

## Policies & Procedures

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## Health & Safety

### HS - Barbeque Safety

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### Policy:

SACL staff will ensure that barbeques will be used as per the manufacturer's manual. As well, staff will follow Food Safe practices while cooking with a barbeque.

### Procedures:

Staff will familiarize themselves with the barbeque owner's manual.

#### Charcoal/Wood Chunk Grilling Safety Procedures

- ☞ When using charcoal briquettes or wood chunks form a pyramid and douse the briquettes/chunks with lighter fluid. Wait until the fluid has soaked in before lighting.
- ☞ Lighter fluid should be capped immediately and placed a safe distance from the grill.
- ☞ Never add lighter fluid to existing hot or warm coals.
- ☞ Never use gasoline, or kerosene or other highly volatile fluids as a starter. They can explode.
- ☞ As an alternative to lighter fluid, use an electric, solid, metal chimney, or other starter specifically made for lighting charcoal briquettes or wood chunks.
- ☞ After unplugging, remove a hot electric starter cautiously and be store safely until cool. Always cool starter completely before storing.
- ☞ Never use an electric starter in the rain and/or when standing on wet ground.
- ☞ When using instant light briquettes, do not use lighter fluid, electric, solid, or metal chimney style starters. Do not add more instant light briquettes once the fire has been lit; add regular charcoal briquettes if more are needed.
- ☞ Once the barbecue grill has been lit, do not touch the charcoal briquettes/wood chunks to see if they are hot. Keep grill uncovered until ready to cook.
- ☞ Vents should be open while cooking. Charcoal briquettes/wood chunks require oxygen to burn.
- ☞ Allow coals to burn out completely and let the ashes cool for at least 48 hours before disposing of them.
- ☞ Dispose of cold ashes by wrapping them in heavy-duty aluminium foil and putting them in a non-combustible container. Be sure there are no other combustible materials in or near the container.
- ☞ If you must dispose of the ashes in less time than it takes for them to completely cool, remove the ashes from the grill keeping them in heavy duty foil and soak them completely with water before disposing of them in a non-combustible container.
- ☞ Set up away from sitting area
- ☞ Make sure all consumers know it will be hot and burn
- ☞ Staff to start and oversee at all times (consumers may cook with supervision)
- ☞ Coals to emptied into fire pit if possible and doused with water if not able too, shovel coals into metal bucket and douse with water
- ☞ Make sure there is enough time for coals and BBQ to cool before leaving

## Equipment needed:

- ☞ BBQ Hibachi
- ☞ Coals (easy light)
- ☞ Lighter/matches
- ☞ Shovel
- ☞ Non-combustible metal bucket
- ☞ Oven mitts
- ☞ Fire extinguisher (from the Vehicle)

## Gas Grilling Safety Procedures

- ☞ There are limits on how much propane can be put into a LP cylinder. The typical cylinder holds approximately 20 pounds of propane. This leaves some room for the liquid to expand. **DO NOT** ask the propane supplier to overfill the cylinder.
- ☞ When the LP cylinder is connected, the grill must be kept outside in a well-ventilated space. When not in use, the LP cylinder valve must be turned to the OFF position.
- ☞ If storing the gas grill indoors, the LP cylinder must be disconnected, removed, and stored outdoors. Never store an LP cylinder indoors.
- ☞ The cylinder valve outlet must be plugged whenever the cylinder is not connected to the grill or is being transported, unless it is a quick close coupling or quick disconnect type of cylinder valve. Follow manufacturer's instructions for handling of cylinders.
- ☞ Always store LP cylinders upright and in areas where temperatures won't exceed 120 degrees Fahrenheit, and never store a spare LP cylinder on or near a grill or any other appliance.
- ☞ Always check for gas leaks every time you disconnect and reconnect the regulator to the LP cylinder.
- ☞ Never attach or disconnect a LP cylinder, or move or alter gas fittings when the grill is in operation or is hot.
- ☞ Never use an LP cylinder if it shows signs of: dents, gouges, bulges, fire damage, corrosion, leakage, excessive rust or other forms of visual external damage; it may be hazardous and should be checked by a liquid propane supplier.
- ☞ After a period of storage, and/or disuse (for example over winter), the gas barbecue should be checked for gas leaks, deterioration, proper assembly, and burner obstructions before using.
- ☞ Clean and perform general maintenance on the grill twice a year. Watch for rust, paint the LP cylinder to make it more rustproof, and check the regulator, hoses, burner parts, air shutter, and venturi/valve section carefully. Always turn off gas at the source (tank or supply line) prior to inspecting parts. Check the owner's manual for any additional maintenance requirements.
- ☞ Visually inspect hose(s) for abrasion, wear and leaks before each use. A soap and water solution may be used to test for leaks. Never use a flame to check for gas leaks. Replace faulty hose(s), using a parts replacement kit, before operating.
- ☞ When lighting a gas grill, always keep the lid open to prevent a flash off from gas build-up.
- ☞ Do not lean over the grill when igniting the burners or cooking.
- ☞ If a burner doesn't ignite, turn off the gas. Keep the grill lid open and wait five minutes before trying to light it again. If the burners go out during operation, turn all gas valves to OFF. Open the lid and wait five minutes before attempting to relight, using lighting instructions.
- ☞ Set up away from sitting area



## Preamble

SACL is committed to ensuring the safe keeping of all Persons Supported and Staff with regard to health and safety. Implementation of the following measures and procedures are required in order to uphold a safe and practiced level of efficiency in exposure control of blood borne pathogens.

## Definitions:

### **Occupational Exposure:**

reasonably anticipated harmful contact with blood or other potentially infectious materials (OPIM's) that may result from the performance of a worker's duties.

### **Blood-borne Pathogens:**

pathogenic micro-organisms present in human blood and OPIM's that can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

### **Other Potentially Infectious Materials (OPIM):**

Other materials (besides blood) that can be sources of blood-borne pathogens i.e. semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid visibly contaminated with blood, all body fluids in situations where it is difficult to differentiate between body fluids and tissues.

### **Harmful Contact:**

An exposure incident to blood or OPIM's through:

- ☞ Percutaneous injury (injury through the skin from a contaminated sharp item such as a needle).
- ☞ Contact with the mucous membranes of the eyes, nose or mouth.
- ☞ Contact with non-intact skin (healing wound less than 3 days old or lesion causing disruption of outer skin layer).
- ☞ Bites.

## Policy

SACL will ensure that employees are protected from occupational exposure to blood-borne pathogens and that it is done in a manner that complies with the BC Workers Compensation Act, Occupational Health and Safety Regulation and human rights legislation.

This exposure control plan covers all employees, as it is reasonably anticipated that they may have harmful contact with blood or OPIM's as a result of performing their normal job duties. The purpose of this exposure control plan is to eliminate or minimize the employees' risk of occupational exposure to blood-borne pathogens in blood and OPIM's, as well as to reduce the risk of infection should exposure occur.

**SACL will:**

- ☞ Conduct the risk identification and assessment of the employees' potential occupational exposure to blood-borne pathogens.
- ☞ Implement engineering controls, safe work practices and written work procedures to eliminate or reduce the employees' potential exposure to blood-borne pathogens.
- ☞ Provide employees with appropriate personal protective equipment.
- ☞ Ensure employees are provided with education and training on blood-borne pathogens and the exposure control plan.
- ☞ Ensure that all pertinent records are maintained.
- ☞ Set up a check system to ensure that employees who have had an exposure incident to blood or OPIM's are medically evaluated, then seen by a physician for follow-up if deemed necessary by the medical evaluation.
- ☞ Ensure that accident investigations of employees' exposure incidents to blood or OPIM's are conducted and corrective actions are taken to prevent similar incidents from occurring.
- ☞ Annually review the exposure control plan and update it as necessary.
- ☞ Ensure employees are adhering to the Universal Precautions and Infectious Disease policy and procedures.

**The Team Leaders will:**

- ☞ Provide guidance to employees with respect to blood-borne pathogen hazards.
- ☞ Ensure that employees follow safe work practices and written work procedures.
- ☞ Ensure that employees wear appropriate personal protective equipment.
- ☞ Ensure that employees receive education and training on blood-borne pathogens and the exposure control plan upon orientation and annually. Ensure that the post-exposure health management procedure is followed for employees' exposure incidents to blood or OPIM's.
- ☞ Initiate accident investigations of exposure incidents to blood or OPIM's.

**The Employees will:**

- ☞ Follow safe work practices and written work procedures.
- ☞ Wear the appropriate personal protective equipment provided.
- ☞ Attend education and training.
- ☞ Follow the post-exposure health management procedure in the event of an exposure incident to blood or OPIM's, and immediately seek medical attention after possible exposure.

**The OH&S Committee Will:**

- ☞ Review accident investigations of exposure incidents to blood or OPIM's.

## Risk Identification & Assessment

All employees have the potential for occupational exposure to blood-borne pathogens. Employees may have harmful contact with blood or OPIM's via percutaneous injury, mucous membrane contact and non-intact skin contact. It is reasonably anticipated that such contact may occur when support workers are providing occupational first aid; including rendering first aid and performing post-treatment and accident scene clean up.

## Education and Training

All employees will be educated and trained regarding blood-borne pathogens prior to initial assignment to work. -Staff should be familiar with items such as:

- ☞ An explanation of blood-borne diseases, their symptoms and effects, and modes of transmission.
- ☞ An explanation of the appropriate methods of recognizing tasks and activities that may involve exposure to blood and OPIM's.
- ☞ An explanation of engineering and safe work practice controls that will prevent or reduce exposure to blood-borne pathogens including their use and limitations.
- ☞ Information on personal protective equipment, including appropriate selection, use, removal, handling, cleaning, decontamination, inspection, maintenance, storage, disposal and limitations.
- ☞ An explanation of the post-exposure health management procedure for an employee to follow if an exposure incident to blood or OPIM's occurs.

**Additional worksite-specific orientation, education and training will be provided and will include:**

- ☞ Applicable sections of the Occupational Health and Safety Regulations.
- ☞ An explanation of the organization's exposure control plan regarding blood-borne pathogens and where to access it.
- ☞ Control procedures specific to the worksite (e.g. location of sharps disposal containers, pocket masks and wash facilities; types and location of personal protective equipment).
- ☞ Information on the hepatitis B vaccine, including information on its benefits, effectiveness, safety, method of administration and its availability.

All employees will receive annual refresher training regarding blood-borne pathogens and review of the exposure control plan.

## Procedure

### Using Disposable Gloves

1. Replace gloves as soon as practical if they are torn, cut, punctured or leaking and when they become contaminated or damaged such that their ability to function as a barrier is in question.
2. Do not wash or decontaminate disposable gloves for re-use.
3. Follow the procedures for glove removal and hand washing.
4. Follow the cleanup procedures for spills of blood and OPIM's that minimize splashing.
5. Follow the post-exposure health management procedure, if they have an exposure incident to blood or OPIM's.

## Personal Protective Equipment

1. All personal protective equipment for blood-borne pathogens used at worksites that are owned, rented or leased will be provided by the company at no cost to our employees.
2. Waterproof, disposable medical examination gloves are available in all first aid kits as well as other locations as specified during employee orientations.
3. They will be worn and used as specified in the SACL Policies & Procedures, the safe work practices and internal training as outlined above.

