



# Lifetime Networks

## Policies and Procedures

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## **POLICY TYPE: ORGANIZATION**

### **ORG POLICY TITLE: VISION, MISSION AND VALUES**

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#### **PURPOSE:**

To clearly outline the organization's Vision, Mission and Values which serve as a guiding framework decision-making, goal-setting and day-to-day operations.

#### **PROCEDURE:**

The Vision, Mission and Values play a crucial role in guiding the organization's direction and shaping its approach to various issues for employees, volunteers and board members.

#### **Lifetime Networks Vision**

We see a future where all people enjoy safe, happy, fulfilling lives.

#### **Lifetime Networks Mission**

We foster networks of friendship and support for people with diversabilities to enhance community.

#### **Lifetime Networks Values**

Lifetime Networks values and demonstrates:

- Person, rather than program-centred planning
- Commitment to maintaining Networks for the lifetime of the person being supported
- Accessibility to services with no eligibility restrictions
- Respectfulness through recognition and celebration of the inherent worth and autonomy of each person
- Financial responsibility by working diligently to keep services and supports cost-effective and affordable
- Belief in the importance of unpaid relationships
- Community inclusion, participation and engagement
- Intentional and purposeful growth
- Autonomy from funding streams which could compromise our ability to advocate



## **POLICY TYPE: ORGANIZATION**

### **ORG POLICY TITLE: *ACCESSIBILITY***

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#### **PURPOSE**

To ensure access for all, Lifetime Networks is committed reducing and removing the barriers that influence stakeholder participation.

#### **POLICY STATEMENT**

Lifetime Networks has a written Accessibility Plan to address barriers. The plan speaks to the following types of barriers: architectural, environmental, communication, employment, transportation, financial, community integration, technology and attitudinal.

#### **PROCEDURE**

##### **General**

When a barrier is identified:

- The staff person must complete Appendix 3 Request for Reasonable Accommodation.
- The staff person must send request to Manager/delegate.
- The Manager/delegate will consult with Executive Director and/or Finance Director depending on barrier identified.
- The Manager/delegate will communicate the outcome to the staff person who submitted the accommodation.
- The Manager/delegate will send the signed accommodation to HR the department for filing.
- HR Department will redact staff name and send to Accessibility lead.
- If there is a cost attached to the accommodation, Lifetime agrees to pay for half of the cost. If the employee leaves their role within the year of purchase, they can choose to pay Lifetime back the cost incurred or leave the purchased item upon their departure. In these cases the policy will be attached to the accommodation to ensure all parties are on the same page.

##### **Annual Assessment**

- The Lifetime Networks Accessibility Committee conducts an annual assessment of accessibility barriers relating to organizational services, as well as the buildings and community settings used by stakeholders. In this assessment, the committee may consider the following:
  - Information pertaining to the organization's vehicles, employee owned and operated vehicles (if and when the employee is expected to provide transportation for individuals served), specialized transportation and public transportation
  - Lifetime Networks uses accessible public transportation rather than personal vehicles whenever possible.
  - Interviews with individuals receiving services
  - Promotional materials
  - Record of concerns and complaints regarding accessibility barriers
  - Request for Reasonable Accommodation for persons served and employees

- Lifetime Networks will report annually on the improvements made in reducing and removing barriers through the development, distribution, and implementation of the Accessibility Plan.
- Lifetime Networks will make the report available to stakeholders and other community members upon request.

## **POLICY TYPE: ORGANIZATION**

### **ORG POLICY TITLE: *COMMITMENT TO QUALITY***

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#### **PURPOSE**

The Lifetime Networks Board of Directors, employees and volunteers are committed to the provision of quality services that meet the needs of the supported individuals and other stakeholders.

#### **POLICY STATEMENT**

The Executive Director is responsible for the development, implementation and evaluation of the Lifetime Networks quality management activities.

All Managers or delegates and employees are responsible for quality management.

#### **PROCEDURE**

Lifetime Networks will:

- Dedicate continuous effort to determine the objectives and preferences of supported individuals.
- Engage in regular strategic and business planning to guide agency growth and change.
- Demonstrate commitment to ongoing improvement and learning, using the information collected to mitigate problems and improve services.
- Effectively design and manage systems and processes to produce outcomes that individuals need and want.
- Build and maintain a working environment that is conducive to performance excellence as well as personal and organizational growth.
- Ensure service quality by regularly reviewing policies and procedures and making changes to reflect best practice.

## **POLICY TYPE: ORGANIZATION**

### **ORG POLICY TITLE: *DIVERSITY***

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#### **PURPOSE**

Lifetime Networks respects and honours the diversity of all supported individuals and their families, employees and volunteers.

#### **POLICY STATEMENT**

- We are a community that represents youth, adults, and seniors of all races, religions, cultures, abilities, economic levels and sexual orientations.
- We speak many languages.
- We value and admire the diversity of our communities.
- We endeavour to reflect diversity in our organization's membership and programs.
- We act to promote inclusion in all facets of our organization.

#### **PROCEDURE**

We are committed to implementing our Policy Statement of Diversity through:

- Personnel policies and practices to achieve a workforce that reflects societal standards.
- Developing an employee complement that reflects the community and individuals it serves, to ensure effective and culturally appropriate service delivery.
- Recognizing that differences may limit an individual's participation in various activities and/or celebrations.
- Providing training opportunities that increase awareness and understanding of the strength of diversity and the challenges that may arise.
- Celebrating and displaying our diversity through media/website posts.

**POLICY TYPE: ORGANIZATION**

**ORG POLICY TITLE: *ORGANIZATIONAL CHART***

---

**PURPOSE**

The purpose of this policy is to provide a visual representation of Lifetime Networks organizational structure. This policy outlines the relationships between and among the functional departments.

**POLICY STATEMENT**

Lifetime Networks shall maintain a visual representation of its organizational and functional structure. ([Appendix 1](#))

## **POLICY TYPE: ORGANIZATION**

### **ORG POLICY TITLE: *POLICY DEVELOPMENT AND REVIEW PROCESS***

---

#### **PURPOSE**

To ensure that the information enclosed in the Lifetime Networks Policies is accurate, current, accessible, thorough, and relevant.

#### **POLICY STATEMENT**

Policies will be reviewed by employees on an annual basis.

#### **PROCEDURE**

- Employee input is encouraged. Concerns or suggestions regarding an existing policy, or needed policy, should be directed to the Manager or delegate.
- An annual review of each policy will be scheduled by the Executive Director. Policy revisions will be made as required and the Executive Director will have final approval.
- Updated policies will be posted on the website. When the intent of a policy is changed, or a new policy is created, employees will be notified and expected to read the new/revised policy. Employees are responsible for complying with all current policies.
- All policies will be reviewed for content and consistency. In layout, font and size and 'reviewed dates' will be updated in the footer section of the document.

**POLICY TYPE: ADMINISTRATION**

**ADM POLICY TITLE: *ANNUAL REVIEW OF FORMAL COMPLAINTS***

---

**PURPOSE**

To ensure better services and results for the persons served.

**POLICY STATEMENT**

To review formal complaints and appeals, which provide valuable information and insight to assist in making changes towards better services and results for the persons served. A formal complaint is identified through the Administration Complaints Resolution Policy.

**PROCEDURES**

Lifetime Networks shall conduct an annual review ([Appendix 5](#)) of all formal complaints that includes:

- Whether formal complaints were received
- An analysis of causes and trends
- Areas needing performance improvement
- Actions taken to address the improvements needed
- Changes made to improve performance

Lifetime Networks shall record all formal complaints received and annually review complaints and actions taken.

All complaints will be filed by year and stored in the "Complaints and Investigations" folder located in the Personnel Drive.

## **POLICY TYPE: ADMINISTRATION**

### **ADM POLICY TITLE: *COMPLAINTS RESOLUTION***

---

#### **PURPOSE**

To provide a complaints resolution process that is fair and accessible to supported individuals, families, employees, volunteers, and other stakeholders, when there is a concern regarding Lifetime Networks.

#### **POLICY STATEMENT**

Any concern/complaint must be dealt with in a prompt, effective, and professional manner. Concerns and expressed complaints must be reported and documented to ensure effective communication and resolution. All complaints will be filed by year and stored in the "Complaints and Investigations" folder located in the Personnel Drive. This policy will be followed for all complaints, including allegations and violations of ethical codes of conduct. Any private and personal information is to be kept confidential.

Individuals, families, employees, and volunteers using this process will be free from retaliation. No one will be denied services, treated unfairly, or disrespected due to using the complaints resolution process.

#### **PROCEDURES**

Complaints are issues or concerns, expressed either formally (*Complaints Resolution Form*: [Appendix 4](#)) or informally about Lifetime Networks, the individuals we support, employees, volunteers or services that require action to resolve.

It is the right of the complainant:

- to be taken seriously
- to be kept informed at each step of the process
- to have access to an advocate (e.g., professional caregiver, family member, friend) to assist them throughout the process
- Have their complaint subjected to independent, unbiased investigation and decision making

It is the responsibility of all employees to listen carefully to the complainant and to receive and manage the complaint in a professional manner, as follows:

- All stakeholders will be advised of Lifetime Networks complaint process upon orientation; complaints process will be reviewed annually with persons served and staff members
- Where appropriate, every effort should be made to resolve the concern at the earliest step in the process
- The process will be carried out using identified steps and the complaint resolution form, within a reasonable time frame

The respondent, if there is one, will be provided with a copy of the completed complaint form ([Appendix 4](#)), unless exceptional circumstances warrant the complaint form be kept confidential. If the Complaints Resolution Form will not be provided to the



responder, the reason must be documented and the respondent must be provided with the nature of the complaint.

Timelines: unless the issue requires immediate attention, individuals bringing forth a complaint will be responded to within **7 working days**. If the complaint needs to be forwarded, at each step the receiver of the complaint has **7 working days** to respond. Employees must use the 'Complaints Resolution Form' to process the complaint.

[\(Appendix 4\)](#)

### **Step 1 – Initial Contact**

The person(s) will express their concern to the other person involved. Both parties will attempt to:

- Define the concern(s)
- Clarify the issue(s)
- Develop an appreciation and understanding of each other's point of view
- Resolve the concern(s)

Employees will inform their Manager or delegate if an issue has been resolved. If there is no resolution, stakeholder will refer the concern(s) to the Manager or delegate.

### **Step 2 – Meet with the Manager or delegate**

The person(s) will meet with the direct Manager or delegate. At the meeting, the Manager or delegate will:

- Gather information
- Resolve or attempt to resolve the concern(s)
- Document the information by recording issue(s) and possible solution(s)

If there is no resolution, proceed to Step 3.

### **Step 3 – Meet with the Executive Director**

The Manager or delegate will forward all documentation to the Executive Director. The Executive Director will:

- Gather information relevant to the concern(s)
- Will meet with the parties to resolve the concern(s)

If there is no resolution, the Executive Director will:

- Consult with the Board President
- Bring the concern to the attention of the Board
- Assist with contacting CLBC

### **Step 4 – Board of Director's Contact or Community Living British Columbia Quality Assurance Office**

It is anticipated that the concern(s) will be resolved prior to Step 4. However, if not resolved, the Executive Director will review the information with the Board President and the matter will be brought to the Board.

The decision of the Board of Directors is final. Once the decision is communicated to the involved party, the person raising the initial complaint has now completed all internal processes.

If the complainant is funded through CLBC and expresses a desire to bring the complaint to CLBC, the Executive Director will assist the complainant to do so.

Persons utilizing any of the above processes will never experience reprisals, retaliation, unfair treatment, or denial of services.

## **POLICY TYPE: ADMINISTRATION**

### **ADM POLICY TITLE: *COMPLAINTS RESOLUTION – PLAIN LANGUAGE***

---

This is what you do if you are unhappy with something or someone at Lifetime Networks and would like to make a formal complaint.

A formal complaint is one that is written down. Please use the form in [Appendix 4](#) to make a formal complaint. Your CSW or Coordinator will help you fill out the form. We will keep track of all of complaints by storing them in a private computer folder labeled “Complaints and Investigations” within our “Personnel” drive.

#### **POLICY STATEMENT**

We promise to deal with all concerns and complaints quickly and fairly.

We promise that anything you tell us will be private.

We will only involve those that can help solve the concern/complaint.

We promise that what you tell us will not affect your supports.

We promise that you will be treated fairly, kindly and respectfully.

#### **ACTIONS**

##### **Step 1**

Try to solve your concern or complaint with the other person involved. Your CSW or Coordinator will help you with this if you ask. The CSW will write down your concerns and what happened to resolve your concern.

We promise to support you within 7 working days to resolve your complaint at Step 1.

If that does not work, go to Step 2.

##### **Step 2**

Meet with the Manager or delegate. The Manager or delegate will listen to you, gather information, and help you find a solution. The Manager or delegate will write down your concerns and what happened to resolve your concern. You are welcome to have a support person with you.

We promise to support you within 7 working days to help solve your complaint at Step 2.

If that does not work, go to Step 3.

##### **Step 3**

Meet with the Executive Director. The Manager or delegate will help you set up that meeting. You are welcome to have a support person with you.

The Executive Director will listen to you and gather information.

The Executive Director will meet with you and the other people involved.

The Executive Director will work with you to find a solution and will write down what happened at the meeting.

We promise to support you within 7 working days to help solve your complaint at Step 3.

If that does not work, go to Step 4.

##### **Step 4**

Meet with your Facilitator at Community Living British Columbia Quality Assurance Office. The Executive Director will help you set up that meeting.

We promise to support you within 7 working days to help solve your complaint at Step 4.

## **POLICY TYPE: ADMINISTRATION**

### **ADM POLICY TITLE: *CONTRACTUAL RELATIONSHIPS***

---

#### **PURPOSE**

To establish a contractual relationship between Lifetime Networks and third parties for services and supports which fall outside the typical employer/employee relationship.

#### **POLICY**

Where a person(s) or company is contracted by Lifetime Networks to provide services, either on a short or long-term basis, Lifetime Networks and the contractor will enter into a service agreement.

#### **PROCEDURES**

Under certain circumstances, Lifetime Networks may choose to contract an outside person or company to perform a service on a one-time or ongoing basis (e.g., office cleaning, site renovation, in-service training). Lifetime Networks has the ability to contract out any direct service.

The contract relationship will be defined under the following criteria:

- Control over services rendered is in the hands of the contractor who has knowledge of the required services
- A contractor will not be the subject of any employment benefits (i.e. sick leave, vacation pay, health benefits)
- The contractor will comply with the registration and taxation requirements of WorkSafeBC, Revenue Canada and any other regulatory body, as deemed necessary
- Contractors will submit invoices to Lifetime Networks on a timely basis

A Service Agreement must be completed prior to initiation of the contract services. A Director or delegate must sign the contract, according to their signing authority limit, on behalf of Lifetime Networks.

The original signed Service Agreement will be filed in the contractor file. Signed copies of the agreement must be distributed to the contractor, the signing Manager or delegate, and/or Executive Director or Finance Director.

A Service Agreement Review Form shall be completed following the completing of a one-time contract or yearly for ongoing agreements. ([Appendix 2](#))

## **POLICY TYPE: ADMINISTRATION**

### **ADM POLICY TITLE: *GRAPHIC STANDARDS***

---

#### **PURPOSE**

To ensure that Lifetime Networks produces professional, positive and consistent communication materials.

#### **POLICY STATEMENT**

All employees must follow the graphic standards as established in ([Appendix 6](#)) of the Policy Manual. This applies to the use of letterhead, logo, colour, page set up and font selection.

#### **PROCEDURES**

When employees are producing any written documents (i.e. letters, reports, forms) for Lifetime Networks, they must follow the established guidelines. All programs must ensure their computers have the correct default settings to print consistent format and fonts. Accommodations will be considered upon requests (i.e. font size).

The logo may be altered proportionally in size but must not be altered in colour or distorted. Electronic versions of the logo are available and must be used when added to a document.

The footer may be altered proportionally in size but must not be altered in colour or distorted.

A Manager or delegate must approve all documents created for external use. All documents that are being sent outside of Lifetime Networks must be in PDF format to preclude subsequent alteration. Internal job postings must be sent out in PDF format.

## **POLICY TYPE: ADMINISTRATION**

### **ADM POLICY TITLE: *INFORMATION AND COMMUNICATIONS TECHNOLOGIES***

---

#### **PURPOSE**

To ensure that Lifetime Networks produces professional, positive and consistent communication materials.

#### **PURPOSE**

To ensure a high standard of service delivery using information and communication technologies when factors such as community health, adverse weather, and individual health issues arise.

#### **POLICY STATEMENT**

Lifetime Networks uses a variety of technologies to allow staff to see, hear and/or interact with persons served, family/caregivers, and other providers when community health, adverse weather, and individual health factors may arise that do not allow for in person supports. Decisions to offer virtual supports are made collaboratively by the Manager, Coordinator and, when appropriate, the family/support network.

Virtual supports settings include:

- Hospitals
- Individual homes
- Other residential settings
- Lifetime Networks worksites

Prior to virtual supports beginning, Managers/delegates will refer to the following policies for decision-making and procedures.

**ADM POLICY TITLE: *TECHNOLOGY AND/OR EQUIPMENT AVAILABILITY AND FUNCTION***

**ISS POLICY TITLE: *CONSENTS- PHOTO, VIDEO, VIRTUAL***

**HRS POLICY TITLE: *STAFF TECHNOLOGY AND/OR EQUIPMENT TRAINING***

**HSS POLICY TITLE: *INCLEMENT WEATHER POLICY***

**ISS POLICY TITLE: *INDIVIDUAL TECHNOLOGY AND/OR EQUIPMENT TRAINING AND SERVICE DELIVERY***

**When virtual supports are requested, individuals and employees must follow the following procedure:**

1. The Social Media Connection and Virtual Supports Consent section of the Participant Recurring Compliance Sign-Off form must be filled out and signed ([Appendix 30](#)) and submitted to the Manager or delegate.

2. Depending on request, Manager/delegate to consult with Executive Director.
  3. If approved, Manager/delegate to refer to policies and procedures relating to virtual supports to establish training and any other identified items are set up prior to supports beginning.
  4. If individual has requested the accommodation, Manager/delegate to file in Participant file.
2. Staff members and individuals will determine which virtual support method they will use (ie. Zoom, facebook messenger, discord).
3. Staff members will assist individuals to access the chosen method of virtual support. This may include on site demonstrations, in the individual's home or at a Lifetime Networks facility, sending plain language documents on how to use the virtual support, and using a different virtual methods to teach how to use the new chosen method.
4. Should the individual experience trouble accessing the virtual support, the staff member will contact the individual or their family to offer support.

**At no time are audio recording, video recording and photographing of the individuals using virtual supports to occur without their knowledge and consent as covered by our Photograph and Video consent form.**

## **POLICY TYPE: ADMINISTRATION**

### **ADM POLICY TITLE: *OPERATIONAL RISK MANAGEMENT***

---

#### **PURPOSE**

To ensure the continuity of operations, maintenance of services, and to safeguard and protect of the interests of Lifetime Networks, individuals supported, their families, employees, volunteers, contractors and the public.

Potential operational risks exist within Lifetime Networks operations; accordingly, the successful delivery of services is contingent upon effective risk management.

#### **POLICY STATEMENT**

Lifetime Networks will identify, reduce and potentially eliminate risks to supported individuals, families, property, interests, employees, contractors and volunteers. This will minimize and contain the costs and consequences arising from incidents associated with those risks. Risks include the potential for damage or loss and the potential of incurring second or third party liability. Lifetime Networks will provide adequate and timely restoration and recovery. Risk management is everyone's responsibility.

#### **PROCEDURES**

Lifetime Networks will develop an annual risk management plan that includes:

- Risk identification and insurance plans
- Minimization of risks and their impact via cost-effective risk strategies such as safety training, early detection, security precautions, emergency procedures and/or design changes
- Containment of the effects of any damaging or harmful incidents and, when appropriate, implement contingency plans to minimize losses
- Restoration and recovery after such incidents
- Provision of feedback to ensure continuous quality improvement.
- Policies and procedures that act to protect Lifetime Networks' assets



**POLICY TYPE: ADMINISTRATION****ADM POLICY TITLE: *PERFORMANCE AND IMPROVEMENT PLAN*****PERFORMANCE MEASUREMENT AND IMPROVEMENT PLAN**

Lifetime Networks uses a performance measurement and improvement system to:

- Support a model of continuous improvement in service delivery
- Assist in the design of services based on the mission of the organization and the desired outcomes for individuals receiving services
- Provide feedback on the organization's performance measurement and management system

<b>Lifetime Networks Mission</b>	We foster networks of friendship and support for people with diversabilities to enhance community.
<b>Lifetime Networks Programs and Services Seeking Accreditation</b>	Community Inclusion services: Being A Citizen Program, Community Support Program, Employment Services
<b>Objectives of Programs/Services Seeking Accreditation</b>	<ul style="list-style-type: none"> <li>• Increased community participation</li> <li>• Increased opportunity to make a valued contribution to community</li> <li>• Increased social connections</li> <li>• Increased independence (skill development)</li> <li>• Increased self- determination/decision-making</li> </ul>

**PROCEDURES**

On an ongoing and annual basis, Lifetime Networks:

1. Collects the following data to support service delivery improvement measurement and management:
  - Persons served at intake, at appropriate intervals, and at the end of services
  - Characteristics of persons served
2. Collects data on the following categories, to support the organization's business improvement measurement and management:
  - Financial
  - Accessibility
  - Resource allocation
  - Risk Management
  - Human Resource activities
  - Technology
  - Health and Safety
  - Strategic Planning
  - Field trends including research, if applicable
3. Sets delivery performance measures for services seeking accreditation in each of the following areas

- Effectiveness
  - Efficiency
  - Accessibility
  - Satisfaction and feedback
4. Analyzes and interprets the information collected and prepares an annual continuous quality improvement reports.
  5. The continuous quality improvement reports:
    - Analyze performance indicators in relation to performance targets for business function and service delivery reports
    - Identify areas needing performance improvement
    - Results in an action plan to address the improvements needed to reach established or revised performance targets
    - Outlines actions taken or changes made to improve performance
  6. The analysis or performance indicators are used to:
    - Review implementation to the mission and core values of the organization
    - Improve the quality of programs and services
    - Facilitate organizational decision-making
    - Review or update the organization's strategic plan
  7. Makes the relevant performance improvement information available to key stakeholders including participants, families, caregivers, employees and the Board.
  8. Implements the improvement plans.

#### CQI MANAGEMENT TEAM RESPONSIBILITIES

Area	Data Collection	CQI Report
Accessibility	Facilitators	Citizen Manager
Field Trends/Research	All Managers	
Financial Info and Resource Allocation	Finance Director	Finance Director and Executive Director
Health and Safety Reports	Manager Host Agency and Community Support Program	Manager Host Agency and Community Support Program
Human Resources	HR Manager	HR Manager
Manager or delegates	Managers of the: Networks Program, Host Agency and Community Support Program	Manager Networks Manager or delegate Host Agency and Community Support Program
Risk Management	Executive Director	Executive Director
Strategic Planning Information	Executive Director	Executive Director
Technology	Finance Director	Finance Director and Executive Director

**POLICY TYPE: ADMINISTRATION**

**ADM POLICY TITLE: *PROBLEM SOLVING***

---

**PURPOSE**

To allow individuals, families, staff, and community members to request support in solving a problem that is important to them, yet not considered a complaint.

**POLICY STATEMENT**

Any problem reported must be dealt with in a prompt, effective, and professional manner. This policy will be followed for all problems reported on the Problem Solving Form ([Appendix 40](#)).

Individuals, families, employees, and volunteers using this process will be free from retaliation. No one will be denied services, be treated unfairly, or be treated with a lack of respect due to using the problem solving process.

**PROCEDURE**

Problems are concerns or issues that affect the smooth operation of the office space or affect the relationships within the office or community; an example is dishes regularly left unwashed in the sink.

If a problem requires formal attention, the person identifying the problem and seeking a solution will complete the problem solving form ([Appendix 40](#)) and submit it to a Manager. The Manager will work with the person involved to seek a solution. The completed form will be placed in the individual's file, and a copy will be forwarded to the Executive Director.

## **POLICY TYPE: ADMINISTRATION**

### **ADM POLICY TITLE: *RECORD RETENTION***

---

#### **PURPOSE**

To ensure that the organization meets all legal requirements pertaining to the retention, archival, and destruction of records.

#### **POLICY STATEMENT**

All records will be retained in accordance with the current Acts and Regulations governing their retention as prescribed in ([Appendix 7](#)).

#### **PROCEDURES**

Duplicated copies of records must be shredded when they have served the purpose for which they were created.

Any confidential documents that do not require storage must be shredded.

Any documents to be archived will be put in a box and labelled with the contents of the information, such as: relevant dates, program name and date sealed. The archived boxes will be stored in a secure offsite location. All documents archived electronically must be password secured.

## **POLICY TYPE: ADMINISTRATION**

### **ADM POLICY TITLE: *UNANTICIPATED SERVICE MODIFICATION***

---

#### **BACKGROUND:**

Lifetime Networks has potential exposure to two levels of risk related to unanticipated service modification. The first is operating risk due to normal client turnover and exits. While some client turnover is always anticipated, its year-to-year volume and associated revenue impact can vary widely. The second is contract risk related to the loss or modification of all or a part of a contract with a funder, or to an unanticipated change in contractual service delivery requirements.

#### **POLICY:**

Lifetime Networks will manage the risk of unanticipated service modification proactively and in an orderly, planned manner. Three objectives will govern all planning related to unanticipated service modifications to ensure:

- Maintenance and continuity of services to clients
- Sustainability of Lifetime Networks, and
- Maintenance of employment for the maximum number of staff.

#### **PROCEDURE:**

The response to any unanticipated service modification is the responsibility of the Executive Director. All such modifications must be reported to the Executive Director immediately. Where necessary, the Executive Director and/or delegates will work with funders, and other stakeholders to manage the response.

In dealing with any unanticipated service modification and managing any transition, Lifetime Networks advocate for the needs of the supported individuals and make its best efforts to ensure an orderly and efficient response that maximizes their safety and well-being.

Lifetime Networks will recognize in all service planning that client needs, interests, and preferences may change, and that funder policies and capacity may change. It will manage both the related operating and contract risks as part of the annual budgeting cycle. Annual budgets will include a provision for unanticipated client exits, and, where possible, sufficient provision for working capital to ensure an orderly transition in response to a large contract modification.

Management will respond to minor service modifications—those that fall within budget expectations or do not constitute a significant financial risk-- as part of the ongoing budget and service management process. Such modifications will be reported to the Board as part of ongoing service level reporting.

For all other unanticipated service modifications, the Executive Director will inform the Chair of the Board at the earliest opportunity. At the Chair's discretion, the Executive Director will, within 10 days, or as required by the funder, establish and document a plan to address the changes. Any plan must be approved by the Board. The plan will identify specific actions, responsibilities, timelines, and address the following broad areas:

- Advocacy to ensure the safety and well-being of persons served to the greatest extent possible
- Facilitation of an effective transition to other supports and/or services (if applicable), including where necessary the development of individualized transition plans for persons served
- Human resource issues related to the change, which may include timely and effective communication to employees, facilitation of lay-off procedures, or transition of employees to alternate agency programs
- Review of agency assets and the potential risks or liabilities associated with the service changes
- A communication plan concerning the changes addressed to stakeholders and the public.

The Executive Director or a designate will monitor the completion of actions identified in the plan and report to the Board of Directors and to funders as appropriate.

## **POLICY TYPE: FINANCE**

### **FIN POLICY TITLE: *BUDGET, PLANNING, REPORTING***

---

#### **PURPOSE**

To ensure the operational, financial accountability, and stability of Lifetime Networks.

#### **POLICY STATEMENT**

Lifetime Networks shall develop and approve an Annual Operating Budget that realizes goals that are in support of individuals with developmental disabilities and their families. The results of operations shall be reported and monitored relative to budget forecasts.

#### **PROCEDURES**

##### **Annual Budget**

- The Board of Directors establishes and sets budget parameters, guidelines and financial priorities.
- The Board of Directors delegates the Executive Director's responsibility for an annual budget that is consistent with Lifetime Networks' purpose and mission. Whereas the budget is presented to the Board, the process and timing shall be determined by the Executive Director and the Finance Director.
- When preparing the annual operating budget, the Executive Director shall work with the Finance Director and Manager or delegates. The budget process will include employee input, where that input best meets program requirements and the needs of the individuals served.
- A primary budget consideration is meeting the needs of individuals served, within existing financial constraints. Staffing levels shall be assessed as part of the budget process.

##### **Reporting and Management**

- The Finance Director shall report the results of operations to the Board on a monthly basis.
- In order to meet the annual budget, managers may be required to make periodic operational adjustments.
- The Annual Report and Financial Statements are distributed to Lifetime Networks members. Other stakeholders may also be provided these reports, upon request; including funding authorities, donors, individuals served by Lifetime Networks, volunteers, employees, and the general public.
- All reports legally required of Lifetime Networks will be prepared and submitted on a timely basis. Other financial reports and information may be made available at the discretion of the Executive Director. Financial information shall not be disseminated where it appears Lifetime Networks' operations may be compromised.

##### **Financial Planning**

- Long term plans and projections shall be developed as necessary and/or as required by the Board.
- Long term financial stability is part of the strategic planning process.

## **POLICY TYPE: FINANCE**

### **FIN POLICY TITLE: *CASH RECEIPTS AND DEPOSITS***

---

#### **PURPOSE**

To protect Lifetime Networks assets and ensure that funds are recorded and deposited accurately and in a timely manner.

#### **POLICY STATEMENT**

Funds (cash, cheques, and credit cards) shall be processed through the accounting office and deposited regularly.

#### **PROCEDURES**

Funds shall be stored in a locked drawer.

A spreadsheet summarizing deposits shall be prepared and include the following information:

- Date of deposit
- Name of payer
- Deposit details
- General ledger code
- Type of receipt (cash, cheque or credit card)
- Amount

The deposit summary shall be reconciled to the bank deposit slip.

Deposits shall be reconciled monthly by the Director of Finance.



**POLICY TYPE: FINANCE**

**FIN POLICY TITLE: *DIRECT DEPOSIT***

---

**PURPOSE**

To ensure prompt and efficient remuneration to employees.

**POLICY STATEMENT**

Lifetime Networks employees shall receive payment of wages and fees through direct deposit.

**PROCEDURES**

Upon commencing employment, employees will be provided with a 'Request for Payment by Direct Deposit' form that must be returned to the Human Resources Department.

Any changes to banking information must be received two (2) weeks prior to the next scheduled payment date to ensure timely processing and payment.

## **POLICY TYPE: FINANCE**

### **FIN POLICY TITLE: *FINANCE AND ADMINISTRATION RECORDS MANAGEMENT***

---

#### **PURPOSE**

To ensure Lifetime Networks meets all legal requirements pertaining to the retention and disposition of financial and administrative records.

#### **POLICY STATEMENT**

Lifetime Networks will comply with all federal and provincial regulations regarding retention of administrative and financial records. Specifically, but not limited to, Canada Revenue Agency, Personal Information Protection Act, the Freedom of Information and Protection of Privacy Act, and the Society Act. All records will be retained in accordance with current Acts and Regulations governing their retention as prescribed in Policy ADM: Record Retention.

All files are considered the property of Lifetime Networks.

The records referred to in this policy are original documents.

#### **PROCEDURES**

Employee's access to files is limited to information required to carry out their job duties.

Administrative and financial records will be kept in secure physical or online storage. Records shall be secured by lock or password.

Duplicate copies of records should be disposed of when they have served their intended purpose.

In all areas, confidential documents are to be shredded.

Documents that are considered to be of important historical value must be referred to the Executive Director.

Credit Card information is kept by permission of the owner (*Appendix 77: Authorization for Credit Card Use Form*). All information is kept in a secure (locked) location. All credit card information is shredded when no longer required.

## **POLICY TYPE: FINANCE**

### **FIN POLICY TITLE: *FUNDRAISING/DONATIONS***

---

#### **PURPOSE**

To ensure appropriate and ethical fundraising activities, the fulfilment and acknowledgement of donors' wishes and accurate and complete reporting of donated resources.

#### **POLICY STATEMENT**

Lifetime Networks encourages and gratefully receives donations from both employees and the community. Charitable donations shall be appropriately acknowledged with receipts, in accordance with requirements of the Canada Revenue Agency. Employees who wish to donate may elect to have payroll deduction ([Appendix 43](#)). Neither employees nor persons served may use donor relationships established by Lifetime Networks for personal fundraising activities.

#### **PROCEDURES**

The Executive Director and the Finance Director have full authority and responsibility for Lifetime Networks fundraising activities. All established and proposed fundraising activities must be vetted through the Executive Director or Finance Director prior to commencement.

When soliciting donor support, Lifetime Networks employees and volunteers shall maintain values and professional standards, which include the following:

- Avoidance of activities and/or dialogue harmful to Lifetime Networks, the individuals served, and the profession in general.
- Fundraising and promotional activities that advocate for the abilities and competencies of the individuals served.
- Maintenance of consistent, appropriate and positive images of persons with disabilities.
- Full and effective disclosure of potential and actual conflicts of interest.
- Compliance with all applicable local, provincial, federal, civil and criminal rules and regulations.
- Fundraising materials and publications which accurately represent Lifetime Networks' mission and the disposition of funds.
- Provision of informed, ethical, accurate and complete advice regarding the tax implications of gifts.
- Disposition of donations and contributions in accordance with the donors' wishes, where appropriate.
- Obtaining donor consent prior to altering the conditions of the gift.
- Maintenance of confidentiality when in discussions with authorized parties.
- Consistent application of the principle that donor information created by or on behalf of Lifetime Networks remains the sole property of Lifetime Networks and that use of said information shall be with the consent of Lifetime Networks only.
- Relationships with donors, prospects, and the individuals served shall not be exploited to the benefit of employees or volunteers.
- Activities which are or may appear to be in conflict with an employee's or volunteer's fiduciary, ethical, and legal obligations to Lifetime Networks and the people it serves, shall be avoided at all times.

- Generally accepted accounting principles shall be used to report on donated funds.
- Initial and ongoing training, as appropriate, when there is a change in fundraising procedures or practices.
- Initial and ongoing training, as appropriate, when there is a change in the scope of fundraising activities.
- Changes in the legal or regulatory requirements related to fundraising at Lifetime Networks.
- Donations may not be solicited from funding sources where funds are obtained through illegal or immoral means.
- Funders must align with Lifetime Networks mission and mandate.

When communicating with donors:

Donations will not be accepted where:

- The donation is “in kind” and is unnecessary to Lifetime Networks’ operations and/or may not be resold cost effectively.
- The donation is made on the condition that Lifetime Networks perform an illegal act, such as the issue of a receipt to an entity other than the donor.
- The donation is or may appear to be inconsistent with Lifetime Networks mandate, as determined by the Executive Director.

Donation receipts will be issued for all donations.

- Receipts shall normally be issued upon receipt of the donation.
- Receipts shall only be issued where permitted by the Canada Revenue Agency, and in a form and content as prescribed in its rules and regulations.
- Pre-numbered donation receipts shall be used and fully accounted.
- Lifetime Networks will appropriately acknowledge donations. Acknowledgements may include letters, listings on annual or other Lifetime Networks reports, listings on the Internet, or website, etc.
- The donation of services may be acceptable. Normally, however, donated services cannot be issued a receipt for tax purposes.

## **POLICY TYPE: FINANCE**

### **FIN POLICY TITLE: *HANDLING FUNDS OF INDIVIDUALS***

---

#### **PURPOSE**

We encourage individuals receiving services to handle their own finances and/or to be actively engaged in all decisions regarding their funds.

If support is required, this policy should be referenced to ensure that the handling of funds by Lifetime Networks for individuals is transparent, ethical, and efficient and that all such funds are appropriately safeguarded and accounted for at all times.

#### **DEFINITIONS**

Funds – any money received by the individual and designated for them to use at their discretion

#### **POLICY STATEMENT**

Lifetime Networks will support individuals to handle their funds only if such support is required and requested by the individual, their legal representative, or someone otherwise designated by that individual.

Where support is provided, all funds are to be segregated for each individual, accessed and utilized at their request or the request of a legal authority, and accounted for at all times. There is no fee or charge for this support.

#### **PROCEDURES**

For funds handled directly by Lifetime Networks the following procedures apply:

- 1) An account with a balance sheet is to be established for all individuals for whom this support is to be provided. Funds are to be kept in secure, locked location and segregated.
- 2) The individual may access their funds by making a request to staff. Should a staff person have concerns about the request, the matter is to be discussed with the individual in a respectful manner and the person responsible for program oversight is to be consulted prior to providing the funds to the individual.
- 3) All deposits and withdrawals/expenditures of funds are to be recorded on the balance sheet. All purchases made by staff on the individual's behalf require a receipt or reasonable accounting by the staff person involved.
- 4) Lifetime Networks will take responsibility for up to \$950 in funds through an internal account. Larger sums of money are to be handled through a personal bank account set up in the name of the individual.
- 5) The record of the individual's funds (balance sheet) can be accessed for review by the individual or those authorized by the individual or their legal representative at any time.
- 6) A monthly reconciliation of all accounts is to be completed by the person overseeing the program or service. A copy of this reconciliation is to be provided to the individual and/or their legal representative where appropriate.

Where support is provided for the use of a personal bank account, the following procedures must be followed:

- 1) Lifetime Networks must identify the specific staff person(s) that are authorized to provide this support to an individual.
- 2) The individual may access their funds by making a request to staff. Should a staff person have concerns about the request, the matter is to be discussed with the individual in a respectful manner and the person responsible for program oversight is to be consulted prior to providing the funds to the individual.
- 3) All transactions are to be recorded in a balance book, including the accrual of interest and any service charges.
- 4) In the event that a staff person with signing authority is no longer employed, Lifetime Networks will take responsibility to inform the financial institution and make arrangements to transfer authority to another staff person.
- 5) A monthly reconciliation is to be performed by the individual overseeing the program or service. A copy of this reconciliation is to be provided to the individual.

## **POLICY TYPE: FINANCE**

### **FIN POLICY TITLE: *INTERNAL CONTROL – FINANCIAL AUTHORITY***

---

#### **PURPOSE**

To ensure that authority for financial approval is in place, allowing for appropriate review and approval with respect to Lifetime Networks financial expenditures.

#### **POLICY STATEMENT**

The Board of Directors shall set the Executive Director's financial authority level.

#### **PROCEDURES**

Financial approval authority levels are controlled by annual budgets. Authority shall not exceed the level set by the Board of Directors for the Executive Director.

#### **General**

The Executive Director shall have authority to approve revenue and expenditure commitments up to designated amounts within the Board approved policy. The Executive Director may set approval levels for other Lifetime Networks employees.

#### **Series of Transactions**

For purposes of this policy, where a commitment is made for a series of purchase or sale transactions (i.e. leases, service agreements, benefit plan changes, etc), the applicable approval authority amount is the sum of all contracted current and future transactions.

#### **Conflict of Interest**

No individual may approve transactions for themselves. This includes travel, mileage, advances and equipment and supplies, other than normal consumables. No individual may approve transactions where a real or apparent conflict of interest exists, (i.e. non arm's length transactions).

## **POLICY TYPE: FINANCE**

### **FIN POLICY TITLE: *INTERNAL CONTROL - PETTY CASH***

---

#### **PURPOSE**

To ensure financial accountability and stewardship over Lifetime Networks petty cash resources.

#### **POLICY STATEMENT**

Lifetime Networks may maintain petty cash funds for the payment of valid expenditures. Petty cash funds shall be kept secure and are subject to appropriate controls over use, access, storage, and record keeping.

#### **PROCEDURE**

1. Staff will determine an amount of petty cash that will sustain them for two weeks.
2. Administrative Coordinator will issue the cash amount from Petty Cash.
3. Each staff will record petty cash on an excel spreadsheet provided. DO NOT make changes to this template!
4. When a replenishment is required they will send an email along with the spreadsheet to Administrative Assistant.
5. Administrative Assistant will reconcile and issue a cash replenishment within 48 hours (please avoid "emergency" replenishments)
6. Administrative Coordinator will create an overarching spreadsheet and group items under the same Chart of Accounts
7. Administrative Coordinator will send excel spreadsheet to Bookkeeper, requesting a cheque issued to themselves or delegate to replenish the office petty cash.
8. Cheque will be cashed and held in the safe.

All Cash will remain in the safe.

Staff who will have access to the safe will be:

1. Finance Director
2. Executive Director
3. Administrative Coordinator

Additional Managers may be added if the need arises. All financial procedures may change due to staff turnover.

#### **Forms needed:**

Templates for Petty Cash reimbursement



## **POLICY TYPE: FINANCE**

### **FIN POLICY TITLE: *INTERNAL CONTROL – SIGNING AUTHORITY***

---

#### **PURPOSE**

To ensure the safety and security of Lifetime Networks assets.

#### **POLICY STATEMENT**

The Board of Directors shall establish signing authority for Lifetime Networks accounts with financial institutions.

#### **PROCEDURES**

- Lifetime Networks' Executive Director shall designate the individuals with signing authority over financial institution accounts. Persons with signing authority shall be determined based upon the practicality of obtaining their signature and maintenance of effective internal control over cash disbursements.
- Two signatures are required on all cheque disbursements. Payments transacted by other than a cheque (i.e. electronic funds transfer) require two (2) authorized signatures on the initial approval.
- Signing authority is comprised of Lifetime Networks Board members, the Executive Director, and the Finance Director. When a new authority is added, changes will be reflected in the signing list.
- A change in signing authority shall be promptly communicated to the relevant financial institutions.

**POLICY TYPE: FINANCE**

**FIN POLICY TITLE: *INVOICING***

---

**PURPOSE**

To protect Lifetime Networks' assets and ensure the accurate collection and recording of monies due to Lifetime Networks.

**POLICY STATEMENT**

Where practical, government grants and sales receipts shall be processed through the Accounts Receivable system.

**PROCEDURES**

Finance department staff shall prepare invoices for grants and sales of goods and services. The invoice batches shall be approved by the Director of Finance.

Throughout the year, the Accounts Receivable Ages Trial Balance Report is subject to review by the Finance Director or his/her delegate. Overdue accounts will be followed up by written correspondence or telephone.

## **POLICY TYPE: FINANCE**

### **FIN POLICY TITLE: *PAYROLL TIME ENTRY***

---

#### **PURPOSE**

To maintain a detailed record of Lifetime Networks' employees hours worked and to ensure accurate remuneration.

#### **POLICY STATEMENT**

Each pay period, managers or delegates shall approve Inclusion System, formerly IBEX, staff hours in Daily Approval.

Respite shifts are not processed through our payroll system. Please see the below procedure for more direction.

#### **PROCEDURES**

It is the managers' responsibility to ensure Inclusion System, formerly IBEX, hours are approved. The Manager or delegate shall review and approve Daily Approval and advise payroll of any adjustments.

The Finance Director or delegate will review all approved shifts in Daily Approval and submit to Inclusion.

For respite shifts, staff are to email payroll [payroll@lnv.ca](mailto:payroll@lnv.ca) and the respite Coordinator.

Payroll and the Coordinator will not respond unless there is an error.

In the body of the email, please include:

- The date of the Respite session
- The name of the supported individual

## **POLICY TYPE: FINANCE**

### **FIN POLICY TITLE: *USE OF CREDIT CARD***

---

#### **PURPOSE**

To ensure financial accountability and stability.

#### **POLICY STATEMENT**

Lifetime Networks recognizes the need for credit cards when conducting its business. Lifetime Networks also recognizes that in the case of purchases from gas stations and big box stores (i.e. Home Depot, Staples) and travel expenses (i.e. hotel accommodation and online purchases), the use of another form of legal tender may not be practical.

The Executive Director, Finance Director, or delegate is responsible for the care, custody and accurate reporting of credit card transactions. Credit cards must be stored in a secure location and shall be used only by employees who are authorized to do so and only in the course of their duties.

Original receipts will be retained and submitted regularly (monthly) to the Finance Director.

Employees shall immediately report lost, damaged, or stolen credit cards to the Executive Director or Finance Director.

#### **PROCEDURE**

1. If credit card needs to be used online, send information to Administrative Coordinator
2. If credit card is used online by staff other than Administrative Coordinator, that staff must send receipt or confirmation to Administrative Coordinator via email.
3. If original card is used off site, return all receipts with a spreadsheet with the account of all expenditures to Administrative Coordinator upon return.
4. On a monthly basis, Administrative Coordinator sends all receipts to Financial Director.
5. Financial Director uses receipts to verify credit card transaction on monthly statements.

#### **Forms needed:**

Expense report (if required)

[Appendix 27-: Request for Professional Development](#) (if required)

**POLICY TYPE: FINANCE**

**FIN POLICY TITLE: *VOLUNTEERS IN FUNDRAISING ACTIVITIES***

---

**PURPOSE**

To ensure volunteers are involved in fundraising activities, the expectations of volunteers are understood, and volunteers are fairly recruited, trained, and supervised.

**POLICY STATEMENT**

Lifetime Networks encourages the engagement of volunteers in all of its activities and programs. Lifetime Networks strives to fairly recruit, train, supervise and recognize its volunteers.

**PROCEDURES**

Volunteers are involved in all fundraising activities under the supervision of staff approved by the Finance Director.

Volunteers will be expected to represent Lifetime Networks in a professional, moral, and ethical manner.

Volunteers will be required to sign the Confidentiality, Code of Ethics, and Conflict of Interest forms.

Regarding recruitment, training, supervision and dismissal of volunteers, please refer to **HRS Policy Title: Onboarding - *Volunteers***.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *ADVERSE ENVIRONMENTAL CONDITIONS***

---

#### **PURPOSE**

To maintain the safety and comfort of Lifetime Networks staff, participants and community members during adverse environmental conditions.

#### **POLICY STATEMENT**

Lifetime Networks' staff will take action to reduce risks associated with poor air quality and high winds while maintaining our services as completely as possible.

#### **PROCEDURES**

##### **Poor Air Quality (Wildfire Smoke)**

Risk is determined using Government of Canada scale data  
([https://weather.gc.ca/airquality/pages/bcaq-010\\_e.html](https://weather.gc.ca/airquality/pages/bcaq-010_e.html))

##### **Level 1 – Low Risk – (1-3 on scale)**

Lifetime Networks staff and participants will conduct business and services as per usual.

##### **Level 2 – Moderate Risk (4-6 on scale)**

Lifetime Networks office will remain open and programs will continue running

- Staff are expected to check the daily air pollution before attending regular shifts
- Staff are to modify programming for participants if they are sensitive to particle pollution and avoid high traffic areas
- Staff and participants are encouraged to wear masks if necessary to make a short trip outdoors
- Conditions will be evaluated periodically to consider any modifications required for moving the office towards closure i.e. an escalation to Level 3 and/or 4.

##### **Level 3 – High Risk (7-10 on scale)**

Lifetime Networks office will remain open and programs will continue running

- Staff are to close all windows along with window coverings and modify programming for participants to remain solely indoors
- Staff are to place wet towels at the base of all doors and cracks
- Staff are to turn off furnace and/or air conditioner while sealing any vents or any other potential leaks
- Staff and participants are to remain indoors and resort to the media (radio, t.v. news websites) to listen for when it is safe to return to regular programming.
- Conditions will be evaluated periodically to consider any modifications required for moving the office towards closure i.e. an escalation to Level 4.

##### **Level 4 – Very High Risk (10 +)**

Staff and participants will be notified of office closure, and staff will be expected to work from home.

##### **Heavy Winds**

Risk is determined using Alerts for Greater Victoria through Environment Canada  
([https://www.weather.gc.ca/warnings/report\\_e.html?bc43](https://www.weather.gc.ca/warnings/report_e.html?bc43))

**Level 1- Low risk (Gusts are Force 0-5 on table below)**

Lifetime Networks staff and participants will conduct business and services as per usual.

**Level 2- Moderate Risk (Gusts are Force 6-7 on table below)**

Lifetime Networks office will remain open and programs will continue running

- Staff are expected to check for wind warnings before attending regular shifts
- Staff are to modify programming for participants if there is a risk of injury (eg. hiking in a treed area)
- Conditions will be evaluated periodically to consider any modifications required for moving the office towards closure i.e. an escalation to Level 3 and/or 4.

**Level 3- High Risk (Gusts are Force 8-9 on table below)**

Lifetime Networks office will remain open and programs will continue running

- Staff are to modify programming for participants to remain solely indoors
- Staff and participants are to remain indoors and resort to the media (radio, T.V. news websites) to listen for when it is safe to return to regular programming.
- Conditions will be evaluated periodically to consider any modifications required for moving the office towards closure i.e. an escalation to Level 4.

**Level 4- Very High Risk (Gusts are Force 10+ on table below and sustained winds are Force 7 and above)**

Staff and participants will be notified of office closure, and staff will be expected to work from home.

Force	Wind (km/h)	WMO Classification	On Land
0	Less than 1.85	Calm	Calm, smoke rises vertically
1	1.85-5.56	Light Air	Smoke drift indicates wind direction, still wind vanes
2	7.41-11.11	Light Breeze	Wind felt on face, leaves rustle, vanes begin to move
3	12.96-18.52	Gentle Breeze	Leaves and small twigs constantly moving, light flags extended
4	20.37-29.63	Moderate Breeze	Dust, leaves, and loose paper lifted, small tree branches move
5	31.48-38.89	Fresh Breeze	Small trees in leaf begin to sway
6	40.74-50.00	Strong Breeze	Larger tree branches moving, whistling in wires
7	51.86-61.12	Near Gale	Whole trees moving, resistance felt walking against wind
8	62.97-74.08	Gale	Twigs breaking off trees, generally impedes progress

<b>9</b>	75.93-87.04	Strong Gale	Slight structural damage occurs, slate blows off roofs
<b>10</b>	88.90-101.86	Storm	Seldom experienced on land, trees broken or uprooted, "considerable structural damage"
<b>11</b>	103.71-116.68	Violent Storm	Very rarely experienced; accompanied by widespread damage.
<b>12</b>	118.53	Hurricane	Devastation.



## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *CRITICAL INCIDENT ANALYSIS***

---

#### **PURPOSE**

This policy promotes continuous improvement based on an analysis of the patterns and trends of critical incidents. By analyzing critical incidents, Lifetime Networks can identify and implement changes in how services are delivered that improve the safety and well-being of individuals served.

#### **DEFINITIONS**

**Critical incident** – Serious or unusual events that involve an individual receiving services from Lifetime Networks.

#### **POLICY STATEMENT**

The Executive Director, with senior staff, will complete an annual analysis of all incidents and events recorded as critical, unusual, or noteworthy ([Appendix 8](#)). The analysis will consider any identifiable trends, patterns, and implications of these incidents. Staff will be directed towards defining actionable recommendations for maintaining or improving safety.

#### **PROCEDURES**

Incidents defined as critical must be documented and reported to the Executive Director within 24 hours. Refer Policy: HEALTH AND SAFETY STANDARDS POLICY TITLE: *CRITICAL AND NON-CRITICAL INCIDENT REPORTING*.

An analysis of all critical incidents is completed at least once per year. This analysis includes a summary of all critical incidents by type. The analysis also considers any patterns or trends such as:

- Whether specific individuals or staff persons are consistently involved.
- Whether specific locations or service delivery sites have more incidents or events than others.
- Whether there are particular times of day, month or year that have more incidents or different types of incidents than others.

Recommended actions resulting from the analysis must be clearly stated. A plan that includes specific actions, persons responsible, and timelines will be created based on recommendations. As part of the analysis, the results of actions from the previous year's planning will be reported or updated, including noting any training or education that was completed.

If there have been no critical incidents within a given year, no action is required.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *CRITICAL AND NON-CRITICAL INCIDENT REPORTING***

---

#### **PURPOSE**

To ensure documentation exists for situations that require review and follow up by management and/or regulatory services.

#### **POLICY STATEMENT**

Lifetime Networks makes every effort to train staff and be familiar with the abilities and sensitivities of those supported to prevent incidents from occurring. These efforts may include SIVA documents, behavioural plans, risk assessments and in rare situations, Safety Plans.

An incident involves any situation that is of an unusual nature. The person who knows most about the incident must write an Incident Report in clear, understandable terms. The Incident Report information must include only facts, observations, actions, persons involved or present, and other details about the incident with no personal interpretations included.

There are three categories of incident reports in Lifetime Networks:

- Critical Incidents involving CLBC funded individuals (reportable to CLBC).
- Critical Incidents involving non-CLBC funded individuals (not reportable to CLBC).
- Incidents not critical and not reportable to external parties.

#### **PROCEDURE**

##### **Critical and Reportable Incidents – Reporting Procedures**

Employees involved in, or who witness, a Critical Incident are responsible for ensuring that the Critical Incident is reported and documented. It is important that Critical Incident Reports provide an accurate and completed description of the event(s) so that appropriate follow up can occur.

If the incident occurs during the evening or weekend, then it should be reported the next working day. If an employee needs to consult regarding the incident or emergency situation out of office hours, they are to contact the Manager or delegate or the Executive Director.

If the incident involves a CLBC funded individual and is reportable to CLBC, use a CLBC Critical Incident Report Form for Unlicensed Homes and Community Inclusion Activities ([Appendix 11](#)). If the incident does not involve a CLBC funded individual, use a SIVA Critical Incident Report Form ([Appendix 12](#)).

- 1) The Critical Incident Report (CIR) form must be completed and forwarded to the Manager or delegate within 24 hours or the next business day.
- 2) Family representatives of the individual involved in a reportable critical incident must be notified promptly. There is a box to check on both forms that this has been followed up on and record the date.

- 3) Once the CIR is documented, it is forwarded to the Manager or delegate who reviews and signs it. The signed CIR is then forwarded to the Executive Director who also reviews the CIR and returns it to the Manager. The Manager or delegate files the CIR in the individual's participant file and becomes part of their permanent record.
- 4) The Manager must ask the employee if they are injured. If the answer is yes, the Manager must ask the employee if they will be seeking medical attention. If the answer is yes, the Manager will follow Policy Type: Health and Safety, Policy Title: Employees Injured at Work.
- 5) In the event that an employee is injured and/or adversely affected by the incident, the Director of Finance or delegate is informed for follow up with WorkSafeBC.
- 6) The Manager or delegate redacts the CIR form and sends it to the Joint Occupational Health and Safety Committee representative. All Critical Incidents must be accompanied by a Critical Incident Follow up Form ([Appendix 53](#)) which is filled out with recommendations, following a debrief of all people involved. A redacted copy is then sent to the Joint Occupational Health and Safety team for review.
- 7) The CIR form is reviewed during the annual Critical Incident Review.

For incidents of an urgent nature involving a CLBC funded individual (e.g. any allegation of abuse or neglect, unexpected death, attempted suicide), the Executive Director must immediately call their CLBC liaison analyst or the MCFD After Hours Office when CLBC offices are closed. If the liaison analyst is unavailable, service providers are to contact the local CLBC office and will be directed to another analyst. Once contact has been made, the service provider must forward the completed report within 24 hours to the local CLBC office.

If the incident is critical but not of an urgent nature, the Manager or delegate will mail a copy of the form to the CLBC liaison analyst within five business days.

If the CIR involves a global issue such as fire or evacuation, these CIRs will be filed in the general database under global CIRs.

Any and all incidents involving the use of restraint must be reported using a CLBC Critical Incident Report Form.

### **CLBC Reportable Critical Incidents Definitions**

#### **Abuse**

The deliberate mistreatment of an individual in care by a person in a position of trust or authority, that causes physical, mental, emotional harm, or damage to or loss of assets.

For all categories of abuse, if a service provider becomes aware of alleged or actual abuse occurring outside of service delivery (for example, by a family member at an individual's home or in community), they will inform CLBC immediately.

The following types of abuse are critical incidents:

### **Emotional Abuse**

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

*NOTE: Emotional abuse may include intimidation, humiliation, withholding needed medication, censoring mail, invasion or denial of privacy, or denial of access to visitors.*

### **Financial Abuse**

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

### **Physical Abuse**

Alleged or actual excessive or inappropriate physical force directed at an individual by:

- A person in a position of authority or trust, including a staff member or volunteer.
- A person who is not responsible for providing services and is not a supported individual.

*NOTE: The alleged or actual physical abuse is perpetrated against the individual. This critical incident type is never about the individual's actions towards a staff or any other persons. If an incident is about physical aggression between a person (including another supported individual) refer to **Aggressive/Unusual Behavior or Aggression Between Individuals** to determine if it would be more appropriate to report it as one of these incident types.*

### **Sexual Abuse/Sexual Assault**

Alleged or actual sexual behaviour directed at an individual, whether consensual or not, by a staff member, volunteer, or any person in a position of trust or authority. Sexual behaviour may also include inappropriate, unsolicited, or forced sexual attention from a person who is not responsible for providing supports or services.

Sexual behaviour between two consenting adult individuals is not a critical incident.

### **Aggression between Individuals**

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

**Suicide or Attempted Suicide**

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

*NOTE: While suicidal threats are not reportable as critical incidents, they should be recorded as non-reportable incidents by Lifetime Networks employees and reported to a healthcare professional. If there is a pattern of suicidal threats or suicidal ideation, it is important that the service provider follow-up with a healthcare professional.*

**Choking**

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

*NOTE: Choking is a prevalent cause of death among individuals. All choking incidents that do not require first aid or any type of immediate medical assistance and are not reportable as critical incidents, should be recorded as non-reportable incidents by Lifetime Networks employees and reported to a healthcare professional.*

**Death**

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

*NOTE: Refer to the End-of- Life Policy for guidance on the reporting, documenting, and reviewing requirements following the death of an individual.*

**Neglect**

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

*NOTE: Lifetime Networks employees must record any evidence of self-neglect such as when an individual fail to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical or mental harm or substantial damage or loss in respect of the adult's financial affairs.*

*If a Lifetime Networks employee becomes aware of alleged or actual neglect occurring outside of service delivery (for example, by a family member at an individual's home), they will inform CLBC immediately.*

**Poisoning**

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

**Use or Possession of Illicit Drugs or Misuse of Licit Drugs/Unauthorized Use and Possession of Legal or Illegal Substances**

Any use or possession of an illicit drug. Misuse of a legal substance such as mouthwash, or ingestion of aftershave. Serious misuse of legal substances such as a prescription drug or alcohol.

**Overdose**

Call 911

Any incidence of over dose must be reported to CLBC and a health care professional.

**Use of Seclusion**

Involuntary separation of an individual from normal participation and inclusion. The person is restricted to a segregated area, denied the freedom to leave it, and is left alone.

Use of seclusion **must** be reported as a critical incident. It may never be included in a Behaviour Supports and Safety Plan.

*NOTE: Use of seclusion is identified as a prohibited practice in the Behaviour Support and Safety Planning Guide.*

**Weapon Use**

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

*NOTE: Weapons may include but are not limited to loaded or unloaded firearms, knives, swords, mace, pepper spray or derivatives, and improper use of laser beams. Incidents where an individual possesses a weapon, for example, a pocket knife but does not use or threaten to use it, should be recorded by the service provider as a non-reportable incident.*

**Aggressive/Unusual Behaviour/Incidents Involving Injury**

Aggressive behaviour by an individual towards a person (including another supported individual, staff, or others) or unusual behaviour that:

- Is not appropriately addressed or documented in the individual's Behaviour Support and Safety Plan.
- Results in harm (physical, including self-harm, or emotional).

If the harm is to another individual, refer to **Aggression Between Individuals** to determine if it would be more appropriate to report it as that incident type. Unusual behaviour is behaviour that is unusual for the individual.

**Communicable Disease/Parasite Outbreak**

An outbreak or the occurrence of a communicable disease above the level which is normally expected, including a communicable disease or parasite such as scabies. If you have any questions, contact your local Health Authority. NOTE: Transmission can be by direct or indirect contact with infected persons or with their excretions (e.g. blood, mucus) in the air, water, food, or on surfaces or equipment.

**Fall**

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

*NOTE: Other falls that may not require emergency care by a medical practitioner or a nurse practitioner and are not reportable as critical incidents, should be recorded as non-reportable incidents by the service provider and reported to a healthcare professional. Unexplained falls may be an indicator of other underlying medical conditions.*

**Medication Error**

Mistake in administering medication that:

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

*NOTE: Medication errors that do not result in emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital should be recorded by the service provider as non-reportable incidents.*

### **Missing/Wandering/Elopement**

Unscheduled or unexplained absence of an individual from a CLBC funded service.

### **Motor Vehicle Injury**

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

*NOTE: Car accidents that do not result in an injury should be recorded by Lifetime Networks Employees as non-reportable incidents.*

### **Other Injury**

Any other injury to an individual that requires emergency care by a medical or nurse practitioner, or transfer to a hospital.

**The following types of restricted practices are critical incidents:**

#### **Exclusionary Time Out**

Removal of an individual from a situation and environment for a period of time to prevent harm to themselves or others. It does not include positive redirection of an individual to a safe, quiet place. It differs from seclusion in that the individual is not left alone.

**Must** be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.

#### **Restraint**

Use of physical or mechanical restraints to temporarily subdue or limit the individual's freedom of movement, including containment. Containment means restricting an individual within a certain area (e.g. using a half-door or locked exits).

**Must** be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan. *NOTE: PRNs are not intended to be used as a chemical restraint. They are intended to help individuals regulate their behavior and emotions. Since PRNs are not considered a restraint, they do not need to be reported as a critical incident.*

#### **Restriction of Rights**

Removal of an individual's access to activities. It does not include standard safety practices or reasonable house rules.

**Must** be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.

### **Service Delivery Problem/ Disruption of Services (CCFL)**

Condition or event that could impair a service provider and its staff to provide care or which affects the individual's health, safety, dignity, or well-being. Examples include flood and fire.

*NOTE: Other events that may affect service delivery but are not critical incidents including incarceration and expected hospitalization must be recorded by the service provider. In these situations, the service provider should contact their liaison analyst to inform them that the individual is expected to be away from service. The service provider must also report the absence on an occurrence report for monitoring.*

### **Unexpected Illness/Food Poisoning**

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

### **Incarceration**

Incarceration is not considered a critical incident although it must be reported to CLBC. The service provider should contact their liaison analyst to inform them that the individual is expected to be away from service. The service provider must also report the absence on an occurrence report for monitoring.

### **INCIDENTS NON-CRITICAL AND NOT-REPORTABLE INCIDENTS ([Appendix 13](#))**

In addition to Critical Incident Reports, programs are required to maintain a record of non-critical incidents, which include a description of minor accidents or illnesses (not requiring outside medical attention), behavioural observations or other unexpected events that may need to be shared with caregivers (parents, next of kin or others). Employees are to complete a Lifetime Networks non-critical incident report and forward it to the Manager or delegate. All non-critical incidents are to be filed in Network Shares and become a part of the individual's permanent record.

The Manager must ask the employee if they are injured. If the answer is yes, the Manager must ask the employee if they will be seeking medical attention. If the answer is yes, the Manager will follow Policy Type: Health and Safety, Policy Title: Employees Injured at Work.

