs other related duties as required

Education, Training and Experience

1. Completion of Grade 12 and post-secondary training in bookkeeping and accounting is typically required for this position.

2. At least 6 months previous bookkeeping/accounting experience is required

Other Required

Criminal Record Search
Physicians Health Clearance
Other training as required

Job skills and abilities

1. Demonstrated competency in written and verbal skills.

2. A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.

3. Ability to work independently.

4. Excellent organization skills.

5. Demonstrated financial report preparation and analysis skills.

6. Demonstrated ability to operate a computerized accounting and payroll system.

Additional Information

This position functions in a normal office but is often subjected to the pressures of financial deadlines.

Job Title: ACCOUNTING CLERK

Job Summary:

- Provides a variety of accounting and bookkeeping duties and maintains various accounting records and reports.

Reports to: Director

Duties and Responsibilities

1. Performs a variety of accounting and bookkeeping duties such as: processing accounts payable (A/P) invoices and related documentation; reconciling and balancing cheque payments and accounts to the general ledger; follows up to resolve discrepancies with suppliers; verifying, balances and reconciles bank accounts; deposits cash and cheques to bank accounts

2. Processes accounts receivable (A/R) information and produces/distributes billings; balances and reconciles A/R billing amounts to the general ledger; initiates follow up reminders and telephone calls to late or delinquent accounts.

3. Posts receipts, payables, and receivables to the general ledger; follows up to investigate and clear discrepancies.

4. Compiles, prepares and maintains records, files, and statistics for annual service level reporting and audit.

5. May perform or assist the Director in other accounting related functions such as: monthly reconciliation, banking, revenue and expense/financial statement preparation.

6. Produces a variety of reports for annual audits, service level reporting, insurance etc.using MS Excel and interacting with management, clients and vendors.

7. Performs other related duties as required

Education, Training and Experience

1. Completion of Grade 12 and post-secondary training in bookkeeping and accounting or the equivalent education and experience is typically required for this position.

2. A minimum of one year previous bookkeeping/accounting experience is required.

3. Proficiency in MS Office including Excel.

4. Experience with Sage 300 ERP or relevant accounting software is an asset.

Other Required:

Criminal Record Search
Physicians Health Clearance
Other training as required

Job skills and abilities

1. Demonstrated competency in written and verbal skills with excellent analytical, financial and mathematical abilities.

2. A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.

3. Ability to work independently and effectively with others with exceptional attention to details and accuracy.

- Excellent organization skills with the ability to work under pressure and tight deadlines.

- Ability to operate telephone, personal computer/application programs and other office equipment.

Additional Information

This position functions in a normal office but is often subjected to the pressures of financial deadlines.

Job Title: RECEPTIONIST/OFFICE SUPPORT

Job Summary:

- Provides a variety of reception and general clerical assistance in an office; maintains various records, files, and related filing systems.

Reports to: Executive Director/Director

Duties and Responsibilities

1. Answers phone and/or in-person inquiries and routes to appropriate caregivers member if required. Responds to routine queries with regard to the organization and services provided.

2. Distributes all incoming mail & faxes and preparing all outgoing mail, collation and mailing of newsletters. Providing up-to-date phone and pager lists.

3. Prepares, checks and processes standard documents. Maintains filing systems, log lists, registers or other records, and office supplies.

4. Provides typing support to caregivers members as required. Operates a variety of office equipment i.e. computers, printers, copiers, facsimile equipment etc.

5. Ensures that office, meeting room, kitchen and other areas are maintained in a clean and tidy manner and that required supplies are in stock.

6. Performs other related duties as required.

Education, Training and Experience

1. Completion of Grade 12 including secretarial courses, or the equivalent education and experience is typically required for this position.

2. Six months of general office experience that includes reception and clerical duties.

Other Required

Criminal Record Search
Physicians Health Clearance
Other training as required

Job skills and abilities

1. Demonstrated competency in written and verbal skills.

2. A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.

3. Demonstrated ability to work within a team setting, with an emphasis self-initiative, patience, maturity and tact.

4. Excellent organization skills.

5. Demonstrated ability to operate a PC and related application software programs.

6. Ability to deal effectively with the public.

7. Ability to operate a front desk/telephone system and other office equipment.

Additional Information

Normal office job with some limited exposure to demanding telephone callers or in person visitors.

Job Title: SHARED LIVING ADMIN/SUPPORT

Job Summary:

- The **SHARED LIVING ADMIN/SUPPORT** is responsible for providing administrative and support services in order to ensure effective and efficient operations within the Shared Living Department.

Reports to: Director and/or Manager

Duties and Responsibilities

1. Performs a range of administrative duties often involving material of a confidential nature for senior management.

2. Under the direction of the Director/Manager, ensures that all required records and documentation are maintained and appropriately submitted as per H.O.M.E.S policies and procedures, CLBC guidelines, contractual obligations and accreditation standards.

3. Assists with the orientation process of new Shared Living providers including ongoing Sharevision training.

4. Ensures Individual files are up to date on Sharevision.

5. Organizes training for Contractors.

6. Is responsible for ensuring Sharevision databases are organized and maintained and in compliance with H.O.M.E.S requirements.

7. Ongoing, regular communication with Shared Living Contractors.

8. Participates in various committees, working groups and related initiatives.

9. Is accountable to the Director/Manager for ensuring that Contractors have submitted their monthly, quarterly, and annual monitoring reports.

10. Provides feedback and suggestions to the Director/Manager regarding the planning, assessing, and resolving of any operational issues and policies.

11. Performs other related duties as required.

Education, Training and Experience

1. Completion of Grade 12 including administrative courses, or the equivalent education and experience is typically required for this position. Proficiency with typing and document/report preparation and layout; personal

computer and various word processing, spreadsheet, database, and other application software knowledge is required.