## Housekeeping, Laundry & Waste

1. All reusable items such as mops and cloths used for cleaning up environmental working surfaces such as counters and floors will be discarded as soon as possible after contamination with blood or OPIM's.
2. Contaminated cloths and mops will be discarded.
3. First aid waste items (e.g. disposable gloves, pads and dressings) that are NOT dripping saturated or grossly contaminated with blood or OPIM's are considered general waste. They will be discarded in waterproof waste bags for disposal at a landfill.
4. Items that are dripping saturated or grossly contaminated with blood or OPIM's are considered biomedical waste. They must be sealed in a bag and transported to Shuswap General Hospital for disposal.

## Hygiene Facilities & Decontamination Procedures

1. Hand washing facilities are located in the washrooms and are available to employees for hand washing.
2. Waterless hand cleansers are also provided for use if hand-washing facilities are not immediately available.
3. Employees will wash their hands with mild soap and running water as soon as possible after the use of the cleanser.
4. If an employee has an exposure incident to blood or OPIM's, the post-exposure health management procedure will be followed for decontamination. (See Below)

## Health Protection (Post-exposure health management procedure)

For the initial management of an exposure incident to blood or OPIM's, the employee will:

1. Immediately self-administer first aid.
2. Report the incident to their team leader, then go to Shuswap Lake General Hospital within 2 hours of the incident for a medical evaluation (the reporting must not cause delay in seeking medical attention).
3. Complete a Critical Incident Report.

***For additional protection, staff are strongly encouraged to be fully current on all vaccinations and booster shots recommended by the Provincial Health Authority.***



## Health & Safety HS – First Aid Policy

Drafted: February 5, 2014  
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### Intent

The Shuswap Association for Community Living (SACL) has adopted this policy to ensure the ongoing health and safety of our staff, Persons Supported and visitors. SACL will ensure that appropriate first aid supplies are maintained and accessible at all times, and that a trained and competent individual is on-site at all times.

SACL is committed to meeting all legislative regulations. This Policy is written in compliance with Sections 3.14 to 3.21 of British Columbia's Occupational Health and Safety Regulation: [Occupational First Aid](#).

### Definitions

**Board:** refers to the Workers' Compensation Board.

**First Aid:** situations in which an individual needs medical attention, for the purpose of preserving life and minimizing injury until medical treatment is available; medical attention for minor injuries that would not receive or does not require medical treatment.

**First Aid Attendant:** an individual who holds a *valid* first aid certificate issued by the Board or by a person recognized by the Board and who is designated as a first aid attendant by SACL.

### Guidelines

#### First Aid Requirements

SACL shall conduct an assessment of the workplace. SACL will review the assessment within twelve months after the previous assessment and whenever a significant change that may affect the assessment occurs to the Company's operations. The assessment must determine the following:

- ☞ The number of workers who may require first aid at any given time;
- ☞ The nature and extent of the risks of hazards associated with the workplace;
- ☞ The type of injuries that could occur;
- ☞ Any obstacles that may be present should first aid need to be provided to an injured worker;
- ☞ The time frame that is required to transport an injured worker to medical treatment should it be necessary.

SACL will provide the workplace with equipment, supplies, facilities, first aid attendants and services in accordance with the Board's requirements as set forth in the Occupational Health and Safety Regulation.



The SACL Operations Coordinator or designate shall ensure that appropriate numbers of staff that have first aid and CPR training are onsite and scheduled.

SACL shall maintain an electronic database indicating:

- The location of all first aid kits;
- Names of designated first aiders in each department;
- Effective date of training and expiration date.

### **First Aid Attendant Qualifications and Responsibilities**

SACL shall ensure that the employee(s) who is / are designated as a first aid attendant:

- ☞ Is at least sixteen years of age;
- ☞ Has successfully completed first aid training or first aid examination developed by the Board;
- ☞ Has a valid first aid certificate at the required level;
- ☞ Must be physically and mentally capable of safely and effectively performing required duties of first aid administration.

The First Aid Attendant must:

- ☞ Provide injured workers with a level of care within the scope of their training.
- ☞ Record and report signs and symptoms of injuries and exposure to any contaminants;
- ☞ Refer the worker to medical treatment if the injuries are considered serious or beyond the scope of the attendant's training.

The First Aid Attendant has authority to administer all first aid treatment of an injured worker until responsibility of treatment is accepted:

- ☞ At a medical treatment facility;
- ☞ By emergency services such as paramedics;
- ☞ By a person with an equal or higher level of first aid certification.

The First Aid Attendant does not have the right to overrule a worker's decision to seek medical treatment or the worker's choice of medical treatment.

### **First Aid Procedures**

SACL will keep written, up-to-date procedures for first aid at workplaces / worksites. These procedures shall be posted in a conspicuous place throughout the workplace / worksites. The procedures shall include:

- ☞ The equipment, supplies, facilities, first aid attendants and services available;
- ☞ The location of first aid;
- ☞ How to call for first aid treatment;
- ☞ The authority of the first aid attendant over the first aid treatment;
- ☞ The responsibility of SACL to report injuries to the Board;
- ☞ Who to call should transportation to medical treatment (such as doctor or hospital) be required, and the method of transportation to be used ;
- ☞ Pre-developed routes to and from the workplace to medical treatment.

In the event that first aid must be administered, the following procedures must take place:

- ☞ First aid shall be administered immediately followed by proper medical treatment if necessary.
- ☞ The first person on the scene of an injury should immediately contact the appropriate authorities and / or the closest qualified First Aid Attendant.
- ☞ In the event that the first person on the scene has appropriate First Aid / CPR training, they are directed to provide First Aid / CPR, in accordance with their level of training, using the first aid materials available.
- ☞ As necessary, the First Aid Attendant or other nearby person shall contact emergency response services (Fire, Police, Ambulance).
- ☞ The First Aid Attendant will complete an injury treatment record for the incident.
- ☞ SACL will notify the injured person's next of kin / emergency contact (where applicable) after the status of the injured persons' condition is known.

### **First Aid Records**

In compliance with section 3.19 of the OHS Regulations for Occupational First Aid, SACL shall maintain records for all injuries and exposures to contaminants that are reported or treated. First aid records will be kept for a minimum of three years. The records will be kept confidential unless disclosure is permitted as set forth in the OHS Regulation. First aid records must be available in the event of an inspection by an officer of the Board.

Workers may request access to their first aid records for any report regarding themselves. They shall not have access to any information regarding any other employee.

### **First Aid Kit Requirements**

SACL will stock all first aid kits in a manner that complies with Schedule 3-A of the OHS Regulations for Occupational First Aid.

Each SACL department shall ensure that first aid kits:

- ☞ Are available in each building or area of a building, and in the appropriate number, , or to each staff member working in the community.
- ☞ Are easily accessible and highly visible
- ☞ Are available at each remote location where work is being performed
- ☞ Are available in each SACL vehicle or rental vehicle used for SACL business

First aid kits shall be inspected quarterly and maintained by the designated OH&S Member who works in the vicinity of the area. First aid kits shall be restocked as needed with the items prescribed by the Regulation.

Staff shall be responsible for the maintenance and upkeep of the personal first aid kits that are provided to them by SACL. Each kit assigned to a SACL staff member shall be returned in good condition, with a complete list of supplies. Staff may replenish first aid kit supplies from the agency supply by requesting items needed from Joanne Reitan.



# Health & Safety

## HS - Hazardous Substances

Approved: May 2, 2011  
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### Policy:

- ☞ The SACL adheres to applicable WHMIS requirements concerning controlled substances.
- ☞ Employees adhere to established guidelines in the handling and storage of hazardous substances.
- ☞ Controlled products which are transferred from original containers must be labelled with the directions and caution warnings outlined by the manufacture.
- ☞ Containers of hazardous substances must be designed, constructed and maintained in good condition to securely contain the substance.
- ☞ Material used to contain, transfer or convey a hazardous substance must be reasonably resistant to the substance and to any other substance to which it may be exposed.
- ☞ Hazardous substances are returned to the designated storage areas when not in use. Under no circumstances are hazardous substances to be left in common living or working areas.

### Definitions:

**Controlled substance:** A drug or toxic whose sale is regulated by law e.g. Hazardous Substance

**WHIMS: (Work Place Hazardous Materials Information System)** System used by the manufacture to identify harmful effects that could be caused by the product.

**Biological substance:** Used or produced by practical biology, the science of life

**Bill 14:** Part of a revised Workers Compensation Board Act that establishes rights and responsibilities of both employers and employees. Bill 14 deals with prevention, investigation and identification of workplace hazards

### Procedures:

1. Employees read product labels prior to use.
2. Employees who are required to use hazardous substances e.g. bleach or other cleaning products must wear protective gloves.

### Storage Procedures:

3. Chemicals and potentially hazardous products must be stored in a clean, dry area in an organized manner.
4. Flammables must not be stored near a furnace or other sources of heat.
5. Pesticides, cleaners, solvents and all potentially hazardous products must be stored in a secure location.
6. Open containers of hazardous substance pose a hazard the container must be sealed when not in use.

7. Substances which are incompatible must not be stored in a manner that would allow them to mix in the event of container leakage, breakage or other such circumstances e.g. chloride and ammonia based products if mixed create a toxic gas.
8. If the employee or the people we support come in contact with a hazardous substance to facial areas e.g. eye(s) immediately call for assistance and flush affected eye(s). Seek medical attention as soon as possible or dial **9-1-1** and report situation to the Operator.
9. If the employee or the people we support come in contact with a hazardous substance on any other part of their body flush with cool clean water for several minutes. Seek medical attention as soon as possible or dial **9-1-1** and report situation to the Operator.
10. Report as per the Serious Incident Policy.

If you require further information regarding hazardous substances contact the Poison Control Center at **1.800.567.8911**.



## Health & Safety HS - Injury on Duty – Reporting Requirement (Staff)

Approved: May 2, 2011  
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### Policy:

All workplace incidents resulting in injury to staff shall be thoroughly documented in writing and promptly reported to the Team Leader or Program Director

### Procedure:

#### STEP 1:

All injuries require filling out an incident report in ShareVision.

#### STEP 2:

A minor injury does not require any further action.

#### STEP 3:

A Work Safe BC Reportable Injury:

A reportable injury is an injury arising out of and in the course of employment, or which is claimed by the worker to have arisen out of and in the course of employment, **where one of the following conditions is present or subsequently occurs:**

- ☞ The worker loses consciousness following the injury.
- ☞ The worker is transported or directed by a first aid attendant or other employer representative to a hospital or other place of medical treatment, or is recommended by such persons to go to such place.
- ☞ The injury is one that obviously requires medical treatment.
- ☞ The worker has received medical treatment for the injury.
- ☞ The worker is unable or claims to be unable by reason of the injury to return to his or her usual job function on any working day subsequent to the day of injury.
- ☞ The injury or accident resulted or is claimed to have resulted in the breakage of an artificial member, eyeglasses, dentures or a hearing aid.
- ☞ The worker or Work Safe BC has requested that an employer's report be sent.

#### Procedure for a Work Safe BC Reportable Injury

- a) Contact a Team Leader immediately or in his/her absence the Program Director/Executive Director/Operations Coordinator.
- b) Follow the Team Leader's instructions.
- c) Ensure that you complete an incident report in Sharevision and provide as much information as possible.
- d) The Injured employee must complete a Work Safe BC Form 6 (Application for Compensation & Report of Injury or Occupational Disease).