All Critical Incidents must be accompanied by a Critical Incident Follow up Form ([Appendix 53](#)) which is filled out with recommendations following a debrief of all people involved and a redacted copy is sent to the Joint Occupational Health and Safety team for review.



On an annual basis, the Executive Director or delegate will review all critical incidents for the year and produce an annual report. This analysis will identify trends, causes, and possible preventative and improvement actions.

### **SHORT VERSION PROCEDURE For CRITICAL AND NON-CRITICAL INCIDENT REPORTING**

#### **If a critical incident occurs:**

1. Staff will notify Program Manager or delegate
2. Program Manager or delegate will send Critical Incident Report form to staff member or direct where to go to get it
3. Staff will fill out Critical Incident Report form and return to Program Manager or Delegate
4. If delegate receives the form, will notify Program Manager, if Program Manager receives will notify Executive Director
5. Program Manager or delegate will scan Critical Incident to individual's file with date.
6. Program Manager or delegate will make two copies of the report and give to JOHS representative.
7. JOHS representative will redact names of all involved on one copy for presentation to JOHS monthly meeting, the other copy is placed in Critical and Non-Critical Incident binder
8. Original is mailed by Program Manager or Delegate to Quality Service Office at CLBC.
9. Critical Incident follow up actions form is filled out by Program Manager and submitted to JOHS committee for review and additions.
10. JOHS committee copies follow up actions form and attaches to redacted critical incident.
11. JOHS returns follow up actions form to Program Manager for follow up completion and scanning to individual's file.

#### **If a non-critical (internal incident) occurs:**

1. Staff will notify Program Manager or delegate
2. Program Manager or delegate will send Internal Incident Report form to staff member or direct where to go to get it
3. Staff will fill out Internal Incident Report form and return to Program Manager or Delegate
4. Program Manager or delegate will scan internal Incident to individual's file with date.
5. Program Manager or delegate will make two copies of the report and give to JOHS representative.
6. JOHS representative will redact names of all involved on one copy for presentation to JOHS monthly meeting, the other copy is placed in Critical and Non-Critical Incident binder
7. Follow up actions are recorded in JOHS minutes and are given by JOHS representative to Program Manager for follow up.

#### **Forms Needed:**

[Appendix 11: CLBC Critical Incident Report](#)

OR

[Appendix 12: SIVA Critical Incident Report Form](#)

[Appendix 13: Internal Incident Report Form](#)

[Appendix 53: Lifetime Networks Critical Incident Follow Up](#)

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *EMERGENCY RESPONSE AND EVACUATION***

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#### **POLICY STATEMENT**

Lifetime Networks is prepared to protect and safeguard the well-being of individuals, staff, and facilities during emergency situations.

#### **PURPOSE**

In the event of an emergency, it is critical that individuals and staff be prepared and provided with the appropriate tools and resources to respond effectively.

#### **DEFINITIONS**

**Emergency** – a sudden unforeseen crisis (usually involving danger) that requires immediate action.

#### **PROCEDURES – GENERAL**

Lifetime Networks is prepared to respond to emergency situations including:

- medical emergencies and/or serious illness of individuals or staff
- fire
- natural disasters
- utility failures
- safety during a violent or threatening situation, including the possibility of a bomb threat

Responding to each emergency is intended to:

- address the needs of all individuals and staff
- specify appropriate responses to various emergencies, including evacuation where appropriate
- address voluntary or involuntary closure of facilities in emergency situations
- ensure that notifications of family and other appropriate authorities (including the Executive Director) occurs

Lifetime Networks has:

a) Written emergency procedures for emergencies including:

- fire
- medical emergency
- natural disaster (earthquake)
- utility failure
- violent and/or threatening situation
- bomb threat

b) Emergency contact information:

- Emergency contact information is recorded for all participants and employees of Lifetime Networks.

- The emergency contact information for staff and participants not regularly on site is recorded in the database.
  - The emergency contact information for staff and participants regularly on site in programs is kept in the database and in a clearly marked emergency binder. The binder is kept on the bookshelf behind the front desk at Quadra site. A copy of the binder is also kept in the emergency preparedness bin and in marked locations at all other program sites.
- c) Ensures that each emergency procedure addresses evacuation, including:
- when evacuation is appropriate
  - how to ensure the complete evacuation from a facility
  - how to ensure that all evacuees are safe and accounted for
  - how to access temporary shelter if it is required
  - how essential services such as food and shelter will be maintained
  - emergency contact numbers for individuals and staff
  - how and when appropriate emergency authorities will be notified
- d) Conducts unannounced tests of each emergency procedure:
- at least once a year
  - that includes an actual or simulated physical evacuation of the facility (as applicable)
  - that are analyzed for quality improvement opportunities
  - that result in improvement opportunities
  - that result in improvement of practice wherever possible
  - that are documented using ([Appendix 10](#)) – Emergency Drill Form
  - that have at least two unplanned drills
- e) All procedures pertaining to emergency response will be in compliance with WorkSafeBC regulations and consistent or coordinated with local emergency response plans.

## EMERGENCY PROCEDURES

### A. MEDICAL EMERGENCY

#### General Response

All employees in required programs have valid first aid certification and should administer a first aid response as appropriate - provided it is safe to do so. An employee with valid first aid training continues with first aid procedures until emergency personnel arrive to relieve them or as directed by 911 personnel.

Once the primary response has been initiated, staff will inform the individual's emergency contact person and remove other individuals and staff from the scene as appropriate.

All facilities have first aid kits and emergency medical information on participants and staff for use in case of medical emergencies. All staff transporting individuals in their vehicles have a first aid kit. Staff should be familiar with the location and content of first aid kits and the location of emergency medical information.

### First Aid Response

The first employee with current first aid certification on the scene:

1. Remain with the person requiring assistance
2. Assess the need for first aid
3. Administer first aid as necessary on site
4. The appropriate employee completes an Emergency Incident Report Form and if required, a Critical Incident Report. ([Appendix 9](#))

### Serious Injury Response

Employee nearest/physically closest to injured person:

1. Ensure the accident scene is safe and that there is no further danger to you or the injured person.
2. Do not move the injured person unless there is a high risk of further injury and it is safe for you to do so.
3. Keep calm and do not leave the injured person unattended.
4. Contact the First Aid Attendant immediately and report the exact location of the patient and the patient's condition.
5. Be prepared to assist when directed by the First Aid Attendant.

### Summoning An Ambulance:

The Manager in charge will be responsible for summoning an ambulance. The Manager may designate another party to make the telephone call after ensuring that party return to them promptly after making the call to advise the Manager appropriately. The person calling 911 must ensure that they have adequate cell service before calling. (ie. move to parking lot from basement).

The ambulance dispatcher will need to know:

- If it is a workplace accident
- Lifetime Networks address of the site where accident occurred  
**2553 Quadra Street**  
**4135 Lambrick Way – Lambrick House**  
**1780 Feltham Road – Lambrick Church**  
**744 Fairview Rd #10** (please go to road and direct emergency services to area) – **Victoria Operatic Society**
- Lifetime Networks phone number **250-477-4112**
- If first aid is attending, en route, or not available
- Description of the incident/accident
- Number of casualties
- Conscious/unconscious
- Provide a brief description of the injuries

### Reporting a Medical Emergency

1. First Aid – reported using the “OHS First Aid Record” form
2. Medical events that meet Critical Incident definitions – “Critical Incident Report” form

## **B. FIRE**

In the event of a fire at the Lifetime Networks facility:

1. The staff who first becomes aware of the situation will sound the fire alarm by yelling, "FIRE, FIRE, FIRE".
2. The staff sounding the alarm calls 911 immediately and reports the fire – assuming it is safe to do so.
3. When a fire alarm is yelled, all persons on-site are to respond as if it is an emergency and exit the building immediately following the site evacuation plan.
4. The first staff member to reach the evacuation meeting point is to call 911 to report the fire (if the fire has not already been reported) and then report the emergency to the appropriate senior staff person or Manager.
5. Another staff person will alert the other occupants of the Lifetime Networks facility in a safe and timely manner.
6. Accounting for all individuals and personnel is to be completed as outlined in the site evacuation plan.
7. When the "ALL CLEAR" is given by appropriate emergency response personnel (i.e. fire department personnel), staff and individuals may return to the program area.
8. In the event that the staff and individuals are not able to return to the building, the emergency contact persons for all individuals are to be informed and arrangements made for the individuals to be returned to their homes.

### **Fire Suppression Equipment - Extinguisher**

The Manager or delegate, may, if safe to do so, decide it is appropriate to use the fire extinguisher to extinguish a small fire.

The following procedure is followed:

1. **Pull the Pin** at the top of the extinguisher. The pin releases a locking mechanism and will allow you to discharge the extinguisher.
2. **Aim at the base of the fire**, not the flames. This is important - in order to put out the fire, you must extinguish the fuel.
3. **Squeeze the lever slowly**. This will release the extinguishing agent in the extinguisher. If the handle is released, the discharge will stop.
4. **Sweep from side to side**. Using a sweeping motion, move the fire extinguisher back and forth until the fire is completely out. Operate the extinguisher from a safe distance, several feet away, and then move towards the fire once it starts to diminish. Be sure to read the instructions on your fire extinguisher - different fire extinguishers recommend operating them from different distances. Remember: Aim at the base of the fire, not at the flames!!!

## **C. NATURAL DISASTER- EARTHQUAKE**

### ***In the event of an earthquake while inside of a building***

1. Staff assist individuals to "duck, cover & hold", under table, desk, or any solid furniture and hold on.
2. If heavy furniture is not available or inadequate or if in a hallway, staff assist individuals to flatten themselves or crouch against an interior wall.
3. Staff ensure that individuals stay away from windows, glass partitions, mirrors, fireplaces, bookcases, tall furniture and light fixtures, and avoid doorways. Staff instruct individuals to protect their heads, faces, and necks.

4. Once the shaking has stopped, staff assess the situation. If there appears to be damage or the potential that damage has occurred, staff are to implement an immediate evacuation following site evacuation plans.

***In the event of an earthquake while outside***

1. Staff assist individuals to move to an open area away from buildings and sidewalks, taking particular care to avoid windows, buildings (or any other structure that could collapse), overhead wires, downed electrical wires, power lines, and telephone poles.
2. Once the shaking has stopped, staff assess the situation. If the earthquake is minor and there appears to be little damage, staff may be able to resume operations or support individuals to safely return to their homes.
3. In the event of a major earthquake, staff should take appropriate actions to ensure the safety of individuals and follow instructions of emergency personnel.

***In the event of an earthquake while operating a vehicle***

1. Staff are to pull over to a safe place where they are not blocking the road, avoiding bridges, overpasses, underpasses, buildings, or anything that could collapse on the vehicle. Staff and individuals remain in the vehicle.
2. Staff listen to the vehicle radio (CFAX 1070) for instructions from emergency officials. In the event that a power line falls across a vehicle, staff should NOT attempt to get out of the vehicle. Wait to be rescued.

**D. UTILITY FAILURES*****In the event of an electrical outage***

1. All programs have flashlights or other emergency lighting available.
2. Assuming the outage occurs during regular business hours, staff ensure the safety of all individuals. Staff will ensure that all individuals are accounted for and remain in the room or space they were in prior to the outage unless unsafe to do so.
3. Staff should be aware of the location of the main electrical panel for their location (as appropriate) and should check to see if the outage is due to a breaker being tripped.
4. If the outage lasts more than 15 minutes, staff will contact the appropriate utility authority to advise them of the outage and seek direction.
5. In the event that the outage is likely to last for an extended period of time or where loss of electricity will impact heating systems during cold weather periods, staff may implement a shutdown of operations.
6. In the event staff are unable to implement shutdown procedures and it is unsafe to remain in the facility, staff will contact local emergency response personnel, assess the situation and respond accordingly.
7. In the event of major emergencies or disasters, local emergency response personnel set up Emergency Response Centres where staff and individuals can be accommodated. The evacuation procedures for each site include reference to the local emergency contacts and/or the location of community emergency shelters.

***In the event of a water outage***

1. Staff will contact the local municipality in the event of a water outage to advise them of the outage and seek direction. Staff should be aware of the location of the water shutoffs for their location.
2. In the event that the outage is likely to last for an extended period of time, staff may implement a shutdown of operations.
3. In the event that staff are unable to implement shutdown procedures and it is unsafe to remain in the facility, staff will contact local emergency response personnel, assess the situation and respond accordingly. In the event of major emergencies or disasters, local emergency response personnel set up Emergency Response Centres where staff and individuals can be accommodated. The evacuation procedures for each site should include reference to the local emergency contacts and/or the location of community emergency shelters.

## **E. VIOLENCE OR OTHER THREATENING SITUATIONS**

Lifetime Networks complies with WorkSafeBC regulations regarding violence in the workplace (<https://www.worksafebc.com/en/health-safety/hazards-exposures/violence>). The purpose of this regulation is to eliminate or minimize the risks posed by violence or threat of violence in the workplace.

Violence includes the attempted or actual exercise by a person of any physical force so as to cause injury to staff or to an individual and includes any threatening statement or behaviour which gives reasonable cause to believe that there is a risk of injury.

1. As soon as staff are aware of the signs of escalating risk, they take appropriate actions to protect themselves and persons served from potential harm.
2. The signs of escalation might include confusion, frustration, anger, or hostility.
3. Staff may attempt to respond to a violent situation using one of the following basic approaches:
  - listen, ask clarifying questions, supply facts (do not become argumentative)
  - relocate to a quiet, safe location and reassure the individual
  - if the situation continues to escalate, disengage and/or draw another staff person into the conversation if appropriate
  - if the situation continues to escalate, isolate the individual if possible, alert other staff, and prepare to evacuate the premises following the site evacuation plan
4. All situations involving actual or threatened violence are required to be reported to a Manager immediately and should be documented on a *Critical Incident Report* form. All critical incidents must be reported to the Executive Director within 24 hours.
5. Police will be called to assist with incidents of workplace violence which violate the *Criminal Code of Canada*.

## **F. BOMB THREATS**

1. Under no circumstances will either staff or individuals attempt to locate or handle a bomb or potential bomb.



2. The person receiving a bomb threat will notify the staff person in charge immediately.
3. The staff person in charge will immediately CALL 911 and seek their direction regarding evacuation or other appropriate steps.
4. Staff are to follow all directions given by emergency personnel.
5. In case of a **telephone threat**, the person receiving the threatening call will attempt to get as much information as possible, including:
  - where the bomb is planted or is going to be planted
  - description of the caller (e.g. male/female)
  - voice characteristics or accents
  - affiliation with a political group
  - background voices or noises
  - anything which may identify the caller or where the call was coming from

This information is relayed to the staff person in charge and/or 911 personnel immediately.

## EVACUATION

### When Evacuation is Appropriate

The order to evacuate in response to emergencies may be given by:

- Executive Director
- Managers
- In the absence of Management Team members, the most senior employee
- Police
- Fire Department

The order to evacuate may be given in response to any of the following emergency situations:

- fire
- natural disasters – earthquake
- utility failures
- safety during a violent or threatening situation
- a bomb threat

### Complete Evacuation From The Facility

When the order to evacuate is given

1. All employees and individuals are responsible for an orderly evacuation
2. Everyone exits the facility following the evacuation route outlined of route evacuation maps.
3. Everyone gathers at the designated meeting area.
4. The meeting place for Lifetime Networks facilities are as follows:
  - 2553 Quadra- the parking lot of the school building to the left of the Lifetime Building when you exit the front stairs
  - 4135 Lambrick Way- grassy area near field by the exterior door to the cellar
  - 1780 Feltham Road -in the back parking lot where the Van is parked
  - 744 Fairview Road #10- in the parking lot by the garden beds that separate the PEERS building from Fairview Road

5. Everyone follows the direction of emergency responders/personnel (fire, ambulance, etc).
6. Employees and individuals return to the facility only when cleared to do so by emergency personnel.

### **When Sheltering In Place is Appropriate**

Sheltering in place at Lifetime Networks is appropriate when

- the facility and the individuals served are determined to be safe within the facility by either emergency response personnel and/or manager(s)
- the facility is safe enough to return to and it is required as a short term marshalling area
- the facility is safe enough for individuals to wait while transportation arrangements are being made

### **The Safety of all Persons Involved**

During evacuation, employees are responsible for ensuring an orderly exiting of the facility.

All individuals are supported to exit the facility using the appropriate exit route. First-Aid kits are brought to the gathering area along with emergency contact information for individuals and staff.

All Lifetime Networks employees have up to date First-Aid training. In the event that a first-aid response is required, they are qualified to provide a first-aid response.

### **Accounting For Individuals**

1. In the event of an evacuation, "Being a Citizen" employees will bring the program's attendance binder to the assembly area.
2. LN's Administrative Coordinator brings the Emergency Contact info for individuals and employees to assembly area.
3. Once everyone is gathered in the assigned assembly area, the most senior employee requests an accounting of individuals who are noted to be missing.
4. The names of individuals noted to be missing are cross-referenced with the attendance records and the schedule of activities for that day.
5. At no time should staff return to the facility to locate individuals who may be missing.
6. Emergency personnel are informed of any individuals or staff who may be missing.

### **Temporary Shelters**

Lifetime Networks does not provide residential services. In the event of an evacuation, residential service providers are responsible for ensuring shelter needs are met. However, if individuals at Lifetime Networks need a short term shelter prior to returning to their residential service provider, the individual could be sheltered at the Gordon Head Recreation Centre.

1. The Gordon Head Recreation Centre (1744 Feltham Road) serves as a designated emergency response centre by the municipality's emergency program.

It could serve as a temporary shelter for Lifetime Networks Lambrick site.

Saanich Emergency Program:

<http://www.saanich.ca/EN/main/community/emergency-program.html>

2. The Quadra Village Community Center (901 Kings Road) serves as an Emergency Support Service in the City of Victoria's Emergency Plan and can serve as a temporary shelter for Lifetime Networks Quadra site.

### Identification Of/And Addressing Essential Services

In the event that services provided by Lifetime Networks are curtailed, for the short term (less than 24 hours), and transportation services are also curtailed the following table provides an outline of:

1. The essential services that need to be addressed in order of priority.
2. How they will be addressed.
3. Who is responsible for ensuring that they are addressed.

Essential Service	How it will be Addressed	Person(s) Responsible
1. Medical/First Aid Support	All Lifetime Networks employees in required programs have current First Aid certificates and would be required to provide first aid support. Individuals who request medication administration keep a blister pack or extra medication on their person per ISS Policy- Self-Administration, Medication Monitoring or Medication Administration	Employees in Required Programs
2. Shelter	In the event that Lifetime Networks services are curtailed for longer than a couple of hours and/or a decision is made to move individuals and employees away from the assembly area:  The temporary shelter used by Lifetime Networks Lambrick site is Gordon Head Rec Centre.  The temporary shelter used by Lifetime Networks Quadra building site is Quadra Village Community Centre.	Directors/Managers
3. Transportation	Emergency contact information essential to addressing the transportation needs of individuals includes contact information for caregivers and family members of individuals served. It is the responsibility of Directors/Managers to coordinate transportation of individuals if services are curtailed for the short term - assuming it is safe to travel in the Victoria region. To ensure that individuals are transported safely to their residential placement, Directors/Managers:  ➤ Will assess the availability of public transportation.	Directors/Managers  Employees

	<ul style="list-style-type: none"> <li>➤ Arrange to contact caregivers and/or family members to arrange for individuals to be picked up.</li> <li>➤ May in some situations dispatch employees to drive individuals to their residential placements using personal vehicles.</li> </ul>	
4. Food/Water	As they serve as emergency response centre for Saanich and Victoria, Gordon Head Centre and Quadra Village Community Centre will have enough food and water to address the needs of the individuals for the short term.	Directors and Managers
5. Behavioural /Emotional Support	<p>The number of support employees required to address the behavioural and support needs of individuals is determined by Directors and Managers.</p> <p>Employees required to provide support are assigned by Directors and Managers.</p> <p>Behavioural and/or emotional support is provided by employees in the assembly area and/or in the temporary shelter.</p>	Directors and Managers

### Continuation of Essential Services

For Time Period in Line with Regular Hours of Service Delivery:

In the event that Lifetime Networks services are curtailed for longer than a couple of hours:

1. The number of support employees required to address the behavioural and support needs of individuals is determined by the Directors and Managers who request volunteers from the employee group to address the required needs of individuals. (Directors and Managers may approve requests from employees to leave their work responsibilities in order to attend to the needs of their own families).
2. Physical, behavioural and/or emotional support is provided by employees in the assigned assembly area and/or in the temporary shelter.

For Time Period in Excess of Regular Hours of Service Delivery:

The following conditions may indicate the suspension of services at Lifetime Networks for the longer term.

- Evidence that Lifetime Networks services require longer term (more than 24 hours) curtailment
- Significant damage to LN facility including the building and vehicles
- The impact of the disaster/emergency has caused significant damage to municipal and communications infrastructures
- The health and safety needs of individuals and other essential services can not be satisfactorily addressed in the temporary shelter
- The availability of service delivery staff is significantly compromised

When services are likely to be curtailed in response to any of the above conditions the following steps are taken:

1. Lifetime Networks employees connect with the emergency contacts for each of the individual's served to inform them of the service suspension.
2. Employees, in consultation with emergency contacts, arrange for the transportation of individuals from the Lifetime facility or temporary shelter to their residence.
3. The Executive Director informs CLBC of the suspension of services.
4. Appropriate emergency authorities are notified.
5. The Executive Director and Director of Finance, in consultation with CLBC, determine next steps.

When in-person work at the office and in the community is required to be curtailed due to emergency circumstances, Lifetime Networks implements Temporary Working From Home Guidelines ([Appendix 49](#)) and Working From Home Planning Guide ([Appendix 50](#)) to ensure confidentiality and privacy are maintained while staff are supporting participants remotely.

### **Emergency Phone Numbers Including Appropriate Emergency Authorities**

The following table lists emergency phone numbers. It also lists emergency authorities to be notified of an evacuation leading to a temporary suspension of services at Lifetime Networks.

Contacting Emergency Authorities - contacting emergency authorities is at the discretion of any Director, Manager or delegate or Program Instructor.

<b>Contacts in the Event of an Evacuation</b>	<b>Contact Number</b>
Fire	911 – (250) 475-7140
Police	911 – (250) 475-4321
Vic. General Hospital	(250) 727-4212
Royal Jubilee Hospital	(250) 370-8000
Poison Control	(800) 567-8911
WorkSafeBC	(250) 952-4821
Fortis BC	(800) 663-9911
Saanich Municipality	(250) 475-1775
City of Victoria City Hall	(250) 385-5711
Berwick House	(250) 721-4062
CLBC – Service Quality	(250) 387-6099
CLBC – Community Living Centre	(250) 952-4203
BC Hydro	(888) 769-3766
LN Insurance Provider – Westland Insurance	(250) 294 7240

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *EMPLOYEE INJURY AND MEDICAL LEAVE***

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#### **PURPOSE**

To provide procedure when:

- a Lifetime Networks employee is injured while at work
- a Lifetime Networks employee is injured elsewhere and the injury will affect work with Lifetime Networks
- a Lifetime Networks employee needs to take medical leave

#### **POLICY STATEMENT**

Lifetime Networks employees must immediately report to their Manager all injuries incurred or medical leaves needed.

#### **PROCEDURES**

If injured while at work and do NOT intend to seek external medical attention, employees must adhere to the following procedures:

- Notify Manager/delegate immediately of injury.
- Manager/delegate completes a WorksafeBC First Aid Record in consultation with the employee.
- WorksafeBC First Aid Record is sent to HR for filing purposes and a redacted copy is sent to the JOHS Committee to review and assess for any additional preventative measures.

If injured while at work and intending to seek external medical attention employees must adhere to the following procedures:

- Notify Manager/delegate immediately of injury.
- Manager/delegate completes a WorksafeBC First Aid Record in consultation with the employee.
- Work site JOHS Committee member conducts a preliminary investigation to determine safe return to work. An Employer Incident Investigation Report is completed and sent to HR. A redacted copy of the Employer Incident Investigation Report is sent to the JOHS committee.
- Manager/delegate identifies with employee if medical attention is needed and if so what type of medical attention.
- If medical attention sought after, employee must provide information as to what the recommendation is (time off needed, can work with accommodation).
- Manager/delegate sends WorksafeBC First Aid Record immediately to HR Director.
- HR Director completes a WorkSafeBC Form 7. Employer sends completed form to WorkSafeBC.
- HR Director/delegate sends a redacted copy of the WorksafeBC First Aid Record to the JOHS Committee.

- Employee completes WorkSafeBC Form 6. Contact HR department for the form. Employee submits the completed form to WorkSafeBC.
- JOHS Committee completes a full investigation using the Employer Incident Investigation Report on how the injury occurred and preventative measures.
- Form is sent to WorkSafeBC within 30 days of the incident occurring.

If injured outside of work with Lifetime Networks and injury will affect employee's ability to carry out full duties, employees must adhere to the following procedures:

- Notify Manager/delegate immediately of injury.
- Employee submits Doctor's note with recommendations to Manager or delegate.
- Manager/delegate notifies HR Director immediately.
- Executive Finance Director and HR Director to address any additional steps needed to support an employee with their WorksafeBC claim.

Please note: All WorksafeBC emails, calls or any other forms of communication that involve a Lifetime employee should be directed to the Executive Finance Director/delegate.

If an employee requires a medical leave for any reason, they must provide a doctor's note explaining the leave and the projected timeline for the leave. The employee then will be required to have a doctor complete a Functional Ability Form before they are able to return to work. This form can be found on the Government of Canada website. HR can help direct the employee to the correct form. A doctor's note will not be sufficient for returning to work.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *FIRE SAFETY EQUIPMENT***

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#### **PURPOSE**

To ensure that fire safety equipment and training appropriate to the setting and to the needs of individuals and staff is available for:

- Fire detection
- Warning of fire hazards
- Suppression of fires

#### **POLICY STATEMENT**

Lifetime Networks is prepared to protect and safeguard the well-being of individuals, staff, and facilities during emergency situations including fire.

#### **PROCEDURES**

That Lifetime Networks has

- Smoke detectors installed and batteries replaced annually
- Fire extinguishers inspected annually
- Staff are trained in the use of fire extinguishers as part of the OH&S orientation and training



## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *FIRST AID***

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#### **POLICY**

Lifetime Networks recognizes its obligations and responsibilities with regards to providing and maintaining first aid supplies/equipment, keeping records and training employees in all working locations to meet the minimum required standards of WorkSafe BC and CARF. Work locations include agency and personal vehicles used to transport individuals.

#### **First Aid Kits:**

Lifetime Networks is supplied with BC Basic Regulation First-Aid Kits as per the requirements laid out by WorkSafe BC Guidelines.

The First-Aid Kit location is clearly marked at each location.

- Lambrick Park Church: IW classroom
- Quadra Street:
  - o Upstairs- In the bookcase behind the front desk.
  - o Downstairs- The cupboard beside the fridge cabinet and beside the printer.
- Theatre Troupe: Deck boxes
- Namaste: Rolling cart

All employees who transport individuals supported using their vehicle are provided a personal first aid kit to carry in their vehicles at all times.

#### **Employees and First Aid Incidents:**

Employees must report all injuries to the Manager/delegate immediately. Employees must complete WorkSafe BC forms on all injuries that receive medical attention by a doctor and notify WorkSafe BC immediately. The Manager/delegate must report all injuries to both the Executive and Finance Directors within 24 hours.

All work place incidents resulting in injury to employees shall be thoroughly documented, in writing, and promptly reported (see WorkSafe BC Employer's Report of Injury or Occupational Disease forms and Accident Record Book). Documents are stored on Lifetime Networks' server.

#### **Program Participants and First Aid Incidents:**

For first aid incidents involving Program Participants, the Manager or delegate or most senior staff in the program will refer to the individual's emergency information, including allergies and medications and follow appropriate standard first aid procedures- provided it is safe. An employee continues with first aid procedures until emergency personnel arrive to relieve them or as directed by 911 personnel. All first-aid incidents requiring action will be recorded on the Non-Critical Incident Report form ([Appendix 13](#)).

**Employees and First Aid Certification:**

As a condition of employment, it is mandatory for all staff to have a current Emergency First Aid and CPR Level C Certificate on file. If an employee does not already have a current First Aid Certificate, the employee will be required to complete within the first month of hire. The initial cost is the employees' responsibility. Lifetime Networks will pay the cost and time ongoing upon renewal as long as Lifetime Networks is the employee's main source of income and is the only agency that will be providing compensation.

To receive reimbursement for time and cost of First Aid Course, staff are requested to add a shift in Inclusion and attach the expense. The employee that oversees that employee will change the pay code to training before approving. At no time should an employee exceed 80 hours in a two-week period to attain a First Aid Certificate.

If the cost of First Aid is prohibitive, an accommodation request can be submitted.

[\(Appendix 3\)](#)

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *HAZARDOUS MATERIALS***

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#### **POLICY**

Lifetime Networks informs employees of the hazardous materials that they may potentially be exposed to in the course of providing services. The organization documents procedures on the handling and disposing of hazardous materials in order to remove the possibility of employees experiencing the adverse effects of exposure.

#### **DEFINITION**

**Hazardous materials** include biohazardous substances (including organisms and viruses infectious to humans); fluorescent light bulbs, toner cartridges, computer monitors and other hardware.

#### **PROCEDURE**

##### **1. BIOHAZARDOUS RISKS**

Hazardous biological materials may present a risk or potential risk to the health of employees when they are present in an environment where service provision is provided. The risk can be through direct infection or indirect through damage to the environment.

Lifetime Networks has identified the following biohazardous materials that employees may be exposed to in the course of providing services:

##### **Biohazardous material from contact with blood or other body fluids, excretions and secretions**

The basic assumption is that all body fluids are potentially infectious. Lifetime Networks therefore provides all employees with information on how to protect themselves in the event that they come in contact with blood or other body fluids in the course of providing services.

Lifetime Networks "*Communicable Disease and Universal Precautions*" policies provide employees with information on protecting themselves in the event that they come in contact with body fluids. It also provides information on the disposal of objects contaminated with body fluids.

##### **2. HAZARDOUS MATERIALS**

###### **a. CLEANING SUPPLIES**

- Cleaning products are used by service delivery employees to disinfect surfaces in program areas.
- MSDS sheets are available in the vicinity of where these products are stored for employee access and referral.

**b. FLOURESCENT LIGHT BULBS****i. Handling**

Fluorescent lights (CFLs and fluorescent tubes) contain a small amount of mercury. As there is no safe level of exposure to mercury, care must be taken to ensure that materials are handled properly. The mercury from a compact fluorescent light or fluorescent tube is released if the bulb is broken.

**If a fluorescent light bulb breaks**, the following cleanup procedures are followed:

1. Wear disposable gloves to avoid direct contact with mercury and to prevent cuts.
2. Sweep or wipe up the glass fragments and powder using two pieces of stiff paper or cardboard.
3. Use sticky tape to pick up more particles and then wipe the area with a damp paper towel to pick up tiny pieces of glass or fine particles.
4. If the bulb breaks on a rug or carpet, use sticky tape (such as duct tape) to pick up small pieces and powder. Avoid vacuuming as it spreads mercury through the air. (If vacuuming is necessary, remove the vacuum bag or empty and wipe the canister with paper towel after the area is cleaned).
5. Place the broken glass and clean-up materials in a glass container with a tight fitting lid or two sealed plastic bags to further minimize the release of mercury vapor. Bring the sealed glass container or sealed plastic bags to a collection site.

**ii. Storage**

Lifetime Networks stores expended bulbs in containers such as original packaging that help prevent bulbs from breaking.

The bulbs are stored until such time as they are safely transported to an acceptable recycling depot.

**iii. Disposal**

Several depots that accept fluorescent lights are listed for Victoria on the "Recycling Council of BC" website including Asset Investment Recovery, Ellice Recycle and London Drugs.

**C. COMPUTER MONITORS****i. Handling & Disposal**

Computer monitors largely consist of plastic, glass and metal. However, some can contain lead, from the color cathode ray tube (CRT), which creates the images on the screen. With this knowledge, it's important to consider proper storage and disposal procedures.

**ii. Storage**

Storage of decommissioned computer monitors can be arranged with the Administrative Coordinator. The monitors are stored in a secure unit until arrangements are made to transport the monitors to an acceptable recycling depot.

**iii. Disposal**

Several depots that accept computer monitors are listed for Victoria on the "Recycling Council of BC website including Alpine Disposal & Recycling, Asset Investment Recovery, Hartland Landfill & Recycle, Salvation Army (Quadra).

#### **D. TONER CARTRIDGES**

##### **i. Handling**

Toner cartridges for printers and photocopiers contain small fine dust-like particles made from a plastic polymer. These particles, known as toner, are heated and fused onto the paper during the printing process. Toner is regarded as hazardous chemical waste. Follow all directions given on the printer screen when replacing empty toner cartridges or the full waste toner box. Handle empty toner cartridges and waste toner box with care, and place in the appropriate box.

##### **ii. Storage**

Storage of used toner cartridges is arranged with the Administrative Coordinator. The cartridges are stored in the office until arrangements are made with Monk Office for pick up. There must always be an empty waste toner box available and stored near the printer. Spare toner cartridges and waste toner boxes for managed printers are ordered from Monk Office.

##### **iii. Disposal**

As required, the Administrative Coordinator contacts Monk Office to arrange for pick up and proper disposal of toner cartridges from the managed printers.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *INCLEMENT WEATHER***

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#### **PURPOSE**

To maintain the safety and comfort of Lifetime Networks staff, participants and community members during heavy rain, snowfall, and unplowed snow.

#### **POLICY STATEMENT**

Variations in weather can delay transportation, increase the risk of traffic accident, and increase the risk of personal injury due to falls. Lifetime Networks' staff will take action to reduce these risks while maintaining our services as completely as possible.

#### **PROCEDURES**

##### **Level 1 – Light Snow or Freezing Rain**

Participants will be reminded to avoid slippage via careful walking and proper footwear. Landlords and home owners should fulfill their responsibility to keep stairs and sidewalks salted during winter months.

##### **Level 2 – School Board Closure, Roads Navigable**

Lifetime Networks' office will remain open and programs will continue running.

- Staff are expected to report to work and remain at work until further direction.
- If you do not hear from your Manager or Coordinator please contact them.
- Expectations for punctuality may be modified.
- In the event participant attendance is low, staff will be assigned other tasks such as planning, supply organization or other relevant, useful tasks.
- Participants will be referred to BC Transit's social media for transit service status, and offered support with navigation as needed.
- Snow clearing equipment will be stored in-office at Quadra.
- Conditions will be periodically evaluated to consider an office closure i.e. an escalation to Level 3.

##### **Level 3 – BC Transit Closure, Roads Non-navigable**

Staff and participants will be notified that all supports are canceled and the Quadra office location is closed. Staff will be paid for scheduled shift(s) during identified closures.

##### **Level 4 – Extreme or Sudden Weather**

If extreme weather presents an imminent threat to life and limb, the Emergency Response and Evacuation Policy will come into play.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *INFECTION CONTROL***

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#### **PURPOSE**

In keeping with a commitment to a healthy and safe environment for individuals, employees and students/volunteers, Lifetime Networks informs employees and the individuals served about communicable disease and universal precautions. The organization also takes steps to prevent the spread of communicable diseases and follows standard (universal) precautions.

#### **DEFINITIONS**

***Universal Precautions*** are the steps we should take to protect ourselves when we come in contact with the body fluids of other people. Standard (universal) precautions are intended to stop the spread of infection (e.g. germs and/or viruses) from one person to another. The basic assumption is that all body fluids are potentially infectious. Body fluids include blood, semen, breast milk, urine, feces, vaginal secretions and saliva.

***Communicable Diseases*** are conditions that are caused by, acquired and transmitted through infection or infestation, and that require special precautions to minimize the risk of spreading.

#### **PROCEDURE GENERAL**

1. Lifetime Networks provides employees, students/volunteers and individuals with the training needed to safeguard themselves and others from infections while performing job-related duties.
2. Lifetime Networks ensures that appropriate supplies are readily available and accessible within the program facility.
3. Lifetime Networks will ensure appropriate cleaning and disinfecting is occurring at all worksites.
4. As part of the admission to Lifetime Networks and its programs, employees sign a Wellness Declaration.
5. Employees and students/volunteers who support individuals are informed about the inherent risk of communicable diseases and provided with appropriate training on safe care practices.
6. Employees are aware of and follow the requirements regarding standard (universal) precautions.
7. Gloves can be accessed by all employees in the kitchen area or the bathrooms at the Lifetime facilities.
8. Employees who use personal vehicles to transport individuals are provided a personal first-aid kit that contain gloves to be worn in the event that they come in contact with body fluids.

#### **PROCEDURES/REQUIREMENTS: STANDARD (UNIVERSAL) PRECAUTIONS**

##### **1. WEARING GLOVES**

Gloves are to be worn by employees:

- if the skin on their hands is not intact (cuts, hangnails, eczema, rashes, blister)
- if contact with blood or body fluids is anticipated

- when touching non-intact skin (wounds)
- when cleaning and disinfecting equipment and items soiled with blood and body fluids
- when wiping up body fluids (blood, vomit, stool, urine)

### **Removing disposable gloves**

1. Remove gloves as soon as possible if they become damaged or contaminated
2. Remove gloves before leaving the work area
3. Do not wash and reuse gloves. Use new gloves for each new task
4. Follow these steps when removing gloves to ensure there is no contact with blood or body fluids left on the used gloves:
  - a. With both hands gloved, grab outside of one glove at the top of the wrist.
  - b. Peel off this glove from the wrist to fingertip while turning it inside out as you pull the glove off and away from you.
  - c. Hold the glove you have just removed in your gloved hand.
  - d. With the un-gloved hand, peel off the second glove by inserting your fingers on the inside of the glove at the top of your wrist.
  - e. Turn the glove inside out while pulling it away from you, leaving the first glove inside the second.
  - f. Dispose of gloves in a plastic bag. Deposit in the garbage.
5. Wash your hands thoroughly with soap and warm water for at least 15 seconds as soon as possible after removing gloves and before touching non-contaminated objects and surfaces.

## **2. HAND WASHING**

Hand washing is the single best way to prevent the spread of germs from one person to another. Wash hands thoroughly with soap and water for at least 15–20 seconds. Always wash hands:

- before preparing food
- before mealtimes
- after using the toilet
- before and after providing first-aid
- after contact with body fluids

## **3. BLOOD SPILLS OR OTHER BODY FLUIDS**

1. Before touching anything, put on disposable, waterproof gloves
2. Wipe up visible material with disposable, absorbent material, such as paper towels
3. Place soiled materials in a plastic bag before placing in the garbage; if necessary, change gloves before proceeding to next step
4. Clean and decontaminate all affected areas (floors and any surfaces) by using a disinfectant with disposable, absorbent material. Refer to the MSDS sheet stored with the disinfectant for product handling procedures.
5. Clean and decontaminate all reusable equipment and supplies using a disinfectant with disposable, absorbent material
6. Remove and dispose of gloves as per directions above
7. When finished, wash hands thoroughly with soap and hot water for 15-20 seconds.

## **4. STAYING HOME WHEN ILL**



If staff or participants have symptoms of a communicable disease or infection they are to stay home until better or cleared by a doctor to return to services.

### **PROCEDURES AND GUIDELINES FOR COVID-19**

1. People answering yes to any of the following statements are prohibited from Lifetime Network's sites:
  - a. Have symptoms of COVID-19. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.
  - b. Have tested positive for COVID-19 and are within the 5 day (for fully vaccinated staff and participants) or 10 day (for partially or unvaccinated participants) self-isolation period. Self isolation begins **from the day your first symptom started** or your test date if you have no symptoms.
2. All people being supported and those providing supports follow communicable disease safety procedures.
3. Any person who may start to feel ill during program will:
  - a. Report to their Worker, Manager or Coordinator, even with mild symptoms.
  - b. Be asked and expected to wash or sanitize their hands, don a mask, and isolate.
  - c. Be asked to go straight home.
  - d. If a person is severely ill (difficulty breathing, chest pain) the Manager or Coordinator will call 911.
  - e. All surfaces that the ill participant or worker are in contact with will be cleaned and disinfected.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *OCCUPATIONAL HEALTH AND SAFETY***

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#### **PURPOSE**

To promote a safe and healthy work environment for employees.  
To ensure compliance with the regulations and requirements of WorkSafeBC.

#### **POLICY STATEMENT**

Lifetime Networks is committed to promoting health and safety in the workplace.  
Lifetime Networks expects employees at all levels to actively promote and adhere to Lifetime Networks' health and safety policies and procedures.

#### **PROCEDURES**

Employees will promote a healthy and safe work environment. Specific responsibilities are as follows:

##### **Management Responsibilities:**

- To maintain and review a Health and Safety program
- To develop written policies and procedures which promote a safe work environment
- To provide training and protective equipment to employees when required
- To ensure each worker is adequately trained
- To conduct regular inspections and correct unsafe conditions
- To discuss Occupational Health and Safety concerns with staff
- To support and administer Lifetime Networks' health and safety policies and procedures

##### **Employee's Responsibilities**

- To perform their duties in accordance with Lifetime Networks H&S policies and procedures
- To report all unsafe conditions and acts to their Manager or delegate

#### **PROCEDURES**

Lifetime Networks operates an Occupational Health and Safety program comprised of the following:

- Identification of health and safety hazards through regular monitoring and inspection
- Mandatory annual emergency systems training for all employees
- Regular drills for all identified emergency procedures
- Provision of instruction and supervision through policies, procedures, education, training and day-to-day supervision
- Provision of first-aid equipment
- Provision of emergency kits
- Review of health and safety complaints
- Production of an annual review report
- Investigation of accidents, injuries and hazards
- Maintenance of Occupational Health and Safety records
- Joint Occupational Health and Safety Committee meets monthly

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *PROPERTY AND EQUIPMENT MAINTENANCE AND USE***

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#### **PURPOSE**

To ensure Lifetime Networks' property and equipment is maintained, stored and operated safely and used only for its intended purposes.

#### **POLICY STATEMENT**

Lifetime Networks employees shall follow established protocols for the monitoring and safe operation of property and equipment needed for the performance of their duties.

In the absence of Lifetime Networks protocol, employees shall follow the manufacture/supplier instructions.

#### **PROCEDURES**

It is the responsibility of all employees to:

- Conduct all necessary checks of equipment prior to operating and will ensure that all ongoing maintenance is completed as required and recorded.
- Make a note of any repairs that do not demand immediate attention or pose a health and safety risk and report these to their Manager or delegate
- Not operate or use any equipment that is not working properly or appears unsafe; employees will immediately notify their Manager or delegate of such concerns.
- Report repairs requiring immediate attention to their Manager or delegate (i.e. plumbing, electrical, heating, etc.).
- Not use Lifetime Networks owned or leased equipment or Lifetime Networks property for personal use (property includes but is not limited to: vehicles, furnishings, appliances, electronic equipment and consumables, such as food and office supplies) unless by permission from Executive Director.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *SEMI ANNUAL INSPECTION REPORT***

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#### **PURPOSE**

A semi annual inspection report is completed to identify and correct any hazards at all Lifetime Networks locations and to assist in preparation for yearly inspections by external regulatory agencies.

#### **POLICY STATEMENT**

A comprehensive health and safety report is conducted semi annually and results in a written report that identifies the following:

- areas that were inspected
- recommendations for improvement
- actions that will be taken to respond to the recommendations

#### **PROCUDURES**

Lifetime Networks must ensure a comprehensive inspection report is completed semi annually at all Lifetime Networks locations and that the Semi Annual Inspection Report has been completed. ([Appendix 14](#))

Following each inspection, Lifetime Networks shall act on any recommendations for improvement in a timely manner and record any actions that were taken to respond to the recommendations. Each inspection shall conclude with a report that identifies areas covered in the inspection, areas where improvement is required and an action plan to address these areas for improvement that includes identification of those responsible for corrective action.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *SAFETY, SECURITY AND VIOLENCE PREVENTION***

---

#### **PURPOSE**

To maintain a safe environment for all supported individuals, employees, and volunteers by eliminating or minimizing the risk of violence and increasing safety and security.

#### **POLICY STATEMENT**

For the purpose of this policy, violence is defined as the threatened, attempted, actual or potential exercise of physical force intended to cause injury. This includes any threatening statement or behaviour that causes one to believe he/she is at risk of injury; also aggression by an individual towards employees and/or supported individuals.

This policy prohibits the possession and/or use of any weapon capable of causing harm. Weapons capable of causing harm include but are not limited to firearms, pellet guns, ammunition, switchblades, knives, martial arts weapons, explosives and dangerous chemicals or poisons.

It is the Manager or delegate's responsibility to ensure that appropriate corrective action is taken to prevent and respond to incidents of violence. Appropriate action includes the creation of policies and procedures, incident investigation and follow-up, coordinating risk assessments, implementing training programs, consulting outside resources and ensuring the appropriate placement of individuals served by Lifetime Networks.

Negative changes in behaviour are taken seriously and will be investigated and addressed before they escalate.

It is the responsibility of the Manager or delegate to ensure that employees are properly oriented to potential risks. Orientation shall include an explanation and description of any risks of violence within the work site.

#### **PROCEDURES**

##### **Violence Prevention Responses**

Orientations must include an explanation of Lifetime Networks incident reporting procedure as it relates to violence in the workplace. Managers or delegates must ensure that the employee team complies with established procedures, including behaviour management guidelines. To ensure everyone's safety, it is imperative that incidents of violence are dealt with promptly. The Manager or delegate will request additional support (i.e. psychologist, behavioural consultant), if necessary.

An employee's primary responsibility is for the safety and security of themselves and others.

In the event of an incident, employees should use their best judgement and act immediately to get assistance from available resources. Employees must notify the Manager or delegate as soon as possible and document the incident on a Critical

Incident Report ([Appendix 11](#) or [Appendix 12](#)). The Manager or delegate will forward the report to the Executive Director. CLBC will be notified if applicable.

Incidents of violent behaviour will be investigated by management.

### **Safety and Security**

In the event of vandalism, break-ins, threats, weapons, obscene telephone calls and other similar incidents, the police or 911 must be contacted immediately. Calls to the police must be documented by completing a Non Critical Incident Report ([Appendix 13](#)). The Manager or delegate shall be notified of serious incidents immediately or the following work day.

If feasible, employees will ensure that all doors and windows are locked and secured when not in use or vacant (including vehicles).

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *SAFE HAVEN***

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#### **PURPOSE**

To provide a list of safe havens ([Appendix 38](#)) in the case that staff with supported individuals find themselves in danger when out in the community.

#### **POLICY STATEMENT**

Lifetime Networks will provide a list of agencies, addresses, phone numbers and in the case that staff encounter an unsafe situation when supporting an individual in the community and wish to seek a 'safe haven.'

#### **PROCEDURES**

The Vehicle Information Binder supplied to each staff who drive individuals supported, in their own vehicle, includes a list of 'safe havens' made up of other agencies who have agreed to provide this support when needed.

When necessary, staff will contact the nearest safe haven agency to seek shelter and support for themselves and the individual being supported. The Safe Haven list is updated annually.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *INTERNAL AND EXTERNAL INSPECTION***

---

#### **PURPOSE**

Workplace site inspections are completed to help prevent incidents, injuries and illnesses. Through critical examination of the workplace, inspections help to identify and record hazards for corrective action.

#### **POLICY STATEMENT**

Lifetime Networks:

- Completes location inspections at least once early addressing:
  - Areas that were inspected.
  - Recommendations for improvement.
- Organizes external inspectors yearly to inspect all locations.
  - External inspectors includes:
    - A representative of the fire department.
    - Fire safety equipment inspection
- Completes respite provider location inspections upon start ([Appendix 80: Respite Provider Location Inspection Checklist](#))

Lifetime Networks shall complete written reports that identifies the actions that will be taken to respond to the recommendations of both internal and external inspections.

#### **PROCEDURES**

Lifetime Networks shall ensure an external inspection of Lifetime Networks facilities occurs at least once per year.

An inspection of all Lifetime Networks locations will be organized and conducted at least once per year by a qualified external authority in order to enhance or help to maintain health and safety practices.

Upon hire of a new respite provider, the Respite Provider Location Inspection Checklist ([Appendix 80](#)) is to be completed with the person served (when appropriate) on the day that a respite session takes place. Respite providers will then email the completed form to the respite coordinator at the conclusion of the respite session.

Following each inspection, Lifetime Networks shall act on any recommendations for improvement and record any actions that were taken to respond to the recommendations. Each inspection shall conclude with a report that identifies areas covered in the inspection, areas where improvement is required and an action plan to address these areas for improvement that includes identification of those responsible for corrective action.



**POLICY TYPE: HEALTH AND SAFETY STANDARDS**

**HSS POLICY TITLE: *TRANSPORTATION-ACCESSIBILITY AND TRAINING***

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**PURPOSE**

To ensure all staff are trained on specific accessibility needs related to individuals they are transporting. To ensure all individuals are safely transported to activities.

**POLICY STATEMENT**

All drivers are trained to the transportation procedures laid out in the transportation policies. In specific situations an individual may have specific transportation needs such as wheelchair management, visual impairments, or neurological conditions that impede transportation. If specific training is required for staff supporting an individual that training will be provided prior to the individual being transported.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *TRANSPORTATION-TRANSPORTATION SAFETY***

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#### **PURPOSE**

To ensure safe transportation of people supported by Lifetime Networks.

#### **POLICY STATEMENT**

Lifetime Networks employees must possess a driving record that does not contain any potential threat for transporting individuals. During a public health authority identified pandemic, additional safety procedures are required and followed.

#### **PROCEDURES**

All employees driving Lifetime Networks vehicles must have their name on the vehicle insurance document.

All employees must provide a current driver's abstract that demonstrates acceptable and safe driving habits.

Upon hire, and prior to commencing employment, employees must submit a driver's abstract. Any employee new to BC (less than 6 months) must provide a driver's abstract from the previous country or province where they held a driver's license. Updated drivers abstracts will be required upon expiry but can be asked for more frequently when deemed appropriate by Lifetime Networks (i.e. Employee has an infraction on their abstract).

Employees may be asked at any time to provide a current driver's abstract.

It is the employee's responsibility to ensure that any driving infractions incurred during their course of duties are reported to a Manager or delegate. In addition, any significant changes (i.e. suspensions) to the status of their licence, whether on duty or not, shall be immediately communicated to a Manager or appropriate Lifetime Networks staff.

Driving without a valid driver's licence will lead to immediate discipline up to and including dismissal.

During a public health authority identified pandemic, the driver follows additional cleaning and safety procedures as outlined in Phase Two Safety Plan and Protocols: Personal and Company Vehicle Protocols and Measures in Place.

Before any staff member begins to use the organizations vehicles(s), the Program Manager or delegate must contact the Finance Director and provide Finance Director with staff member's full name, birthdate, and driver's license number.

Program Manager or delegate will train staff member on booking the vehicle, key location, vehicle inspection and vehicle features before staff member drives the vehicle for the first time.

Staff member will follow all other Lifetime Networks Transportation policies while using the Lifetime Networks vehicles.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *TRANSPORTATION-VEHICLE ACCIDENT REPORTING***

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#### **PURPOSE**

To ensure that motor vehicle accident are managed and reported promptly and accurately.

#### **POLICY STATEMENT**

Any employee involved in a motor vehicle accident with a Lifetime Networks owned vehicle, or with their own vehicle while on Lifetime Networks business, must notify the appropriate manager as soon as possible.

When the severity of the accident indicates that medical attention is required for anyone in the vehicle, it should be sought promptly.

The employee involved in the accident must complete a Vehicle Accident Report ([Appendix 16](#)) and either a Critical Incident Report ([Appendix 11](#)) or a Non-Critical Incident Report ([Appendix 13](#)) and submit it within 24 hours to the Manager or delegate. The Critical Incident Report is used in more serious accidents involving injury and use of outside resources such as police, ambulance or hospital.

#### **PROCEDURES**

At the scene of the accident the employee must gather the following information and complete the applicable sections of the Vehicle Accident Report form:

- Other vehicle driver's information.
- Names, addresses and telephone numbers of witnesses.
- Any injuries known at the time.
- Name of passengers in both vehicles.
- Anything said by the other driver, time, location, weather and road surface conditions.
- In order to assist the employee and emergency personnel (RCMP, ambulance attendants, etc.), each Lifetime Networks- owned vehicle must be equipped with paperwork identifying emergency contacts and emergency procedures (see transportation binder located in each vehicle).
- The employee involved in the accident must assess the need for and arrange for towing.
- The employee must ensure that, in conjunction with the manager or delegate, appropriate transportation arrangements are made for the individuals supported, including an ambulance to hospital, alternative transportation to their personal physician or home.
- In addition to completing and forwarding the Accident Report form (found in each vehicle) staff are required to complete either a Non Critical Incident Form (in the case of no injuries and no use of outside resources such as police, ambulance, hospital: [Appendix 13](#)) or a Critical Incident Report form (in the case of injury and use of outside resources) and forward to the Executive Director.
- It is the driver's responsibility to report the accident to ICBC Dial-A-Claim within 24 hours and, depending on the extent of damage, make an appointment to bring the vehicle to ICBC for an estimate of repair costs.

- The Manager or delegate will follow up on the cause and severity of the accident, which may result in disciplinary action up to and including dismissal.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *TRANSPORTATION-USE OF PERSONAL VEHICLES FOR LIFETIME NETWORKS BUSINESS***

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#### **PURPOSE**

To safeguard individuals we support and employees when employee-owned vehicles are utilized to transport individuals.

#### **POLICY STATEMENT**

Transportation of individuals in employee-owned vehicles may be a requirement of employment.

Employees are permitted to transport the people we support in their personal automobile under specific conditions as set out below:

- The vehicle is appropriately insured with a minimum of \$3,000,000.00 third party liability insurance.
- Lifetime Networks has a copy of the vehicle insurance on file (provided during hire and updated when expiry date reached).
- The vehicle is safe and roadworthy.
- First Aid supplies and a Vehicle Information Binder are carried in vehicle.
- The driver completes a pre-trip vehicle inspection as laid out in the Vehicle Information Binder supplied to each driver.
- During a public health authority identified pandemic, additional safety procedures are required and followed.

#### **PROCEDURES**

##### **Mileage Expenses:**

Employees authorized to use their personal vehicles for Lifetime Networks business may claim mileage and parking expenses in IBEX. Mileage rates shall be paid as per Lifetime Networks current rate.

Mileage cannot not exceed the amount in the contract of the individual being supported.

Prior arrangement for reimbursement must be made with a Manager if the trip exceeds 80 kilometers.

Excludes Network Facilitators.

##### **First Aid Supplies:**

A first aid kit is provided to every employee who uses their vehicle to transport individuals. Please keep the first-aid kit in the vehicle at all times.

**Vehicle Safety:**

The driver completes the pre-trip vehicle inspection listed on the inside front cover of the binder. The inspection requirements are reviewed annually at the Performance Review. Employees are required to sign a form stating understanding and compliance. During a public health authority identified pandemic, the driver follows additional cleaning and safety procedures as outlined in Phase Two Safety Plan and Protocols: Personal and Company Vehicle Protocols and Measures in Place.

**Communication Devices:**

Employees use their personal cell phones in order to contact Lifetime Networks in the event of an emergency to ask for assistance. If an employee does not have a personal cell phone, they will inform the Manager and one will be available on loan.

**Personal Vehicle Use**

If an employee will be using a personal vehicle to drive for work more than six days per month, then the employee will need business insurance for the vehicle.

**Written Emergency Procedures in Vehicles:**

Vehicle Emergency procedures are provided in the Vehicle Information Binder held in each vehicle.

**Vehicle Accident Reporting:**

In the event that an accident occurs when employees are transporting individuals, the employee uses the 'Vehicle Accident Reporting' form included in the Vehicle Information Binder.

**TRAVELLING TO AND FROM WORK**

Employees are not paid to travel to their initial worksite nor home from their final work site.

**TRAVELLING BETWEEN SHIFTS**

Employees are paid for time going from one work site to another during their work day. This is considered work time. Time getting to the first site is unpaid commute time.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *TRANSPORTATION-TRAFFIC VIOLATIONS***

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#### **PURPOSE**

To clarify responsibilities for dealing with traffic violations and any penalties.

#### **POLICY STATEMENT**

Traffic violations which result in a fine are the responsibility of the employee operating the vehicle at the time of the offence.

#### **PROCEDURES**

Traffic violations received by an employee with driving a Lifetime Networks vehicle on Lifetime Networks business must be reported to the employee's manager.

Any employee receiving a traffic violation while driving a personal vehicle to transport people we support while on Lifetime Networks business must report the violation to their manager.

Where a traffic violation is committed, the employee may be subject to discipline up to and including termination of employment.

If an employee wishes to dispute a traffic citation, this must be done on the employee's own time.



## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *WASTE, FRAUD, ABUSE & OTHER WRONGDOING***

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#### **PURPOSE**

Lifetime Networks has a duty to conduct its affairs in a professional, responsible and transparent way and to follow applicable laws, regulations, contract requirements and standards. Lifetime Networks operates in good faith and takes all reasonable steps to prevent, detect, investigate and address any fraud, waste, abuse or other wrongdoing.

#### **POLICY STATEMENT**

1. All employees and students/ volunteers promptly report any suspected fraud, waste, abuse or other wrongdoing. Please use Waste, Fraud, Abuse, & Other Wrongdoing Report Form ([Appendix 46](#)).
2. There will be no reprisals for any person bringing forward concerns about fraudulent practices.
3. Management takes proactive steps to prevent, detect and report fraud, waste, abuse or other wrongdoing.
4. Management investigates and deals with all reports, allegations and proven instances of fraud, waste, abuse or other wrongdoing in a consistent and timely manner.
5. Management, employees and students/volunteers work together to create an organizational culture and environment that is risk-averse, discourages, and inhibits such actions.

#### **Definitions:**

**Fraud** is a dishonest and deliberate course of action that results in the obtaining of money, property or an advantage to which the recipient would not normally be entitled.

**Theft** is the wrongful taking of someone else's property without that person's consent. It encompasses offences such as burglary, embezzlement, larceny, looting, robbery, trespassing, fraud (theft by deception), and sometimes criminal exchange.

**Waste** is the expenditure or allocation of resources significantly in excess of need. Waste does not necessarily involve private use or personal gain, but is always a sign of poor management.

**Abuse**, as used in this policy, is a kind of waste that entails the exploitation of "loopholes" to the limits of the law, primarily for personal advantage.

**Wrongdoing** is an illegal or immoral act. Examples include the above, as well as lying, bullying, and intimidation.

#### **PROCEDURES:**

##### **Prevention**

1. Management is responsible for the following preventative steps:
  - a. Manage potential risks through the Risk Management Plan.

- b. Implement, operate and monitor internal controls.
- c. Ensure adequate training of employees and students/volunteers in policies, and instruction on specific procedures and tasks as needed.

### **Detection**

1. Management is responsible for the following steps:
  - a. Follow audit procedures.
  - b. Ensure adequate supervision of employees and students/volunteers
  - c. Follow-up on any irregularities or areas of poor control as soon as identified.

### **Reporting**

1. Any employee or student/volunteer who witnesses or suspects fraud, waste, abuse or other wrongdoing promptly reports and provides related information to their supervisor. If an individual is uncomfortable with reporting to their supervisor, they may report concerns to a member of the management team.
2. Management is responsible for the following steps:
  - a. Treat all reports in confidence, protecting the identity of the reporter, unless this is incompatible with a fair investigation.
  - b. Provided the allegations are made without malice and in the public interest, ensure no retaliation against the reporter.

### **Investigation**

1. Once a report has been received, it is forwarded immediately to the Executive Director.
2. The Executive Director, or delegate, investigates all reports within 14 days of receipt. This process may include collecting evidence from files or computers and interviewing people. After an initial in-house investigation to establish if there is substance to any suspicions, the management team determines whether to conduct a full investigation, which may include external investigators.
3. Investigations are documented by the Executive Director in a written report and remain confidential. The report outlines any action(s) to be taken, which may include disciplinary action against an employee, up to and including dismissal; changes to policy or practice; reporting to the Auditors; or reporting to the Police.

### **Action**

1. The Executive Director undertakes and oversees any actions resulting from an investigation report.
2. In the event that the police become involved, the Executive Director represents the organization, and Lifetime Networks pursues prosecutions where possible.
3. If the investigation results have legal or public implications for the Society, the Executive Director reports them promptly to the Board. Reporting to CARF is also required for serious allegations and investigations.

## **POLICY TYPE: HEALTH AND SAFETY STANDARDS**

### **HSS POLICY TITLE: *WORKING ALONE IN THE COMMUNITY***

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#### **PURPOSE**

To ensure employees working alone in the community exercise precautions and identify risks. No employee will be required to enter a work situation where they feel unsafe.

#### **POLICY STATEMENT**

Lifetime Networks will make all reasonable efforts to mitigate risk and prioritize the safety of its employees who are required to work alone in the community.

#### **PROCEDURES**

Ensure you stay with the assigned schedule. The Manager has the times and addresses of all sites where you will meet a person supported.

In your phone, have the Manager's number, Lifetime Network's office number (250 477 4112) and Lifetime Networks' emergency number (250 744 0518). Keep a copy of the Safe Haven sites in your car at all times ([Appendix 38](#)). Ensure that you have read the Supporting Individuals through Valued Attachments (SIVA doc) that has been written with the person you are supporting. This will give you an overview of celebrations and concerns.

With the Manager, you will have previously met the person you are supporting. If you feel unsafe supporting this individual you will not be required to continue that contract. Gather information about the neighbourhood before the visit. Identify safe areas (restaurants, public places) within the neighbourhood. Dress in a professional manner that allows for the activities you will be doing with the individual. Be aware of your surroundings, the building layout and where the exits are. Park in a well-lit area, lock doors and store any valuable items in the trunk. Limit the time of day visits can be made to high-risk areas/clients. Employees will keep keys and mobile phone on their person in case safety is an issue or if an immediate exit is required.

Do not enter a building if people are arguing or using alcohol or drugs. Never attempt to physically stop a violent behaviour or get involved in arguments. Employees will exit the site in a calm manner, if the environment is unsafe leave immediately and contact Lifetime Networks. Report and document any incident or significant observations to your Manager and request a debriefing as needed.

#### **Responsibility**

The Employer is responsible to:

1. Identify and assess hazards and if reasonably practical eliminate, control or remove risks.
2. Provide training and education for specific individuals.
3. Provide information on high risk geographical areas to all staff
4. Respect staff and ensure no retaliation for staff who chose not to support an individual due to safety concerns.

The Employee is responsible to:

1. Keep records and reports current.
2. Ensure Manager or delegate is aware if an aggressive, hostile or potentially violent incident occurs.
3. Identify and assess hazards. If reasonably practical ,eliminate or control risks.
4. Immediately leave a situation that is deemed unsafe, seek help including calling 911 if appropriate, and contact Lifetime Networks.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *ANSWERING TEXTS/EMAILS***

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#### **PURPOSE**

To provide clear and fair expectations for staff, Managers, individuals supported, and families regarding the timely return of texts and emails.

