

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Introduction to Quality Assurance Measures.</b>	Policy Number	<b>4-1</b>
<b>Section#4</b>	<b>General 4</b>	Date Issued	<b>January 6, 2011</b>
<b>Issued by</b>	James Retson	Effective Date	<b>January 6, 2011</b>
<b>Ref:</b>		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

KACL believes that the qualities that offer people with developmental disabilities and other vulnerable individuals security are the same qualities that define a good life: caring relationships, opportunities for participation and association, and power over the conditions of everyday life.

KACL further affirms:

1. That people with disabilities share the same vulnerabilities as everyone else in our society.
2. That people with disabilities have less power in their environments to deal with those vulnerabilities.
3. That some risk, some vulnerability, is integral to our common humanity.
4. That without vigilant and vigorous protection, people with disabilities are too often neglected and abused.
5. That people with disabilities are vulnerable when they are isolated.
6. That people with disabilities are safer when they know for themselves what abuse is and what to do about it.

KACL will inform their policies and practice with the above understanding of the conditions that create effective safeguards for people with disabilities.

All staff and volunteers (as appropriate) of KACL will review Quality Assurance Measures guidelines and policies on an annual basis.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Service Delivery Principles and Mission Statement.</b>	Policy Number	<b>#4-2</b>
<b>Section: 4</b>	<b>General (4)</b>	Date Issued	<b>February 3, 2011</b>
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<b>Ref:</b> QAM Reg.299/10, 4(1)(1), 4(1)(2) KACL Policy Statement Service Delivery Principles 1991		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

KACL's service delivery principles and Mission Statement promote social inclusion, social justice, individual choice, and independence.

KACL's Policy Statement on Service Delivery Principles and Mission Statement is to be reviewed during Orientation of all new staff, and reviewed annually after that.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Service Principles that promote individualized approaches.</b>	Policy Number	<b>#4-3</b>
<b>Section: 4</b>	<b>General (4)</b>	Date Issued	<b>February 3, 2011</b>
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Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

KACL's service delivery principles and Mission Statement promote social inclusion, social justice, individual choice, and independence.

KACL's service delivery principles promote individualized approaches to supporting people with disabilities.

Specifically, Service Delivery Principle #2 states that "Everyone is deserving of respect as an individual".

#### 2(a). Principle of Individualization

The individual must be the focus in the planning, development and delivery of human services and supports. Each person has the basic human right and the freedom to have his/her capabilities, interests and needs used as the basis for planning, development and delivery of services and work, play and worship in their community or neighbourhood.

#### 2(b). Principle of Individual Case Management and Individual Program Planning

Individual case management and Individual program plans must be prepared in such a way as to ensure that the individual concerned has opportunities to live a meaningful and satisfying lifestyle and to interact as an equal in their community with opportunities for personal growth through education and training.

#### 2(c). Principle of Self-determination and Control

Every individual has the right to be as fully in control of their life as possible. To the degree that individuals have the ability to choose between alternatives they are responsible for their actions.

#### 2(d). Principle of Promotion of Client Autonomy and Rights

A human service agency should extend and support appropriate autonomy for its clients to enable them to exercise their rights and autonomy responsibly and adaptively.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Rights of Consumers.</b>	Policy Number	<b>#4-4</b>
<b>Section: 4</b>	<b>General (4)</b>	Date Issued	<b>February 3, 2011</b>
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Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

KACL's service delivery principles and Mission Statement promote social inclusion, social justice, individual choice, and independence.

Contained within KACL's service delivery principles are specific statements about the rights of persons with developmental disabilities who are receiving services and supports.

Specifically, Service Delivery Principle #3 and corollaries of Service Delivery Principle #2 deal specifically with the rights of persons with developmental disabilities who receive service from KACL.

From Service Delivery Principle #2:

2(c). Principle of Self-determination and Control

Every individual has the right to be as fully in control of their life as possible. To the degree that individuals have the ability to choose between alternatives they are responsible for their actions.

2(d). Principle of Promotion of Client Autonomy and Rights

A human service agency should extend and support appropriate autonomy for its clients to enable them to exercise their rights and autonomy responsibly and adaptively.

Service Delivery Principle #3 states that: "All persons have the right to participate in all aspects of living, learning, working and playing in the community".

Corollary Principle(s):

3(a). Principle of Family and Community Involvement

Ensuring the right of all persons with special needs to participate in all aspects of living, learning, working and playing is a shared responsibility among parents, siblings, friends and the association (including its paid staff and volunteers). All must be encouraged to be actively involved in the life of such persons.

### 3(b). Principle of building personal and enduring relationships

Every person should have the necessary support to help him/her become involved in personal and enduring relationships with non-paid persons who love, respect and care for the person.

### 3(c). Principle of Partial Participation

Where a person cannot participate fully in all aspects of living, playing and working in the community because of a handicap he or she can and should be encouraged to participate as fully as possible.

Partial participation in chronological age appropriate environments and activities are educationally more advantageous than exclusion from such environments and activities.

Handicapped individuals, regardless of their degree of dependence or levels of functioning, should be permitted to participate in as wide range of environments and activities as possible.

The kinds and degrees of participation should be increased through direct and systematic instruction and reasonable adaptations.

The kinds and degrees of participation in various environments and activities should result in an individual being perceived by others as a more valuable, contributing, striving and productive member of society.

Systematic, coordinated and longitudinal efforts must be initiated at as young an age as possible in order to prepare for partial participation in as many environments and activities with non-handicapped chronological age peers and other persons.

3(d). Principle of the Dignity of Risk  
Respect for the individual requires that the individual has opportunities to succeed with the inherent risks of failure.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Rights of Consumers – Bill of Rights</b>	Policy Number	<b>#4-5</b>
<b>Section: 4</b>	<b>General 4</b>	Date Issued	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson	Effective Date	<b>March 3, 2011</b>
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Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

Contained within KACL’s service delivery principles are specific statements about the rights of persons with developmental disabilities who are receiving services and supports. In addition KACL ensures that all persons with a developmental disability who receives supports and services are aware of their citizenship rights. These rights are explained at Intake, and reviewed annually after that.

#### KACL Bill of Rights

You are a citizen.

All citizens have rights.

- You have a right to be safe at home, at work, and in the community.
- You have a right to choose the relationships you have in your life.
- You have a right to privacy with your mail and other personal matters
- You have a right to say “NO” to anything that doesn’t feel right to you.
- You have a right to decide the important things that will happen in your life.
- You have a right to be respected for who you are and what you do.
- You have a right to grow, learn and try new things.
- You have a right to stand up for your rights and the rights of others.
- You have a right to take risks once you understand the consequences.
- You have a right to volunteer, work and be involved in your community.
- You have a right to be proud of who you are.

- You have a right to dream. What is your dream?

All citizens have responsibilities.

- You are responsible to obey the laws.
- You are responsible not to hurt people.
- You are responsible to respect people's privacy.
- You are responsible to listen to other people.
- You are responsible to report abuse.

Remember:

You have a right to speak for yourself.

You will be respected more often if you use your rights and respect the rights of others.

You have a case manager:

- You have a right to access your case manager routinely.
- You have a right to ask for a new case manager.

You can make a Personal Rights Plan:

- You have a right to be treated with respect and dignity.
- You have a right to **decide who** touches you.
- You have a right to **decide when** someone touches you.
- You have a right to **decide who** touches your belongings.
- You have a right to **decide when** someone touches your belongings.
- You have a right to **decide who** comes into your room.

You have a right to **decide when** someone

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Service Delivery Principles and Mission Statement: Training for Consumers and Caregivers.</b>	Policy Number	<b>#4-6</b>
<b>Section 4</b>	<b>General (4)</b>	Date Issued	<b>February 3, 2011</b>
<b>Issued by</b>	James Retson	Effective Date	<b>February 3, 2011</b>
<b>Ref:</b> QAM Reg. 299/10, 4(2)(a), 4(2)(d) KACL Policy Statement Service Delivery Principles 1991		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

During the intake process, all consumers and any persons acting on their behalf will receive an orientation to KACL's mission statement, service delivery principles, and information about the rights of consumers.