You can fill-out this form online at:

[http://www.worksafebc.com/claims/report\\_injury/worker\\_incident\\_injury\\_report/default.asp](http://www.worksafebc.com/claims/report_injury/worker_incident_injury_report/default.asp)

Or you can print out the form, fill it out, sign it and fax it direct to WCB.

The printable Form 6 can be found at:

[http://www.worksafebc.com/claims/report\\_injury/worker\\_incident\\_injury\\_report/default.asp](http://www.worksafebc.com/claims/report_injury/worker_incident_injury_report/default.asp)

This form must be filled out and sent to WCB within 72 hours of the incident.

- e) The injured employee must also fill out a Form 6a (Workers Report of Injury or Occupational Disease to Employer) and submit to the Operations Coordinator within 72 hours of the incident. This form can be found online at: <http://www.worksafebc.com/forms/assets/PDF/6a.pdf>
- f) The Operations Coordinator will complete the Work Safe BC Form 7 within 72 hours of knowledge of the incident.

#### **STEP 4:**

If you are a recipient of the SACL Benefit Package, and you will be absent from your regular work schedule for 5 days or more, you will be required (in accordance with the collective agreement) to participate in services through ACCLAIM. Please inform the Operations Coordinator of any injury or medical issue that will result in a Staff Member being absent from his/her regular work schedule for more than 5 days, and the Operations Coordinator will complete the required forms to submit to Acclaim.



## Health & Safety HS - Occupational Health & Safety Program

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### Policy:

The Shuswap Association for Community Living is determined to promote safe and healthy working conditions and attitudes within the Association, therefore:

It shall be the responsibility of management to establish and maintain adequate maintenance of the physical location to ensure that physical and health risks are guarded against or eliminated, and develop work procedures conducive to accident and disease free production.

It shall be the responsibility of every Team Leader, the Operations Coordinator, the Program Director, and the Executive Director to ensure that workers are trained in and follow all work safe procedures and all pertinent regulations and all policies and procedures.

It shall be the duty of every worker to follow safe work procedures, to observe all regulations pertaining to their work and to cooperate in attaining the objective of an accident and disease free production.

It shall be the responsibility of Management and of the Union to establish and maintain an Occupational Health and Safety Committee. This Committee is responsible to ensure all current regulations and any changes are adhered to.



# Health & Safety

## HS - Protection of Workers from Violence

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### Definition of Violence

The Workers' Compensation Industrial Health and Safety Regulations define "violence" as follows:

4.27 - "violence" means the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.

A threat against a worker's family that has arisen out of the course of the worker's employment is considered to be a threat against the worker for the purpose of Regulation 4.27.

You will note that this regulation applies where a worker who has been threatened has reasonable cause to believe that he or she is at risk of injury. The worker should report this incident to his/her Team Leader. If there is a dispute whether the worker has reasonable cause, the worker may initiate the procedures under WCB Regulation 3.24.

### Policy:

The Shuswap Association for Community Living believes in the prevention of violence and promotes a violence free environment. Any act of violence against SACL employees is unacceptable and will not be tolerated.

### Procedure:

SACL is committed to establishing and maintaining a workplace violence prevention program which will include, but not be limited to:

1. Investigating reported incidents of violence in a prompt, objective and sensitive manner;
2. Taking necessary corrective action;
3. Providing appropriate support for victims

No individual shall be penalized in any way for making a complaint or giving evidence in an investigation regarding violence unless the charge proves to be malicious and without foundation.

The following guidelines will be used by all employees to:

- ☞ Eliminate the risk to workers from violence and where elimination of the risk is not possible;
- ☞ Minimize the risk



**The Shuswap Association for Community Living will:**

- ☞ Establish and implement procedures for reporting, investigating and documenting incidents of violence in accordance with WCB regulations and will establish an Occupational Health and Safety Committee;
- ☞ Evaluate work environments;
- ☞ Conduct and document periodic risk assessments;
- ☞ Prepare supplementary instructions when necessary;
- ☞ Determine training requirements, instruct workers and maintain records;
- ☞ Inform workers of the nature and extent of the risk of violence;
- ☞ Ensure that corrective actions are taken in response to incident of violence;

**Employees will:**

- ☞ Report any incidents of violence

**The Occupational Health and Safety Committee will:**

- ☞ Assist in the audit of the OH&S program including the workplace violence prevention program.



## Health & Safety HS - Scent Free Policy

Approved: May 2, 2011  
Last Revision: November 20, 2013  
Accepted: December 3, 2013

### Policy:

Due to the health concerns arising from exposure to scented products, SACL has instituted this policy to provide a scent-free environment for all persons served, employees and visitors.

### Definitions:

While we acknowledge that the medical community is uncertain if there is a cause-and-effect relationship between scents and disease, the use of scented products will not be allowed within the building at any time. In addition, all materials used for cleaning will be scent-free (where ever possible).

### Procedure:

Persons Served, employees and visitors will be informed of this policy through signs posted in buildings, the policy manual, and the Service Handbook.

Visitors will be informed of this policy through SACL Handbooks, signs, and it will be explained to them by their host.

Any violations of this policy will be handled through standard disciplinary procedures.



## Preamble:

Recognizing that smoking is a health hazard to smokers and non-smokers and a fire hazard to all, and that it is the right of every individual to a smoke free environment, Shuswap Association for Community Living facilities are designated as smoke free environments. In accordance with the TCAR (Tobacco Control Act/Regulations), and the most recent revisions (May 12, 2009) to the Environmental Tobacco Smoke Guidelines (Part 4) of the Workers' Compensation Board of British Columbia SACL is required to protect workers from exposure to second-hand smoke by:

- a) Prohibiting smoking in the workplace
- b) Restricting smoking to an outdoor location more than 10 meters from the building
- c) Prohibiting working in an indoor area where smoking is allowed unless they are;
  - Responding to an emergency endangering life, health, or property
  - To investigate for illegal activity
  - The tobacco smoke has been effectively removed

## Policy

### Prohibiting Smoking in the Workplace

Staff is prohibited **at all times** from smoking within any SACL workplace and within 3 metres (10 feet) of doorways, windows, air intakes, Persons Supported, or vehicles used in transportation of Persons Supported.

A SACL workplace includes any building, vehicle or personal residence that is used to conduct SACL business, or any private dwelling during any period in which a person performs services in return for compensation. Any private residence or vehicle that is used for business purposes must be smoke free a minimum of one hour before being used for business functions.

### **AGENCY BUILDINGS AND VEHICLES USED TO CONDUCT SACL BUSINESS ARE NON SMOKING AT ALL TIMES!**

*Note: Certain exemptions may be made for residential or home care provision if a separate room is designated for smoking that is provided with a separate, non-recirculating exhaust ventilation system that is designed in accordance with expected occupancy rates, maintains adequate air flows from non-smoking to smoking areas, discharges directly to the outdoors, and meets all other requirements for a smoking lounge specified in the American Society of Heating, refrigerating and Air-Conditioning Engineers Standard 62-1989, Ventilation for acceptable indoor air quality.*

Staff who smoke are reminded that smoking is only allowed before or after your shift or on approved scheduled rest breaks in accordance with section 14.3 (b) & (c) of the collective agreement:

14.3(b) All employees shall have two (2) fifteen (15) minute rest periods in each work period in excess of six (6) hours, one (1) rest period to be granted before and one (1) after the meal period.

14.3(c) Employees working a shift of three and one-half (3<sup>1/2</sup>) hours, but not more than six (6) hours, shall receive one (1) rest period during such a shift.

***Staff will arrange for appropriate coverage for service delivery prior to exiting a SACL program or service to take an approved scheduled rest break.***

***Additional Items***

\* In accordance with the Scent Free policy, please remember to wash your hands after each rest period in which you smoke, and before returning to service provision.

**NOTE:** this policy is associated with **BP-Code of Ethics**, and **HS-Scent Free Policy**



## Health & Safety HS - Transportation Policy

Approved: August 17, 2012  
Last Revision: November 20, 2013  
Accepted: December 3, 2013

### Policy:

This policy shall establish the safe use and operation of vehicles transporting Persons Supported.

### Procedure:

1. All drivers must comply with all British Columbia laws, the laws of other jurisdictions in which the vehicle is operated and SACL policies, procedures, rules and instructions.
2. Drivers must be at least 19 years of age.
3. Drivers must have a full privileged B.C. class 5 driver's license.
4. Cell phone use by the driver is prohibited while operating the vehicle. (See HR-Cell Phone Policy)
5. The Association fully maintains all the vehicles in its fleet. In circumstances where repairs are required outside of the regular service periods, the employee must notify the Administrative Assistant and fill out the Vehicle Issues Form (found in ShareVision Health and Safety link) immediately.
6. Employees must perform a walk around inspection of the vehicle prior to EVERY trip.
7. Credit cards for fuel are provided for each vehicle in the SACL fleet. Where the fuel card is lost or stolen it must be reported immediately to the Operations Coordinator and fill out the Vehicle Issues Form (found in ShareVision Health and Safety link) immediately.
8. The employee, as the driver, is responsible for paying all traffic and parking fines.
9. IDLING RESTRICTIONS: No person shall cause or permit a motor vehicle to idle for more than three (3) consecutive minutes.
10. Smoking is not permitted in SACL vehicles, nor is it permitted in employee vehicles while they are transporting SACL consumers.
11. If involved in a motor vehicle accident, the driver must fill out an accident report form and submit it to the Team Leader as soon as is possible. Accident report forms can be found in each SACL vehicle and be included with the consumer info package.
12. Link to the form:  
<http://sac1.sharevision.ca/Employee/Printable%20Forms/Vehicle%20Forms/Vehicle%20Accident%20Report%20Form.docx>

13. The following procedures must be followed:

- ☞ Where there are persons injured in the accident, attend to them immediately and call the police and/or ambulance and the SACL Emergency cell phone (250-833-2262).
- ☞ No admissions to the responsibility for the accident should be made at the scene of the accident.
- ☞ Collect and write down the following information relating to the other driver(s) and vehicle(s) and any witnesses such as:
  - Name and address and driver's license number of the other driver(s) involved.
  - Contact telephone number at work and home.
  - Details about the accident, i.e. location, direction vehicles were travelling in, etc.

14. If a Persons Supported incident occurs the following procedures must be followed:

- ☞ Attend to them immediately and call the SACL Emergency Cell (250-833-2262) for assistance or back up.
- ☞ Follow Emergency Procedures.
- ☞ The written report needs to be completed and forwarded to the Community Living BC within 48 hours. The original report is kept in ShareVision.

15. **Severe Weather** defined as snow, ice, fog, floods which render extremely hazardous journeys by road. **“Extremely hazardous”** is defined as those conditions in which the police and/or appropriate motoring organizations advise people not to make unnecessary journeys or travel at all. In these conditions transportation of Persons Supported will cease.

**Please Note:** All Staff who are responsible at any time for transporting Persons Supported are required to have proper winter tires (not all season tires) from October 1<sup>st</sup> to April 30<sup>th</sup> each year.

