

CLIENT SERVICES

SECTION E

HEALTH & SAFETY

Section E

Table of Contents

Policy E1:	Crisis Situations.....	1
Procedure E1:	Crisis Situations.....	2
Policy E2:	Client Abuse.....	3
Procedure E2:	Client Abuse.....	4
Policy E3:	Client Absences Without Approval (Missing).....	10
Procedure E3:	Client Absences Without Approval (Missing).....	11
Policy E4:	Client Death.....	13
Procedure E4:	Client Death.....	14
Policy E5:	Client Illness.....	15
Procedure E5:	Client Illness.....	16
Policy E6:	Inclement Weather and Conditions.....	17
Procedure E6:	Inclement Weather and Conditions.....	18
Policy E7:	Client Personal Appearance.....	19
Procedure E7:	Client Personal Appearance.....	20
Policy E8:	Infectious Disease Control.....	21
Procedure E8:	Infectious Disease Control.....	22
Policy E9:	First Aid and Emergency Treatment.....	24
Procedure E9:	First Aid and Emergency Treatment.....	25
Policy E10:	Fire Safety.....	26
Procedure E10:	Fire Safety.....	27

Section E
Table of Contents (continued)

Policy E11:	Safe Environment	28
Procedure E11:	Safe Environment	29
Policy E12:	Medication Administration.....	32
Procedure E12:	Medication Administration.....	33
Policy E13:	Assistive Technology and Environmental Interventions	34
Procedure E13:	Assistive Technology and Environmental Interventions	35
Policy E14:	Safe Water Temperature and Bathing Protocol.....	36
Procedure E14:	Safe Water Temperature and Bathing Protocol.....	37
Policy E15:	Medical Incident Reporting	38
Procedure E15:	Medical Incident Reporting	39

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E1:	Crisis Situations
Policy:	<p>The Agency uses a systematic and supportive approach to crisis intervention. The Executive Director will be contacted immediately in all crisis situations involving:</p> <ul style="list-style-type: none"> • client abuse • death • serious illness/injury/accident • attempted suicide • natural disaster (flood, earthquake) • fire • hostage taking/hostile situation/security risk • client absent without approval (missing or runaway) unresolved within thirty minutes • property damage • emergency use of restrictive procedures • the media • requests for emergency services (police, fire, medical) • or any other situation requiring emergency direction
Guiding Principle:	<p>In the event of a crisis, support staff will need to act quickly and confidently in response to the crisis, and the support needs of their clients. A clear procedure allows this to happen.</p>
Cross Reference	<ul style="list-style-type: none"> • Protection of Persons in Care Act (P.P.C.A)
Date Approved	February 26, 2008
Revised Date	June 19, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E1:	Crisis Situations
	<p>Situations involving emergency services:</p> <ol style="list-style-type: none"> 1. Ensure the client's safety 2. Call 911 and advise as to the service required (police, fire department, ambulance) 3. Follow instructions given by 911 operator 4. Notify the Executive Director 5. Complete required documentation as soon as possible <i>i.e. Incident Report, Accident Report</i> <p>Situations involving client abuse:</p> <p><i>(See Client Services Policy E2- Client Abuse)</i></p> <ol style="list-style-type: none"> 1. If witnessing the abuse, try to stop it 2. Ensure the client's safety 3. Notify the Executive Director 4. Report to Protections of Persons in Care (P.P.C.A.) <p>Situations involving emergency use of restrictive procedures:</p> <ol style="list-style-type: none"> 1. Inform the client's direct coordinator, who will ensure the Program Director is informed immediately 2. Complete an <i>Incident Report</i> as soon as possible <p>Situations involving the media</p> <ol style="list-style-type: none"> 1. Inform the Executive Director immediately 2. Only the Executive Director or designate may provide information to the media <p>Trauma Response</p> <ol style="list-style-type: none"> 1. The Executive Director will determine if access to outside supports is required 2. Supports may include, but are not limited to: <ul style="list-style-type: none"> • emergency funding • emergency housing • counselling referral: <ul style="list-style-type: none"> - victim services - mental health - PDD - bereavement support - palliative care support
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	July 21, 2017

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E2:	Client Abuse
Policy:	The Agency uses prevention-based strategies in dealing with abuse, and will not tolerate any form thereof.