This will also be done annually during the review of individual service plans, and the dates will be recorded and kept.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Service Delivery Principles and Mission Statement: Training for Staff, volunteers and Board Members.</b>	Policy Number	<b>#4-7</b>
<b>Section: 4</b>	<b>General (4)</b>	Date Issued	<b>February 3, 2011</b>
<b>Issued by</b>	James Retson	Effective Date	<b>February 3, 2011</b>
<b>Ref:</b> QAM Reg. 299/10, 4(2)(b), 4(2)(d) KACL Policy Statement Service Delivery Principles 1991		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

During Orientation, and prior to any new staff, board member or volunteer being left unsupervised with a consumer, that person will receive an orientation to KACL's mission statement, service delivery principles, and information about the rights of consumers.

KACL's principles of service, mission statement and statement of rights will be reviewed annually with staff volunteers and board members, and the dates will be recorded and kept.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Service Delivery Principles and Mission Statement: Annual review of mission statement, service principles and statement of rights by Board of Directors</b>	<b>Policy Number</b>	<b>#4-8</b>
<b>Section: 4</b>	<b>General (4)</b>	Date Issued	February 3, 2011
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<b>Ref:</b> QAM Reg. 299/10, 4(2)(c), 4(2)(d) KACL Policy Statement Service Delivery Principles 1991		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

KACL shall ensure that its Board of Directors conducts an annual review of its mission statement, service principles and statement of rights.

KACL will record the dates of all orientations, refreshers and reviews, and the dates will be recorded and kept.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Service Principles that support community participation of persons with developmental disabilities.</b>	<b>Policy Number</b>	<b>#4-9</b>
<b>Section: 4</b>	<b>General (4)</b>	Date Issued	February 3, 2011
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Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

KACL’s service delivery principles and Mission Statement promote social inclusion, social justice, individual choice, and independence.

Specifically, Service Delivery Principle #4 affirms that KACL supports participation in community activities including work, recreation, social, cultural and religious events as desired by the person with a developmental disability, and identified in their Individual Support Plan.

KACL will ensure that persons with developmental disabilities can make informed decisions about their participation by providing information and support for participation, including information considering risks.

Service Delivery Principle #4 states:

“The manner and context within which support service is offered should affirm normal patterns of living, learning, working and playing in the community including normal needs, processes, relationships and rhythms of life”.

Corollary Principles:

4(a). Principle of Relevant and Prioritized Dreams, Desires and Aspirations

In addressing support services the association must clearly and consciously identify, (a) what dreams, desires or aspirations clients have, (b) which of those dreams, desires or aspirations are most pressing and deserve highest priority, and (c) which are within the mandate of the association.

#### 4(b). Principle of Challenging Expectation and Intensive Use of Time

In order to promote client's competencies the association should provide programs and supports that are developmentally very challenging, and that move clients along a continuum of development as far and as fast as is possible for each individual.

#### 4(c). Principle of Integration

Every person should have as much support as is appropriate, to help him/her become involved in day to day activities in the community.

#### 4(d). The Least Restrictive Alternative

In all decisions affecting the placement, care, education and training of an individual, in choosing among alternatives that adequately serve the client, the least restrictive or intrusive alternative should be chosen.

#### 4(e). Principle of Social Role Valorization

The uses of familiar valued techniques, tools, and methods ensure that people with intellectual handicaps live in conditions that are socially valued.

#### 4(f). Conservative Corollary to Principle of Social Role Valorization

The more vulnerable a person is to being devalued by society, the more important it is to reduce/prevent any such vulnerabilities, and/or to balance off such vulnerabilities by building up the person's positively valued characteristics.

#### 4(g). Principle of Positive Image-related Requirements of Physical Setting

Because there is such a strong association of a human service with the physical service in which it is located it is of the utmost importance that the physical setting project a positive image. Characteristics of a physical setting which carry messages about the social status, roles, and competencies of its users include:

1. the harmony of the service setting and service program with the neighbourhood in which it is located
2. the aesthetic appearance of the building(including state of repair and maintenance)
3. the congruence of the setting's appearance with the appearance of settings that house/conduct analogous programs for valued persons
4. the age image projected by the setting's appearance
5. the setting's proximity to other sites with their images

6. the history of the setting

#### 4(h). Principle of Positive Image-related Service-structured Grouping Relationships Among People

Positive image-related service-structured grouping relationships reflect upon the client's image and must be consciously selected. These include:

1. the nearness of one human service program to another
2. the number of clients grouped together in one program, setting or neighbourhood
3. the composition of within-service client groupings and sub-groupings
4. the nature of the client's social involvements with members of the public, or with clients of other human services.
5. identities of service workers and the degree of "match" between the identities of the staff, the nature of the program and the needs of the program.

#### 4(i). Principle of Enhancing Program Activities and Timing

To enhance the client's social image, programs, activities, and related time use patterns, that are valued by the culture, must be utilized and clients encouraged to practice activities and observe schedules that reflect positively upon them.

#### 4(j). Principle of Positive Language, Symbols and Imagery

To enhance the client's social image, attention must be addressed to matters that reflect on the clients including:

1. personal appearance of clients
2. client's personal possessions
3. the language used to and about the clients
4. the name of the Association and its buildings.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Development of Individualized Support Plans</b>	Policy Number	<b>5-1</b>
<b>Section: 5</b>	<b>Individualized Support Plans</b>	Date Issued	<b>February 3, 2011</b>
<b>Issued by</b>	James Retson	Effective Date	<b>February 3, 2011</b>
<b>Ref:</b> 299/10, 5(1)(1),(2),(4), 5(2), 5(3), 5(4)(a)  KACL Policy Statement Service Delivery Principles 1991		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

As part of KACL's individualized approach to service delivery, each person with a developmental disability who receives services and supports shall have an individual support plan that addresses the person's dreams, desires and aspirations as well as their goals, preferences and needs.

These plans shall be created with the person supported and others acting on their behalf as appropriate, and will be reviewed and updated annually.

Persons involved in the development of the plan, the date of development of the plan, and dates of updates shall be recorded and kept as part of the service record.

All plans are reviewed and updated:

- as consumer support needs change;
- as per the schedule established for pandemic and emergency preparedness planning; or
- annually.

When plans are developed and/or reviewed, KACL shall ensure the meaningful participation of the person being supported, and shall include the circumstances and conditions under which the person would permit information in the support plan to be shared with persons other than staff members, and the persons with whom the plan may be shared.



<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Development of Individualized Support Plans – Required Elements</b>	Policy Number	<b>5-2</b>
<b>Section: 5</b>	<b>Individualized Support Plans</b>	Date Issued	<b>February 3, 2011</b>
<b>Issued by</b>	James Retson	Effective Date	<b>February 3, 2011</b>
<b>Ref:</b> 299/10, 5(3); 5(4)(a,b,c,d,e,f,g,h,i,j,k)  KACL Policy Statement Service Delivery Principles 1991		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

The individualized support plan is to be based on the information contained in the application form; the needs assessment used by application entity, the goals and preferences of the person with the developmental disability and other relevant clinical assessments.

The individualized support plan is prepared by the case manager and shall ensure the meaningful participation of the person supported and any others acting on their behalf.

The plan shall identify the persons involved in its development.

The plan shall identify specific short and long term goals and expected outcomes.

The plan shall identify other community resources that may be required or accessed including medical, vocational, recreational, cultural, religious and social resources.

The plan shall identify specific funded services and supports that are to be provided to a person with a developmental disability.

The plan shall identify actions required to achieve expected outcomes.

The plan shall identify persons responsible to carry out the actions, including their roles and responsibilities.

The plan shall identify the manner in which services and supports are to be provided.

The plan shall identify the amount of allocated resources.

The plan shall identify the date of plan development and date(s) of review to update and clarify goals, outcomes and resources.

The plan shall identify any necessary safeguards to protect the health and safety of the person while receiving supports and services.

The plan shall identify the level of support the person has requested or requires to manage daily finances.



<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Assistance with the Management of Finances</b>	<b>Policy Number</b>	<b>#6-1</b>
<b>Section: 6</b>	<b>Assistance with the Management of Finances</b>	<b>Effective Date</b>	February 3, 2011
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<b>Ref:</b> 299/10, 6(1)(2)(3)		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

The purpose of policies and procedures concerning assistance with the management of finances of individuals is to ensure that the financial records of the individual are properly maintained and recorded.