#### **POLICY STATEMENT**

It is expected that texts and emails from staff to Managers and Managers to staff will be returned within 48 hours. It is not expected that texts and emails will be returned on weekends or outside of typical business hours, unless by pre-arrangement.

It is expected that texts and emails between individuals supported, employees and families will be returned within 48 hours. It is not expected that texts and emails will be returned on weekends or outside of typical business hours, unless by pre-arrangement.

#### **PROCEDURES**

This policy is created to encourage reasonable expectations for communication. Lifetime Networks wants all employees, individuals supported, and families to feel their personal time is recognized and respected.

If a Manager sends a text or email to a staff member, individual supported, or family member, it is not expected the recipient will immediately return the communication if that member is out of Wi-Fi range, or if it is unreasonable at that time.

If a staff member sends a text or email to a Manager, individual supported, or family member, it is not expected that the recipient will immediately return the communication if that member is out of Wi-Fi range, or if it is unreasonable at that time.

If an individual supported or family member sends a text or email to an employee, it is not expected the recipient will immediately return the communication if that person is out of Wi-Fi range, or if it is unreasonable at that time.

It is expected that the communication will be returned within 48 hours.

If employees, individuals supported, or families have a mutual agreement that varies from policy, it must be written and approved by the Manager.

In an emergency, the Executive Director carries the emergency phone and you are encouraged to call.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *ATTENDANCE MANAGEMENT***

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#### **PURPOSE**

To clarify the work attendance expectations of Lifetime Networks, thus minimizing disruption of service delivery and maintaining adequate staffing levels.

#### **POLICY STATEMENT**

Employees are personally responsible for their attendance. Employees are expected to attend work regularly, be punctual, and remain on duty until the end of their scheduled shift. Attendance is criteria for performance evaluation.

**Under no circumstance is an employee to attend work if they are feeling unwell. Staff are eligible for Sick Leave based on the Government of BC guidelines.**

If an employee is unable to report for a regularly scheduled shift due to illness or any unforeseen emergency, the employee is required to notify the appropriate staff at the earliest possible time, preferably at least two hours before the start of the shift. Employees who must leave work prior to the completion of their shift must inform the appropriate staff prior to leaving work. It is the employee's responsibility to have the Lifetime Networks telephone numbers required to give notice of shift cancellation.

#### **PROCEDURES**

- For all planned absences notify the appropriate staff in advance to make necessary arrangements.
- If you have a prior communication agreement with the individual/ family please inform them as soon as possible and include the appropriate Lifetime staff in the communication.
- Unless indicated at the time of the initial call, an employee will be expected back to work for their next scheduled shift.
- Employees must provide a minimum of two weeks' notice and submit a Staff Absence Request Form. ([Appendix 25](#))
- In an emergency please call as soon as possible. If it is a weekend, please contact the Executive Director at 250 744 0518.

#### **Absence Requests**

- Complete Staff Absence Request form ([Appendix 25](#)) for both paid and unpaid leave. Whenever possible, Lifetime Networks will accommodate submitted absent requests.
- For planned absences provide as much notice as possible.
- Leave will be granted on an individual basis; Lifetime Networks reserves the right to refuse absent requests. Possible reasons for declining an absence request could be an increase of absenteeism or a pattern of absences.
- Paid leave can only be granted if the hours are accrued by the requested date of absence.

- If absenteeism is becoming concerning or staff performance is starting to waiver, a Director/delegate may assess the issue by consulting or completing an Attendance Management Checklist ([Appendix 29](#)).
- If deemed appropriate a Director/delegate will discuss solutions for attendance management that mutually benefit the agency and employee.

### **Lateness**

- Notify Director or delegate. The employee will not be compensated for the time they are late.
- Lateness may be cause for disciplinary action. Repeated lateness is cause for progressive discipline up to and including dismissal.

### **Extended Leaves**

- The employee must notify the appropriate staff and Human Resources when an extended leave due to illness or injury is determined by a medical professional.
- The employee must notify Human Resources as soon as possible prior to desired return to work date.
- Where the employer has reason to question the ability of the employee to perform the duties of the job, or where the employee or others are at risk, the employee will be required to have their doctor complete a Functional Ability Form prior to commencing work. This is a government form, which can be accessed on the Government of Canada website. All medical documentation will be placed in the employee's personnel file.
- For an extended absence of two weeks or more, please provide one month's notice and submit a Staff Absence Request Form ([Appendix 25](#)).

### **Changing a Shift**

- Inform the appropriate staff person at Lifetime Networks by email, phone or text. Please do not assume the communication has been received. The appropriate staff person will contact you with confirmation during weekday working hours.
- If you have a prior communication agreement with the individual/ family please inform them as soon as possible and include the appropriate Lifetime staff in the communication.

### **Schedule Changes**

- Confirmation must be received before all schedule changes are initiated.
- Inclusion Schedule will be updated accordingly by the appropriate staff person to reflect the changes needed for payroll.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *AVERAGING AGREEMENT***

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#### **PURPOSE**

To allow temporary flexibility between the Employer and Employee, allowing the Employer and Employee to average the number of hours worked over one, two, three or four weeks. This eliminates the need to pay overtime, not currently covered in our funding, for the hours covered by the agreement.

#### **POLICY STATEMENT**

Concerning staffing needs, Lifetime Networks works hard to be as person centered as possible. When an averaging agreement is necessary to accommodate an Employee's schedule, the agreement must:

- Be in writing.
- Have a specific number of weeks identified.
- Have a start and end date.
- Be signed by the employer and the employee.

Averaging agreements cannot accede the Employee to work an average of 40 hours in a workweek. This is the responsibility of the Employer and the Employee to ensure it does not accede.

#### **PROCEDURE**

- Employer and Employee identify a need for an agreement.
- Manager connects with other Managers that the Employee reports to before moving forward with an agreement.
- Manager/delegate to connect with HR Manager listing the above identified details for an agreement to be drawn up.
- HR Manager will draw up letter and send to Employee and Manager to sign.
- Once signed by both parties, return letter to HR Manager for filing purposes.



## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *BULLYING AND HARRASSMENT***

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#### **PURPOSE**

To assist employees, volunteers and practicum students to identify and prevent personal and sexual harassment and bullying in the workplace; to provide procedures for handling and resolving complaints; to promote the well-being of everyone in the workplace; to foster values of integrity, trust and harmony essential for a cohesive organization.

This policy is intended to address WorkSafeBC requirements under Bill 14.

#### **POLICY STATEMENT**

Lifetime Networks promotes a work environment characterized by professionalism, positivity, and harmony. This policy prohibits conduct described below as either personal or sexual harassment or bullying. Lifetime Networks will not tolerate personal or sexual harassment or bullying in any interactions related to work with Lifetime Networks. Where such conduct occurs, Lifetime Networks may take appropriate disciplinary action up to and including termination.

This policy does not intend to constrain the positive and welcomed normal social interactions that are necessary for an enjoyable workplace environment. False allegations of the policy outlined will be considered serious workplace infractions. In the event that an accusation is proven false, Lifetime Networks may take appropriate disciplinary action, up to and including termination.

#### **APPLICATION AND SCOPE**

This policy applies to everyone employed by Lifetime Networks, regular full and part time staff, casual staff, and management. This policy applies to all situations relating to work with Lifetime Networks, including employment during and outside regular business hours, and whether at or away from the workplace. Such as:

- Training sessions, education seminars and conferences
- Travel
- Social functions that are sponsored or organized by Lifetime Networks

Employees, volunteers and practicum students shall conduct themselves in a manner consistent with Lifetime Networks' policies and procedures and Bill14, which prohibit workplace bullying and harassment. Employees must take these requirements seriously. Failure to meet the standards for appropriate workplace conduct and/or the requirements of the WorkSafeBC Bill 14 may result in discipline up to and including termination of employment.

Employees, volunteers and practicum students also have a duty to advise the employer if they become aware of any employee who may be exposed to the risk of bullying and harassment ([Appendix 44](#)). Failure to report this situation may result in discipline up to and including termination of employment.

**DEFINITIONS****Bullying**

Workplace bullying is usually seen as behaviour (conduct or comments) that can “mentally” hurt or isolate a person; however, it can also include negative physical contact. Bullying usually involves repeated incidents or a pattern of behaviour intended to intimidate, offend, degrade or humiliate a person or group of people.

**Harassment**

Harassment in the workplace can include “any behaviour that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person and that it is known or would be expected to be unwelcome. This includes words, gestures, intimidation, bullying, or other inappropriate activities”. That is, any behaviour in the form of repeated and hostile or unwanted conduct, verbal comments, actions or gestures affecting an employee’s dignity or psychological or physical well-being, resulting in a workplace harmful to the employee.

The Canadian Human Rights Commission considers bullying and harassment to include:

- Unwelcome remarks, jokes, innuendos or taunting about a person’s body, attire, age, marital status, ethnic or religious origins
- Displaying offensive or derogatory pictures
- Practical jokes which cause awkwardness or embarrassment
- Unwelcome invitations or requests
- Leering or other gestures
- Condescension or paternalism which undermines self-respect
- Any unwelcome physical, visual or verbal conduct
- Spreading malicious rumours, gossip, or innuendo.
- Excluding or isolating someone socially.
- Intimidating someone.
- Undermining or deliberately impeding an individual’s work.
- Physically abusing or threatening abuse.
- Removing areas of responsibilities without cause.
- Constantly changing work guidelines or processes.
- Establishing impossible deadlines that will set up the individual to fail.
- Withholding necessary information or purposefully giving the wrong information.
- Making jokes that are ‘obviously offensive’ by spoken word or e-mail.
- Intruding on someone’s privacy by pestering, spying, or stalking.
- Assigning unreasonable duties or workload which are unfavourable to one person (in a way that creates unnecessary pressure).
- Under-utilizing an individual – creating a feeling of uselessness.
- Yelling or using profanity.
- Criticizing someone persistently or constantly.
- Belittling an individual’s opinions.
- Unwarranted (or undeserved) punishment.
- Blocking applications for training, leave or promotion.
- Tampering with an individual’s personal belongings or work equipment.

Harassment is further defined to include:

- Verbal abuse or threats
- Unwanted touching, patting or other physical contact
- Persistent unwelcome invitations or requests, whether direct or indirect
- Abuse of power

- Conduct or comment which is intended to, or has the effect of, creating an intimidating, hostile, or offensive environment

What is not workplace bullying and harassment:

Often, there is a “fine line” between the exercise of management rights and bullying. In essence, the exercise of bona fide management of employees does not constitute harassment or bullying. Comments that are objective and are intended to provide constructive feedback are not usually considered bullying, but rather are intended to assist the employee with their work.

In fact, Bill 14 specifically excludes mental disorders caused by a decision of the employer relating to the employee’s employment including:

- A decision to change the work to be performed by the employee;
- A decision to change the working conditions;
- A decision to discipline the employee; or
- A decision to terminate the employee’s employment.

If you are not sure whether an action or a statement could be considered bullying, you can apply the “reasonable person” test, which asks: would most people consider the conduct in question to be acceptable or unacceptable?

### **PROCEDURE**

Employees, volunteers and practicum students with bullying or harassment complaints should direct them to a member of the management team. However, if the bullying and harassment is alleged to reach into the upper ranks of management, the employee may report directly to the Executive Director. Bullying complaints should be submitted in writing and include the names of witnesses, if possible, completing the Bullying and Harassment Complaint Form ([Appendix 44](#)). If there is a situation where there is an immediate hazard or danger or circumstances which make written reporting unreasonable at the time, in those case, the employee will approach their manager, who should accept the complaint orally. Once the immediate concern has been addressed, written documentation must be completed within an appropriate time frame to the event.

Complaints are measured against the *Bullying and Harassment* policy. If an investigation is warranted, the investigator must determine a fair and unbiased process. The employer will maintain confidentiality with respect to the rights of those employees involved in the complaint and disclosure will be consistent with the requirements of natural justice, procedural fairness and/or as required by law.

Once a complaint is received, the employer will conduct an investigation, which will include an interview of the complainant and the responder (relevant employee(s)), as determined by the employer, following the interview and information provided by the complainant.

The respondent will be provided with a copy of the completed complaint form ([Appendix 44](#)), unless exceptional circumstances warrant the complaint form ([Appendix 44](#)) be kept confidential. If [Appendix 44](#) will not be provided to the responder, the reason must be documented and the respondent must be provided with the nature of the complaint.

The interviewer will complete the bullying and harassment investigation form ([Appendix 44](#)). The process may require implementation of interim workplace measures. For

example, it may be necessary to place the complainant and/or alleged harasser on investigative leave with pay, or if possible, to arrange temporary transfer or reassignment. Ideally, investigators shall have independence from the area or department in which the complainant works.

Investigations shall be conducted as quickly as possible and once the investigation process has finished, the complainant will ultimately be informed of the outcome regardless of whether action is taken against the alleged harasser. The complainant and respondent can expect to be informed once the investigation has begun, as well as once a final decision has been made following all investigations of parties involved. This decision will include an action plan, if necessary, as well as conclusions made following all interviews.

Additional information is available online at the WorkSafeBC website ([www.worksafebc.com](http://www.worksafebc.com)).

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *CELL PHONE USAGE***

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#### **PURPOSE**

To seek to create an organizational culture in which everyone is engaged in learning and shows respect for their peers and colleagues. This policy is in place where everyone involved is able to model behaviours that further our goals of employment, social inclusion and independence.

#### **POLICY STATEMENT**

It is important that staff model behaviours that are workplace appropriate. As such, we require staff to abide by the cell phone usage policy when supporting individuals on site and in the community.

#### **PROCEDURES**

No personal calls or texting should take place during your paid working hours unless a manager or an emergency approves it. Use of cell phones during your paid work time for work-related activities is allowed, however, should you need to take a call, text or email for a work related matter. For example:

- A family member or individual is calling you.
- A community partner is trying to confirm your visit details.
- A colleague is trying to reach you.

In these instances, please explain to individuals and surrounding colleagues your reasoning for needing to use your phone. Be explicit that you are using your phone because of a work related matter.

As staff are paid during breaks and lunch, minimal personal cellphone use is appropriate at this time. Please refer to HRS: POLICY TITLE: USE OF COMMUNICATION SYSTEMS AND TECHNOLOGY, BACKUP, SAFE STORAGE AND SERVICE, for more information on telephone and cellular telephones provided and paid for by Lifetime Networks.

Use of cellphones while driving individuals is illegal and immediate grounds for termination. For further details on vehicle violations please refer to the HSS POLICY TITLE: TRANSPORTATION-TRAFFIC VIOLATIONS.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *CLEAN AIR***

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#### **PURPOSE**

To promote a safe and healthy environment for individuals supported by Lifetime Networks, employees, volunteers, participants, and visitors.

Lifetime Networks is dedicated to providing a healthy, comfortable and productive environment for all individuals and employees. In compliance with the *Tobacco Control Act*, the *Capital Regional District (CRD) Clean Air* bylaw, and *WorkSafeBC Regulations*, smoking, burning or vaping of any substances, including cannabis is prohibited in all worksites.

Lifetime Networks is mindful of individuals' sensitivity and allergies to certain products.

#### **POLICY STATEMENT**

Smoking, burning or vaping of any substances, including cannabis is prohibited in all Lifetime Networks work areas and vehicles.

Perfume, strong scents and cologne are prohibited in all of Lifetime Networks areas and vehicles while transporting individuals.

#### **PROCEDURES**

Smoking, burning or vaping of any substances, including cannabis is prohibited inside all Lifetime Networks worksites and vehicles. Smoking, burning or vaping of any substances, including cannabis is also prohibited within 7 metres of individuals, doorways, windows, and air intakes. Employees are responsible for limiting their smoking to break times only. According to labour standards a shift of 5 hours requires provision of one meal break at least half hour in length. It is expected that employees who smoke take full responsibility for keeping the smoking area clean from cigarette debris. Wash hands before resuming duties. Smoking, burning, or vaping that may impair an employee during their working hours is unacceptable and will not be permitted to remain on the premises in accordance with HRS POLICY TITLE: *SUBSTANCE USE AND ABUSE*.

If the safety and supervision of individuals is a concern then individuals' safety will take priority over the clean air policy.

Perfume, strong scents and cologne are prohibited in all of Lifetime Networks areas and vehicles.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *DISCIPLINE PROCEDURES***

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#### **PURPOSE**

To constructively, fairly, and efficiently address the situation where an employee fails to meet expectations or to follow Lifetime Networks policies and procedures

#### **POLICY STATEMENT**

Lifetime Networks recognizes the valuable contribution employees make towards achieving our mandate. Occasionally, an employee's standard of performance or conduct is unsatisfactory. In this situation, Lifetime Networks will take action to assist the employee to attain an acceptable standard of performance or conduct. Disciplinary action may be part of this process.

Disciplinary action should follow a progressive model. Normally, discipline should progress from verbal reprimands, to written reprimands, to suspension of employment and finally termination. However, there may be very serious situations where strict adherence to the progressive model is inappropriate. In these situations, more immediate and conclusive disciplinary action, up to and including dismissal, is the warranted corrective action, at the first offence. Examples of such situations include, but are not limited to assault, insolence, insubordination, breach of trust, theft, abuse, fraud and certain misconducts outside of the workplace.

Insubordination in the workplace refers to an employee willfully ignoring, disobeying, or refusing to follow direction from the employer.

Insolence arises where the employee communicates in a defiant/rebellious/disrespectful manner to anyone.

At Lifetime Networks we expect respectful communication between all employees.

#### **PROCEDURES**

Disciplinary action is based on the following:

- The employee has been made aware of the expected standards of performance or conduct and has been given sufficient time to make the necessary corrections
- Lifetime Networks policies and procedures must be reasonable, communicated clearly, and consistently and equitably applied
- An employee must be aware of the consequences for failing to make the necessary corrections to performance or conduct
- Disciplinary meetings between the manager and/or management staff and the employee shall be held in private; the manager and/or management staff will explain the expectations for performance or conduct to the employee and set a date for performance progress review
- If the employee is issued a written reprimand, that notice shall contain a detailed description of the performance problem or inappropriate conduct, the plan for

improvement, the time frame, disciplinary action to be taken and the consequences of failing to make necessary corrections

- Any disciplinary action must be recorded in the employee's personnel file
- Disciplinary action to improve or correct performance and conduct must be expedient and timely
- Employees who dispute the propriety of an order must comply with the order, and may challenge it later through the complaints resolution process if they wish.

Documentation of disciplinary procedure in a staff file will be reviewed with the employee at the employee's next performance review. The results of the review will be documented and added to the employee's personnel file.



**POLICY TYPE: HUMAN RESOURCES STANDARDS**

**HRS POLICY TITLE: *EMPLOYEE CHANGE OF INFORMATION/ADDRESS***

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**PURPOSE**

To ensure employee records are accurate and up to date, as to ensure the effective and efficient operation of Lifetime Networks.

**POLICY STATEMENT**

Employees are required to notify the Administrative Coordinator of a change of address, telephone number, email address, name, emergency information, availability, driving record, or change of criminal record status.

**PROCEDURES**

Change forms are available from Manager or delegates or through the Administrative Coordinator. The employee will complete and return the Employee Change of Information/Address Form ([Appendix 26](#)) to the Administration Office and Payroll. Changes in driving record or criminal record status require that the employee contact their Program Manager directly.

**POLICY TYPE: HUMAN RESOURCES STANDARDS**

**HRS POLICY TITLE: *EMPLOYEE RECOGNITION***

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**PURPOSE**

To recognize employee and volunteer contributions and years of service.

**POLICY STATEMENT**

When an employee's performance is considered exceptional and deserving of formal recognition, Manager or delegates are encouraged to write a letter of commendation to the employee. 'Years of Service' award will be presented to employees on milestone anniversaries. Employee of the Year award will be presented annually.

**PROCEDURE**

Employees may be recognized when their performance exceeds typical job expectations. The employee recognition should be timely. A copy will be placed in the employee's personnel file. Years of Service awards and Employee of the Year award will be presented at the Annual General Meeting.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: EXPENSES - *EMPLOYEE EXPENSES WHEN REPRESENTING LIFETIME NETWORKS AT AN EVENT***

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#### **PURPOSE**

Employees who are representing Lifetime Networks at community events may be reimbursed for out of pocket expenses incurred such as beverage or meal purchase.

#### **PROCEDURES**

Secure prior approval to represent Lifetime Networks at a community event. Employees will be reimbursed for these expenditures up to the following limits (all expenses must be verified by receipts):

1. Beverage allowance: \$10.00
2. Food Allowance: \$10.00
3. Exceptional Circumstances: with pre-approval additional expenses may be covered.

All receipts related to mileage and expense are to be submitted by the Friday before payroll. Failure to do so will result in a delay of reimbursement.

To increase ease of submission, receipts may be sent via text or email.

The original receipts must be submitted within the week of payroll.

Mileage and expense reports are due by the Sunday before payroll.

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**POLICY TYPE: HUMAN RESOURCES STANDARDS****HRS POLICY TITLE: EXPENSES - *EMPLOYEE EXPENSES WHEN SUPPORTING INDIVIDUALS DURING RECREATION/LEISURE ACTIVITIES***

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**PURPOSE**

Employees who are required to accompany individuals on activities of the individual's choice for the purpose of their work may be reimbursed for out-of-pocket expenses incurred, such as admission to events or activities and meals.

**PROCEDURES**

Employees will be reimbursed for these expenditures up to the following limits (all expenses must be verified by receipts):

1. Ticket or admission costs: movies, concerts, fairs, sport events. Full reimbursement, however, all such expenses require pre approval from the manager.
2. Beverage allowance: \$3.00 maximum. Outside regular mealtimes, you will be reimbursed one refreshment only per employee when the outing or activity has a non-food purpose.
3. Snacks: are not provided by the employer. Examples would include a muffin or donut at a coffee outing, popcorn at a movie, or snack at an activity or outing that is outside a regular mealtime.
4. Meals (including beverages): where the purpose of the activity is a meal outing and the activity occurs during a regularly scheduled meal period. The following maximums apply:

Breakfast	\$10.00 per employee
Brunch or Lunch	\$12.00 maximum
Dinner	\$15.00 maximum

If a Contractor has incurred out-of-pocket expenses for an individual supported, the Contractor may ONLY expense these each pay period if approved by a Manager or delegate prior to incurring the expenses.

All expenses come out of the individuals' recreation budget. No employee may exceed the recreation budget provided.

All receipts related to mileage and expense are to be submitted by the Friday before payroll. Failure to do so will result in a delay of reimbursement.  
To increase ease of submission, receipts may be sent via text or email.  
The original receipts must be submitted within the week of payroll.

Mileage and expense reports are due by the Sunday before payroll.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *FAMILY MEMBERS WORKING TOGETHER***

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#### **PURPOSE**

To address potential bias towards staff members being supervised by a family member.  
To provide a fair and equitable workplace.

#### **POLICY STATEMENT**

Lifetime Networks strives to be a fair and equitable workplace. It is recognized that family members working together may create an uncomfortable or unfair work culture and practice for both the family members and their colleagues.

To address this concern, every effort will be made to avoid having family members in a position of authority over one another. In cases where this cannot be avoided, the family member in authority must recuse themselves from all performance discussions and performance reviews involving the family member.

As well, the family member in authority must recuse themselves from any decision regarding vacation requests where there are competing requests from another staff member.

#### **PROCEDURE**

In order to identify existing familial connections within Lifetime, staff members will be asked by HR, upon hire, if they have relatives working at Lifetime. Any familial relationships will be recorded on their personnel file. The Manager or delegate will enact the policy.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *JOB DESCRIPTIONS***

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#### **PURPOSE**

To ensure that job responsibilities are clearly defined and communicated to all employees.

#### **POLICY**

Lifetime Networks commits to the maintenance of job descriptions that outline the basic duties of Lifetime Networks positions. Each employee will be given their current job description at the time of hiring ([Appendix 21](#)). Job descriptions are also available at any time by request from Manager or delegates. Each job description shall include the following information:

- Job summary
- Job responsibilities/duties
- Reporting structure
- Education requirements
- Experience requirements
- Personal characteristics required for the position

#### **PROCEDURES**

A copy of the employee's job description shall be given to the employee. Managers or delegates shall review and update job descriptions as necessary.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *MAINTAINING BENEFITS***

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#### **PURPOSE**

To familiarize employees with how to main their benefits with Lifetime Networks' if their hours reduce or they go on leave.

#### **POLICY**

Employees accessing Lifetime Networks benefit program have worked an average of 20 hours per week for six consecutive months to be eligible to opt into the benefit plan.

At times, employees may choose to reduce their hours or there may not be additional hours to provide an employee. In this case, employees will remain on their benefit plan as long as they are working a minimum of 15 hours per week. If identified an employee has dropped below 15 hours per week, a conversation will be had with Human Resources. At that time, the employee can choose to remain on the benefit plan pending their ability to pay their portion of the premiums in full from their Lifetime pay cheque or they can choose to terminate their coverage.

All employees are entitled to different types of leave (i.e. Maternity leave, Medical leave, Long-term disability leave). In the case that an employee evokes their right to go on leave and requests to maintain their benefit coverage plan, Lifetime Networks will agree to pay the Employer's share of these premiums. If the employee misses two consecutive payments of their portion of the premiums, Lifetime Networks holds the right to terminate the employees benefit coverage immediately.

#### **PROCEDURES**

##### **When hours reduced:**

- Manager or delegate will notify Human Resources when an employee on the benefit plan will be reducing hours below the average of 20 hours per week.
- Human Resources will monitor the employees average weekly hours at this time.
- If an employee drops below 20 hours per week, Human Resources will contact the employee to set up a meeting and discuss their options moving forward.
- It the employee chooses to terminate benefits, Human Resources will complete the paperwork with the employee and send to the benefit providers.
- Human Resources will than remove the benefit payroll instructions from the employee.

##### **When going on leave:**

- Employee identifies type of leave they will be taking with their manager/delegate.
- Manager/delegate notifies Human Resources employee is going on leave.
- Human Resources will follow up with employee to discuss how they would like to proceed with their benefits while off.
- If an employee chooses to maintain their benefit coverage, they must submit a Request for Reasonable Accommodation form ([Appendix 3](#)) to Human Resources. The employee must specify in that form how Lifetime Networks will receive payment each month while they are on leave.

- Upon the employees return, the employee will notify Human Resources to update payroll instructions.
- If employee resigns, HR will terminate benefits.



## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: OFFBOARDING - *EMPLOYEE RESIGNATION/TERMINATION***

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#### **PURPOSE**

To effectively process an employee's resignation or termination.

#### **POLICY STATEMENT**

It is the employee's responsibility to give adequate notice of intent to resign his/her position. A resignation letter must be given to your direct supervisor. Two-week notice is required; however, notice should be given as soon as possible. In cases of involuntary terminations, the Director or delegate will produce the End of Employment letter.

#### **PROCEDURE**

1. Director emails Human Resources with resignation letter and end date.
2. HR will assign off-boarding tasks in the HR database.
3. Program Director or HR Director completes Exit Interview and scans to employee file.
4. Payroll: terminates employee in payroll system and ensures vacation pay is paid out and ROE is sent.
5. HR: terminates employee benefits, removes from OFL, assigns Admin Coordinator task to remove from Constant Contacts.
6. HR Facilitator updates databases:
  - a. Archive all recurring tasks
  - b. Delete Role Staff in "Home Database" under role
  - c. Under the "General" tab, click on the "Communication to Receive" which will show a window that has drop-down options like "newsletter hard copy" and "program info email". Select the choice(s) selected on the Exit interview
7. Move employee file to archives in Personnel Files under the current year
8. HR Director or Delegate identifies all outstanding tasks assigned to exiting employees in HRDB.
  - a. Go to Management Menu
  - b. Go to Executive Overview
  - c. Go to Outstanding tasks per staff
9. If the task is connected to a committee, HR reassigns the task to the committee Chair.
10. If the task is program or operational, HR reassigns the task to the direct supervisor of the exiting employee.

#### **Forms Needed:**

[Appendix 24: Exit Interview and End of Employment Form](#)

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**POLICY TYPE: HUMAN RESOURCES STANDARDS****HRS POLICY TITLE: ONBOARDING - *BACKGROUND VERIFICATION***

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**PURPOSE**

The purpose of this policy is to describe the process of conducting background checks for persons being considered for employment, volunteering or practicum placement. Hiring qualified individuals is essential to providing safe and effective services for individuals. Mandatory criminal record checks serve as an important part of the selection process.

**POLICY**

Lifetime Networks conducts criminal record checks on all full-time, part-time, casual, and temporary staff. Lifetime Networks also conducts modified background checks on volunteers and practicum students. A check of an individual's (work history) background may be conducted prior to an offer of employment or placement. All other checks are to be completed once an offer of employment or placement has been made. All offers of employment or placement made prior to completing the background checks are contingent upon the results of those checks.

**EMPLOYEES**

Background checks for employees are conducted to verify the following information:

- Work history – all individuals seeking employment will be asked to provide the name of at least two references that can confirm the recent employment history of the applicant
- Criminal record check – all individuals seeking employment will be asked to completed a criminal record check through the Ministry of Justice, which includes a vulnerable sector check. This criminal record check is to be paid by the employee, either directly through the Ministries website or it will be deducted from the employee's paycheck if done in person. In the case that the Ministry of Justice also requests the applicant undergo fingerprinting, the applicant is expected to comply with this request and a receipt can be submitted to Lifetime Networks for reimbursement. Lifetime Networks will also reimburse any subsequent criminal record checks during the time of employment with Lifetime Networks. Additionally, any adult in the home with a respite provider will also need to complete a criminal record check.
- Motor vehicle driver's license and driver's abstract – for any positions requiring individuals to use agency vehicles and/or transport individuals in personal vehicles, the following is required:
  - a copy of a current driver's license
  - a copy of a drivers abstract detailing the individual's driving history.
  - a copy of insurance with at least \$3 million liability
- Educational background – for any positions requiring specific educational training, certification (degree, diploma, certificate, proof of documentation may be required:
  - a copy of the degree, diploma, or certificate or confirmation of registration
  - confirmation of completion of the training or registration by the issuing institution provided directly to the service provider as arranged by the applicant.

- All employees are required to declare, and sign off, that they are both mentally and physically fit to complete the responsibilities of the position.

### **VOLUNTEERS**

Background checks for volunteers are conducted to verify the following information:

- background– all individuals seeking to volunteer with Lifetime Networks will be asked to provide the name of at least two references that can confirm the suitability of the applicant to support individuals with disabilities
- criminal background/history –
  - individuals seeking to volunteer in Community Inclusion programs will be asked to complete a criminal record check through the Ministry of Justice that includes a vulnerable sector check.
  - Individuals seeking to volunteer in all other Lifetime Networks programs (i.e. Networks, Sessionals, etc.) will be asked to complete a criminal record check, which includes a vulnerable sector check, through their local police station. In the case that the local police also request the applicant undergo fingerprinting, the volunteer applicant is expected to comply with this request.
- driver's abstract – for any positions requiring volunteers to transport individuals, the following is required.

### **PRACTICUM STUDENTS**

Background checks for practicum students are conducted to verify the following information:

- Referral from a professor at an relevant educational institution with which Lifetime Networks has a practicum placement relationship.
- Criminal background/history – all practicum students seeking a placement with Lifetime Networks will bring with them an already completed criminal record check through the Ministry of Justice that includes a vulnerable sector check.
- Educational background – for any positions requiring specific educational training, certification (degree, diploma, certificate) or registration and where the individual's application or resume indicates that they have the appropriate training, the following is required.
  - a copy of the degree, diploma, or certificate or confirmation of registration
  - confirmation of completion of the training or registration by the issuing institution provided directly to the service provider as arranged by the applicant

### **PROCEDURES – RESPONSE TO BACKGROUND CHECKS**

The results of the background checks described above will be reviewed by Lifetime Networks' staff responsible for hiring. Any discrepancies between information provided by the individual and the results of the background check may result in an offer of employment or placement being withdrawn.

Individuals should disclose any criminal history prior to undergoing the criminal background check. Failure to do so will result in the offer of employment being withdrawn. The Ministry of Justice/Criminal Records Review Program reviews all criminal record check applications and determines if the person is eligible to work with vulnerable adults. The Criminal Records Review Program adjudicator will determine the

risk based on a full review of the circumstances. If the Criminal Records Review Program adjudicator makes a determination of “risk”, that person must not work with vulnerable adults.

When a driver’s abstract is received and indicates a history of traffic violations, the staff or volunteer will not be permitted to drive until they can produce a clean abstract. If an employee or volunteer still feel it pertinent to drive, they can complete a Request for Reasonable Accommodation Form (Appendix 3) and submit it to their Manager/delegate for further review. At that time, any individual and their family who the employee or volunteer would be engaging with, would be notified and be part of the decision making process. If the individual supported and/or the family decide to allow the employee or volunteer to drive despite the violation(s), Lifetime Networks will have all parties sign a waiver accordingly to remove any liability to the agency. At anytime, Lifetime Networks reserves the right to withdraw the offer of hire.

In the case that an education credentials verification reveals that an applicant is not qualified or fit to perform the role, or if the required background information cannot be verified, the specifics will be reviewed and a decision made by Lifetime Networks as to whether the offer of employment or placement will be confirmed or withdrawn.

All such decisions are at the sole discretion of the agency and will be made with the safety of the individuals being served as the paramount consideration.

### **PROCEDURES – UPDATING BACKGROUND CHECKS THROUGHOUT EMPLOYMENT OR PLACEMENT**

The following employee and volunteer background information must be updated as indicated below:

- Criminal record checks are to be provided by the employee or volunteer and reviewed every five years for all employees. This subsequent criminal record check will be reimbursed by Lifetime Networks.
- Driver’s abstracts are to be provided by the employee or volunteer and reviewed every five years for all employees for whom driving is a requirement of their position
- Conflict of interest, code of conduct and ethics and confidentiality agreements must be reviewed and signed annually

In addition to the periodic reviews described above, Lifetime Networks may, at its sole discretion, request that an employee, volunteer or practicum student verify their background information at any time during employment or placement as a response to information that Lifetime Networks has received.

Any substantial change in an employee, practicum student or volunteer’s background information that results in them no longer meeting the requirements for their position as outlined in their job description (e.g. loss of a driver’s license or certification) may result in immediate termination of employment or placement. Any changes in an employee, practicum student or volunteer’s background information that could pose a risk to the safety and well-being of individuals and other employees or the service provider’s reputation and/or ability to continue to provide services may result in termination of employment or placement.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING – *BENEFITS ELIGIBILITY***

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#### **PURPOSE**

To familiarize new employees with Lifetime Networks' Benefit opportunities.

#### **POLICY**

All employees at Lifetime Networks can join the Group RRSP Program. Lifetime Networks will match employee contributions up to 2%. If an employee chooses to contribute less than 2%, Lifetime Networks will only match up to the amount of the employees contribution percentage. Further parameters for being part of this Program are outlined in the Group RRSP Booklet that is made available to staff.

Any employees working 20 or more hours a week are eligible to be on Lifetime Networks benefit package with Canada Life. All employees eligible for benefits must be working 20 or more hours for four consecutive months before being eligible to claim benefits. All employees must enroll and pay for Basic benefits (Life Insurance, Long Term Disability and AD&D). Lifetime Networks will cover the cost of Health and Dental for employees on the plan. Additionally employees will receive 2.4% Personal Time Accrual.

If at any time an employee is removed from the plan due to a reduction of hours, both the benefits package and personal time will be terminated. Any unused personal time will no longer be available for use.

#### **PROCEDURES**

##### **Group RRSP**

- Employee to reach out to HR at anytime if wishes to join the Group RRSP.
- HR will send All Aboard document with sign up instructions.
- Once HR is notified a new employee has signed up, payroll instructions will be added.
- Deductions will come off every pay period.
- HR will submit monthly Contributions to the company for updates.

##### **Benefits Package**

- Once staff work 20 or more hours a week, the manager/delegate will notify HR.
- HR will create an Onboarding task in the Compliance Database four months from when the employee started working 20 or more hours a week.
- At the four month point, HR will run a report to confirm employee has consecutively been working 20 or more hours a week for four months.
- When employee deemed eligible, HR will send the benefit manuals to the employee to read.
- The employee will contact HR to set up a meeting to discuss options if desired.
- HR will begin the application process and send an electronic invite to the employee to register.
- Employee to complete the application.

- HR will review the needed deductions upon receiving notification that the employee has registered and update the employees' payroll instructions to deduct the correct amounts.
- HR will add 2.4% Personal time accrual under payroll instruction.
- Employees will pay for their benefit coverage on the first two pay periods within a month.

**POLICY TYPE: HUMAN RESOURCES STANDARDS**

**HRS POLICY TITLE: ONBOARDING - *CONFIDENTIALITY OF STAFF INFORMATION***

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**PURPOSE**

To ensure the confidentiality of all staff information.

**POLICY STATEMENT**

Lifetime Networks will not give out information about an employee to any outside source, unless mandated by legislation or court order, without the express consent, either written or verbal, from the employee (i.e. reference checks, bank inquiries, prospective employers).

Lifetime does not provide written reference letters directly to the employee. We will provide a verbal reference or answer questions provided on a reference form to the prospective employer if expressed consent is given from the employee.

It is the employee's responsibility to notify the appropriate Director or Manager of an impending inquiry.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING - *STANDARDS OF CONDUCT AND ETHICS***

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#### **PURPOSE**

To describe the standards of conduct ethics expected of employees, volunteers and board members; to define the employer and employee responsibilities related to conduct; to promote a high standard of service delivery.

#### **POLICY STATEMENT**

Lifetime Networks employees, volunteers, and board members should conduct themselves in a professional manner by being courteous, friendly and cooperative. Employees, volunteers and board members will show respect and compassion to the people we support, family members, co-workers, friends and community members. No person shall be subject to discrimination on a basis of disability, gender identity, sex, age, race, religion, sexual orientation, ethnicity, marital status, socio-economic status, or political affiliation. Services will center on individual needs and include the social, physical, spiritual and psychological aspects of each supported individual.

#### **PROCEDURES**

##### **General Standards of Conduct and Ethical Behaviour**

It is important that Lifetime Networks employees, volunteers and board members conduct themselves in such a manner to retain the confidence of the people we support, our membership and the general public. In addition, conduct should show Lifetime Networks as fulfilling its obligations at all times.

Conduct must not bring the employer into disrepute. Employees, volunteers and board members must not involve themselves in situations that violate the standards of conduct and ethics directive or result in a perception that a violation has occurred. If someone finds themselves in such a situation, they must disclose the matter to their Manager or delegate and find remedy.

To maintain compliance with the code of ethics, employees, volunteers and board members shall bring their concerns to the attention of their immediate Manager or delegate as soon as possible. When someone has reason to believe a contravention of the Standards of Conduct and Ethics Policy or a misuse of Lifetime Networks funds or assets, or a danger to person's health and safety has occurred, they shall bring the matter to the attention of the Manager or delegate, Executive Director or alternate. When this is not possible or appropriate, or if there has not been a satisfactory resolution or investigation, the issue should be brought forward through the Admin Complaints and Resolution Process. Please refer to that policy for time frames.

Anyone using the above process to address standards of conduct or ethical concerns will be free of reprisal.

Any criminal act will be reported to the police. The appropriate regulatory body will investigate any contravention of professional standards.

Everyone must sign that they have read the Standards of Conduct and Ethics Policy at onboarding and annually ([Appendix 18](#) or [Appendix 19](#)).



### **Specific Standards of Conduct and Ethics**

Lifetime Networks employees, volunteers and board members are responsible for adhering to the following standards:

#### **Responsibilities to individuals supported:**

- Maintenance of the individual's best interests and advocating for those interests
- To foster self-determination and encourage individuality, accepting that each person is unique and valuable
- To maintain confidentiality
- To be non-judgmental and supportive
- To protect individuals from abuse and neglect and to not participate in practices which are disrespectful, degrading, intimidating, psychologically damaging or physically harmful to supported individuals
- To respect the rights of the people Lifetime Networks supports. Employees, volunteers and board members will not impose personal values, morals or a particular religious belief
- To maintain appropriate boundaries between personal and professional relationships.
- Any non-platonic or sexual relationship between an employee, volunteer or board member and a supported individual is strictly prohibited
- Employees, volunteers and board members may not accept money, gifts or gratuities in the performance of their duties other than gifts of token nature and nominal value.
- Witnessing of Documents:
  - "To witness a document" helps prevent forgery, and means that you act as an impartial third party to sign a document to confirm that you watched the other people sign the document, and that their signatures are authentic.
  - Because of potential and/or perceived conflict of interest, employees, volunteers and board members may not witness any legal documents related to the care of the supported individuals.
  - Legal documents related to the care of the individual (which employees may *not* witness) could include a Representation Agreement or a Power of Attorney.
  - However, while supporting individuals, it might be helpful and appropriate for a Lifetime Networks employee to act as a witness to other documents that do *not* relate to the individual's care, such as a tenancy agreement or a passport application.
  - Any questions regarding witnessing of documents should be brought to the Manager or delegate.

#### **Responsibilities to employees, volunteers and board members:**

- To establish and maintain relationships of mutual respect, trust, courtesy and cooperation
- To foster a culture in which excellence in practice is pursued in all activities
- To act as a team member, supporting other members of the team by maintaining consistent standards and by offering and receiving support, especially in crisis

- To maintain clear, open communication with supported individuals, team members and management
- To refrain from any form of harassment or bullying of individuals, coworkers, stakeholders or community members
- To ensure work time is committed to service delivery and not personal pursuits
- To ensure Lifetime Networks or individual's property is not used for personal benefit
- Personal fundraising; employees, volunteers and board members may solicit funds on behalf of a personal cause from other employees, volunteers and board members. They may not solicit funds on behalf of personal causes from clients, their families, or caregivers.

**Responsibilities to Lifetime Networks:**

- To work towards achieving the mission of Lifetime Networks
- To assist Lifetime Networks in providing the highest quality service
- To be knowledgeable of any and abide by Lifetime Networks policies and procedures
- To keep confidential any information obtained in the course of providing services; to make disclosures only with the consent of individual (see Confidentiality Policy), the Executive Director or delegate, or where required by the order of a court
- To represent Lifetime Networks public image in a positive and professional manner; employees, volunteers and board members must maintain a neat appearance, and demonstrate friendly, respectful and cooperative interactions at all times
- To avoid situations which are or appear to be at non-arm's length; no person shall be seen as benefitting or seeking to gain special consideration or favour from Lifetime Networks; employees, volunteers and board members must be honest and impartial
- To keep their role as private citizens, separate and distinct from their responsibilities in their role at Lifetime Networks, they should not position themselves in a conflict of interest situation (see Conflict of Interest Policy)
- To generally avoid participating in public debate (i.e. public meetings, media, social networking sites) or advocacy regarding Lifetime Networks policies, except as required in the course of their duties; to be careful and cautious when making public comments where their position could be seen to lend weight to the opinion expressed
- To be aware that only the Executive Director or delegate is authorized to coordinate and conduct media coverage; to obtain prior approval from the Executive Director, the individual or his/her legal representative if appropriate, for media photographs or interviews
- To immediately report any potentially sensitive issue, or risk to Lifetime Networks public image, to their Manager or delegate, in order that a thoughtful response may be developed in consultation with the Manager or delegate and the Executive Director
- To direct requests for information coming from the general public to the Manager or delegate capable of providing the information and relevant materials in accordance with Lifetime Networks policies
- Employees, volunteers and board members should not seek legal advice on behalf of Lifetime Networks without the approval of the Executive Director; no employee shall sign an affidavit relating to facts that have come to his/her

knowledge in the course of his/her duties for Lifetime Networks, unless approved by the Executive Director; a written opinion prepared on behalf of Lifetime Networks by legal counsel is considered confidential Association business and is not to be released without prior approval

- During the course of, and related to, a role at Lifetime Networks, as a result of an investigation, they may be legally required under law to respond to a subpoena (summons to a court appearance to testify) or search warrant (for information Lifetime Networks may have in their possession about an investigation). These are legal obligations and employees must adhere to these requests (once proper documentation is confirmed) whether they are or are not in best interest of Lifetime Networks or the individuals supported by Lifetime Networks. The Manager or delegate should be informed immediately of the legal proceedings and will provide support and directions as required to each specific situation.
- Employees, volunteers and board members shall respect and safeguard the personal property of persons served, visitors, and personnel, as well as property owned by the organization.

**Responsibilities to community and our organization:**

- To foster a spirit of cooperation and mutual respect with other service agencies, funders, government, educational programs, volunteer organizations and other involved in community living services
- To maintain a commitment to a high standard of service, continuous quality improvement and the best use of fiscal resources
- To interact, both inside and outside Lifetime Networks, with honesty, integrity, open communication, social responsibility, and proactive safety conscientiousness
- To behave in full and complete compliance with all applicable laws and regulations
- To report financial results that fairly represent Lifetime Networks financial position and operating results, in accordance with generally accepted accounting principles
- To purchase goods and services from reputable suppliers who treat Lifetime Networks, the people it supports and employees with respect; Lifetime Networks shall interact with their suppliers in an open, honest, and timely manner, creating positive partnerships for the benefit of operations generally
- To use suppliers of goods and services on the basis of price, quality and service only; in selecting suppliers, we also will be mindful of our commitment to supporting businesses that hire people with disabilities; no employee may profit personally from a relationship with a supplier
- To be respectful corporate citizens; to participate in community activities that benefit the community

**Marketing**

- All marketing materials and strategies promote a positive, respectful image of people with developmental disabilities.

**Relevant for Employees Only:**

If an employee is charged with an offence resulting directly from the performance of their duties and is subsequently found not guilty, the employee may be reimbursed for legal fees, provided that the employer has approved the choice of legal counsel. The

employee must immediately notify the Executive Director of such a chance and provide ongoing information on the progress of the case.

Any misuse of public funds will be investigated internally by the Finance Director and reported to the Executive Director. The Executive Director shall report any significant abuse of public funds to the appropriate funding body.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING - *CONFIDENTIALITY AGREEMENT FOR EMPLOYEES, VOLUNTEERS AND BOARD MEMBERS***

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#### **POLICY**

Respecting the privacy of our clients, donors, members, staff, volunteers and Lifetime Networks itself is a basic value of Lifetime Networks. Personal and financial information is confidential and should only be disclosed or discussed with those persons specified by the supported individual in their Internal, External Consent and Collection and Release of Personal Information forms. In exceptional circumstances, information can be shared with a third party only with the permission and authorization of the Executive Director.

#### **PROCEDURE**

Employees, volunteers and Board members of Lifetime Networks may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of Lifetime Networks that such information must be kept confidential both during and after employment or volunteer service. Staff and volunteers, including Board members, are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service.

Care should be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information. Documents containing confidential information are not left in the open or inadvertently shared. Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

This policy is intended to protect employees, volunteers, and Board members as well as Lifetime Networks because in extreme cases, violations of this policy also may result in personal liability.

All employees, volunteers, and Board members must sign that they have read and understand this policy at orientation and annually ([Appendix 18](#) or [Appendix 19](#)).

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING - *CONFLICT OF INTEREST FOR EMPLOYEES, VOLUNTEERS AND BOARD MEMBERS***

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#### **PURPOSE**

Lifetime Networks hires staff, contract personnel and volunteers based on their knowledge, skills, experience and commitment to the Society and the individuals it serves. It is important that the Society and its members are protected from actions that may be in conflict with the interests of the Society.

#### **DEFINITION**

A conflict of interest arises when a staff member, a contract worker or a volunteer, while representing or working on behalf of the Society, 'knowingly makes a decision or behaves in a manner which is likely to further her or his private interest'.

The honesty and impartiality of staff, contract personnel and volunteers must be above suspicion and their conduct during and outside work hours, while associated with the Society, should not knowingly produce a conflict of responsibility or undermine the trust that the public places in the Society.

Conflict of interest can occur when:

- a) Private, professional or financial interests are in conflict with and interfere with work duties and/or responsibilities carried out on behalf of the Society.
- b) Involvement with the Society is likely to further personal gain.
- c) Behaviors or actions appear to be an official act but do not represent the Society's policies, procedures or opinions.

Staff or contract personnel may engage in remunerative employment with another employer, carry on a business, or otherwise receive remuneration provided that these activities do not:

- a) Interfere with the performance of their duties on behalf of the Society.
- b) Bring the Society into disrepute.
- c) Involve the use of the Society's premises, services, equipment or supplies to which they have access by virtue of their role with the Society.

Employees, volunteers and Board Members have an obligation to disclose private interests that may affect their work with the Society.

All are required to sign that this policy has been read and understood at orientation and annually ([Appendix 18](#) or [Appendix 19](#)).

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING - *EXTERNAL HIRING***

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#### **PURPOSE**

To ensure fairness and objectivity when recruiting, selecting and hiring employees.

#### **POLICY STATEMENT**

All recruitment and hiring practises shall be consistent with Lifetime Networks commitment to employment equity, based on training and experience, demonstrated capabilities, interview results, transferable skills, knowledge and suitability directly related to the job requirements.

Individuals will be considered for employment regardless of race, ethnicity, gender, sex, sexual orientation, nationality, marital status, age, religion, or disability.

Candidates will be selected on the bases of their overall suitability for the specific job responsibilities.

Hiring authority is delegated by the Directors to appropriate Manager. Managers may delegate as appropriate.

#### **PROCEDURES**

Where there is a need to add staff or a vacancy exists which cannot be filled from the existing employee pool, the Manager or delegate will consider external job applicants.

**Screening of Applications** – The Manager or delegate will screen all resumes and applications to identify individuals meeting all minimum job qualifications. Those meeting the criteria may be considered for an interview.

**Selection** – Final selection of a candidate will be based on a combination of credentials:

- Interview feedback
- Applicable references (a minimum of two references from individuals who supervised the candidate in the past)
- Demonstrated ability to perform all duties
- Overall suitability for the position

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING - *PERSONNEL FILES***

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#### **PURPOSE**

To maintain an accurate record of the employment history for Lifetime Networks employees.

#### **POLICY STATEMENT**

Lifetime Networks maintains a personnel file for each employee. Personnel files are kept in a secure area and are not accessed by anyone other than management, designated employees and the employee, upon request.

#### **PROCEDURE**

Personnel files may contain the following information:

- Employment application
- References
- Criteria of employment such as Driver's Abstract, Driver's License
- Medical assessments and Wellness Declaration
- Criminal record checks
- Verification of professional registrations
- Staff Information Form ([Appendix 58](#))
- Letter of offer and acceptance
- Written performance reviews
- Records of disciplinary action
- Rates of pay
- Financial records such as benefits, tax forms, Records of Employment, Application for Variance
- Training programs taken by the employee
- Attendance records including WorkSafeBC injury reports
- Emergency contact information
- Any other relevant employment information

If an employee wants to access his/her personnel file, the employee will provide the Administrative Coordinator with reasonable notice. The file is to be reviewed in the presence of the Executive Director or delegate. Employees wanting to add documents to their files must place their request with the Manager or delegate.

Employees wanting to remove documents from their files may discuss the request with the Manager at their next performance review.



## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING - *STAFF ORIENTATION/TRAINING AT HIRE AND ONGOING***

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#### **PURPOSE**

To familiarize new employees with Lifetime Networks and specific programs.

#### **POLICY**

New employees are required to attend a hiring meeting. The meeting will provide general orientation and other information pertaining to Lifetime Networks and its programs. The Employee Orientation Declaration will be completed by the Human Resources Manager ([Appendix 22](#)). All employees must complete two training sessions annually. All employees are expected to review the Policy and Procedures Manual and sign the Policy Declaration ([Appendix 37](#)).

#### **PROCEDURES**

New employees must receive formal orientation to the program, the individuals served, and emergency procedures and protocols, prior to working in the program.

Competency training will be done at orientation and annually. See [Procedure Title: Annual Staff Compliance](#).

When creating schedules for Community Support Workers, Managers/delegate will complete ([Appendix 87](#)) to capture a snapshot of what someone's week will look like and provide details around address, special notes, contact numbers, etc.

Ongoing training will continue to maintain annual competency and to provide opportunities for growth and development. Staff are required to complete two training sessions annually. The trainings may be via Open Future Learning, CSW Training offered through the CE department, external training or other approved training. All training must be approved for reimbursement. Please see the Professional Development Training Request Form ([Appendix 27](#)). Open Future Learning is a resource gifted to all staff and may be accessed at any time on a voluntary basis.

- A record of staff training shall be maintained for each employee, including voluntary training.
- Upon Manager or delegate receiving the Professional Development Training Request form, the form will be forwarded to HR to file in the employees Personnel File.
- The HR facilitator will then create a task to check in with the employee directly 48 hours after the course was completed to ensure completion and gather any final details and certificates.
- The HR facilitator will then track the training in the Professional Development tab in the HR database and create a recurring task if the training has an expiry date attached.

Lifetime Networks shall ensure confidentiality and privacy requirements are reviewed with all staff and that all staff understands and follow such requirements. Failure to follow confidentiality and privacy policies may result in immediate termination of employment.

- The Human Resources Manager or delegate is responsible for the orientation.
- Upon completion of the orientation, the Orientation Checklist ([Appendix 22](#)) will be signed by the Manager or delegate facilitating the orientation and the employee.
- The checklist will then be placed in the employees personnel file.
- The Manager or delegate facilitating the orientation will notify the employee's direct supervisor to compensate them for their time the Inclusion System.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING - *HEALTH AND SAFETY TRAINING***

---

#### **PURPOSE**

To ensure documented and competency-based health and safety training is provided to all staff at orientation and annually.

#### **POLICY**

Lifetime Networks shall provide documented and competency-based health and safety training to all staff at orientation and annually in the following areas:

- Health and safety practices of Lifetime Networks
- The identification of any situations or circumstances in the service setting that could pose a health and safety risk to staff or the individual
- Addressing physical risks that might exist in the service setting as a result of providing services
- Responding to emergencies and completing evacuations as described in written procedures
- The identification and reporting of critical incidents consistent with CLBC policy
- The management of medications, if required

Lifetime Networks shall also ensure that staff is adequately trained on health and safety practices, including being able to: respond to situations that pose a health and safety risk (including emergencies), report incidents, and to safely manage medications as required. All Program Managers and employees in required programs have completed a certified First Aid course as per Lifetime Networks First Aid Policy. All staff shall participate in emergency drill testing as per Lifetime Networks Emergency Response and Evacuation Policy.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING - *STAFF RECRUITMENT***

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#### **PURPOSE**

To ensure appropriate efforts to recruit and retain qualified staff.

#### **POLICY STATEMENT**

Lifetime Networks strives to maintain adequate and competent staffing to deliver services in a safe, effective and timely manner and to provide enough regular and casual employees to allow for coverage of leaves such as vacation and sick leave.

The number of staff available to provide services must be consistent with the service requirements and service levels set. When service levels are met this demonstrates appropriate coverage based on each individual's needs and attention to safety.

- Efforts are made to recruit and retain qualified staff
- Appropriate action is taken to promote stability and continuity in the workplace
- An adequate number of trained and supported staff are available

#### **PROCEDURES**

LN has a fair selection and hiring process, and ensures due diligence before making offers of employment. Requirements include:

- Written applications
- Respite Intake (if applicable) ([Appendix 79: Respite Provider Intake Form](#))
- Verification of credentials
- References ([Appendix 56: Reference Contact Information Form](#))
- A clear Criminal Record
- Appropriate health and education
- Interviews and reference checks ([Appendix 57: Reference Check Form](#))

Individuals are not denied employment or promotion opportunities because of their race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity and expression, age, or conviction of a criminal or summary conviction offence that is unrelated to their employment.

Subject to the provisions of relevant legislation, LN provides equal employment opportunities to all employees and external candidates.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING - *SUPPORTS IN STAFF HOMES***

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#### **PURPOSE**

To ensure the safety and privacy of Lifetime Networks' staff and individuals served, Lifetime Networks does not typically allow supports within staff homes.

#### **POLICY STATEMENT**

Lifetime Networks works diligently to provide and suggest safe locations for individuals served to meet their needs and goals. Employee homes are a private space, therefore supports are not permitted in staff homes. Staff are also requested to refrain from disclosing their home location/address to individuals supported. On a case-by-case situation, an employee's home may be the best fit for support needs and goals to be met. If an employee's home is mutually desired by both the staff and individual being served, the following procedure must be followed:

#### **PROCEDURE**

- Employee must submit REQUEST FOR REASONABLE ACCOMODATION (Appendix 3) to their Manager/delegate.
- Manager/delegate will complete an AT HOME RISK ASSESSMENT (Appendix 76) with the employee and when appropriate consult with the individual, family/caregiver involved.
- The Manger will discuss the request and risk assessment with the Executive Director.
- Once the request is approved or denied, the manager/delegate will sign the paperwork and notify those involved.
- If approved, risks will be assessed and mitigated in collaboration with the manager/delegate, individual and Health and Safety Committee.
- The manager/delegate will send the paperwork to HR to file in the employee's Personnel File.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING –*VACATION AND PERSONAL TIME ACCRUAL***

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#### **PURPOSE**

To familiarize new employees with Lifetime Networks' Vacation and Personal Time Accrual process.

#### **POLICY**

##### **Vacation**

Upon hire and at completion of first shift, employees begin to accrue vacation pay. Vacation pay is accrued in dollars at a rate of:

4% - 0-4 years

7% - 5-7 years

8% - 8-9 years

10% - 10 years and over

Vacation accrual is identified on employee pay stubs. Employees whose only role is a Network Facilitator, will be paid out their vacation pay every pay period. Any other staff wishing to have their vacation pay paid on each payday or have a cash payout at any time must complete an accommodation request. Staff may carry over a maximum of two weeks' vacation accrual each year.

##### **Personal Time**

Personal time is part of the benefits staff receive when working a minimum of 20 hours per week. Personal time starts accruing, at a rate of 2.4%, after a successful 4-month probation review. Personal time may be carried over to the next year. Personal time is an insurance policy for the employee in case of prolonged illness. If at any time you no longer work the minimum required hours to receive personal time, any remaining accrued hours will be cleared and the accrual policy will be disabled.

#### **PROCEDURES**

To promote the health and well being of staff, and to align with the Employment Standards Act, vacation accrued is expected to be taken as vacation days rather than paid out in cash. Any variance to this policy requires an approved Request for Reasonable Accommodation Form ([Appendix 3](#)).

Vacations and Personal time must be requested using the Staff Absence Request Form ([Appendix 25](#)). A Manager or delegate must approve all absence requests. The Manager or delegate will then update Inclusion System for payroll purposes. The Manager or delegate will send the Staff Absence Request form to HR for filing purposes.

Employees may not take vacation or personal time that are not yet accrued.

Any variance to this policy requires an approved Request for Reasonable Accommodation Form ([Appendix 3](#)) and should be held in the employee's personnel file.

## **POLICY TYPE: HUMAN RESOURCES**

### **HRS POLICY TITLE: ONBOARDING – *RELEVANT HOURS OF EXPERIENCE***

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#### **PUPROSE**

To recognize employees who have prior work experience with a different agency or employer within the same or similar sector and are seeking an increased rate of pay based on their previous hours worked.

#### **POLICY STATEMENT**

At Lifetime Networks, we recognize the value of employees' previous work experience and acknowledge that it can contribute to their skill set and overall performance. This policy outlines the guidelines and procedures for using previous hours worked with another agency within the same sector to increase the rate of pay for employees who join the organization.

#### **PROCEDURE**

- Verification of Previous Work Experience:
  - Employee must submit a letter of proof from their previous employment, including job title(s) and key responsibilities, dates of employment, and total hours worked.
  - The proof of previous work experience should be submitted along with the [Appendix 3 Request for Reasonable Accommodation](#) during the Onboarding process to the Human Resources Director or delegate.
- Evaluation of Previous Work Experience:
  - The Human Resource Director along with the Executive Director will evaluate the relevance and applicability of the previous work experience to the employee's current position.
  - The evaluation will consider the nature of the work, the skills acquired, and the duration of the previous employment.
- Determination of Rate of Pay:
  - Based on the evaluation of previous work experience.
  - Having worked within the last 12 months with the previous employer.
  - Having left the position with the previous employer.
  - Up to 50% of the employees hours from the previous employer.
  - The Executive Director and Executive Finance Director will determine the appropriate rate of pay increase.
- Pay Adjustment:
  - Once the rate of pay increase is determined, the adjustment will be applied to the employees' payroll compensation instruction.
  - Rate will be applied after 12 months of employment.
- Confidentiality:
  - All information regarding an employee's previous work experience, including compensation details, will be treated as confidential and will only be shared with relevant personnel involved in the rate of pay determination process.
  - Confidentiality will be maintained in accordance with applicable privacy laws and regulations.

- Exceptions:
  - In some cases, due to differences in job responsibilities, industry standards, or relevant factors, the rate of pay increase based on previous experience may not be applicable or feasible.
  - Exceptions to this policy will be assessed on a case-by-case basis by the Executive Director and Executive Finance Director.

Non-compliance with this policy may result in the denial of a rate of pay increase based on previous work experience. Violations of confidentiality regarding an employee's previous work experience may lead to disciplinary actions, up to and including termination, in accordance with the Lifetime Network's disciplinary procedures.



## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING - *VOLUNTEERS***

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#### **PURPOSE**

To provide a process for volunteers to be appropriately placed and to receive the orientation and ongoing support they need to provide quality support to individuals.

#### **POLICY STATEMENT**

Lifetime Networks encourages and supports the involvement of volunteers in activities that augment the role of paid employees, increase awareness of individuals, fosters lasting friendships and promotes career development. While these roles are recognized as valuable and viewed as an additional resource, they do not replace employees.

Volunteers providing direct support to individuals must be 19 years of age or older (for purposes of obtaining a criminal record check). This requirement does not apply to temporary volunteer placements, where volunteers are placed and monitored under the auspices of another organization (i.e. school work experience) or volunteering for specific events while under the direct supervision of a Lifetime Networks employee.

#### **DEFINITION OF VOLUNTEER ROLES**

- **Network Friend** - matched with a supported individual (the Focus Person) to build a lasting friendship based on shared interests. We ask that the volunteer visits with the Focus Person once or twice a month, and participates in group meetings.
- **Community Inclusion Volunteer** - assists Program Instructors to facilitate learning and social opportunities in programs such as Being a Citizen, Inclusion Works! and Theatre Troupe. They also assist with administrative tasks as needed.
- **Sessional Volunteer** - provides support to the Lead Instructor by facilitating social opportunities, friendships and healthy relationships during the group sessional. They will also assist in setting up and cleaning up materials.
- **Administrative/Maintenance Volunteer** - provides assistance as required to help the office environment function effectively and safely.

#### **PROCEDURE**

Individuals expressing an interest in a volunteer position with Lifetime Networks will complete the Volunteer Application form ([Appendix 28](#)). The applicant is responsible for returning the completed form to the designated Manager or delegate, or the Volunteer Recruitment Coordinator.