16. In the event of a vehicle fire:

- ☞ Stay calm and signal that you're moving to the shoulder of the roadway. Turn on your hazard lights.
- ☞ Come to a complete stop as soon as possible. If you continue to drive - even slowly - air will be forced through your hood area, likely stoking the fire and making it more dangerous. If possible, try not to stop near buildings or near pedestrians. Vehicle fires can spread to neighboring
- ☞ buildings. They can also release toxic gases (including cyanide) from plastics and other materials in vehicles, so try not to park near people. But the most important thing at this point is to stop.
- ☞ Shut off the engine and turn off the ignition. Turn the ignition off all the way, to the point where you would Section Five – Health and Safety Page 33 normally remove the key. Remember to leave the car in park or in a gear, else the car might become a fiery missile for others.

17. Evacuation Procedure:

- ☞ Evacuate occupants and get as far away from the vehicle as possible. Do not take belongings. Stand upwind, so you're not in the path of smoke, ash, heat, and toxic gases.
- ☞ Call 911 and SACL Emergency Cell Phone as soon as possible.
- ☞ Once you leave the vehicle do not enter unless safe to do so.



### Policy:

Communicable diseases refer to a host of diseases that can be spread or passed from one person to another. Some are spread easily through casual contact with droplets from nose and mouth, while others can only be transmitted through direct contact with the blood or bodily fluids of an infected person.

Universal Precautions have been developed by the Public Health Department to help prevent the spread of communicable disease. Universal Precautions will help protect against and prevent infection. The idea behind Universal Precautions is that all people are potential carriers of any number of infectious germs. As we don't always know when a communicable disease or infection is present, SACL requires all Staff to use Universal Precautions in your routines at all times. This will help to protect all Staff and Persons Supported. Precautions may take some time getting used to, but soon they become regular practice. You can follow these routines while respecting the dignity of the people you support.

### Universal Precautions Include:

- ☞ Washing hands for 60 seconds using soap and warm running water and drying hands well, both before and after contact.
- ☞ Covering your mouth when you cough or sneeze, then washing your hands. Don't pass your germs on to others.
- ☞ If required, locating emergency mouth-to-mouth resuscitation devices in areas where the need for resuscitation is predictable.
- ☞ Using disposable paper products in routine situations, whenever possible (e.g. from Kleenex to disposable towels).
- ☞ Not sharing toiletry items, especially toothbrushes or razors, under any circumstances. Dispose of razors carefully.
- ☞ Covering all open skin lesions (cuts, nicks, scrapes, wounds etc.) of any person.
- ☞ Using refuse containers provided to ensure the correct disposal of soiled items.
- ☞ Washing sinks out thoroughly with warm soapy water and rinsing well.
- ☞ Using disposable gloves at all times when handling blood or body fluids; being particularly careful if you have open sores on your hands (e.g. eczema, pulled hangnails, cuts or scrapes).
- ☞ Keeping current on all applicable vaccinations and booster shots.

***Please also See: Exposure Control Plan for Blood Borne Pathogens***



## Health & Safety

### HS - Use or Possession of Weapons

Approved: May 2, 2012  
Last Revision: November 20, 2013  
Accepted: December 3, 2013

#### Policy:

SACL makes every effort to ensure the safety of its Persons Supported and Staff. Items that are considered to be weapons will not be tolerated on any premises to which SACL is providing services.

Persons Supported or employees who have weapons on their person or suspected of same will be asked to leave the premises immediately.





## Abduction

### To Avoid Abductions:

- ☞ Do not release the Person Supported to anyone other than the designated caregiver/family member as indicated in the Persons Supported file.
- ☞ Do not accept substitutes for the designated caregiver/family member without proof of prior approval from the designated caregiver/family member.

### Procedure for Staff

- ☞ Report abduction or attempted abduction to the administration office immediately. In an emergent situation call 911 immediately.
- ☞ Note the abductors appearance and any other information about the person (voice, clothing, vehicle type, license plate number, etc.) that may be helpful to the RCMP.
- ☞ Fill out a Critical Incident Report immediately.
- ☞ Write down the Persons Supported who were witness to the incident, if any. Contact affected Person's Supported family members or caregivers with a brief description of the incident and the Persons Supported reaction.

### Procedure for the Executive Director or Designate

- ☞ Call 911 immediately
- ☞ Call CLBC and report the incident to a Quality Service Analyst.
- ☞ Call the caregiver and/or designated family member.
- ☞ Ensure that the Critical Incident Report is filled out and sent to CLBC.



# Health & Safety – Emergency Procedures

## HS-E - Ambulance Calling Procedure

Approved: May 2, 2012  
 Last Revision: November 20, 2013  
 Accepted: December 3, 2013

### Preamble

When injury of a Staff Person or Person Supported occurs, a determination will need to be made as to the necessity of calling for an ambulance. BC Ambulance Service fees are not an insured benefit under the BC Medical Services Plan (MSP) or the Canada Health Act. Fees for service are heavily subsidized for persons with a valid BC Care Card who are covered by MSP. SACL Staff who are eligible and enrolled in the agency’s extended health plan are 100% covered for ambulatory charges. Staff who are not enrolled in the agency’s extended health plan or persons served may be subject to charges for this service.

The legislative fees outlined for BC Ambulance service are outlined below. These fees became effective as of October 1, 2007.

<b>911 Response Fee</b> When BC Ambulance Service is requested but transportation is not required	<b>\$50 Flat Fee</b> (Ground or Air)
<b>MSP Beneficiaries: 911 Ambulance Transport</b> When BC Ambulance Service transports a patient	<b>\$80 Flat Fee</b> (Ground or Air)
<b>MSP Beneficiaries: Inter-Hospital Transfers</b> When BC Ambulance Service transports a patient between hospitals.	<b>\$0</b>
<b>MSP Beneficiaries: Inter-Facility Transfers</b> When BC Ambulance Service transports a patient between a facility (home care etc.) and a hospital.	<b>\$80 Flat Fee</b> (Ground or Air)
<b>Non-MSP Beneficiaries: All Transport Categories Above</b> Persons without a valid BC Care Card (Visitors to BC, Non-Residents, as well as <b>Work Related Injuries</b> , Claims under RCMP, and other federal Agencies)	<b>\$530 Flat Fee</b> -Ground Service <b>\$2,746/Hour</b> –Helicopter <b>\$7/Statute Mile</b> -Airplane

### Policy

When making the decision to call an ambulance, it is important to assess the situation. The health & safety of the injured individual is always the first priority. With that in mind, it is also important to assess if the services of an ambulance are necessary. The steps outlined below will help determine the need for ambulatory services for an injured individual.

**Call an ambulance if;**

- ☞ The injured person has sustained an injury that will require the attention of a paramedic to be safely transported to the hospital. (EG: needs oxygen, suspected heart attack or stroke, unconscious, heavy bleeding, suspected neck/back injury, shock etc.)

**When NOT to call an ambulance;**

- ☞ For minor injuries (cuts, scrapes, sprains etc.)
- ☞ If an injured individual feels comfortable and well enough to travel to the hospital/clinic with a Staff Member or SACL first aid attendant.

If it is not necessary to call an ambulance, but medical attention is required, it is the responsibility of appropriate SACL staff to help the individual seek medical attention. The responsibility lies in the following order according to availability and ability to leave the program currently in;

**Person Supported Injury**

- Team Leader/Supervisor
- Staff Member responsible for Individual
- Persons Supported emergency contact

**Staff Injury**

- Team Leader/Supervisor
- Available SACL Staff

**Note:** It is noted that certain staff members may not be able to leave the premises due to obligations with other Persons Supported. If no SACL Staff Member is available to leave to seek medical help, and no management/administrative staff are available, then the Person's Supported emergency contact should be advised in a non-emergency situation. An ambulance will have to be called in a more severe situation if no Staff is available to transport the injured Person Supported.



In the event that any Staff Member receives a bomb threat, follow the instructions below in order to remain calm and obtain as much information as possible.

Be courteous, do not interrupt the caller! Try to get another staff person's attention and alert them to the bomb threat, the other staff person can then follow building evacuation protocols.

### Ask:

What time will the bomb explode? \_\_\_\_\_

Where is it? \_\_\_\_\_

What does it look like? \_\_\_\_\_

Where are you calling from? \_\_\_\_\_

Why did you place the bomb? \_\_\_\_\_

What is your name? \_\_\_\_\_

### Identifying characteristics:

Sex: Male  Female  Not sure  Estimated age: \_\_\_\_\_

Accent: English  French  Other

Voice: Loud  Soft  Other: \_\_\_\_\_

Speech: Fast  Slow  Other: \_\_\_\_\_

Diction: Good  Nasal  Lisp  Other: \_\_\_\_\_

Manner: Emotional  Calm  Vulgar  Other: \_\_\_\_\_

Background noise: Street noise  Music  Talking

Other: \_\_\_\_\_

Voice was familiar:  specify: \_\_\_\_\_

Date and time of call: \_\_\_\_\_

**Staff will then follow HS-E-Emergency Evacuation Procedures**



# Health & Safety – Emergency Procedures

## HS-E - Earthquake Procedure

Approved: May 2, 2012  
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Earthquakes strike without warning. It is important to be familiar with the following procedures. Knowing how to respond and what to do could save your life.

Movement of the ground is seldom the actual cause of death or injury. Most casualties result from partial building collapse, falling objects and debris, like toppling chimneys, ceiling plaster and light fixtures.

## Procedures

### All Staff:

#### Before the shaking starts, know the safe spots in your area:

- ☞ Against inside walls
- ☞ Under study tables, desks or supported doorways

#### Know the danger spots:

- ☞ Windows
- ☞ Mirrors
- ☞ Hanging objects
- ☞ Tall unsecured furniture and fixtures

Know where your emergency telephone numbers are kept.

#### During the shaking:

- ☞ IF INDOORS, STAY THERE. Get under a desk or table or stand in a doorway or corner
- ☞ If OUTDOORS get into an open area away from trees, buildings, walls and power lines
- ☞ If in a CROWDED PUBLIC PLACE do not rush for the doors. Move away from shelves that may contain objects that could fall

#### After the shaking stops:

- ☞ REASSURE people.
- ☞ Check for injuries. Apply first aid as you have been trained to provide. Do NOT move injured individuals unless they are in immediate danger
- ☞ If there is severe injury you should call 911, or send someone for help, otherwise do not tie up the telephone lines
- ☞ Be prepared for AFTERSHOCKS. Evacuate the building when advised to do so. Follow the SACL Emergency Evacuation Procedure for your program.



## Health & Safety – Emergency Procedures

### HS-E - Emergency Closing Procedure

Approved: May 2, 2012  
Last Revision: November 20, 2013  
Accepted: December 3, 2013

### Policy

A program may be closed for the balance of the day or until further notice when it is believed that the health and/or safety needs of Persons Supported and Staff are or will be endangered by further attendance at the programs. **Such emergencies may be power or electrical failure, water or natural gas leaks, earthquake, outbreak of contagious disease, sewer failures and other natural disasters.** Staff may be assigned other duties and shall be available for possible re-opening of the programs the next day.

### Procedure for the Executive Director, Program Director or Designate

The Executive Director will determine if it is unsafe for consumers to:

- ☞ Remain in the program until the normal closing time
- ☞ Go home at the usual dismissal time.
- ☞ If an early closure is involved, the HandiDART, caregivers and/or family members will be notified immediately.
- ☞ The Executive Director, Program Director or designate will keep Persons Supported, caregivers, family members, Staff and CLBC social workers up to date on the situation.



## Preamble

SACL Services are located in two (2) separate locations within the building (Andover Place) located at 371 Hudson Avenue NE in Salmon Arm.