KACL will provide assistance with the management of day-to-day finances for a person with a developmental disability who receives supports and services where the person requests assistance with the management of their day-to-day finances or the assistance is identified in the person's individual support plan.

In the event that KACL is providing assistance with the management of day-to-day finances there will be separate books of account and financial records prepared and maintained for each person, for each fiscal year.

The books of accounts and financial records shall be reconciled on a monthly basis and a financial statement shall be prepared annually.

When KACL is providing financial assistance with the management of day-to-day finances it will ensure that the books of accounts and financial records are independently reviewed by a third party annually, at the end of the fiscal year.

Persons assigned to act as an independent 3<sup>rd</sup> party reviewer shall include:

1. KACL Director of Finance, or their designate
2. OFA Supervisor not directly involved in the planning or delivery of support services to the person receiving assistance in the management of day-to-day finances on behalf of a person with a developmental disability.

The KACL Director of Finance shall prepare a review to be kept on file and presented to the KACL Board of Directors on an annual basis.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Medication Administration - Consumer Refusal of Medication (Residential DH)</b>	<b>Policy Number</b>	<b>#7-6</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson		
<b>Ref:</b> QAM Reg 299/10, 7(1)(3),(iii), OFA Medication Administration Practice Guidelines Manual		Review Date	

The proper administration of medications is an important part of the job of every Staff. Administering medication is a continual process that goes beyond the task of simply giving a pill to a person. It requires that the staff administering the medication have full knowledge of the person, and the medication.

The administration of medication requires you as a Staff to be thoughtful about what you are doing, careful in your work and thorough in your documentation.

KACL recognizes that it is the right of persons with a developmental disability, or a vulnerable person, to refuse medications unless the person is subject to a compulsory treatment order.

If a person with a developmental disability, or a vulnerable person, who is receiving KACL services and supports refuses medication, the involved staff have a responsibility to listen to and document the person's views as appropriate. The staff involved must make a decision whether it is a refusal they are dealing with or if their approach to the administration of the medication has not fully considered the ability of the consumer to take the medication. If they determine that the person is refusing the medication, the staff involved will counsel the person as to the reasons why the medication was prescribed and the likely consequences of not taking the medication.

The refusal of the medication must be fully documented following KACL's Refusal of Medication Procedure.

The views of the person who has refused the medication need to be brought to the attention of the prescribing doctor as soon as possible so that the person can have a conversation with their own physician in order to make a fully informed choice.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Health Promotion: Documentation of Medical Services (Residential DH)</b>	<b>Policy Number</b>	<b>#7-3</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	March 3, 2011
<b>Issued by</b>	James Retson		
<b>Ref:</b> 299/10, 7(1)(2), 7(1)(3i), 7(1)(3ii), 7(1)(3iii), 7(1)(3)(v), 10(1)(1), 10(1)(2), 14(1)(a)  KACL Privacy Policy Statement, PHIPA		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

The level of support a person with a developmental disability receiving services from KACL requires to access medical services will be documented in the person's Individual Support Plan.

Medical concerns are documented and monitored through the following:

- ✓ Medical Care Plans.
- ✓ Physical Wellness plans.
- ✓ Physician's Orders.
- ✓ Individualized tracking (for a variety of health concerns) as appropriate.
- ✓ Treatment Protocols.
- ✓ Records of medical appointments, including Annual Medicals (dates and reasons).
- ✓ Records of medical appointments (outcomes and recommendations).
- ✓ All forms associated with Medication Administration Procedure.
- ✓ Treatment Administration Records.
- ✓ Specialist and clinical assessments/recommendation reports.

<b>Title</b>	<b>Health Promotion: Documentation of Medical Services (Residential DH)</b>	<b>Policy Number #7-3</b>	<b>Issue Date: March 3, 2011</b>
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- ✓ Documentation of all emergency medical services obtained, including Serious Occurrence Reports.
- ✓ Case Management Notes.
- ✓ Log Books

All records of medical care are kept in files that are securely stored against loss, fire, theft, defacement, tampering and copying or use by unauthorized persons.

KACL is a Health Information Custodian and is responsible for the personal health information we collect, use, maintain and disclose.

All health and medical care information collected is done so with the consent of the person receiving services or their family as appropriate. No health or medical information is shared with any party without the consent of the person, or their family as appropriate, to use or disclose personal information according to KACL's Privacy Policy, and in accordance with requirements of the Personal Health Information Protection Act (PHIPA).

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Health Promotion: Refusal to Obtain or Accept Recommended Medical Services (Residential DH)</b>	<b>Policy Number</b>	<b>#7-5</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	<b>March 3, 2011</b>
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<b>Ref:</b> 299/10, 7(1)(3)(iv)		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

The Individual Support Plan shall identify any necessary safeguards to protect the health and safety of the person while receiving supports and services.

KACL recognizes that it is the right of persons with a developmental disability, or a vulnerable person, to refuse medical services that have been recommended by a legally qualified medical practitioner or other health professional.

If a person with a developmental disability, or a vulnerable person, who is receiving KACL services and supports refuses recommended medical services, the involved staff have a responsibility to listen to and document the person's views as appropriate. The staff involved must make a decision whether it is a refusal they are dealing with or if their approach to explaining has not been sufficient for the person to make an informed choice, or if they have not fully considered the ability of the person to make the decision.

The refusal of the medical care must be fully documented on Treatment Administration Records (if appropriate), and in Case Management Notes as well as on the Medical Care Plan.

The views of the person who has refused the medical care need to be brought to the attention of the prescribing doctor as soon as possible so that the person can have a conversation with their own physician in order to make a fully informed choice about their medical care needs and options.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Health Promotion – Annual Medical (Residential DH)</b>	<b>Policy Number</b>	<b>#7-15</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	March 3, 2011
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<b>Ref:</b> QAM Reg 299/10, 7(1)(3),(i),		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

The level of support a person with a developmental disability receiving services from KACL requires to access medical services will be documented in the person's Individual Support Plan.

Supervisor/Case Managers are responsible for planning and preparing for an Annual Medical and all other medical appointments / consultations as necessary. The following documentation must accompany the consumer to each appointment:

- ✓ Appointment Form.
- ✓ Current Physician's Order.
- ✓ Emergency Face Sheet.
- ✓ Other relevant tracking or information regarding the consumer.
- ✓ Annual Medical Appointment form.

All records of medical care are kept in files that are securely stored against loss, fire, theft, defacement, tampering and copying or use by unauthorized persons.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Health Promotion: Health Literacy</b>	Policy Number	<b>#7-1</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued:	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson		
<b>Ref:</b> 299/10, 7(1)(1), 7(1)(2), 7(2)		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

The Kenora Association believes that health literacy is a critical issue in consumer safety, and an important determinant of overall health for individuals receiving support services.

Health Literacy refers to a person's capacity to find, understand and use basic health information and services needed to make appropriate health decisions.

The Kenora Association for Community Living has a commitment to ensure that persons with developmental disabilities, and vulnerable persons, who are receiving services, receive the necessary support in order to be able to read and act upon written health information, to communicate their needs to health professionals and to understand health instructions.

KACL's commitment includes providing ongoing and general public health information intended to promote physical, social and mental wellbeing, and to prevent, rather than treat disease, and includes general information promoting healthy behaviour (e.g. handwashing, vaccinations, condom use, exercise) and specific information as may be required during an outbreak of an infectious disease.

All health information provided by KACL staff will be in formats prepared to ensure literacy access and understanding.