Volunteers are required to produce a Criminal Record Check prior to commencing their placement if they will, at any time, be alone with a supported individual.

The volunteer may be interviewed and upon successful completion of this process the volunteer will be placed appropriately. All necessary documents required for practicum volunteers will be on file prior to placement.

It is the responsibility of the Manager or delegate or Volunteer Recruitment Coordinator to oversee completion of all mandatory paperwork, and that the volunteer

understands their obligations to Lifetime Networks with regard to relevant policies. The Manager or delegate or Volunteer Recruitment Coordinator will provide on-site orientation and training to all Community Inclusion volunteers, and to others as applicable. Orientation and training includes:

- Overview of Lifetime Networks programs and services;
- Lifetime Networks mission and philosophy;
- Person-centered values;
- Responsibilities and performance expectations of volunteers;
- Site specific orientation;
- Individuals/employee introductions;
- Individual goals;
- Managing risk for the individuals supported;
- Methods for the volunteers to share their feedback (i.e. suggestion box and satisfaction survey);
- Description of how Lifetime Networks measures and manages agency performance (i.e. business improvement plan);
- Lifetime Networks' strategic planning process;
- Location of current job postings and opportunities on the Lifetime Networks website;
- Relevant policies and procedures; and,
- Health and safety guidelines.

Volunteers in all programs will receive ongoing mentoring and feedback from their supervisor that may include discussion of goals, expectations, resources and training opportunities. Volunteers in the Community Inclusion program also participate in a regular and structured performance review process that includes identifying and considering volunteer competencies.

Lifetime Networks understands that the role of Network Friend (Volunteer) is unique. After volunteering for some time, a friendship has developed. As an agency, we require volunteers to update their paperwork ongoing based on agency compliance timelines and/or expiration dates identified on certain documents. Some Network families, after 5 years, choose to waive some or all of this paperwork as they have formed a true reciprocal friendship with the volunteer, referred to as a Network Friend. If a focus person/family member chooses to waive the collection of certain paperwork for the Network Friend, we require the focus person and/or the family complete [Appendix 86](#).

For families who have a pre-existing relationship with a new to Lifetime Network Friend of 5 years or more, the family can choose to complete Appendix 88 at the initial Onboarding of the Network Friend.

For the benefit of the volunteer and Lifetime Networks employees, volunteers are not permitted to carry out responsibilities that could place themselves, individuals or other employees at risk (i.e. administering medication).

If a conflict or problem arises with a volunteer the Manager or delegate must be notified. The volunteer will not be removed from the volunteer placement if the concerns are of a serious nature and will be suspended pending the outcome of an

investigative meeting. This meeting will be held with the volunteer and Manager or delegate.

Programs wishing to recognize volunteers shall do so in a manner that cannot reasonably be viewed as payment of services. This recognition may take the form of hospitality or nominal tokens of appreciation.

Volunteer of the Year will be recognized annually by the Executive Director or delegate at an annual event.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: ONBOARDING - *PRACTICUM STUDENTS***

---

#### **PURPOSE**

To ensure that practicum students are appropriately placed and receive the orientation and ongoing support they need to provide quality support to individuals

#### **POLICY STATEMENT**

Lifetime Networks encourages and supports the involvement of practicum students in activities, which augments the role of paid employees, increases the awareness of individuals, and promotes career development in the community. While these roles are recognized as valuable and viewed as an additional resource, they do not replace employees.

Practicum students providing direct support to individuals must be 19 years of age or older (for purposes of obtaining a criminal record check).

#### **PROCEDURE**

Individuals expressing an interest in a practicum placement position with Lifetime Networks will complete their assigned course handbook. The applicant is responsible for returning the completed form to the designated Manager or delegate.

Practicum students are required to produce a Criminal Record Check prior to commencing their placement if they will, at any time, be alone with a supported individual.

The practicum student may be interviewed and upon successful completion of this process the student will be placed appropriately. All necessary documents required for practicum student will be on file prior to placement.

It is the responsibility of the Manager or delegate to ensure that all mandatory paperwork is completed and that the practicum student understands their obligations to Lifetime Networks with regard to relevant policies. The Manager or delegate will provide on-site orientation and training to all practicum students, which includes:

- Overview of Lifetime Networks programs and services;
- Lifetime Networks mission and philosophy;
- Person-centered values;
- Responsibilities and performance expectations of practicum students;
- Site specific orientation;
- Individuals/employee introductions;
- Individual goals;
- Managing risk for the individuals supported;
- Methods for the practicum student to share their feedback (i.e. suggestion box and satisfaction survey);
- Description of how Lifetime Networks measures and manages agency performance (i.e. business improvement plan);
- Lifetime Networks' strategic planning process;

- Location of current job postings and opportunities on the Lifetime Networks website;
- Relevant policies and procedures; and,
- Health and safety guidelines.

For the benefit of the practicum student and Lifetime Networks employees, students will not be permitted to carry out responsibilities that could place themselves, individuals or others at risk (i.e. driving supported individuals or administering medication).

If a conflict or problem arises with a student the Manager or delegate must be notified. The student will not be allowed to continue in the practicum placement if the concerns are of a serious nature and will be suspended pending the outcome of the investigative meeting. This meeting will be held with the student, Manager or delegate and with their school instructor in the case of a formal practicum placement. The practicum experience will be evaluated as to whether or not it will continue.

In order to enhance the educational experience of the student placement an evaluation will be completed at the end of the practicum. The format will be a process outlined by the student's school body.

Programs wishing to recognize practicum students shall do so in a manner that cannot reasonably be viewed as payment of services. This recognition may take the form of hospitality or nominal tokens of appreciation.

Practicum students are not typically paid for their time. An existing employee who has passed probation, and chooses to complete a practicum with Lifetime Networks, may request special accommodation for pay. This is considered an exceptional circumstance. The request must be submitted in writing, using the Request for Accommodation Form ([Appendix 3](#)). The request will be reviewed by Management.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *PERFORMANCE REVIEWS***

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#### **PURPOSE**

To ensure Lifetime Networks employees receive regular performance feedback.

#### **POLICY**

Employees will receive a Probationary Review 4 to 6 months after hire.

After a successful Probation Review ([Appendix 63](#)), employees who work more than 20 hours weekly will receive a written performance review annually. Employees working less than 20 hours weekly will receive a written performance review every 18 months. Those working casual or solely in our Sessional programs may sign a waiver ([Appendix 42](#)) requesting to not receive a review.

#### **PROCEDURES**

A performance review gives employees a fair and equitable means of clarifying expectations, receiving feedback, establishing and reviewing goals and discussing their contributions to Lifetime Networks. This process should be positive and respectful.

Employees are evaluated in the following areas of competency:

- Quality of services delivered to the people we support
- Ability to work within a team
- Effectiveness
- Relationship with the people we support
- Work habits
- Public relations
- Communication
- Supervisory abilities (where applicable)

An important performance measure is the employee's effectiveness and ability to improve the supported individual's quality of life.

After completing a successful Probationary Review ([Appendix 63](#)) each employee must receive a performance review. It is the Managers or delegates responsibility to compile the information and summarize it on an Employee Performance Review. ([Appendix 23](#)).

The Manager must review the employee's previously established goals and evaluate progress towards achieving the goals. The review should encompass the entire evaluation period (i.e. entire probationary period or the entire period since the last performance review).

After completing the review, the information is documented on the Employee Performance Review form. The Manager must meet with the employee and:

- Go over the review
- Discuss any issues
- Set new goals

The employee then signs the review and a copy will be placed in the employee's personnel file. If an employee disagrees with the review, they may write a letter stating their concern. The letter is placed with the review in their personnel file.

Performance reviews are intended to be proactive and constructive in nature and should reflect areas already discussed (e.g., concerns and/or achievements, goal setting). The Manager or delegate is responsible for helping employees set goals that will facilitate developing their skills and knowledge.

### **PROCEDURE**

- Review(s) assigned to the main Program Manager in "Recurring Tasks."
- If applicable, when Program Manager receives task, they will re-assign task with details to delegate.
- The Manager/delegate sends or arranges pick up of the review document.
- Manager/delegate will set a date for the review.
- The Manager/delegate hosts the review.
- Manager/delegate emails the review to the Human Resource Facilitator and CC the Human Resources Manager.
- Manager/delegate will go into their "Tasks" in the HRDB and open the details to ensure they have completed all tasks assigned with the "Performance Review - 12 months" or "Performance Review – 18 months" or "Probationary Review".
- Once HR Facilitator receives email from Program Manager/delegate, they will input all documents into Personnel Files (Current Year- Annual Review)

### **WAIVER**

- If employee identified as casual or solely in Sessionals, the person that oversees that employee will present the waiver option to the employee.
- If the employee decides to waive the performance review, they will sign [Appendix 42](#).
- The waiver will be sent the HR for filing.

### **Forms needed:**

[Appendix 23.1: CSW Employee Annual Review](#)

OR

[Appendix 63.1: CSW Employee Probationary Review](#)

[Appendix 23.2: Contractor Performance Review Form](#)

[Appendix 23.3: Office Employee Annual Review](#)

OR

[Appendix 63.2: Office Employee Probationary Review](#)

[Appendix 23.4: Network Facilitator Performance Review](#)

OR

[Appendix 63.3: Network Facilitator Probationary Review](#)

[Appendix 42: Performance Review for Casual and Sessional Staff Waiver](#)



## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *PROFESSIONAL DEVELOPMENT AND TRAINING***

---

#### **PURPOSE**

To provide opportunities for employees to further develop their skills and knowledge, both independently and with the assistance of Lifetime Networks.

#### **POLICY STATEMENT**

Lifetime Networks is committed to supporting training and learning opportunities for all employees, subject to available resources. All employees are required to attend two professional development opportunities annually. These may include Open Future Learning, internal training and external training. For reimbursement, all professional development training must receive prior approval.

#### **PROCEDURE**

Employees are encouraged to use the Performance Review process to identify their professional goals and specify areas for further development. Employees are also encouraged to seek professional development between Performance Reviews. Employees are encouraged to research available, relevant training opportunities. The Manager or delegate may be contacted for assistance accessing appropriate training.

Open Future Learning (OFL) is a resource gifted to all employees. Employees are invited to access this resource at any time on a voluntary basis. In special circumstances, by prior approval from a Manager or delegate, employees may receive reimbursement for an OFL session.

#### **Internal training**

1. Employee to attend an in house training opportunity.
2. Confirmation of training completion is sent from Manager or Delegate to Human Resources with the following information:
  - a. Employee name
  - b. Agency/School/Company who provided the training
  - c. Course name
  - d. Date
  - e. Professional hours
  - f. Training time
  - g. Cost
  - h. Paid for by
  - i. Any notes
3. Human Resources will track information provided in the Professional Development tab in the employee's information section in the HR database.

#### **External Training**

1. Once an employee has identified specific training, they need to submit a Request for Professional Development form ([Appendix 27](#)) to their Manager or delegate for feedback and recommendations.
2. The Manager or delegate, in conjunction with the Executive Director, is responsible for approving all Lifetime Networks training and funding. The Manager or delegate will approve the request based on needs of the program and

- benefit of the training. The Manager or delegate then submits a copy of the completed form to the Executive Director.
3. If an employee has received approval for training requiring funding from Lifetime Networks, the employee will be required to complete an Employee Training Reimbursement Agreement ([Appendix 41](#)) and submit it to their Manager or delegate to be included in the professional development request. This agreement between the employee and Lifetime Networks, states the employee will reimburse all training costs should the employee not complete the training or leave Lifetime Networks prior to the time lines outlined in the Reimbursement Agreement.
  4. The Training Reimbursement Agreement is not in affect if Lifetime has required the employee to take the training as a condition of continued employment, or if the employee is leaving the position due to circumstances beyond their control (e.g. critical illness).
  5. If Lifetime Networks will be paying up front for the training, the Manager or Delegate will send the details of the training registration to the Administrative Coordinator, who will register the employee using the company credit card.
  6. Upon completion of the training, each employee is expected to return any course materials received to the worksite and to complete an evaluation upon request. All course materials and the evaluation will be forwarded to the Manager or delegate. Confirmation of training completion is sent from employee or Manager/delegate to Human Resources.
  7. Human Resources will record the training in the employee's HR database file, and add any relevant certificates into the employee's Personnel folder.

**Forms needed:**

[Appendix 27: Request for Professional Development](#)

[Appendix 41: Employee Training Reimbursement Form](#)

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *RECOGNITION OF HOURS WORKED IN HIGHER PAYING POSITIONS FOR COMPENSATION INCREASES***

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#### **PURPOSE**

To recognize employees for their willingness to work a combination of lower paying roles with higher paying roles.

#### **POLICY STATEMENT**

At Lifetime Networks, we appreciate our employees' skills and hard work. Sometimes, our employees accept higher paying positions (e.g. Facilitator or Coordinator) or fill in for higher paying positions temporarily while retaining some hours in lower paying positions (e.g. Community Support Worker). To acknowledge the efforts of employees who undertake combined roles, we have implemented the Recognition of Hours Worked in Higher Paying Positions Policy. This policy allows employees move up compensation grid steps for lower paying positions by contributing overall worked hours.

#### **POLICY GUIDELINES**

This policy is for employees who have more than one role with different pay levels at Lifetime Networks. This policy excludes the Network Facilitator role.

#### **PROCEDURE**

- Employee hours are checked:
  - Annually during HR review.
  - Annually or every 18-months at performance review time.
  - Upon employee request.
- HR will notify payroll when increases occur so that vacation accrual is adjusted.
- HR will notify payroll if retroactive pay is needed.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *RECRUITMENT- INTERNAL AND EXTERNAL JOB POSTING***

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#### **PURPOSE**

To outline our criteria and procedures for posting and communicating opportunities internally and externally. To identify we are committed to investing in our employees within Lifetime Networks whenever possible.

#### **POLICY**

Our internal job postings follow the same template as our external job posting and include:

- Job title
- Location
- Job Summary (which will identify the Department)
- Hours and compensation
- Responsibilities
- Qualifications
- Characteristics
- Application Instructions and deadline
- Inclusive and diverse statement

As an exception, internal job postings do not require the Lifetime Networks header. A more personable header may be included for internal posts. Internal posts do not identify the rate of pay, as it is employee specific.

Internal job posting appear in at least one of the following places:

- Email from Constant Contact to staff
- Staff section of the website

The Human Resource Manager and Administrative Coordinator are responsible for communicating internal job postings to anyone eligible to apply. Vacancies identified are posted on a Tuesday or Thursday at 12 pm. If urgent, a request for an alternate day may submitted to the Human Resource Manager.

Each position is posted internally for 48 hours before going externally. If a position is urgent or a larger pool of candidates required, Lifetime Networks reserves the right to simultaneously post internally and externally. When possible, internal candidates are given preference over external candidates.

Lifetime Networks typically posts jobs. Occasionally current positions within the agency are filled by increasing an employees'/contractors' hours within the same role or by offering a position to existing employees who have expressed desire to increase their hours. This selection process will be left to the discretion of the hiring Manager/delegate and Directors to assess on a case-to-case bases.

Lifetime Networks is an equal opportunity employer. We will not allow favoritism or discrimination.

To apply, employees should follow instructions mentioned in the job posting. If an internal employee is chosen for an interview and/or short-listed, the hiring manager/delegate will notify the employee's current manager/delegate.

If an employee declines an offer, their decision will not affect their current job. If they accept an offer, they will meet with their current manager/delegate to discuss a transition. An employee's transition may be delayed until their current position is filled.

Human Resources is responsible for keeping accurate records of applications and interviews.

### **PROCEDURES**

1. Manager/delegate will reach out to the HR Manager when a posting is required.
2. HR Manager and Manager/delegate will determine if the job will be posted internally first or be posted internally and externally simultaneously.
3. HR Manager will draft and save the post with input from the Manager/delegate.
4. HR Manager will send internal post to the Administrative Coordinator to input into the Constant Contact template.
5. Administrative Coordinator will send out postings based on the timeline detailed in policies, unless specified otherwise.
6. HR Manager will post externally upon request.
7. Manager/delegate will let HR know when the post can be "paused" or "closed" externally.
8. Manager/delegate will set up interviews
9. Manager/delegate will send interview notes, resumes and cover letters to HR for filing.
10. Manager/delegate will send HR Hire Request form when a candidate has been selected and the position has been accepted.

**POLICY TYPE: HUMAN RESOURCES****HRS POLICY TITLE: *RECURRING STAFF COMPLIANCE***

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**POLICY**

Lifetime Networks has an obligation and responsibility to ensure all employees have the adequate skills, knowledge and capacity required to perform a specific set of job functions. To meet these standards, all employees will be responsible for completing ongoing compliance. Compliance may vary for employees based on their role. Each recurring compliance task will have a renewal time variance based on legal requirements and CARF standards.

If employees do not complete their compliance tasks by the set date, a progressive disciplinary model is followed which may result in cancelled shifts until completion. (See Progressive Disciplinary explanation below).

**PROCEDURES****Annual Staff Compliance**

- Administrative Coordinator looks in HR Database at their assigned tasks current and scheduled two months out to identify all people with “Annual Compliance” due dates.
- Administrative Coordinator sets a variety of 2 hour meeting times, totaling 4-6 opportunities, for staff to attend a meeting to complete paperwork.
- Administrative Coordinator contacts staff to let them know they have to choose one of the times to complete their paperwork within the three-month timeline.
- Administrative Coordinator hosts meetings which include:
  - Reviewing PowerPoints of Health and Safety, Critical Incident Reporting and Positive Behavior Supports
  - Completion of Critical Incident reporting and Health and Safety Competency Quizzes
  - Reviewing Complaints Policy and Problem Solving Procedure, Transportation Policies, Social Media Policy, Use of Communication Systems Policy
  - Reviewing and signing of Standards of Conduct and Ethics, Oath of Confidentiality and Conflict of Interest
  - Reviewing and signing Photo and Video Consent form
  - Signing of Positive Behavior Supports form
  - Determining if the person requires Medication Administration training
  - Signing of Vehicle Safety Declaration (if applicable)
- If any paperwork is outstanding after the meeting, the Administrative Coordinator informs the staff person they have 48 hours to return the completed paperwork.
- If 48 hours pass and paperwork is not in, contact HR Manager for follow up
- Administrative Coordinators sends to Program Manager/Delegate any staff members who identified needing Medication Administration Training.
- The Administrative Coordinator files all of the paperwork and clicks Complete on all tasks associated with “Annual Compliance” in the HR Database as well as

updating the Documents section for the Employee. See “Adding Documents in HRDB”.

- If an employee is not in compliance by the end of a quarter, the Administrative Coordinator will notify Human Resources for next steps.

### **Forms required:**

[Appendix 18: Recurring Compliance Sign offs for Employees](#)

[Appendix 64: Positive Behaviour Supports Sign off](#)

[Appendix 55: Photographs and Videos Consent form](#)

Critical Incident Competency Test

OHS Competency Test

### **Recurring Compliance**

- HR Manager looks in HR Database at their assigned tasks “current” to identify what compliance tasks are expiring.
- HR oversees the following Recurring compliance:
  - 3rd Party Liability
  - First Aid
  - Criminal Record Checks
  - Drivers License
  - Drivers Abstract
- HR Manager or delegate will email employee with details on what is expiring and provide a timeline to get the needed documentation updated. Employees must acknowledge the email in accordance to Lifetime Networks communication policy.
- Upon HR receiving the needed documentation, it is filed, all tasks marked complete and any dates are updated accordingly.
- If the task is completed late, it will be identified why so a report can be run in future to help with ongoing improvement of compliance timeline accuracy.

### **Progressive Disciplinary Action**

If an employee does not get their documentation in within the set timeline and/or communication is not received within 48 hours of the initial email:

- Human Resources will send a follow-up email to the employee.
- If an additional 48 hours has gone by with no response, HR Manager will forward communication to [payroll@Lnv.ca](mailto:payroll@Lnv.ca) to follow-up.
- An email from [payroll@Lnv.ca](mailto:payroll@Lnv.ca) is sent to the employee with a timeline and instructions.
- If the employee does not comply, [payroll@Lnv.ca](mailto:payroll@Lnv.ca) will notify their manager and the Manager or delegate will notify the family that the employees’ shifts will be cancelled effective a date identified until they are in compliance.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *SHIFT CANCELLATIONS***

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#### **PURPOSE**

Lifetime Networks recognises the challenges of unexpected shift cancellations. This policy provides terms for reimbursement of shifts cancelled unexpectedly.

#### **POLICY STATEMENT**

If a person served cancels a shift with more than 24 hours notice, the staff member will not receive payment for that shift.

If a person served cancels a shift with 24 hours or less notice, the staff member will receive compensation for two (2) hours and may be asked to perform other related work during the scheduled shift time, with the exception of Overnight intake Shifts.

If a person served cancels an overnight respite shift with 24 hours notice or less, the staff member will receive compensation for the entire shift.

If a staff member arrives for a scheduled shift and the person served is not available, or chooses to end a shift early, the staff member will receive compensation for the entirety of the scheduled shift and may be asked to perform other related work during the scheduled shift time.

If a staff member arrives at work and is not needed due to unanticipated excess staffing, the staff member will be paid two hours and will be asked to perform work related duties.

#### **PROCEDURES**

- If a person served cancels a shift with more than 24 hours notice, please inform the Manager or delegate as soon as possible. As you will not be compensated, please enter 'did not work' in IBEX.
- If a person served cancels a shift with less than 24 hours notice, please inform the Manager or delegate as soon as possible. You may be asked to complete other related work during your scheduled shift time. You will be compensated for two (2) hours. Please enter 'cancellation within 24 hours' in the notes section of IBEX.
- If you arrive for a scheduled shift and the person served is not available, please inform the Manager or delegate as soon as possible. You may be asked to perform other related work during your scheduled shift time. You will be compensated for the entirety of the scheduled shift. Please enter 'person unavailable' in the notes section of IBEX.
- If a person served sends you home early, please inform the Manager or delegate as soon as possible. You may be asked to complete other related work during your scheduled shift time. You will be compensated for the entirety of the scheduled shift. Please enter 'shift ended early' in the notes section of IBEX.



- If you arrive for a scheduled shift and the Manager or delegate deems excessive staffing, you will be paid for two (2) hours. The Manager or delegate will assign you related work duties for the duration of the two hours.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *SOCIAL MEDIA***

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#### **PURPOSE**

To provide standards of conduct for employees of Lifetime Networks in the use of social media, while identifying, or being identifiable, as Lifetime Networks employees.

This policy is in addition to Policy HRS Standards of Conduct and Ethical Behaviour, Policy HRS Use of Communication Systems and Technology, Backup, Safe Storage and Service and Policy HRS Background Verification Policy, which all employees must follow as a condition of employment.

#### **DEFINITIONS**

Employee:	All persons employed by Lifetime Networks, including contractors.
Social Media:	Online websites and platforms that allow participants to have distinct, individual user profiles and to share, create and interact with other user-generated content. This includes, images, video, audio and blogs. Examples include Facebook, Twitter, YouTube, Snap Chat, Linked In, and Instagram.
Post:	The act of adding an item to a social media site. For example, "Posting an update on Facebook" or "Posting a new update on my blog."

#### **POLICY STATEMENT**

When using social media, employees must always speak for themselves, not Lifetime Networks. Employees may disclose that they work for Lifetime Networks, as well as their job title and position, and may discuss Lifetime Networks and the general nature of their work publicly. However, any user-created usernames on social media sites should not contain reference to Lifetime Networks in any form. Employees should make clear that the views expressed are their own, and not those of Lifetime Networks.

#### **PROCEDURES**

Confidential information that employees receive through their employment or association with Lifetime Networks must not be divulged via social media.

Employees must not reveal or announce Lifetime Networks news before it has been officially announced.

Employees must respect the privacy of other Lifetime Networks employees, persons and families supported by the agency and must not disclose, via social media sites and tools, any non-publicly available information about our staff members, or any information that in any way identifies a person supported by Lifetime Networks.

Employees should not post anything offensive or disrespectful, and all conduct and language must meet acceptable social standards. Employees must not discriminate against someone based on their race, ethnicity, religion, family status, marital status,

disability, sex, sexual orientation, age, political belief or conviction of a criminal or summary offence unrelated to the individual's employment.

Employees must not communicate incorrect or inaccurate information knowingly, including false or fake comments/reviews about Lifetime Networks, whether negative or positive.

Employees must abide by all Canadian laws and copyright laws while using social media.

Employees must not use Lifetime Networks logos, graphics or trademarks that create the appearance they are speaking for Lifetime Networks.

Employees contacted by media outlets/journalists/bloggers for comment about Lifetime Networks must not comment personally, but refer to the Executive Director.

Staff may not add individuals supported through Lifetime Networks on Facebook or other social media sites without written permission by the Manager or delegate. Lifetime Networks recognizes that social media can be beneficial at times, and is a way for many people we support to communicate with others. If both parties feel strongly that it may be beneficial to connect through social media, a conversation must be had with the Manager or delegate and a written approval given before a connection through social media is established ([Appendix 20](#)). If Facebook is approved, a separate page from your personal page must be created under your name. If text is used for communication, all communication must be saved as a means of tracking the conversation.

Failure to comply with the guidelines set out in this policy will result in disciplinary actions, up to and including termination.

## **POLICY TYPE: HUMAN RESOURCES**

### **HRS POLICY TITLE: *STAFF AND VOLUNTEER VACCINATION EXPECTATION AND COLLECTION***

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#### **PURPOSE**

The COVID-19 pandemic has given rise to significant health and safety risks for staff, volunteers and individuals served. Vaccination plays a critical role in preventing the workplace transmission of COVID-19 and protects individuals supported and members of the public with whom we interact and provide services. Being able to confirm vaccination status also allows staff and volunteers to support the participation of individuals in activities beyond Lifetime worksites in venues where public health requires confirmation. This policy sets out our expectations regarding vaccination and the collection of vaccination status information.

We take seriously our obligation to ensure the health and safety of all staff in accordance with Worksafe BC and Employment Standards. We are mandated to adhere to Public Health Orders (PHO) as they are released. We also understand that becoming vaccinated is a personal choice and the collection of medical information (i.e. vaccination information) impacts individual privacy and can lead to feelings of discomfort.

The purpose of this Policy is to implement a vaccination status collection program in a manner that balances our need to reduce risk and conduct workforce planning while ensuring that the process for collecting and using vaccination status information is compliant with applicable personal information protection laws. This Policy is intended to be a part of, or supplement, our contagious disease prevention protocols.

#### **POLICY STATEMENT**

It is our hope that all current Lifetime staff and volunteers will support workplace safety efforts by becoming vaccinated and sharing that information with us. However, we recognize that there are circumstances in which some individuals may choose not to become vaccinated.

Current staff who choose not to become vaccinated against COVID-19 are unable to continue paid work as per the November 18, 2021 PHO order. Staff who continue to choose not to become vaccinated as of January 14, 2022, are eligible to take an unpaid leave of absence for up to three months and should follow up with their Manager accordingly.

Current Volunteers in group programs must disclose their vaccination status and be vaccinated to continue in their role with Lifetime Networks. Any new staff and volunteers/friends will need to confirm they are double vaccinated to be Onboarded.

Staff and volunteers may also be requested to provide (for inspection only) documentation verifying their vaccination status. No copies of such documentation will be maintained in employee files.

The purpose of collecting information about vaccination status is to ensure that we have sufficient information to address any health and safety risks in the workplace and where applicable to our individuals in the community, and to ensure that we can continue to assign staff and volunteers consistent with public health requirements. Staff and volunteers who have routine contact with co-workers and individuals served will generally be expected to comply with this Policy by supplying information about their vaccination status.

No disciplinary consequences will be imposed if an employee or volunteer chooses not to become vaccinated or seeks an exemption from this Policy. However, staff members and volunteers who do not report their vaccination status under this Policy or are not granted exemptions under this Policy will be deemed to be unvaccinated, and will have to go on an unpaid leave of absence.

While scientific investigation into the effects of vaccination continues, there is evidence to suggest that those who have been vaccinated are less likely to contract and transmit the disease. Those who have been vaccinated are also at a much lower risk to develop serious health complications should they nevertheless contract COVID-19.

We are seeking to collect information about the vaccination or immunity status of Lifetime staff and volunteers in order to:

- Better understand the risk of infection in the workplace
- Help mitigate the risk of infection for those at the greatest risk, including by putting accommodations or other protective measures in place for unvaccinated individuals;
- Plan for operational continuity in the event of an outbreak;
- Support the continuity of services to our supported individuals in community settings where admission is available only to those who confirm vaccination status;
- Support risk mitigation and contact tracing efforts in the event that an exposure occurs within the workplace.

Vaccination or immunity status information will be used only as described in this Policy. This information will be maintained separately from other employment records, and will be destroyed as soon as possible if there is no business, legal or operational need to retain them.

Access to vaccination data will be shared internally on a strictly need-to-know basis and only for the purposes described above. This information will be shared externally only where permitted or required under applicable laws, such as where it is requested or required by public health officials or other government agencies.

It is expected that the level of workplace risk posed by COVID-19 may change as new outbreaks, developments and scientific discoveries unfold. Accordingly, changes to this Policy may be introduced from time to time to respond to these developments or in response to Public Health Orders and/or WorksafeBC directives.

If you have any questions or concerns about this Policy or the collection of your information, please contact Wendy-Sue Andrew, Executive Director.

## **PROCEDURE**

### **Staff:**

- Disclosures to be made by contacting the HR Department ([HR@Inv.ca](mailto:HR@Inv.ca)).
- Upon receiving communication in writing (i.e. email), HR will delete the communication trail.
- HR Department will keep an excel spreadsheet, saved on the Managers Drive, which can only be accessed by the Management team.
- HR Manager will contact the appropriate Manager in the case an employee discloses they are NOT vaccinated against COVID-19.
- Program Manager will discuss the options with employee and connect them to HR if an Unpaid Leave of Absence letter is required.

### **Volunteers:**

- Disclosures to be made by contacting the HR Department ([HR@Inv.ca](mailto:HR@Inv.ca)).
- Upon receiving communication in writing (i.e. email), HR will delete the communication trail.
- HR Department will keep an excel spreadsheet, saved on the Managers Drive, which can only be accessed by the Management team.
- HR Manager will contact the appropriate Manager in the case a volunteer discloses they are NOT vaccinated against COVID-19.
- The Manager will speak to the Volunteer to let them know that they are unable to continue at this time.

Consistent with applicable privacy laws, HR will collect the minimum amount of personal information required to address workplace health and safety and staffing assignment issues raised by COVID-19. Accordingly, you will be asked to report:

- If you have been double vaccinated against COVID-19.
- If you have not been vaccinated against COVID-19.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *STAFF POSTING, TRANSFER, AND PROMOTION***

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#### **PURPOSE**

In order to promote stability, continuity, and career development, we encourage our staff to apply for opportunities to move into more senior positions or to move into programs where they feel they can continue to make a positive contribution.

#### **DEFINITIONS**

**Promotion** – movement to a more senior position, usually involving higher pay.

**Internal applicant** – a current full-time, part-time, or casual employee

**External applicant** – a person seeking employment with the service provider and not currently employed by the service provider

#### **POLICY STATEMENT**

Whenever possible and practical, Lifetime Networks will offer opportunities for current employees to apply for any available positions. In situations where a well-qualified staff person is not available or interested in a vacant position, Lifetime Networks will advertise and interview external applicants. Transfers of employees between programs will be considered on a case-by-case basis. Wages will be determined in conjunction with the pay scale shown on the resource section of the staff website. Service hours consist of the accumulation of hours from the position type held within Lifetime Networks.

#### **PROCEDURES**

##### **1) Notice of available positions**

Lifetime Networks will ensure that all employees are given notice of any available positions through email, posting at the job site, staff meetings, and/or on the Lifetime Networks website. External advertising of positions may occur at the same time as internal posting.

##### **2) Promotions**

Promotions will be made on the basis of qualifications, demonstrated skills and abilities, and past performance. All internal applicants for a position must meet the minimum requirements for the position as outlined in the job description.

##### **3) Transfers**

Employees may request a lateral transfer from one program to another where such transfers do not involve a change in position type or pay. Transfers will be granted at the sole discretion of Lifetime Networks and in consideration of the health, safety, and well-being of individuals.

Successful candidates' recruitment documents shall be maintained in the Administration Office.

**4) Offer of Employment** – A letter of appointment outlining the terms and conditions of employment will be sent or presented to new employees during the meeting with the Human Resources Manager or delegate.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *SUBSTANCE USE AND ABUSE***

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#### **PURPOSE**

To promote a safe and healthy environment for Lifetime Networks individuals, employees, volunteers and visitors.

#### **POLICY STATEMENT**

It is unacceptable for staff to be under the influence of alcohol, drugs, marijuana/cannabis, or any prohibited or prescribed substance that may impair their performance, during working hours.

Employees supporting individuals of Lifetime Networks' programs while on vacations or overnight trips are on paid employment status/duty and must act accordingly. Employees must refrain from alcohol, drugs, cannabis or any other substance that may impair their performance during these periods.

Employees must never transport an individual in a vehicle after consuming any amount of alcohol, drugs, recreational cannabis or other prohibited substance.

It is the employee's responsibility to seek treatment if they are experiencing a substance abuse problem. Lifetime Networks recognizes that addiction is a serious illness requiring treatment.

#### **PROCEDURES**

Any employee reporting for duty under the influence of alcohol, drugs, cannabis/marijuana or other prohibited substances will not be permitted to remain on the premises.

Any employee who observes another employee reporting to work or at work, apparently under the influence of alcohol, drugs, marijuana or other prohibited substance, shall immediately contact their Manager or delegate.



## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *THEFT***

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#### **PURPOSE**

To ensure Lifetime Networks property is used only for its intended purposes and risk management for theft is in place.

#### **POLICY STATEMENT**

Theft is defined as the unauthorized procurement of property, supplies or assets. Fraud and embezzlement or misappropriation of property belonging to Lifetime Networks, persons supported by Lifetime Networks, another employee or any associate or supplier of Lifetime Networks is strictly prohibited.

The following are examples of prohibited conduct:

- Theft of property or services from Lifetime Networks
- Unauthorized use of Lifetime Networks equipment
- Unauthorized use or theft of property from the persons supported, visitors or other employees
- Theft outside of workplace which may affect the employment relationship
- Actions which result in the unauthorized procurement of money, property or other things from Lifetime Networks, the individuals it supports or employees

#### **Risk Management:**

In order to prevent theft and ensure the safety of our staff, families and individuals, security cameras are set up in the programing areas as well as the Finance Director's office. Lifetime Networks has ensured compliance with FIPPA and the office of the privacy commissioner of Canada. The cameras will only be recording after all programing has finished at the end of each day.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *USE OF COMMUNICATION SYSTEMS AND TECHNOLOGY, BACKUP, SAFE STORAGE AND SERVICE***

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#### **PURPOSE**

To establish guidelines for the use of Lifetime Networks' computers, technology, communication systems, and internet.

#### **POLICY STATEMENT**

Use of Lifetime Networks' communication and technology systems must be lawful, ethical and consistent with Lifetime Networks' professional reputation and standards.

#### **PROCEDURES**

The following uses of Lifetime Networks communications and technology systems are prohibited:

- Illegal, unethical or immoral uses
- Sending, receiving or accessing offensive, objectionable, abusive, pornographic, obscene, sexist, racist, harassing or provocative message, images or other materials, including adult-oriented web sites or news groups
- Defamatory, derogatory, or false messages
- Distributing e-mail or e-mail chain letters or junk mail
- Political activities, solicitation of funds, or advertising goods and/or services not approved by the Executive Director
- Other commercial or business uses
- Unauthorized access to another user's email, data or communications
- Uses that infringe copyright or other intellectual property rights
- Unauthorized disclosure of confidential or privileged information
- Unauthorized use of data encryption
- Uses that may compromise system integrity or degrade system performance

**Computer Systems**, including laptop computers, desktop workstations and portable devices, are to be used for Lifetime Networks business. All computer users must adhere to the following:

- Use only approved, licenced software and hardware
- Use current virus protection software to scan documents and files
- Confidential information shall be secured by using passwords
- Lifetime Networks access codes and passwords are for the sole use of the employee and must be held in strict confidence
- Lifetime Networks network computer systems shall be backed up nightly
- Employees are not permitted to use passwords, access a file or retrieve any stored communication without authorization
- Passwords must be registered with Lifetime Networks
- Only access work files when using secure WIFI.

**Email** is an official record if:

- Created or received during the normal course of business and consistent with Lifetime Networks' mandate
- It documents, interprets or otherwise supports Lifetime Networks policy, decision, transactions and events
- It contains informational value of significance to Lifetime Networks

All employees should be aware of the following when using email:

- Employees must not attempt to read another person's email without authorization
- Employees should not expect privacy in email transmitted, received and stored on or through the system
- Email transmissions are not secure and discretion should be used in relaying confidential information
- Email is Lifetime Networks property, not a private communication (whether created or received)
- Documents sent to outside agencies as email attachments should always be in Adobe PDF format

### **Voice Mail**

- Employees will ensure recorded voice mail messages are appropriate, informative and timely
- Employees are responsible for the security of their account and password and precautions must be taken to prevent unauthorized access to mail boxes
- Good judgment must be exercised regarding personal use
- Employees must not attempt to access others' voice mailboxes, unless specifically authorized

### **Internet**

An employee with internet access must not intentionally access sites or engage in Internet practices that may potentially bring Lifetime Networks into disrepute. Internet access includes personal responsibility for Internet activity. Persons with internet access must be familiar with:

- Copyright laws as they apply to software and electronic information
- Applicable libel and slander laws
- Contents of this policy

### **Telephone and Cellular Telephones**

Telephones and services provided and paid for by the organization are to be used to conduct Lifetime Networks business.

- Personal use of Lifetime Networks' communication systems is to be kept to a minimum. Extended personal use is not an acceptable use of Lifetime Networks resources.
- Occasional personal use is tolerated, provided no additional charges are incurred. Any charges for personal, incidental use are to be reimbursed to Lifetime Networks by the employee.
- Cellular transmissions are not secure. Use discretion when relaying confidential information.

- Communication systems may be used for some limited personal purposes (i.e. to send and receive brief emails, voice-mail messages, brief telephone calls of an urgent nature, internet access) provided that in the opinion of Lifetime Networks said uses do not interfere with Lifetime Networks' business and do not compromise the integrity and efficiency of Lifetime Networks' communication systems, professionalism or its reputation.
- Use of communication equipment may from time to time be monitored by authorized individuals. Such monitoring may include accessing recorded messages and printing and reading data files, including emails.

A breach of this policy is subject to discipline up to and including dismissal.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *WORK FROM HOME***

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#### **PURPOSE**

To support employees with flexible work arrangements that are beneficial to both the employee and the agency.

#### **POLICY STATEMENT**

Some employees working from home during the pandemic expressed a desire to continue to work from home at least one day a week ongoing. Lifetime Networks acknowledges this preference and is committed to a sustainable approach to flexible work, balancing employee preferences, responsibilities to the agency and the individuals that the agency supports.

#### **Guiding principles for flexible work include:**

- Participating in a flexible work arrangement is voluntary and requires the mutual agreement of the Employee and the Manager/delegate.
- Flexible work is not an entitlement nor a term of employment.
- Open, ongoing communication about performance, team goals, workplace environment, scheduling changes training and technology access is key.
- The suitability of flexible work options will vary according to specific roles and responsibilities.
- Employees must demonstrate satisfactory work performance prior to being approved and must maintain their performance.
- Flexible work options support the health and safety of employees.
- Flexible work options safeguard the safety and confidentiality of information.

#### **PROCEDURE**

- Employee submits [Appendix 3](#) with an attached Work from Home Plan to Manager/delegate.
- If work from home is an option for the employee's role and responsibilities, employee and Manager/delegate review and sign [Appendix 49](#) to ensure work from home meets Health and Safety guidelines.
- If approved, the employee submits [Appendix 85](#) (Work from Home Report) for every shift worked from home and submitted at the end of that workday for review.

\*\*Appendix 3 (with attached work plan), Appendix 49 and all Appendix 85 completed must be sent to HR for filing purposes. HR Facilitator will additionally redact a copy of Appendix 3 to send to the Accessibility Committee for Review.

## **POLICY TYPE: HUMAN RESOURCES STANDARDS**

### **HRS POLICY TITLE: *AVERAGING AGREEMENT***

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#### **PURPOSE**

To allow temporary flexibility between the Employer and Employee, allowing the Employer and Employee to average the number of hours worked over one, two, three or four weeks. This eliminates the need to pay overtime, not currently covered in our funding, for the hours covered by the agreement.

#### **POLICY STATEMENT**

Concerning staffing needs, Lifetime Networks works hard to be as person centered as possible. When an averaging agreement is necessary to accommodate an Employee's schedule, the agreement must:

- Be in writing.
- Have a specific number of weeks identified.
- Have a start and end date.
- Be signed by the employer and the employee.

Averaging agreements cannot accede the Employee to work an average of 40 hours in a workweek. This is the responsibility of the Employer and the Employee to ensure it does not accede.

#### **PROCEDURE**

- Employer and Employee identify a need for an agreement.
- Manager connects with other Managers that the Employee reports to before moving forward with an agreement.
- Manager/delegate to connect with HR Manager listing the above identified details for an agreement to be drawn up.
- HR Manager will draw up letter and send to Employee and Manager to sign.
- Once signed by both parties, return letter to HR Manager for filing purposes.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *BURSARY FUND***

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#### **PURPOSE**

Lifetime Networks is committed to providing assistance for people who are unable to purchase services for themselves.

#### **POLICY STATEMENT**

Lifetime Networks will maintain a fund to provide service fees for individuals who are not able to fund the desired service themselves. This is a bursary fund awarded through an application process. The capital in the fund remains intact; bursaries are provided using the interest.

#### **PROCEDURES**

Lifetime Networks will maintain a fund to provide service fees for individuals. Individuals may apply to the bursary fund through a short application form. Donors may donate to the fund.

Potential bursary recipients will apply using the Bursary Application form ([Appendix 35](#)). Individuals are welcome to seek support in applying. The completed form will be reviewed by a Director and at least one Manager. Successful applicants will be notified. A thank you letter may be requested by the Board of Directors. Lifetime Networks requests that families do not discuss bursary amounts with anyone outside this agency.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *CONFIDENTIALITY***

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#### **PURPOSE**

To protect the right to personal privacy for individuals supported through Lifetime Networks.

#### **POLICY STATEMENT**

Each person Lifetime Networks supports has the right to have information about them kept in confidence. Each person has the right to personal privacy. This right must be protected in accordance with the Freedom of Information and Protection of Privacy Act. Information concerning individuals Lifetime Networks supports, their families and support networks is privileged and confidential. Employees shall not release information to persons outside Lifetime Networks support staff without the consent of the individual or their representative. Confidential information shall be released on a need to know basis and only with the valid consent of the individual concerned. This applies to all modes of communication including voicemail, email, and social media.

#### **PROCEDURES**

Established regulations and acts such as the Freedom of Information and Protection of Privacy Act will be the basis for allowing any information to be released. When confidential information is requested, employees must state that they are not authorized to release information concerning individuals or affairs of Lifetime Networks. Employees shall then refer the person requesting information to a Manager or delegate or the Executive Director. The designated employee will seek the consent of the individual, their representative or Manager or delegate where necessary.

There may be unusual circumstances where it is deemed critical to the person's health and safety that information be shared, even though a person has not given permission for Lifetime Networks employees to share private information with someone such as a family member or community professional. If an incident falls within the Critical Incident description and it would be detrimental for certain people in the individual's network to not be informed, a Lifetime Networks employee may share private information as needed with the consent of a Manager or delegate. A Critical Incident Report or a Non Critical Incident report will need to be filled out. Please follow [HSS Policy: Critical And Non-Critical Incident Reporting](#) for guidance. Whenever possible the individual will be informed prior to release of information in these extraordinary circumstances.

#### **Forms Needed:**

[Appendix 30: Participant Recurring Compliance Sign Off](#)

[Appendix 75: External Collection/Release of Personal Information Consent Form](#)



## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *CONSENSUAL INTIMATE RELATIONS***

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#### **PURPOSE**

Lifetime Networks is committed to supporting safe, healthy, and appropriate relationships among supported individuals.

#### **POLICY STATEMENT**

Lifetime Networks commits to supporting and fostering safe, healthy, appropriate relationships among supported individuals. This includes coaching regarding impulse control, consent and appropriate settings. Lifetime Networks prohibits consensual intimate relations at all Lifetime Networks events, including day events and overnight events.

#### **PROCEDURES**

Lifetime Networks is committed to providing coaching to all individuals regarding safe, healthy, and appropriate relationships.

Lifetime Networks' staff review expectations of appropriate group behaviour, as necessary, prior to supporting individuals at group events ([Appendix 36](#)).

General practice is to inform leaders prior to any individual(s) leaving the group.

Failure to follow this policy may result in the individual supported being escorted from the event and supported to inform family/caregivers, as necessary.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *CONSENTS- PHOTO, VIDEO, VIRTUAL***

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#### **PURPOSE**

To ensure individuals supported through Lifetime Networks have the opportunity to provide consent to being photographed and videotaped while at Lifetime Networks' activities. To ensure individuals supported through Lifetime Networks have the opportunity to provide consent to the use of virtual supports.

#### **POLICY STATEMENT**

Employees shall not photograph, videotape or provide virtual supports without the consent of the individual or their representative.

#### **PROCEDURES**

##### **Photographs/Videotaping**

Many wonderful occasions arise during participation in Lifetime Network activities. By photographing or videotaping these occasions, we may share them with the people we support, their parents/caregivers, and use them to demonstrate the "good works" of our organization. For this reason, we ask permission to share these photographs and or videos.

##### **Form Needed:**

[Appendix 30: Participant Recurring Compliance Sign Off](#)

##### **Virtual Supports**

There are many benefits to relationships and connection provided by social media platforms, and virtually through video conferencing technology such as Zoom. Decisions to offer virtual supports are dictated by factors such as community health, adverse weather, and individual health. Decisions to offer virtual supports are made collaboratively by the Manager, Coordinator, individual, and when appropriate, the family/support network. The Manager, Coordinator, individual and family, when appropriate, will check in regularly to determine if virtual supports continue to meet the needs of the individual.

When providing virtual supports Lifetime Networks staff may:

- Interact via social media using a professional work account
- Interact via secure social media groups using a personal or professional account
- Interact via direct messaging using a personal or professional account
- Interact via video conferencing technology

Virtual supports and engagement for individuals supported by Lifetime Networks may be provided via any of the above options.

At no time are audio recording, video recording and photographing of the individuals using virtual supports to be taken without their knowledge and consent as covered by our Photograph and Video consent form. Permission is required both at intake and annually at the Person Centered Planning process using the Social Media Connection and Virtual Supports Consent section of the Participant Recurring Compliance Sign-Off ([Appendix 30](#)).

Staff members and individuals will determine which virtual support method they will use.

Prior to the start of virtual supports staff will identify any appropriate equipment and training required. When training needs are identified on either equipment or virtual platforms competency based training will be provided as appropriate.

Prior to the start of virtual supports accessibility, privacy and the usability of the equipment will be assessed.

Prior to the start of virtual supports and as needed throughout the session, staff members will verify that individuals are able to access the chosen method of virtual support and provide training when necessary. This may include on site demonstration in the individual's home or at a Lifetime Networks facility, sending plain language documents on how to use the virtual support, and using a different virtual method to teach how to use the new chosen method.

At the beginning of each virtual support session individuals will be asked to verify their identity by turning on cameras or other verification methods appropriate to the platform.

Individuals who refuse virtual supports will be assisted to understand alternative supports. When alternative supports are not available, individuals will be assisted to understand the impact on their supports.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *DEATH AND DYING***

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#### **PURPOSE**

To support individuals, their families, personal support networks and Lifetime Networks employees in the event of a terminal illness or unexpected, sudden death.

#### **POLICY STATEMENT**

Every employee is responsible for ensuring that individuals receive skilled and compassionate medical care when required during a Lifetime Networks shift. Their responsibility is to provide support and compassion to the personal networks of individuals facing such situations. Employees are expected to be familiar with and adhere to the procedures provided in this policy.

#### **PROCEDURES**

##### **EXPECTED DEATH OF AN INDIVIDUAL RECEIVING SERVICE**

Involved medical professionals may determine that an individual is facing a terminal illness or injury and that his/her death is imminent. In such cases, immediate consultation and planning must be initiated to ensure that the wishes of the individual and their personal network are respected and implemented.

Every person has the right to choose how they would like to live out the last phase of their life. Their personal definition of dying with dignity must be determined and honoured.

The focus of the employee is to provide care and comfort. This may require staff to work closely with the care team, family, and personal support network.

It is important to emphasize that there are many support systems available to assist the individual and their personal network in dealing with the eventuality of death.

Volunteers from a hospice care program can provide emotional support, companionship, and personal support to help create a comfortable and soothing environment. The services for a home care nurse may be secured to perform any necessary medical procedures. A spiritual advisor of the individual's choice can provide counselling and support.

If a person is transferred to hospital and has an Advanced Health Care Directive, or No Cardiopulmonary Resuscitation Order, the original of this must go with them.

If the person is not capable of making decisions and cannot provide consent, the health care provider will look to the following list to determine whom the temporary substitute decision maker will be:

1. Committee of person, or
2. Legally appointed Representative, or
3. A Temporary Substitute Decision Maker will be appointed by the health care provider according to the following requirements:

- Chosen from the following list (in order): spouse; child; parent; brother or sister; anyone else related by birth or adoption
  - 19 years of age or older
  - Has been in contact with the adult during the preceding 12 months
  - Has no dispute with the adult
  - Is capable of giving, refusing or revoking substitute consent
  - Is willing to comply with the duties described in the Health Care Consent Act
4. If there is a dispute about who shall be chosen as Temporary Substitute Decision Maker or if no one qualifies, the health care provider asks the Public Trustee to appoint a Temporary Substitute Decision Maker

For individuals who do not have an involved natural family, employees and others in their personal network are relied upon to advocate for the individual. The Public Trustee's Office must be contacted to ensure the individual has a means of communication and that their rights are honoured and carried out. It is the responsibility of the Public Trustee in these situations to appoint the Temporary Substitute Decision Maker. In some cases that may be a long term member of Lifetime Networks if we are the only people in the person's life. If a physician is unable to determine who will make the decisions, he/she can ask a second physician for agreement regarding how to proceed.

**What to do when death occurs in a hospital, hospice or palliative care and you are notified:**

- Upon confirmation of the person's death by the hospital staff or palliative team, the employee immediately reports the death to the Manager or delegate.
- The Manager or delegate will notify the Executive Director.

**DEATH AT THE TIME OF AN INDIVIDUAL RECEIVING SERVICE FROM LIFETIME NETWORKS**

If there is an unexpected or sudden death of an individual, and the employee is alone with the individual, staff must immediately call police, fire, and ambulance by calling 911. State your emergency: the person does not appear to be breathing, ensure ease of access and visibility, and return to the individual. Do not hang up until instructed to do so. Take first aid instructions from the 911 operator. Police and ambulance will arrive shortly. Even when it is clear that there are no signs of life, only a physician has the authority to officially pronounce the person deceased. If the person dies at home or in the community, the paramedics will not transfer the remains to hospital. The Coroner must be notified and will come to the scene to pronounce the person deceased.

**What to do when the death occurs at the program site or in the community:**

- Begin CPR or emergency first aid. Have a member of the public or another staff member call 911.
- After calling 911, employees should manage the situation (performing emergency first aid, supporting others involved, securing the environment, etc.) until the ambulance arrives.
- Employees are responsible for contacting the emergency personnel & Manager or delegate. The Manager or delegate will notify the Executive Director or delegate.
- If an individual dies as a result of violence, misadventure, negligence, misconduct, malpractice or suicide, the body must not be interfered with or altered until the coroner directs.

- If the person has died, the paramedics will not take the person to hospital; the coroner is the authority who can pronounce the person's death and needs to investigate the circumstances around the death; the Coroner's Office will make arrangements to remove the person's body.

**The Debriefing Meeting** – the Manager or delegate will arrange to meet with staff. Other people, such as the family, friends and involved employees, may wish to attend the meeting. The purpose of this debriefing meeting is to review the events and pertinent information and to allow staff the opportunity to properly grieve their loss. Grief is a combination of many emotions we encounter. These are healthy responses to loss and are part of the stages we must go through to move on in our lives.

The intensity of our emotions may be a new experience and perhaps frightening or overwhelming. Understanding the stages can assist us understand grief. It must be recognized that everyone goes through these stages at a different pace and in their own personal way.

### **STAGES OF GRIEF**

**Denial** – denial is when one thinks or pretends the loved one will return and life will go on as before. One feels that the death has not really occurred, even though one knows it has.

**Shock**- shock is a normal reaction to death and provides a person with a way to withdraw and cope emotionally.

**Guilt** – guilt and self-blame for the death can occur along with common thoughts such as "if only I had been more understanding" or "if only I had called the doctor sooner," etc. These feelings ease as good memories of the individual increase over time.

**Anger** – many people become angry when someone close to them dies. Anger usually comes from our deep hurt and sorrow. Often the anger is directed at someone else to blame for the death; oneself, doctors or the person who dies. Expressing the anger helps one to release anguish and frustrations. Resentment is a normal part of the grief process.

**Depression** – guilt may result in depression. Sometimes when the memorial or funeral is over and family and friends have returned home, one may feel very alone. In addition to loneliness, people generally have difficulty thinking clearly, are easily distracted and have feelings that nothing matters anymore. Taking time is important – to grieve, to be hurt, to cry. These signs of depression are normal and accompany the grieving process.

**Physical Distress** – emotional pain often brings physical distress. Sudden loss of appetite, exhaustion, general aches and pains, low energy and frequent bouts of the flu or colds may be experienced. The body is feeling the emotional loss. If grief is not dealt with, more serious illness can occur.

**Time and Acceptance** – the grieving process takes time and lots of support from others who are close to us. Gradually, one's emotions become less intense and energy will be reinvested in the outside world and feelings of normalcy will return. At this point, a person can declare that they have arrived at a place of acceptance.

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES****ISS POLICY TITLE: *ENTRY (ACCEPTANCE), TRANSITIONS AND EXITS***

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Lifetime Networks accepts referrals to its services and programs based on the entry process and the acceptance criteria documented below. Lifetime Networks also documents criteria for transitions and/or exits. To ensure fair and transparent access to all services Lifetime Networks provides information regarding entry, transition or exit to all stakeholders including individuals, their families and caregivers.

**PROCEDURES****ENTRY****A. ENTRY CRITERIA**

The following criteria is used to determine the acceptance of individuals to Lifetime Networks. Lifetime Networks accepts individuals who are eligible for CLBC services and individuals who are not eligible for CLBC services.

**Individuals Eligible For Community Living BC Services**

1. adult - aged 19 years and older with a developmental disability designation
  - a) onset before the age of 18
  - b) measured significant limitations in 2 or more adaptive skill areas
  - c) and measured intellectual functioning approximately 70 or below
2. adult – aged 19 years and older with a PSI designation
  - a) falls under the autism spectrum umbrella or has a diagnosis of Fetal Alcohol Syndrome
  - b) measured significant limitations in 2 or more adaptive skill areas
  - c) is ineligible for services under developmental disability

**Individuals Not Eligible For CLBC Services**

The criteria for individuals not eligible for CLBC services is that there is a match between the individual's expectations, needs and interests of services and the services provided by Lifetime Networks.

**B. WAITLISTS****CLBC Eligible Individuals**

Waitlists for funding are maintained by CLBC. Once an individual has been approved for funding they and/or their representative are given three agency names to interview and choose from. When the individual chooses Lifetime Networks, services begin as soon as a contract is signed between CLBC, the individual and Lifetime Networks.

**Individuals Not Eligible For CLBC Services**

Lifetime Networks tries very hard not to have waitlists by increasing service to meet increased need.

In the event that Lifetime Networks did have a waitlist

- i. Lifetime Networks would establish a waitlist by referral date
- ii. As space became available, individuals would be considered for acceptance by order of the date that they were referred with the oldest referral date being considered first.

### C. ENTRY PROCESS

1. The entry process is consultative involving the Lifetime Networks Executive Director, the relevant Manager or delegate, individual and where appropriate their family and/or caregiver.
2. The Prospective Participants form ([Appendix 65](#)) is used to guide the initial discussion(s).
3. Early on in the entry process, Lifetime Networks describes the outcomes of its services to individuals and their families/caregivers. These are described in Lifetime Networks ***Individual and Family Handbook***. They include:
  - a) Increased community participation
  - b) Increased social connections
  - c) Increased independence (skill development)
  - d) Increased self- determination/decision-making
  - e) Increased opportunity to make a valued contribution to community (volunteering, employment, acting, etc.)
4. The individual (their family, caregiver, personal support network and/or advocate if appropriate) informs Lifetime Networks of their needs and expectations in regard to services. Lifetime Networks and the individual determine if their expectations and needs are well matched to the outcomes of the services provided by Lifetime Networks.
5. Although this procedure is consultative, the final decision to accept an individual into services is the responsibility of the Executive Director and/or the relevant Manager or delegate.
6. If the individual is **not accepted**, the individual and their support network are informed of the reasons of their ineligibility. If requested, these reasons are documented by Lifetime Networks. The individual and/or family/caregiver may appeal a non-acceptance decision by following the Lifetime Networks complaints process (Adm: Complaints resolution policy).
7. In the event of non-acceptance, Lifetime Networks assists with making recommendations to alternative services.

### PROCEDURE

1. Initial contact, initial prospective participant form is filled out by Executive Director. A copy is placed in Executive Directors' Prospective participant binder,



a copy is scanned to Prospective participant folder in Participant Files in Network Shares. A copy is given to Manager or Delegate.

2. Prospective participant form entered into Home Database; check to see if Participant already in Database. Give role: prospective participant.
3. Manager or Delegate arranges intake meeting.
4. Manager or Delegate confirms interest in programs and returns form to Executive Director who will follow up on the CLBC follow through (Choosing Lifetime, Analyst contact)
5. Executive and Finance Director will complete the Funding Guide Template and Contract submission.
6. Finance Department will confirm Private payment invoicing and follow through.
7. Executive Director will confirm contract or payments received and programming can begin.
8. Manager or delegate will send registration paperwork via email or give in person at meetings with instruction to bring back on or before first day. Registration paperwork includes:
  - a. Registration form
  - b. SIVA "At-A-Glance" Document
  - c. Community Travel information sheet
  - d. Internal Consent Form
  - e. External Consent Form
  - f. Photograph Consent Form
  - g. Health and Safety Declaration form
  - h. Individual and Family Handbook
  - i. Request for Reasonable Accommodation Form

For Participants in **Networks only**:

- a. Focus Person Contract
- b. Sponsor Contract
- c. Expectations Form
- d. Internal Consent Form
- e. External Consent Form
- f. Photograph Consent Form
- g. Health and Safety Declaration form
- h. Registration form
- i. Family History

For Participants in **Respite only**:

- a. Respite Intake Form
9. Change role in Database to program participant and add Community Programs attending
10. Create Folder in Participant Personal Files in Network Shares (using \_empty folder tree), copy and paste, rename Last, First- CI
11. Go to HR database
  - a. Click Program Participant Compliance
  - b. Search name of individual

- c. Click view/edit
    - a. Click intake tasks
    - b. Click add intake tasks
    - c. Select: Registration, orientation, community travel info sheet, individual and family handbook (For ALL participants)
      - 1. If paying privately, add scholarship form and new participant agreement (send as additional paperwork to family)
      - 2. If health care plan or CLBC plan exists, add these as well (request from family)
    - d. Click apply to participant
    - e. Give a due date, coinciding with first day of service. Assign to manager or delegate.
    - f. Click recurring tasks
    - g. Click add recurring tasks
    - h. Select: SIVA at a glance, internal consent, external consent, photo consent, person centered plan, rights of the individual, conflict resolution, diversity related needs asked about at PCP (For ALL participants)
      - 1. Select behavior and health care plan if one exists
      - 2. Risk assessment and 3 month check in will come from PCP when it is done
    - i. Click apply to participant
    - j. Give a due date, coinciding with dates items are due (SIVA, 3 weeks from beginning of service. Internal/external/photo consent, rights of individual, conflict resolution, first day of service. PCP and diversity related needs, 6 months from first day of service. Assign to manager or delegate.
12. As registration paperwork comes in:
- input information from registration form into Database and scan and put into participant folder
  - send express consent information to Office Administrator (name and email) to add to Constant Contact
  - scan all other forms to individual folder and click complete in database.
    - o Intake tasks, mark with date received
    - o Recurring tasks, set next due date 1 year from date received
13. Managers or delegates will use registration form to look for Legal Representative and Emergency contacts (Legal representative needs intake task assigned to manager with due date)
- a. If legal rep, manager or delegate must get copy of the legal representation agreement
  - b. Emergency contacts input into HR database in emergency contact tab.
14. Create orientation checklist and mark dates received on it. On first day of service use individual and family handbook to review, Rights, Privacy and Conflict Resolution with participant have individual initial the checklist.

### **Forms Needed:**

[Appendix 65: Prospective Participant Form](#)

[Appendix 71: 'At A Glance' Safety Information](#)

[Appendix 67: Registration Form](#)

[Appendix 73: Community Travel Information](#)

[Appendix 33: Participant Orientation Checklist](#)

[Appendix 30.1: External Consent for Collection and Release of Information](#)

[Appendix 30.2: Internal Consent for Collection and Release of Information](#)

[Appendix 51: Health and Safety Declaration Form](#)

[Appendix 55: Photographs Video Consent Form](#)

Individual and Family Handbook

Possibly Needed:

[Appendix 66: New Participant Agreement - Private](#)

[Appendix 77: Authorization for Credit Card Use Form](#)

[Appendix 15: Respite Intake Form](#)

### **TRANSITION**

Individuals can request a transition from one service offered by Lifetime Networks to another at any time.

The criteria is that there is a match between the individual's expectations, needs and interests of services and the alternate service provided by Lifetime Networks.

The same process is followed as indicated in the "Entry Process" above.

### **PROCEDURE**

1. When a transition is identified for an individual, their name will be added to the agenda for the Quarterly Transition meeting.
2. In January, April, July, and October, Managers and Coordinators as identified by individuals on the agenda will meet to make transition plans for identified individuals.
3. All Ideas generated for individuals are added to the agenda under their name. This includes new PODS/PIES ideas and programming ideas.

4. At the meeting, transition plans will be decided upon. Tasks and responsibilities will be assigned to coordinators and managers as appropriate.
5. If during the transition, the weight of hours served changes between departments, the Manager or Delegate who is now primarily overseeing the individual's programming will change the tasks assigned in the database to be scheduled to be assigned to them.