2. Experience and knowledge in the Community Living sector.

3. Shared Living experience would be an asset.

4. Sharevision knowledge is an asset.

5. One to three years of general office and senior secretarial experience that includes managerial experience.

6. Equivalent combination of education and experience may be accepted.

Other Required

Criminal Record Search
Physicians Health Clearance
Valid Class 5 license.
Other training as required
May be required to attend conferences/workshops as requested by Management.

Job skills and abilities

1. Excellent oral, written and interpersonal communication skills with a proven ability to communicate effectively with all stakeholders involved in service delivery.

2. A strong commitment to the Philosophy of Gentle Teaching, and the policies and procedures and philosophies of the H.O.M.E. Society.

3. Demonstrated ability to work within a team setting, with an emphasis self-initiative, patience, maturity and tact.

4. Excellent organization skills.

5. Demonstrated ability to operate a PC and related application software programs.

6. Ability to deal effectively with the public and ability to use tact and diplomacy when dealing with others.

Job Title: ADMINISTRATIVE ASSISTANT II

Job Summary:

The Administrative Assistant is responsible for providing administrative and clerical services in order to ensure effective and efficient operations.

Reports to: Human Resources Director

Duties and Responsibilities

1. Performs a range of administrative and clerical duties often involving material of a confidential nature for senior management. Takes minutes and distributes to all in a timely fashion.

2. May be asked to perform various Microsoft Office functions, Word, Excel, Publisher etc.

3. Organizes training and other such events which may include emailing and registering participants, booking training rooms, arranging for supplies/snacks etc.

4. Assists with payroll duties including Staffed living payroll and Shared Living payroll. This includes entering timesheet data onto the Com Vida system and following through with completing designated payroll procedures in full for the pay period.

5. Learn and use the Com Vida Employee Management System (EMS) as it relates to job requirements, scheduling, rotation assignments etc.

6. Ensures caregivers have up to date job requirements.

7. Participate and assist with interviews.

8. Signing up new caregivers.

9. May be asked to assist with surveys and various other quality improvement tasks.

Education, Training and Experience

a. Completion of Grade 12 including secretarial courses, or the equivalent education and experience is typically required for this position. Executive office operation and general office duties, filing and secretarial procedures, skilled typing and document/report preparation and layout; personal computer and various word

processing, spreadsheet, database, and other application software knowledge is required.

b. One to three years of general office and senior secretarial experience that includes managerial experience.

Other Required

Criminal Record Search
Physicians Health Clearance
Other training as required

Job skills and abilities

1. Demonstrated competency in written and verbal skills.

2. A strong commitment to the Philosophy of Gentle Teaching, and the policies, procedures, and philosophies of the H.O.M.E. Society.

3. Demonstrated ability to work within a team setting, with an emphasis self-initiative, patience, maturity and tact.

4. Excellent organization and time management skills.

5. Demonstrated proficiency to operate a PC and related application software programs.

6. Ability to deal effectively with the public and ability to use tact and diplomacy when dealing with others.

7. Ability to operate a front desk/telephone system and other office equipment.

Additional Information

Normal administrative office job with some limited exposure to demanding telephone callers or in person visitors; requires the ability to provide administrative support often under pressure of short deadlines that may involve flexible working hours.

POLICY F.100 PERSONAL PAYROLL ADVANCES

PURPOSE

Occasionally, under certain guidelines and circumstances the H.O.M.E. Society may approve personal payroll advances to regular full-time and part-time employees.

POLICY

For payroll advance requests to be approved the following conditions apply:

1. There will be a maximum amount of $1000.00 (One thousand Dollars). This, approximately, is the average of one week holdback.

2. The amount must be paid back within the next two pay periods.

3. There will be a maximum of 3 (three) advance payroll requests in a calendar year (January – December).

PROCEDURE

1. Employees requesting an advance on their pay cheque will fill out a “pay advance authorization” form and submit to their manager for approval.

2. Managers will sign and submit to the payroll department.

3. Employees must sign the form agreeing to the conditions.

4. If the employee leaves the society for any reason, the H.O.M.E. Society has the authorization to deduct the remaining money owing from their final cheque.

POLICY F-110 CONTRACTS

PURPOSE

To ensure that funds for contracted goods and services are expended appropriately and for the purpose intended.

To ensure that H.O.M.E.S manages risks and receives maximum benefit from contracts entered into.

To ensure consistency and accountability in contracting practice.

To contribute to good relationships, and minimize problems and misunderstandings with organizations and individuals who provide goods and services to H.O.M.E.S

POLICY

H.O.M.E.S engages in sound contracting practice. Employees use a signed "General Goods and Services Contract" to obtain goods, services, or materials required to conduct H.O.M.E.S business and support effective and efficient service delivery, where such contracting is not restricted by the Collective Agreement or funding agreements.

Contracts are entered into and managed prudently, ensuring maximum benefit to H.O.M.E.S, protection of the organization's good name and reputation, and compliance with Policies and applicable laws, regulations, and standards.

Contracts for goods or services are authorized in accordance with financial approval levels and made according to established procedures, ensuring sound internal control and record keeping.

Contracts provide an essential reference point from which to discuss and negotiate desirable outcomes and deliverables H.O.M.E.S, and any changing circumstances that could affect organizational requirements and/or the contractor's capability.

Employees exercise sound judgment and caution because contracting involves a financial commitment on the part of H.O.M.E.S. The H.O.M.E. Society may be held responsible for contracts, both written and oral. H.O.M.E.S does not purchase goods or services where there is a known or suspected breach of law.

H.O.M.E.S is not a party to contracts made by persons served unless a contract involves H.O.M.E.S funds or significant sponsorship.

Note: Key Terms to Consider for Contract Development and Implementation

Amendment is a written change to the General Goods and Services contract. The Amendment must be signed and dated by the Organization contract representative and the Contractor.