The Individual Support Plan shall identify any necessary safeguards to protect the health and safety of the person while receiving supports and services, and will be informed by a consideration of the level of health literacy of the individual supported.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Health Promotion: Mandatory Training First Aid/CPR (Residential DH)</b>	<b>Policy Number</b>	<b>#7-9</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson		
<b>Ref: 299/10, 7(3)</b>		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

All KACL staff shall be provided with training in First Aid and CPR as required to maintain certification, and records of this training will be kept in the Staff Training Records.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Health Promotion: Medication Administration Overview of Practice (Residential DH)</b>	Policy Number	<b>#7-16</b>
<b>Section: 7</b>	<b>Health Promotion, Medication, and Medicine</b>	Date Issued	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson		
<b>Ref:</b> QAM Reg 299/10, 7(1)(3),(ii), OFA Medication Administration Practice Guidelines Manual		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

The level of support a person with a developmental disability receiving services from KACL requires to administer medication will be documented in the person's Individual Support Plan.

KACL provides orientation and training on the proper care and administration of medications upon hiring, and as required, to all staff involved in the administration of medications to persons with developmental disabilities.

The administration of medication requires you as a Staff to be thoughtful about what you are doing, careful in your work and thorough in your documentation.

KACL's medication administration practices have been developed to reflect current knowledge and best practice knowledge from the field of health care.

Historically, KACL's medication administration guidelines were developed from the Pharmacology course expectations contained in the Developmental Services Worker Diploma, as practiced in the province of Ontario. In the past, the medications that were the main focus of support were those associated with behavioral restraint, mood alternation and seizure management. However, as the health needs of consumers have changed with increased age and lifespan, we have found that the spectrum of medications that our staff must administer has expanded greatly as a result of increased, and increasingly complex, medical needs.

It is the responsibility of each Staff to bring any concerns about missing or incomplete information regarding the safe administration of medications to the immediate attention of their Supervisor. Also, it is the responsibility of each Staff to bring any concerns about unsafe

<b>Title</b>	<b>Health Promotion: Medication Administration Overview of Practice</b>	Policy Number <b>#7-16</b>	Pg. 2 of 3
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medication administration practices to the immediate attention of the Supervisor or Program Director.

The components of KACL's medication administration system include the following:

1. **PHYSICIANS/MEDICAL ORDERS:** Written physicians/medical orders are required for everything that is administered by KACL staff to a person with a developmental disability or a vulnerable person. This includes over-the-counter remedies, herbal treatments, prescription medications and topical applications.
  
2. **PERSONAL MEDICATION BINDER (BLACK)** Each person supported in an intensive support home has a personal medication binder. It is black, and there is a section for physician's orders, medication administration records (white), PRN medication administration records (pink) and treatment records (green). There is also a section for all current drug information at the back of the binder. Persons receiving staff support for the administration of medications who live in their own homes will have an individualized medication administration set up that incorporates all of the documentation requirements of the medication administration procedure.
  
3. **DESIGNATED MEDICATION AREA** Each intensive support home has an area designated for medication administration set up and documentation. In this designated area you will find the black binders, the medications as set up in specific time slots, and all forms associated with the medication administration system.
  
4. **5 RIGHTS X 3 SAFETY CHECK** KACL's medication administration system is based on the 5 Rights x 3 Safety Checks principle. This is consistent with best practice guidelines in most organizations (hospitals, long term care facilities, community agencies) where staff are responsible for the error-free administration of medication.
  
5. **TRAINING** All staff are trained with the people they are supporting. The training includes an orientation to the medication administration for the specific persons supported in each home, as well as an orientation to the unique support needs of each person as explained by the Case Manager/Nurse Consultant or designated Trainer. At the end of the training period it is expected that staff are able to administer all medications as per the guidelines of KACL.
  
6. **STAFF INPUT AND ACCOUNTABILITY** Finally, the most essential component of the KACL medication administration system is the thoughtful oversight of the staff most

<b>Title</b>	<b>Health Promotion: Medication Administration Overview of Practice</b>	Policy Number	Pg. 3 of 3
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intimately working with the system, namely Staff. In all aspects of medication administration it is important that you seek immediate clarification from the Case Manager or Supervisor of the home if you are aware of discrepancies between the practices made explicit in the medication administration procedures, and the medication administration practices in the home. If discrepancies exist it is your responsibility to bring that information to the attention of a Supervisor or Program Director.

Case Managers/Supervisors and Staff are not authorized to recommend or administer any over the counter medications or natural health products to consumers at any time. This includes, but is not limited to any over the counter products such cough syrups, vitamins, lip balms, skin creams or ointments.

Case Managers/Supervisors and Staff are not authorized to give advice, recommend or perform any procedures on a person with a developmental disability that could potentially cause physical harm or lead to physical complications. This covers procedures such as personal body art or body piercings. Staff are expected to bring such issues to the attention of the Supervisor/Case Manager so that the request can be discussed with the person, their family as appropriate and others as required.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Health Promotion: Monitoring Health Concerns (Residential DH)</b>	<b>Policy Number</b>	<b>#7-2</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	March 3, 2011
<b>Issued by</b>	James Retson		March 3, 2011
<b>Ref:</b> 299/10, 7(1)(2), 7(1)(3)(i)		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

The Individual Support Plan shall identify any necessary safeguards to protect the health and safety of the person while receiving supports and services.

In addition to the Individual Support Plan, a Medical Care Plan is prepared by the Supervisor/Consultant Nurse for each consumer that details medical conditions of concern, aetiology, history and the current treatment plan.

Based on the Medical Plan of Care the Physical Wellness Plan is prepared by the Supervisor/Case Manger and gives specific direction to the Staff team on all aspects of physical medical and attendant care. All tracking and monitoring sheets maintained by the CSW support team are initiated through the Physical Wellness Plan.

It is the primary responsibility of the Supervisor/Case Manager to ensure that the medical case management of consumers is done to the standards established by KACL, and includes the following responsibilities and duties:

The Supervisor/Case Manager is meeting expectations of medical case management when they are:

- ✓ Familiar with all medical support needs of the consumer.
- ✓ Trained in delivering all medical treatments as per all protocols developed by Supervisor/Consultant Nurse.
- ✓ Able to respond to all medical emergencies (as determined by Supervisor/Consultant Nurse and/or precautionary principle).

<b>Title: Health Promotion: Monitoring Health Concerns (Residential DH)</b>	<b>Health Promotion: Monitoring Health Concerns (Residential DH)</b>	<b>Policy Number #7-2</b>	Pg. 2 of 3
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- ✓ Meet with Consultant Nurse in preparation for medical appointments, and after appointments, particularly if appointment results in changes to medications or treatments.
  
- ✓ Coordinate medical appointments, including preparation of medical appointment forms and updated physician's orders sheets, as well as seeing that new orders or recommendations are followed through.
  
- ✓ Ensure that family members are included in all medical appointments and decision making regarding all treatment recommendations.
  
- ✓ Collaborate with Supervisor/Consultant Nurse to update medical care plans.
  
- ✓ Prepare monthly medication administration and treatment records, instructions to staff log, prepare meds for administration and/or destruction, revisions to emergency face sheets, tracking sheets as required etc.
  
- ✓ Attend medical appointments with specialists, local physicians as required, and follow up appointments as required (preparation of medication administration and treatment records, instructions to staff in log, preparation of medication for administration and/or destruction, revisions to emergency face sheets, tracking sheets as required etc.).
  
- ✓ Attend appointments with other health specialists as required, and follow up appointments as required (preparation of medication administration and treatment records, instructions to staff in log instructions to staff in log, preparation of medications for administration and/or destruction, revisions to emergency face sheets, tracking sheets as required etc.).
  
- ✓ Advocate for safe medication administration practices in the homes of assigned consumers.
  
- ✓ Investigate Serious Occurrences, preparation of Serious Occurrence Forms and notification to MCSS as required.

<b>Title: Health Promotion: Monitoring Health Concerns (Residential DH)</b>	<b>Health Promotion: Monitoring Health Concerns (Residential DH)</b>	<b>Policy Number #7-2</b>	Pg. 3 of 3
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- ✓ Able to discuss and discuss all occurrences of a medical nature are to be discussed with the Consultant Nurse.
  
- ✓ Ensure all medical and attendant care supplies are in place.
  
- ✓ Be aware of avenues for financial assistance to cover medical expenses.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Health Promotion: Staff Training (Residential DH)</b>	<b>Policy Number</b>	<b>#7-11</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	March 3, 2011
<b>Issued by</b>	James Retson		
<b>Ref:</b> 299/10, 7(4)(a), 7(4)(b)		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

For each person supported who is deemed to have health conditions requiring specific care, a Medical Care Plan is developed.