As there is a fire wall on the first floor to the right of the elevator the two locations are considered separate fire zones. This means that the fire alarms may go off in one location without affecting the other location. SACL will practice quarterly evacuation drills at each SACL location.

The following evacuation procedures are applicable to all emergencies and natural disasters. Please note that there are **additional procedures** when dealing with an earthquake or bomb threat.

## General Procedure

***When a fire alarm is activated in either location, the following procedure will be implemented:***

- ☞ Staff will direct and assist Persons Supported calmly & safely to the nearest, most appropriate exit in accordance with the safety evacuation maps located at the door of each room.
- ☞ Once everyone is safely out of the building contact the other SACL location or the emergency cell phone to notify of an evacuation. ***Staff are required to take the attendance sheets, emergency binders, & emergency cell phone when evacuating.***
- ☞ Once outside, Staff will direct and assist Persons Supported to the designated meeting place for attendance check. (Designated meeting place is down the west alley to the far left hand corner of the public parking lot Lakeshore Drive – the NOSBIS Parking Lot).
- ☞ One staff member will take attendance, and confirm with all SACL staff and any applicable emergency services on site that all SACL Staff and Persons Supported have been accounted for. If a Person Supported was escorted to the 2nd floor Handicapped Refuge area - make sure the emergency services onsite are aware & if safe to do so, wait for the Person Supported to be safely escorted from the building. Direct and assist the Person Supported to the meeting area. Once attendance is confirmed, and all Persons Served and staff are accounted for, The Executive Director or designate will determine if it is necessary to proceed to McGuire Lake Seniors Lodge (551 TC Highway) to more safely & comfortably await the 'All Clear', to temporarily continue services from this location, to contact parents and caregivers for rides home for the Persons Supported.

If a group of Persons Supported is away on an outing, the Staff Member taking attendance will attempt to contact the Staff Member in charge of the outing to notify of the emergency. The Staff member will confirm attendance of the Persons Supported in the outing party. The Executive Director or designate will instruct the Staff Person as to whether to continue the outing, or to return to the meeting area/McGuire Lake Lodge to arrange for transportation

home for Persons Supported.

If a Staff Member returns with a group to find the emergency procedure in process, the group is to immediately take the safest route to the meeting place. If the meeting place is vacant, then proceed to McGuire Lake Seniors Lodge to await further instructions from the Executive Director or designate

## Suite #103 (Recreation Services)

- ☞ Staff (2-5) will direct and assist Persons Supported out of the most appropriate exit to the NW back corner of the back parking lot (NOSBIS Parking Lot). Appropriate Persons Supported can be asked to assist others with evacuation.

**Note:** *Any Person Supported who is not able to descend the back stairs during an evacuation (due to mobility issues), is to remain in the Day Program Refuge Area. This area is directly in front of the storage closet in the locker room. The fire department or attending emergency personnel is to be informed that there is Persons Supported awaiting safe evacuation from this area.*

- ☞ A Staff Member (1) 'sweep search' the suite for any remaining Persons Supported or Staff. Any windows that are open are to remain open, but doors are to be shut as the rooms are checked. Once everyone is safely out of the building contact the other SACL location or the emergency cell phone to notify of an evacuation. **Staff are required to take the attendance sheets, emergency binders, & emergency cell phone when evacuating.**
- ☞ Staff (2) will ensure that they take the attendance sheet, emergency binders, and emergency cell phone is with them as they leave the building and will take attendance once the evacuation is complete and All Persons Supported are confirmed evacuated. Staff (1) will confirm with Staff (2) that the location has been sweep searched, and that all people are out of the suite.
- ☞ Once attendance is confirmed, Staff and Persons Supported will wait for an 'all clear' from the appropriate authorities before re-entering the building **OR** be directed by the Executive Director or designate to proceed to McGuire Lake Seniors Lodge (551 TC Highway) to continue service provision until Caregivers can be contacted for transportation home for Persons Supported.

**No person shall re-enter the building once the evacuation starts without express permission from the Executive Director or designate.**

## Suite #301 – (Employment Services & Administration)

- ☞ Employment or CVS Staff will direct and assist Persons Supported out of the most appropriate exit to the NW back corner of the back parking lot (NOSBIS Parking Lot). Appropriate Persons Supported can be asked to assist others with evacuation. Evacuation will be via the stairwell, **NOT the elevator.**

**Note:** *If there is a Person Supported or Staff Member that cannot be evacuated safely via the stairs due to a physical disability, they must be escorted to the 'Handicap Refuge' area. This area*



*is attended immediately when emergency services arrives on-site, to safely carry the Person Supported down the stairs.*

- ☞ Staff will do 'sweep search' the suite for any remaining Persons Supported or Staff. Any windows that are open are to remain open, but doors are to be shut as the rooms are checked. Once everyone is safely out of the building contact the other SACL location or the emergency cell phone to notify of an evacuation. **Staff are required to take the attendance sheets, emergency binders, & emergency cell phone when evacuating.**
- ☞ Employment or CVS Staff will ensure that they take all Persons Supported, the emergency binders, and an emergency cell phone with them as they leave the building and will take attendance once the evacuation is complete and All Persons Supported are confirmed evacuated. The Executive Director or designate will confirm with Employment or CVS Staff that the location has been sweep searched, and that everyone is confirmed out of the suite.
- ☞ Once attendance is confirmed, Staff and Persons Supported will wait for an all clear from the appropriate authorities before re-entering the building OR be directed by the Executive Director or designate to proceed to McGuire Lake Seniors Lodge (551 TC Highway) to continue service provision until Caregivers can be contacted for transportation home for Persons Supported.

***No person shall re-enter the building once the evacuation starts without express permission from the Executive Director or designate.***



## Health & Safety – Emergency Procedures

### HS-E - Medical Emergencies

Approved: May 2, 2012  
Last Revision: November 20, 2013  
Accepted: December 3, 2013

#### Procedure:

In the event of an injury to a Person Supported or employee the following procedure is to be followed:

#### **Collapse or Serious Injury:**

- ☞ STAY CALM, REASSURE PEOPLE
- ☞ Safeguard the scene
- ☞ Care for the injured, as per your first aid training.
- ☞ Do not move the injured person unless there is a high risk of further injury and it is safe for you to do so.
- ☞ Contact the Team Leader or the Emergency Cell Phone (250-833-2262) immediately and report the exact location of the patient and the patient's condition.
- ☞ Send a bystander or, if alone, go to the nearest telephone and call 911.
- ☞ Remain with the person until trained help arrives
- ☞ Provide any required assistance as may be requested by attending professional emergency personnel
- ☞ Complete necessary paperwork, such as WCB or Critical Incident Report forms.
- ☞ Write down the Persons Supported who were witness to the emergency, if any. Contact affected Person's Supported family members or caregivers with a brief description of the emergency and the Person's Supported reaction.

#### **Minor injury or Illness:**

- ☞ Contact the Team Leader immediately.
- ☞ Follow the Team Leader's instructions and provide as much information as possible.
- ☞ Complete necessary paperwork, such as WCB or Critical Incident Report forms.



## Health & Safety – Emergency Procedures

### HS-E - Natural Disasters

(Including Flood, Landslide, Forest Fire, or Extreme Weather Conditions)

Approved: May 2, 2012

Last Revision: November 20, 2013

Accepted: December 3, 2013

### Procedure:

In the event of a danger of a flood, landslide, forest fire or extreme weather conditions that would affect the programs and present an imminent danger to Persons Supported and other occupants of programs, the Executive Director or Designate may initiate an immediate evacuation in the event that he/she has not already received direction from the Provincial Emergency Program Coordinator or other appropriate authority.

The Services(s) will be instructed to conduct an emergency site evacuation in accordance with the Agency's Emergency Evacuation procedure

During peak flood/slide/fire seasons the Executive Director will determine if the program(s) should be closed until such a danger has passed.

See: HS-E – Emergency Closing Procedures



### Policy:

Flu pandemics happen when a new kind of influenza virus that is able to spread easily from person to person appears, and spreads quickly around the world. Since people have no protection against the new virus, it will likely cause more illnesses and a larger number of deaths than the seasonal flu.

Unlike other natural disasters like tsunamis, floods or earthquakes, once a flu pandemic arrives, it could last for several months. It is most likely that a pandemic will strike hardest during the usual flu season, which is December to March. It is also likely that a pandemic will occur in several waves, with the second wave of illness occurring within six to nine months after the first. This means people need to be prepared to respond not only once, but several times.

During a flu pandemic, many people will be sick and it may be difficult to get medical care. There are antiviral drugs that can be prescribed by a doctor to treat the flu. During a pandemic, however, these anti-viral's are going to be in very short supply and will likely only be available for those people who are most likely to get very sick or die from the flu, or for those persons who work in essential services such as health care, fire fighters, police, etc.

### Procedure

1. Stay home if you are sick. Ensure your family is prepared for a pandemic as you will have to remain at work if you become ill while at work.
2. The Provincial Emergency Program will be in effect in the event of a pandemic and any instruction from the program will be strictly adhered to, including quarantine.

### Pandemic Preparedness and Response Plan

Created: October 29, 2009 – Updated November 12, 2013

#### Communicable Diseases and Universal Precautions

#### H1N1 Influenza

##### Purpose

To prepare for and respond to a potential widespread impact from the spread of H1N1 (Swine Flu), employees are required to adhere to the following plan for the protection of people we serve, employees of the organization and the community at large. SACL will ensure that service delivery to people we support and core business functions will be maintained in the event that staff and/or persons served are affected. Staff are expected to adhere to the following policies;

- ☞ HS – Exposure Control Plan for Blood Borne Pathogens
- ☞ HS – Universal Precautions
- ☞ HS-E - Pandemic

### **Staff Education on H1N1 Virus**

Information on H1N1 in BC can be found at the BC Centre for Disease Control at:

<http://www.bccdc.ca/resourcematerials/newsandalerts/healthalerts/2009HealthAlerts/H1N1FluVirusHumanSwineFlu.htm>

1. Characteristics of the virus and how it is spread (Appendix A)
2. Flu vaccine provision for staff and persons served
3. Precautionary Measures – See Limiting Exposure in Staffed Programs
4. Assessing for Symptoms
5. Supporting/Caring for Persons Affected
6. SACL policy on sick leave related to H1N1

### **Flu Vaccine Clinic**

SACL will provide H1N1 vaccinations to Persons Served and employees at no cost as soon as the vaccine is available. All employees are asked to have the vaccination either at the SACL clinic or at a public clinic. Consent forms will be distributed to all staff locations and employees are asked to aid in the effort to obtain signed consents for persons served. The virus is particularly serious for persons over aged 65. According to the BC Centre for Disease Control, pregnant or nursing mothers are not given the common H1N1 vaccine, and should consult with their medical practitioner about their appropriate options.

### **Limiting Exposure in All Staffed Settings**

Universal precautions should be adhered to when there is the possibility of contact with bodily fluids from persons with flu symptoms. Staff should follow routine policy including

- ☞ Hand washing before and after personal care
- ☞ Wearing a surgical mask and eye protection if clients is coughing
- ☞ Using gloves if there is a possibility of contact with bodily fluids (when there are symptoms present or reasons to suspect infection)

SACL will provide additional cleaning agents and hand sanitizers at various sites throughout the day services as extra precautionary measure to prepare for influenza outbreak.