Contractor is an individual, company or organization that enters into a contract with H.O.M.E.S

Employee/Employer Relationship exists where a person providing a service is deemed, for Revenue Canada purposes, to be an employee of the Society and the Society is required by law to provide statutory benefits and make specific source deductions from payments. For additional information refer to http://www.labour.gov.bc.ca/esb/facshts/pdfs/employee-or-contractor.pdf

Fee for service is a contract based on a set fee for a specific service to be provided. An example is a contract to deliver a training workshop for H.O.M.E.S

Request for proposal is a contract based on proposal submitted by a contractor to H.O.M.E.S to provide goods or services. An example is a proposal to re-develop a property according to H.O.M.E.S specifications.

Hourly service fee is a set hourly rate for each hour it takes to deliver the services. It is important to know approximately how many hours will be required at the hourly service fee. An example is a computer technician or a mechanic to do vehicle maintenance.

Fixed price contract is a set amount for a contract for the goods or services promised. In this case, the amount of time the contractor spends on the contract is not a factor. An example is a contract to provide landscaping maintenance.

Maximum price contract is an agreement where the contractor will invoice for goods or services delivered up to a maximum amount provided for in the contract. An example is purchasing personal care supplies annually.

Purchase of Goods and Services Contract **is a written agreement between H.O.M.E.S and an outside Organization or individual to provide specific services.**

POLICY F.120 FINANCIAL GOVERNANCE

Overview

The H.O.M.E Society is accountable to its stakeholders. The H.O.M.E. Society must not only be well governed, but it must also act responsibly and lawfully act in all matters related to the finances and money management.
Financial governance refers to the processes that manage The H.O.M.E. Society's financial operations. Good financial governance will make sure The H.O.M.E. Society successfully uses resources in the most effective and efficient ways. It will also make sure sound financial practices are established that follow or even better the current professional standards and laws.

Good and proper financial governance makes sure there are:

- Reporting procedures to the Board of Directors, membership, donors, funders, and other people interested in The H.O.M.E. Society's goals (stakeholders)
- Clear separation of duties and responsibilities
- Appropriate internal controls to safeguard assets.
- Compliance with applicable laws and regulations.
- All financial records will be protected and kept confidential.
- Accountability of the Executive Director and persons with spending authority.
- Financial performance must follow The H.O.M.E. Society's financial goals (such as approved annual budgets).

Policy
The H.O.M.E. Society will conduct every aspect of its financial work in a manner that matches the same standards and practices as good and accepted accounting principles. The H.O.M.E. Society will show sound financial governance through accountability to members, funders and other stakeholders. Also, through stable and accountable financial practices, The H.O.M.E. Society will maximize the efficiency and effectiveness of the services it provides so individuals receiving services will have stability, security, and responsiveness to their needs

POLICY F.130 RISK MANAGEMENT

Philosophy

Effective risk management ensures the protection of the interests of the H.O.M.E. Society, the individuals, volunteers, community, employees, and services supported by the organization.

Policy

The H.O.M.E. Society will conduct a bi-annual risk management plan. This plan will be one part of the organization's operational safeguards. A risk management plan is a step by step process that will identify risks and generate strategies to offset the risks. The risk management plan involves the following steps:

- Risk identification and evaluation of risk.
- Develop strategies to minimize risks and their impact such as safety training, early intervention, security precautions and emergency procedures.
- Contain the effects of damaging or harmful events and implement of plans to minimize losses.
- Restore and recover in the event of harmful events and provide feedback to improve the system.
- Monitoring and update the risk management plan regularly.

The plan will address issues such as but not limited to: services, financial practices, resource development, health & safety, social policy, human resources, property management, membership, and community participation.

Risk Management Strategies

By identifying risks and creating a plan to offset the identified risks, H.O.M.E.S minimizes the cost and potential negative impact to the organization, individuals receiving services, families, volunteers, community, employees, and services. The plan also provides a foundation for effective and efficient organizational planning.

The following identify examples of risk management strategies:

- **Avoidance**: discontinue the activity

- **Modification**: change the activities to reduce the level of risk to an acceptable level such as implementing policies, procedures, or training

- **Retention**: accept all or part of the risk and prepare for potential consequences by accepting deductible costs or self-insuring

- **Sharing**: purchasing insurance, sharing responsibility with another organization, contracting the service to another business.

Responsibility:

Risk management is a process that all H.O.M.E.S stakeholders have a responsibility to participate in. The Executive Director is responsible for reporting the annual risk management plan to the Board of Directors. The Board of Directors must review and accept the risk management plan. Upon review and acceptance, the Executive Director or delegate is responsible for adjusting (if necessary) and implementing the plan.

The Board of Directors, in consultation with the Executive Director and management, will make adjustments and renews to the risk management plan as necessary.

Reporting the Risk Management Plan

The risk management plan should be communicated throughout H.O.M.E.S so all stakeholders can participate in reducing or removing risks. The performance and results of the risk management plan shall be reported to the Board of Directors at least annually.

POLICY F.140 FINANCIAL AUTHORIZATION

Purpose

To make sure that all use of money is appropriate and approved, and that stakeholders can be confident that funds are spent in a responsible, efficient, effective, and ethical manner.

Policy

All expenditures will be in accordance with H.O.M.E.S's constitution and by-laws regarding allowable spending limits and use of program budgets.
All expenditures must be properly approved. For example, supplies and equipment purchased on account must be approved in advance (following H.O.M.E.S's spending authorities). Further, all persons making expenditures on behalf of H.O.M.E.S must exercise financial discretion in order to ensure that purchases are reasonable and cost-effective.