A Physical Wellness Plan is created from the Nursing Plan of Care (intensive support homes), and protocols describing all treatment and physical care requiring specific training are developed for the purpose of directing care and training staff to a standard.

Protocols are developed by the most appropriate staff with the specialized knowledge to assess and plan for treatment. Protocols are reviewed and approved by the appropriate Supervisor/Case Manager.

The training of protocols is completed during orientation of new staff and/or as new protocols are developed and/or whenever it is deemed that a refresher on the standard of care is required.

All protocol training is provided by a Supervisor/Case Manger authorized by the Director to provide the training.

The training of protocols involves:

- ✓ Review of the written protocol.
- ✓ Training on the skills as outlined in the protocol.
- ✓ Observation of the skills by the authorized trainer to determine skill transfer and competency.
- ✓ Signing off by the authorized trainer who is satisfied that skill competency, or knowledge, is transferred.
- ✓ All dates of revisions are recorded on the protocol.
- ✓

<b>Title</b>	<b>Health Promotion: Staff Training (Residential DH)</b>	<b>Policy Number #7-11</b>	<b>Pg. 2 of 2</b>
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KACL Staff do not provide any controlled acts as defined under the Regulated Health Professionals Act, unless they are qualified to do so, and unless authorized to do so by a Director after consultation with the appropriate provider.

In the event a controlled act is determined to be necessary for the medical care of a consumer it is identified in the Individual Support Plan, and the appropriate community health care is accessed.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Medication Administration - Destruction of Medication (Residential DH)</b>	<b>Policy Number</b>	<b>#7-12</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson		
<b>Ref:</b> QAM Reg 299/10, 7(1)(3),(iii), OFA Medication Administration Practice Guidelines Manual		Review Date	

The proper administration of medications is an important part of the job of every Staff. Administering medication is a continual process that goes beyond the task of simply giving a pill to a person. It requires that the staff administering the medication have full knowledge of the person, and the medication.

The administration of medication requires you as a Staff to be thoughtful about what you are doing, careful in your work and thorough in your documentation.

Medications to be destroyed must be collected, packaged and documented according to KACL's Destruction of Medication procedure.

Medications to be destroyed are taken to the local pharmacy for proper disposal.

It is the responsibility of each Staff to bring any concerns about missing or incomplete information regarding the safe administration of medications to the immediate attention of their Supervisor. Also, it is the responsibility of each Staff to bring any concerns about unsafe medication administration practices to the immediate attention of the Supervisor or Program Director.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Medication Administration - Duties of Staff (Residential DH)</b>	<b>Policy Number</b>	<b>#7-10</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	March 3, 2011
<b>Issued by</b>	James Retson		
<b>Ref:</b> QAM Reg 299/10, 7(1)(3),(ii), OFA Medication Administration Practice Guidelines Manual		Review Date	

The proper administration of medications is an important part of the job of every Staff. Administering medication is a continual process that goes beyond the task of simply giving a pill to a person. It requires that the staff administering the medication have full knowledge of the person, and the medication.

The administration of medication requires you as a Staff to be thoughtful about what you are doing, careful in your work and thorough in your documentation.

- ✓ Medication Information is kept in each person's black Medication Binder.
- ✓ There will be information for each medication that the person is receiving. The information is to be read and initialed by each Staff.
- ✓ Each time a new medication is introduced, a new information sheet will arrive at the house for you to read and initial.
- ✓ Staff should not give medications that they have not read information about.
- ✓ Notify the Supervisor/Case Manager if drug information is missing so that it can be replaced.
- ✓ Each group home has a copy of the Nurses Drug Guide that is an excellent source of drug information as well.
- ✓ It is the responsibility of each Staff to bring any concerns about missing or incomplete information regarding the safe administration of medications to the immediate attention of their Supervisor. Also, it is the responsibility of each Staff to bring any concerns about unsafe medication administration practices to the immediate attention of the Supervisor or Program Director.

<b>Title</b>	<b>Medication Administration - Duties of Staff</b>	<b>Policy Number #7-10</b>	<b>Pg. 2 of 2</b>
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Staff must be able to answer the following:

1. What is the drug?
2. Why is the person taking it? What is it supposed to accomplish and how?
3. Is the amount of the drug the person is taking small or large? Is it within the recommended parameters?
4. Are there any special precautions or side effects to watch for when taking this drug?

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Medication Administration - Medication Errors (Residential DH)</b>	<b>Policy Number</b>	<b>#7-4</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	<b>Date Issued:</b>	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson		
<b>Ref:</b> QAM Reg 299/10, 7(1)(3),(iii), OFA Medication Administration Practice Guidelines Manual		Review Date	

The proper administration of medications is an important part of the job of every Staff. Administering medication is a continual process that goes beyond the task of simply giving a pill to a person. It requires that the staff administering the medication have full knowledge of the person, and the medication.

The administration of medication requires you as a Staff to be thoughtful about what you are doing, careful in your work and thorough in your documentation.

In the event that a medication error is discovered, the staff will follow the procedure for documenting the error, and notify the supervisor/case manager. The purpose of notification is to ensure that the needs of the person who is the subject of the medication error is carefully managed and to ensure that corrective actions are taken to minimize future similar errors.

An investigation of each medication error shall commence as soon as is reasonably possible, but not later than 2 business days from the date the medication error was discovered.

It is the responsibility of each Staff to bring any concerns about missing or incomplete information regarding the safe administration of medications to the immediate attention of their Supervisor. Also, it is the responsibility of each Staff to bring any concerns about unsafe medication administration practices to the immediate attention of the Supervisor or Program Director.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Medication Administration - Documentation: Medication Administration Record (M.A.R) (Residential DH)</b>	<b>Policy Number</b>	<b>#7-13</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	March 3, 2011
<b>Issued by</b>	James Retson		
<b>Ref:</b> QAM Reg 299/10, 7(1)(3),(ii), OFA Medication Administration Practice Guidelines Manual		Review Date	

All staff who support persons with developmental disabilities in the administration of medication are responsible for following KACL's medication administration procedure, including the documentation of the administration of all medications.

The administration of medication requires you as a Staff to be thoughtful about what you are doing, careful in your work and thorough in your documentation.

The Medication Administration Record is a legal document that informs Staff about all medications they are expected to administer during their shift. They are the first step of KACL's the medication administration procedure and must always be checked prior to preparing a medication for administration.

- ✓ It is the responsibility of the Supervisor/Case Manager to ensure that the M.A.R. is current and accurate.
- ✓ It is the responsibility of the Supervisor/Case Manager to double check each record to ensure that what they have transcribed reflects exactly what the physician/medical person has requested on his/her Order.
- ✓ It is the responsibility of the Supervisor/Case manager to ensure that the M.A.R. is available for staff to use. On the first day of each month, the Supervisor/Case Manager ensures that a Medication Administration Record is in place for each consumer. A new Medication Administration Record is issued each month.

<b>Title</b>	<b>Medication Administration - Documentation: Medication Administration Record (M.A.R)</b>	<b>Policy Number: #7-13</b>	<b>Pg. 2 of 2</b>
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Medication Administration Records will provide you with the following information:

- ✓ consumer name;
- ✓ name of the medication;
- ✓ date and time of administration;
- ✓ amount of the medication;
- ✓ in what form the medication is to be given (for example, pills or liquid)
- ✓ how many times a day the medication is to be given
- ✓ any special instructions about the medication (for example, give with food or milk or give on an empty stomach with an 8 ounce glass of water)

If any of the information on the M.A.R is confusing, illegible, or you think it may be incorrect, call a Supervisor/Case Manager for clarification prior to administering the medication.

The M.A.R. is a legal document and requires that when a new M.A.R. is issued you review the medications listed, and on the back of the form write your full signature with your initials. Doing so indicates that you have reviewed and understand the medication administration instructions, and acts as an identifier.

When you have administered a medication you must initial the corresponding box that indicates the time and date of administration. Missed signatures and initials can cause confusion and possibly a medication error

KACL takes medication administration practices very seriously as many of our consumer can be harmed by missed medications, incorrect dosages or other forms of medication errors.