### **Other precautions to limit exposure to the virus include**

- ☞ H1N1 Flu vaccination
- ☞ Limiting visitors
- ☞ Avoid touching eyes, nose and mouth except immediately after washing
- ☞ Cover mouth when coughing or sneezing and discard tissue immediately into garbage

- ☞ Persons served should be taught to perform hand hygiene, to cough or sneeze into sleeve; use tissues, wear a surgical mask when they are infected or suspected to be infected
- ☞ Staff should disinfect doorknobs, counters, sinks, taps, telephones, light switches and other often touched surfaces on a regular basis (once daily or more often) to reduce transmission of illness.
- ☞ Interior Health recommends using 1 part bleach to 50 parts water in a spray bottle to kill bacteria – and this should be mixed when needed. Whatever disinfectant product is used, it should indicate that it kills viruses known to cause vomiting and diarrhea.
- ☞ Bodily fluids are always potentially infectious. Such substances should be cleaned immediately using absorbent material first followed by disinfectant (such as bleach).
- ☞ Kitchens in particular should be disinfected after meal preparation; bathrooms once daily.

### **Assessing Persons Supported or Staff for H1N1 Symptoms**

Employees who report for work but display symptoms of H1N1 will be sent home. Coordinators and Managers have authority to send employees home. Staff are required to notify their immediate supervisor immediately upon suspected or confirmed infection. A person can infect others within one day of acquiring H1N1, and is contagious for 3 to 5 days following onset of symptoms. Pandemic influenza victims are at risk of death in a small number of cases, depending on the body's immune system, the patient's physical condition and the nature of the viral sub-type. Some die within hours of the first symptoms, or after a persistent bout over several weeks.

It is especially important for staff to recognize early symptoms of H1N1 influenza as follows:

- ☞ Onset of respiratory illness – cough with or without fever
- ☞ Fever, cough, fatigue, headache, muscle pain
- ☞ Runny nose or sore throat
- ☞ Gastroenteritis (stomach flu) is present when vomiting and diarrhea occur
- ☞ Some may not have symptoms (though infected) or have mild symptoms

It is important to seek medical care immediately if the following symptoms appear:

- ☞ Difficulty breathing or shortness of breath
- ☞ Pain or pressure in the chest or stomach
- ☞ Confusion or disorientation
- ☞ Coughing up bloody sputum
- ☞ Severe vomiting or vomiting that does not stop

If a person with symptoms does not start to feel better in a few days or if symptoms get worse, you may call the BC Nurse Line or seek medical care right away. Presently, many doctors request a phone call first to discuss symptoms as they do not want unannounced visits to the office where others may become infected.

## **Vaccination and Sick Leave Policy relating to H1N1**

SACL will provide H1N1 vaccination information, and if necessary, transportation to Persons Supported and pursuant to Article 22.9 “such vaccination shall be made available to all employees who may be at risk of contracting the disease, at no cost to the employee.”

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 H1N1.

Regular employees who have completed probation are allowed under Article 20.2 (c) up to two (2) days Special Leave without pay in the case of a “Serious household or domestic emergency including illness in the employee’s immediate family where no one in the employee’s home other than the employee can provide for the care of the ill immediate family member.”

## **Core Services and Potential Program Closures**

Where reasonably possible, SACL will endeavour to maintain all Services during a pandemic threat, however day programs, employment and community support services closure or partial closure may be necessary. The support, well-being and health of people receiving services will be paramount in these decisions. Information about the pandemic status from Interior Health or Health Canada, and about program or staffing changes will be provided to employees as quickly as possible from Team Leaders.

Persons receiving support in the programs will be prioritized by their regular SACL support staff or designated relief staff, provided with support and training on precautions, and monitored for onset of symptoms.

Live-in and Respite providers are expected to use universal precautions and to disclose H1N1 exposure or infection immediately to the Executive Director, and in such cases the Executive Director or designate will determine continuation of respite or other services.

The Executive Director, in collaboration with the Program Director and Team Leaders, is responsible for successful implementation of this Preparedness and Response Plan.

## **What Employees Can Do to Help**

- ☞ **Take advantage of the H1N1 vaccine**
- ☞ Provide your contact information (e-mail address, cell phone, alternate contact name/number) to your Team Leader so that we can readily contact you
- ☞ Advise your Team Leader if you believe you have been infected
- ☞ If you have symptoms of H1N1, do not report to work
- ☞ Provide your Team Leader with confirmation if you have independently obtained the H1N1 vaccination
- ☞ Use every precaution and your common sense to help reduce infection

## **Resources and Additional Information**

See appendixes for the following information:

- ☞ Characteristics of the Virus and how it is spread

- ☞ Hand washing Protocols
- ☞ Self-Care During and Influenza Pandemic (Ministry of Health document and International Centre for Infectious Disease Document)
- ☞ List of Reference website and BC Nurse Line
- ☞ Read and Sign Agreement

## Appendix A

### Characteristics of H1N1 Influenza Virus

H1N1 (Swine Flu) is a respiratory disease caused by a virus that can rapidly mutate. Viral based influenza does not respond to antibiotics like bacterial-related diseases, and common medications such as penicillin and streptomycin have no effect on the influenza virus.

Flu pandemics occur when a new kind of influenza virus appears that is able to spread easily from person to person, and spreads quickly around the world. Some people have no protection against the new virus, and it causes more illnesses and deaths than the seasonal flu.

#### How is the Virus Spread?

H1N1 is transmitted by contact. The virus can be transferred from an ill individual to a susceptible host by indirect contact, such as contaminated hands. This flu spreads easily from person to person through coughing and sneezing and hands touching eyes, mouth or nose. Hand washing, therefore, represents an important method for controlling the spread of the virus. There is no evidence that the use of masks in general public settings offer protection once the virus is widely circulating in a community.

## Appendix B

### Hand Washing Protocols

Employees should wash their hands often using soap and warm water for at least 20 seconds each time, or use alcohol based hand cleaners if hands do not appear dirty.

Hands should be washed:

- ☞ Immediately before providing care to a person served
- ☞ Immediately before administering medications
- ☞ After touching infected persons or soiled/contaminated objects
- ☞ As appropriate during care
- ☞ Before handling or eating food
- ☞ After using the toilet
- ☞ Whenever the hands appear soiled
- ☞ After removing gloves

Additionally, fingernails are to be kept short and clean

Employees should teach persons served to cover their mouths when they cough or sneeze and also to wash their hands.



Employees are asked to utilize and encourage others to utilize the hand sanitizer products made available, but not to substitute these for proper hand washing when needed.

## Appendix C

### Self-Care During Influenza Pandemic – Protecting Yourself and Others

Recommendations from ICID, the International Centre for Disease Control

- ☞ **Stay Home when you're sick or have influenza symptoms**  
Get plenty of rest and check with a health care provider as needed
- ☞ **Avoid close contact with people who are sick**  
If you are sick, keep your distance from others to protect them from getting sick
- ☞ **Cover your mouth and nose with a tissue when coughing or sneezing and throw away the tissue immediately**  
It may prevent those around you from getting sick
- ☞ **Wash your hands**  
Washing your hands often will help protect you from getting sick. When soap and water are not available, use alcohol-based disposable hand wipes or gel sanitizers
- ☞ **Avoid touching your eyes, nose or mouth.**  
You can become ill by touching a surface contaminated by germs and then touching your eyes, nose or mouth
- ☞ **Practice other good health habits**  
Get plenty of sleep, be physically active, manage stress, drink plenty of fluids, eat nutritious foods and avoid smoking, which may increase the risk of serious consequences if you contract the flu.  
\*It is best to have drinks without caffeine, because caffeine actually makes you lose fluid from your body.

## Appendix D

### Reference Information

#### Websites:

#### BC Centre for Disease Control

[www.bccdc.ca/dis-cond/a-z/\\_h/HumanSwineFlu/default.htm](http://www.bccdc.ca/dis-cond/a-z/_h/HumanSwineFlu/default.htm)

[www.bchealthguide.org/healthfiles/index.stm](http://www.bchealthguide.org/healthfiles/index.stm)

[www.bchealthguide.org](http://www.bchealthguide.org)

#### Ministry of Health for the Province of BC

[www.health.gov.bc.ca/pandemic/index.html](http://www.health.gov.bc.ca/pandemic/index.html)

**Worksafe BC**

[www.worksafebc.com/news\\_room/features/2009/new\\_042909.asp](http://www.worksafebc.com/news_room/features/2009/new_042909.asp)

**Healthlink BC**

[www.healthlinkbc.ca/healthfiles/hfile108.stm](http://www.healthlinkbc.ca/healthfiles/hfile108.stm)

**World Health Organization**

[www.who.int/en](http://www.who.int/en)

**Centre for Disease Control**

[www.cdc.gov](http://www.cdc.gov)

**Telephone Information:**

BC Nurse Line – to speak to a registered nurse 24 hours a day

Toll Free in BC 1-866 215-4700

Deaf and Hearing Impaired 1-866 889-4700



## Health & Safety – Emergency Procedures

### HS-E - Power Failure

Approved: May 2, 2012

Last Revision: November 20, 2013

Accepted: December 3, 2013

### Policy

Report the outage to the Administration office. A determination will be made of the extent of the outage, for example, one or all programs.

SACL does not have an emergency generator to provide electricity. In the event of a significant power failure, all electrical equipment, lights, etc., should be turned off.

The Executive Director or Designate will determine whether to implement Emergency Closing Procedures.



## Health & Safety – Emergency Procedures

### HS-E - Suspected Gas Leak

Approved: May 2, 2012  
Last Revision: November 20, 2013  
Accepted: December 3, 2013

#### Policy:

If you suspect a natural gas leak, all Persons Supported and Staff must evacuate the premises immediately - **BEFORE** calling the emergency number for Fortis BC. Staff must not try and deal with the suspected leak in any way, but concentrate on getting all people a safe distance from the suspected leak. All people must exit the building by the exit the furthest away from the suspected leak, and convene **a minimum of 100 meters away from the suspected leak. If at 100 meters downwind from the suspected leak you still smell gas – move further away until the smell of gas is no longer detectable.**

#### **Natural Gas smells like rotten eggs or sulphur.**

If you suspect a natural gas leak (you smell natural gas or you hear the flow of escaping gas), follow the SAEL Emergency Evacuation Procedure for immediate evacuation.

- ☞ DO NOT use a land line or cell phone until you are a safe distance away from the suspected leak (Minimum 100 Meters).
- ☞ DO NOT smoke, use matches or a lighter, operate electrical switches or create any other source of ignition.
- ☞ Once a safe distance has been reached (a minimum of 100 meters, and no longer smell gas), and all Persons Supported are confirmed accounted for, you may now use a phone to report the suspected gas leak to the **Fortis Emergency Line at 1-800-663-9911**. If you still smell gas at this distance, move to the secondary emergency evacuation location at McGuire Lake Seniors Lodge (551 TC Highway) before activating a cell phone.



## Health & Safety – Emergency Procedures

### HS-E - Suspicious Person or a Person Acting Unusually

Approved: May 2, 2012  
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Accepted: December 3, 2013

If Persons Supported, Staff or Parents/Caregivers express concern about a stranger loitering on or near Association property the following procedure will be followed:

#### **Procedure for Staff**

- ☞ Notify the Executive Director or Designate immediately or in emergency cases, call 911 immediately.
- ☞ Note the person's appearance and any other information about the person (voice, clothing, vehicle type, license plate number, etc.) that may be helpful to the RCMP.
- ☞ Write down the Persons Supported who were witness to the incident, if any. Contact affected Person's Supported family members or caregivers with a brief description of the incident and the Persons Supported reaction.
- ☞ Complete a Critical Incident or Non Reportable Incident Report, if necessary, for those Persons Supported who were affected.