Guiding Principle:	<p>In providing a quality service, the safety of our clients is a primary concern. Well trained staff and clients that are educated in self-advocacy, as well as, working towards community inclusion and building natural supports, can reduce the risk of abuse occurring.</p>
Cross Reference	<ul style="list-style-type: none"> • Abuse Prevention and Response Protocol • Protection for Persons in Care Act • Central Region P.D.D. Initial Review and Report Information Process • C.E.T. Standards • P.D.D. Contract
Date Approved	February 26, 2008
Revised Date	March 26, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E2:	Client Abuse
	<p>Definition:</p> <p>Any situation where a person in a more powerful position (perceived or otherwise), takes advantage of a less powerful person.</p> <p>Client abuse, implying any intentional action or omission, which exposes a client to serious risk of physical or emotional harm, may include but is not limited to the following:</p> <ol style="list-style-type: none"> 1. Physical abuse 2. Sexual abuse 3. Physical negligence 4. Emotional abuse 5. Exploitation 6. Inappropriate use of Restrictive Procedures <p>General:</p> <ol style="list-style-type: none"> 1. In the event of an alleged abusive situation, Horizons Centre will ensure the protection and rights of the alleged victim, the anonymity of the reporter, and the rights of the alleged abuser. 2. Each employee of the Agency has an obligation to report to the Executive Director or designate, any situation in which abuse is suspected. Failure of an Agency staff to report abuse may result in immediate dismissal. 3. As applicable, the Agency will follow the Abuse Prevention and Response Protocol and abide by the Protection for Persons in Care Act 4. Staff witnessing abuse should attempt to stop the abuse and secure the safety of the victim 5. All incidents of abuse will be reported directly to the Executive Director or designate as well as the Protection of Persons in Care (1-888-357-9339) 6. The Executive Director will assess if: <ul style="list-style-type: none"> • the report of abuse is legitimate • a criminal investigation is required involving the police • discipline will remain within the Agency • outside supports are required 7. Consequences may be brought forth by the Executive Director, dependant on discovery
Date Approved	February 26, 2008
Revised Date	July 26, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E2:	Client Abuse
	<p>7. Persons reporting maliciously or without reasonable grounds are subject to disciplinary action</p> <p>Staff abuse of a client - Reporting</p> <p>These allegations/occurrences fall under the PPC Act and the Abuse Prevention and Response Protocol for Adults with Disabilities.</p> <ol style="list-style-type: none"> 1. Any staff witnessing abuse will report directly to the Executive Director or designate as well as the Protection of Persons in Care (1-888-357-9339). 2. Clients being abused by staff have a direct responsibility to disclose this information and should speak directly to someone they trust and/or the Executive Director. 3. Any staff approached by a client, regarding abuse allegations, will inform the client of the staff's obligation to report, and reassure the client that support and protection will be provided to him/her. Staff are then required to report the concern immediately to the Executive Director or designate. 4. Allegations against the Executive Director will be reported directly to the Chairman of the Board of Directors. 5. Any staff having reason to believe/suspect that a client has been, or is currently abused, are required to report the concern immediately to the Executive Director and Protection of Persons in Care. 6. Once the staff have reported the concern, their obligation is fulfilled. Staff <u>DO NOT</u> investigate or discuss the matter further. *The reporting staff will not be advised of the outcome. Failure to maintain confidentiality may result in immediate dismissal. <p>Staff Abuse of a Client - Investigation</p> <ol style="list-style-type: none"> 1. The Executive Director will investigate all non-criminal allegations. Investigations will begin immediately upon disclosure. 2. The Executive Director will ensure the police are informed if the issue is believed to be a criminal act. Guardianship information will be given to the police.