Tendering

Three written quotes are required for the purchase of goods or services that exceed $5,000.00. However, written quotes may also be required for purchases under $5,000.00. Purchases may not be split in order to avoid this spending limit.
H.O.M.E.S is not bound to accept the lowest price offered. Factors that shall inform the selection of a successful tender include: quality, warranty, financial stability of the supplier, experience, references, ability to accommodate our program and scheduling needs, and cost.
Quotes, including proof of the contractors' service and business legality, must be attached to the applicable receipts/invoices. In cases of capital asset purchases, copies of this information will be used to adjust capital assets schedules and will be maintained in Asset files.
Successful tenders for substantial capital expenditures (over $25,000.00) will include a schedule of payments, holdbacks, and/or advances.

Purchase Orders and Requisitions

Completed and approved Purchase Orders, approved as per H.O.M.E.S's spending authorities, are required by all caregivers, without purchasing authority, who are making any expenditures.

Supplier Gratuities

Employees who are directly or indirectly involved in tendering of contracts or purchasing of supplies or services on behalf of H.O.M.E.S may not receive gratuities or gifts from vendors for those purchases. All such offers or cases must be disclosed as per H.O.M.E.S's Conflict of Interest policy. (B.50)

Warranties

In the event that warranties are available at an additional cost, the decision to purchase a warranty should be supported by a simple cost/benefit analysis.

Holdbacks

Holdbacks of 10%-20% will be required for capital projects that exceed $10,000.00. The amount of the holdback will depend on industry standards and the size of the expenditure. Holdbacks will not be released until a there is confirmation that the project has been satisfactorily completed.
H.O.M.E.S will not pay carrying charges for holdbacks other than in exceptional cases approved by the Executive Director.
Where capital purchases are made and capital budgets have not been provided, H.O.M.E.S will attempt to negotiate the appropriate depreciation costs into applicable program contracts.

Spending Approval

All expenditures must be in accordance with H.O.M.E.S's Constitution and By-Laws. Purchases may not be split to avoid purchase authorization limits. All invoices must be approved (by initials) by the appropriate caregivers member or have attached an approved purchase order for caregivers that do not have any spending authorities. Only original approved invoices are accepted for payment.
In no cases shall The H.O.M.E.Society's spending limits stated in the Constitution be exceeded without the approval of the Board of Directors.

Operating (Non-Capital) Purchases

Purchase limits for operating budget expenditures are assigned as follows:

A) Executive Director: $25,000.00

B) Directors: $2,500.00

* Board approval is needed for amounts over $25000.00
* Coordinators submit cheque requests.

In the event that an expenditure of greater than $5,000.00 and less than $25,000.00 is required on an urgent or emergency basis and the Executive Director is unavailable, the expenditure may be approved, provided it is authorized in writing by two Directors. In dire circumstances, verbal authorization is acceptable, provided it is later accompanied by supporting documentation (outlining the urgent nature of the request and written authorization(s). Expenditures or commitments in these circumstances cannot exceed $25,000.00

Capital Purchases

Capital purchases require prior investigation and assessment by the Director, and approval from the Executive Director.

POLICY F.150 FINANCIAL STATEMENTS AND REPORTING

Purpose

Regular financial statements and reporting are required to assist the Board of Directors, Leadership and departments to:

- •Make sure that H.O.M.E.S and its departments and programs are financially viable;
- • Identify any significant events that have occurred;
- • Closely follow the success of reaching short-term and long-term financial goals.

Policy

Where possible, H.O.M.E.S will provide Managers/Directors with electronic access to financial information relating to their programs. This information will consist of budgets and actual results for the current month and year-to-date. In cases where such persons are unable to electronically access financial information, regular financial statements and reports will be prepared and provided as follows:

Monthly Financial Statements

Monthly financial statements will be prepared for Managers/Directors (as appropriate). These statements will consist of the budget and actual results for the current month and year-to-date. The Manager of Finance will review the appropriate financial statements with the Managers/Directors and or Executive Director. The review must occur by the 15th day of the following month.

Quarterly Financial Reports

Quarterly financial reports consisting of the budget and actual results for the current quarter and year-to-date will be submitted to the Treasurer for review and presented to the Board of Directors for approval. More frequent reporting will be required when H.O.M.E.S is in significant debt or when there is a significant variance *in a program budget. When this occurs, a written explanation about the money difference will be also be a part of the report.

Annual Audited Financial Statement

Annual audited financial statements will be made available to stakeholders through the Annual General Report. The Board of Directors will review and approve the audited statements prior to the release of statements in the Annual General Report.

*A significant deficit or variance will be based on the judgment of the Executive Director(s) and Treasurer. However, any variance greater than either $20,000.00 (surplus or deficit) per department or 10% of a total department budget will be considered significant.

POLICY F.160 PROGRAM BANK ACCOUNTS

Purpose

Program bank accounts are used to manage program operational budgets.

Policy

Each program requiring a bank account will have a community bank account at The H.O.M.E Society's primary financial institution. The Director will approve the setup of the account.

The Executive Director, Program Manager/Director and Coordinator will have signing authority for the account. Only one signature will be required for banking transactions.

Accounts will be monitored by standard accounting practices and improper transactions will be immediately investigated, reported, and addressed.

All H.O.M.E.S personnel must follow all rules and regulations identified with the banking institution.

POLICY F.170 ANNUAL BUDGET

Policy

An annual budget, which includes a total operating amount, will be approved by the Board of Directors and used to monitor and evaluate the financial progress of H.O.M.E.S throughout the following fiscal year. The H.O.M.E.S fiscal year is from April 1 to March 31st.
Approval of the budget will occur prior to H.O.M.E.S fiscal year end.

The consolidated annual budget will consist of:

- Planned budget for the next fiscal year.

The annual budget will also be accompanied by a description of the financial goals of H.O.M.E.S and how they will be achieved through the budget implementation.

The Board may pass a planned budget as presented or pass an interim budget if significant items have not yet been determined.

Significant budget revisions will be submitted to the Board of Directors for approval. The Board may approve significant budget variances in lieu of revising the budgets.

The Executive Director may make revisions to budgets and offset budget variances provided:

- The revisions and variances are not significant.
- H.O.M.E.S is meeting its financial goals.