## **EXITS**

The reasons (exit criteria) that an individual may exit our services include:

- The Lifetime Networks service/program is no longer a match for what the individual wants or needs
- The individual, or others in their support network, may want to transfer to a different service provider
- An individual's health and safety needs may change significantly, possibly due to aging or other health-related declines. Lifetime Networks may not be able to make enough changes to adapt to an individual's evolving health and safety needs and/or other needs that the individual may present.
- The individual is not engaging with and/or attending the service on a regular basis
- The individual moves away from the Victoria area

Individuals may request an exit from Lifetime Networks at any time.

An exit is consultative, involving the Lifetime Networks Executive Director, the relevant Manager or delegate, individual, and where appropriate, their family and/or caregiver.

Although this procedure is consultative the final decision to proceed with an exit is the responsibility of the relevant Director/Manager. If required, the individual is informed of the reasons for the exit from the service.

The individual and/or family/caregiver may appeal an exit decision by following Lifetime Networks complaints process.

Lifetime Networks may assist with making recommendations to alternative services.

## **PROCEDURE**

When a participant is leaving Lifetime Networks completely:

1. Manager or delegate assigns withdrawal tasks (Organization Exit Interview, Organization Exit Summary) in the HR database to the individual, gives due date corresponding to last date served.

2. Manager or delegate will ensure that Executive Director and Finance Director are aware of impending departure of individual and note last date served on exit summary.
3. Manager or delegate will complete exit Interview with individual and complete an exit summary for the individual.
4. Exit summary is prepared for individual. If the individual refuses an exit interview it is documented on the Exit summary.
5. Exit interview and exit summary are scanned and saved in the Individual's file.
6. A copy of the Exit interview and exit summary is saved in Exit Summaries and Interview Folder in the corresponding year in Participant Documents.
7. If individual chooses, exit summary is sent to them or to their new agency or support.
8. When last date served has passed add role Past Program Participant in Regular database and put an end date for Program Participant Role and correspondence to receive is changed to reflect individual's choice from exit summary.
  - a. Click "General" tab
  - b. Click "Communication to Receive"
  - c. Select the choice(s) indicated on exit summary
9. In the HRDB make the participant inactive and archive all scheduled tasks.
10. Manager or delegate will give an end date for all affected programs for last day served in the Current Funding section of the HRDB
11. Mark all withdrawal tasks with completed date.
12. Individual's folder is moved to the corresponding year's archived folder.

Removing payment or partial contract from Lifetime Networks:

1. Manager or delegate will give an end date for all affected programs for last day served in the Current Funding section of the HRDB
2. Manager or delegate assigns withdrawal task (Program Exit Summary) in the HR database to the individual, gives due date corresponding to one month notice.
3. Manager or delegate will ensure that Executive Director and Finance Director are aware of impending departure of individual and note date last served on exit summary.
4. Exit summary is prepared for individual.
5. Exit summary is scanned and saved in individual's file
6. A copy of the exit summary is placed in the Exit Summaries and Interview Folder in the corresponding year in Participant Documents.
7. If individual chooses, exit summary is sent to them or to their new agency or support.
8. When last day of service has passed roles are changed to reflect the programs the individual is still attending and the Program Participant role remains.
9. Mark withdrawal task with completed date.
10. Archive program notes for the programs withdrawn from within individual file in "program notes"

**Forms Needed:**

[Appendix 48: Exit Interview Summary](#)

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES****ISS POLICY TITLE: *INFORMED CONSENT AND REFUSAL***

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**PURPOSE**

To promote informed decision making for the individuals supported through Lifetime Networks.

**POLICY STATEMENT**

Employees shall not release information to persons outside Lifetime Networks support staff without the consent of the individual or their representative. The individual may refuse to give consent. If the individual refuses, they will be provided with an assessment about the possible risks for not consenting to release any information. The individuals will also be provided with a waiver to sign. When this is not possible, authorization from the Manager or delegate is required.

**PROCEDURES**

When an individual begins services with Lifetime Networks and is funded through Community Living British Columbia, informed consent is considered to be given upon choosing Lifetime Networks as the service provider.

When an individual begins services with Lifetime Networks, and annually thereafter, they will be asked to sign a Consent for Collection and Release of Personal Information INTERNAL form ([Appendix 30](#)). This form is used for the individual to decide what information will be collected and shared with their direct support staff and the Management team. If, in the course of the support they receive at Lifetime Networks, an individual would like us to share information with an external professional or person, they will be asked to sign a Consent for Collection and Release of Personal Information EXTERNAL form ([Appendix 30](#)).

Information about an individual may be released on a need-to-know basis to the person's family members, network or other professionals once the individual has consented to the release of information. When information is released by way of email, it is imperative that only the first initial of the first name and first two letters of the last name are used in the subject line and first name only in the body of the email.

When a person is unable to communicate the information directly to another party, and it has been deemed in the best interest of the individual that the other party be informed, the information can be shared in a respectful and private manner. The individual must always be given the opportunity to consent to the release of private and confidential information ([Appendix 30](#)) or the opportunity to not consent to any release of information and an assessment of possible risks that accompany that decision.

Upon intake and annually, individuals are asked about preferences and desires for support team members. Lifetime Networks works with individuals to choose from amongst the staff team or to hire externally a person who fits those preferences and desires. When an individual chooses to work with or asks to have a new support team member this is considered informed consent or refusal.

When individuals are under the age of 19, their parent(s) or guardians will be provided with information without application of the confidentiality protocols and concerns.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *LEGAL REPRESENTATIVES***

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#### **POLICY:**

Lifetime Networks recognizes that adults with developmental disabilities have the same rights and responsibilities under the law as all citizens and are expected to act and make decisions on their own behalf. Lifetime Networks also recognizes there are specific legal mechanisms that authorize decision-making to be assigned to another person such as the Public Guardian and Trustee, Court-appointed Committees, and Representatives appointed under the provisions of the Representation Agreement Act and trustees. In these circumstances, there are parameters on how Lifetime Networks services are involved with the decision-maker and the individual supported. Lifetime Networks ensures that employees understand the parameters and the roles and responsibilities of legal decision makers.

Reference: CLBC Policy: "The Role of Formal and Informal Representatives, 2009"

#### **DEFINITIONS:**

**Committee of Person/Estate:** An individual appointed by the Supreme Court of British Columbia under the Patient's Property Act to assume responsibility for managing either or both the personal and/or financial and legal affairs of an adult who has been found "incapable". Committees have the right and the duty to protect the adult and/or their property and assume full decision-making responsibility on behalf of the adult.

**Public Guardian and Trustee:** Where a CLBC facilitator or analyst is concerned that an individual is unable to act on his or her own behalf and has no relatives or friends to assist, a CLBC facilitator may choose to make a referral to the Public Guardian and Trustee (PGT). The PGT can assist in reviewing the issues, the degree of incapability and options for supporting the individual. The involvement of the PGT in these circumstances relates primarily to the degree of risk faced by an individual associated with their capacity to make informed decisions.

**Representative:** A trusted relative, friend, or advocate authorized by an individual with a developmental disability, under the provisions of a Representation Agreement (see Sections 7 or 9 of the Representation Agreement Act), to support them with decision-making or to make decisions on their behalf when they are incapable of making decisions independently.

**Temporary Substitute Decision- Maker (TSDM):** An individual chosen under the Health Care (Consent) and Care Facility (Admission) Act (HCCCFA) to provide a health care practitioner with consent to health care on behalf of an adult who is incapable of consenting on their own.

#### **PROCEDURES:**

1. When an individual (and their family, where applicable) choose Lifetime Networks for support, a registration form is completed. The registration form has a box to indicate if a legal representative is involved, the name of the



individual, and the type of representation. A copy of the representation agreement is kept in the individual's personal file.

## **2. LIFETIME NETWORKS - Recognition of Legal Decision Making Authorities**

- a) When an individual served by Lifetime Networks has a legal representative appointed, their name and contact information is documented in the agency's Participant file. Lifetime Networks employees who support that individual are made aware that the individual has a legal representative.
- b) During intake and annually thereafter, the Lifetime Networks employee assigned to the individual communicates with the individual and legal representative to determine:
  - i. The manner in which the representative wishes to be involved in decision making, with and for the client.
  - ii. The amount of detail and the frequency with which the representative wishes to be provided information about the individual.
  - iii. The circumstances under which the representative wishes to be contacted (e.g. medical emergency).
- c) The agreed circumstances and content of communication between Lifetime Networks and the legal representative is reviewed annually. It is the responsibility of the Manager assigned to the individual to ensure that this review occurs (coinciding with the development of the annual PCP).
- f) Topics and documents for consultation and/or signature may include, but are not limited to:
  - i. Consent to Release of Information (Photo/Video, Internal, and External)
  - ii. Person Centred Plans
  - iii. Behaviour Support Plan
  - iv. Safety Plans
  - v. Admission and Exit documents

## **3. LIFETIME NETWORKS Employees Assuming a Legal Decision-Maker Role**

- a) Lifetime Networks employees may play an active role in supporting individuals to participate fully in their communities, but they cannot assume the decision-making rights of any individual. Roles and responsibilities must remain clear so that the ability to 'speak for' an individual is not compromised by either the risk of liability or the potential to benefit from any decisions made on behalf of that individual.
- b) It is not appropriate for Lifetime Networks employees to assume the role of formal legal representatives (Power of Attorney, Committee, Guardian or Representative) for any person supported by Lifetime Networks.
- c) Lifetime Networks employees cannot be chosen as Temporary Substitute Decision-Makers by a health care practitioner as prescribed unless specifically authorized by the Public Guardian and Trustee (PGT). The PGT limits the scope of decisions to minor or routine health issues.

## **5. Concerns about a Committee**

- a) If employees have specific concerns regarding the actions of a legal representative, these concerns must be reported to the Executive Director immediately.
- b) It is the responsibility of the Executive Director to decide whether these concerns should be reported to the appropriate authority or Office.

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**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES****ISS POLICY TITLE: *SELF-ADMINISTRATION, MEDICATION MONITORING OR MEDICATION ADMINISTRATION***

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**PURPOSE**

To provide employees who administer medications with guidelines that ensure a safe method of administration.

**POLICY STATEMENT**

Individuals who are supported by Lifetime Networks and take medication regularly are assumed to self administer and manage their own medications unless assistance is requested by the individual. When requested by the individual, Lifetime Networks manages or monitors the medications. We ensure that there are documented procedures in place so that the administration of medication to individuals is effectively managed and accurately recorded. We also ensure that there are documented procedures in place for individuals who request medication monitoring. All employees who administer medication are orientated to these documented medication administration procedures at orientation and annually, including training on MAR Sheets and Medical Administration Competency Test.

**PROCEDURES****1. Responsibilities of all Parties Involved with Medication:****When an individual self-administers medication:**

1. Employees will not have any responsibility for timing of medication, storage, or administration.
2. Individuals are responsible for ensuring emergency supplies of medication and all aspects of medication administration.
3. Individuals are responsible for consumption of over the counter and prescribed medications.
4. When requested, employees can assist individuals to attend medical appointments or speak with a pharmacist to understand new medications or changes to their medication needs.

**When an individual requests Medication Monitoring:**

1. Individuals are responsible for the safe storage of their medications (in backpacks or cooler bags) while receiving support at Lifetime Networks.
2. Lifetime Networks will create a Medication Monitoring/Administration plan which includes:
  - a. an up to date individual record of all prescription and non-prescription medications for all individuals requesting medication monitoring which includes:
    - i. Name of medication
    - ii. The dosage, including strength or concentration.
    - iii. The frequency
    - iv. Instructions for use including administration route.
    - v. Potential side effects
    - vi. Drug interactions

- vii. For prescribed medications:
  1. The prescribing professional and phone number
  2. Dispensing pharmacy and contact information.
3. Individuals will be responsible for providing their own medication for use and emergency while receiving supports at Lifetime Networks.
4. Individuals will be supported to safely dispose of medications that are spoiled and report to their family or caregiver as necessary following these guidelines in Section 4. Medication Administration in this policy.
5. Individuals who request medication monitoring will be supported as described in their Medication Monitoring/Administration Plan ([Appendix 52](#)), kept in their individual file.
6. Employees who will support the individual in Medication Monitoring will be trained to the individual's Medication Monitoring/Administration Plan.

**When an individual requests Medication Administration:**

1. Employees shall:
  - Be fully knowledgeable on Lifetime Networks' medication storage guidelines through orientation.
  - Become familiar with all medications the individual brings to the program site by reviewing the pharmacist's handouts, and on-site reference materials.
  - Report all errors, omissions and concerns pertaining to medications to their manager and document the matter.
2. The Manager or delegate shall:
  - Provide medication administration training at orientation and annually to all employees whose job requires them to administer medication.
  - Liaise with family physicians, pharmacist and employees to ensure a safe and secure medication system.
  - Ensure the safe and secure storage of medications.
  - Maintain a Medication Administration Record (MAR) for each individual supported by Lifetime Networks who identifies requiring assistance to take medications during program time.
  - Ensure the MAR shows the medication as:
    - Refused
    - Omitted
    - Contaminated
      - Mark "D" on the blister pack and MAR sheet for contaminated medications that need to be replaced. Medications remaining in the blister pack or contaminated must have an explanation noted on the pack or the MAR sheet. Medications remaining in the blister pack must be returned to the pharmacy.
  - Report all errors, omissions or any other issue arising to the Executive Director.
  - Immediately notify the supported individual's medical practitioner and/or family/caregiver/guardian of any serious adverse reaction to a medication.
  - Create a Medication Monitoring/Administration plan which includes:
    - a. an up to date individual record of all prescription and non-prescription medications for all individuals requesting medication monitoring which includes:
      - i. Name of medication

- ii. The dosage, including strength or concentration.
    - iii. The frequency
    - iv. Instructions for use including administration route.
    - v. Potential side effects
    - vi. Drug interactions
    - vii. For prescribed medications:
      - 1. The prescribing professional and phone number
      - 2. Dispensing pharmacy and contact information.
  - b. documented informed consent for each medication administered annually.
3. Lifetime Networks Management Team will ensure that:
- Critical Incident Reports related to medications are reviewed by the OH & S Committee and recommendations are recorded in the individual's file.
  - Employees are familiar with and adhere to the standards expected for medication monitoring.
  - Supervision, monitoring and consultation for medication administration are provided as required.
4. Designated pharmacies shall:
- Assist in the organization of a safe, secure medication system.
  - Provide consultation services to Lifetime Networks by sharing, as appropriate, information on drugs and their side effects.
  - Packaging drugs as required for each supported individual and maintain accurate records at the pharmacy for reference.
  - Provided labeled MAR sheets for each supported individual who requires assistance to manage or monitor their medication while in program.
  - Provide a new MAR label each time there is a change in instruction.
- Correct errors immediately.

## 2. Types of Medication

Medications administered within Lifetime Networks programs are typically oral or topical and include but are not limited to liquids, pills, patches, creams and inhalers. Employees will receive Delegation of Task (DOT) training prior to administering medication to individuals who require specialized routes of administration, such as through a J tube or insulin injection.

Medications may be in the following form:

### **Prescribed Medication (Rx)**

Medication that is administered on a physician's orders.

### **Prescribed "as required" (PRN)**

Medication that is administered "as required" on a physician's order. Criteria for PRN usage is established by a physician, often in consultation with a Home and Community Care Nurse. Instructions are recorded on the back of the blister pack and the MAR sheet. PRNs require signatures; the back of the MAR sheet is initialed and the medication use is reported using a Non Critical Incident Report ([Appendix](#))

[13](#)). Results of administering a PRN are recorded in the results area on the back of the MAR. PRN medications are ordered for several reasons.

**PRN Administration Procedure:**

1. Staff must receive training in Medication Monitoring and Administration, followed by the Medication Monitoring and Administration Competency-based Test.
2. If a PRN is necessary, staff must inform their Manager or Coordinator.
3. Always check when a PRN was last administered to ensure accurate administration and avoid double dosing. This information can be found on the individual's MAR Sheet.
4. Prior to administering a PRN, staff must review PRN protocol under the specific individual's medication plan and follow the instructions on the label.
  - a. Pay close attention to established protocol (For example, a seizure protocol may read, "For a seizure lasting more than five minutes, administer an Ativan and wait five minutes. If the seizure continues, administer a second and wait a further five minutes. If the seizure has not stopped, call 911 and transport to hospital).
5. Once the PRN is administered, staff will use the individual's MAR Sheet in the 'notes', stating the reason for the PRN. Indicate the result of administering the PRN as results may vary depending on the reason for the medication.
6. Staff will also refer to the PRN Administration Form ([Appendix 61](#)) to record their reason, time, dosage, observations, changes, and follow up.
7. Staff will record PRN administration on the PRN Administration Tracking Chart ([Appendix 62](#)) as this document represents how often the PRN was administered over the course of a year.
8. Once completed, staff will complete a Non Critical Incident Report ([Appendix 13](#)) and follow up with their Manager.

**Narcotics/Controlled Drugs**

These are medications prescribed by a physician, controlled by law and usually administered for short periods of time. Contact the individual's pharmacist for the appropriate storage, monitoring and disposal of narcotic drugs. Generally, these drugs must be kept in a separate locked box and controls are in place to monitor usage, as follows:

- o Sign the drugs over at shift end and when delivering back to the pharmacy
- o Track or document use
- o Mark the DIN numbers in a "controlled drug administration" record
- o Witness disposal of the drugs when no longer necessary
- o Return unused portions
- o Return to the pharmacist or community health nurse when their use is no longer required

**Over the Counter (O.T.C.)**

These drugs are generally available at any pharmacy without a prescription. O.T.C. drugs include vitamins, creams, laxatives, cold medications, pain relievers and others specified on a Doctor's Standing Order form.

Any medications that are in pill form must be blister packaged at the next available opportunity.

**3. Routes of Medication Administration**

Most medications are administered orally taken with a glass of water or as directed by the individual, their family or representative or their doctor. The medications may be in pill form or in liquid form. Each individual's liquid medications will be individually packaged and labelled, specifying the individual's name and required dosage.

**Other routes Lifetime Networks may use include:**

- Placed under the tongue (sublingually) or between the gums and cheek (buccally)
- Placed in the eye (by the ocular route) or the ear (by the otic route)
- Sprayed into the nose and absorbed through the nasal membranes (nasally)
- Breathed into the lungs, usually through the mouth (by inhalation) or mouth and nose (by nebulization)
- Applied to the skin (cutaneously) for a local (topical) or bodywide (systemic) effect
- Delivered through the skin by a patch (transdermally) for a systemic effect

If a person supported by Lifetime Networks requires medication to be administered through J-Tube, injection or diabetic pen, employees will receive training in these tasks, by a qualified community Registered Nurse.

#### **4. Medication Records**

Each program will save all medication related documents when support is requested by the individual in Network Shares, under the person's name in Mandatory documents- Plans- Medication. This folder will include:

- The MAR sheet from the pharmacy obtained by individual or representative; identifying and labelling all medications administered to the individual, the name of the medication, the dosage, and the administration times are on the label.
- When there is a change in medication or a medication is discontinued, a new MAR sheet will be ordered from the pharmacy or obtained from individual or representative and the old MAR sheet will be archived in the person's file.
- Any allergies the individual has. The pharmacy or individual and representative should be notified if the allergies section of the MAR is incorrect or outdated.
- Archived MAR sheets with signatures.

In each person's physical file on site will be an active MAR sheet with medication administrator's signatures and initials in a sample signature guide. The MAR sheet is a legal record and each employee administering medications must sign it.

#### **5. Medication Administration**

Medication administration duties will be assigned on a shift-by-shift basis. The Manager or delegate is responsible for assigning the shift's medication administration. The Manager or delegate is responsible for monitoring medication administration at the program site. Only certified employees can administer medications.

Certification involves an orientation to the medications of the individual, witnessing proper administration at least once by a certified employee, and completing an errorless Medication Administration Competency Based test.

The employee responsible for administering medications during a shift must follow the proper medication delivery procedures and have knowledge of the drug's actions, possible side effects and the necessary precautions. Upon commencing their shift, the designated medication administrator must always check that medications were given on the previous shift before beginning the new delivery time.

The following medication administration guidelines must be adhered to:

**Medication Administration:**

- Ensure that you are giving the correct medication to the correct person, in the correct dosage, at the correct time, by the correct route, using the correct approach, the correct technique, and the correct documentation. Double-check this information with the individual's MAR sheet.
- Never dispense a medication for another person to administer. Medications are given to the person directly after being dispensed. Medications must never be dispensed and administered to more than one person at a time. Medications left over due to a leave of absence (LOA) or hospitalization must indicate the reason on the blister pack and MAR sheet.
- Medication should be administered as close to the prescribed time as possible. However, within one hour before or after prescribed time is acceptable. Medication given outside of the acceptable times is a medication error: contact the pharmacist or the Poison Control Center (1-800-567-8911), or the BC Nurses Helpline (8-1-1) to determine whether missed medications should be administered.
- When a pill is removed from the blister pack, the empty bubble must be initialed and dated in ink by the person administering. Always observe the individual being administered the medication to ensure it is consumed. The supported individual's MAR sheet must be initialed in the appropriate box.
- Liquid and short-term medications (i.e. antibiotics, inhalers, creams) are labelled on the MAR sheet and must be signed off on when administered. The MAR sheet must be initialed in the box corresponding to the date and drug label. Codes are to be used for LOA medications, hospital stays, holidays and medication refusals, etc. The correct code is noted on the MAR sheet and initialed.
- If medication is spilled on the floor or ground it is spoiled and cannot be used; salvage what remains of the pill and tape it into the blister pack for return to the pharmacy. If the medication is wet and dissolving, wrap it in plastic wrap and discard it in the garbage. Do not flush medications down the toilet or the sink. Mark contaminated medication as code 10 (other), note "discarded/fell to the floor" on the back of the MAR sheet and initial. Take a pill from a blister at the end of the rotation, code the blister and initial it. Call the pharmacy with the details and reorder the medication.
- If medication is refused, the appropriate code must be entered in the notes section at the back of the MAR sheet; if there are repeated refusals, the Manager or delegate will follow up with the individual, their support team and their physician.



- If medications must be given and the employee is not yet certified administer it, the medication shall be packaged similar to LOA medications and the employee administering shall be provided verbal instructions in the procedure.

**Leave of Absence (LOA) Medication Administration:**

- LOA medications must be packaged in separate medication envelopes, labelled with the person's name, the drug, the dosage, the date, the expiry date for PRN's and administration time and be signed by the packager. A verbal review with the person responsible for administering the medications shall take place.
- If the LOA is three days or more, the individual or family will arrange for compliance packaging through the pharmacy. Liquid medications, creams, and inhalers are to be given to the responsible person, with written instructions indicating the person's name, the drug, the dosage, and dates and times for administering during the LOA period.
- Employees accompanying supported individuals on outings during medication administration times shall package medications as described for LOA medications above. The employee scheduled for medication administration during a shift is responsible for all LOA medications leaving the home.

**PRN Medication Administration:**

- Always check when a PRN was last administered to ensure accurate administration and avoid double dosing.
- Before administering a PRN medication, check criteria documents by the supported individual's medical professional and/or follow the instructions on the label
- Pay close attention to established protocol (For example, a seizure protocol may read, "For a seizure lasting for more than five minutes, administer an Ativan and wait five minutes. If the seizure continues, administer a second Ativan and wait a further five minutes. If the seizure has not stopped, call 911 and transport to hospital.")
- Document PRN administration on the reverse of the MAR sheet in the 'notes', stating the reason for the PRN. Always indicate the result of administering the PRN on the back of the MAR sheet. Results will vary depending on the reason for the medication. There may be no change in the person's behaviour, they may have calmed down or in the case of a topical cream for rash, the result is preventative. Add the location from the blister pack of any medication given to reduce anxiety, any Ativan or other antipsychotic medication used as a PRN to assist someone with behaviour.

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**6. Medication Errors, Omissions and Adverse Drug Reactions**

If a Medication Error occurs, the following procedures are to be followed:

- Ensure that the health and safety of the individual is considered/treated first.
- Contact a health care professional (ie. Primary physician, pharmacist, BC nurses line, Poison control) for medical advice and follow the recommended action; document the actions on the incident report.
- The Manager or delegate must be notified of medication errors, omissions or adverse drug reactions.

- The individual's medical practitioner and the supervising pharmacist are notified of adverse reactions to medication.
- If the incident does not have adverse consequences, employees shall use the Internal Non-Critical Incident report ([Appendix 13](#)).
- If the incident has adverse consequences and the individual is not CLBC funded, employees shall use the SIVA Critical Incident report ([Appendix 12](#)).
- If the incident has adverse consequences and the individual is CLBC funded, employees shall use the CLBC Critical Incident report ([Appendix 11](#)).
- When completing the incident report for a medication error or omission, ensure the form is accurate and that it includes the following:
  - 
  - o The date and time and medication that should have been given and the type of error according to the medication profile and MAR sheet
  - o The time that the drug omission was discovered, if applicable
  - o The name of the medication that was or was not administered and the time and dosage
  - o Consult with a physician/pharmacist/ poison control or the BC nurses Line for advice. Record the instructions and by whom they were provided
  - o Record the outcome
  - o Forward the incident report to the Manager or delegate and family, as appropriate, for comments and corrective action

### **Employees Who Make a Medication Error**

Employees who make a medication error are expected to complete a medication shadowing with a certified employee, prior to being allowed to administer medication again. The completed shadowing form should be forwarded to the Manager or delegate for attachment to the incident report, as proof that corrective action was taken.

Employees who make more than one medication error within a 6 month period are expected to:

- Complete a medication system review session with a Manager or delegate
- Complete another errorless medication shadowing checklist with a certified employee prior to being allowed to administer medication again
- Be subject to corrective action

Whenever a medication error results in serious adverse reactions for an individual, the employee should expect progressive disciplinary action to follow.

Medication administration is a basic job duty and important to our individuals' quality of life. Employees who make repeated medication errors or omissions, or who make a serious medication error that results in the individual requiring a hospital visit are subject to disciplinary action up to and including dismissal.

## **7. Medical Cannabis**

Possession and use of medical cannabis/marijuana:

Medical cannabis is legal for individuals to possess and use when prescribed by a doctor. Legal recreational use of cannabis is addressed in Lifetime Networks' substance use and abuse policy.

When an individual uses medical cannabis while receiving supports from Lifetime Networks, they are to follow the "Clean Air Policy". Under no circumstances are individuals to share or sell their prescribed cannabis or other medications with other persons served.

## **8. Emergencies and Medication Administration**

All participants requesting medication administration must maintain a blister pack of medication in their bag or on their person in the event of an emergency.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *ORIENTATION CHECKLIST***

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#### **PURPOSE**

To ensure all individuals are provided information regarding how to safely access facilities, community resources, and services in a format that is easily understood and accessible.

#### **POLICY STATEMENT**

Lifetime Networks has a commitment to demonstrating rights and informed choice that nurture and protect the dignity and respect of the individuals we serve.

#### **PROCEDURES**

Lifetime Networks shall provide individuals with information about how to safely access:

- community resources that may be helpful ([Appendix 73: Community Travel Information Sheet](#))
- locations and facilities in which service is delivered
- support if the provider is unable to deliver service for some reason

This information may be provided during an orientation. It may also be provided through an education session that is held at various times during the time an individual receives service. The level of education and involvement will depend upon the capabilities of the individual served. An education program can consist of a variety of techniques that would best assist an individual to understand, e.g. describing it through pictures or by actual demonstration. ([Appendix 33 Participant Orientation Checklist Form](#))

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES****ISS POLICY TITLE: *PERSON CENTERED PLANNING***

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**PURPOSE**

In order to support individuals personal preferences, strengths, abilities, needs, cultural background and aspirations we complete plans addressing health, behaviour and risk as required.

**POLICY STATEMENT**

Appropriate and necessary plans will be developed for individuals supported by Lifetime Networks. All plans must be updated as needed or at least bi-annually. Planning components include:

- Person Centered Plan
- At A Glance Plan (if required)
- Health Care Plan (if required)
- Behavioural Plan (if required)
- Risk Assessment Planning (if required)

Goal checking will be done at least annually.

**PROCEDURES**

**PERSON CENTERED PLAN** – a Person Centered Plan ([Appendix 68](#)) identifies the individual's dreams, goals, preferences and aspirations that will enable them to lead a fulfilling and dynamic life. A Person Centered Plan is a comprehensive, individualized planning process that reflects an individuals needs, preferences, and aspirations. Each Manager or delegate is responsible for ensuring that plans are developed within six months of service, plans are updated annually, past goals are followed through on, and new goals are developed. The PATH (Planning Alternative Tomorrows with Hope) template ([Appendix 70](#)) is another way to do person centred planning.

**Community Inclusion** – whenever possible Community Support Workers will develop the plan with the support of the Manager or delegate.

**Employment Program** – a documented Employment Plan must be completed for a new individual seeking employment no later than six months following the first day of service. Each person the Employment Program supports will have a plan that is reviewed and revised annually.

**Respite-** has an optional Communication Form. By giving us your feedback we can use the information to create the best possible respite experience. Please refer to [Appendix 81](#) if you choose to fill one out.

**Waivers** – if the individual chooses not to be involved in the planning process, they must sign a waiver form ([Appendix 34](#)). Their request for service will be documented on the initial application intake form. The service goals, developed at the point of entry, will represent their person-centered goals and will be used to determine the individual's ongoing and continued supports.

**AT A GLANCE PLAN** – an At A Glance Plan ([Appendix 71](#)) is a document that is developed from the Lifetime Networks database. It describes the service and support an individual requires in his/her daily life. The plan is tailored to reflect the unique preferences and support requirements of each person. The standardized At A Glance Plan format includes the following components.

- Emergency information and contacts
- Lifestyle and personal preferences
- Activities of daily living
- Lifetime Networks programs
- Community inclusion
- Behavioural supports
- Non critical health issues
- Nutritional care plan
- Personal care support plan

An At A Glance Plan must be developed for each individual receiving support from Lifetime Networks. The plan is created by entering the data into the Lifetime Networks database. This plan reflects detailed personal information about the person.

An At A Glance Plan needs to be developed in advance of the Person Centered Planning meeting and needs to be in place within three months of the individual entering the program. The plan is reviewed and updated annually, just prior to review of the Person Centered Plan. The At A Glance Plan should reflect the individual's current support requirements. It will then be reviewed and updated yearly as per the procedure.

If an individual is registering for a program that is not CARF accredited, the Strengths and Strategies document ([Appendix 89](#)) may be used as a condensed version of the "At a Glance" document.

## **PROCEDURE**

- At the person centered planning time, delegated Coordinator will review the "At a Glance" Document and update as needed with relevant information
- Rename the document "(Current Year) At a Glance (Participant Name)"
- Coordinator will email or review the document in person with the individual and their family or caregivers (if consent is given).
- Coordinator will update "At a Glance" with any information or changes from individuals.
- Coordinator will scan signature sheet from previous year to individual's file in Network Shares in PLANS- SIVA and name it "(Previous Year) At a glance Signatures (Participant name)".
- Coordinator will print new copy of "At a Glance" Document and place in hard copy file in back office.
- If significant changes to the document, delegated Coordinator will inform all appropriate staff that support the individual to review and sign updated copy.
- Coordinator will mark task complete in HR Database.

**HEALTH CARE PLAN** – A Health Care Plan encompasses those health care issues requiring the intervention and/or involvement of a health care professional. All other non-critical health issues should be documented in the At A Glance Plan.

A Health Care Plan is developed in conjunction with and is approved by the appropriate health care professional (i.e. nurse, physiotherapist, and nutritionist). The Health Care Plan should be in consultation with the individual's personal physician. This step is a safeguard to ensure that the physician is apprised of all critical health issues, how health is being addressed, any emergency protocols in place and the involvement of professional supports.

Each Health Care Plan should include the following:

- Critical health issue – a description of the issue, individual characteristics, patterns and responses
- Plan of action/intervention – areas to observe, specific procedures, recording requirements
- Emergency procedures/protocols – what to do in case of an emergency situation
- Caregiver training – what training/education is required, who can train, when re-training needs to occur, and any transfer of function requirements

A Health Care Plan will be developed for any individual receiving service from Lifetime Networks if this level of support and monitoring is required to maintain his/her health. If a Health Care Plan is required for an individual entering the service, it must be developed in advance of the first day of service. All Health Care Plans should be reviewed with the appropriate professional(s) on an annual basis.

**BEHAVIOURAL SUPPORT PLAN** – A Behavioural Support Plan is a set of strategies and interventions designed to support an individual with challenging behaviours. The Lifetime Networks Policy Positive Behaviour Support Practices outlines the procedures to follow.

**RISK ASSESSMENT PLAN** – the individual supported might identify dreams or personal goals that involve some degree of risk. Although it is important to honour the person's right to self-determination, it is also important that this right is balanced with the individual's need for safety and security.

If the activity involves some degree of risk for the individual or staff, a Risk Assessment Planning Form must be completed ([Appendix 47](#)). The individual and staff, in conjunction with the Manager and other relevant supports, will assess the degree of risk and consider safe ways of achieving the person's choice. Completed forms must be reviewed at least annually.

The results of these discussions will be documented and, when possible, a plan developed to honour the individual's wishes. There may be times when the risk to the individual or staff is too great for Lifetime Networks to support the activity.

All planning should involve the consent and participation of the individual and their personal support network and relevant employees. Where appropriate, relevant professionals (ie: nurse, physiotherapist, psychologist) may have input into the plan.

## **PROCEDURE**

1. Determine PCP date with person supported
2. Determine who will be part of the PCP process
3. Send out goals from previous PCP.
4. During facilitation of PCP, follow prompts.
5. Ensure all signature or initial spots are signed in ink.
6. Once PCP is complete, ensure a final is provided to all people involved in goal planning.
7. Scan signed and complete copies into participant folder in Network Shares.
8. Ensure all compliance tasks are checked off in HRDB. If it is not in HRDB, add PCP and all annual tasks in reoccurring tasks

### **Forms needed:**

[Appendix 68: Person Centered Plan Form](#)

Previous year's Person Centered Plan

[Appendix 69: Person Centered Plan Check In Form](#)

[Appendix 88: Person Centered Plan Instruction Guide](#)



## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *POSITIVE BEHAVIOUR SUPPORT PRACTICES***

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#### **PURPOSE**

To ensure the most positive practices are utilized when supporting people struggling with challenging behaviours.

The procedures in this policy are designed to improve an individual's quality of life, are functionally based, and are integrated with person-centered planning.

#### **POLICY STATEMENT**

It is important that supports, guidelines and training be detailed, accurate and up-to-date to provide the most positive and successful support possible for the safety and success of both individuals supported and employees.

#### **PROCEDURES**

Employees must demonstrate a willingness to understand the function or purpose of an individual's behaviour, and recognize that behaviour is communication.

The principles of respect, dignity and empowerment will guide employees in addressing harmful or potentially harmful behaviours displayed by an individual.

Positive support practice involves a continuous process of guiding behaviour and is offered while the acceptable behaviour is occurring as well as before, during and after unacceptable behaviour is displayed.

Our philosophy is to use the gentlest form of intervention possible. Any effort to address an individual's behaviour that is harmful or potentially harmful, to the individual or others, is unacceptable and may result in disciplinary action up to and including dismissal. The goal is to assist individuals to develop self-control, self-confidence and ultimately, self-discipline and sensitivity in their interactions with others.

A Behaviour Support Plan is written with and for individuals who engage in a pattern of behaviour that is potentially harmful or threatening to themselves or others. The Manager will over see the plan creation and will seek input as appropriate and needed.

The following positive strategies and approaches are utilized to facilitate a change in behaviour when developing and implementing a Behaviour Support Plan:

- Alteration of environmental conditions
- Involving the individual in positive activities
- Determining the cause or reason for the behaviour
- Supporting the individual to develop more appropriate responses
- Reinforcement of the desired behaviour
- Distraction and/or redirection

### Steps in the Behaviour Support and Planning Process

1. Assess the behavioural needs of the individual.
2. Develop a multi element Behaviour Support Plan which builds from the foundation of the person's Person Centered Plan.
3. Implement the specific strategies and techniques in the Behaviour Support Plan, ensuring appropriate training, supervision and monitoring are in place, and accessing professional supports as needed.
4. Behaviour support requires consistent monitoring and effective team functioning. Behaviour Support Plans are reviewed at least annually. This may be done in conjunction with the annual PCP review.
5. Restricted practices may not be used or written into a Behaviour Support Plan.

If a person's behaviour is critical, unsafe, and of such intensity, frequency or duration that the physical safety of the person, or those nearby, is put at risk, Lifetime Networks will work with a qualified Behaviour Consultant to develop a Safety Plan. Safety Plans can only be developed in conjunction with an over arching Behaviour Support Plan. Safety Plans are required when restricted practices are used to respond to critical or unsafe behaviour.

Lifetime Networks will follow the Safety, Security and Violence in the Work Place policy to document the risk of injury to employees providing direct support.

Prior to implementing a Safety Plan, written consent will be obtained from the following:

- A qualified Behavioural Consultant
- A physician
- A CLBC quality service manager
- The service provider
- The Individual and/or parent or family member or formal representative

Positive procedures are used concurrently to support the development of the person's appropriate responses and to provide opportunities for the individual to be successful.

The Safety Plan must be reviewed every six months by the service provider and the Behavioural Consultant to evaluate the effectiveness of the plan and its implementation. The goal is to remove the need for a Safety Plan, and any restrictive practices, as soon as possible. Documentation of the review process must be created, maintained and submitted to CLBC every six months.

Seclusion is a prohibited restrictive practice and will not be used, in any program, at Lifetime Networks. Seclusion is the separation of an individual from normal program participation in an involuntary manner. The person served is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is not considered seclusion.

In exceptional circumstances, for the purpose of preventing physical injury or harm to an individual or others, employees may use one or more of the following emergency responses:

- Block blows, using only SIVA approved self-defence techniques, use non-violent crisis intervention strategies, remove others from the situation, remove an object

that could potentially be used as a weapon, secure the environment, administer a pre-authorized medication, and/or call the police for assistance

Employees must report the emergency response to a Manager or delegate using the guidelines in the Critical Incident Reporting Policy.

The use of medications to control or manage behaviour must be written into a Safety Plan. If medications are used as a part of an emergency response, documentation must be included in the Critical Incident Report.

Reference: [CLBC Behaviour Support and Safety Planning Policy](#)

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *PRIVACY***

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#### **PURPOSE**

To protect the right to privacy of individuals supported by Lifetime Networks

#### **POLICY STATEMENT**

Lifetime Networks supports the individual's right to privacy at all times without endangering the person's safety.

#### **PROCEDURES**

Employees should not censor or open mail addressed to an individual, unless the person asks for or requires assistance. If assistance is required, the contents of the correspondence should be kept confidential.

All individual's personal belongings should be considered private. Use of an individual's personal property is not permitted.

Discussions of a personal nature, with or about people Lifetime Networks supports, should occur in a private area and remain confidential.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *PROVISIONS OF PERSONAL CARE***

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#### **PURPOSE**

To protect the privacy and dignity of individuals while providing personal care

#### **POLICY STATEMENT**

Touching and personal interaction are integral components of providing personal care. Employees must follow appropriate caregiver touch when providing private, personal care to individuals and should adhere to the following standards of care:

- Demonstrate respect and dignity when providing care for individuals
- Model appropriate touching and personal care
- Ensure consistency in the provision of personal care
- Ensure all providers of personal care are aware of appropriate methods and approaches for providing care
- Enhance the process of individuals learning about appropriate touch and personal boundaries
- Protect the individual, as well as the caregiver
- Ensure the individual feels familiar, safe and comfortable with the established routine
- Enable the individual to exercise maximum control and participation in establishing their personal care protocol

#### **PROCEDURES**

- Avoid situations, which could compromise safety or dignity. When providing personal or medical care assistance in the bedroom or bathroom, ensure the person's safety, privacy and comfort at all times.
- Individuals should have their personal care provided by familiar employees of their choice, whenever possible.
- No one should be touched without their consent.
- Control should be in the hands of the individual. They should feel in control of the situation, able to refuse or to stop the touching at any time or to have the door slightly ajar.
- Employees should not be the primary source in the person's life for fulfilling touch. Other sources of fulfilling these needs should be examined and explored. The private parts of a person's body must always be avoided during affectionate touching or hugging. Be consistent with personal care protocols.

#### **Principles to Follow When Using Appropriate Caregiver Touch:**

**Permission and trust** – always ask for permission. When seeking permission, the employee must be familiar with the communication strategies used (i.e. words, communication board, gestures).

**Respect the person's answer** – when an individual has denied permission but personal care is required, wait a few minutes and try again; try different wording. Consider that the individual may not be ready at that time, but may be soon. \*The only exception is when the person is in imminent danger of harming themselves or others.

**Privacy** – it is the responsibility of all employees to model dignity and respect. Personal care must not occur in front of other people unless another person's presence is required. Personal care must not occur in public spaces within view of others. Plan ahead for situations requiring personal care assistance in a public place (i.e. at the park, shopping mall, public washroom) and determine how to ensure the person's privacy.

**Participation** – individuals should be assisted to do as much of their own care independently, if possible. Each individual should participate in developing a routine for their personal care. Each person should participate in their personal care routine to the best of their ability. Keep the person involved throughout. The employee's goal is to respect an individual's privacy but assist with care when absolutely required.

**Assistance** – recognize that caregivers need to respect people's personal physical boundaries and their right to privacy and dignity. It is crucial that anyone assisting with personal care wears gloves to avoid skin-to-skin contact. Keep private areas covered whenever possible.

**Talk as you touch** – modelling and patterning an appropriate protocol of personal care teaches the person what they can expect from employees. When a new support person is assisting an individual, the individual is more likely to feel comfortable when there has been an established routine. The employee will benefit from learning the personal protocols of the individual and is more likely to meet their particular needs.

**Document** – personal care protocol information should include the following: the order of routines, words used/explanations given, encouragement needed, tactile (touching) cues, positioning, physical aids needed (i.e. commode, bath chair), and level of support needed (i.e. total care, needs someone in attendance at all times, can be left alone, independent).

**Levels of assistance required should also be documented and can be defined as:**

- **Reminding:** the individual can do everything on his/her own
- **Prompting:** the individual will need prompts throughout to remember what needs to be done, but does not need hands-on assistance
- **Partial assistance:** the individual can do some things but needs assistance with others
- **Hand-over-hand:** with gloves, guide the individual's hand to do their care
- **Total assistance:** using gloves and hand-over-hand whenever possible

**Anatomically/Scientifically correct words** – consistently use correct terminology for body parts and personal care procedures.

**Individual comfort** – individuals need to be supported when something happens that is different from the typical personal care routine. The individual first needs to feel safe about reporting something they are not comfortable with during the personal care protocol. Employees must be aware of any body language or behaviour changes that might indicate a problem (i.e. infection).

**Touching not done for personal care reasons** (i.e. hugs) – should be brief and done in neutral or public places – i.e. not in the person's bedroom. Support persons should exercise caution when they are in a private location.

**Use of health care professionals** – have physicians or community nurses deal with health care issues that might involve compromising situations (i.e. nursing care needed following rectal surgery). If an individual is uncomfortable with you attending to their health care needs, respect their wishes. Accompany them to the doctor, in order to assist the medical staff with the nature of the individual's needs. This will promote trust in the individual so they may support more frequent, necessary medical visits.

**Sexual assault/Abuse concerns** – communicate at the individual's level of sexual knowledge and their vocabulary to understand information they are relaying regarding possible sexual or physical abuse. How could this individual tell the caregiver or another support person if they had been abused? If the individual uses an augmentative communication system, do they have sexual vocabulary to describe the concern? Concerns or reported sexual abuse should be reported to the Manager or delegate and follow Critical Incident report writing procedures.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *RECORDS MANAGEMENT FOR INDIVIDUALS***

---

#### **PURPOSE**

To ensure personal information pertaining to the care and support of individuals through Lifetime Networks is maintained in a confidential, timely, secure, consistent and comprehensive manner

#### **POLICY STATEMENT**

- In the use or disclosure of personal information, Lifetime Networks complies with the Personal Information Protection Act and the Freedom of Information and Protection of Privacy Act.
- An individual's files are considered the property of Lifetime Networks and Lifetime Networks is responsible for records' management, in compliance with the Privacy and Security procedures specified by the Personal Information Protection Act.
- Records are to be kept in secure storage; when in electronic format, protected by password.
- Information about an individual is entered in a timely manner into secure storage, either electronic or hard copy, to ensure accurate and accessible information is available to meet their care needs.
- External access to an individual's records requires a signed Consent Authorization form ([Appendix 30](#)).
- Access to an individual's records is limited to employees who are in a direct support relationship, the individuals themselves, legal guardian and related professional supports.
- Personal information must be maintained according to this policy's procedures
- Individuals may access their personal information.

#### **PROCEDURES**

1. Each individual receiving services has a file, either electronic or hard copy, with all vital personal information. The information must be appropriately safeguarded at all times. Each file contains the following information:
  - Emergency profile (within two weeks)
  - At A Glance Plan (where applicable) (within one month)
  - Person centred plan and goals (within 6 months)
  - Health care plan (where applicable) (within one month)
  - Behavioural support plan (if applicable) (within one month)
  - Consent forms (within 2 weeks)
  - Incident reports (within 24 hours)
  - Intake form/exit/referral and transfer forms (within one month)
  - Correspondence (within one month)
  - Medication information, if applicable
  - Charts/data collection, if applicable
2. Manager or delegates are responsible for ensuring that files are kept up-to-date.
3. All information should be dated.



4. Electronic records must be protected by a password and the password is secured by the Manager or delegate. Appropriate backup procedures must be followed to ensure no loss of data.
5. An individual's information can be archived every 2 years provided the information is no longer actively used or current. In the event that an individual no longer receives services from Lifetime Networks, his or her records may be archived and retained for 70 years. The records are labelled with the name of the individual, the contents of the file, including date services were provided and the date the file was sealed and stored.
6. After service has been terminated and an electronic version of the 'exit summary' completed, a Manager or delegate with "Administration" Access will move the file to the 'Inactive' category. The data will remain in safe storage until if and when the individual re-enter services.
7. Individuals are able to access their personal files by requesting access from a support worker or manager. Support workers who receive such a request must inform their manager. The manager will arrange a time for the individual to review his or her file. This may be done with either the support worker or the manager in the room. All requests will be accommodated within one week of the request being made.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *RESEARCH AND INDIVIDUALS SERVED AT LIFETIME NETWORKS***

---

#### **POLICY:**

Individuals may through their involvement in Lifetime Networks (LN) activities be provided the opportunity to participate in research. LN ensures that the research adheres to ethical standards that avoids any risk of harming individuals who participate. In order to ensure that the rights of individuals are respected, LN takes steps to provide research participants the opportunity to make informed choices. All individuals who participate in research do so voluntarily and provide written consent.

#### **DEFINITION:**

**Research** – the gathering of data, information and facts for the advancement of knowledge. The research is organized, follows a series of steps and undergoes a planning process including an evaluation of the questions to be answered.

#### **PROCEDURES:**

All requests to engage individuals served by LN in research are reviewed and approved by the Executive Director.

Research proposals are reviewed to ensure that the following ethical standards are indicated:

- Voluntary participation by individuals
- Written consent obtained from individuals prior to commencement of the research
- Individuals are free from harm including freedom from abuse, financial or other exploitation, retaliation, humiliation and neglect
- Guarantee of the individual's confidentiality and anonymity throughout the study

Researchers affiliated with a college or university must be in compliance with the research ethics prescribed by that post-secondary institution.

Individuals involved in research endorsed by LN provide written consent for participation. Individuals may refuse to participate in any aspect of the research at any time and may withdraw from the research at any time, without explanation. They may choose to have their contribution to date destroyed or not included in the study.

[\(Appendix 31\)](#)

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *RIGHTS OF INDIVIDUALS***

---

#### **PURPOSE**

To protect and safeguard the rights of individuals according to the Canadian Charter of Rights, the Personal and Information Protection Act and Freedoms and the BC Human Rights Code and to promote the sharing of information about rights with individuals and the promotion of those rights throughout the agency.

#### **DEFINITIONS**

**Individual rights** – as defined in CLBC’s Statement of Rights of Individuals Policy

#### **POLICY STATEMENT**

It is expected that all employees, stakeholders and volunteers respect the rights, dignity and worth of individuals supported by Lifetime Networks. Lifetime Networks will promote the rights of individuals receiving services through the regular and consistent sharing of information regarding rights in understandable formats throughout the individuals’ involvement in services.

Individuals supported shall be afforded the same rights as all other citizens in our community.

An individual’s right refers to the individual’s right to:

- Be free from all forms of abuse (i.e. abusive language, sexual, physical, financial, humiliation, neglect, retaliation, exploitation or emotional abuse and/or assault)
- Be treated with dignity and respect
- Be free from discomfort, distress, deprivation and unnecessary/unauthorized restraints/restrictions
- Be provided with medical, dental, psychological or other therapeutic services as required
- Live and work in conditions that conform to practices prevalent in the community
- Have the same forms of address, activity and interaction as others of typical age
- Live and work in the least restrictive environment possible
- Engage in spiritual involvement of their choosing
- Information about civil and legal rights and access to legal representation as required
- Engage in private communication with others, including the right to associate with others of one’s choice
- Make and participate in political decisions
- Engage in physical activity of one’s choice
- Personal belongings and possessions
- Adequate nutrition
- Manage their own funds
- Private sleeping areas
- Privacy in personal hygiene
- Access to media

- Access to a process for communicating dissatisfaction about services provided by Lifetime Networks
- Have information about them kept private
- Sexual expression
- Inclusion in the community as typical citizens

### **PROCEDURES**

Lifetime Networks shall ensure that the CLBC Statement of Rights of Individuals Policy is available for review. Lifetime Networks shall post the rights of the individuals.

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

- Encouraging and nurturing support styles
- Offering and honouring of choices
- Adherence to policies that promote rights
- Annual review and report of Lifetime Networks complaints process
- Annual review and reporting of EL2 Board policies, "Treatment of the people we support"
- Written protocols that support least restrictive interventions
- Annual surveys that specifically address rights and respect issues
- Annual person centered planning that addresses personal goals of each individual
- Hosting and facilitation of self-advocacy initiatives

All suspected violations of these rights must be reported as per ADM Complaint Resolution (Internal) Input Form ([Appendix 4](#)). There will be no reprisals or retaliations for reporting such concerns.

An investigation will be conducted and disciplinary action up to and including dismissal will result if the alleged issues are found to be valid and involve an employee.

Recourse for violations by external parties will be determined based on the circumstances and avenues available (i.e. education, legal).

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *SEXUALITY***

---

#### **PURPOSE**

To ensure that supported individuals have the same rights as any other citizen to express their sexuality, within the limitations of privacy and their own capacities, with mature and socially acceptable behaviour.

To ensure that individuals acquire accurate knowledge regarding the hygienic and anatomical functioning of their bodies, and the impact of their emotions and related actions on themselves and on others

#### **POLICY STATEMENT**

Employees must be sensitive to the needs and capabilities of each individual. Employees must recognize the individual's right to sexual expression and to make informed choices regarding their sexual life.

Employees are to treat individuals with respect and dignity. Employees shall never impose their values, morals and judgement on individuals as outlined in the Standards of Employee Conduct and Ethics policy.

Individuals supported by Lifetime Networks have the right to sexual expression of their own choosing if:

- It is not at variance with the law
- All parties involved are consenting adults

#### **PROCEDURES**

It is expected that employees adhere to the following guidelines:

- Individual privacy will be respected and provided
- Sexual rights and responsibilities will be respected
- Individual's confidentiality will be upheld
- Individuals have the right to be informed and to make decisions which affect their lives
- Instruction and counselling shall be done at a level appropriate to each individual
- Lifetime Networks will provide specific opportunities for individuals to acquire knowledge of sexuality, as appropriate; either through the provision of its own services or by referral to outside agencies for support, education, individual counselling and strategies, as needed.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *SCHOLARSHIPS***

---

#### **PURPOSE**

Lifetime Networks is committed to providing an annual Pieter Van Rheenen Scholarship to an individual who meets the scholarship criteria.

#### **POLICY STATEMENT**

Lifetime Networks has committed designated donations to the Pieter Van Rheenen Scholarship Fund. The scholarship is awarded at the Annual General Meeting each year. The capital in the fund will remain intact; the Pieter Van Rheenen Scholarship will be provided using the interest.

#### **PROCEDURES**

Lifetime Networks will maintain a fund to provide the annual Pieter Van Rheenen Scholarship. Donors may designate donations to this fund.

The criteria for recipients is based on:

- Being an active participant at Lifetime Networks
- Being a positive contributor to community

The financial need of the individual is not a consideration.

The scholarship is to be used to:

- Further enable or increase recipient's participation in community
- Examples of possible uses:
  - Purchase of technology
  - Program tuition
  - Recreation pass

A winner will be selected by the Management Team and the scholarship will be awarded at the Annual General Meeting.

A follow up visit to the Board, at a Board meeting to share the opportunity the scholarship provided would be appreciated and welcomed.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *SHIFT CANCELLATIONS***

---

#### **PURPOSE**

Lifetime Networks recognises the challenges of unexpected shift cancellations. This policy provides terms for reimbursement of shifts cancelled unexpectedly.

#### **POLICY STATEMENT**

If a person served cancels a shift with more than 24 hours notice, the staff member will not receive payment for that shift.

If a person served cancels a shift with 24 hours or less notice, the staff member will receive compensation for 2 hours and may be asked to perform other related work during the scheduled shift time.

If a staff member arrives for a scheduled shift and the person served is not available, or chooses to end a shift early, the staff member will receive compensation for the entirety of the scheduled shift and may be asked to perform other related work during the scheduled shift time.

If a staff member arrives at work and is not needed due to unanticipated excess staffing, the staff member will be paid two hours and will be asked to perform work related duties.

#### **PROCEDURES**

1. If a person served cancels a shift with more than 24 hours notice, please inform the Manager or delegate as soon as possible. As you will not be compensated, please enter 'did not work' in IBEX.
2. If a person served cancels a shift with less than 24 hours notice, please inform the Manager or delegate as soon as possible. You may be asked to complete other related work during your scheduled shift time. You will be compensated for 2 hours. Please enter 'cancellation within 24 hours' in the notes section of IBEX.
3. If you arrive for a scheduled shift and the person served is not available, please inform the Manager or delegate as soon as possible. You may be asked to perform other related work during your scheduled shift time. You will be compensated for the entirety of the scheduled shift. Please enter 'person unavailable' in the notes section of IBEX.
4. If a person served sends you home early, please inform the Manager or delegate as soon as possible. You may be asked to complete other related work during your scheduled shift time. You will be compensated for the entirety of the scheduled shift. Please enter 'shift ended early' in the notes section of IBEX.
5. If you arrive for a scheduled shift and the Manager or delegate deems excessive staffing, you will be paid for two hours. The Manager or delegate will assign you related work duties for the duration of the two hours.

## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *SUPPORTING INDIVIDUALS AT THEIR WORKSITE***

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#### **PURPOSE**

To provide direction to staff supporting individuals at their place of employment.

#### **POLICY STATEMENT**

Lifetime Networks will provide on site support for individuals when it is beneficial for the employer and the supported individual.

Lifetime Networks will ensure that all Job Coaches have appropriate knowledge and training of the work assignment to assist the individual to learn how to do their work tasks safely and accurately.

Lifetime Networks will ensure that all Job Coaches are able to communicate effectively with staff at all levels within the employment site.

All Job Coaches are expected to follow industry and workplace practices.

In the event that the assigned Job Coach cannot attend their scheduled shift, an Employment Specialist will reschedule or attend the shift and provide support to the individual.

#### **PROCEDURES**

1. All Job Coaches attend a Job Coach training prior to supporting individuals on a worksite.
2. Prior to attending a shift with an individual, the Job Coach receives individual specific training from the Employment Specialist.
3. If the Job Coach is not able to attend the shift, they will call or email the Employment Specialist or the Employment Coordinator.
4. The Employment Specialist will familiarize themselves with the individual's place of work and assignments and will arrange support for their first shift.
5. If the Job Coach is tardy, the individual and employer will be made aware of the situation and no tasks will begin until the Job Coach arrives.
6. The Job Coach reports bi-weekly by form, email or phone to the Employment Specialist with observations, techniques or any important information.



## **POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

### **ISS POLICY TITLE: *SUPPORTING PEOPLE IN HOSPITAL***

---

#### **PURPOSE**

To ensure that individuals receive the full range of medical treatment provided to a typical citizen during hospitalization.

#### **POLICY STATEMENT**

Employees must ensure that individuals receive the same degree of urgent medical response and intervention as would be provided to any typical citizen who was presenting with a similar acute illness, when accompanying an individual to the hospital.

In the event of a medical emergency, every effort must be made to locate the individual's representative, next of kin, or emergency contact to sign the consent form. Employees must not sign consent on behalf of an individual under any circumstances.

In an emergency the health care professional, generally the physician, will get a second physician to state that emergency treatment is necessary if they are unable to locate the legal representative. The treatment then happens without valid consent.

For all elective procedures, valid consent must be obtained from the individual or their representative in advance of the procedure.

#### **PROCEDURES**

Whenever an individual is taken to the hospital, employees should bring the following information:

- Personal information
- Current medical information
- The individual's Health Care Plan and/or At A Glance Plan (if one exists)

Once the person has been stabilized, the employee must contact the Manager or delegate to report the individual's status and whether they will remain in hospital or be sent home.

The individual and their representative must be kept informed as events, treatments and medical procedures occur.

Employees are required to complete a Critical Incident Report whenever an individual is taken to hospital or treated at the hospital (see Critical Incident Reporting policy)

#### **Support during Hospitalization:**

- Employees should introduce themselves to the hospital staff (nurse)
- Employees should conduct themselves in a professional manner
- Employees must advocate on the person's behalf and question procedures that may be unclear
- Employees may be asked to assist the hospital staff with regular activities of daily living (i.e. personal care)

- Exceptions can be negotiated with the hospital staff in the best interest of the person receiving support. For example, the nurse may ask the employee to assist with sponge bathing, toileting, or feeding.
- The Manager or delegate is responsible for coordinating staff coverage to support an individual in hospital.
- The Manager or delegate is responsible for ensuring communications flow between employees, hospital staff and the individual and his/her family.

**Post Hospitalization:**

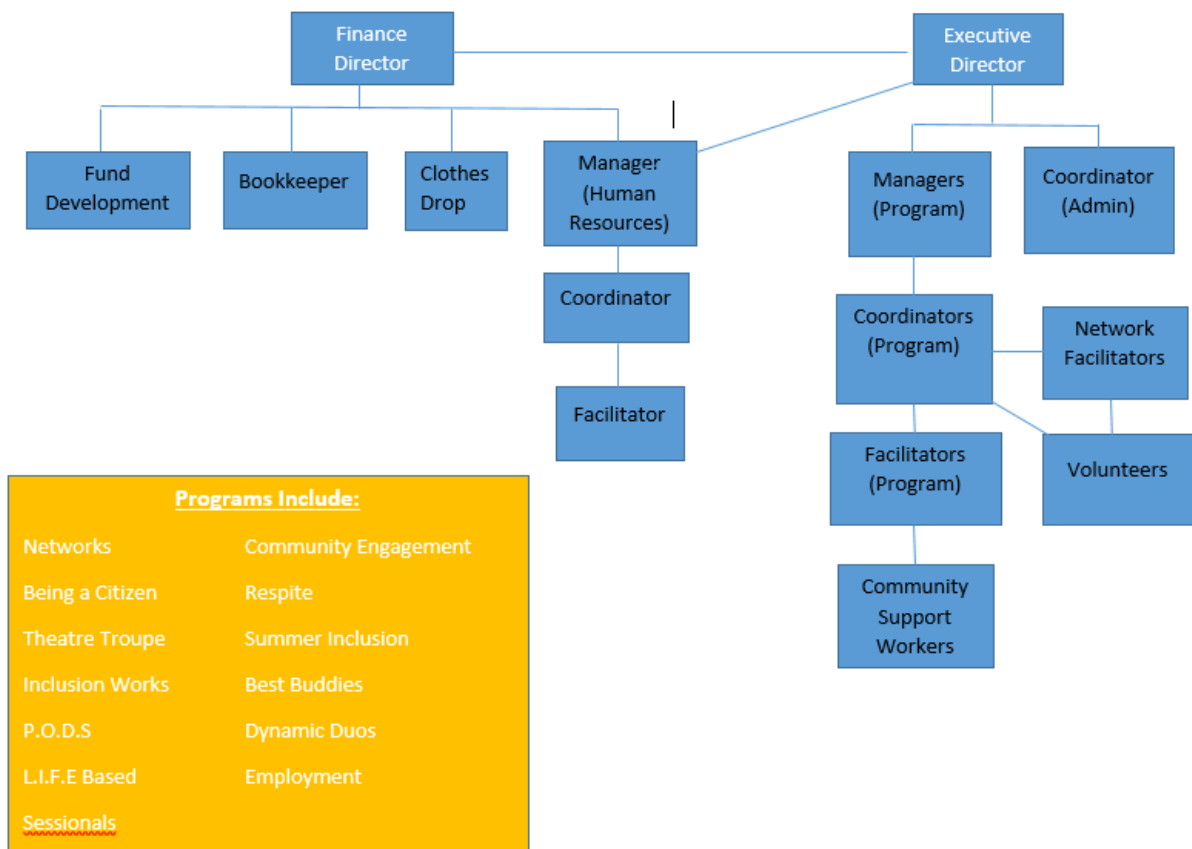
- If possible the individual must be informed of the discharge date prior to the day of discharge
- Employees must request post-care procedures, any follow up required, as well as any care complications to watch for
- The Manager or delegate is responsible to liaise with hospital staff to identify and coordinate any training required to support the person at home
- The Manager or delegate is responsible for ensuring a follow up safety plan is in place upon discharge
- The individual must be observed closely until they are fully recovered

## APPENDICES

### POLICY TYPE: ORGANIZATION

#### (ORG1) POLICY TITLE: *ORGANIZATIONAL CHART*

#### APPENDIX 1: *ORGANIZATIONAL MAP*



**POLICY TYPE: ADMINISTRATION****(ADM) POLICY TITLE: *CONTRACTURAL RELATIONSHIPS POLICY*****APPENDIX 2: *SERVICE AGREEMENT REVIEW FORM***

CONTRACTOR INFORMATION	
name	company name
contract #	staff overseeing contract
contract start-date	contract end-date

**REVIEW OF PERFORMANCE**

criteria	yes	no	N/A
1) Did the contractor complete all deliverables outlined in the contract?			
comments			
2) Did the contractor complete all deliverables within the required timelines?			
comments			
3) Did the contractor complete all deliverables at an acceptable level of quality?			
comments			
4) Did the contractor follow all applicable policies and procedures?			
comments			
5) Did the contractor prepare accurate invoices that were submitted in a timely fashion?			
comments			
6) Do you have concerns about the work of this contractor or did you have any issues that could not be resolved?			
comments			
7) Would you recommend this contractor for further / future work?			
comments			

Date Completed:

STAFF SIGNATURE:

**POLICY TYPE: ADMINISTRATION**

**(ADM) POLICY TITLE: *CONTRACTURAL RELATIONSHIPS POLICY***



**APPENDIX 3: *REQUEST FOR REASONABLE ACCOMMODATION***

**Request for Reasonable Accommodation – Persons Served**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Request: \_\_\_\_\_

Category: Architectural ☐ Environmental ☐ Attitudinal ☐ Financial ☐

(See next page for definitions) Employment ☐ Communication ☐ Transportation ☐ Community Integration ☐

Other Barriers Specify: \_\_\_\_\_

**To be completed by the Executive Director or Manager or delegate**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Decision: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Date Implemented: \_\_\_\_\_

Date added to PCP: \_\_\_\_\_

If declined, list what action was taken to refer to other resources that are accessible: \_\_\_\_\_

*A copy of this document is to be forwarded to the Accessibility Committee for retention.*

### **Appendix 3: Request for Reasonable Accommodation – Staff/Volunteers**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Request: \_\_\_\_\_

\_\_\_\_\_

Category: Architectural ☐ Environmental ☐ Attitudinal ☐ Financial ☐

(See next  
page for  
definitions) Employment ☐ Communication ☐ Transportation ☐ Community  
Integration ☐

Other Barriers Specify: \_\_\_\_\_

### **To be completed by the Executive Director or Manager or delegate**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Decision: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Date Implemented: \_\_\_\_\_

If declined, list what  
action was taken to refer  
to other resources that  
are accessible: \_\_\_\_\_

*Please submit this document to your appropriate manager.*

*Following its review, your manager will forward this document to the Human Resources Manager.*

*The Human Resources Manager will then edit this document for confidentiality, place it in your file, and forward it to the Accessibility Committee for retention and analysis.*

### **Appendix 3: Request for Reasonable Accommodation – Persons Served and Staff Definitions**

**Architectural** or physical barriers may include preventing access to a building for an individual who uses a wheelchair, narrow doorways that need to be widened, bathrooms that need to be made accessible, the absence of light alarms for individuals who have a hearing impairment, and the absence of signs in Braille for individuals who are blind.