#### **Procedure for the Executive Director or Program Director**

- ☞ Call 911 and report it to the RCMP for investigation immediately.
- ☞ Call CLBC and advise a Quality Service Analyst of the situation.
- ☞ Submit the Critical Incident Report, if necessary.



### Policy

Staff should be aware that the health and safety of Persons Supported and Staff is the first priority.

### Procedure Dealing with Persons Supported or other Staff Members

- ☞ Work in pairs whenever possible, use Non Violent Crisis Intervention Techniques
- ☞ Assess as you approach, making a mental note of the surroundings for anything unusual or out of the ordinary
- ☞ Identify yourself by name and position
- ☞ Maintain casual eye contact
- ☞ Keep your hands free and down by your sides
- ☞ Watch the periphery of the area
- ☞ Ensure you have a clear exit
- ☞ Listen, let them talk

#### Do not:

- ☞ Intervene alone if at all possible
- ☞ Get between combatants
- ☞ Prevent the combatants from leaving
- ☞ Chase combatants

#### Do:

- ☞ Report incident to CLBC/RCMP as appropriate
- ☞ Contact caregivers/family members as appropriate
- ☞ Complete a Critical Incident Report
- ☞ Write down the Persons Supported who were witness to the incident, if any. Contact affected Person's Supported family members or caregivers with a brief description of the incident and the Person's Supported reaction.
- ☞ Ensure that the Critical Incident Report is filled out and sent to CLBC.

### Procedure for Dealing with a Stranger

- ☞ Prior to attending, assess your ability to intervene
- ☞ Prior to attending, try to determine how many people are involved
- ☞ Prior to attending, try to determine if weapons are involved
- ☞ Issue Evacuation Procedures if appropriate
- ☞ Prior to attending, notify the Executive Director or Program Director
- ☞ Prior to attending, try to determine if weapons are involved

#### Do not:

- ☞ Intervene alone if at all possible

- ☞ Get between combatants
- ☞ Prevent the combatants from leaving
- ☞ Chase combatants

**Do:**

- ☞ Complete a Critical Incident Report
- ☞ Write down the Consumers who were witness to the incident, if any. Contact affected Consumer's family members or caregivers with a brief description of the incident and the Consumer's reaction.

## Procedure for Program Director or Designate

- ☞ Prior to attending, assess your ability to intervene
- ☞ Prior to attending, try to determine how many people are involved
- ☞ Prior to attending, try to determine if weapons are involved
- ☞ Issue a room clear to remove consumers from the scene
- ☞ Issue Evacuation Procedures if appropriate
- ☞ Report incident to CLBC/RCMP as appropriate
- ☞ Contact caregivers/family members as appropriate
- ☞ Ensure that the Critical Incident Report is filled out and sent to CLBC.



## Health & Safety – Persons Supported HS-PS - Critical Incident Reporting

Approved: May 2, 2012  
Last Revision: November 20, 2013  
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### Policy:

All critical incidents that involve Persons Supported receiving services from SACL must be documented on a serious incident report form. The report must be submitted to the CLBC office within 48 hours of the incident. In the case of a Person's Supported death or the need to be transported to the hospital Community Living BC must be reported to immediately by telephone.

Critical incidents are serious events that involve an individual with an intellectual disability that is in receipt of SACL services. Listed below are the types of occurrences are considered to be critical and are to be reported to CLBC. Serious incidents and near misses will be reviewed at weekly program meetings by the responsible program team. Additional review, if necessary, will occur at monthly staff meetings. Critical incidents will be reviewed annually to identify trends and other potential issues. All incidents should be reported to the OH&S Committee for review and risk assessment.

Potential Reportable Incidents include the following:

#### **DEFINITION OF CRITICAL INCIDENT**

Critical Incidents are serious or unusual events that involve an individual y for whom CLBC has arranged a contracted service. Any time an individual requires police, fire or ambulance services can be considered critical. The following types of occurrences are considered to be critical incidents and are to be reported to CLBC:

#### **Aggressive/Unusual Behaviour**

any excessive or unusual behaviour on the part of the Person Supported towards another person, any unusual behaviour that has not been appropriately assessed in the Person's Supported personal service plan, or any behaviour that requires any use of restraint that is not approved and documented in the an individual's personal service plan.

#### **Attempted Suicide**

An attempt by a Person Supported to take his or her own life.

#### **Death**

A death of a Person Supported in a residence or program.

#### **Disease Outbreak/Occurrence**

An outbreak of a disease beyond the normally expected incidence level. If in doubt contact your local Health Authority.

#### **Emotional Abuse**

Any act, or lack of action, which may diminish the Person's Supported sense of well-being, perpetrated by another person in a position of trust or authority. (e.g.: verbal harassment, yelling, confinement)



### Fall

a fall of such seriousness experienced by the Person Supported, as to require emergency care by a physician or transfer to a hospital.

### Financial Abuse

the misuse of funds and assets of an Person Supported by a person in a position of trust or authority; or the obtaining of the property and funds of an Person Supported by a person in a position of trust or authority without the knowledge and full consent of the individual or their substitute decision maker.

### Medication Error

An error in the administration of a medication, which adversely affects an individual in care or requires emergency intervention or transfer to a hospital.

### Missing/Wandering Person

Any unscheduled or unexplained absence.

### Motor Vehicle Injury

An injury to a Person Supported that occurs during transit by a motor vehicle while the Person Supported is under the care or supervision of a service provider.

### Neglect

Any deprivation of a Person's Supported requirement for food, shelter, medical attention or supervision that endangers the safety of the Person Supported.

### Other Injury

An injury to a Person Supported requiring emergency care by a physician, or transfer to a hospital.

### Physical Abuse

Any excessive or inappropriate physical force directed at a Person Supported by a person in a position of trust or authority.

### Poisoning

Any ingestion of a poison by a Person Supported in a residence or program.

### Service Delivery Problem

Any condition or event which could reasonably be expected to impair the ability of the service provider or the employees of the service provider to provide care or which affects the health, safety or well-being of the Person Supported receiving the care (e.g.: fire, flood, labour actions)

## Sexual Abuse

Any sexual behaviour directed towards a Person Supported by an employee of a service provider, volunteer or any other person in a position of power or authority and including:

- ☞ any sexual exploitation whether consensual or not; and
- ☞ sexual activity between adults if the difference in power between the Person Supported is so significant that the more powerful adult is clearly taking sexual advantage of the less powerful adult.

## Unexpected Illness

Any unexpected illness of such seriousness that requires a Person Supported to receive emergency care by a physician or transfer to a hospital.

## Procedure

1. If any of the above incidents occur, contact the Program Director, or designate immediately. The written report needs to be completed and forwarded to the Community Living BC within 48 hours. The original report form will be kept in ShareVision.
2. Your Critical Incident Report Form should include the following (Note: not every item is applicable for every incident):

### Section A – Facility Information

Service of Residence Name – Service where incident occurred as well as the address, telephone number, postal code and the Person's Supported social worker.

The name of the service provider is the Shuswap Association for Community Living

### Section B – Person(s) involved

Was it a Person Supported, staff, visitor or other? The name of the person who the incident concerns is written in this section as well as their birth date and gender. Other Persons Supported

who were adversely affected should be listed in this section.

### Section C – Details of incident

Documentation should include:

- 1) Day, date and the time of the incident.
- 2) The exact location of where the incident occurred.
- 3) Conditions, e.g. weather, lighting, slippery floor etc.
- 4) A complete description of the incident in chronological order
  - ☞ What led up to the incident?
  - ☞ At what point were you alerted to the incident?
  - ☞ What verbal and/or physical interventions were attempted?
  - ☞ How was the incident resolved?
  - ☞ Emergency actions that were taken? For example did you have to call the police or an ambulance?
  - ☞ What were the consequences? For example were there injuries or property damage?
  - ☞ What is the current status of the person(s)?

### Section D – Type of Incident

- ✓ Physical abuse
- ✓ Sexual abuse
- ✓ Emotional abuse
- ✓ Neglect
- ✓ Financial abuse
- ✓ Unexpected illness
- ✓ Disease outbreak
- ✓ Death
- ✓ Fall that results in injury
- ✓ Motor vehicle accident
- ✓ Injury
- ✓ Poisoning
- ✓ Disruption of service
- ✓ Medication error
- ✓ Aggressive/un-usual behaviour
- ✓ Missing/wandering person
- ✓ Suicide attempt

Incidents that are **not** reportable to Community Living BC include (*an incident report still need to be completed*):

- ✓ Medication errors
- ✓ Treatment errors
- ✓ Near Misses

### Section E – Disability/Handicapping Condition

Description of disability, in most cases it will be an intellectual disability.

### Section F – Signatures

Include your name, your position, and the date and time you completed the report. Witnessing staff should also include their name, position, date and time.

### Section G – Action Taken

This section includes information on who was notified of the incident. In all cases the Program Director, or designate, will be notified.

### Section H – Notification

This section includes information on whether the next of kin, guardian, or caregiver, the fire department, police, or the coroner was notified, if applicable. Caregivers and/or parents must be notified.

### Section I – Team Leader Signature

The Program Director or their designate will sign.

3. Incident debriefing, if necessary will occur within 72 hours of an incident. Action plans will be developed if necessary to address noted deficiencies.



### Policy:

Contagious diseases spread from one person to another. Often, people who spread disease do not look or feel sick. The germs spread by direct contact (touching), by coughing or sneezing, or by germs from the stool (bowel movement) or by blood getting on surfaces.

Maintaining health and preventing the spread of contagious diseases are responsibilities shared by consumers, caregivers, family members, and SAFL staff.

### Procedure:

1. Persons Supported are to stay home if they are feeling ill. If a Person Supported arrives at the Association and is ill or becomes ill while at the Association, the caregiver and/or family member will be notified and the Association will request that the Person Supported be picked up immediately. A Non - Reportable Incident Form will be completed by Association staff.
2. Caregivers and/or family members are responsible for providing up-to-date emergency phone numbers, promptly picking up an ill Person Supported, and consulting with the doctor about diagnosis and care. Caregivers and/or family members must inform Association when a Person Supported is ill with a contagious disease and should request their physician's cooperation in consulting with SAFL if the illness has implications for the entire Association.
3. The Association MAY require a physician's clearance note if the Person Supported has missed or is missing time due to repeated bouts of illness.
4. The Association MAY require a physician's clearance note if the Person Supported has complained of repeated aches, pains or other physical ailments.
5. SAFL staff are to follow the Universal Precautions Policy and Procedure when dealing with all bodily fluids.

#### **Note: See Also :**

HS – Exposure Control Plan for Blood Borne Pathogens

HS – Universal Precautions

HS-E - Pandemic



## Health & Safety – Persons Supported HS-PS - Medication Administration

Approved: May 2, 2012  
Last Revision: November 20, 2013  
Accepted: December 3, 2013

SACL is committed to providing the best care possible to service recipients. This includes meeting Person's Supported health care needs, which may involve the administration of medications.