POLICY F.180 INVESTMENTS

Policy

- The Board of Directors is responsible for the security and preservation of H.O.M.E.S assets, capital and reserves and will only accept investment risks, which reflect this responsibility.

- Funds will be invested at the Board's discretion based on safe and prudent considerations.

POLICY F.190 CAPITAL EXPENDITURES

Policy

Capital assets will be recorded at cost and depreciated over their estimated useful lives.

Capital assets will be depreciated using the straight-line methods or declining balance, as appropriate.

Where capital purchases are made and capital budgets have not been provided, H.O.M.E.S will attempt to negotiate the appropriate depreciation costs into applicable program contracts.

Maintenance and Improvement

Every maintenance and improvement project undertaken by The H.O.M.E. Society that involves capital budgets will be evaluated to determine whether the project is an improvement or a repair.

An improvement will be defined as that which enhances the service potential of an existing capital asset; a repair will be defined as that which maintains it.

If the project is an improvement, the cost of the project will be capitalized. Any funds received via capital grants, BCMHC, or elsewhere, will be recognized as deferred revenue and used to offset the depreciation of the applicable capital asset over its lifetime.

If the project is a repair, the cost of the project will be expensed to the period in which it occurs. Any funds received via capital grants, BCMHC, or elsewhere, will be recognized as revenue in the same period in which the expense was incurred.

All maintenance and improvement projects will be identified as assets or expenses according to the applicable federal or provincial sponsor guidelines.

* Such as funds/replacement reserves received from the BC Housing Management Commission (BCHMC) for maintenance and improvement projects, capital grants, and BC Gaming Commission funds.

POLICY F.200 PERSONS SERVED FINANCIAL AUTHORIZATION AND PERSONAL FUNDS

Purpose

To ensure that all use of persons served personal funds is appropriate and approved, and that stakeholders and persons served can be confident that funds are spent in a responsible, efficient, effective, and ethical manner.

Policy

Most of the individuals supported by The H.O.M.E Society have their own bank accounts. Some folks have a committee or trustee who manages their finances for them, while others manage their own affairs, with support from caregivers, family, and friends. Accountability and consent for personal funds will be clearly defined upon intake. Where H.O.M.E.S holds this accountability, or assists individuals, families or legal representatives in this accountability, guidelines need to be followed.

Guidelines

a) Where an external party (family, public trustee) holds accountability for the persons served finances, a written protocol will be in place that clearly outlines the scope of H.O.M.E.S responsibility in supporting the person to manage his/her finances. Issues to consider include who will have access to the individual's bank account, how and where financial information will be documented, how spending decisions will be made and documented, and who will file tax returns annually.

b) H.O.M.E.S accounting department segregates all funds of persons served received from the funder (CLBC etc) The funds are segregated by departments such as clothing, comforts, supplies, transportation etc. Statements are available monthly, as requested.

c) Where The H.O.M.E Society holds accountability for the persons served finances or for supporting the individual in this accountability, the relevant Manager/Director will be responsible for monitoring accounts and ensuring that funds are properly managed.

- Caregivers will be orientated and trained to provide day to day assistance with banking and budgeting.

- Individual banking information (account and PIN numbers) are considered confidential and will only be shared with the people designated to assist with banking and the manager.
- The Manager will ensure that all documentation is completed, according to standards, including filing annual tax returns.
- All persons served, in staffed living, income tax returns will be filed through a qualified person on behalf of the H.O.M.E Society unless they have Public Guardian and Trust. All persons served in shared living will file their own income taxes with support from the shared living provide.
- All persons served who have a bank account, have their bank statements mailed to their home address. All persons served will have immediate access to their bank statements as well as receive help in understanding the said statement.

d) On an monthly basis, the manager or designate not affiliated with the program will review the in house accounting of personal funds.

e) An individual's personal funds will only be used by the individual to pay for their own personal expenses.

f) Individuals will be expected to pay for some personal expenses. Basic rights will not be limited or withheld due to a lack of personal funds.

g) Employees, volunteers and contractors will not borrow funds or personal items from individuals, or accept cash or gifts (unless the gift is very modest in value, i.e. Christmas/Birthday)

h) Unless otherwise approved by the individual and/or Coordinator, caregivers should observe the following guidelines when dealing with personal funds:

- Ensure that receipts are saved for all items purchased with an individual's personal funds.
- Write on the receipt a description of the purchase, the individual's name, your initials and the date of purchase.
- Return the receipt and any change to the individual's wallet.
- Record the purchase in the individual's finance binder the day the purchase is made. Initial all entries.
- Be sure to obtain separate receipts for separate purchases: if items other than those purchased for the individual appear on the receipt, cross them off and make a sub-total of the individual's

expenses. Enter only the amount of the individual's purchases in his/her accounts ledger.

i) Individual funds that are held “in trust” are dispersed by the Public Guardian and Trustee.

j) Any and all interest will be credited to the persons served account according to their banking institution’s guidelines.

k) Persons served may request to access the records of their funds at any time.

l) All persons served must sign the Consent for Services form upon entering H.O.M.E.S services. This Consent for Services form includes expenditures of personal funds for which the agency has taken responsibility for. The consent for services form is signed on an annual basis, usually at the same time as the individuals PATH/ISP.

SECTION G

PROPERTY & EQUIPMENT

G.10 REPLACEMENT OF EMPLOYEE PROPERTY
G.20 REPAIRS & MAINTENANCE
G.30 PERSONAL USE OF H.O.M.E.S. EQUIPMENT
G.40 CELL PHONES AND PAGERS
G.50 THEFT
G.60 VEHICLE POLICY
G.70 COMPUTER, INTERNET & EMAIL POLICY
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POLICY G.10 REPLACEMENT OF EMPLOYEE PROPERTY

POLICY

If a caregiver's personal possessions are broken or damaged by an Individual, the H.O.M.E. Society will repair or replace the item conditional upon the following:

- You were carrying out a legitimate activity with the Individual,
- You were 'on shift' (or received permission from management to carry out this task on you own time),
- You followed all guidelines (and the Individual's plan),
- You did everything possible to avoid the damage.