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Revised Date	April 5, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E2:	Client Abuse (continued)
	<p>Staff Abuse of a Client</p> <p>3. The Executive Director will ensure the following guidelines are met during the investigation process.</p> <p><u>Criminal Abuse:</u></p> <ul style="list-style-type: none"> • the safety and rights of all individuals impacted are respected • the guardian is informed immediately • the Chairman of the Board of Directors of Horizons Centre is informed • the witness making the allegation provides a direct statement to the police • Central Region PDD is notified within one working day of becoming aware of the incident • the outcome and any follow-up required is reported to PDD and the client/guardian <p><u>Non-Criminal Abuse</u></p> <ul style="list-style-type: none"> • the safety and rights of all individuals impacted are respected • the guardian is informed immediately • the Chairman of the Board of Directors of Horizons Centre is informed • an internal review is begun by a written report submitted by the individual making the allegations, document all information • a personal interview is conducted with the staff member accused of abuse, document all information • personal interviews are conducted with any other individuals involved in, or observing the incident • if required, ensure a medical examination is completed by the individual's personal physician or appropriate medical personnel and a complete report is compiled within two (2) working days • PDD is informed of the outcome as per Central Region P.D.D. Initial Review and Report Information Process. <p>Staff Abuse of a Client - Support Process</p> <p>1. Clients who have been abused will be supported to access all beneficial medical/counselling services.</p>
Date Approved	February 26, 2008
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Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E2:	Client Abuse (continued)
	<p>Staff Abuse of a Client - Support Process (continued)</p> <ol style="list-style-type: none"> 2. Staff accused of abuse will be suspended with pay for the duration of the investigation. Support extended will be dependent on the outcome of the investigation. 3. The reporter of the abuse will be supported at the time of disclosure and will review the Agency's policy on confidentiality. The reporter will receive no further acknowledgement of the proceedings, unless required by the investigation. <p>Staff Abuse of a Client - Training Process</p> <ol style="list-style-type: none"> 1. All clients receive, upon entering services, information outlining their rights and responsibilities, the Client/Agency Concern Resolution Process, and the Protection for Persons in Care Act. 2. Opportunity is given to all clients receiving services, to review this information on an annual basis, prior to their I.S.P. (training will be documented on the (MYS Acknowledgement.) 3. All employees, upon hire and annually thereafter, are required to read and acknowledge, the Agency's policies on Client Rights and Responsibilities, Client Abuse, Confidentiality, Client Services Section D- Behavioural and the Agency's Code of Conduct. 4. All employees receive annual training in the Abuse Prevention and Response Protocol.
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Revised Date	March 26, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E2:	Client Abuse (continued)
	<p>Client Abuse of a Client - Reporting</p> <p>These allegations/occurrences fall under the realm of internal investigation by the Agency.</p> <ol style="list-style-type: none"> 1. A client being abused by another client has a responsibility to disclose this and should report this to the Executive Director. 2. Any staff witnessing abuse of a client by another client, will STOP the abuse, ensure the safety of the victim, and report the occurrence to the Executive Director for an internal investigation. 3. Any staff receiving a disclosure of client to client abuse will ensure the safety of the alleged victim and report the allegation to the Executive Director for an internal investigation. 4. Third party reports to staff, will be noted, and reported to the Executive Director. <p>Client Abuse of a Client - Investigation</p> <p>The Executive Director will:</p> <ul style="list-style-type: none"> • assess the situation • determine if the allegation is legitimate • determine who will conduct the interview • determine if discipline will remain in the Agency • determine if outside supports/follow-up supports are required • determine if the Guardian(s) should be informed <p>Client Abuse of a Client - Support Process</p> <ol style="list-style-type: none"> 1. Clients who have been abused will be supported to access all beneficial medical/counselling services. 2. Clients accused of abuse will be suspended without prejudice for the duration of the investigation.
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Revised Date	March 26, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E2:	Client Abuse (continued)
	<p>Client Abuse of a Client - Training Process</p> <ol style="list-style-type: none"> 1. All clients receive, upon entering services, information outlining their rights and responsibilities, and the Agency's policy on abuse. 2. This information will be reviewed on an annual basis, prior to their I.S.P. (training will be documented on the MYS Acknowledgement). 3. Should a client require further support and training on this issue, they may have a specific training objective incorporated into their Individual Support Plan. 4. Clients posing a serious risk to other clients may require formal follow up such as a Risk Analysis or Behaviour Support Plan. 5. Staff will be trained in behavioural intervention strategies.