### Definitions:

**The 7-R's of Medication Administration:** The Right Person, Right Drug, Right Dose, Right Time, Right Reason, Right Documentation and Right Route

**PRN Medications (when needed):** Medication to be used as necessary. PRN medications must be prescribed by a doctor and ordered as needed (PRN's are not refilled automatically). Administration requires a doctor's protocol outlining under what conditions the person receives the medication.

**Non-Prescription Medication:** Over the counter medications, which include but are not limited to Tylenol, Antacid, Polysporin and Antihistamines and other non-prescription medications are to be treated like prescription medications. They must be blister packed and they must not be administered without a doctor's orders. They must not be used for any purpose other than the purpose advised by the physician.

**Contaminated or Spoiled Medication:** A medication that has been improperly handled.

**Medication Errors:** Wrong dosage administered, medication administered to the wrong person, wrong medication administered, medication not administered at the prescribed time, medication administered via the wrong route and any other deviation from the 7 R's of medication administration.

**Medication Administration Record (MAR):** The form provided by the pharmacy to track the administration of medications. Staff administering must sign and initial the front of the form.

**Medication Administration Record and Count:** SACL form used in conjunction with the MAR to record additions, subtraction and balance of medications on hand in each department.

### Policy:

- ☞ SACL employees will administer medications to Persons Supported as per doctor's orders.
- ☞ PRN medications will only be administered with a doctor's order and a completed MAR form.
- ☞ Medications will be administered with the utmost respect and discretion. SACL Program Director or designate, in conjunction with the person's planning team, will determine through the Person's Supported planning process whether or not medications can be self-administered or if the person requires the assistance of SACL staff. Persons Supported who require assistance will have their needs documented in the service plan. Upon receipt of the

blister pack or liquid medication staff must confirm that all the information is correct and corresponds with the doctor's order. Any errors need to be corrected by the pharmacy.

- ☞ SACL adhere to the 7 R's of Medication Administration as outlined in detail below. Medication administration is one of the most important and risky (legally) tasks staff perform. When the 7 R's of Medication Administration are adhered to any chance for error is virtually eliminated.
- ☞ The employer will train employees required to administer medications. A thorough medication orientation will occur at the beginning of each employee's employment, reviewed throughout the probationary period and during employment. Employees can only administer medications after successfully completing the orientation.
- ☞ Medications for Persons Supported in the Residential Living Program cannot be administered without a copy of the doctor's order form and a MAR sheet.
- ☞ SACL employees will only administer pill form medications that are blister packed. Liquid medications will be administered from their original container.
- ☞ Medications must be kept locked and secured at all times, except when staff is accompanying Persons Supported to community activities. Medications must never be left unattended.
- ☞ Pen must be used for documentation and whiteout never used to correct mistakes.
- ☞ A Medication Incident Report must be completed when a medication error occurs. If an adverse reaction occurs and the person requires medical attention due to a medication error, a Critical Incident Report must also be filled out.
- ☞ Volunteers are not permitted to administer medications.

## The 7 R's:

1. **Right Person:** This seems self-evident but is not always. If you are new to a Person Supported, make sure you are introduced properly and can identify the person by name.
2. **Right Drug:** ALWAYS read the label of the drug to be given. Check the label of the drug 3 times. Check that it matches the MAR sheet. Check when you take the drug from the blister pack. Check before you give the drug.
3. **Right Dose:** Usually drug orders are fairly standard and easy to follow. Always check to ensure the drug order and the dosage match. Check the dosage 3 times. Pharmacies do occasionally make errors. It is necessary to check and not administer the medication if the label does not match the dosage or the MAR sheet. Clarify the error with the pharmacy and correct.
4. **Right Time:** Drugs are administered at specific time and/or day intervals to maintain the optimum therapeutic dosage in the blood stream. If they are not administered within the specified time frame they may not have the ability to do their job effectively. There is a half-hour "window" period either before or after the stated administration time. For example, if a drug is to be administered at 8:00, the drug may be given as early as 7:30 or as late as 8:30. Anything earlier or later is considered a medication error. This will change slightly if a drug is to be given before/after meals. Meal times can and do fluctuate however it is important to establish a relatively routine meal schedule.

5. **Right Reason:** Ensure that the medication is being given for the right reason. Specifically, PRN medications must meet the requirements of the Physician's order prior to being administered. Medications being given inappropriately by SACL Staff will result in discipline up to and including dismissal.
6. **Right Documentation:** The blister packaged medication matches the MAR and signatures and initials are in their proper place.
7. **Right Route:** Orally, topically, rectally or by tube are typical routes. Ensure you are clear. Check 3 times.

### **Aseptic Techniques**

Hands must be washed before and after administering medications, even if you do not actually come into contact with them. This greatly reduces the chance of infection being passed on from person-to-person. (See HR-Universal Precautions)

**Before Administering Medications** – you must know the following:

1. Medications must be dropped off by caregivers/family directly to SACL Staff.
2. The name and dosage of the medication (what is written on the MAR sheet must correspond with the drug labels).
3. Why the Person Supported is taking the medication
4. What the desired effects of the medication are
5. What the side effects of the medication are
6. How and where to access information on the medication(s)
7. What the drug interaction cautions are

### **Administration**

Medication time periods may be handled by more than one staff depending on current staff/Person Supported assignment. The assigned staff is responsible for the administration of all medications to that person during that time period. The person who administers the medications must be the person who signs the MAR sheets. The MAR sheet must be initialed immediately after administering medications. Ensure your signature and initials are also on the master signature/initial sheet at each department you administer medications. Correct balance of medication on hand must be documented on the Medication Administration and Count Sheet.

Part of the responsibility of administering a drug includes assessing the response to determine if the medications are having the desired effect. If staff has questions or concerns about certain medications consult with the Program Director or designate, who in turn will consult with the family, caregivers, doctor, pharmacist or community health nurse.

## Procedure:

1. The Person Supported and/or their caregiver is responsible for providing SACL staff with the doctor's order form, Physician's Authorization to Administer PRN Medications form, MAR sheet and medications. Without this documentation staff is unable to administer medication.
2. Upon receipt of the blister pack or liquid medication staff must confirm that all the information is correct and corresponds with the doctor's order. The blister pack or liquid medication must have the name of the Person Supported, name of the medication, dosage, route, date and time to be administered. If all the information is correct, receiving staff are to initial and date the blister pack in the corner label.
3. At appropriate administration time, check the Person's Supported communication book and binder for any pertinent information on revisions.
4. Wash hands thoroughly.
5. Identify the Person Supported to receive medication and refer to their MAR/PRN administration sheet.
6. Take medication blister pack out or liquid medication container. Obtain appropriate dispenser.
7. Check MAR/PRN administration sheet for today's date and check blister pack for corresponding date (does not apply to liquid medication).
8. Check Person's Supported name, administration time, dosage, route and medication on the MAR/PRN administration sheet against the same on the blister pack or liquid medication container. Check three times.
9. Remove dosage from blister pack or pour dosage from bottle, dispense into medication cup or draw dosage by syringe. If a Person Supported is on more than one medication, the pills can be dispensed into one container (i.e. medication cup) and given separately if specified.
10. Lock/Secure medication storage container. Do not leave any medications unattended.
11. Give the medication to the right Person Supported via the right route. Each pill must be taken separately if specified. Remain with Person Supported until you confirm that all medications have been swallowed.
12. Record on MAR/PRN administration sheet that the medication has been administered. Record count on Medication Administration Record and Count Sheet.
13. Repeat the procedure for each Person Supported.



14. If the Person Supported is in need of medications being administered off-site, ensure the blister pack and MAR/PRN administration sheet is in the possession of the accompanying staff member and that the Medication Administration Record and Count sheet is filled out.

#### **Contaminated or Unused Medication**

1. Contaminated or unused medication must be placed in an envelope and “CONTAMINATED MEDICATION” or “UNUSED MEDICATION” written across the envelope.
2. Document on appropriate medication documentation sheet to reflect disposal of medication.
3. All information relevant to the medication must be recorded on the envelope.
4. A medication incident report must be completed and submitted to the Program Director or Team Leader immediately.
5. The Program Director or their designate will return the contaminated medication to the pharmacy and will ensure that the blister pack is adjusted accordingly.

#### **Staff Responsible for medication errors will receive the following disciplinary actions:**

1<sup>st</sup> error – Verbal warning

2<sup>nd</sup> Error within 18 months – Written warning

3<sup>rd</sup> Error within 18 months – Written warning plus 1 day suspension without pay

4<sup>th</sup> Error within 18 months – Dismissal



### Policy:

1. Each service shall have a specific search plan developed by service staff.
2. All staff must read and be familiar with service specific plans for searching for missing Persons Supported.

### Procedure:

1. Prepare a map of the ground area showing any hazards or reference points which may help searchers.
2. Have a current picture of each Person Supported available
3. One staff must remain in the service area to ensure the safety of the remaining Persons Supported. When only one staff is in the building, call for assistance from Administration.
4. Search the Service area and then the immediate surroundings, specifically favourite spots or stores.
5. When developing the Service's search plan, take these factors into consideration:
  - ☞ How long has the Person Supported been missing?
  - ☞ Male or female?
  - ☞ What are they wearing?
  - ☞ What is the Persons Supported disability?
  - ☞ Time of day
  - ☞ Weather conditions will often decide the urgency of the situation. Extremely hot or cold weather will determine the urgency of the search.
  - ☞ Number of staff available to search and supervise remaining Persons Supported
  - ☞ In rural areas, the local terrain should be split up into grids and numbered for ease of reference. Locations, names and telephone numbers of neighbours may be useful.
  - ☞ In urban areas, house numbers, street names, stores, churches, parks, etc. should be detailed.
  - ☞ An arbitrary distance should be chosen for the limits of your grid map. The allotted time should be verified by walking the grid map area.
  - ☞ Discuss your written plan with the local area coordinator for the Provincial Emergency Program and the RCMP, for example, at what point and time should you phone for assistance?
  - ☞ For the search plan to be effective, it must be tested from time to time.



# Health & Safety – Persons Supported

## HS-PS - Non-Reportable Incident Reporting

Approved: May 2, 2012  
Last Revision: November 20, 2013  
Accepted: December 3, 2013

### Policy:

Incidents of a serious nature that do not meet the Critical Incident Reporting guidelines in Policy CS 14, will be reported to the Program Director or designate immediately by telephone and documented on a Non-Reportable Incident Report.

### Potential Reportable Incidents include:

- ☞ Unexpected illness
- ☞ Falls resulting in minor injuries
- ☞ Other Injuries that are minor in nature
- ☞ Unusual behaviour

### Procedure

1. If any of the above incidents occur, contact the Program Director or designate, immediately.
2. Non - Reportable incidents can be serious events that involve Person Supported with an intellectual disability that is in receipt of SACL services.
3. Incidents and near misses will be reviewed at weekly program meetings by the responsible program team. Additional review, if necessary, will occur at monthly staff meetings.
4. Non - Reportable incidents will be reviewed annually to identify trends and other potential issues.



## Health & Safety – Persons Supported HS-PS - Resuscitation Policy

Approved: May 2, 2012  
Last Revision: November 20, 2013  
Accepted: December 3, 2013

### Policy:

Emergency resuscitation efforts, including C.P.R., shall be initiated by SACL staff on all pulse-less Person Supported until the ambulance has arrived and the attendant is able to take over.

Please follow the Critical Incident Reporting Policy.