The H.O.M.E. Society will be responsible for paying a maximum of one hundred and fifty dollars ($150.00) toward the repair cost, replacement cost, or personal insurance deductible. The employer is only responsible for payment if the personal possession was suitable and/or authorized for use while on duty.

The H.O.M.E. Society will pay for the repair or replacement cost of prescription eyewear, hearing aids, and other prescribed accessibility aids under this article to a maximum of $400. Replacement and repair costs for eyewear, hearing aids, and other prescribed accessibility aids will only be considered after the employee has made an ubsuccessful claim under the WorkSafeBC for replacement or repair of the item(s). Appropriate receipts will be required to receive reimbursement from the Employer.

In the even the damage is to the employee’s automobile, the insurance will be padi to a maximum of $500.

PROCEDURE

To receive payment you must submit an Incident Report, to the Director/Manager responsible for the program, describing the circumstances. Two damage estimates from reputable companies must accompany the request.

POLICY G.20 REPAIRS AND MAINTENANCE

PURPOSE

To ensure that all repairs and maintenance are done in an effective and timely manner for the safety and security of the Individuals and caregivers.

PROCEDURE

Vehicles

- All vehicles must have regular daily and monthly checks performed by the employees who are operating them. A pre-trip check must be completed daily prior to the operation of the vehicle. Forms are available at the office as we must keep a record of the checks made. This will avoid any serious and major repairs by checking all fluid levels, hoses, brakes, lights, etc.
- Community Inclusion Caregivers can send their forms to the appropriate shared living coordinator on a monthly basis.
- If there are any repairs or maintenance tune-ups required please take the vehicle to the designated pre-approved repair shop. They will contact the vehicle maintenance designate regarding any approval for repairs. Any major work must be approved by the designate/manager. Do not submit any repair invoices to the office unless approved.

Houses

- Any non-urgent repairs to the homes must be submitted on a house maintenance request form and forwarded to the office.
- If there are any repairs that need an outside repair person, The Executive Director/designate will make arrangements.
- For *urgent/safety* issues please call your direct Coordinator. If there is no answer, please call the Executive Director directly. All phone numbers are available on the H.O.M.E. Society phone list.
- The Lawn maintenance crew is also on the H.O.M.E. Society phone list.
- House inspections and follow-ups will be done a regular basis by members of the Health & Safety Committee.

POLICY G.30 PERSONAL USE OF H.O.M.E.S EQUIPMENT

POLICY

In some instances, employees may be allowed to borrow certain H.O.M.E. Society tools or equipment for their own personal use while on our premises. In order to take equipment off the premises, management approval must be obtained. The H.O.M.E. Society is not responsible for any personal injury incurred during the use of society property for personal projects.

As an H.O.M.E. Society employee you must accept full responsibility for injuries or losses which occur, or for the malfunction of equipment. You are responsible for returning the equipment or tools in good condition and you agree that you are required to pay for any damage that occurs while using equipment or tools.

All tools or equipment must be signed out and returned as soon as possible and not kept off the premises for long periods of time.

POLICY G.40 CELL PHONES

PURPOSE

To ensure the all H.O.M.E Society employees are meeting the needs of the people we serve at all times and are not receiving/responding to extensive personal non-emergency calls at work. All cell phones that are the property of the H.O.M.E. Society will have the guidelines of the following policy.

POLICY

It is the job responsibility of all caregivers to ensure the needs of the people we serve are met. A telephone is available in all homes operated by the H.O.M.E Society. Employees have permission to make local calls or receive calls of an emergency nature. Lengthy calls or numerous calls while on shift negatively affects the care of the people we serve; and therefore, is prohibited. This includes employees' own personal cell phones.

PROCEDURE

All Employees are required to follow the telephone policy, and this includes use of their own personal cell phone.

If at any time the care of the people we serve is being negatively affected, Management will not allow employees to bring their cell phones into the workplace.

If an employee is experiencing a situation in which they feel the need to have a cell phone at work; the situation will be reviewed by Management.

POLICY G.50 THEFT

POLICY

The H.O.M.E. Society regards all internal theft as a very serious issue. Although taking small items of the H.O.M.E. Society property may seem inconsequential, the cumulative effect can be very large. Stealing from the society is like stealing from yourself or the persons we support.

Property theft of any size will not be tolerated by the H.O.M.E. Society. We consider property theft to be the unauthorized use of society services or facilities or the taking of any society property for personal use. The following list of examples is not all inclusive but provides illustrations of several activities which are unacceptable.

- ***The use of society copy machines for personal use****.* The office copiers and machines are not provided as a free service to employees. If you wish to use the copier for personal use please make arrangements for the reimbursement of costs to the H.O.M.E. Society.
- ***The use of computers***. All computers must be used exclusively for society purposes, unless you receive permission from your Coordinator.
- ***Taking of society property***. No item purchased or supplied by the H.O.M.E. Society should ever be removed from society property without authorization from your immediate coordinator/manager. This rule applies to raw materials used in manufacturing, mechanics tools, office supplies, computer supplies etc. All employees may be subject to random searches as they leave society facilities. If society property is borrowed with your Coordinator's permission and is not returned on schedule, the value of the item(s) will be charged against your pay and you may be subject to disciplinary action for theft.
- Theft of the property of the Individuals, visitors or other employees.
- Actions which result in the unauthorized procurement of money, property, or other things from the society, Individual, or employees.

CONDITIONS

1. This policy also applies to attempted theft by an employee.
2. Theft or attempted theft by an employee may result in the immediate dismissal and he/she may be reported to the local police authority.
3. Where an employee is suspected of stealing, he/she may be suspended pending further investigation.