Date Approved	February 26, 2008
Revised Date	March 26, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E3:	Client Absences Without Approval (Missing)
Policy:	The Agency uses a systematic plan of action when a client is unaccounted for and missing.
Guiding Principle:	Each person receiving services requires an individual level of support. In providing a quality service, support staff must be aware of the abilities and safety concerns for each client they support.
Cross Reference	<ul style="list-style-type: none"> • C.E.T. Standards
Date Approved	February 26, 2008
Revised Date	June 19, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E3:	Client Absences Without Approval (Missing)
	<p>Definition:</p> <p>Absence without approval is defined as; any period of time in which an unplanned absence of a client occurs. Any unplanned absence that is unresolved within thirty minutes, will necessitate staff to follow the Emergency Procedure (see point two below)</p> <p>1. Strategies to prevent incidents will include:</p> <ul style="list-style-type: none"> • individual levels of independence will be evaluated upon entrance into the program and continuously thereafter through service design and planning • when applicable, the client, the guardian, and support staff will identify potential risk and agree upon necessary action • an Individual Training Plan (I.T.P.) may be developed and implemented when applicable, to minimize potential risks associated with absences without approval • all clients in program will have photo identification on file • all client absences will be confirmed <p>2. Emergency Procedure:</p> <ul style="list-style-type: none"> • follow the client's Individual Training Plan, if one exists • notify immediate coordinator, who will notify the Executive Director • determine the location the client was last seen/the last support worker to see the client, using face to face/phone inquiries • ensuring the safety of other clients being supervised, conduct a physical search starting from the last identified location and surrounding area • where applicable, Executive Director will contact guardians, family, friends, places often frequented, and residential supports • Emergency Services will be contacted • upon discovery of the whereabouts of the individual, all previous contacts will be notified
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Revised Date	October 28, 2015

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E3:	Client Absences Without Approval (Missing) (continued)
	<p>3. Documentation:</p> <p>A Behavioural Incident Report will be completed prior to the end of the day and shall include the following information:</p> <ul style="list-style-type: none"> • what happened prior to the client leaving (was there an argument, was the client angry) • what time the client left/time the client was discovered missing • actions taken • who was contacted, and at what times • what time the client returned or was found • where the client was, whom they were with, and what activities they were involved in (if known) • the condition under which the client returned (health, etc.) • who the client returned with • action taken by the staff person(s) when the client returned • Individual Training Plan documentation as required <p>4. Follow-up:</p> <ul style="list-style-type: none"> • if the behaviour is anticipated, a Behaviour Support Plan may need to be developed • medical care/emotional counselling may be provided as required • other follow-up measures may be applied dependant on the situation and will be implemented as per the Incident Reporting process
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Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E4:	Client Death
Policy:	<p>Client death will be handled in a professional manner, with dignity and respect. Supports will be offered to all individuals connected to the Agency that are impacted by the tragedy.</p>
Guiding Principle:	<p>The death of a client is a tragic event, and needs to be handled in the most respectful manner. Following a clear procedure will allow the staff to respond quickly and professionally.</p>
Cross Reference	<ul style="list-style-type: none"> • C.E.T. Standards
Date Approved	February 26, 2008
Revised Date	June 19, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E4:	Client Death
	<p>In the event of the death of a client under the supervision of Agency staff, the following actions will be taken:</p> <ol style="list-style-type: none"> 1. Immediately call 911 (Police and/or Ambulance) 2. Contact the Executive Director, who will be responsible for contacting the guardian/parent/next of kin 3. Remain on site until further direction from Emergency Services 4. Ensure support and safety for other clients present 5. Do not touch/contaminate the scene 6. Following the incident, complete a <i>Medical Incident Report</i> and submit it to the Executive Director 7. The Executive Director will arrange for any follow-up support (i.e. grief counselling) deemed beneficial
Date Approved	February 26, 2008
Revised Date	April 17, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E5:	Client Illness
Policy:	<p>A client report of ill health will be taken seriously and appropriate action will be taken to attend to the problem.</p>