Should you discover an error, notify a Case Manager/Supervisor immediately upon discovery, so that medical advice can be sought.

It is the responsibility of each Staff to bring any concerns about missing or incomplete information regarding the safe administration of medications to the immediate attention of their Supervisor. Also, it is the responsibility of each Staff to bring any concerns about unsafe medication administration practices to the immediate attention of the Supervisor or Program Director.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Medication Administration - Storage of Medication (Residential DH)</b>	<b>Policy Number</b>	<b>#7-7</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson		
<b>Ref:</b> QAM Reg 299/10, 7(1)(4) OFA Medication Administration Practice Guidelines Manual		Review Date	

The proper administration of medications is an important part of the job of every Staff. Administering medication is a continual process that goes beyond the task of simply giving a pill to a person. It requires that the staff administering the medication have full knowledge of the person, and the medication.

The administration of medication requires you as a Staff to be thoughtful about what you are doing, careful in your work and thorough in your documentation.

In group living/intensive support homes medications are kept in a designated Medication Cabinet that has the following features:

- ✓ It is able to be locked.
- ✓ It is located in an area that allows staff to complete all aspects of medication administration documentation in way that allows them to be accurate in following the medication administration procedure, and maintain observation of consumers receiving support.
- ✓ All tools necessary to complete medication administration according to the procedure (eg binder, count sheets, coloured pens etc) are kept in the immediate location.
- ✓ Allows for filing of bubble packs according to time of administration.
- ✓ Allows for safe storage of medications that are unable to be bubble packed.

Allows for double locking of any medications regulated by the Controlled Drugs and Substances Act and the related Narcotic Control Regulations, Part G Controlled Drugs (of the Food and Drug Regulations and the Benzodiazepines and Other Targeted Substances Regulation. This requires identified medications to be locked inside a strong box or other secure container that in turn is kept inside the locked medication storage cabinet.

<b>Title</b>	<b>Medication Administration - Storage of Medication</b>	Policy Number #7-7	Pg. 2 of 2
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- ✓ Allows for secure storage in a designated container and location in a refrigerator if required.

It is the responsibility of each Staff to bring any concerns about missing or incomplete information regarding the safe administration of medications to the immediate attention of their Supervisor. Also, it is the responsibility of each Staff to bring any concerns about unsafe medication administration practices to the immediate attention of the Supervisor or Program Director.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Medication Administration - Preparation of Medications for Transfer/Leave of Absence (Residential DH)</b>	<b>Policy Number</b>	<b>#7-8</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	Date Issued	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson		
<b>Ref:</b> QAM Reg 299/10, 7(1)(5)(ii) OFA Medication Administration Practice Guidelines Manual		Review Date	

The proper administration of medications is an important part of the job of every Staff. Administering medication is a continual process that goes beyond the task of simply giving a pill to a person. It requires that the staff administering the medication have full knowledge of the person, and the medication.

The administration of medication requires you as a Staff to be thoughtful about what you are doing, careful in your work and thorough in your documentation.

In order for persons receiving supports and services to participate meaningfully in all aspects of living, working and playing in the community it may be necessary for them to receive a medication in a location other than their home, and by someone other than a staff, or the staff setting up the medication for administration. This is considered a Transfer/Leave of Absence (LOA) medication.

The general expectation on all KACL is staff is that you never administer a medication that you have not prepared, Transfer/LOA Medications are the exception to this general expectation, and must follow the Transfer/LOA Procedure.

It is the responsibility of each Staff to bring any concerns about missing or incomplete information regarding the safe administration of medications to the immediate attention of their Supervisor. Also, it is the responsibility of each Staff to bring any concerns about unsafe medication administration practices to the immediate attention of the Supervisor or Program Director.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Medication Administration - Withholding of Medication Administration (Residential DH)</b>	<b>Policy Number</b>	<b>#7-14</b>
<b>Section: 7</b>	<b>Health Promotion, Medical Services and Medication</b>	<b>Date Issued</b>	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson		
<b>Ref:</b> QAM Reg 299/10, 7(1)(3),(iii), OFA Medication Administration Practice Guidelines Manual		Review Date	

The proper administration of medications is an important part of the job of every Staff. Administering medication is a continual process that goes beyond the task of simply giving a pill to a person. It requires that the staff administering the medication have full knowledge of the person, and the medication.

The administration of medication requires you as a Staff to be thoughtful about what you are doing, careful in your work and thorough in your documentation.

Supervisor/Case managers may withhold medication from a person with a developmental disability where they believe that consumer safety may be imminently compromised (e.g. adverse reaction) by the administration of the medication. This decision must be made in consultation with the Supervisor/Consultant Nurse or the Program Director.

Withholding of the medication must be recorded on the M.A.R. following the KACL's Withholding Medication Procedure, and the Supervisor/Case manager's rationale must be must be documented in the Logbook at the location and in the Case Management Notes. When a medication is withheld the Case Manager must notify the prescribing doctor as soon as is reasonably practicable that the medication has been withheld, and determine if new Orders are required.

It is appropriate for a Supervisor/Case manager to have Orders that prescribe the circumstances when the administration of a medication may be withheld. The decision to authorize the withholding of a medication, even if it is prescribed on a Physician's Order, can only be made by a Supervisor/Case Manger.

<b>Title</b>	<b>Medication Administration - Withholding of Medication Administration</b>	Policy Number: #7-14	Pg. 2 of 2
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It is the responsibility of each Staff to bring any concerns about missing or incomplete information regarding the safe administration of medications to the immediate attention of their Supervisor. Also, it is the responsibility of each Staff to bring any concerns about unsafe medication administration practices to the immediate attention of the Supervisor or Program Director.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Abuse Policy</b>	Policy Number	<b>#8-1</b>
<b>Section: 8</b>	<b>Abuse Prevention and Reporting</b>	Date Issued	<b>January 6 2011</b>
<b>Issued by</b>	James Retson	Effective Date	<b>January 6, 2011</b>
QAM Reg. 299/10, 8(1)(1), 8(2)(d), 8(3), 8(5)(a)(b)(c), 8(6), Definitions		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

Abuse is defined as any action or behaviour that causes or is likely to cause physical injury or psychological harm or both to a person with a developmental disability, or any vulnerable person, or results, or is likely to result in significant loss or destruction of their property and includes neglect.

The Kenora Association for Community Living has zero tolerance for abuse of any person with developmental disabilities or vulnerable individuals, and will maintain an environment that is free from any form of abuse.

All policies relating to Abuse will be reviewed by the staff, and by the Board of Directors at least annually to determine if changes are necessary. Any necessary changes will be promptly initiated, and dates of these reviews and changes will be recorded.

#### Definitions of Types of Abuse:

Sexual Abuse: is the unwanted touching of a person's sexual body parts. The lack of consent is the defining feature. It is important to note that because of the power hierarchy it is impossible for there to be consent between a person with a disability and their care provider.

Physical Abuse: Acts of assault or threats of assault, such as hitting, slapping and burning that cause or could cause physical injury or fear of physical injury. An intellectual or physical disability often results in a need for people to be physically close to provide personal assistance. Physical abuse is more terrifying for those who cannot, physically, flee or escape.

Verbal Abuse: demeaning language, name calling or negative verbal depictions of disability or attractiveness are all forms of verbal abuse. Words like "retard" cause considerable hurt and are never acceptable.

Emotional Abuse: the constant criticism, insulting, threatening, degrading, humiliating, intimidation or terrorizing of a person. Emotional abuse is the most difficult to define. Emotional abuse is the misuse of power, in any way, to cause a person to lose respect for self. Any other form of abuse is also emotional abuse.

Financial Abuse: the misuse or misappropriation of someone's financial assets for personal gain. Staff are not to "borrow" money from someone who is under your care as the power imbalance makes it difficult for the person to say "no".

Spiritual Abuse: the demeaning of another's faith or the imposition of care providers faith into the life of the person with a disability. This form of abuse includes forced religious activity or the denial of religious activity.

Neglect: the failure to provide the necessities of life such as food, clothing, shelter, care or supervision. A person receiving care from KACL have the right to expect that their basic needs will be met and that they will be provided with the supervision which is appropriate to their age and developmental and intellectual needs.