POLICY G.60 VEHICLES

PURPOSE

The H.O.M.E. Society will ensure that the vehicles owned and used by the society will be properly maintained for the safety of all Individuals and caregivers.

POLICY

INSURANCE RENEWAL AND INSPECTIONS:

The Vehicle Maintenance Designate is responsible for vehicle insurance renewal.

The Coordinator(s) are responsible to keep a record of the dates for annual mechanical and lift inspections.

Vehicle Related Job Requirements

- All employees are required to submit a photocopy of their valid Driver's License, and then on each renewal date. A copy is to be kept in your personnel file.
- A favorable Driver's Abstract is required for all new employees and annually thereafter. A copy is to be kept in your personnel file.
- Employees who work in homes that use a "specialty vehicle" (Wheelchair Van etc) are required to have and maintain a valid, Class IV Driver's License. Copies are to be kept at the office and on file at the specific home.

BUSINESS INSURANCE:

It is a job requirement that employees may be required to use their own vehicle for the purposes of Society business if no Society vehicle is available. Employees must have a minimum of one (1) million dollars liability insurance. This designation will permit the employee to be reimbursed for mileage, while using their personal vehicle for Society-related business.

Employees are permitted to use their own vehicle for "business" up to 6 calendar days per month without needing Business insurance**. "To and from work" insurance is required**, however. It should be noted that, should an employee without business insurance be involved in an accident while on the job, ICBC could request mileage records from the Society to prove that the employee did not require business insurance. Documentation of the employees Driver's

License, Driver Abstract and “To and From Work” insurance are required prior to mileage payment**.**

In an emergency situation, it is permissible for any caregivers to use their vehicle. Employees are to use their own vehicle only when a designated Society-owned vehicle is unavailable. If it is documented that an employee has driven in a caregivers or Society-owned vehicle with Individuals in a hazardous or unsafe manner, the Society may terminate the employee’s “designated” driving status immediately. Depending on the nature of the ‘hazardous” incident, the employee may also be subject to further disciplinary action.

INSPECTIONS, SERVICING AND REPAIRS OF AGENCY VEHICLES

All inspections and non-warranty servicing and repairs will be performed as necessary by a qualified service repair shop
Appointments are required for inspections/safety checks and regular service/repairs. A minimum of one working days’ notice is required to schedule the above. Emergency repairs will be handled as a priority. All repairs, service, etc. are billed to an account in the name of The H.O.M.E. Society.

Coordinators are responsible for scheduling annual safety inspections, annual lift inspections (if applicable) and ensuring that all servicing/repairs are completed in a timely fashion for their program’s vehicle.

VEHICLE ORIENTATION:

- The Coordinator is responsible for ensuring each caregiver has had a comprehensive vehicle orientation including use of emergency equipment.
- There is **NO SMOKING AT ANY TIME IN THE SOCIETY VEHICLES.**
- There is no food to be consumed in the vehicles.
- The vehicles are to be kept neat and presentable at all times.
- Vehicles are to be locked at all times when not in use.

LEGAL AND SAFE DRIVING POLICY:

- Drivers must obey all traffic laws and drive safely and defensively when using H.O.M.E.S vehicles or transporting individuals we serve (or others) for the agency in their own vehicles.
- Drivers will be responsible for paying any tickets (parking and moving violation) incurred while in operation of agency and personal vehicles. Infractions made while driving H.O.M.E.S vehicles may lead to progressive discipline. The employee involved may be required to take training or retraining. The employee may also receive a performance appraisal, disciplinary warning, suspension or other correction, or may be dismissed.
- Driving one of H.O.M.E.S vehicles or transporting individuals we serve while under the influence of drugs or alcohol or without a valid Class 4, 5 or 7 license, where required, is strictly prohibited and will result in immediate dismissal. Exemption for driving without an Unrestricted Class 4 due to medical restrictions is noted in the Drivers License Policy. Because our vehicles represent H.O.M.E.S to the public, it is also important that H.O.M.E.S vehicles be driven courteously.

VEHICLE KEYS:

Keys to Society vehicles, as well as caregiver's private vehicles must be kept in a secure location. There must be no opportunity for unauthorized persons to access keys to any vehicle. The secure location must be locked and not accessible by unauthorized individuals, including Individuals of the home.

Vehicle Use Form

Liability Waiver Form

H.O.M.E.S. will assume no liability for any accident, personal injury, property damage or other while an employee uses a Society vehicle outside of regular working days or hours.

I, _____ have read, discussed and agree to assume all liability for any accidents caused by myself while borrowing a H.O.M.E.S. vehicle for personal use.

Date: _____

Vehicle issued: _____

Signature of borrower: _____

Signature of witness: _____
(Authorized Person)
Date(s), time(s) and reason vehicle will be in use:

_____
_____
_____
_____

POLICY G.70 COMPUTER, EMAIL AND INTERNET

PURPOSE

This Internet usage policy is designed to help you understand our expectations for the use of those resources in the particular conditions of the Internet, and to help you use those wisely.

The H.O.M.E. Society provides access to the vast information resources of the Internet to help you do your job more efficiently, and be a well-informed care giver. The facilities to provide that access represent a considerable commitment of association resources for telecommunications, networking, software, storage, etc.

POLICY

While we've set forth explicit requirements for Internet usage below, we'd like to start by describing our Internet usage philosophy. First and foremost, Computers/Internet/Email for our agency is an education and business tool, provided to you at significant cost. That means we expect you to use your Internet/Email access primarily for education and business-related purposes, i.e., to communicate with families, colleagues and managers: to research relevant work related topics and obtain useful work related information. We insist that you conduct yourself honestly and appropriately on the Internet, and respect the copyrights, software licensing rules, property rights, privacy and prerogatives of others, just as you would in any other dealings.