**Environmental** barriers can be interpreted as any location or characteristic of the setting that compromises, hinders, or impedes service delivery and the benefits to be gained. These may include the persons served and/or personnel do not feel safe or feel that confidentiality may be risked. Internal barriers may include noise level, lack of sound proof counseling rooms, highly trafficked areas used for service delivery, or type or lack of furnishings and décor that impact the comfort level of the persons served and personnel. In a work environment, lighting may be a barrier if, for instance, fluorescent lighting is used and the flicker precipitates seizure activity in an individual. The physical office environment could present a barrier if it is noisy or is a very open structure and an individual is easily distracted by activity. Fragrances in the workplace could be considered an environmental barrier as many persons have allergic reactions to various smells and do not perform at their best under such conditions.

**Attitudinal** barriers may include terminology and language used. How persons with disabilities are viewed and treated by the organization, their families, and the community. Whether input of persons served is solicited and used. Whether or not the eligibility criteria of Lifetime Networks creates barriers for individuals with specific types of disabilities.

**Financial** barriers include insufficient funding for services/supports, Lifetime Networks might advocate at a legislative level for increased funds, or may promote activities to directly raise money for the support of a service or person served.

**Employment** accommodation requests provide flexibility in the workplace, such as requests for flex time, job sharing, part-time work, or compressed work schedules. These types of practices make Lifetime Networks more family-friendly and can lead to more productive workplaces for Lifetime Networks and a more satisfying setting for all employees.

**Communication** barriers include the absence of materials in a language or format that is understood by the persons served. This includes written material and the Lifetime Networks website.

**Transportation** barriers include persons being unable to reach service locations or being unable to participate in the full range of services/supports and activities offered.

**Community Integration** are barriers that would keep the person served from returning to full participation in their community. For example, the lack of a lift at the local public swimming pool, lack of scheduling availability at the local gym for adaptive sports programs, or lack of accommodation for the person served to return to volunteering at a community level.

**Other Barriers** could include evolving technology, the upkeep of equipment/assistive technology.

**POLICY TYPE: ADMINISTRATION**  
**(ADM) POLICY TITLE: COMPLAINTS RESOLUTION POLICY**



**APPENDIX 4: COMPLAINTS RESOLUTION FORM**

**LIFETIME NETWORKS COMPLAINTS RESOLUTION FORM**

Complaint made by: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number of person making complaint: \_\_\_\_\_

Email of person making complaint: \_\_\_\_\_

Complaint received by: \_\_\_\_\_

**STEP 1 – respond within seven (7) working days**

Complaint/Concern: \_\_\_\_\_

Resolution or Next Steps: \_\_\_\_\_

☐ Complaint forwarded to Manager or delegate

☐ Complaint has been resolved

Signature of person making complaint: \_\_\_\_\_

Signature of staff responding to complaint: \_\_\_\_\_

Date forwarded or considered resolved: \_\_\_\_\_

**STEP 2 – respond within seven (7) days of complaint being forwarded**

Manager or delegate's Follow-Up (all additional documentation collected attached): \_\_\_\_\_

☐ Complaint has been resolved

☐ Complaint forwarded to Executive Director

Signature of Manager or delegate: \_\_\_\_\_

Signature of person making complaint: \_\_\_\_\_

Date Forwarded or considered resolved: \_\_\_\_\_



**STEP 3 – respond within seven (7) days of complaint being forwarded**

Executive Director Follow-Up/Recommendations:

☐ Review with Board President or delegate

☐ Recommended to go to Board

☐ Assistance to contact CLBC

☐ Considered resolved

Signature of person making complaint: \_\_\_\_\_

Signature of Executive Director's: \_\_\_\_\_

Date forwarded or considered resolved: \_\_\_\_\_

**STEP 4 – respond within seven (7) days of complaint being forwarded**

Board Review Decision or Decision by CLBC:

Date considered resolved: \_\_\_\_\_

Board President Signature: \_\_\_\_\_

**POLICY TYPE: ADMINISTRATION****(ADM) POLICY TITLE: REVIEW OF FORMAL COMPLAINTS POLICY****APPENDIX 5: ANNUAL REVIEW OF FORMAL COMPLAINTS FORM**

List all formal complaints that occurred in the last year.

initials of persons involved	reason for complaint	staff person(s) involved	facility / location involved

**ANALYSIS OF COMPLAINTS**

Are there any trends apparent in the review above with regards to the types of complaints, the staff person(s) involved, or the location? If yes, please describe.

Are there areas needing performance improvement? If yes, please describe.

Actions to be Taken to address the Improvements Needed.

Improvement Needed	Who is Responsible?	Actions to be Taken	Target Date

**Actions Taken or Changes Made to Improve Performance**

Describe the actions taken or changes made to improve performance.

Action/Changes	person(s) responsible	Results

**POLICY TYPE: ADMINISTRATION**  
**(ADM) POLICY TITLE: *GRAPHIC STANDARDS***



**APPENDIX 6: *STATIONARY FORMAT***

---

Margins: May be altered to fit your letter

Font: Calibri 11

Following is the approved format to be used for all letters:

Date (you may put a few spaces before the date if your letter is small)

2 -7 spaces

Full Name

Title (if required)

Company (if required)

Address

City and Province and Postal Code (1 space between City and Province; 2 spaces between Province and Postal Code)

1 space only

Dear First or Full Name: (use a colon not a comma)

1 space only

Body of letter

1 space only

Sincerely,

4 spaces only

Name

Position/Title

1 space only

Enclosure (if needed)

1 space only

c: copy (list anyone you have copied on your letter)

**POLICY TYPE: ADMINISTRATION**  
**(ADM) POLICY TITLE: RECORD RETENTION**



**APPENDIX 7: RECORD RETENTION TIMELINES**

RECORD	RETENTION
<b>A. CONSUMER RECORDS</b>	
1. Consumer Files (Active)	Adult: Permanently Minor: Permanently
Consumer Files (Inactive)	Adult: 70 years Minor: 70 years
2. Medication Records	2 years
3. Consent Forms	On file, current
4. Consent for photo/video projects	Indefinitely
<b>B. HUMAN RESOURCES RECORDS</b>	
1. Employee Personnel File	Seven (7) years from date of termination
2. Records of Unsuccessful Job Applicants (those interviewed)	Three (3) years from the date of the hiring decision
3. WorkSafe BC Claims Correspondence (statements, costs)	Personnel File, indefinitely
4. WorkSafe BC Claims Investigations (includes appeals)	Personnel File , indefinitely
5. Labour Negotiated Contracts	Permanently
6. Staff Schedules	2 years
7. Volunteer and Practicum Students	Current, destroy after one year of inactivity
<b>C. ORGANIZATION RECORDS</b>	
1. Budget Documents Financial Statements Audited Financial Statements General Ledger Posting Books Estate Documentation	Permanently
2. General Journal Receipts Journal	Seven (7) years
3. Revenue and expenditure details, cash, receipts, cancelled accounts payable, bank deposit books, journal vouchers, safekeeping envelopes/files, bank reconciliations, bank statements, cashbooks, trial balance, accounts receivable and ledgers, invoice documentation, cheque registers, inventory sheet counts, contracts/leases, donation receipts, annual returns.	Seven (7) years

4. Payroll Register T-4's EI Employment Records	Seven (7) years
5. Quatations and related correspondence, budget working paper	Three (3) years
6. Routine correspondence	Three (3) years
7. Cost Centre Reports	Two (2) years
<b>D. BOARD OF DIRECTORS' RECORDS</b>	
1. Annual Reports Board of Directors' agenda packages and minutes Annual General Meeting minutes Historical Information Board Committee minutes Registrar of Societies correspondence Tax Deductible Receipts	Permanently Permanently Permanently Permanently Seven (7) years Permanently Seven (7) years
<b>E.LEGAL RECORDS</b>	
1. Complaints Potentials for Litigation Incident Reports	Ten (10) years Ten (10) years Ten (10) years
2. Open Legal Files/Claims	Ten (10) years
3. Closed Legal Files	Seven (7) years
<b>F.GENERAL ADMINISTRATIVE RECORDS</b>	
1. Correspondence requiring follow-up	Three (3) years
2. Correspondence requiring no follow-up	Two (2) years
3. Policy and Procedure Manuals	Ten (10) years from date no longer effective
4. Documents/Policies that may affect the care of minors	Permanently
5. Committee meeting minutes	3 years
6. Staff meeting minutes	3 years
7. Management meeting minutes	3 years
8. Licensing Investigation Reports	3 years
9. Critical Incident Reports – non consumer	Permanently
10. Vehicle Accident Reports	2 years, central office
11. Surveys	1 year
12. Emergency on call communication log	2 years

**POLICY TYPE: ADMINISTRATION**  
**(ADM) POLICY TITLE: *PROBLEM SOLVING***

**APPENDIX 40: *PROBLEM SOLVING FORM***

**PROBLEM SOLVING FORM**

Date of Contact: \_\_\_\_\_ Program: \_\_\_\_\_

Person Recording: \_\_\_\_\_

Individual ☐ Family Member ☐ Staff ☐ Community Member ☐ Volunteer ☐ Other \_\_\_\_\_ ☐

Nature of Contact: Request ☐ Other ☐ Feedback ☐

**Regarding:**

**Action Taken:**

Further follow up required? No ☐ Yes ☐

**If yes, Plan:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Please send a copy to the Executive Director)

**POLICY TYPE: FINANCE**

**(FIN) POLICY TITLE: FUNDRAISING/DONATIONS**

**APPENDIX 43: PAYROLL DEDUCTION FORM**



We see a future where people with disabilities live safely in their communities, fulfil their potential, and enjoy lifelong friendships and support.

Employee Name: \_\_\_\_\_

To support the mission of Lifetime Networks, registered charity 87366 0625, I would like to make a **recurring** bi-weekly **payroll deduction** donation in the amount of:

\_\_\_ \$5      \_\_\_ \$10      \_\_\_ \$20      \_\_\_ Other amount: \$\_\_\_

**AND/OR**

I would like to make a **one-time donation** to Lifetime Networks.

\_\_\_ \$20      \_\_\_ \$50      \_\_\_ \$100      \_\_\_ Other amount: \$\_\_\_

\_\_\_ Cheque    \_\_\_ Credit Card    \_\_\_ Payroll deduction

Credit Card #: \_\_\_\_\_

Expiry (MM/YY): \_\_\_\_\_ CVV/CSC on back of card: \_\_\_\_\_

Name on card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Phone #: \_\_\_\_\_ email: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POLICY TYPE: FINANCE**

**(FIN) POLICY TITLE: *FINANCE AND ADMINISTRATION RECORDS MANAGEMENT***

**APPENDIX 77: *AUTHORIZATION FOR CREDIT CARD USE***

**AUTHORIZATION FOR CREDIT CARD USE**

Return this completed authorization and return to Lifetime Networks.

*All information will remain confidential.*

Name on card:

Billing address:

Postal code:

Credit card type:    Visa                      Mastercard

Credit card number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CSV (3 digits on back): \_\_\_\_\_

Amount to charge: \$ \_\_\_\_\_

I authorize Lifetime Networks to charge the amount listed above to the credit card provided herein, on or about the 1st day of each month.

Signature:

Date:

Print Name:

Return the completed and signed form to:

**Carlene Thompson**  
**Director of Finance**



## APPENDIX 8: REVIEW OF INCIDENTS FORM

**ANALYSIS TIMEFRAME:**

[illegible]

**POLICY TYPE: HEALTH AND SAFETY STANDARDS****(HSS) POLICY TITLE: *EMERGENCY RESPONSE and EVACUATION POLICY*****APPENDIX 9: *EMERGENCY INCIDENT REPORT FORM*****DETAILS OF INCIDENT**

---

Date of Incident  
(YYYY/MM/DD)

---

Time of Incident

---

Location of Incident

Type of Incident:

☐

Fire

☐

Natural Disaster

☐

Medical Emergency

☐

Safety during a violent or threatening situation (including bomb threat)

☐

Utility failure

List of individuals included in the incident:

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**EVALUATION**

What Occurred (attach additional page if required):

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Action Taken:

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**NOTIFICATION**

	Yes	No	Date	Time
<input type="checkbox"/> Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/> Police	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/> Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/> Family	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/> Other (specify): <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>

<hr/>	<hr/>	<hr/>
Name of Person Reporting Incident	Position	Signature
<hr/>	<hr/>	
Date (YYYY/MM/DD)	Time	

**POLICY TYPE: HEALTH AND SAFETY STANDARDS**

**(HSS) POLICY TITLE: *EMERGENCY RESPONSE and EVACUATION POLICY***

**APPENDIX 10: *EMERGENCY DRILL FORM***

Emergency Drill Form

Date: \_\_\_\_\_ Location/Program: \_\_\_\_\_

Drill Conducted by: \_\_\_\_\_ Length of time to complete drill: \_\_\_\_\_

Type of Exercise: ☐ Actual ☐ Simulated ☐ Table Top

Type of Unannounced Emergency Drill:

- |                                      |                                                                 |
|--------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Fire        | <input type="checkbox"/> Medical Emergency                      |
| <input type="checkbox"/> Earthquake  | <input type="checkbox"/> Utility failure                        |
| <input type="checkbox"/> Bomb Threat | <input type="checkbox"/> Violent or other threatening situation |

**Scenario:**

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**Steps Taken During the Drill:**

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**Observations / Concerns:**

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**ACTION PLAN**

List the actions to be improved on.

actions for improvement (Procedure/policy revision, staff training etc.)	person(s) responsible	timeline for completion	Results

Forward this document to the Administrative Coordinator within 24 hours of drill.

**POLICY TYPE: HEALTH AND SAFETY STANDARDS**  
**(HSS) POLICY TITLE: CRITICAL AND NON-CRITICAL INCIDENT REPORTING**

**APPENDIX 11: CRITICAL INCIDENT REPORT FORM**



**GENERAL INFORMATION**

**CRITICAL INCIDENT REPORT**

FOR ALL UNLICENSED PROGRAMS **and** FOR LICENSED FACILITIES TO  
 REPORT USE OF RESTRAINT THAT IS NOT REPORTABLE TO LICENSING

Name of Program / Place of Service		Phone Number (10 digits)
Address	City / Town	Postal Code
Name of Service Provider		
Service Category (reference CLBC contract)		Licensed <input type="checkbox"/> Not Licensed <input type="checkbox"/>

**PEOPLE INVOLVED (one individual per form)**

☐ Individual
 ☐ Visitor
 ☐ Other (please specify)

Name of Individual involved \_\_\_\_\_ Gender: F ☐ M ☐

Birthdate (DD/MM/YYYY) \_\_\_\_\_

List All Persons Adversely Affected (attach list if necessary) \_\_\_\_\_

**TYPE OF INCIDENT – REPORTABLE TO CLBC (one per form)**

ABUSE		OTHER INCIDENT TYPES	
<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Aggression Between Individuals	<input type="checkbox"/> Misuse of Illicit Drugs or Licit Drugs	
<input type="checkbox"/> Financial Abuse	<input type="checkbox"/> Aggressive / Unusual Behaviour	<input type="checkbox"/> Motor Vehicle Injury	
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Attempted Suicide	<input type="checkbox"/> Neglect	
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Choking	<input type="checkbox"/> Other Injury	
<b>RESTRICTED PRACTICES</b>	<input type="checkbox"/> Death	<input type="checkbox"/> Poisoning	
<input type="checkbox"/> Exclusionary Time Out	<input type="checkbox"/> Disease / Parasite Outbreak	<input type="checkbox"/> Service Delivery Problem/Disruption of Services	
<input type="checkbox"/> Restraint	<input type="checkbox"/> Fall	<input type="checkbox"/> Unexpected Illness/Food Poisoning	
<input type="checkbox"/> Restriction of Rights	<input type="checkbox"/> Medication Error	<input type="checkbox"/> Use of Seclusion	
	<input type="checkbox"/> Missing / Wandering	<input type="checkbox"/> Weapon Use	

**DETAILS OF INCIDENT**

Date of Incident (DD/MM/YYYY) \_\_\_\_\_ Time of Incident (24 hh:mm) \_\_\_\_\_ Location of Incident \_\_\_\_\_

What Occurred? (attach additional page if required)

Disclaimer  
 The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Community Living Authority Act and/or the Freedom of Information and Protection of Privacy Act (FOIPPA). Under certain circumstances, the collected information may be subject to disclosures as per the FOIPPA. Any questions about the collection, use and disclosure of this information should be directed to CLBC's Privacy Officer, Executive Director of Quality Assurance, located at CLBC Head Office, 7th Floor, Airport Square, 1200 – West 73rd Avenue, Vancouver, BC V6P 6G5. Contact Number: (604)664-0101 or Toll Free at 1-877-660-2522

**Policy Framework**

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CRITICAL INCIDENT REPORT - For unlicensed programs and for licensed facilities for use of restraint not reportable to Licensing

### DETAILS OF INCIDENT

Actions taken (attach additional page if required)

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### NOTIFICATION

PARTIES NOTIFIED	Y/N	NAME OF PERSON CONTACTED	RELATIONSHIP TO INDIVIDUAL OR POSITION TITLE	DATE (DD/MM/YYYY)	TIME (24 hh:mm)	CONTACT PHONE NUMBER
Family / Member / Representative						
Program Supervisor / Manager						
Health Care Provider						
Public Guardian Trustee						
Fire Department						
Police						
Ambulance						
Coroner						
Other (specify):						
CLBC Staff						

### SIGNATURES

Name of Person Reporting Incident	Position	Signature	Date (DD/MM/YYYY)	Time (24 hh:mm)
Name of Program Supervisor / Manager	Position	Signature	Date (DD/MM/YYYY)	Time (24 hh:mm)
Name(s) of Witness(es)	Relationship to Individual	Phone No. (10 digits)	Email	

#### Disclaimer

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CRITICAL INCIDENT TYPES  
Based on Appendix One of the Critical Incidents Policy

<p>"CCFL" indicates this incident is reportable to Community Care Facilities Licensing. "CLBC" indicates this incident is reportable to CLBC.</p>	
<p><i>"Individual": For the purpose of these definitions, "individual" refers to an individual accessing CLBC funded services.</i></p>	
<p><b>ABUSE</b></p> <ul style="list-style-type: none"> <li>▪ <b>Emotional Abuse (CLBC/CCFL) *</b>: Alleged or actual act or lack of action that diminishes an individual's sense of well-being and is perpetrated by a person in a position of trust or authority, including verbal harassment, yelling, or confinement.</li> <li>▪ <b>Financial Abuse (CLBC/CCFL):</b> Alleged or actual misuse or abuse of an individual's funds or assets by a person in a position of trust or authority. Obtaining property or funds without the knowledge and full consent of the individual or a formal or informal representative.</li> <li>▪ <b>Physical Abuse (CLBC/CCFL) *</b>: Alleged or actual excessive or inappropriate physical force directed at an individual by:             <ul style="list-style-type: none"> <li>• a person in a position of authority or trust, including a staff member or volunteer, or</li> <li>• a person who is not responsible for providing services and is not a supported individual.</li> </ul> </li> <li>▪ <b>Sexual Abuse (CLBC/CCFL):</b> Alleged or actual sexual behaviour, directed at an individual, whether consensual or not, by a staff member, volunteer or any person in a position of trust or authority. Sexual behaviour includes inappropriate, unsolicited, or forced sexual attention from a person who is not responsible for providing supports or services. Sexual behaviour between two consenting individuals is not a critical incident.</li> </ul> <p><b>AGGRESSION BETWEEN INDIVIDUALS (CLBC/CCFL)</b> Aggressive behaviour by an individual <b>towards another individual</b> that causes injury requiring first aid (e.g. bandage, ice pack), emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.</p> <p><b>AGGRESSIVE / UNUSUAL BEHAVIOUR (CLBC/CCFL)</b> Aggressive behaviour by an individual towards a person (including another supported individual, staff, or others) or unusual behaviour that:</p> <ul style="list-style-type: none"> <li>▪ is not appropriately addressed or documented in the individual's Behaviour Support and Safety Plan, or</li> <li>▪ results in harm (physical or emotional)</li> </ul> <p>If the harm is to another individual, refer to <b>Aggression Between Individuals</b> to determine if it would be more appropriate to report it as that incident type.</p> <p>Unusual behaviour is behaviour that is unusual for the individual.</p> <p><b>ATTEMPTED SUICIDE (CLBC/CCFL) *</b> Attempt by an individual to intentionally self-harm for the purpose of taking his or her own life.</p> <p><b>CHOKING (CLBC/CCFL) *</b> An individual's airway is obstructed, <b>requiring first aid, emergency care</b> by a medical practitioner or nurse practitioner, or transfer to a hospital.</p> <p><b>DEATH (CLBC/CCFL) *</b> Death of an individual while participating in a CLBC funded service.</p>	<p><b>MISSING/WANDERING (CLBC/CCFL) *</b> Unscheduled or unexplained absence of an individual from a CLBC funded service.</p> <p><b>MOTOR VEHICLE INJURY (CLBC/CCFL) *</b> Injury to an individual as a result of a motor vehicle accident while accessing a CLBC funded service.</p> <p><b>OTHER INJURY (CLBC/CCFL)</b> Any other injury to an individual that <b>requires emergency care</b> by a medical or nurse practitioner, or transfer to a hospital.</p> <p><b>NEGLECT (CLBC/CCFL) *</b> <b>Alleged or actual</b> failure of a provider (e.g. contracted service provider, home share provider) to meet the individual's needs, including the need for food, shelter, medical attention or supervision which endangers the individual's safety.</p> <p><b>POISONING (CLBC/CCFL)</b> Ingestion of a poison or toxic substance by an individual (excluding licit or illicit drugs)</p> <p><b>RESTRICTED PRACTICES</b></p> <ul style="list-style-type: none"> <li>▪ <b>Exclusionary Time Out (CLBC only)</b> Removal of an individual from a situation and environment for a period of time to prevent harm to him/her or others. It does not include positive redirection of an individual to a safe, quiet place. It differs from seclusion in that the individual is not left alone. <b>Must</b> be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.</li> <li>▪ <b>Restraint (CLBC only) *</b> Use of physical or mechanical restraints to temporarily subdue or limit the individual's freedom of movement, including containment. Containment means restricting an individual within a certain area (e.g. using a half-door or locked exits). <b>Must</b> be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.</li> <li>▪ <b>Restriction of Rights (CLBC only)</b> Removal of an individual's access to activities. It does not include standard safety practices or reasonable house rules. <b>Must</b> be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.</li> </ul> <p><b>SERVICE DELIVERY PROBLEM/ DISRUPTION OF SERVICES (CLBC/CCFL) *</b> Condition or event that could impair a service provider and its staff to provide service or which affects the individual's health, safety, dignity, or well-being. Examples include flood and fire.</p> <p><b>UNEXPECTED ILLNESS/FOOD POISONING (CLBC/CCFL)</b> Illness of an individual <b>requiring emergency care</b> by a medical practitioner or nurse practitioner, or transfer to a hospital, including food poisoning.</p>



<p><b>DISEASE/PARASITE OUTBREAK (CLBC/CCL) *</b>  Outbreak or occurrence of a communicable disease <b>above the normally expected level</b>, including a communicable disease or parasite such as scabies. Contact your local Health Authority if you have questions.</p> <p><b>FALL (CLBC/CCL) *</b>  A fall that results in an injury requiring emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.</p> <p><b>MEDICATION ERROR (CLBC/CCL) *</b>  Mistake in administering medication that:</p> <ul style="list-style-type: none"> <li>▪ <b>adversely affects an individual, or requires emergency care</b> by a medical practitioner or nurse practitioner, or transfer to a hospital.</li> </ul>	<p><b>USE OF SECLUSION (CLBC only) *</b>  Involuntary separation of an individual from normal participation and inclusion. The person is restricted to a segregated area and denied the freedom to leave it and is left alone. Use of seclusion <b>must</b> be reported as a critical incident. It may never be included in a Behaviour Supports and Safety Plan.</p> <p><b>USE OR POSSESSION OF ILLICIT DRUGS OR MISUSE OF LICIT DRUGS (CLBC Only)</b>  Misuse of a legal substance such as mouthwash, or ingestion of aftershave. Serious misuse of legal substances such as a prescription drug or alcohol. Any use or possession of an illicit drug.</p> <p><b>WEAPON USE (CLBC Only) *</b>  An individual uses or threatens to use a weapon to harm or threaten somebody. Use of a weapon by a person to harm or threaten an individual. A weapon includes any object used to threaten, hurt or kill a person, or destroy property.</p>
* See <i>Appendix One</i> for additional information	
In addition to critical incidents, service providers are advised to maintain a record of all unexpected or unusual incidents that are not critical.	

**POLICY TYPE: HEALTH AND SAFETY STANDARDS**  
**(HSS) POLICY TITLE: CRITICAL AND NON-CRITICAL INCIDENT REPORTING**

**APPENDIX 12: SIVA CRITICAL INCIDENT REPORT FORM**



**CRITICAL INCIDENT REPORT FORM**



<b>AGENCY INFORMATION</b>	NAME OF SERVICE PROVIDER OR AGENCY		FACILITY / LICENCE NUMBER IF APPLICABLE							
	ADDRESS	CITY	POSTAL CODE	PHONE NUMBER						
	NAME OF MANAGER		DATE OF BIRTH DAY    Mth    Yr	SEX <input type="checkbox"/> M <input type="checkbox"/> F						
<b>PERSONS INVOLVED</b>	NAME OF PERSON IN CARE (1)		DATE OF BIRTH DAY    Mth    Yr	SEX <input type="checkbox"/> M <input type="checkbox"/> F						
	NAME OF PERSON IN CARE (2)		DATE OF BIRTH DAY    Mth    Yr	SEX <input type="checkbox"/> M <input type="checkbox"/> F						
	NAME OF PERSON IN CARE (3)		NUMBER OF PERSONS IN CARE AFFECTED							
	<input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER (SPECIFY)									
<b>TYPE OF INCIDENT</b>	PHYSICAL ABUSE <input type="checkbox"/> REPORT OF <input type="checkbox"/> SEXUAL ABUSE <input type="checkbox"/> EMOTIONAL ABUSE <input type="checkbox"/> NEGLECT <input type="checkbox"/> FINANCIAL ABUSE <input type="checkbox"/> UNEXPECTED ILLNESS <input type="checkbox"/>	DISEASE OUTBREAK <input type="checkbox"/> REPORT OF <input type="checkbox"/> DEATH <input type="checkbox"/> FALL <input type="checkbox"/> MOTOR VEHICLE INJURY <input type="checkbox"/> OTHER INJURY <input type="checkbox"/> POISONING <input type="checkbox"/>	SERVICE DELIVERY PROBLEMS <input type="checkbox"/> REPORT OF <input type="checkbox"/> AGGRESSIVE / UNUSUAL BEHAVIOR <input type="checkbox"/> MISSING / WANDERING <input type="checkbox"/> MEDICATION ERROR <input type="checkbox"/> ATTEMPTED SUICIDE <input type="checkbox"/> EMERGENCY SAFETY INTERVENTION <input type="checkbox"/>							
<b>SPECIFIC DETAILS OF INCIDENT</b>	DATE OF INCIDENT		TIME OF INCIDENT							
	LOCATION OF INCIDENT									
	PLEASE BE SPECIFIC (ATTACH ADDITIONAL SHEETS IF NECESSARY)									
<b>NOTIFICATION</b>	CONTACTED	YES	NO	DATE	TIME	PHONE NUMBER				
	<input type="checkbox"/> PARENT	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/> NEXT OF KIN	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/>	<input type="checkbox"/>							
	NAME OF PERSON CONTACTED									
	<b>NOTIFIED</b>	YES	NO	DATE	TIME	<b>NOTIFIED</b>	YES	NO	DATE	TIME
	HEALTH CARE PROVIDER	<input type="checkbox"/>	<input type="checkbox"/>			LICENSING / MHO	<input type="checkbox"/>	<input type="checkbox"/>		
	AMBULANCE	<input type="checkbox"/>	<input type="checkbox"/>			MANAGER	<input type="checkbox"/>	<input type="checkbox"/>		
	POLICE	<input type="checkbox"/>	<input type="checkbox"/>			POLICE	<input type="checkbox"/>	<input type="checkbox"/>		
	MCF	<input type="checkbox"/>	<input type="checkbox"/>			FIRE DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>		
	OTHER(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>							
<b>SEQUENCE OF EVENTS PRECEDING AND FOLLOWING INCIDENT</b>	(ATTACH ADDITIONAL SHEETS IF NECESSARY)									
<b>CAUSE &amp; CONTRIBUTING FACTORS</b>										
<b>IMMEDIATE ACTION TAKEN</b>										
<b>SIGNATURES</b>	<b>NAME</b>	<b>POSITION</b>	<b>SIGNATURE</b>	<b>DATE</b>	<b>TIME</b>					
WITNESS/ ATTENDING STAFF										
FORM COMPLETED BY										
LICENCEE/ MANAGER										
<b>REVIEW FOLLOWUP</b>	DATE _____ REVIEWED BY _____									
	RECOMMENDATIONS _____									
	SIGNATURE _____									

**POLICY TYPE: HEALTH AND SAFETY STANDARDS**  
**(HSS) POLICY TITLE: *CRITICAL AND NON-CRITICAL INCIDENT REPORTING***

**APPENDIX 13: *NON CRITICAL INCIDENT REPORT FORM***

Incident Type:	_____
Date:	_____
Time:	_____
Staff Member(s) Involved:	_____
Individual(s) Involved:	_____
Location of Incident:	_____
Summary of Incident:	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____

Forward this document to the Manager or delegate. All non-critical Incidents will be entered in the database and become part of the individual's permanent record.

**POLICY TYPE: HEALTH AND SAFETY STANDARDS**  
**(HSS) POLICY TITLE: SEMI ANNUAL INSPECTION REPORT**



**APPENDIX 14: SEMI ANNUAL INSPECTION REPORT FORM**

**SEMI ANNUAL INSPECTION REPORT**

Date of Inspection: \_\_\_\_\_ Location: \_\_\_\_\_

Inspection by: \_\_\_\_\_

<b>LOCATION: BACK OFFICE</b>		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector – in good working order
		Exit – clearly marked
		Emergency Binder – up to date information
		Desks – in good working order
		Electrical Cords
		Floor – clean and in good repair
		Windows – free from mould and cracks
		Exit Door – clear to exit
		Door – lock in good working order
		Ceiling Tiles – clean and secure
		Shelving over 4 feet secured to the wall
		Shelves are free from clutter
		Desk Hutches free from clutter – nothing stored on top
		Chairs in good repair
		Garbage Cans – clean & tidy
		Lights & switches – in good working order

<b>LOCATION: FINANCE OFFICE</b>		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector – in good working order
		Exit – clearly marked
		Floor plan – up to date information
		Desks – in good working order
		Electrical Cords
		Floor – clean and in good repair
		Windows – free from mould and cracks
		Exit Door – clear to exit
		Door – lock in good working order
		Ceiling Tiles – clean and secure
		Shelving over 4 feet secured to the wall
		Chair in good repair
		Lights & switches in good working order

LOCATION: EXECUTIVE DIRECTOR OFFICE		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector – good working order
		Desk – in good working order
		Electrical Cords – in good repair
		Floor – clean and in good repair
		Windows – free from mould and cracks
		Ceiling Tiles – clean and secure
		Chair - in good repair
		Lights & switches - in good working order

LOCATION: PROGRAM ROOM (Right of main entry door) #1		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector – in good working order
		Tables – in good working order
		Electrical Cords – in good repair
		Floor – clean and in good repair
		Floor – free from clutter
		Windows – free from mould and cracks
		Ceiling Tiles – clean and secure
		Cupboard Doors – attached & in good working order
		Cupboards - top free & clear from clutter
		Chairs – in good repair
		Lights & switches - in good working order
		TV - in good working order
		Laptops - in good working order
		Fan – in good working order
		Sink & taps – in good working order
		Paper towel holder – fastened securely to the wall
		Soap Dispenser – fastened securely to the wall
		White Board – stored appropriately preventing any tripping hazards
		Counter top ovens – in good working order
		Shelves (cubie by bathroom) – items stored securely

LOCATION: QUIET AREA		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector – in good working order
		Tables – in good working repair
		Electrical Cords
		Floor – clean and in good repair
		Floor – free from clutter
		Windows – free from mould and cracks
		Ceiling Tiles – clean and secure
		Couch in good repair
		Music instruments free & clear from clutter
		Chairs – in good repair
		Lights & switches in good working order
LOCATION: PROGRAM ROOM (Left of main entry door) #2		

Satisfactory	Requires Addressing	Specifics
		Smoke Detector – in good working order
		Tables – in good working repair
		Electrical Cords - in good repair
		Floor – clean and in good repair
		Floor – free from clutter
		Windows – free from mould and cracks
		Ceiling Tiles – clean and secure
		Cupboard Doors – attached & in good working order
		Cupboards - top free & clear from clutter
		Chairs – in good repair
		Lights & switches - in good working order
		TV in good working order
		Laptops in good working order
		Emergency Lighting - operational

<b>LOCATION: KITCHEN AREA</b> (Right of main entry door) #1		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector – in good working order
		Refrigerator – tidy & clear from clutter
		Counter – clean & free from clutter
		Electrical Cords
		Floor – clean and in good repair
		Floor – free from clutter
		Ceiling Tiles – clean and secure
		Cupboard Doors – attached & in good working order
		Cupboards - top free & clear from clutter
		Cupboards – inside – clean & tidy
		Microwave – clean & in good repair
		Coffee Maker – clean & in good repair
		Kettle – clean & good repair
		Lights & switches in good working order
		Frying pans – clean & good repair
		BBQ – clean & good repair
		Garbage can – clean & tidy
		Paper towel Dispenser - secure
		Soap Dispenser - secure

<b>LOCATION: KITCHEN AREA (Left of main entry door) #2</b>		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector – in good working order
		Refrigerator – tidy & clear from clutter
		Counter – clean & free from clutter
		Electrical Cords
		Floor – clean and in good repair
		Floor – free from clutter
		Ceiling Tiles – clean and secure
		Cupboard Doors – attached & in good working order
		Cupboards - top free & clear from clutter
		Cupboards – inside – clean & tidy
		Microwave – clean & in good repair
		Lights & switches - in good working order
		Garbage can – clean & tidy
		Paper towel Dispenser - secure
		Soap Dispenser - secure

<b>LOCATION: BATHROOM #1</b>		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector – in good working order
		Taps & Sink in good working order
		Floor – clean and in good repair
		Floor – free from clutter
		Ceiling Tiles – clean and secure
		Cupboard Doors – attached & in good working order
		Toilet - in good working order
		Lights & switches - in good working order
		Medical gloves – stored in cupboard
		Garbage Can – clean & tidy
		Door Lock – in good working order

LOCATION: BATHROOM #2		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector - in good working order
		Taps & Sink - in good working order
		Floor - clean and in good repair
		Floor - free from clutter
		Ceiling Tiles - clean and secure
		Cupboards - clean & tidy
		Cupboard Doors - attached & in good working order
		Toilet - in good working order
		Lights & switches - in good working order
		Medical gloves - stored in cupboard
		Garbage Can - clean & tidy
		Door Lock - in good working order
		Cleaners - stored properly
		MSDS Sheets - up to date
		Assist rail - secure

LOCATION: CITIZEN OFFICE		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector - in good working order
		Desks - in good repair
		Floor - clean and in good repair
		Floor - free from clutter
		Ceiling Tiles - clean and secure
		Upper Cupboards - clear & free of clutter
		Upper Cupboards - secure
		Lights & switches - in good working order
		Door Lock - in good working order

LOCATION: Middle Office		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector - in good working order
		Desks - in good repair
		Floor - clean and in good repair
		Floor - free from clutter
		Ceiling Tiles - clean and secure
		Upper Cupboards - clear & free of clutter
		Upper Cupboards - secure
		Lights & switches - in good working order
		Door Lock - in good working order

LOCATION: Meeting Room		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector - in good working order
		Desks - in good working order
		Electrical Cords



		Floor – clean and in good repair
		Ceiling Tiles – clean and secure
		Chairs - in good repair
		Lights & switches - in good working order
		White board - secure on the wall
		Upper Cupboards – clear & free of clutter

LOCATION: RECEPTION		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector – in good working order
		Desk – in good working order
		Computer in good working order
		Electrical Cords – in good repair
		Floor – clean and in good repair
		Ceiling Tiles – clean and secure
		Chairs - in good repair
		Lights & switches - in good working order
		Cabinets - secure to the wall
		Photocopier - in good working repair
		Fire extinguisher – fully charged & checked annually
		First Aid Kit – checked regularly
		Medical Gloves – available for the staff
		Emergency Binder – up to date information
		Exit – clearly marked
		Grab & Go First Aid Kit – checked regularly
		Doorway – clear & free from clutter
		Door lock – is in good working order
		Air Conditioner – in good working order
		Flashlights

<b>LOCATION: OUTSIDE BUILDING</b>		
Satisfactory	Requires Addressing	Specifics
		Doorways - clear & free from clutter
		Walkway - clear & free from clutter
		Steps - clear & free from clutter
		Walls - in good repair
		Overhang - in good repair
		Lights - in good working order
		Ramp - clear & free from clutter

<b>LOCATION: BACK HALLWAY</b>		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector - in good working order
		Floor - clean and in good repair
		Floor - free from clutter
		Ceiling Tiles - clean and secure
		Shelf - securely attached to the wall
		Lights & switches - in good working order
		Garbage Can - clean & tidy
		Emergency Lighting - in good working order
		Fire Extinguisher - fully charged & checked annually

<b>LOCATION: New Office Space: Lobby</b>		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector - in good working order
		Floor - clean and in good repair
		Garbage Can - clean & tidy
		Windows - free from mould and cracks
		Ceiling Tiles - clean and secure
		Couch in good repair

<b>LOCATION: New Office Space: Office #1 first door to your right</b>		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector - in good working order
		Floor - clean and in good repair
		Heater - in working condition
		Windows - free from mould and cracks
		Ceiling Tiles - clean and secure
		Table - in good repair
		Electrical cords - in good repair and secure
		Chairs - in good working order

<b>LOCATION: New Office Space: Office #2 second door to your right</b>		
Satisfactory	Requires Addressing	Specifics
		Smoke Detector - in good working order
		Floor - clean and in good repair
		Heater - in working condition

[illegible]

**POLICY TYPE: HEALTH AND SAFETY STANDARDS****(HSS) POLICY TITLE: *TRANSPORTATION-VEHICLE ACCIDENT REPORTING*****APPENDIX 16: *VEHICLE ACCIDENT REPORTING FORM***

To be completed by any employee who is involved in a motor vehicle accident with a Lifetime Networks owned vehicle, or with their own vehicle while on Lifetime Networks business.

<b>Driver's (employee) Name:</b>				
Driver's License No.:				
Date of Accident		Time of Accident:		
Location of Accident:				
Describe Damage and \$ Estimate (vehicle and property):				
Police Notified:	Yes		No	
Police Attended:	Yes		No	
Name of Force:				
Police Report No.:				
Fire Attended:	Yes		No	
Ambulance Attended:	Yes		No	
<b>Vehicle "A" Details (Your Vehicle)</b>				
Owner Lifetime Networks:	Yes		No	
<b>If 'No' Owner Details</b>				
Owned by (full name):				
Full Address:				
Home Telephone:				
Work Telephone:				
Cellular:				
Email:				
Vehicle Licence Plate No.:				
Vehicle Registration No.:				
Vehicle Make, Model, Year:				
Describe Damage and \$ Estimate (vehicle and property):				

Passengers (Vehicle A) – list all:						
Injuries:						
Current Location of Passengers (ie: hospital, physician, home, office) and how they were transported:						
<b>Vehicle “B” Details (Other Vehicle Involved)</b>						
Owned by (full name):						
Full Address:						
Home Telephone:						
Work Telephone:						
Cellular:						
Email:						
Vehicle Licence Plate No.:						
Vehicle Registration No.:						
Vehicle Make, Model, Year:						
Describe Damage and \$ Estimate:						
<b>Witnesses</b>						
Name:						
Address:						
Telephone						
Email						
Passenger in Vehicle:	“A”		“B”		Other	
<b>Witnesses</b>						
Name:						

Address:										
Telephone										
Email										
Passenger in Vehicle:	"A"		"B"		Other					
<b>Witnesses</b>										
Name:										
Address:										
Telephone										
Email										
Passenger in Vehicle:	"A"		"B"		Other					
Other Details (ie: anything said by the other driver, passengers or witnesses, weather conditions, road surface conditions):										
<b>OTHER DETAILS</b>										
Tow Required:	Yes		No							
Name of Tow Company:										
Contact Information:										
Location of Vehicle:										
ICBC Claim:	Yes		No		Claim #:					
Manager or delegate Notified:	Date:					Time:				
Executive Director Notified:	Date:					Time:				
Non Critical Incident Form Completed:	Yes		No							
Critical Incident Form Completed:	Yes		No							

**POLICY TYPE: HEALTH AND SAFETY STANDARDS**  
**(HSS) POLICY TITLE: *SAFE HAVEN POLICY***

**APPENDIX 38: *SAFE HAVENS CONTACT LIST***

Site	Address	Phone	Email
<b>Area: North Saanich</b>			
BeConnected: Hedgerow House	11299 Hedgerow Drive	250-544-6598	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
WHRC: Mainwaring Group Home	8950 Mainwaring Road	250-655-1215	<a href="mailto:mainwaring@western.ca">mainwaring@western.ca</a>
<b>Area: Saanich</b>			
CLV: Mariposa Home *	4133 Mariposa Heights	250-727-9784	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: Lindsay Home *	754 Lindsay Street	250-479-2478	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: McRae Home*	2972 Wascana Street	250-595-2821	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: Tyndall Home *	4482 Tyndall Avenue	250-381-4557	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: Reflections CI Program *	157 – 2745 Veteran’s Memorial Parkway	250-744-3111	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: Community Access Program*	3861 Cedar Hill X Road	250-477-7231	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: EliVan Home*	3127 Irma Street	778-433-5626	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV; Arrow Home	1515 Arrow Road	250-383-2248	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: Burnside Home*	595 Burnside Road West	250-727-9534	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: Cedar Hill Home	3434 Cedar Hill Road	778-433-7291	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: Orillia Home	2965 Orillia Street	250-384-4356	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
Kardel: Paskin *	761 Paskin Way	250-479-4774	<a href="mailto:paskin@kardel87.com">paskin@kardel87.com</a>
BeConnected: Carey House	4241 Carey Road	250-727-0545	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
BeConnected: Parkside House	1740 Feltham Road	250-477-7760	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
BeConnected: The Heights	1236 Mariposa Avenue	250-475-0143	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
BeConnected: Prairie House	1531 Prairie Street	250-477-1584	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
BeConnected: Office	240-4243 Glanford Avenue	250-727-3891	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
BeConnected: Hybury House	4425 Majestic Dr.	250-995-0009	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
ILHS: Westview*	101-3816 Carey Road	778-265-6053	<a href="mailto:tammy@ilhs.ca">tammy@ilhs.ca</a>
ILHS: Feltham *	1765 Feltham Road	250-477-6656	<a href="mailto:tammy@ilhs.ca">tammy@ilhs.ca</a>
ILHS: Falmouth *	1015 Falmouth Road	250-361-1593	<a href="mailto:tammy@ilhs.ca">tammy@ilhs.ca</a>

ILHS: Hawthorne *	1610 Hawthorne Road	250-721-4575	<a href="mailto:tammy@ilhs.ca">tammy@ilhs.ca</a>
ILHS: Easter Road B&B *	910 Easter Road	250-475-2157	<a href="mailto:tammy@ilhs.ca">tammy@ilhs.ca</a>
WHRC: Normandy Goup Home	575 Normandy Road	250-479-9594	<a href="mailto:Normandy@western.ca">Normandy@western.ca</a>
WHRC: Tillicum Group Home	3715 Tillicum Road	250-380-9511	<a href="mailto:tillicum@western.ca">tillicum@western.ca</a>
PCCR: San Miguel Home*	1860 San Miguel Road	250-479-7625	<a href="mailto:jlangley@pccri.com">jlangley@pccri.com</a>
PCCR: Eagle Rock House	989 Eagle Rock Terrace	250-479-8615	<a href="mailto:emalcolm@pccri.com">emalcolm@pccri.com</a>
PCCR: Blenkinsop Home	3924 Blenkinsop Road	250-590-4436	<a href="mailto:aranns@pccri.com">aranns@pccri.com</a>
PCCR: Jersey Home	5191 Jersey Road	250-658-0297	<a href="mailto:jcontreras@pccri.com">jcontreras@pccri.com</a>
Integra: Office	4252 Commerce Circle	250-721-5584	<a href="mailto:kjudge@integrasupport.ca">kjudge@integrasupport.ca</a>
Integra: Good Neighbours	275 Island Highway	250-391-6433	<a href="mailto:kjudge@integrasupport.ca">kjudge@integrasupport.ca</a>
Integra: Lucas	909 Lucas Avenue	250-590-3172	<a href="mailto:kjudge@integrasupport.ca">kjudge@integrasupport.ca</a>
VCRS: Twin Oaks	1212 Royal Oak Drive	250-658-4933	<a href="mailto:admin@vcrs.ca">admin@vcrs.ca</a>
VCRS: Twin Oaks	1216 Royal Oak Drive	250-590-4933	<a href="mailto:admin@vcrs.ca">admin@vcrs.ca</a>
VIAHS: Greenlea House	758 Greenlea Drive	250-744-1334	<a href="mailto:dwilcox@viah.ca">dwilcox@viah.ca</a>
VIAHS: Douglas House	4171 Douglas Street	778-430-5337	<a href="mailto:dwilcox@viah.ca">dwilcox@viah.ca</a>
Lifetime Networks	2553 Quadra Street	250-477-4112 ext. 203	<a href="mailto:wendy-sue@lnv.ca">wendy-sue@lnv.ca</a>
<b>Area: Sannich Peninsula</b>			
CLV: Jeffree Home	1867 Jeffree Road	250-652-1876	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: Marin Park Home	1166 Marin Park Drive	250-652-9996	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: Wilcox Home *	2476 Wilcox Terrace	250-652-9877	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
Kardel: Dustin Court *	4967 Dustin Court	250-658-1491	<a href="mailto:dustinmanager@kardel87.com">dustinmanager@kardel87.com</a>
Kardel: Patterson7882 *	7882 Patterson Road	250-544-1114	<a href="mailto:patterson@kardel87.com">patterson@kardel87.com</a>
PCCR: Central Saanich Home	6661 Central Saanich Road	250-652-6434	<a href="mailto:broberts@pccri.com">broberts@pccri.com</a>
Integra: Seamount	2056 Seamount Place	250-544-4341	<a href="mailto:kjudge@integrasupport.ca">kjudge@integrasupport.ca</a>
<b>Area: Sidney</b>			
Kardel: Amelia2316 *	2316 Amelia Avenue	250-655-0112	<a href="mailto:amelia@kardel87.com">amelia@kardel87.com</a>
Kardel: Henry2374 *	2374 Henry Avenue	250-655-3330	<a href="mailto:henry@kardel87.com">henry@kardel87.com</a>
Kardel: Maryland *	9496 Maryland Drive	250-656-6039	<a href="mailto:maryland@kardel87.com">maryland@kardel87.com</a>
Kardel: Sentinel *	8598 Sentinel Place	250-655-9303	<a href="mailto:sentinelmanager@kardel87.com">sentinelmanager@kardel87.com</a>
WHRC: Lands End Home	1995 Lands End Road	250-656-0777	<a href="mailto:landsend@western.ca">landsend@western.ca</a>
<b>Area: Victoria</b>			



CLV: McKenzie Home	1112 McKenzie Street	250-382-8310	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
CLV: Redfern Home	937 Redfern Street	250-595-8615	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
Kardel: Hillside *	200-1055 Hillside Avenue	250-385-3692	<a href="mailto:hillside@kardel87.com">hillside@kardel87.com</a>
Kardel: Futures Club *	101-2610 Douglas Street	250-383-2258	<a href="mailto:futuresclub@kardel87.com">futuresclub@kardel87.com</a>
BeConnected: Forrester House	1998 Forrester Street	250-592-4461	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
BeConnected: Pearl House	1727 Pearl Street	250-592-8072	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
BeConnected: Onyx House	1725 Pearl Street	250-592-8073	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
ILSH: Office *	723 A Vanalman Avenue	250-383-2524	<a href="mailto:tammy@ilhs.ca">tammy@ilhs.ca</a>
ILHS: The Heathers *	3169 Tillicum Rd (buzz #18)	250-383-9940	<a href="mailto:tammy@ilhs.ca">tammy@ilhs.ca</a>
ILHS: Obed *	238 Obed Avenue	250-388-6878	<a href="mailto:tammy@ilhs.ca">tammy@ilhs.ca</a>
Lifetime Networks	3895 Holland Avenue	250-744-2250	<a href="mailto:wendy-sue@lnv.ca">wendy-sue@lnv.ca</a>
PCCR: Grosvenor Home	2825 Grosvenor Street	250-383-9175	<a href="mailto:sschultz@pccri.com">sschultz@pccri.com</a>
Integra: Obed	406 Obed Avenue	250-384-5528	<a href="mailto:kjudge@integrasupport.ca">kjudge@integrasupport.ca</a>
Integra: Stanhope	1662 Stanhope Place	250-590-0112	<a href="mailto:kjudge@integrasupport.ca">kjudge@integrasupport.ca</a>
Wellspring Support Inc: Wellspring Support Victoria *	100-3939 Quadra Street	250-294-7009	<a href="mailto:nicole@wellspringsupport.com">nicole@wellspringsupport.com</a> <a href="mailto:shawna@wellspringsupport.com">shawna@wellspringsupport.com</a>
<b>Area: Esquimalt/Vic West/View Royal</b>			
CLV: Satellite CI Program	520 Comerford Avenue	250-920-0944	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
BeConected: Highrock House	943 Shearwarer St.	250-385-6846	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
Kardel: Office *	#A-4 100 Aldersmith Place	250-382-5959	<a href="mailto:officeadmin@kardel87.com">officeadmin@kardel87.com</a>
Integra: Paddock Home	124 Paddock Place	250-658-8142	<a href="mailto:kjudge@integrasupport.ca">kjudge@integrasupport.ca</a>
WHRC: Jedburgh Group Home	29A Jedburgh Road	250-727-2872	<a href="mailto:jedburgh@western.ca">jedburgh@western.ca</a>
BeConnected: Shearwater House	941 Shearwarer St.	250-360-2445	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
PCCR: Six Mile House	295 Six Mile Road	250-478-2594	<a href="mailto:tdougan@pccri.com">tdougan@pccri.com</a>
<b>Area: Western Communtiiies</b>			
BeConnected: Tamarack House *	390 Tamarack Road	250-478-5050	<a href="mailto:rconnell@beconsupport.ca">rconnell@beconsupport.ca</a>
PCCR: Larabie House	2088 Larabie Court	778-402-7464	<a href="mailto:dsather@pccri.com">dsather@pccri.com</a>
CLV: Brock Home	1015 Springboard Place	250-478-9197	<a href="mailto:etarshis@clvic.ca">etarshis@clvic.ca</a>
Integra: Fairway	670 Fairway Avenue	250-478-9863	<a href="mailto:kjudge@integrasupport.ca">kjudge@integrasupport.ca</a>
VIAHS: Jenkins House	1072 Jenkins Avenue	250-474-7787	<a href="mailto:dwilcox@viah.ca">dwilcox@viah.ca</a>

Wellspring Support Inc: Wellspring Support Westshore *	103-3194 Jacklin Road	778-440-3423	<a href="mailto:nicole@wellspringsupport.com">nicole@wellspringsupport.com</a> <a href="mailto:shawna@wellspringsupport.com">shawna@wellspringsupport.com</a>
<b>Area: Sooke</b>			
PCCR: Helgesen Home	6735 Helgesen Road	236-917-2505	<a href="mailto:rmatthews@pccri.com">rmatthews@pccri.com</a>
<b>* These sites are wheelchair accessible</b>			
<b>November 2022</b>			

**POLICY TYPE: HEALTH AND SAFETY STANDARDS  
(HSS) POLICY TITLE: *FIRST AID***



**APPENDIX 39: *CLAIM OF REIMBURSEMENT FORM***

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**Claim of Reimbursement Form**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Type of reimbursement:

- ☐ First Aid
- ☐ First Aid Renewal
- ☐ Criminal Record Check Renewal
- ☐ Other: \_\_\_\_\_

Amount Claimed \$ \_\_\_\_\_

(Original supporting receipts, vouchers and/or approvals must be attached as appropriate.)

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**DECLARATION** By signing below, I hereby declare that

1. All information provided for this claim is true and accurate to the best of my knowledge and represents a legitimate request for reimbursement based on the policies set Lifetime Networks. I acknowledge the trust placed in me by Lifetime Networks in filing this claim and understand that I may be subject to disciplinary action should I purposely file a claim that violates documented rules on reimbursements.
2. To the best of my knowledge, no other employer is reimbursing any portion of the reimbursement requested.

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

\_\_\_\_\_  
Date Signed

**POLICY TYPE: HEALTH AND SAFETY STANDARDS  
(HSS) POLICY TITLE: WASTE, FRAUD, ABUSE, & OTHER WRONGDOING**

**APPENDIX 46: WASTE, FRAUD, ABUSE, & OTHER WRONGDOING REPORT FORM**

**Waste, Fraud, Abuse, & Other Wrongdoing Report Form**

This form is for employees, volunteers, or practicum students, who suspect fraud, theft, waste, abuse, or other wrongdoing is taking place within Lifetime Networks. There will be no reprisals for any person bringing forward concerns about fraudulent or harmful practices. **Please submit this form to your immediate Manager or delegate or the Executive Director.**

Name and contact information of reporter

Name(s) of alleged wrongdoer(s)

Please describe in as much detail as possible the waste, fraud, abuse, or other wrongdoing, including:

- The location, date, and time of the incident(s)
- Any other witnesses to the incident(s)
- The names of any other parties involved
- Any additional details that would help with an investigation

Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence can also be submitted.

Signature	Date
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**POLICY TYPE: HEALTH AND SAFETY STANDARDS****(HSS) POLICY TITLE: *EMERGENCY RESPONSE AND EVACUATION POLICY*****APPENDIX 49: *GUIDELINES FOR TEMPORARY WORK FROM HOME DURING THE COVID-19 CRISIS***

Please read, sign and send signed document to Human Resources. Thank you.

LIFETIME NETWORKS' GUIDELINES for TEMPORARY WORK from HOME (TELEWORK) DURING THE COVID-19 CRISIS (April, 2020)	
1. Telework Location	Personal home office/designated work area
2. Schedule	Telework will be considered equivalent to work at the office in that the employee will report to work and be present at the designated home office during regular work hours. Teleworking will not be considered a mobile worker.
3. Employee Status, Benefits and Wages	Employees may be re deployed for the number of hours normally worked. Teleworking will not effect the employee's step on the wage grid.
4. Conditions of Employment, Legislation, Policy and Guidelines	The provisions of all relevant Lifetime Networks Policies and Procedures and Federal and Provincial legislation, will continue to apply. Employees' Job Descriptions remain in place during the COVID-19 pandemic and while working from home.
5. Occupational Health and Safety	<p>The Employee agrees to maintain a comfortable workspace with a table or desk and an upright chair and adhere to a guideline of standing at least two minutes after every thirty minutes of continuous seated work. Employee should consider and implement any ergonomic considerations as required.</p> <p>The Employee agrees to follow safe work practices and to promptly report any work-related accident or injury that occurs at the telework (home) location to the Manager or delegate.</p> <p>Employees should have a protocol for evacuating from the temporary workplace to a safe location if needed. Emergency contact with the Manager will remain the same during the COVID-19 pandemic.</p> <p>The Employee is required to report to the Manager if they are working alone or in</p>

	isolation as defined by WSBC "to work in circumstances where assistance would not be readily available to the worker (a) in case of emergency, or (b) in case the worker is injured or in ill health". A safety plan will be implemented as required.
6. Technology, Equipment, Materials and Supports	<p>The Employee and Employer have agreed on what equipment will be used to support the telework arrangement.</p> <p>All software used by the Employee on Employer computers must be legally acquired and licensed by the Employer and installed by appropriate personnel.</p> <p>All the equipment provided for teleworking shall remain the property of the Employer and must be returned should employment or the telework agreement terminate.</p> <p>Equipment and supplies provided by the Employer are to be used only for carrying out the Employer's work – Employer owned equipment shall not be utilized for personal use.</p> <p>The Employee will be responsible for all assets belonging to the Employer and will be responsible for the replacement value of those assets that cannot be accounted for.</p> <p>All applicable Lifetime Networks Policies and Procedures remain in effect.</p>
7. Costs	<p>The cost of any equipment and supplies provided by the Employer will be paid for and maintained by the Employer.</p> <p>Employees are expected to maintain the telework location including items such as homeowner or tenant insurance, heat and hydro.</p> <p>Employees are responsible for maintenance of their own equipment.</p>
8. Confidentiality/Security Standards	<p>Employees will be responsible to secure and protect the property, documents and information belonging to the Employer. The Employee has read and understands Lifetime's HRS Policy: Onboarding – Confidentiality Agreement for Employees, Volunteers and Board Members.</p>

	<p>Employees are responsible for protecting employee, person served and Lifetime Networks data. Employees are required to continue to implement established processes for securing their workspace.</p> <p>Information must be managed and disposed of in accordance with Lifetime Networks policies and procedures.</p> <p>Employees will promptly report to the Manager, any circumstances or incidents that may compromise the confidentiality of any property, documents or personal information in connection with their employment.</p> <p>Employees will continue to conduct all Lifetime Networks business and communication through previously established secure methods.</p> <p>Employees are reminded to conduct telephone, conference or video call in a private room in their home whenever possible. If not possible, then ensure that private information is not shared.</p>
9. Childcare/Family Care	<p>The Employee must ensure that dependent care arrangements are in place and that personal responsibilities are managed in a way that allows them to successfully meet their job responsibilities. Lifetime Networks will work with you to adapt your schedule if necessary.</p>

I have read, understand, and agree to adhere to these procedures.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



**POLICY TYPE: HEALTH AND SAFETY STANDARDS**

**(HSS) POLICY TITLE: *EMERGENCY RESPONSE AND EVACUATION POLICY***

**APPENDIX 50: *PLANNING GUIDE FOR EMPLOYEES TEMPORARILY WORKING FROM HOME***

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**Lifetime Networks' Planning Guide for Employees Working from Home supporting their Work Team**

**Commit to doing the work...**

- Collaborate with team members and your manager to ensure operational needs are met.
- Discuss clear goals, responsibilities and clarify expectations.
- Communicate proactively and provide frequent updates on progress.
- Follow through on commitments.
- Actively cultivate connections with your team members and stakeholders to stay visible and engaged.

**Establish a communication schedule with your manager and team...**

- Set up a check-in procedure. Know regular and alternate numbers and emergency contacts. An established schedule helps.
- Respond quickly to emails so they know you received the email and are working on it.
- Use Skype/ZOOM/OTHER for Business to address quick concerns or a phone call/video conference for longer conversations.

**Protect privacy and confidentiality while working remotely...**

- Paper files should be maintained on LIFETIME NETWORKS work premise if possible.
- Save electronic files to a secure network folder and not your computer's hard drive.
- Set your screen saver to time out after 15 minutes of inactivity.
- Make sure your home Wi-Fi is password protected.

**Set up your workstation safely...**

- Assess where you are going to work.
- Ensure ergonomics are considered (e.g. sitting on kitchen chair for long periods of time is not ergonomic)
- Are there hazards (e.g. obstructions where you could slip, trip or fall?)
- Are power cords in good condition.
- Will you have limited distractions.
- If a work-related injury occurs, follow LIFETIME NETWORKS injury and incident reporting procedures.
  - Seek first aid or medical attention as needed.
  - Report incident to managers and report your injury to the Human Resources Manager.

**Use the technology available to you...**

- Set up call forwarding from your office desk phone to your mobile device. If this is not possible, call in to receive your voicemails often during the day.
- Update contact information so that you can be reached (e.g. cell phone number)
- Have a plan for how you will access work files and tools from outside of LIFETIME NETWORKS.
- Any additional costs associated with working from home are the responsibility of the employee unless they are a requirement of the position. Bring basic required supplies, such as notebooks, pens etc. home to reduce additional costs.

**POLICY TYPE: HEALTH AND SAFETY STANDARDS  
(HSS) POLICY TITLE: COVID-19 SAFETY GUIDELINES**

**APPENDIX 51: HEALTH AND SAFETY DECLARATION**

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HEALTH AND SAFETY DECLARATION

Name: \_\_\_\_\_

Please initial at each point to declare that these statements are true. If you have any questions about the statements, please contact your Coordinator or Manager.

If any statement is left blank, a Manager or Coordinator will follow up with you and the individuals you will be interacting with at Lifetime Networks to confirm levels of comfort and safety for all involved.