Guiding Principle:	<p>Each person receiving services has the right to a healthy lifestyle. When a person comes to work sick, they are putting the health of others at risk. Promoting a healthy work environment is an important part of providing a quality service.</p>
Cross Reference	C.E.T. Standards
Date Approved	February 26, 2008
Revised Date	June 19, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E5:	Client Illness
	<p>Client Responsibility:</p> <ol style="list-style-type: none"> 1. Clients who are ill are expected to stay home. The Agency should be notified before 7:30 a.m. for scheduling purposes. 2. Clients becoming ill at work will be supported in contacting their caregiver, or, if no option exists, resting at the facility until they can go home. Before leaving, clients should notify their support staff or program coordinator and sign out. 3. It is the responsibility of each client to participate in their program and excessive absenteeism may result in a review of the individuals' program. <p>Staff/Agency Responsibility:</p> <ol style="list-style-type: none"> 1. Staff will, upon receiving a message that a client is ill and will be absent, document this information on the daily minutes and tell the clients' Program Coordinator. The Coordinator is then responsible for ensuring that transportation and any other individuals impacted are notified. 2. Staff will assist clients who are ill and wish to go home, in phoning their caregiver and this will be documented in the clients' contact notes. 3. Staff will support clients who are ill and do not wish to go home, in understanding that their actions are intruding on the rights of others. The client will be encouraged to go home. 4. Clients who are ill and resting at the Agency will be checked on regularly. This will be noted on appropriate documentation.
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Revised Date	March 26, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E6:	Inclement Weather and Conditions
Policy:	The Agency responds with due care to inclement weather and conditions.
Guiding Principle:	A safe working/learning environment is important to everyone. A person with impaired judgement or mobility will experience a greater challenge when faced with inclement weather.
Cross Reference	
Date Approved	February 26, 2008
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Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E6:	Inclement Weather and Conditions
	<p>Agency Responsibility:</p> <ol style="list-style-type: none"> 1. In the event of a closure due to weather, the <i>Emergency Call List</i> will be followed to ensure contact with each caregiver. 2. Snow, ice, or excessive pooling of water will be removed at the beginning of the work day. 3. Other safety issues due to inclement weather will be addressed as appropriate (i.e., power lines, building damage) 4. Additional support during inclement weather will be noted in the “<i>My Yearly Summary Plan</i>” and the “<i>What I Want You to Know</i>” sheet in their binder. <p>Client Responsibility:</p> <ol style="list-style-type: none"> 1. Clients are encouraged to assess the risks resulting from the weather and act accordingly. 2. Clients are responsible to contact the Agency if they will be absent.
Date Approved	February 26, 2008
Revised Date	March 26, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E7:	Client Personal Appearance
Policy:	Clients will ensure an acceptable personal appearance appropriate to the program schedule and activity.
Guiding Principle:	<p>Acceptable personal dress, grooming, and hygiene positively affects social acceptance in our society. The development of these skills also promotes a positive self image and may lead to an enhanced level of self confidence. When this aspect of a person's health care is not maintained, health risks may develop.</p>
Cross Reference	
Date Approved	February 26, 2008
Revised Date	August 7, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E7:	Client Personal Appearance
	<ol style="list-style-type: none"> 1. Clients are responsible to: <ul style="list-style-type: none"> • dress appropriately for the weather and activity/job • wear clean age-appropriate clothing that fits • bathe/shower regularly (daily is preferred) • practice proper dental hygiene • keep hair and nails neat and groomed • use deodorant • keep the use of make-up, fragrances, and jewellery to a moderate level • attend to health issues promptly • cover cuts/sores with a bandage • practice hygienic menstrual care 2. Support staff will: <ul style="list-style-type: none"> • teach personal hygiene practices • support clients in this area as required • role-model good grooming practices 3. Clients may request/require formal program planning in this area on their Individual Support Plan. This may include a formal ITP, or participation in the personal development classes. 4. Issues of inadequate personal hygiene will be addressed by their program coordinator, promptly in a discreet, positive manner. A learning and assistive approach will be used. 5. Should the client need to go home, arrangements will be made. In situations where access to their home is not feasible, the client can be assisted to use the facilities at the Agency.