Exploitation: taking advantage of a person's disability to trick or manipulate for personal benefit. The persuasion to do things that are illegal or not in the individual's best interest.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Abuse: Training for KACL staff and volunteers</b>	Policy Number	<b>#8-2</b>
<b>Section: 8</b>	<b>Abuse Prevention and Reporting</b>	Date Issued	<b>January 6, 2011</b>
<b>Issued by</b>	James Retson	Effective Date	<b>January 6, 2011</b>
<b>Ref:</b> QAM Reg. 299/10, 8(1)(1), 8(2)(a)(i)(ii)		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

KACL will provide training on abuse prevention, identification and reporting to all staff members and volunteers who have direct contact with persons with developmental disabilities who are receiving services and supports. This training will occur during orientation, and annually thereafter.

All Front line staff, Supervisor/Case managers, Directors and Assistant Directors will receive procedural training on abuse that is appropriate to their authority and responsibility to take reasonable steps to prevent abuse and to report abuse when they know, or ought reasonably to know that a person with a developmental disability, or a vulnerable person, has experienced or is experiencing abuse.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Abuse: Orientation for Board Members</b>	Policy Number	<b>#8-3</b>
<b>Section: 8</b>	<b>Abuse Prevention and Reporting</b>	Date Issued	<b>January 6, 2011</b>
<b>Issued by</b>	James Retson	Effective Date	<b>January 6, 2011</b>
<b>Ref: QAM</b> Reg. 299/10, 8(2)(b)		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

KACL will provide orientation to all of the agency's policies and procedures dealing with abuse prevention and reporting to all new Board members, and annually thereafter.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Abuse: Education and awareness building for consumers and their families</b>	Policy Number	<b>#8-4</b>
<b>Section: 8</b>	<b>Abuse Prevention and Reporting</b>	Date Issued	<b>January 6, 2011</b>
<b>Issued by</b>	James Retson	Effective Date	<b>January 6, 2011</b>
<b>Ref:</b> QAM Reg. 299/10, 8(2)(c)		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

KACL will provide education and awareness building on abuse prevention and reporting to persons with developmental disabilities receiving services and supports in a language and manner that is appropriate to the capacity of the person.

This information will be given upon entering service, as part of the intake process and annually thereafter.

KACL will provide information about KACL's policies on abuse prevention and reporting to all consumers and their families during the intake process.

KACL affirms that people with developmental disabilities have the same right and responsibilities as other citizens in the area of sexual expression.

When there is doubt as to the capacity of an individual to give informed consent KACL will request a capacity assessment.

Competent sex education and counselling services shall be provided according to the individual person's need.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Abuse: Reporting Requirements</b>	Policy Number	<b>#8-5</b>
<b>Section: 8</b>	<b>Abuse Prevention and Reporting</b>	Date Issued	<b>January 6, 2011</b>
<b>Issued by</b>	James Retson	Effective Date	<b>January 6, 2011</b>
<b>Ref:</b> QAM Reg. 299/10, 8(4)(a), 8(4)(b), 9(1), 9(2)  Collective Agreement 10.01 Child and Family Services Act. Sec. 72		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

All members of KACL staff are required to report if they suspect, receive an allegation or witness any form of abuse of an adult with a developmental disability, or any vulnerable person receiving KACL supports. If any KACL staff member receives an allegation, suspects or witnesses any form of abuse of a person with a developmental disability, or any vulnerable person, they are to:

1. Intervene to ensure the individual's health, safety and well-being whenever possible.
2. Provide necessary first aid.
3. If any KACL staff suspects, alleges or witnesses any form of abuse of a person with a developmental disability, or any vulnerable person, that staff will immediately report the incident to the police for further investigation.
4. Contact a supervisor immediately after contact with the police and will provide only the basic facts of the report.
5. When receiving the report, KACL staff will not ask any leading questions or attempt to do an investigation.
6. Staff receiving the report or witnessing the abuse will not discuss the allegation with the supervisor (beyond the basics of the report), or with any other staff until they have been interviewed by the police.

7. Should the alleged abuser be the supervisor, staff are to contact any other supervisor/manager of KACL.
8. Staff are to provide written documentation of the allegation once the notifications have been made.
9. Staff will document the allegations being made, or their observations, and the questions the staff person asked in taking the report.
10. Parents or guardians shall be contacted by a Director as soon as is practical, and with the consent of the person who has allegedly been abused.
11. In the event that the person who has allegedly been abused is considered not competent to give consent to contact parents or guardians, a Director will contact parents or guardians as soon as is practical.

In the event the alleged abuser is a member of KACL staff, they will be immediately removed from having contact with the person allegedly abused, and no further contact with any consumer will be permitted until the police investigation, or the internal investigation (if required) is completed.

No KACL staff shall conduct an internal investigation before the police have completed their investigation and make a determination whether or not a criminal offence has occurred. If the police determine that a criminal offence may have occurred, the investigation is turned over to the criminal justice system.

If the police determine that no criminal offence has occurred, and the alleged abuse is a member of KACL, then KACL will initiate an internal investigation to determine if the actions of the staff, while deemed not criminal, are still considered abusive. The staff in question will have no contact with the alleged victim and no unsupervised contact with any consumer until the internal investigation determines whether it is appropriate for the staff to return to their previous duties, or other duties as assigned.

If a staff member is found guilty of abuse, either by the police or an internal investigation, they may be terminated from employment with KACL, as per the Collective Agreement Article 10.01.

All KACL staff who suspect, receive an allegation, or witness the abuse of a child have a duty report to the authorities as directed by the Child and Family Services Act.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Health Promotion: Confidentiality and Privacy</b>	<b>Policy Number</b>	<b>#10-1</b>
<b>Section: 10</b>	<b>Confidentiality and Privacy</b>	Date Issued	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson		
<b>Ref:</b> 299/10, 10(1)(1) KACL Policy Statement Privacy		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

KACL is a Health Information Custodian and is responsible for the personal health information we collect, use, maintain and disclose.

All health and medical care information collected is done so with the consent of the person receiving services or their family as appropriate. No health or medical information is shared with any party without the consent of the person, or their family as appropriate, to use or disclose personal information according to KACL's Privacy Policy, and in accordance with requirements of the Personal Health Information Protection Act (PHIPA).

All personal information collected, including management of medical care and medication administration, are managed on a daily basis in such a way that they are kept secure against loss, theft, defacement, tampering and copying or use by unauthorized persons.

All personal information collected is kept in according to the regulations for service record retention, in files that are securely stored against loss, fire, theft, defacement, tampering and copying or use by unauthorized persons.

KACL will ask persons receiving service and support to give us whatever information about their health and the family's health, as appropriate, that is needed to understand, plan and deliver the appropriate services and support required.

KACL will collect information for the following purposes, which are our main activities: caring for persons with a developmental disability as is documented in their Individual Support Plan, administration of this agency and the health care system, teaching, limited research, statistics and complying with legal and regulatory requirements.

<b>KACL Policy Statement</b>			
<b>Title</b>	<b>Safety and Security of Persons with Developmental Disabilities – Commitment to standards of care</b>	<b>Policy Number</b>	<b>#12-1</b>
<b>Section: 12</b>	<b>Safety and Security</b>	<b>Date Issued</b>	<b>March 3, 2011</b>
<b>Issued by</b>	James Retson	Effective Date	
<b>Ref: 299/10 12(1), 12 (2)</b>		Review Date	

Quality Assurance measures are developed for the purpose of ensuring that the people we support have both security and a meaningful and satisfying life as defined or communicated by themselves, and their involved family, as appropriate.

KACL has a commitment to ensuring the personal safety and security of persons with developmental disabilities, and vulnerable persons, to whom it provides services and supports. KACL has policies and procedures specific to the programs it operates and the legislative and regulatory requirements they operate under.