To be absolutely clear on this point, all existing agency policies apply to your conduct on the Internet, especially (but not exclusively) those that deal with intellectual property protection, privacy, misuse of agency resources, sexual harassment, information and data security, and confidentiality.

Unnecessary or unauthorized Internet usage causes network and server congestion. It slows other users, takes away from work time, consumes supplies, and ties up printers and other shared resources. Unlawful Internet usage may also garner negative publicity for the agency and expose us to significant legal liabilities.

The chats, newsgroups and e-mails of the Internet give each individual Internet user an immense and unprecedented reach to propagate agencies messages, values and tell our agency story. Because of that power we must take special care to maintain the clarity, consistency and integrity of the agencies image and posture. Anything, an employee writes in the course of acting for the agency on the Internet can be taken as representing the agencies posture. That is why we

expect you to forgo a measure of your individual freedom when you participate in chats or newsgroups on agency business, as outlined below.

While our direct connection to the Internet offers a cornucopia of potential benefits, it can also open the door to some significant risks to our data and systems if we do not follow appropriate security discipline. As presented in greater detail below, that may mean preventing machines with sensitive data or applications from connecting to the Internet entirely, or it may mean that certain users must be prevented from using certain Internet features such as file transfers. The overriding principle is that security is to be everyone's first concern. An Internet user can be held accountable for any breaches of security of confidentiality.

Certain terms in this policy should be understood expansively to include related concepts. Agency includes our affiliates, departments and branches.

Document covers just about any kind of file that can be read on a computer screen as if it were a printed page, including the so-called HTML files read in an Internet browser, any file meant to be accessed by a word processing or desk-top publishing program or its viewer, or the files prepared for Adobe Acrobat reader and other electronic publishing tools.

Graphics includes photographs, pictures, animations, movies, or drawings.

Display includes monitors, flat-panel active or passive matrix displays, monochrome LCD's, projectors, televisions, and virtual-reality tools

MANAGEMENT & ADMINISTRATION

The agency has software and systems in place that can monitor and record all internet usage. We want you to be aware that our computer systems are capable of recording (for each and every user) each world wide web site visit, each chat, newsgroup or email message, and each file transfer into and out of our computers, and we reserve the right to do so at any time. No employee should have any expectation of privacy as to his or her internet usage. From time to time we will review internet activity and analyze usage patterns, and we may choose to publicize this data to assure that agency internet resources are devoted to maintaining the highest levels or productivity.

- We reserve the right to inspect any and all files stored in private areas of our computers or network in order to assure compliance with policy.
- The display of any kind of sexually explicit document on any agency system is a violation of our policy on sexual harassment. In addition, sexually explicit material may not be archived, stored, distributed, edited or recorded using our network or computing resources.
- The agency uses independently-supplied software and data to identify inappropriate or sexually-explicit Internet sites. We may block access from within our networks to all such sites that we know of. If you find yourself connected incidentally to a site that contains sexually explicit or

offensive material, you must disconnect from that site immediately, regardless of whether that site had been previously deemed acceptable by any screening or rating program.

- This company's Internet facilities and computing resources must not be used knowingly to violate the laws and regulations of the Canada or any other nation, or the laws and regulations of any province, city, state or other local jurisdiction in any material way. Use of any agency resources for illegal activity is grounds for immediate dismissal, and we will cooperate with any legitimate law enforcement activity.
- Any software or files downloaded via the Internet into the agency network become the property of the agency. Any such files or software may be used only in ways that are consistent with their licenses or copyrights.
- No employee may use agency facilities knowingly to download or distribute pirated software or data.
- No employee may use the company's Internet facilities to deliberately propagate any virus, worm, Trojan horse, or trap-door program code.
- No employee may use the company's Internet facilities knowingly to disable or overload any computer system or network, or to circumvent any system intended to protect the privacy or security of another user.
- Each employee using the Internet facilities of the agency shall identify himself or herself honestly, accurately and completely (including one's agency affiliation and function where requested) when participating in chats or newsgroups, or when setting up accounts on outside computer systems.
- Only those employees or officials who are duly authorized to speak to the media, to analysts or in public gatherings on behalf of the agency may speak/write in the name of the agency to any newsgroup or chats in the course of business when relevant to their duties, but they do so as individuals speaking only for themselves. Where an individual participant is identified as an employee or agent of this agency, the employee must refrain from any unauthorized political advocacy and must refrain from the unauthorized endorsement or appearance of endorsement by the agency of any commercial product or service not sold or serviced by this agency, its subsidiaries or its affiliates. Only those managers and agency officials who are authorized to speak to the media, to analysts or in public gatherings on behalf of the agency may grant such authority to newsgroup or chat room participants.
- The agency retains the copyright to any material posted to any forum, newsgroup, chat or World Wide Web page by any employee in the course of his or her duties.
- Employees are reminded that chats and newsgroups and social sites are public forums where it is inappropriate to reveal confidential agency information, Individual data, and any other employees releasing protected information via a newsgroup, social site or chat – whether or not the

release is inadvertent – will be subject to all penalties under in existing confidential data policies and procedures.

- Use of agency Internet access facilities to commit infractions such as misuse of agency assets or resources, sexual harassment, unauthorized public speaking and misappropriation or theft of intellectual property are also prohibited by general agency policy, and will be sanctioned under the relevant provisions of the personnel handbook.
- Employees may use their Internet facilities for non-business research or browsing during meal time or other breaks, or outside of work hours, provided that all other usage policies are adhered to.

TECHNICAL

- User IDs and passwords help maintain individual accountability for Internet resource usage. Any employee who obtains a password or ID for an Internet resource must keep that password confidential.
- Employees should schedule communications-intensive operations such as large file transfers, video downloads, and mass emailing for off-peak times (defined however that is appropriate for the particular agency).
- Any file that is downloaded must be scanned for viruses before it is run or accessed