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Revised Date	July 30, 2015

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E8:	Infectious Disease Control
Policy:	Infection control precautions will be followed to minimize the risk of exposure to infectious agents.
Guiding Principle:	Providing a quality service must include attention to serious disease. Trained staff and safety precautions will reduce the risk of the spread of infectious diseases.
Cross Reference	<ul style="list-style-type: none"> • W.H.M.I.S. 2015 • C.E.T. Standards
Date Approved	February 26, 2008
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Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E8:	Infectious Disease Control
	<p>Client Responsibility:</p> <ol style="list-style-type: none"> 1. Upon application for services and/or while receiving service, serious health risks, such as infectious diseases, must be disclosed. 2. If an infectious disease is present, the client/guardian must be actively treating or preventing the spread of the disease. 3. The client/guardian must be willing to work with the Agency and local health care professionals in developing support strategies that minimize the risk of spreading the disease. 4. Physicians/dentists/hospital emergency/admitting staff must be informed of the client's condition prior to treatment. 5. Client's will receive information in regard to infection prevention. <p>Staff Responsibility:</p> <ol style="list-style-type: none"> 1. Infectious diseases will be reported to the local health authority, as applicable. 2. Confidentiality will be respected by restricting personal information to those who need to know. 3. All support staff will ensure they are not a possible source of infection to others. 4. Support staff will treat all blood and bodily fluids as potentially infected with infectious agents. 5. Support staff will respect the confidentiality of a client with an infectious disease, unless it poses a risk to others. 6. Support staff will be trained in and promote safe health practices and use of universal precautions (i.e., hand washing, use of gloves, protecting openings in the skin).
Date Approved	February 26, 2008
Revised Date	March 26, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E8:	Infectious Disease Control
	<p>Infectious Disease Control Precautions:</p> <ul style="list-style-type: none"> • work areas will be kept clean and neat • work areas will be kept at a comfortable room temperature, with proper ventilation • personal hygiene routines will be followed • all clients and staff will wash their hands after using the washroom, after contact with bodily fluids, before and after eating/cooking • gloves, protective gown/apron, goggles, disposable mask may be used as required when in contact with bodily fluids • all spills involving blood/bodily fluids will be cleaned with a disinfectant solution • toilet seats and fixtures will be cleaned daily with a disinfectant solution • gloves will be used for cleaning washrooms • trash cans will be lined with plastic bags • women's washroom facilities will have individual trash cans in each stall • laundry for kitchens and washrooms will be washed separately • linen, towels, and cleaning rags will be washed separate from kitchen laundry in hot water, with a disinfectant solution and dried using a hot setting • clothing soiled with blood and/or bodily fluids will be pre-rinsed and washed separately • dishes and utensils will be sanitized in the dishwasher, whenever possible. • tabletops and counters will be cleaned with a food safe disinfectant • open cuts, scrapes, sores, and skin abrasions on clients/staff will be covered.
Date Approved	February 26, 2008
Revised Date	June 19, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E9:	First Aid and Emergency Treatment
Policy:	The Agency will ensure personnel are certified in first aid and emergency treatment.
Guiding Principle:	Having trained staff helps to ensure the clients' safety, as well as providing a role model for responsible citizenship.
Cross Reference	<ul style="list-style-type: none"> • C.E.T. Standards
Date Approved	February 26, 2008
Revised Date	June 19, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E9:	First Aid and Emergency Treatment
	<ol style="list-style-type: none"> 1. First Aid certification and the maintenance of this certification is a condition of employment for staff. 2. Certified staff are required to perform First Aid with the exception of any written and signed procedure prohibited by a physician. 3. First Aid supplies will be kept on site. Each Agency/Staff vehicle will be equipped with a first aid kit, and portable First Aid kits will be available for outings. 4. First Aid supplies will be regularly checked and replenished. 5. Clients and staff working/volunteering in the community should be aware of the location of First Aid supplies at each site. 6. In the event of a medical emergency, the First Aid - certified staff on the scene will determine if the situation requires emergency services, if so, call 911 advise as to the service required (police, fire department, ambulance), and follow instructions as given by the operator. 7. Agency support staff are not authorized to give consent for medical treatment. 8. Any First Aid treatment given will be documented on applicable forms. 9. In the event an emergency transfer is required, the ambulance/EMS unit will be contacted. Staff are not to transport a seriously injured/ill person in their vehicle. 10. Clients who live on their own or who are able, will be encouraged to take CPR/First Aid training.