KACL has policies and/or procedures that indicate the safety and security standards for consumer support in a variety of operational areas that include:

- ✓ Abuse prevention and reporting;
- ✓ Ensuring safety of buildings and homes owned or operated by KACL
- ✓ Medication administration;
- ✓ Attendant care;
- ✓ Access to medical services;
- ✓ Management of finances;
- ✓ Personal Planning centered on an creating conditions to support a person’s dreams, desires and aspirations, as well as identified support needs;
  
- ✓ Missing Persons;
- ✓ Human resources including hiring practices and compulsory training;
- ✓ Health and safety reporting;
- ✓ Incident Reporting;
- ✓ Aversive conditioning;
- ✓ Behavioural Supports;
- ✓ Managing Aggressive Behaviour;

<b>Title</b>	<b>Safety and Security of Persons with Developmental Disabilities – Commitment to standards of care</b>	<b>Policy Number #12-1</b>	<b>Page 2 of 2</b>
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- ✓ Inclement Weather; and
- ✓ Communication Standards

If any staff has reason to believe that a person receiving supports and services from KACL is at personal risk due to the level or type of services and supports provided they are asked to bring their concern to the attention of their Supervisor as soon as is reasonable. If it is a Health and Safety concern they are asked to follow the health and safety concern procedure. If they feel their concern has not been understood or acted upon they are asked to bring their concern to the Director.

## **Kenora Association for Community Living**

### **PET POLICY- Policy #25-1 Section: Pets and Service Animals March 3, 2011**

**KACL recognizes that companion animals can positively contribute to one's quality of life. It is also recognized that staff play a key role in the success of having a companion animal as part of the household or in utilizing therapy animals on an intermittent basis.**

**When companion animals are part of a household or used for therapy purposes, KACL will strive to ensure the safety of people using services as well as consider the welfare of the companion animal(s). As such, the use of animals in programs needs to have the consent of all people utilizing the programme and must not impact on the physical or mental health of other people in services. People who agree to have a companion animal must understand and be able to respond to the financial responsibility, care needs and by-laws associated with owning a pet.**

**The ownership of a pet is not the responsibility of KACL although support will be provided to assist people in caring for and making decisions concerning the health and welfare of the animal in consideration of all involved in the programme.**

**Animals attending at any Daycare operated by KACL shall be subject to Day Nursery's Act and Regulations**

#### **PROCEDURES**

##### **A. Household Animal Companions**

A household animal companion is defined as a pet that permanently resides within a home operated by KACL residential services. Pets can include but are not limited to dogs, cats, birds, rabbits, fish and domesticated rodents such as rats, hamsters, mice and hedgehogs. Reptiles such as lizards, snakes, turtles are also considered pets. Ownership may be by one person or jointly amongst the people who reside in the home.

##### **B. Considerations for choosing an animal Companion**

Considering a pet companion requires a great deal of thought by all involved due to the financial and personal commitment to an animal's care and welfare that is required. The following considerations are to be openly discussed and decided upon prior to introducing a pet companion to any home by people residing in the home and staff. Once a pet is established, those staff or future residents with allergy concerns/issues should be made aware of the situation prior to hire or moving in, so they can decide if that is feasible for them.

1. The home is assessed to ensure an abuse-free and safe environment for a pet companion. This would take into consideration whether people within the programme

would potentially be abusive to an animal or inadvertently expose it to risk.

2. Discussion and understanding of the pros and cons of taking on the responsibility of a pet companion
3. Ensure everyone living in the home agrees to have a companion animal.
4. Decide who in the household is willing to assume responsibility for having a pet companion including;
  - Financial responsibilities.
  - Watch out for the care of the pet companion such as keeping doors closed, following established routines, etc.
  - Interact with the pet companion gently and with care.
  - Take turns in caring for the pet (e.g. feeding, going for walks, cleaning cages, grooming and accompanying pets to veterinarian appointments)
5. Research and discuss the type of animal all would want based on:
  - The choice of people residing in the home rather than staff preferences
  - The cost associated with certain pets (e.g. meeting nutritional and dietary needs, licence, ongoing medications/immunizations, veterinarian checkups, cage, leash, food and water containers, and pet accessories such as toys, beds, etc.
  - Living space required for the pet companion
  - Exercise and mental stimulation required by the pet
  - Attributes of various types of pet animals in relationship to what people are looking for in a pet companion

### **C. Caring for an animal Companion**

#### Staff Responsibility

Although people are expected to assume the primary responsibility for carrying for their pets, staff members play an integral and active part in the success of having and caring for a pet. The following guidelines with help make the experience successful:

1. Model and instruct respectful interactions such as:
  - Touch and petting
  - Grooming
  - Speaking (tone and volume of voice)
  - Recognizing pet signals and signs of distress, wanting to be fed, wanting attention, not wanting attention, signs of illness, etc.
  - Proper use of pet accessories such as leashes, toys, etc.
  - Use of treats and rewards
2. Help people establish consistent care routines through modeling and instruction including:

- Ensure that animals' apparatus and/or living areas are kept clean and tidy
- Ensure pet excrement is cleaned regularly (e.g. lawns, kitty litter boxes, cages). Note: as per Health and Safety requirements, pregnant women are not to clean kitty litter boxes).
- Maintain annual or as necessary veterinary visits.
- Maintain regular immunizations.
- If animals must be confined to a limited space, ensure that it is an area with lots of stimulation, fresh air and sunlight (e.g. cage in or near a window for birds, rabbits, etc.). Cats or dogs should not be confined to a basement area.
- Make decision on care needs during vacations (e.g. boarding animal, having someone come in to feed and interact with animal, etc.)
- Proper feeding routines so that pets are not over or under fed and that nutritional needs are met consistently
- Ensure exercise and stimulation needs are met
- Assist people with budgeting and shopping for pet supplies as required
- Ensure extra pet supplies are included in the home's emergency kit and this is maintained and kept current on an ongoing basis

### 3. Documentation

- Assist people in establishing a pet log with that may include:
  - Picture of the pet for identification purposes
  - Veterinary schedules
  - Proof of Immunizations
  - Feeding schedules
  - Medication schedules
  - Exercise schedules
  - Grooming practices including clean up of pet hair, litter boxes, cages, aquariums, etc.

### 4. Staff Orientation and Training

- Orient new staff to the pet companion's routines and care requirements
- Ensure continuity of care requirements for the companion animal are met when there are staff changes through communication
- Ensure follow through with care requirements when people residing in the home, for whatever reason, cannot carry out these responsibilities

## **D. Pet Therapy or Visiting Animals**

When it is not feasible to actually have a companion animal living within the residential home, but people want to engage in some contact with animals, other resources may be considered throughout KACL programs such as;

- Utilizing established Pet Therapy resources
- Informal pet visits from friends or staff members to the programme (pre-arranged with Manager's approval)
- Volunteer as a dog walker (or establish a business as a dog walker)
- Going to visit animals in other homes or established business such the Humane Society,

- petting zoos, pet shops or;
  - Adopting a zoo animal
1. When considering these alternatives the following guidelines are to be followed to ensure the safety of people using KACL services as well as animals for visiting pets;
- a) Management approval must be attained prior to any informal or formal animal visits to a programme
  - b) If costs are involved, people must have the financial resources to purchase Pet Therapy services or make arrangements ahead of time to cost-share with KACL
  - c) Owners of visiting pets must understand the legal responsibility inherent in having their pet visit potentially vulnerable people. Pet owners will be held liable for any injury to people utilizing KACL services or damages to property including replacements, cleaning costs, flea extermination, etc.
  - d) Owners of visiting pets are to be made aware of potential risk factors for their pet when visiting a home or other programmes KACL operates. Risk factors may include potential aggressiveness, loud noises, sudden movements, etc.
  - e) People utilizing KACL programs must consent to having a pet visit them in their home or day programme and visits are not to impact on people's health (i.e. pet allergy's) or emotional well being (i.e. fear of dogs or cats)
  - f) It is expected that the owners of visiting pets clean up after their animals
  - g) Consider people's skills in interacting with animals and reduce risks through education, instruction and close supervision
  - h) At no point are people using services to be left alone with visiting animal companions. Close supervision is expected at all times to ensure the safety needs for people as well as animals are being met
  - i) Animals left unattended must be crated
  - j) Owners of visiting pets are responsible for ensuring their pets immunization records are up to date and may be required to provide proof.