- \_\_\_ 1. ☐ I have not been outside of Canada within the past 14 days.  
☐ I have travelled out of the country within the last 14 days and I am following the federal orders to self-isolate for 14 days, beginning \_\_\_\_\_ and ending \_\_\_\_\_.
- \_\_\_ 2. ☐ I have not been in contact with a confirmed case of COVID-19.  
☐ I have been in contact with a confirmed case of COVID-19, and I have followed the public health authority's orders to self-isolate for 14 days, beginning \_\_\_\_\_ and ending \_\_\_\_\_.
- \_\_\_ 3. No one in my household has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, muscle aches, and headache.
- \_\_\_ 4. I have not been directed by the health authority to self-isolate.
- \_\_\_ 5. I have not been a part of a gathering of over 10 people outdoors, nor indoor gatherings of any size. (as per BC Public Health Authority restrictions)
- \_\_\_ 6. I have read and understood the Lifetime Networks Phase Two Safety Plan and Protocols Manual.

*I understand that I am expected to report any changes to the above declaration to my Manager or Coordinator. I understand that failing to do so may result in changing of supports and services up to and including termination of contract or dismissal. I agree to abide by the protocols set out in the Phase Two Safety Plan and Protocols Manual.*

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**POLICY TYPE: HEALTH AND SAFETY STANDARDS**  
**(HSS) POLICY TITLE: *CRITICAL AND NON-CRITICAL INCIDENT REPORTING***

**APPENDIX 53: *CRITICAL INCIDENT FOLLOW UP FORM***

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**Lifetime Networks Critical Incident Follow Up Form**

Date of Incident: \_\_\_\_\_

Staff completing Follow Up: \_\_\_\_\_

Immediate checklist:  
Identify who was directly involved with incident:

\_\_\_\_\_

Is medical attention necessary: ☐ Y ☐ N

Is the space safe and secure: ☐ Y ☐ N

Who may have been indirectly affected (bystanders, other staff, participants):

\_\_\_\_\_

\_\_\_\_\_

Has the incident de-escalated to where a debrief can happen? ☐ Y ☐ N

If yes, move to **Part 2** on next page.

Does there need to be a program debrief? ☐ Y ☐ N

Does there need to be debriefing with collateral supports and/or other agencies?  
☐ Y ☐ N

Are there any predisposing issues that would preclude a safe debriefing? ☐ Y ☐ N

If Yes, please describe below the actions that will be taken to maintain safety and relationship for the individual and their supports.

**Part 2**

A debrief must include:

1. Full disclosure of the purpose and goal of the debrief
2. Inclusion of any necessary advocates or mediators
3. Acknowledgment of the factors that led to safety breakdown
4. A plan towards reunification
5. A plan to restore trust
6. A review of any existing “At a glance” documents or SIVA Safety Plans and Behaviour Plans

Support Staff:

Names of Staff	Date of Follow Up

Recommendations	Target Completion Date	Date Completed

Participants:

Names of People	Date of Follow Up

Recommendations	Target Completion Date	Date Completed

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Reviewed by Joint Occupational Health and Safety Committee:

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Recommendations:

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**POLICY TYPE: HEALTH AND SAFETY STANDARDS**  
**(HSS) POLICY TITLE: *INTERNAL AND EXTERNAL INSPECTION***



**APPENDIX 80: *RESPITE PROVIDER LOCATION INSPECTION CHECKLIST***

**Respite Provider Location Inspection Checklist**

Date of Respite Session	
Location of Respite Session	
Respite Provider	
Person Served	

This checklist is to be completed with the person served (when appropriate) on the day that a respite session takes place.  
 Respite providers will then email the completed form to the respite coordinator at the conclusion of the respite session.

The Respite provider, in conjunction with the person served, will locate the following safety items in the home and vehicle (as appropriate):

- 1- **Fire Extinguisher:** Respite provider will go over instructions (as appropriate) with person served
- 2- **First Aid kit:** Location in home
- 3- **First aid kit location in car** (as appropriate)
- 4- **Exits:** Respite Provider will show person served the exits in the home in case of an emergency
- 5- **Other:** Each respite location may have its own unique safety features that the respite provider is responsible for knowing about and sharing with the person served (as appropriate).

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

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: *BACKGROUND VERIFICATION POLICY***



**APPENDIX 17.1: *HR HIRE REQUEST FORM - NEW***

**NEW HR HIRE REQUEST**

New Hire Name: \_\_\_\_\_

Reachable Email address: \_\_\_\_\_

☐ EMPLOYEE ☐ CONTRACTOR

Hired By: \_\_\_\_\_

Assigned Department(s): \_\_\_\_\_

Primary Department: \_\_\_\_\_

Assigned Role(s): \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Approximate Hours (bi-weekly): \_\_\_\_\_

\*\*\*\* If over 48 hours/bi-weekly, eligible to start benefits waiting period.

**Employee will be driving participants:** ☐ YES ☐ NO

If checked YES: ☐ Personal vehicle ☐ Company Vehicle ☐ BOTH

**Medication Administration and Monitoring Training Required:**

☐ YES ☐ NO

**Does this new hire require an Orientation Shift Schedule?** ☐ YES ☐ NO

**Will the employee be creating a social media account for their role?**

☐ YES ☐ NO

**Equipment/Technology Required:**

- |                                            |                                           |                                     |
|--------------------------------------------|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> LNV email address | <input type="checkbox"/> Remote Desktop   | <input type="checkbox"/> Teams      |
| <input type="checkbox"/> Regular DB        | <input type="checkbox"/> HR DB            | <input type="checkbox"/> Laptop     |
| <input type="checkbox"/> Office Key        | <input type="checkbox"/> Desktop computer | <input type="checkbox"/> CQI Manual |

**Compliance Database Access Level:**

- |                                      |                                      |                                                   |
|--------------------------------------|--------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Executive   | <input type="checkbox"/> Director    | <input type="checkbox"/> Manager                  |
| <input type="checkbox"/> Coordinator | <input type="checkbox"/> Facilitator | <input type="checkbox"/> Community Support Worker |

**Access to Remote Desktop Drives:**

- |                                         |                                      |                                     |
|-----------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Network Shares | <input type="checkbox"/> Review Docs | <input type="checkbox"/> Personnel  |
| <input type="checkbox"/> Personnel      | <input type="checkbox"/> Volunteers  | <input type="checkbox"/> Management |
| <input type="checkbox"/> Projects       | <input type="checkbox"/> LIFE-Based  | <input type="checkbox"/> CQI        |
| <input type="checkbox"/> Coordinators   | <input type="checkbox"/> Financials  |                                     |

**Contact Roles Needed:**

- |                                        |                                            |                                              |
|----------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Quadra Staff  | <input type="checkbox"/> Quadra Downstairs | <input type="checkbox"/> Citizen Staff       |
| <input type="checkbox"/> Theatre Staff | <input type="checkbox"/> IW Staff          | <input type="checkbox"/> Network Facilitator |

**Paperwork Required:**

- ☐ Interview Notes
- ☐ Resume and Cover Letter
- ☐ Two References

---

Manager/delegate Signature

---

Date

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: *BACKGROUND VERIFICATION POLICY***



**APPENDIX 17.2: *HR HIRE REQUEST FORM - EXISTING***

**EXISTING HR HIRE REQUEST**

Employee Name: \_\_\_\_\_

☐ EMPLOYEE      ☐ CONTRACTOR      ☐ VOLUNTEER

Hired By: \_\_\_\_\_

Updated Department(s): \_\_\_\_\_

Primary Department: \_\_\_\_\_

Updated Role(s): \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Updated Hours (bi-weekly): \_\_\_\_\_

\*\*\*\* If over 48 hours/bi-weekly, eligible to start benefits waiting period.

**Employee will be driving participants:**    ☐ YES    ☐ NO

If checked YES:    ☐ Personal vehicle    ☐ Company Vehicle    ☐ BOTH

**Has the employee previously had an orientation?**

☐ Full Orientation

☐ Part Orientation (Programs with Part Orientations are Sessionals, Networks, SIS)

**Medication Administration and Monitoring Training Required:**

☐ YES    ☐ NO

**Will the employee be creating a social media account for their role?**

☐ YES    ☐ NO

**Equipment/Technology Required:**

- |                                            |                                           |                                     |
|--------------------------------------------|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> LNV email address | <input type="checkbox"/> Remote Desktop   | <input type="checkbox"/> Teams      |
| <input type="checkbox"/> Regular DB        | <input type="checkbox"/> HR DB            | <input type="checkbox"/> Laptop     |
| <input type="checkbox"/> Office Key        | <input type="checkbox"/> Desktop computer | <input type="checkbox"/> CQI Manual |

**Compliance Database Access Level:**

- |                                      |                                      |                                                   |
|--------------------------------------|--------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Executive   | <input type="checkbox"/> Director    | <input type="checkbox"/> Manager                  |
| <input type="checkbox"/> Coordinator | <input type="checkbox"/> Facilitator | <input type="checkbox"/> Community Support Worker |

**Access to Remote Desktop Drives:**

- |                                         |                                      |                                     |
|-----------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Network Shares | <input type="checkbox"/> Review Docs | <input type="checkbox"/> Personnel  |
| <input type="checkbox"/> Personnel      | <input type="checkbox"/> Volunteers  | <input type="checkbox"/> Management |
| <input type="checkbox"/> Projects       | <input type="checkbox"/> LIFE-Based  | <input type="checkbox"/> CQI        |
| <input type="checkbox"/> Coordinators   | <input type="checkbox"/> Financials  |                                     |

**Contact Roles Needed:**

- |                                        |                                            |                                              |
|----------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Quadra Staff  | <input type="checkbox"/> Quadra Downstairs | <input type="checkbox"/> Citizen Staff       |
| <input type="checkbox"/> Theatre Staff | <input type="checkbox"/> IW Staff          | <input type="checkbox"/> Network Facilitator |

**Paperwork Required:**

- ☐ Interview Notes
- ☐ Resume and Cover Letter
- ☐ Two References

---

Manager/delegate Signature

---

Date

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) PROCEDURE TITLE: ANNUAL STAFF COMPLIANCE**

**APPENDIX 18: *RECURRING COMPLIANCE SIGN OFFS FOR EMPLOYEES***

---

I, (please print name) \_\_\_\_\_ have read and understood these Lifetime Networks' Policies and agree to abide by their principles and practices.

**ADM POLICY TITLE: *COMPLAINTS RESOLUTION POLICY***

\_\_\_\_\_  
Date (yyyy/mm/dd) Signature

**ADM POLICY TITLE: *PROBLEM SOLVING POLICY***

\_\_\_\_\_  
Date (yyyy/mm/dd) Signature

**HRS POLICY TITLE: *DISCIPLINE PROCEDURES***

\_\_\_\_\_  
Date (yyyy/mm/dd) Signature

**HRS POLICY TITLE: *EXPENSES - EMPLOYEE EXPENSES WHEN SUPPORTING INDIVIDUALS DURING RECREATION/LEISURE ACTIVITIES***

\_\_\_\_\_  
Date (yyyy/mm/dd) Signature

**HRS POLICY TITLE: *STANDARDS OF CONDUCT AND ETHICS***

\_\_\_\_\_  
Date (yyyy/mm/dd) Signature

**HRS POLICY TITLE: *CONFIDENTIALITY AGREEMENT FOR EMPLOYEES, VOLUNTEERS AND BOARD MEMBERS***

---

Date (yyyy/mm/dd)

---

Signature**HRS POLICY TITLE: *CONFLICT OF INTEREST AGREEMENT FOR EMPLOYEES, VOLUNTEERS, AND BOARD MEMBERS***

---

Date (yyyy/mm/dd)

---

Signature**HRS POLICY TITLE: *SOCIAL MEDIA***

---

Date (yyyy/mm/dd)

---

Signature**HRS POLICY TITLE: *USE OF COMMUNICATION SYSTEMS AND TECHNOLOGY, BACKUP, SAFE STORAGE AND SERVICE***

---

Date (yyyy/mm/dd)

---

Signature**HSS POLICY TITLE: *TRANSPORTATION-USE OF PERSONAL VEHICLES FOR LIFETIME NETWORKS BUSINESS***

☐ I declare that my vehicle is safe and roadworthy. I declare that my vehicle complies with all other Lifetime Networks transport specific conditions referred to in the **HSS: TRANSPORTATION-USE OF PERSONAL VEHICLES FOR LIFETIME NETWORKS BUSINESS** policy.

☐ I will not be using my vehicle for work purposes.

---

Date (yyyy/mm/dd)

---

Signature

**POLICY TYPE: HUMAN RESOURCES STANDARDS**

**APPENDIX 19: STANDARDS OF CONDUCT AND ETHICS, CONFIDENTIALITY, CONFLICT OF INTEREST SIGN OFF FORM FOR VOLUNTEERS AND BOARD MEMBERS**

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**(HRS) POLICY TITLE: STANDARDS OF CONDUCT AND ETHICS**

I, (please print name) \_\_\_\_\_ have read and understood the Lifetime Networks' Standards of Conduct and Ethics and agree to abide by the responsibilities listed within.

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Signature

**(HRS) POLICY TITLE: CONFIDENTIALITY AGREEMENT FOR EMPLOYEES, VOLUNTEERS AND BOARD MEMBERS**

I, (please print name) \_\_\_\_\_ have read and understood the Lifetime Networks' Confidentiality Agreement for Employees, Volunteers and Board Members and agree to hold confidential all communication with regards to clients of the Society.

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Signature

**(HRS) POLICY TITLE: CONFLICT OF INTEREST AGREEMENT FOR EMPLOYEES, VOLUNTEERS, AND BOARD MEMBERS**

I, (please print name) \_\_\_\_\_ have read and understood the Lifetime Networks' Conflict of Interest Policy and agree to abide by its principles and practices.

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Signature



**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: SOCIAL MEDIA POLICY**

**APPENDIX 20: SOCIAL MEDIA POLICY EXCEPTION FORM**

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**Social Media Policy Exception Sign-Off**

The Lifetime Networks policy on Social Media states: "staff may not add individuals supported through Lifetime Networks on Facebook or other social media sites without written permission by your Manager or delegate. Lifetime Networks recognizes that social media can be beneficial at times, and is a way for many people we support to communicate with others. If both parties feel strongly that it may be beneficial to connect through social media, a conversation must be had with your Manager or delegate and a **written approval** given before a connection through social media is established."

To that end, we have discussed the benefits of establishing a connection through social media and briefly outline them below:

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---

Type of Social Media: \_\_\_\_\_

**SIGNATURES**

I, (please print name of Supported Individual) \_\_\_\_\_  
give my permission to establish a connection through social media with the staff person  
named below:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I, (please print name of Staff Person) \_\_\_\_\_  
give my permission to establish a connection through social media with the supported  
individual named above:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I, (please print name of Manager or delegate) \_\_\_\_\_

\_\_\_\_\_

give my permission for the above two people to establish a connection through social media:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: *JOB DESCRIPTION POLICY***



**APPENDIX 21: *EMPLOYEE JOB DESCRIPTIONS***

---

**EXECUTIVE DIRECTOR**

Lifetime Networks is a not-for-profit society that offers support to people with developmental disabilities, Fetal Alcohol Syndrome, and disabilities under the Autism Spectrum. We see a future where all people enjoy safe, happy, fulfilling lives.

**Job Summary**

The Executive Director is responsible for overseeing and supporting the programs and services offered by Lifetime Networks.

The Finance Director and the Managers report to the Executive Director and the Executive Director reports to the Board.

**Responsibilities Include:**

- Adhering to, and remaining in compliance with, the Lifetime Networks Board Policies.
- Adhering to, and remaining in compliance with, the BC Societies Act.
- Adhering to, and remaining in compliance with, Lifetime Networks' constitution and by-laws.
- The development of new policies and the approval of policy revisions.
- Ensuring The Greater Victoria Lifetime Networks Society remains in compliance with the Lifetime Networks Operational Policies.
- Negotiating CLBC contracts.
- Negotiating Private contracts.
- Liaising with other provincial agencies.
- Assisting with event planning and hosting at the events.
- Researching and developing new programs.
- Overseeing senior staff.
- Involvement with Social Policy change.
- Developing community partnerships.
- Overseeing the development, implementation, and monitoring of the Cultural Competency and Diversity Plan.
- Overseeing the development, implementation, and monitoring of the Strategic Plan.
- Overseeing the development, implementation, and monitoring of the Risk Management Plan.
- Overseeing the development, implementation, and monitoring of the Technology and System Plan.
- Overseeing the development, implementation, and monitoring of the Accessibility Plan.

- Overseeing the development, implementation, and monitoring of the Performance Improvement Action Plan.

**Knowledge of:**

- Leadership and management principles as they relate to non-profit/ voluntary organizations
- Federal and provincial legislation applicable to voluntary sector organizations including: employment standards, human rights, occupational health and safety, charities, taxation, CPP, EI, health coverage etc.
- Current community challenges and opportunities relating to the mission of the organization
- Human resources management
- Financial management
- Project management

**Skills and Abilities:**

- **Adaptability:** Demonstrate a willingness to be flexible, versatile and/or tolerant in a changing work environment while maintaining effectiveness and efficiency.
- **Behave Ethically:** Understand ethical behaviour and business practices, and ensure that own behaviour and the behaviour of others is consistent with these standards and aligns with the values of the organization.
- **Build Relationships:** Establish and maintain positive working relationships with others, both internally and externally, to achieve the goals of the organization.
- **Communicate Effectively:** Speak, listen and write in a clear, thorough and timely manner, using appropriate and effective communication tools and techniques.
- **Creativity/Innovation:** Develop new and unique ways to improve operations of the organization and create new opportunities.
- **Focus on Client Needs:** Anticipate, understand, and respond to the needs of internal and external clients to meet or exceed their expectations within the organizational parameters.
- **Foster Teamwork:** Work cooperatively and effectively with others to set goals, resolve problems, and make decisions that enhance organizational effectiveness.
- **Lead:** Positively influence others to achieve results that are in the best interest of the organization.
- **Make Decisions:** Assess situations to determine the importance, urgency and risks, and make clear and timely decisions in the best interests of the organization.
- **Organize:** Set priorities, develop a work schedule, monitor goals, progress, track details, data, information and activities.

- Plan: Determine strategies to move the organization forward, set goals, create and implement actions plans, and evaluate the process and results.
- Solve Problems: Assess problem situations to identify causes, gather and process relevant information, generate possible solutions, and make recommendations and/or resolve the problem.
- Think Strategically: Assesse options and actions based on trends and conditions in the environment, and the vision and values of the organization.

## **EXECUTIVE FINANCE DIRECTOR**

Lifetime Networks is a not-for-profit society that offers support to people with developmental disabilities, Fetal Alcohol Syndrome and disabilities under the Autism Spectrum. We see a future where all people enjoy safe, happy, fulfilling lives.

### **Job Summary**

The Executive Finance Director is responsible for the overall finances of Lifetime Networks. This includes the day-to-day finances, monitoring investments and fund development including fundraising events and donations.

The Executive Finance Director reports directly to the Executive Director.

### **Responsibilities Include:**

- Negotiating, completing and submitting CLBC funding guide templates.
- Monitoring the financial aspect of CLBC and Private Contracts.
- Preparing and submitting on Service Level Reports to CLBC.
- Sending out contract renewals.
- Developing and tracking the annual budget.
- Overseeing all petty cash accounts and records.
- Supervising the Bookkeeper.
- Supervising and delegating work to the Administrative Coordinator.
- Managing all Rental Agreements, including negotiation of rent and maintenance with the leaseholder.
- Managing all Insurance Policies.
- Managing all leasehold improvements.
- Preparing cash flow reports and monthly statement.
- Attending Monthly Board Meeting.
- Presenting the Monthly Financial Report and Fund Development Report to the Board.
- Managing and/or overseeing all aspects of Payroll.
- Overseeing all billings to other funders or suppliers e.g.: GT Hiring.
- Working with Community Engagement Managers on Individuals budgets.
- Keeping current on all aspects of CLBC and other regulatory agencies.
- Managing all aspects of technology.
- Event planning.
- Overseeing of Grant research and writing.
- Establishing and growing planed giving.
- Establishing and growing a direct mail campaign.
- Establishing and growing a capital campaign.
- The seeking and tracking of all donations.
- Filing all legal documents e.g.: Society Report and CRA Reports.

### **Job Skill and Abilities**

- Accounting Skills: knowledge in basic accounting skills, including preparation of Budgets and reporting on monthly comparative income statements, cash flow reports and balance sheets.

- Analytical Thinking: Looking at a situation accurately, understand how it works, what it means, and forming an intelligent response. This skill includes data analysis and/or financial analysis.

**Written and Verbal Communication:**

- The ability to communicate clearly
- The ability to present financial statements in a clear and concise manner.
- The ability to inspire trust and develop a strong rapport with funders and donors.
- Demonstrates ability to network effectively within the community
- A basic understanding of technology to assess the technology needs of the agency
- Good organization and time management skills
- Ability to work in a team environment
- Management Skills

**DIRECTOR- HUMAN RESOURCES (HR)****Job Summary**

The HR Director is responsible for the development and enforcement of policies and procedures. The HR Director will provide creative strategy for efficiency of the HR Department. The Director will provide guidance to staff as appropriate to achieve operational objectives. The Director will oversee the quality assurance of the HR Department. The Director reports to the Executive Director and Executive Finance Director.

**Responsibilities Include:**

- Directing development and implementation of objectives for the HR department.
- Managing the over operations of the HR department.
- Ongoing policy and procedures development and documentation.
- Ensuring agency operations are consistent with regulatory guidelines and consistent with Lifetime Network's policies and procedures manual.
- Developing and implementing appropriate long-term strategic plan objectives.
- Overseeing agency projects and initiatives as assigned including collection and analysis of project data.
- Employee Performance Management and Improvement of Systems
  - Develop Job Descriptions and Postings.
  - Manage job postings.
  - Welcome new employees.
  - Host new employee Orientation.
  - Provide professional development opportunities for staff.
  - Provide ongoing coaching and feedback.
  - Conduct quarterly performance development planning discussions.
  - Design effective compensation and recognition systems that recognize people for their ongoing contributions.
  - Assist in exit interviews to understand why staff are leaving.
- Managing staff compliance.
- Employee relations
  - Support new staff to understand the Lifetime culture.
  - Oversee onboarding for new employees.
  - Additional staff support as needed.
  - Analyze performance when appropriate.
  - Manage employee misconduct as needed.
  - Provide conflict mediation and resolution as required.
  - Explore and implement way to increase employee well-being.
- Agency employee communication.
- Overseeing Volunteers/Networks Friends and Practicum/Co-op student recruitment, retention and appreciation.
- Attending meetings as assigned.



- Committee participation and facilitation as assigned.
- Fostering positive relationships with peers at other support agencies and other community resources.
- Ongoing continuous quality improvement of the agency.
- Collaborating with Executive Finance Director to monitor financial requirements of the Human Resources Department.
- Managing compensation and benefits administration.
- Managing agency Worksafe Claims.
- Practicing due diligence in all aspects of Health and Safety in the workplace
- Other tasks as assigned by the Executive Director or Executive Finance Director

**Qualifications:**

- University degree with a focus on social services, psychology, counselling or other related field or an equivalent combination of education and experience.
- A minimum of five years experience in senior leadership, supervisory, and administrative control positions within the social services sector.
- Experience supporting persons with developmental disabilities.
- Experience developing programs and systems to achieve objectives.
- Experience in strategic planning.
- Experience in program evaluation.
- Project management experience an asset.
- Class 5 driver's license and clean driver's abstract are an asset.
- Double vaccinated to COVID 19.

**Job Skills and Abilities:**

- Strong written and verbal reporting skills
- Effective time management
- Technology literacy in Microsoft Office programs
- Ability to promote value in programs and services offered
- Ability to effectively work in a team to achieve organizational goals
- Ability to effectively lead teams to achieve organizational goals.
- Ability to budget resources appropriately
- Ability to identify risks in a program and take steps to remediate
- Conflict resolution and mediation skills
- Strong leadership skills
- Highly organized with strong administrative skills
- Superior public relations, communication, problem solving and interpersonal skills
- Experience and skill with public speaking
- Professional and responsible with sensitive and confidential issues
- Ability to establish trust in working relationships

**Characteristics:**

- Personable
- Friendly
- Self-directed
- Compassionate
- Innovative
- Resilient

**DIRECTOR- PROGRAM****Job Summary**

The Director is responsible for the development and promotion of programs. The Director will provide strategic guidance to Managers, Coordinators, Facilitators, and other staff as appropriate to achieve operational objectives. The Director will oversee the quality assurance of program(s). The Director reports to the Executive Director and Executive Finance Director.

**Responsibilities Include:**

- Managing the overall operation of the organization's programs
- Promoting the programs and services of Lifetime Networks in the wider community
- Directing program development and implementation of objectives
- Developing and monitoring performance measurement and management of the program(s)
- Developing and implementing appropriate long-term strategic plan objectives
- Overseeing agency projects and initiatives as assigned including collection and analysis of project data
- Ensuring program operations are consistent with regulatory guidelines and consistent with Lifetime Network policies and procedures manual
- Providing professional development opportunities for staff
- Developing and implementing innovative work systems and processes too simplify operations of current programs
- Collaborating with Executive Finance Director to monitor financial requirements of the program (ex: participant budgets for hours, recreation and mileage, private payments etc.)
- Ensuring that the rights and needs of the individuals served remains the primary focus of all efforts, activities, methods, and strategies implemented within the program
- Attending meetings as assigned
- Fostering positive relationships with peers at other support agencies and other community resources
- Ongoing continuous quality improvement of the agency
- Providing conflict mediation and resolution as required
- Participating in innovation and implementation of programming and supports at Lifetime Networks
- Practicing due diligence in all aspects of Health and Safety in the workplace
- Other tasks as assigned by the Executive Director or Executive Finance Director

**Qualifications:**

- University degree with a focus on social services, psychology, counselling or other related field or an equivalent combination of education and experience.

- A minimum of five years experience in senior leadership, supervisory, and administrative control positions within the social services sector.
- Experience supporting persons with developmental disabilities.
- Experience developing programs and systems to achieve objectives.
- Experience in strategic planning.
- Experience in program evaluation.
- Project management experience an asset.
- Class 5 driver's license and clean driver's abstract are an asset.
- Double vaccinated.

**Job Skills and Abilities:**

- Strong written and verbal reporting skills
- Effective time management
- Technology literacy in Microsoft Office programs
- Ability to promote value in programs and services offered
- Ability to effectively work in a team to achieve organizational goals
- Ability to effectively lead teams to achieve organizational goals.
- Ability to budget resources appropriately
- Ability to identify risks in a program and take steps to remediate
- Conflict resolution and mediation skills
- Strong leadership skills
- Highly organized with strong administrative skills
- Superior public relations, communication, problem solving and interpersonal skills
- Experience and skill with public speaking
- Professional and responsible with sensitive and confidential issues
- Ability to establish trust in working relationships

**Characteristics:**

- Personable
- Friendly
- Self-directed
- Compassionate
- Innovative
- Resilient

**MANAGER –PROGRAM****Job Summary**

The Manager is responsible for the delivery and monitoring of programs as assigned by the Director. The Manager ensures completion of objectives and delegation of tasks to Coordinators, Facilitators, and other staff as appropriate. The Manager reports to the Director.

**Responsibilities Include:**

- Overseeing quality assurance of programming
- Managing day-to-day operations in the program
- Developing and implementing appropriate short- term plans for Performance Measurement and Management
- Supervising coordinators by performing duties such as assigning work, providing feedback on performance and conducting performance evaluations
- Providing training to program staff, volunteers and practicum students
- Conflict mediation
- Collaborating with program director to monitor program budgets
- Responsible for the recruitment and selection of program staff by performing duties such as collaborating with HR to creating job postings, interviewing applicants and performing reference checks
- Developing and implementing staff professional development opportunities
- Ensuring maintenance of timely record keeping and documentation
- Ensuring accuracy of payroll
- Leading program team meetings
- Participation on internal and external committees
- Fostering positive relationships with peers at other support agencies and other community resources
- Tracking progress against project milestones and overseeing completion of assigned tasks
- Identifying any barriers to program execution and escalating where appropriate
- Working with staff to ensure appropriate resources are provided to programs
- Attending meetings as assigned
- Maintain agency standards for health and safety including regulation for all sites
- Other tasks as assigned by Director

**Qualifications:**

- University degree with a focus on social services, psychology, counselling or other related field or an equivalent combination of education and experience.
- A minimum of two years experience in supervisory and administrative control positions within the social services sector.
- Experience supporting persons with developmental disabilities.
- Experience implementing programs to achieve objectives.
- Class 5 driver's license and clean driver's abstract are an asset.

- Double vaccinated against COVID-19.

**Job Skills and Abilities:**

- Effective written and verbal reporting skills
- Effective time management
- Technology literacy in Microsoft Office programs
- Ability to promote value in programs and services offered
- Ability to effectively work in a team to achieve organizational goals
- Ability to budget resources appropriately
- Ability to identify risks in a program and take steps to remediate
- Conflict resolution and mediation skills
- Strong leadership skills
- Highly organized with strong administrative skills
- Superior public relations, communication, problem solving and interpersonal skills
- Experience and skill with public speaking
- Professional and responsible with sensitive and confidential issues
- Ability to establish trust in working relationships

**Characteristics:**

- Personable
- Friendly
- Self-directed
- Compassionate

**CO-ORDINATOR - PROGRAMS****Job Summary**

The Co-ordinator helps to develop, plan, implement, and administer programming for persons served at Lifetime Networks. The Co-ordinator is responsible for overseeing that programs run smoothly. The Co-ordinator communicates with persons served, their families or primary caregivers, and staff to provide a positive and rewarding experience for all parties. The Co-ordinator reports to the Program Manager and/or delegate.

**Responsibilities Include:**

- Providing support and assistance to persons served, staff, and/or families/caregivers.
- Developing and planning programming opportunities for persons served.
- Coordinating various schedules amongst (\*changed wording) persons served, staff, and/or families/caregivers
- (removed point here because I condensed in final point)
- File maintenance of persons served for recurring compliance items, support plans, and person centered planning. (\*changed wording)
- With Program Manager or delegate, coordinating use and approval of individual and group budgets.
- Maintaining documentation from program activities.
- (Removed because I tried to condense in a point above)
- Scheduling staff shifts and approving hours in virtual payroll system.
- Conducting Performance Reviews.
- Participation on internal committees.
- Attending monthly Coordinators meeting with Executive Director.
- Problem solving as issues and situations arise.
- Participation in the recruitment and selection of Program Staff as needed.
- Attending, facilitating, and coordinating meetings as needed or assigned.

**Qualifications:**

- Double Vaccinated against COVID 19.
- Post-secondary education in Human Services or related experience.
- Experience co-ordinating programs or caseloads.
- Experience supervising staff.
- Experience supporting people with intellectual disabilities.

**Job Skills and Abilities:**

- Ability to demonstrate good written and verbal reporting skills.
- Ability to coach and mentor staff.
- Ability to set and meet deadlines and support others to do the same.
- Ability to set and follow boundaries and support others to do the same.
- Ability to follow through with tasks and connections.

- Ability to demonstrate strong organization skills.
- Ability to be professional and respectful with confidential and sensitive issues.
- Ability to demonstrate effective interpersonal skills.

**Characteristics:**

- Collaborative.
- Personable and engaging.
- Self-directed.



## **FACILITATOR**

**Lifetime Networks** is a not for profit society that offers support to people with developmental disabilities, Fetal Alcohol Syndrome and disabilities under the Autism Spectrum. We see a future where people with disabilities live safely in their communities, where they can fulfill their potential and enjoy lifelong friendships and support.

### **Job Summary**

The Facilitator develops, delivers, and leads programming curriculum. The Facilitator obtains input from stakeholders, persons served, and ensures quality and requirements of programming are met. The Facilitator reports to the Program Co-ordinator and/or Program Manager.

### **Responsibilities Include:**

- Mentoring and facilitating the growth of the individuals in the program
- Coaching staff as necessary
- Participating in the creation of Person Centred Plans
- Developing programs with Program Co-ordinator and other staff, based on the interests and needs of participants
- Delivering programming
- Communicating with families and caregivers for day-to-day occurrences
- Attending meetings as required
- Completion and oversight of plans to ensure programming meets a high standard of competency and meets objectives
- Taking input from individuals served, families/caregivers, and other stakeholders
- Utilising positive behaviour supports
- Writing Critical Incident Reports
- Following and guiding others to follow health and safety practices
- Developing opportunities in community (ie. volunteering, employment)

### **Qualifications:**

- Post-secondary certification related to support for people with developmental disabilities, or related experience
- Experience supporting people with developmental disabilities
- Experience organizing programs and objectives
- Experience implementing programs to achieve objectives
- Class 5 driver's licence and clean driver's abstract is an asset

**Job Skills and Abilities:**

- Proficient with Microsoft Office, including Word, Outlook, and Excel
- Demonstrated ability to teach and work effectively with others in a group and one-to-one setting
- Able to effectively and respectfully address the physical, emotional, and learning support needs of individuals served
- Professional and responsible with sensitive and confidential issues
- Able to set and meet deadlines
- Strong organizational and time management skills
- Good written and verbal reporting skills
- Good interpersonal communication skills

**Characteristics:**

- Flexible
- Compassionate
- Personable and engaging
- Collaborative

**COMMUNITY SUPPORT WORKER**

Lifetime Networks is a not for profit society that offers support to people with developmental disabilities, Fetal Alcohol Syndrome and disabilities under the Autism Spectrum. We foster networks of friendship and support for people with diversabilities to enhance community.

**Job Description**

The Community Support Worker assists individuals to meet their educational, social, recreational, and emotional goals in their community. On a day-to-day basis, the Community Support Worker addresses individuals' physical and behavioural support needs and communicate directly with the Program Co-ordinator and/or Program Manager and the individual's family/primary caregiver. The Community Support Worker reports to the assigned Program Co-ordinator and/or the Program Manager.

**Responsibilities Include:**

- Planning, organizing, implementing and evaluating community-based recreational, social and, educational activities.
- Encouraging and facilitating participation in activities; providing guidance and instruction
- Providing skill-building to individuals such as life skills, social skill and employment related skills; models appropriate behaviour
- Using positive behavioural supports at all times to ensure the safety of individuals served, community members, yourself, and other support team members.
- Responding to crises or emergencies in accordance with established policies and guidelines
- Communicating progress, changes or concerns regularly to the Program Co-ordinator and/or Program Manager
- Communicating with the families or caregivers of the individuals served
- Documenting the supports provided and individual's progress
- Maintaining related records and producing reports as required
- Participating in the creation and implementation of Person Centred Plans
- Following health and safety standards
- Administering medication as required in accordance with established guidelines, procedures and instructions
- Recording hours and shifts worked in virtual payroll system

**Qualifications and Requirements:**

- Post- secondary certification related to support for people with developmental disabilities or related experience
- Experience supporting persons with developmental disabilities
- Class 5 driver license, clean driver's abstract, and personal vehicle are key assets
- Flexible availability
- First Aid Certification required upon hire
- Clear Criminal Record Check

**Characteristics:**

- Reliable
- Warm and friendly
- Able to maintain professional boundaries
- Strong communication skills
- Comfortable working one-on-one with individuals supported
- Compassionate
- Respectful

## **NETWORK FACILITATOR**

**Lifetime Networks** is a not for profit society that offers support to people with developmental disabilities, Fetal Alcohol Syndrome and disabilities under the Autism Spectrum. We see a future where people with disabilities live safely in their communities, where they can fulfill their potential and enjoy lifelong friendships and support.

### **Job Summary:**

The Network Facilitator assists individuals to find and sustain reciprocal friendships to ensure meaningful connections and less isolation in the community.

The Network Facilitator is matched with an individual based on a variety of factors, including similar interests, the applicant's experience supporting people with disabilities and experience working with volunteers.

### **Key Components:**

- Develop a strong relationship with an individual with developmental disabilities. You need to be open, empathetic, flexible and able to establish trust.
- Motivate and support a small group of volunteer Network Friends as they develop and maintain relationships with the person with disabilities at the centre of the network. You need to be resourceful and have strong leadership and organizational skills.
- Stay in contact with Networks Program management team through monthly reports and staff meetings and be part of the vibrant Lifetime Networks team. You need to be reliable and a good communicator.
- Double Vaccinated against COVID 19.

## **NETWORK FRIEND**

**Lifetime Networks** is a not for profit society that supports people with diversabilities and those who experience other barriers to creating and sustaining lasting friendships. Lifetime Networks promotes a future where all people enjoy safe, happy, fulfilling lives.

Our Networks Program is the heart of the agency. Each Network is comprised of the Focus Person, a Network Facilitator and Network Friends.

### **Role Summary**

As a Network Friend, you are matched with a Focus Person based on mutual interests and personalities. Friends visit with their Focus Person once or twice a month to develop a reciprocal friendship. Friends communicate and receive support from their Network's facilitator.

### **Responsibilities Include:**

- At minimum a one year commitment.
- Completion of onboarding paperwork.
- Visits with the Focus Person once or twice a month.
- Communicating with the Network Facilitator monthly.
- Respecting the confidentiality of the Focus Person and their family.
- Facilitating social opportunities.
- Open and honest communication regarding the friendship.
- Updating paperwork as required.

### **Qualifications:**

- Double vaccinated against COVID-19
- Experience with individuals with a diversability an asset

### **Characteristics:**

- Collaborative
- Self-motivated
- Patient
- Flexible
- Interpersonal Skills

**COORDINATOR- ADMINISTRATION****Job Summary**

The Administrative Coordinator is the first voice and face for people contacting Lifetime Networks and must have excellent customer service skills. The Administrative Coordinator performs multifaceted office, financial and fund development tasks. Tasks are dispersed between the two Administrative Coordinators. This position supports the Executive Director and Directors and reports directly to the Executive Finance Director.

**Responsibilities Include:****Office**

- Front desk reception duties including answering inquiries via email, phone, and in person.
- Assisting with all aspects of administrative coordination, directory coordination, logistics, equipment inventory and storage.
- Coordinating maintenance for office technology such as phones and printer.
- Supervising the custodial staff by performing duties such as assigning work, providing feedback on performance, and conducting performance evaluations.
- Scheduling mid-week custodial staff shifts and approving hours in virtual payroll system.
- Editing the Lifetime Networks website using WordPress.
- Preparing business correspondence.
- File management and maintenance.
- Coordinating the Constant Contact mass email platform.
- Creating posters, flyers, and other images or media as needed for advertising, events, and program schedules using Canva or Adobe InDesign.
- Coordinating and sending quarterly newsletters.
- Problem solving as issues and situations arise.
- Leading Annual Compliance sessions for employees each quarter.
- Participation on internal committees.
- Maintain photographs electronically. Archive annually.
- Maintain database: intake of new participants and friends of Lifetime Networks, and recording required documentation.
- Niche Groups: Advertise and register participants.
- Attending monthly Coordinators meeting with Executive Director.
- Record Attendance at Lifetime Networks Events, Holiday Breakfast Summer Picnic
- Day-to-day duties and other tasks as required.

**Financial**

- Overseeing petty cash for the office.
- Creating invoices for program clients.

- Supporting the Clothes Drop program, including but not limited to finding new locations for bins, creating invoices and receiving payments.
- Issuing receipts, including charitable receipts.
- Processing credit card payments using Square platform.
- Preparing and completing bank deposits.
- Managing monthly financial reports.
- Other duties as assigned by the Executive Finance Director.

### **Fund Development**

- Plan, market and coordinate events and fundraisers, leading to donor solicitation
- Recruit, organize and manage volunteers for fundraising events
- Manage and update donor and event database
- Develop strategies to encourage new and increased contributions
- Identify and build relationships with prospective donors
- Attending meetings as assigned
- Assist during fundraising events, issue thank you letters and charitable receipts.

### **Qualifications:**

- Double Vaccinated against COVID-19.
- Diploma in Office Administration or related plus three years' experience in an office setting
- Proven working knowledge of Microsoft Office, Word Press and desktop publishing
- Basic bookkeeping skills

### **Job Skills and Abilities:**

- Ability to demonstrate good written and verbal reporting skills.
- Ability to set and meet deadlines.
- Ability to follow through with tasks and connections.
- Ability to demonstrate strong organization skills.
- Ability to be professional and respectful with confidential and sensitive issues.
- Ability to demonstrate effective interpersonal skills.

### **Characteristics:**

- Strong work ethic
- Productivity
- Professionalism
- Problem solving and critical thinking skills
- Technical skills
- Communication skills
- Strong organizational skills
- Customer focus
- Teamwork and collaboration skills



**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**(HRS) POLICY TITLE: *STAFF TRAINING AND ORIENTATION POLICY***



**APPENDIX 22: *EMPLOYEE ORIENTATION DECLARATION***

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I confirm that I have completed a 10 hour Orientation with Lifetime Networks. I have a general understanding of Lifetime Networks and am ready to start in my new role. If I have any questions or concerns ongoing, I know I can contact my Supervisor and/or Human Resources.

In starting my new role, I declare I am both physically and mentally fit to carry out the responsibilities of my position.

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

Signature: \_\_\_\_\_

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: *PERFORMANCE REVIEW***

**APPENDIX 23.1: *(CSW) EMPLOYEE PERFORMANCE REVIEW FORM***

---

**Employee Performance Review (CSW)**

**Employee Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

The performance review is for all Lifetime Networks employees. This review gives employees the opportunity to give and receive feedback on their past year of employment with Lifetime Networks. This review also gives Managers the opportunity to recognize and appreciate the wonderful work employees do, the difference it makes to individuals and families, and to discuss opportunities for development.

At this time, Managers and Lifetime Networks Employees will set goals for professional development for the upcoming year.

**Employee Signature:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_

**Date of Performance Review:** \_\_\_\_\_

☐ I declare I am both physically and mentally fit to carry out the responsibilities of this position.

**I do not agree with this evaluation.**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please take some time to reflect and answer the following questions. :**

1. How do you feel in your role as a \_\_\_\_\_?
2. What have been your key accomplishments over the last year?
3. Are there any skills you would like to improve on over the next year?
4. As Managers, what can we do to support you moving forward in your position with Lifetime Networks?
5. In the last year, have you changed positions within the organization (began working in a different program)? If so, why did you make the change?
6. In what ways would you like to grow within Lifetime Networks? Are you happy where you are?

Please reflect on these expectations, add your comments and respond to the **‘How Often’** column with **“always”, “often”, “sometimes”** or **“rarely”**.

The Manager or delegates will add their comments in the space as well. The Manager or delegates will reflect on your answers to **‘How Often’** and will discuss together with you at the meeting.

Role Expectation	Comment	How often?
a). Do you feel you have a thorough understanding of your role? If not, how can we assist you?		
b). Do you develop positive relationships with the individuals you support at Lifetime Networks?		
c). Do you complete your written reports in an accurate, clear and timely manner?		
d). Are you comfortable supporting an individual in a one to one setting?		
e). Are you comfortable supporting an individual in a group setting?		
f). Do you network effectively within the community to increase opportunities for the people you are supporting?		
g). Do you manage your time effectively to provide the best possible support for individuals?		
h). Are you able to effectively and respectfully address the physical support needs of individuals with the training you have received?		
i). Do you have a working understanding of positive behaviour supports up to and including during crises?		
j). Are you comfortable writing critical incident reports with the training you have been given? ,.		
k). Do you feel you follow the health and safety policies and practices?		
l). Do you practice a person centered approach?		
m). Do you do your best to support the individual in the pursuit of their identified goals?		
n). Do you identify opportunities for individuals to develop skills and		

activities that are of interest to them?		
o). Do you create complete and accurate Person Centered Plans?		
p). Do you receive effective support from Lifetime Networks to be successful in your position?		
q). Do you have positive working relationships with coworkers, families and care givers?		

**Additional Comments:**

The Manager or delegate and Employee set goals with measurable outcomes for the next year.

Goal	How do you plan on getting there?	Date to be completed

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: *PERFORMANCE REVIEW***

**APPENDIX 23.2: *(Contractor) PERFORMANCE REVIEW FORM***

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**Independent Contractor Performance Review**

**Contractor Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

The performance review is for all Lifetime Networks employees. This review gives employees the opportunity to give and receive feedback on their past year of employment with Lifetime Networks. This review also gives Managers the opportunity to recognize and appreciate the wonderful work employees do, the difference it makes to individuals and families, and to discuss opportunities for development.

At this time, Managers and Lifetime Networks Employees will set goals for professional development for the upcoming year.

**Contractor Signature:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_

**Date of Performance Review:** \_\_\_\_\_

☐ I declare I am both physically and mentally fit to carry out the responsibilities of this position.

**I do not agree with this evaluation.**

**Contractor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- Reviewed: Jan 2024



Please reflect on these expectations, add your comments and respond to the '**How Often**' column with "**always**", "**often**", "**sometimes**" or "**rarely**".

The Manager or delegates will add their comments in the space as well. The Manager or delegates will reflect on your answers to '**How Often**' and will discuss together with you at the meeting.

Role Expectation	Comment	How often?
a). Do you feel you have a thorough understanding of your role? If not, how can we assist you?		
b). Do you develop positive relationships with the individual you support?		
c). Do you complete your written reports in an accurate, clear and timely manner?		
d). Are you comfortable supporting an individual in a one to one setting?		
e). Are you comfortable supporting an individual in a group setting?		
g). Do you manage your time effectively to provide the best possible support for individual you are working with?		
h). Are you able to effectively and respectfully address the physical support needs of the person you support with the training you have received?		
i). Do you have a working understanding of positive behaviour supports up to and including during crises?		
j). Are you comfortable writing critical incident reports with the training you have been given? ,.		
k). Do you feel you follow the health and safety policies and practices?		
l). Do you practice a person centered approach?		
m). Do you do your best to support the individual in the pursuit of their identified goals?		
n). Do you identify opportunities for individuals to develop skills and activities that are of interest to them?		

o).Have your participated in a Person Centered Plan?		
p). Do you receive effective support from Lifetime Networks or the family to be successful in your position?		
q). Do you have positive working relationships with coworkers, families and care givers?		

**Additional Comments:**

The Manager or delegate and Employee set goals with measurable outcomes for the next year.

Goal	How do you plan on getting there?	Date to be completed

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: *PERFORMANCE REVIEW***

**APPENDIX 23.3: *OFFICE EMPLOYEE PERFORMANCE REVIEW FORM***

---

**Office Employee Performance Review**

**Employee Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Type of Review:** \_\_\_\_\_

This performance review is for all Lifetime Networks employees. This review gives employees the opportunity to give and receive feedback on their past year of employment with Lifetime Networks. This review also give managers the opportunity to recognize and appreciate the wonderful work employees do, the difference it makes to individuals and families, and to discuss opportunities for development.

At this time, managers and Lifetime Networks employees will set goals for professional development for the upcoming year.

**Employee Signature:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_

**Date of Performance Review:** \_\_\_\_\_

☐ I declare I am both physically and mentally fit to carry out the responsibilities of this position.

**I do not agree with this evaluation.**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. How do you feel in your role as a \_\_\_\_\_?
2. What have been your key accomplishments over the last year?
3. What has been a challenging aspect of your work?
4. What skills you would like to improve on over the next year?
5. As Managers, what can we do to better support you moving forward in your position with Lifetime Networks?
6. In the last year, have you changed positions within the organization (began working in a different program)? If so, why did you make the change?

Please reflect on these expectations, add your comments and respond to the '**How Often**' column with "**always**", "**often**", "**sometimes**" or "**rarely**".

The Manager or delegates will add their comments in the space as well. The Manager or delegates will reflect on your answers to '**How Often**' and will discuss together with you at the meeting.

Role Expectation	Comment	How often?
A). Do you feel you have a thorough understanding of your role? If not, how can we assist you?		
B). Do you develop positive relationships with those you directly interact with at Lifetime Networks?		
C). Do you complete your tasks in an accurate, clear and timely manner?		
D) Do you contribute to the team and overall goals of Lifetime Networks?		
E). Do you manage your time effectively?		
F) Do you communicate both written and orally, well in your role?		
G) Do you demonstrate managing and solving problems within your role?		
H) Do you produce quality work under normal working conditions?		
I). Do you feel you follow the health and safety policies and practices?		
J) Do you carry out tasks with instruction and fulfill responsibilities?		
K) Do you practise sound judgement when completing tasks?		
L) Do you adapt easily to the changes in the workplace, priorities, or schedule?		
M) Do you report to work as scheduled?		
N) Do you participate in other activities within Lifetime Networks? (ex volunteering, events, other departments?)		

**Additional Comments:**

The Manager or delegate and Employee set goals with measurable outcomes for the next year.

Goal	Date to be completed

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: *PERFORMANCE REVIEW***

**APPENDIX 23.4: *NETWORK FACILITATOR PERFORMANCE REVIEW FORM***

---

**Network Facilitator Performance Review**

**Employee Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

The performance review is for all Lifetime Networks' employees in the Network Facilitator role after 18 months. This review gives employees the opportunity to give and receive feedback on their employment with Lifetime Networks. This review also give supervisors the opportunity to recognize and appreciate the wonderful work employees do, the difference it makes to individuals and families, and to discuss opportunities for development.

At this time, the Director or Coordinator and the Lifetime Networks' employee will set goals for professional development for the upcoming period.

**Employee Signature:** \_\_\_\_\_

**Director/Coordinator Signature:** \_\_\_\_\_

**Date of End of Performance Review:** \_\_\_\_\_

☐ I declare I am both physically and mentally fit to carry out the responsibilities of this position.

***I do not agree with this evaluation.***

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Please take some time to reflect and answer the following questions:**

1. How do you feel in your role as a Network Facilitator?
2. What have been your key accomplishments over the last 18 months?
3. Are there any skills you would like to improve on?

<b>Role Expectation</b>	<b>Comment</b>
a). Do you feel you have a thorough understanding of your role? If not, how can we assist you?	
b). Do you practice a person centered approach?	
c). Do you develop a positive relationship with the individual you support at Lifetime Networks? Are you comfortable supporting the individual in a one on one setting?	
d). Do you do your best to support the individual in the pursuit of their identified goals and to develop skills and activities that are of interest to them?	
e). Do you network effectively within the community to increase opportunities for the people you are supporting?	
f). Do you have positive working relationships with the family / care facility / home share provider?	
g). Do you have positive working relationships with members of the Network?	
h). Do you manage your time effectively to provide the best possible support for individuals?	

i). Do you complete your written reports in an accurate, clear and timely manner?	
j). Do you receive effective support from Lifetime Networks to be successful in your position?	
k). Do you attend and participate in the monthly Network Facilitators' meetings?	

**Additional Comments:**

The Program Director, Networks Coordinator and Network Facilitator set goals with measurable outcomes for the next 18 month.

Goal	Date to be completed

**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**(HRS) POLICY TITLE: *EMPLOYEE RESIGNATION/TERMINATION***

**APPENDIX 24: *EXIT SUMMARY AND END OF EMPLOYMENT FORM***

---

**Exit Interview**

Thank you for taking the time to answer a few questions about your experience with Lifetime Networks. Your answers will be reviewed in confidence by a Lifetime Networks Manager. The information you provide will be used to improve our support of staff, individuals and families.

Name: \_\_\_\_\_

Program: \_\_\_\_\_

Start Date: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Interview Method:      In Person                      Phone                      Email

1) What were your reasons for connecting with Lifetime Networks?

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2) What are the reasons for your decision to leave Lifetime Networks?

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3) From your perspective in your role with Lifetime Networks, what did we do well?

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4) From your perspective in your role with Lifetime Networks, what would you suggest we do differently to improve?

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5) Is there anything else you would like to tell us?

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This will confirm that \_\_\_\_\_ has resigned  
(name of employee)

as an employee of Lifetime Networks effective \_\_\_\_\_.  
(date)

Reason for Leaving: \_\_\_\_\_

If employee, Record of Employment requested: ☐ Yes ☐ No

I hereby authorize Lifetime Networks to release any of my employment details, information and copies of documents pertaining to myself to any individuals, firms, corporations, government or other regulatory departments and police departments or other organizations with regards to references for my future employment. I understand that these references and documents will be disclosed in strict confidence.

The implications of this waiver have been explained to me. I understand and consent to them. I further agree that this waiver is made of my own free will and without duress.

**Signature of Applicant:**

\_\_\_\_\_

**Printed Name:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

---

**INTERNAL USE ONLY**

- ☐ Letter of Resignation and Notice of Termination to Human Resources Manager
- ☐ Notification to Payroll including Notice of Termination

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: ATTENDANCE MANAGEMENT**

**APPENDIX 25: STAFF ABSENCE REQUEST FORM**

STAFF ABSENCE REQUEST

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Paid Leave ☐ Unpaid Leave ☐

Reason: Vacation ☐ Personal ☐ Sick ☐

Date(s) Absent: \_\_\_\_\_

Total Number of Hours Absent: \_\_\_\_\_

To be completed by Director or delegate or Executive Director

Absence approved:

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature

- 1) Please have form signed,
- 2) Scan & email a copy to payroll,
- 3) Forward copy to HR department

**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**(HRS) POLICY TITLE: *EMPLOYEE CHANGE OF INFORMATION/ADDRESS***

**APPENDIX 26: *EMPLOYEE CHANGE OF INFORMATION/ADDRESS FORM***

---

Please fill in the following for any changes you might have in the following areas:

**Name of Employee:** \_\_\_\_\_

Name change to: \_\_\_\_\_

Address change to: \_\_\_\_\_

Telephone change to: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Email change to: \_\_\_\_\_

Emergency Contact change to:  
(name and telephone) \_\_\_\_\_

Change in Driving Record/Status:  
*\*contact your Manager or  
delegate immediately* \_\_\_\_\_

Change in criminal record status:  
*\*contact your Manager or  
delegate immediately* \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

Complete this form and forward it to the Administration Office to update your personnel records.



**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**(HRS) POLICY TITLE: *PROFESSIONAL DEVELOPMENT AND TRAINING***

**APPENDIX 27: *REQUEST FOR PROFESSIONAL DEVELOPMENT FORM***

---

Name: \_\_\_\_\_

Course: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Location: \_\_\_\_\_

Cost: \_\_\_\_\_

Travel and Accommodation  
Information (if required): \_\_\_\_\_

Cost Travel and  
Accommodation: \_\_\_\_\_

Other Information (if required): \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: *PRACTICUM STUDENTS AND VOLUNTEERS***

**APPENDIX 28: *VOLUNTEER APPLICATION FORM***

---

Name:

Pronoun:

Address:

City / Postal code:

Phone Number:

E-Mail address:

Emergency Contact and Phone:

Preferred Communication Method:      phone call ☐      text ☐ e-mail ☐

Age: 19-29 ☐      30-39 ☐      40-49 ☐      50-59 ☐      60+ ☐

Do you have access to a vehicle?      Yes ☐ No ☐

All volunteer positions require a vulnerable sector Criminal Record Check. Some indices may not necessarily disqualify you from participating. Do you expect anything to show up on your criminal record check? If yes, please explain.

No ☐ Yes ☐

---

All new volunteers require double vaccination for COVID-19 due to Public Health directives that include our sector. Are you double vaccinated for COVID-19?

Yes ☐ No ☐

How did you learn about Lifetime Networks?

---

In case we are able to place you as a volunteer in our organization, would you like to receive electronic messages from Lifetime Networks such as newsletters, announcements, programs and events. You may unsubscribe at any time.

Yes ☐ No ☐

Please share some of your interests and hobbies:

How would you describe your personality (calm/ bubbly/ shy/ engaging, etc.)?

Please tell us a bit about yourself (profession, experiences, etc.):

Is there anything else you would like us to know about yourself (preferences / restrictions/ special needs, etc.)?

Please describe why you want to be a volunteer at Lifetime Networks (educational requirement / personal interest, etc.):

Which volunteer opportunities are you interested in at Lifetime Networks?

- ☐ **Network Friend** - commitment for at least one year
- ☐ **Group Classes** (e.g. art/socials/theatre) - 3-12 months
- ☐ **Dynamic Duos** (one-to-one) - short term
- ☐ **Special Events Volunteer** - occasionally
- ☐ **Other:** \_\_\_\_\_

Date Available: \_\_\_\_\_

**All volunteer positions require two references. Please provide the following information for two individuals who can speak to your suitability for this volunteer position and are not related to you.**

1.

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Length of acquaintance: \_\_\_\_\_

E-mail (preferred): \_\_\_\_\_ phone: \_\_\_\_\_

2.

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Length of acquaintance: \_\_\_\_\_

E-mail (preferred): \_\_\_\_\_ phone: \_\_\_\_\_

**Thank you for applying to volunteer with Lifetime Networks!**

**We will contact you shortly upon receiving your application. Please check your spam or junk mail folder.**

**POLICY TYPE: HUMAN RESOURCES STANDARD  
(HRS) POLICY TITLE: ATTENDANCE MANAGEMENT**



**APPENDIX 29: ATTENDANCE MANAGEMENT CHECKLIST**

---

This checklist provides Lifetime Networks staff with the steps and questions necessary to consider when addressing attendance problems. A delegate will be assigned to review and complete this form with the staff in question.

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Delegate: \_\_\_\_\_

**STEP 1 – REVIEW OF ATTENDANCE BY DELEGATE**

*(if yes is checked to any of the questions regarding absenteeism, proceed to Step 2)*

Has the delegate reviewed the attendance by looking through the payroll records?

☐ Yes ☐ No

Does the employee's absenteeism rate:

- I. Exceed the average level of days this year?  
☐ Yes ☐ No
- II. Show a distinct change from last year?  
☐ Yes ☐ No
- III. Demonstrate a perceived pattern of absences (e.g. Mondays)  
☐ Yes ☐ No
- IV. Experienced a long-term illness or surgery recovery?  
☐ Yes ☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STEP 2 – INFORMAL DISCUSSION WITH EMPLOYEE** (if attendance record continues to be problematic, then proceed to Step 3)

*The purpose of this discussion is to obtain information from the employee about the factors that may be causing their absence and what can be done to address this. This meeting is not disciplinary in nature.*

**Discussion Guidelines:**

Schedule a private meeting with the employee. ☐ Yes

Discuss why the absence record is a cause for concern. ☐ Yes

Inform the employee of the effect their absences are having at work. ☐ Yes

Give the employee an opportunity to provide reasons for her absences. ☐ Yes

Discuss informally whether there is anything that could be done to resolve the problem. ☐ Yes

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STEP 3 – FORMAL REVIEW OF ATTENDANCE RECORD**

Has the delegate noticed a pattern with previous employees who were in the same role?

☐ Yes ☐ No

Are there workplace dynamics that may be affecting the absenteeism? (e.g. co-worker relationship)

☐ Yes ☐ No

Are there any medical issues involved?

I. Has the employee provided any written or verbal information? ☐ Yes ☐ No

II. Is the delegate aware of any recent or chronic health problems? ☐ Yes ☐ No

Are there any personal/family problems which may be affecting the employee's attendance record?

☐ Yes ☐ No ☐ Unknown

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**We agree to the proposed action plan for attendance management. Follow up will occur on:**

\_\_\_\_\_.

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Delegate Signature

\_\_\_\_\_

Date

**STEP 5 – FOLLOW UP** *(if the last question in this section is no, consult with Human Resources or the Executive Director to assess next steps [e.g. requesting medical documentation])*

Monitor employee attendance since action plan was established. ☐ Yes

Encourage and support improvement. ☐ Yes

Has the employee's attendance record significantly improved and action plan achieved?

☐ Yes ☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_



**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**(HRS) POLICY TITLE: *WORK FROM HOME***



**APPENDIX 32: *WORK FROM HOME WAIVER***

---

**Work from Home Waiver**

This Waiver Agreement is to be used when an Employee of Lifetime Networks has voluntarily submitted an accommodation request to work some hours from home, and the request has been approved. This agreement outlines the responsibilities and understanding between Lifetime Networks and the employee regarding the work from home arrangement.

This agreement constitutes the entire understanding between Lifetime Networks and the employee regarding the request to work from home and supersedes any prior agreements or understandings, whether written or oral:

- I, the employee, acknowledge and agree the decision to work from home was made voluntarily and was not coerced by Lifetime Networks.
- I, the employee, acknowledge I have assessed my home environment and have determined it to be suitable for work from home.
- I, the employee, understand and accept full responsibility for creating a safe and conducive work environment at my home. This includes the absence of hazards and maintaining a workspace that complies with ergonomic standards.
- In the event of any accident, injury, or property damage occurring during the course of work from home, I, the employee, agree to promptly report such incidents to Lifetime Networks. I recognize failure to report incidents in a timely manner may affect the ability of Lifetime Networks to address and respond to the situation appropriately.
- I, the employee, agree to comply with all agency policies, procedures, and guidelines while working from home including; maintaining the confidentiality and security of all information and data accessed or stored during remote work for Lifetime Networks, in accordance with agency policies and applicable laws.
- In consideration of being allowed to work from home, I, the employee, hereby release Lifetime Networks from any and all claims, demands, actions, causes of action, or liability for any injury, illness, or damage that may arise out of or in connection with my work from home arrangement.

This Agreement shall remain in effect for the duration of the work from home arrangement to mutually benefit the employee and Lifetime Networks or until employment is terminated.

---

Employee Signature

---

Date

**POLICY TYPE: HUMAN RESOURCES STANDARDS**

**(HRS) POLICY TITLE: ONBOARDING - STAFF ORIENTATION/TRAINING AT HIRE AND ONGOING**

**APPENDIX 37: *POLICY DECLARATION FORM***

---



**Policy Declaration Sign Off**

I have read and understood the policies outlined in the Lifetime Networks Policies and Procedures Manual. I understand that should I have any questions regarding these policies I can contact my supervisor.

I acknowledge that even if I have not read the policies, I am still accountable to them.

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**POLICY TYPE: HUMAN RESOURCES STANDARDS****(HRS) POLICY TITLE: PROFESSIONAL DEVELOPMENT AND TRAINING****APPENDIX 41: *EMPLOYEE TRAINING REIMBURSEMENT AGREEMENT*****Employee Training Reimbursement Agreement**

Date Agreement commenced: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Training Requested \_\_\_\_\_

Date of Training: \_\_\_\_\_

Amount Invested by Lifetime Networks: \$ \_\_\_\_\_

Amount invested by Employee: \$ \_\_\_\_\_

The employee training reimbursement agreement is entered into by and between Lifetime Networks and \_\_\_\_\_.

Lifetime Networks has agreed to provide external training to the employee. Lifetime Networks will provide support for the training as well as accommodation if needed, however all meal costs are at the expense of the employee. The employee understands that they will be required to reimburse any training costs incurred by Lifetime Networks if the employee terminates employment before the length of time indicated on the grid below **or if the employee fails to complete the training**. This includes all costs incurred in relation to the training fees, exam fees, travel, books, etc. The employee will repay Lifetime Networks in the form of a deduction from salary/payroll in the period prior to the date of termination of employment or prior to discontinuance of the course.

Full repayment is based on the table below:

- ☐ An investment by Lifetime Networks of \$100 and Under – Employee commits to 7 months of employment following completion of the training.
- ☐ An investment by Lifetime Networks of \$101-\$500 – Employee commits to 12 months of employment following completion of the training.
- ☐ An investment by Lifetime Networks of \$501-\$1000 – Employee commits to 18 months of employment following completion of the training.

Both the employee and Lifetime Networks sign to agree to the above contract.

\_\_\_\_\_  
Human Resources Manager\_\_\_\_\_  
Employee Signature\_\_\_\_\_  
Date Signed

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: *PERFORMANCE REVIEWS***



**APPENDIX 42: *PERFORMANCE REVIEW FOR CASUAL AND  
SESSIONAL STAFF WAIVER***

---

**Performance Review for Casual and Sessional Staff Waiver**

As part of our commitment to fostering a positive and productive work environment, Lifetime Networks conducts Performance Reviews for its staff to provide continuous improvement and professional development. However, we understand that as a Casual or Sessional staff member, you may have limited hours with the agency.

Recognizing the unique circumstances of your employment, we offer you the option to waive participation in the formal Performance Review process. This waiver is voluntary, and is designed to accommodate the specific needs and expectations associated with your role.

By choosing to opt out of the Performance Review process, you acknowledge that:

- You understand the purpose of Performance Reviews and their potential benefits for professional growth.
- You voluntarily choose not to participate in the formal Performance Review process during your employment with Lifetime Networks.
- You retain the right to request feedback or discuss your performance with the person who oversees you at any time during your employment.
- Your decision to opt out of Performance Reviews does not affect your employment status, job responsibilities, or future opportunities within the agency.
- You understand that if your employment status were to change this waiver may be invalid.

If you agree to the terms outlined above, sign and return a copy to the person that oversees you.

---

Employee Signature

---

Date

**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**HRS POLICY TITLE: *BULLYING AND HARRASSMENT***

**APPENDIX 44: *WORKPLACE BULLYING AND HARRASSMENT COMPLAINT AND INVESTIGATION FORMS***

---

**Workplace Bullying and Harassment Complaint Form**

Employees, volunteers and practicum students with bullying or harassment complaints should direct them to their immediate Manager or delegate or the Executive Director.

Name and contact information of complainant
Name of alleged bully or bullies

**Personal statement**

Please describe in as much detail as possible the bullying and harassment incident(s), including:

- the names of the parties involved
- any witnesses to the incident(s)
- the location, date, and time of the incident(s)
- details about the incident(s) (behaviour and/or words used)
- any additional details that would help with an investigation

Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted.

--

Signature	Date
-----------	------

**Workplace Bullying and Harassment Investigation Form**

Name of complainant	
Name of respondent/alleged bully	
Date	Location
Name of investigator	

Person interviewed	Other people involved (e.g., alleged bully, witnesses)	Description of the situation (dates, words, actions, etc.) and impact (e.g., humiliated, intimidated)

Based on the investigation, did workplace bullying and harassment occur?

Yes ☐ No ☐

Reason(s) for this conclusion
Action taken if any:
Follow up with actions on:
Results from Follow Up:



**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**HRS POLICY TITLE: ONBOARDING - VOLUNTEERS**

**APPENDIX 45: VOLUNTEER ORIENTATION CHECKLIST**

LIFETIME NETWORKS VOLUNTEER ORIENTATION CHECKLIST

Volunteer name: \_\_\_\_\_ Date: \_\_\_\_\_

	Volunteer Initials	Orientation Facilitator Initials
LIFETIME NETWORKS: Mission, Vision, And Values and a bit about our philosophy		
LIFETIME NETWORKS: Organizational Chart, Programs Offered, Future Planning		
<b>VOLUNTEER POLICIES – REVIEW AND SIGN</b>  a.) Confidentiality Agreement b.) Conflict of Interest c.) Conduct of Ethics		
<b>RIGHTS OF THE INDIVIDUAL</b>		
<b>PROFESSIONAL PRACTICES</b>  a) Person Centered practices and approach b) Substance Use c) Clean Air d) Social Justice		
<b>THE VOLUNTEER ROLE</b>  a) Volunteer Role Description b) Scope of Responsibility c) Overview of Required Documents d) Policies and Procedures for Termination or Dismissal e) Feedback f) Opportunities within LNV g) Complaints Process		
<b>HEALTH AND SAFETY</b>  a) Hazards and Risks b) Emergency Response Procedures c) Workplace Violence		

Signature New Volunteer: \_\_\_\_\_ Signature Orientation Facilitator: \_\_\_\_\_

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**(HRS) POLICY TITLE: *RECURRING STAFF COMPLIANCE***

**APPENDIX 55: *PHOTO/VIDEO USE CONSENT FORM***

---



**Photographs/Videos Use Consent**

There are many wonderful occasions that can arise during participation in Lifetime Network activities. By photographing or videotaping these events we can share them with the people we support, their parents/caregivers, and also utilize them to demonstrate the “good works” of our organization. For this reason, we ask permission to share these photographs and or videos.

**Regarding Lifetime Networks using photographs and or videos of:**

---

(name)

**for general marketing purposes and community building,**

☐

**I give permission**

☐

**I *do not* give permission**

Pictures and videos will not be used for any non-Lifetime Networks related material or function. In all situations only first names will be attached to the pictures or video.

---

**signature of individual or representative**

---

**date (valid until 1 year from signing)**

Please note: events that are held in public spaces (places shared with the general public) are not included in the permissions given above. These events include, but are not limited to, the Holiday Breakfast Buffet, Summer Picnic, and GoodLife Fitness Victoria Marathon.

**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**HRS POLICY TITLE: ONBOARDING – STAFF RECRUITMENT**  
**APPENDIX 56: REFERENCE CONTACT INFORMATION FORM**

---



**REFERENCES:**

All positions require two references. Please provide the following information for two individuals who can speak to your suitability for this position.

Applicant Name: \_\_\_\_\_

Reference 1 Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Reference 2 Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**HRS POLICY TITLE: ONBOARDING – *STAFF RECRUITMENT***

**APPENDIX 57: *REFERENCE CHECK FORM***

---



Prospective Employee's Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Date: \_\_\_\_\_

- How long have you worked with this candidate?
  
- In your opinion, what are their greatest strengths?
  
- Is the candidate a reliable and trustworthy individual who will maintain confidentiality?
  
- How would you rate their listening and communication skills on a scale of 1-10, 1 being poor?
  
- Can you describe how well you think this candidate handles conflict/stress/pressure?

- What skills do you think the candidate could further develop?
- Were there any behaviors that affected the candidate's job performance? (e.g. being late, missing deadlines or arguing with colleagues)
- How would you describe the candidate's work ethic and their ability to work independently?
- Would the candidate be well suited to support people with developmental disabilities in the community?
- If this candidate were to reapply at your organization, would you hire them back?
- Is there anything I have not asked that you would like to share with me about this individual?

Thank you very much for your time.

**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**HRS POLICY TITLE: ONBOARDING – PERSONNEL FILES**

**APPENDIX 58: STAFF INFORMATION FORM**

---

**STAFF INFORMATION FORM**

Staff Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(YYYY/MM/DD)

Start Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(Optional) Gender: Female Male Undisclosed Other: \_\_\_\_\_

(Optional) What are your preferred pronouns? (example: she/her,  
they/them): \_\_\_\_\_

(Optional) Do you wish to disclose any disability or health-related concern to us?  
\_\_\_\_\_

(Optional) Do you wish to disclose any specific cultural or ethnic background to us?  
\_\_\_\_\_

Do you speak any languages other than English? If yes, please elaborate:  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

*In signing this document, I am providing my express consent to receive electronic messages to the above noted email address from Lifetime Networks such as: staff announcements, job postings, newsletters, and events.*

**I acknowledge that Lifetime Networks' sites are peanut-free, scent-free, and shellfish-free areas.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**HRS POLICY TITLE: PERFORMANCE REVIEWS**

**APPENDIX 63.1: *EMPLOYEE PROBATIONARY REVIEWS***

---

**Employee Probationary Review**

**Employee Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

The probationary review is for all Lifetime Networks employees. This review gives employees the opportunity to give and receive feedback on their past four months of employment with Lifetime Networks. This review also gives Managers the opportunity to recognize and appreciate the wonderful work employees do, the difference it makes to individuals and families, and to discuss opportunities for development.

At this time, Managers and Lifetime Networks Employees will set goals for professional development for the upcoming year.

**Employee Signature:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_

**Date of Probationary Review:** \_\_\_\_\_

**I do not agree with this evaluation.**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please take some time to reflect and answer the following questions. :**

1. How do you feel in your role as a \_\_\_\_\_?
  
  
  
  
  
  
  
  
  
  
2. What have been your key milestones over the four months?
  
  
  
  
  
  
  
  
  
  
3. Are there any skills you would like to improve on over the next year?
  
  
  
  
  
  
  
  
  
  
4. As an agency, what can we do to support you moving forward in your position with Lifetime Networks?
  
  
  
  
  
  
  
  
  
  
5. How do you feel about the communication within Lifetime Networks?
  
  
  
  
  
  
  
  
  
  
6. Do you have any general feedback?



Please reflect on these expectations, add your comments and respond to the '**How Often**' column with "**always**", "**often**", "**sometimes**" or "**rarely**".

The Program Managers will add their comments in the space as well. The Program Managers will reflect on your answers to '**How Often**' and will discuss together with you at the meeting.

Role Expectation	Comment	How often?
a). Do you have positive working relationships with coworkers, families and care givers?		
b). Do you develop positive relationships with the individuals you support at Lifetime Networks?		
c). Do you complete your written communication reports in an accurate, clear and timely manner?		
d). Are you comfortable supporting an individual in a one to one setting?		
e). Are you comfortable supporting an individual in a group setting?		
f). Do you manage your time effectively to provide the best possible support for individuals?		
g). Are you able to effectively and respectfully address the support needs of individuals with the training you have received?		
h). Do you have a working understanding of positive behaviour supports up to and including during crises?		
i). Are you comfortable writing critical incident reports with the training you have been given? ,.		
j). Do you feel you follow the health and safety policies and practices?		
k). Do you practice a person centered approach?		
l). Do you feel confident facilitating Person Centered Plans?		
m). Do you do your best to support the individual by identifying opportunities for individuals to develop skills and activities that are of interest to them?		

--	--	--

**Additional Comments:**

The Program Manager and Employee set goals with measurable outcomes for the next year.

Goal	How to get there	Date to be completed

**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**HRS POLICY TITLE: ONBOARDING – *PERSONNEL FILES***

**APPENDIX 63.2: *OFFICE EMPLOYEE PROBATIONARY REVIEW***

---

**Office Employee Review**

**Employee Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

This review is for all Lifetime Networks employees. This review gives employees the opportunity to give and receive feedback on their past four months of employment with Lifetime Networks. This review also gives the opportunity to recognize and appreciate the wonderful work employees do, the difference it makes to individuals and families, and to discuss opportunities for development.

At this time, managers and Lifetime Networks employees will set goals for professional development for the upcoming year.

**Employee Signature:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_

**Date of Review:** \_\_\_\_\_

**I do not agree with this evaluation.**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please take some time to reflect and answer the following questions. :**

**1.** How do you feel in your role as a \_\_\_\_\_?

**2.** What have been your key accomplishments over the past four months?

**3.** What has been a challenging aspect of your work?

**4.** What skills you would like to improve on over the next year?

5. In what ways have you felt welcomed and supported at Lifetime?

6. As Managers, what can we do to better support you moving forward in your position with Lifetime Networks?

Please reflect on these expectations, add your comments and respond to the '**How Often**' column with "**always**", "**often**", "**sometimes**" or "**rarely**".

The Program Managers will add their comments in the space as well. The Program Managers will reflect on your answers to '**How Often**' and will discuss together with you at the meeting.

Role Expectation	Comment	How often?
A). Do you feel you have a thorough understanding of your role? If not, how can we assist you?		
B). Do you develop positive relationships with those you directly interact with at Lifetime Networks?		
C). Do you complete your tasks in an accurate, clear and timely manner?		
D) Do you contribute to the team and overall goals of Lifetime Networks?		
E). Do you manage your time effectively?		
F) Do you communicate both written and orally, well in your role?		
G) Do you demonstrate managing and solving problems within your role?		
H) Do you produce quality work under normal working conditions?		
I). Do you feel you follow the health and safety policies and practices?		
J) Do you carry out tasks with instruction and fulfill responsibilities?		

K) Do you practise sound judgement when completing tasks?		
L) Do you adapt easily to the changes in the workplace, priorities, or schedule?		
M) Do you report to work as scheduled?		
N) Do you participate in other activities within Lifetime Networks? (ex volunteering, events, other departments?)		

**Additional Comments:**



The Program Manager and Employee set goals with measurable outcomes for the next year.

Goal	Date to be completed

**POLICY TYPE: HUMAN RESOURCES STANDARDS**  
**HRS POLICY TITLE: ONBOARDING – PERSONNEL FILES**

**APPENDIX 63.3: NETWORK FACILITATOR PROBATIONARY REVIEW**

---

**Network Facilitator Probationary Review**

**Employee Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

The probationary review is for all Lifetime Networks' employees in the Network Facilitator role after 4 - 6 months. This review gives employees the opportunity to give and receive feedback on their first few months of employment with Lifetime Networks. This review also give supervisors the opportunity to recognize and appreciate the wonderful work employees do, the difference it makes to individuals and families, and to discuss opportunities for development.

At this time, the Director or Coordinator and the Lifetime Networks' employee will set goals for professional development for the upcoming year.

**Employee Signature:** \_\_\_\_\_

**Director/Coordinator Signature:** \_\_\_\_\_

**Date of End of Probationary Review:** \_\_\_\_\_

**I do not agree with this evaluation.**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please take some time to reflect and answer the following questions:**

1. How do you feel in your role as a Network Facilitator?
2. What have been your key accomplishments over the last six months?
3. Are there any skills you would like to improve on during the rest of your first year?

<b>Role Expectation</b>	<b>Comment</b>
a). Do you feel you have a thorough understanding of your role? If not, how can we assist you?	
b). Do you practice a person centered approach?	
c). Do you develop a positive relationship with the individual you support at Lifetime Networks? Are you comfortable supporting the individual in a one on one setting?	
d). Do you do your best to support the individual in the pursuit of their identified goals and to develop skills and activities that are of interest to them?	
e). Do you network effectively within the community to increase opportunities for the people you are supporting?	
f). Do you have positive working relationships with the family / care facility / home share provider?	
g). Do you have positive working relationships with members of the Network?	
h). Do you manage your time effectively to provide the best possible support for individuals?	

i). Do you complete your written reports in an accurate, clear and timely manner?	
j). Do you receive effective support from Lifetime Networks to be successful in your position?	
k). Do you attend and participate in the monthly Network Facilitators' meetings?	

**Additional Comments:**

The Program Director, Networks Coordinator and Network Facilitator set goals with measurable outcomes for the next six-fourteen months (until their first Performance Review).

Goal	Date to be completed

**POLICY TYPE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE: *ONBOARDING – STAFF RECRUITMENT***



**APPENDIX 79: *RESPITE PROVIDER INTAKE FORM***

---

**Respite Provider Intake Form**

Why are you interested in providing Respite care for adults with diversabilities?

Do you have previous experience working with adults with diversabilities?

Lifetime Networks currently coordinates Respite sessions in the homes of individuals, in the homes of Respite providers as well as at other locations (camps, hotels, etc.)

What is your location preference for providing respite?

Lifetime Networks currently coordinates Respite sessions Monday to Sunday, as needed by the individual. Some individuals seek monthly respite sessions, others seek respite on an as needed bases. What is your preference for when you offer Respite?

If you have personal activities on the weekend, how do you see that flowing while providing Respite?



Are you looking to get to know one adult or are you interested in hosting different individuals?  
Do you have a preference regarding gender or age when providing respite services?

If the adult who you provide Respite for needs assistance with their medication, you will be required to do medication training. Do you have any previous experience with medication training that would be helpful for us to know about?

Who lives in the home with you (applicable only if providing respite in your home) and what are their ages?

Some of our individuals have allergies or fears surrounding household or farm pets /livestock. Do you have pets / livestock and if so, how many and what type?

Describe your home:

- ☐ Detached home
- ☐ Mobile home
- ☐ Semi detached home
- ☐ Apartment
- ☐ Tiny home
- ☐ Houseboat
- ☐ Other: \_\_\_\_\_

Describe where the individual will sleep (applicable if providing respite in your home)

Does your home have?

- ☐ A First Aid kit in the home (required)
- ☐ First Aid kit in your car (required- we will provide this)
- ☐ Fire Extinguisher (required)

Do you have access to personal, safe transportation (car, etc.?)

***If you notice that the individual has support needs that are best addressed by others (i.e. Respite coordinator, family member/caregiver, professional) it is your duty to inform the Respite Coordinator or family member in a timely manner. Support needs may include social, emotional, physical, financial, other.***

**POLICY TITLE: HUMAN RESOURCES  
(HRS) POLICY TITLE:**

**APPENDIX 81: *RESPITE FEEDBACK FORM - STAFF***

---

**Respite Feedback Form - Staff**

This respite feedback report is optional. However, by giving us your feedback we can use the information to create the best possible respite experience.

On what date and at what location did this respite experience take place:

General Feedback:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**POLICY TITLE: HUMAN RESOURCES STANDARDS  
(HRS) POLICY TITLE:**

**APPENDIX 85: *WORK FROM HOME REPORT***

---

**Work From Home Report:**

To be used when working from home for a temporary period (i.e. Global Pandemic). The employee will report to work and be present at the designated home office during regular work hours. The employee is not considered a mobile employee.

Please submit this report with an approved Accommodation Request.

\*\* Additional approval required to work into the evening and/or on weekends.

Date Submitted: \_\_\_\_\_

Morning:  
Tasks Completed:

Afternoon:  
Tasks Completed:

Breaks ( Identify any breaks exceeding 15 minutes):

Total Hours worked: \_\_\_\_\_

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES****APPENDIX 86: NETWORK FRIEND WAIVER**

---

Lifetime Networks understands that the role of Network Friend is unique. After volunteering for some time, a friendship has developed. As an agency, we require Network Friends to update their paperwork ongoing based on agency compliance timelines and/or expiration dates identified on certain documents. Some families, after 5 years, choose to waive some or all of this paperwork as they have formed a true reciprocal friendship with the Network Friend. If you choose to waive the collection of certain paperwork for the Network Friend, we require the focus person and/or the family complete the below waiver form.

For families who have a pre-existing relationship with a new to Lifetime Network Friend of 5 years or more, or at the discretion of the individual or family, the family can choose to complete the below waiver form from the initial Onboarding of the Network Friend.

**FOR THE NETWORK BELONGING TO:** \_\_\_\_\_

I understand that, after 5 years of friendship with the below volunteer, I can choose whether or not to require my Network Friend (Volunteer) to submit updated paperwork every 5 years. Alternatively, I have the choice to ask for certain paperwork to be updated and other paperwork to be waived.

I have decided to **not** require \_\_\_\_\_ (Name of Network Friend) to submit updated:

- ☐ Criminal Record Checks
- ☐ Driver's Abstracts
- ☐ Lifetime Network Policy Sign-offs

If I change my mind at any time, I will contact the Networks Program Manager regarding my decision.

---

Signature (Focus Person or Legal Representative)

---

Date

---

Lifetime Networks' Staff Person Signature

---

Date

**POLICY TYPE: HUMAN RESOURCES STANDARDS****HRS POLICY TITLE:****APPENDIX 87: *COMMUNITY SUPPORT WORKER PARTICIPANT INFO SHEET*****Community Support Worker Participant Info Sheet****CSW Name:**

<b>Week:</b>	<b>Participant Name:</b>	<b>Participant Name:</b>	<b>Participant Name:</b>	<b>Participant Name:</b>
<b>Shift Day &amp; Time:</b>				
<b>Participant Contact #:</b>				
<b>Address:</b>				
<b>Notes/Special Instructions re shift:</b>				
<b>Coordinator Name and Contact #:</b>				
<b>Participant Info:</b> -Age -Interests -Allergies -Relevant diagnoses				
<b>Family/ Home-share/Other Contact Info:</b> (for shift cancellation etc.)				

<b>Photo: basic physical description if photo not available</b>				
<b>Current Goals and Suggested Activities</b>				
<b>Conversation about budget?</b>				
<b>SIVA/PCP Y/N?</b>				

Lifetime Networks Office #: 250 477-4112  
 Lifetime Networks Emergency #: 250 744-0518

**POLICY TITLE: HUMAN RESOURCES  
(HRS) POLICY TITLE: ANNUAL COMPLIANCE**

**APPENDIX 64: *POSITIVE BEHAVIOUR SUPPORTS SIGN OFF***

---



**Positive Behaviour Supports Review Sign Off**

I have viewed the Positive Behaviour Supports handout or PowerPoint presentation.

I understand that should I have any questions regarding these practices, I can contact my supervisor. I acknowledge that I am accountable for following the practices as laid out in the handout/presentation.

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

By typing your name here, you are signing this document electronically. You agree that your electronic signature is the legal equivalent your manual signature on this document.

Date: \_\_\_\_\_



**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES  
(ISS) POLICY TITLE: ENTRY (ACCEPTANCE), TRANSITIONS  
AND EXITS**



**APPENDIX 15: RESPITE INTAKE FORM**

---

## Respite Intake Form

Lifetime Networks is now offering Respite services. This program offers time limited relief from the ongoing responsibility of delivering care to supported individuals, with the goal being to strengthen relationships through a facilitated break in regular care delivery.

Individuals may seek our Respite services for numerous reasons such as weekend respite, support for longer vacations, attending far away medical appointments, or for additional support while at camp. Respite may be arranged to take place in various locations.

Respite is a dynamic program that is tailored to the desires of all parties involved.

**Lifetime Networks works hard to provide you with an excellent respite experience.** The information you provide will help us improve quality of care, and plan for respite services.

Please note that we do our best to match you with your envisioned respite provider, however, we may not be able to meet all of your desires. If that is the case, you are free to decline an offered respite provider. Respite provider will take the relevant information from this form and provide the Respite Staff with information needed to support the individual.

### What type of respite are you looking for? (Check all that apply)

**Location:**

- ☐ In your home
- ☐ In the respite provider's home
- ☐ At our respite home (Namaste)
- ☐ A combination of options
- ☐ Other, please describe: \_\_\_\_\_

**Occurrence**

- ☐ Once per month
- ☐ Twice per month
- ☐ Three times per month
- ☐ Every weekend
- ☐ Other, please describe: \_\_\_\_\_

Days: \_\_\_\_\_

**Primary and Emergency Contacts for the respite period:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Getting to Know You**

Have you done respite in the past?

Are you participating in respite services to strengthen family relationships through a facilitated break in regular care delivery?

What are your expectations of this respite experience?

Is there an individual who might be interested in providing the respite care?

**Please describe your preferred respite care provider and location.** Some things to think about- single, married, with or without children, outgoing, quiet, reserved, young adult or mature individual. In your home, in the respite providers home, in our respite home (Namaste), etc.

**Job / Activities during the Respite Session:**

Do you have a job or other activity that you will be doing that will occur during the Respite session? If yes, what does your Respite provider need to do, if anything, to support you in keeping these commitments?

**Leisure and Recreation**

What activities do you enjoy doing or would like to experience while receiving respite care? What activities would you not like to do during respite care? Do you have a recreation or Leisure Assistance Pass?

**Transportation Needs**

How do you plan to arrive and depart from your respite location? Do you take Handydart? Do you have a bus pass?

### **Food**

Do you like to help prepare your meals?

Do you enjoy eating "family style" or do you normally eat alone?

Please describe your food likes and dislikes:

Do you have a favourite treat or snack?

Do you need help eating?

Do you have any dietary restrictions? ☐ Yes ☐ No

If yes, please describe:

### **Bedtime Routine**

Please describe your typical bedtime routine (e.g. time you like to go to bed and wake up, if you need help waking up and what that looks like, special routines that you enjoy such as warm beverage before bed, reading time, etc.)

Do you sleepwalk?

Do you ever require assistance during the night where you would wake up the respite provider?

### **Needs**

Please list any information that is helpful for your respite provider to know about you in order to maintain physical and emotional safety:

### **Speech/Communication**

How do you like to make your needs and wants known?

Do you wear hearing aids?

### **Health Information**

**Allergies:** Please list any allergies (including those to food, bees, animals, medications, etc.):

Is the supported individual able to recognize and avoid foods that he/she is allergic to?

Symptoms: Treatment (note if epi-pen prescribed):

**Medications:**

Do you take medication(s)?

Do you need assistance taking your medication?

If you do require assistance taking medication, the respite staff will need to take medication training before respite services may begin. If there are unforeseen circumstances and medications must be given and the Respite Staff is not yet certified to administer it, the medication shall be packaged similar to LOA medications (see below) and the Respite Staff administering it will be provided verbal instructions in the procedure from the individual or family member/care provider.

**Blister Package Medication:** It is preferable that medication arrive in a blister package (which can be done by your pharmacist) along with MAR sheet from the pharmacy identifying and labelling all medications administered to the individual, the name of the medication, the dosage, and the administration times are on the label.

**Change in Medication:** Please provide the Respite staff with a new MAR sheet if there is a change to the medication.

**Leave of Absence (LOA) Medication:** Can be used during respite sessions. LOA medications must be packaged in separate medication envelopes, labelled with the person's name, the drug, the dosage, the date, the expiry date for PRN's and administration time and be signed by the packager. **This original medication bottle normally has all this information on it.**

A verbal review with the person responsible for administering the medications shall take place.

If the LOA is three days or more, the individual or family will arrange for compliance packaging through the pharmacy. Liquid medications, creams, and inhalers are to be given to the responsible person, with written instructions indicating the person's name, the drug, the dosage, and dates and times for administering during the LOA period. **Often, these instructions can be found on the medication label.**

Respite staff supporting individuals on outings during medication administration times will package medications as described for LOA medications above.

## **Personal Care**

Do you require any support taking a bath/shower or with hygiene around using the toilet? Getting dressed?

*At this time, Lifetime Networks does not offer lifts or transfers for supported individuals. It is important that the supported individual is able to perform these tasks independently.*

## **Self-Care Skills**

Is the supported individual able to ask for staff help when needed?

Is the supported individual able to recognize hazardous items such as kitchen knives and hot stoves?

Is the supported individual able to recognize hazardous situations and react or alert the respite provider as appropriate (e.g. house fire)?

## **Mobility Supports**

Please describe any mobility equipment used, including wheelchair (manual/electric), walker, crutches, prosthesis, braces, etc.:

Please provide any specific instructions, such as socks to be worn under braces, times when equipment does not need to be used:

Please provide any instructions for use (for example, equipment for long versus short distances, specific schedule in/out of wheelchair):

Are you or your family member / caregiver able to provide any necessary training for mobility supports?

### **Financial Access**

Supported individuals often experience outings during respite (movies, museums, swimming etc.) and as such, it is a good idea to have access to funds.

Will you have access to funds during the respite period?

If yes, will you have access to cash, credit, debit?

Do you need assistance with accessing your funds?



**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

**APPENDIX 30: PARTICIPANT RECURRING COMPLIANCE SIGN OFF**



**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

**(ISS) POLICY TITLE: CONFIDENTIALITY**

**Consent for Internal Collection and Release of Personal Information**

In support of my services at Lifetime Networks I, \_\_\_\_\_, give consent for release and collection of personal information with the Lifetime Networks Support Team. I am aware information is confidential and shared on a need-to-know basis only.

☐ I give permission

☐ I do not give permission

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date (valid one year from signing)

*(If refusal given, complete Risks and Adverse Consequences form)*

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

**(ISS) POLICY TITLE: CONSENTS- PHOTO, VIDEO, VIRTUAL**

**Photographs/Videos Use Consent**

We hope to share the work of the organization, for this reason, we ask permission to share photographs and/or videos.

For general marketing purposes and community building,

☐ I give permission

☐ I do not give permission

Pictures and videos are only used for Lifetime Networks related material or functions. In all situations, only first names are attached to the pictures or video.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date (valid one year from signing)

Please note events held in places shared with the public are not included in the permissions given above. These events include, but are not limited to, the Holiday Breakfast Buffet, Summer Picnic, and Royal Victoria Marathon.

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES****(ISS) POLICY TITLE: *CONSENTS- PHOTO, VIDEO, VIRTUAL*****Social Media Connection and Virtual Supports Consent**

There are many benefits to relationships and connection provided by connecting on Social Media platforms or virtually through video conferencing technology. Decisions to offer virtual supports are dictated by factors such as community health, adverse weather and individual health. Decisions to offer virtual supports are made collaboratively by the Manager, Coordinator, Individual, and, when appropriate, the family/support network.

Lifetime Networks staff may use a professional work account on Social Media, they may interact with secure social media groups or direct messaging using personal or professional accounts and they may interact using video conferencing technology to provide supports and engagement for participants.

**Regarding Lifetime Networks using social media or video conferencing to interact with:**

\_\_\_\_\_  
(name)

**For virtual support and engagement,**

☐

**I give my permission**

☐

**I do not give my permission**

Individuals who refuse virtual supports will be assisted to understand alternative supports. When alternative supports are not available, individuals will be assisted to understand the impact on their supports.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date (valid one year from signing)

**POLICY TYPE: ADMINISTRATION**

**(ADM) POLICY TITLE: *PROBLEM SOLVING***

**(ADM) POLICY TITLE: *COMPLAINTS RESOLUTION***

I, (please print name) \_\_\_\_\_, have read and understand the Lifetime Networks Problem Solving Policy and agree to abide by its policies and practices.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date (valid one year from signing)

**Rights and Safeguards Sign Off**

As per the Annual Checklist at Lifetime Networks, \_\_\_\_\_ has reviewed the Rights & Safeguards- A Guide for Self-Advocates (CLBC) hard copy or digital.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date (valid one year from signing)

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES  
(ISS) POLICY TITLE: *CONFIDENTIALITY***

**APPENDIX 30.1: *INFORMED CONSENT AND REFUSAL: RISK AND ADVERSE  
CONSEQUENCES FORM***

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**Risks and Adverse Consequences**

I understand that by giving informed refusal the following inherent risks may occur:

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I agree to take responsibility for any risks that may occur after this point. If I choose to continue to refuse Lifetime Networks to provide services and exchange relevant information, reports, and contact information, knowing the risks involved, I will not hold Lifetime Networks responsible for damages incurred.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**(ISS) POLICY TITLE: *RESEARCH AND INDIVIDUALS SERVED AT LIFETIME NETWORKS***

**APPENDIX 31: *LIFETIME NETWORKS INDIVIDUAL'S CONSENT TO PARTICIPATE IN RESEARCH FORM***

---

**INDIVIDUAL'S CONSENT TO PARTICIPATE IN RESEARCH**

I, \_\_\_\_\_ give my consent to participate in the following  
research project: \_\_\_\_\_

- I have been provided information about the research project.
- I am also aware that the research results will respect my privacy and will not identify me by name or indicate other information that may identify me.
- I am aware that in no way will my participation in this research infringe on my rights – specifically I will be kept free from abuse, financial or other exploitation, retaliation, humiliation or neglect.

I consent to participate in this research.

Individual's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES  
(ISS) POLICY TITLE: *ORIENTATION CHECKLIST POLICY***

**APPENDIX 33: *PARTICIPANT ORIENTATION CHECKLIST FORM***

**PARTICIPANT ORIENTATION CHECKLIST**

INDIVIDUAL INFORMATION			
Name	Date	Program	Manager or delegate
If CLBC	Contract Start date:	Funding:	

**INFORMATION FOR ALL INDIVIDUALS**

Orientation item		Date
Has received Individual and Family Handbook		
Has Reviewed in Handbook:		
<b>Initials of Individual:</b>	Your Rights as a Person Living in Canada	
<b>Initials of Individual:</b>	Privacy at Lifetime Networks	
<b>Initials of Individual:</b>	Conflict Resolution at Lifetime Networks	
	Your responsibilities	
	Planning Your Services with You	
	Lifetime Networks Leadership Team Contact Information	
Registration Form completed		
SIVA "At-a-Glance" document completed		
Internal consent for release of information signed		
External consent for release of information signed (if needed)		
Photo/Video Consent form signed		
Emergency evacuation procedure reviewed (if joining an on-site program)		
Accessibility Barrier Report Form completed (if needed)		
Request for Reasonable Accommodation reviewed (and filled out as needed)		
Has received information sheet on community resources		
CLBC plan on file (if available)		
Health Care Plan on file (if needed)		

Behaviour Support Plan/Safety Plan on file (if needed)	
Signed "New Participant Agreement" (if paying privately)	
Representation Agreement on file (if applicable)	

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES  
(ISS) POLICY TITLE: PERSON CENTERED PLANNING**

**APPENDIX 34: *PERSON CENTERED PLAN WAIVER FORM***

---

On \_\_\_\_\_  
(date) (name) (title)

explained to me the purpose and benefits of Person Centered Planning.

I have decided to not participate in the formal Person Centered Planning process for the following reason:

I will participate in informal goal setting and planning to make best use of my time and my funds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Support Person Signature

\_\_\_\_\_  
Date



**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES  
(ISS) POLICY TITLE: *BURSARY FUND***

**APPENDIX 35: *BURSARY APPLICATION FORM***

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**Application for Bursary**

**Applicant Details**

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

**Program Details**

Name of  
Program: \_\_\_\_\_

Start Date: \_\_\_\_\_

Tell us briefly why you are applying for this bursary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Lifetime Networks is under no obligation to accept or assign me a bursary.

Should I be accepted, I acknowledge that I may be required to write a letter of thanks to the Executive Director at the end of the program. This letter may be used on the Lifetime Networks website, and on other promotional materials for Lifetime Networks. Lifetime Networks requests that families and individuals do not discuss bursary amounts with anyone outside the agency.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_

---

**For office use only**

☐ Sent to Accessibility Committee after removing personal information.

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**(ISS) POLICY TITLE: *CONSENSUAL INTIMATE RELATIONS***

**APPENDIX 36: *APPROPRIATE GROUP BEHAVIOUR***

---



The following expectations are held constant for everyone in association with Lifetime Networks including staff, individuals supported, visitors, volunteers, board members and stakeholders.

Expectations:

- Follow Health and Safety Protocols including understanding Lifetime Networks is a shellfish, peanut, and cologne/ perfume free environment to account for peoples allergies and sensitivities.
- Use of respectful language to others and themselves.
- Use of respectful body language and awareness of body movements (violence towards self or others is not acceptable).
- Ask for help if/when needed.
- Be considerate of other people sharing the space with you (voice level, appropriate language and physical contact).
- Behavioural expectations, including physical touch, are contingent on the setting you are in (i.e., office setting, public park, recreation centre).
- It is everyone's responsibility to create an environment that is safe and comfortable for all who share the space.
- To respect the physical space of other people.
- To gain consent before physically touching another person.
- Respect when someone says no (this can be a verbal no or a non-verbal no symbolized by body language).

We know that in all things we try we may not always succeed, but we know that we will be supported to continue learning in a safe environment we have all helped create.

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**(ISS) POLICY TITLE: PERSON CENTRED PLANNING**

**APPENDIX 47: RISK ASSESSMENT PLANNING FORM**



**RISK ASSESSMENT PLANNING**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Assessment Conducted By: \_\_\_\_\_

People Participating in the Assessment: \_\_\_\_\_

**SECTION 1: PROPOSED ACTIVITY**

What is the proposed activity or identified risk?

Is the activity or identified risk consistent with the individual's goals, and outcomes, as defined in the individual's Person Centered Plan or in their support needs? ☐ Yes ☐ No

Please explain:

**SECTION 2: HEALTH AND SAFETY RISK FACTORS**

**Possible Risks / Hazards**

	<b><u>Staff:</u></b>	<b><u>Individual</u></b>	<b><u>Both:</u></b>
	<b><u>Yes</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
1. Will the person's life be in danger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the person's health or safety be affected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the person's relationship with others be affected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the person's independence be affected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the person's financial security be affected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the person be exposed to emotional trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the person be in danger of exploitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |                                                                                        |                          |                          |                          |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 8. Will the person's wealth be affected?                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will the person be at risk of breaking the law?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will the person be in danger of physical abuse?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Will the person be able to continue to participate in chosen community activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Will the person be in danger of losing his/her basic rights?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Will the person's spiritual / religious freedom be affected?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Will the person's lifestyle be affected?                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Will the person's intimate relationships be affected?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide details regarding risk for any section marked with a "yes" above, **including any risk of not participating** in the activity/restriction. (Health, physical, mental, emotional, environmental, etc.).

Safeguard Plan (actions taken to minimize risks)

Person(s) responsible for the actions:

### SECTION 3: PRECAUTIONARY MEASURES

1. When consent for external release of information has been given (Appendix 30), has the individual's representative been informed of the activity? ☐ Yes ☐ No  
☐ N/A

2. Are there any medical &/or behaviour protocols in place for this individual? ☐ Yes ☐ No  
☐ N/A

*If yes, how will they be implemented prior to and / or during the activity; including emergency plan, if applicable?*

### SECTION 4: OVERALL RISK CONCLUSION

Based on all information collected, do the benefits of the proposed activity or identified risk outweigh the risks to the individual and/or staff? ☐ Yes ☐ No

Is participation in the activity, or engaging with the identified risk, supported by Lifetime Networks?

☐ Yes   ☐ No

Review \_\_\_\_\_ Person \_\_\_\_\_  
\*Must be reviewed annually.

\_\_\_\_\_  
Individual or Representative's Signature Date

\_\_\_\_\_  
Manager or Delegate's Signature Date

\_\_\_\_\_  
Physician Signature if Required Date

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES  
(ISS) POLICY TITLE: *PERSON CENTRED PLANNING***

**APPENDIX 48: *EXIT INTERVIEW SUMMARY FORM***

---

Thank you for taking the time to answer a few questions about your experience with Lifetime Networks.

Your answers will be reviewed in confidence by a Lifetime Networks Manager. The information you provide will be used to improve our support of staff, individuals and families.

Interview Method:      In Person                      Phone                      Email

Name \_\_\_\_\_

Program: \_\_\_\_\_

Start Date \_\_\_\_\_ End Date: \_\_\_\_\_

Have you or your loved one been referred to another Service Provider? Y / N

Have funders been notified? Y / N

1) What were your reasons for connecting with Lifetime Networks?

---

---

2.) Summary of Services Provided: \_\_\_\_\_

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3.) What are the reasons for your decision to leave Lifetime Networks?

- |                                                      |                                                   |                                        |
|------------------------------------------------------|---------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Programming Goals Completed | <input type="checkbox"/> Medical /Health Problems | <input type="checkbox"/> Moved         |
| <input type="checkbox"/> Participant Request         | <input type="checkbox"/> Parent/ Guardian Request | <input type="checkbox"/> Lack of Funds |
| <input type="checkbox"/> Retired                     | <input type="checkbox"/> Deceased                 |                                        |
| <input type="checkbox"/> Non-attendance              | <input type="checkbox"/> Other _____              |                                        |

Comments:

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4.) Summary of Transition Plan:

5) From your perspective in your role with Lifetime Networks what did we do well?

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6) From your perspective in your role with Lifetime Networks what would you suggest we do differently to improve?

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---

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7) Is there anything else you would like to tell us?

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8.) Would you like to stay on our email list? \_\_\_\_\_

9.) Would you like someone from Lifetime Networks to call or email in 6 months for a check in?  
Y/N

Thank you very much for your feedback.

Individual's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

**ISS POLICY TITLE: SELF-ADMINISTRATION, MEDICATION MONITORING, AND  
MEDICATION ADMINISTRATION**

**APPENDIX 52: MEDICATION ADMINISTRATION PLAN FORM**



**Plan for the Administration of Medication**

*If medication administration is required as part of your/your child's support with Lifetime Networks, an up to date individual record of all prescription and non-prescription medications is required. Please fill in the following information:*

1. Name of medication (please list all medications; circle those that will be administered by Lifetime Networks staff): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. For each medication administered (**circled**), please indicate the following:

- a. The dosage, including strength or concentration

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. The frequency of dosage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c. Instructions for use including administration route

\_\_\_\_\_

<div><div></div><div></div><div></div><div>d. Potential side effects</div><div></div><div></div><div></div><div>e. Drug interactions</div><div></div><div></div><div></div><div>3. For prescribed medications:</div><div>a. The prescribing professional and phone number:</div><div></div><div></div><div></div><div>b. Dispensing pharmacy and contact information:</div><div></div><div></div><div></div></div>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I agree to maintain a blister pack of medication in the event of emergencies. ☐

I give consent for the above-circled medications to be administered to me (my child) by Lifetime Networks staff members:

Name (printed): \_\_\_\_\_

Witness: \_\_\_\_\_

Name (printed): \_\_\_\_\_

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES****ISS POLICY TITLE: SELF-ADMINISTRATION, MEDICATION ADMINISTRATION,  
MEDICATION MONITORING****APPENDIX 61: PRN MEDICATION ADMINISTRATION FORM****PRN MEDICATION ADMINISTRATION FORM**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication name:	Dosage:	Time/Route:
Maximum Dosage in 24 hours:	Time/Interval Between:	Review Frequency:

Reason for Medication:

--

Observable Reason for Use:

--

Steps Taken Prior to Administration of PRN Medication (i.e. other interventions or treatments):

--

Observable changes after PRN Medication was administered:

--

Date: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

**ISS POLICY TITLE: *MEDICATION ADMINISTRATION, MEDICATION MONITORING,***

**APPENDIX 62: *PRN ADMINISTRATION TRACKING CHART***

**PRN MEDICATION ADMINISTRATION TRACKING CHART**

Name: \_\_\_\_\_

Place an "X" in the box corresponding to the day a PRN is administered:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January																															
February																															
March																															
April																															
May																															
June																															
July																															
August																															
September																															
October																															
November																															
December																															

Notes:

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**(ISS) POLICY TITLE: ENTRY (ACCEPTANCE), TRANSITIONS AND EXITS**



**APPENDIX 65: PROSPECTIVE PARTICIPANT FORM**

**PROSPECTIVE PARTICIPANT FORM**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

CLBC Facilitator: \_\_\_\_\_

Municipality: \_\_\_\_\_

Funding Source/Hours: \_\_\_\_\_

Program(s) interested in: \_\_\_\_\_

Initial Contact Date: \_\_\_\_\_ Staff Responsible: \_\_\_\_\_

Next Steps: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Lifetime Chosen: ☐ Yes ☐ No

If Yes: Facilitator Contacted Yes ☐ Analyst Contacted Yes ☐

CLBC PNE Submitted: Yes ☐ Date: \_\_\_\_\_

Private Invoicing Sent: Yes ☐ Date: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Subsidy Form Signed: Yes ☐

Start Date: \_\_\_\_\_ Program: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Participant Folder added in HRDB: Yes ☐ Main DB: Yes ☐

Notes:

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**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

**ISS PROCEDURE TITLE: *INTAKE***

**APPENDIX 66: *NEW PARTICIPANT AGREEMENT - PRIVATE***

---

**New Participant Agreement**

With reference to support for:

\_\_\_\_\_.

I/We agree to provide payment to Lifetime Networks for the first day of each month.

I/We agree to provide one (1) month notice should I/we decide to conclude our agreement with Lifetime Networks. Such notice shall be in writing or email to the attention of Wendy-Sue Andrew, Executive Director.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

**PROCEDURE TYPE: INDIVIDUAL SUPPORT SERVICES**  
**ISS PROCEDURE TITLE: INTAKE**



**APPENDIX 67: REGISTRATION FORM**

**REGISTRATION FORM**

Date: \_\_\_\_\_

Program Name (if applicable): \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender (Optional):      Female      Male      Undisclosed  
Other: \_\_\_\_\_

What are your pronouns (optional)? (Example: he/him, her/she, they/them).

\_\_\_\_\_

Do you wish to disclose any specific cultural or ethnic background to us (optional)?

\_\_\_\_\_

Do you speak any languages other than English? If yes, please elaborate:

\_\_\_\_\_

Are there any Allergies or Medications that are important for us to know? (Please list all):

\_\_\_\_\_

\_\_\_\_\_

Do you have an infectious disease that could impact others at Lifetime Networks?

Yes ☐ No ☐

\_\_\_\_\_

Do you have a legal representative? Yes ☐ No ☐

Name of representative (Committee, Representation Agreement, Adult Guardian, and Temporary Substitute Decision Maker): \_\_\_\_\_

Have you received a copy of the Individual and Family Handbook? Yes ☐ No ☐



I acknowledge that Lifetime Networks is a peanut, perfume/cologne and shellfish free area. ☐

*I am providing my express consent to receive electronic messages to the above noted email address from Lifetime Networks such as newsletters, announcements, programs and events. I may opt out at any time by contacting the office.* Yes ☐ No ☐

Alternate Contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*I am providing my express consent to receive electronic messages to the above noted email address from Lifetime Networks such as announcements, programs and events. I may opt out at any time by contacting the office.* Yes ☐ No ☐

Emergency Contact Name: \_\_\_\_\_

Phone Number for Emergencies: \_\_\_\_\_

A 10% administration fee will be charged for all refunds.

---

**For Office Use Only:**

Program Fee: \$ \_\_\_\_\_ Payment by: Cash/Cheque/Money Order  
Visa M/C

Credit Card No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CSC: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

**ISS PROCEDURE TITLE: *INTAKE***

**APPENDIX 68: *PERSON CENTERED PLAN FORM***

**LIFETIME NETWORKS – PERSON CENTERED PLAN**

Name of Person Supported: \_\_\_\_\_

Program(s): \_\_\_\_\_

**SUPPORT TEAM PRESENT**

Name	Relationship to Person Supported

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

## **PERSON CENTERED PLAN**

### **Profile of Person Supported:**

Included in the profile should be your:

Goals and Dreams: Tell us about your dreams.

Strengths: What are your strengths?

Learned Skills: What are the things you are best at, list some recent successes?

Preferences: How do you like to receive help?

**Why are you at Lifetime? – Expected outcomes**

- ☐ I want to be in the community
- ☐ I want to make and/or improve my friendships and relationships
- ☐ I want to contribute to the community
- ☐ I want to develop new and/or existing skills
- ☐ I want opportunities for personal development such as: empowerment, making choices, increased independence
- ☐ I want to explore different or new options: explore curiosity
- ☐ I want to get and maintain a job

**Goal #1:**

<b>Short term goals:</b>	<b>Support Roles Responsible</b>	<b>Estimated Timeline</b>
Step 1:		
Step 2:		
Step 3:		

**Potential Barriers, Risks, Accommodations, and Considerations:**

**Goal #2:**

Short term goals:	Support Roles Responsible	Estimated Timeline
Step 1:		
Step 2:		
Step 3:		

**Potential Barriers, Risks, Accommodations, and Considerations:**

**Goal #3:**

Short term goals	Support Roles Responsible	Estimated Timeline
Step 1:		
Step 2:		
Step 3:		

**Potential Barriers, Risks, Accommodations, and Considerations:**

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**ISS PROCEDURE TITLE: *PERSON CENTRED PLANNING***

**APPENDIX 69: *PERSON CENTERED PLAN CHECK IN FORM***

---

**Person Centered Plan Check in Form**

Name of individual: \_\_\_\_\_

Date of PCP check-in: \_\_\_\_\_

Staff conducting check-in: \_\_\_\_\_

Method of check-in:

☐ In-person

☐ Phone

☐ Email

☐ Text

☐ Other (Please describe): \_\_\_\_\_

Person(s) contacted:

☐ Individual

☐ Family/Caregiver

☐ Direct Staff

☐ Other: \_\_\_\_\_

## Goals

Please fill in the table below with progress made towards achieving the goal.

Goal	What does success look like?	Who's responsible	Status

Are there any additional comments? Please describe below.



**PROCEDURE TYPE: INDIVIDUAL SUPPORT SERVICES**

**ISS PROCEDURE TITLE: *PERSON CENTERED PLANNING***

**APPENDIX 88: *PERSON CENTERED PLAN INSTRUCTION GUIDE***

---

**Person Centered Plan (PCP) Instruction Guide**

**Purpose**

The goal of the PCP is to determine what the participant expects from their supports that reflect their wants and preferences. Goals are generated based on what the participant has contributed.

By supporting individuals to identify their strengths, skills and preferences, we structure our individualized services accordingly and celebrate who the person is.

**Best practice for success:**

The PCP is participant-led, as much as possible.

We consider what do THEY want, need and dream for themselves, and how do they interact with their world. This information will help us create a profile for the individual.

The PCP facilitator ensures the conversation is positive and person-centered.

Avoid speaking on behalf of the participant as much as possible.

Part way through, a suggested break (10-15 minutes) is encouraged.

Determine the best method and setting for the PCP based on the individual.

Example: some people are visual learners and may chose graphics when planning as opposed to strictly written word.

## **Goals**

Establish goals that address expected outcomes.

At Lifetime Networks, we use the SMART goal process to guide our goal setting with both individuals and staff. SMART is an acronym that stands for **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely.

SMART goals are:

- **S**pecific: Well defined, clear, and unambiguous
- **M**easurable: With specific criteria that measure your progress toward the accomplishment of the goal
- **A**chievable: Attainable and possible to achieve
- **R**ealistic: Within reach, realistic, and relevant to your life purpose
- **T**imely: With a clear defined timeline, including a start date and end date

Example:

I will go to the gym three times a week (Monday, Wednesday, and Friday) for the next three months. My support worker will meet me at the gym and support me while there. I will start this January 1, 2022 and will have achieved this by March 31, 2022.

**PROCEDURE TYPE: INDIVIDUAL SUPPORT SERVICES**

**ISS PROCEDURE TITLE: *PERSON CENTRED PLANNING***

**APPENDIX 70: *PATH TEMPLATE FORM***

---

**"TITLE"**

Place Group PATH photo here

**PATHS (Planning Alternative Tomorrows with Hope)**

**Name of Individual:**

**PATH Completion Date:**

**Date of Birth:**

**Programs:**

**Address:**

## SUPPORT TEAM PRESENT

Name	Relationship to Individual	Telephone

I have participated in the process of PATH Planning:

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

PATH PHOTO

**Dreaming Section:**

**Individual's Name Dreams of:**

- Dream 1
- Dream 2
- Dream 3 (continue with how many dreams the person has)

## Setting the Goals and Enrolling People to Help You

Goals:

Steps to complete Goal (How & Who):

<u>Step</u>	<u>Who is supporting you?</u>
•	•
•	•
•	•
•	•

Goals:

Steps to complete Goal (How & Who):

<u>Step</u>	<u>Who is supporting you?</u>
•	•
•	•
•	•
•	•

Goals:

Steps to complete Goal (How & Who):

<u>Step</u>	<u>Who is supporting you?</u>
•	•
•	•
•	•
•	•

## Grounding in the Now

Throughout the PATH **Individual's name** was:

- Feeling:
- Feeling:
- Feeling:

### **Identifying People to Enroll**

**Individual's name** identified that **his/her** PATH team could help **him/her** work towards **his/her** goals and enrolled additional family members to support **him/her**. These people include:

### **Recognizing Ways to Stay Motivated and “STRONG”**

With the support of **his/her** PATH team, **Name** developed a list of tools and activities that will help **him/her** stay motivated and feel strong about the goals **he/she** has set out for **himself/herself**.

- Person may list tools
- Activities
- Whatever gives them strenght

### **Committing to the First Step**

- **Identify the first step and record here**

### **Planning the Next Months Work**

- Identify steps for the next few months that helps individual work towards goals/dreams.

## Annual Checklist

1. An annual signing of the **Internal and External Consent and Release of Information** forms ☐  
*(If refusal given, complete Risks and Adverse Consequences form)*
2. Has reviewed Rights & Safeguards- A Guide for Self-Advocates (CLBC) **hard copy or digital** ☐
3. If a **Behavioural Support Plan** or **Safety Plan** is needed, annual review has occurred and recommendations have been sent to doctor and behavioural consultant ☐
4. If a **Health Care Plan** is needed, annual review has occurred by the appropriate professionals ☐
5. **SIVA documents** (At-A-Glance and SIVA Safety Plans) have been reviewed and updated as needed ☐
6. When applicable, the **Person Centered Plan** will be reviewed by:
  - a. Family ☐
  - b. Caregivers ☐

Names of people to review:

7. **Photo and Video Consent for Release** has been signed ☐
8. Has reviewed **Lifetime Networks' Complaint Process** ☐
9. Identify any diversity-related considerations including culture, spiritual beliefs, language, age, sexual orientation, gender and socioeconomic status. ☐



**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**(ISS) POLICY TITLE: *POSITIVE BEHAVIOUR SUPPORT PRACTICES***



**APPENDIX 71: 'AT A GLANCE' SAFETY INFORMATION**

**'AT A GLANCE' SAFETY INFORMATION**

At Lifetime Networks, we believe that relationships of trust and support are the foundations for maintain safety in our programs. As we build these relationships, it is important that we gather information from those family members, caregivers and professionals who already have valuable insights gathered from their experience with the individuals they support.

This is a document that provides important 'at a glance' safety information and methods for support.

**Date:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Program Manager:** \_\_\_\_\_

**Name of Person Supported:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

The following employees have reviewed this document, are aware that this individual might pose risks, and acknowledge that they have been oriented to strategies to minimize these risks:

Reviewer's Name (printed)	Reviewer's Signature	Date Reviewed

## PROFILE OF SUPPORTED INDIVIDUAL

Brief profile and history of person supported:

Any safety issues that staff members should be aware of:

Any medical history or issues that staff members should be aware of:

Any communication needs of which staff should be aware of:

Is this individual sensitive to any particular catalysts, and if so, how are staff members recommended to offer support?:

Does this individual experience any sensory issues that staff members should be aware of?:

## RELATIONSHIP BUILDING

The following are helpful ways to approach and engage this person:	
APPROACHES	EXAMPLES:

The following are helpful activity ideas for empowering and building a relationship with the person supported:

## PERCEPTION

The individual appears to perceive people in supportive roles (staff, teachers, family, etc.) in the following ways:

This individual appears to perceive themselves in the following ways:

This individual appears to perceive peers in the following ways:

## MAINTAINING AND RESTORING SAFETY

The following are situations that can be unsafe for the individual:

The following are suggested efforts to maintain and/or restore safety for this individual:

## HELPFUL LANGUAGE TO ENGAGE AND SUPPORT

The following are helpful ways to communicate and support this person (common language):	
Communication:	Examples/Scripted Example:

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**(ISS) POLICY TITLE: *POSITIVE BEHAVIOUR SUPPORT PRACTICES***



**APPENDIX 72: SAFETY PLAN REVIEW**

---

**SAFETY PLAN REVIEW**

Safety Plan for:

---

Reviewed by:

---

Date:

---

Behavioural Consultant:

---

Doctor's Name:

---

Evaluation of success:

---

Recommendations:

---

Sent to Behavioural  
Consultant and Doctor on:

---

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**(ISS) POLICY TITLE: *ORIENTATION CHECKLIST POLICY***

**APPENDIX 73: COMMUNITY TRAVEL INFORMATION**



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**COMMUNITY TRAVEL INFORMATION SHEET**

Handydart Information

If a person wishes to use this service, someone needs to call HandyDart (250-727-7811) to book the ride two weeks in advance (calling at 8:00 AM is imperative as if you call by 9:00 it may be too late). After the person has had one month of booked and completed rides they can apply for a permanent ride. If the ride fits on a run they will get it, if it does not they will continue to book in the previous manner and are encouraged to reapply again at the end of the next month (this is done by calling the operators at Handydart).

Handydart can also be booked online as early as 7:30 AM 2 weeks in advance. To book online, first call the number above, get a user number and give them all of the locations you need for pick up and drop off.

Community Travel Training

As a handyDART customer, we invite you to take advantage of the free Community Travel Training service, and use the regular bus for some of your trips. It is sometimes more convenient to use the regular bus rather than handyDART.

Trainers will develop an individualized coaching plan that will allow you to learn at your own pace. Trainers can focus on your travel needs such as work trips, volunteer positions, appointments or general travel.

You will get practical experience in:

- using the Rider's Schedule
- selecting your route
- getting on and off the bus
- using your bus pass or paying fare
- securing your mobility aid
- locating a seat
- safety procedures while riding the bus
- identifying landmarks
- procedures should you become lost or disoriented.

The trainers will follow up to see how you are doing, and work with you on any travel concerns you may have.

To arrange a session:  
Tel: 250-384-7723  
Email: [execunet@telus.net](mailto:execunet@telus.net)

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES  
(ISS) POLICY TITLE: *CONFIDENTIALITY***



**APPENDIX 75: *EXTERNAL COLLECTION/RELEASE OF PERSONAL INFORMATION  
CONSENT FORM***

---

**External Consent for Collection and Release of Personal Information**

In support of my services at Lifetime Networks I \_\_\_\_\_ give consent for the release and collection of personal information with the following. I am aware that the information will be treated confidentially and that it will be shared on a need-to-know basis only.

**Release means** Lifetime Networks will share your information with your permission.

**Collection means** Lifetime Networks will collect your information with your permission.

**The type of information to be Released and/or Collected:**

- ☐ Intake Information
- ☐ Programs you attend at Lifetime Networks
- ☐ Plans/Communication Reports: \_\_\_\_\_
- ☐ Critical Incidents: \_\_\_\_\_
- ☐ Other (Specify): \_\_\_\_\_

**This Information can be Released to:**

- ☐ Your Family/Caregiver: \_\_\_\_\_
- ☐ Your Doctors: \_\_\_\_\_
- ☐ Your Employment Supports: \_\_\_\_\_
- ☐ Your Housing Supports : \_\_\_\_\_
- ☐ Others (Specify): \_\_\_\_\_

**The Information can be Collected From:**

- ☐ Family/Caregiver: \_\_\_\_\_
- ☐ Health Care Professional(s) (Specify): \_\_\_\_\_
- ☐ Employment Supports (Specify): \_\_\_\_\_



<input type="checkbox"/> Supporting Professionals (Specify): _____
<input type="checkbox"/> Housing Supports (Specify): _____
<input type="checkbox"/> Other (Specify): _____

Date: \_\_\_\_\_  
(Valid for 1 year from Signing)

Print  
Participant  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness  
Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Informed  
Refusal \_\_\_\_\_

*(If refusal given, complete Risks and Adverse Consequences form)*

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**ISS POLICY TITLE: PERSON CENTRED PLANNING**

**APPENDIX 76: AT HOME RISK ASSESSMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Assessment Conducted By: \_\_\_\_\_

**SECTION 1: Recommended Precautions**

Can the individual and household members adhere to the following precautions:

1. Using appropriate hand hygiene ☐ Yes ☐ No
2. Using appropriate respiratory etiquette ☐ Yes ☐ No
3. Environmental cleaning is occurring regularly ☐ Yes ☐ No
4. Can maintain physical distancing in the home ☐ Yes ☐ No

Please provide details regarding risk, **including any risk of not participating** in the activity/restriction. (Health, physical, mental, emotional, environmental, etc.).

Safeguard Plan (actions taken to minimize risks)

Person(s) responsible for the actions:

Is the in-home activity consistent with the individual's goals, and outcomes, as defined in the individual's Person Centered Plan or in their support needs? ☐ Yes ☐ No

Please explain:

### SECTION 3: PRECAUTIONARY MEASURES

3. When consent for external release of information has been given (Appendix 30), has the individual's family been informed of the risk and the steps taken to minimize risk?  
☐ Yes ☐ No ☐ N/A
2. Has the staff member responsible for this task (Community Support Worker) been informed of the risk and trained on the steps taken to minimize risk?  
☐ Yes ☐ No

### SECTION 4: OVERALL RISK CONCLUSION

Based on all information collected, do the benefits of the proposed activity or identified risk outweigh the risks to the individual and/or staff? ☐ Yes

☐ No

Is participation in the activity, or engaging with the identified risk, supported by Lifetime Networks?

☐ Yes ☐ No

Review \_\_\_\_\_ Person \_\_\_\_\_

\*Must be reviewed annually.

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**ISS POLICY TITLE: LEGAL REPRESENTATIVES POLICY**

**APPENDIX 78: *LEGAL REPRESENTATION COMMUNICATION FORM***

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LEGAL REPRESENTATION COMMUNICATION FORM

Date: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Name of Representative(s): \_\_\_\_\_

Type of Representation:

- |                                                              |                                                      |
|--------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Representation Agreement            | <input type="checkbox"/> Committees of Person/Estate |
| <input type="checkbox"/> Temporary Substitute Decision Maker | <input type="checkbox"/> Public Guardian and Trustee |

The manner in which the representative wishes to be involved in decision making, with and for the individual is:

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The amount of detail and the frequency with which the representative wishes to be provided information about the individual is:

---

The circumstances under which the representative wishes to be contacted (e.g. medical emergency) are:

---

---

Topics and documents for consultation and/or signature may include, but are not limited to:  
Consent to Release of Information (Photo/Video, Internal, and External)  
Person Centred Plans  
Behaviour Support Plan  
Safety Plans  
Admission and Exit documents

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**

**ISS POLICY TITLE: *PERSON CENTRED PLANNING***

**APPENDIX 84: *EXIT SUMMARY FOLLOW UP FORM***

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**EXIT SUMMARY FOLLOW UP FORM**

Date: \_\_\_\_\_

Name of Person: \_\_\_\_\_

Name of Staff Member Who Followed Up: \_\_\_\_\_

Method of Contact: ☐ Phone    ☐ Email    ☐ In Person    ☐ Other: \_\_\_\_\_

Follow Up Details:

**POLICY TYPE: INDIVIDUAL SUPPORT SERVICES**  
**ISS POLICY TITLE: POSITIVE BEHAVIOUR SUPPORT PRACTICES**



**APPENDIX 89: STRENGTHS AND STRATEGIES**

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**Strengths and Strategies**

This chart is to be filled out by the participant or their family for use/reference by support workers. Detail is appreciated in this section for consistency. This form is not to be used if the individual is involved in CARF accredited programs.

Area	Strengths and Abilities	Strategies for Success
<b>Learning Style</b> (What are some of the best ways you learn? What are some ways to motivate you? How to help you learn new skills?)		
<b>Social Skills</b> (Consider making friends, taking turns, joining in activities, waiting, making conversation with peers, etc.)		
<b>Communication</b> (Consider asking for something, saying "no", use of visuals, use of devices.)		
<b>Physical Environment</b> (Consider the importance of routines and schedules, need for rules, need for quiet spaces, etc.)		

<b>Transitions</b>  (Consider moving from one activity to another, changing programs or locations.)		
<b>Behaviours</b>  (Consider positive behaviour strategies, visual supports, motivators, triggers, likes/dislikes, etc.)		
<b>Safety</b>  (Consider how you respond to dynamic and new spaces, sensory sensitivities, mobility needs, any fears/anxieties, bolting, etc.)		
<b>Other</b>  (Use this space for any other strengths/strategies that do not fit within the other boxes, or to elaborate on other categories.)		