Date Approved	February 26, 2008
Revised Date	April 5, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E10:	Fire Safety
Policy:	All clients of the Agency will participate in regular fire safety training.
Guiding Principle:	<p>In the event of a fire, all individuals need to know or be supported in how to respond in a safe, calm manner. Teaching the theory as well as practical application of a skill is important if a person is to internalize the information. Fire safety is taught at each site/proprietorship/work site on a regular basis to ensure the knowledge is transferred.</p>
Cross Reference	<ul style="list-style-type: none"> • C.E.T. Standards
Date Approved	February 26, 2008
Revised Date	June 19, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E10:	Fire Safety
	<ol style="list-style-type: none"> 1. Upon entering the program, all clients will receive a fire safety orientation including: <ul style="list-style-type: none"> • location of exits • fire escape plan • meeting area • exiting procedure • use of fire extinguisher • use of fire alarm system • fire safety precautions • emergency phone numbers (911) 2. A fire drill/fire safety training will occur at each training/work/volunteer/proprietorship program and be documented.
Date Approved	February 26, 2008
Revised Date	June 19, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E11:	Safe Environment
Policy:	<p>The Agency utilizes a pro-active approach to ensure a safe environment and managing risk within facility and community training sites.</p> <p>The Agency will comply with all applicable bylaws, health, safety, fire codes and legislation.</p>
Guiding Principle:	<p>The Agency recognizes its need for due diligence to manage risk on behalf of the clients, employees, the organization and community members. Through education, inspection, assessment, and maintenance, most common accidents and various types of risk can be avoided. Clients who are involved with the detection and prevention of hazards will be empowered to act in an emergency.</p>
Cross Reference	<ul style="list-style-type: none"> • Alberta Occupational Health and Safety Act, Regulations and Code • W.H.M.I.S. 2015 • C.E.T. Standards
Date Approved	February 26, 2008
Revised Date	March 26, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E11:	Safe Environment
	<p>Inspections:</p> <ol style="list-style-type: none"> 1. Fire safety, fire extinguishers, and fire alarm, building inspections will be done annually, or as required by the appropriate authorities. 2. A risk assessment will be completed for each training/work/volunteer sites and will be reviewed annually or as required. Risk assessments are kept in the Occupational Health and Safety Binder. 3. Agency vehicles will be inspected regularly, and adequate fuel/fluid levels will be maintained (see <i>Human Resources Policy: C16</i>). 4. Employee vehicles will be checked upon initial hire/annually/as required using the <i>"Personal Vehicle Checklist"</i>. <p>Storage:</p> <ol style="list-style-type: none"> 1. Hazardous materials will be stored in an approved area. Access to this area by clients will be dependent on training and ability. 2. Flammable materials such as gasoline and propane, will be stored in suitable outdoor storage areas. Clients using these materials will receive training and supervision as required. 3. Products requiring a Workplace Hazardous Materials Information System (WHMIS 2015) label will be treated accordingly. Clients may receive WHMIS 2015 training as required by their Individual Support Plan. 4. All cleaning/maintenance products will be labelled. Clients using these products will receive training and support as required. <p>Maintenance:</p> <ol style="list-style-type: none"> 1. Regular cleaning of the facility will be performed as scheduled. Both staff and clients have a responsibility to maintain a clean environment. Clients performing these duties will receive training and support as required. 2. Maintenance tasks will be performed by staff/clients having the ability to complete the job to standard. Specialty services may be hired (plumbers, electricians, etc.).
Date Approved	February 26, 2008
Revised Date	March 26, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E11:	Safe Environment (continued)
	<p>Response:</p> <ol style="list-style-type: none"> 1. Program Supervisors will ensure regular cleaning/maintenance tasks are completed 2. Clients or staff finding a safety concern should: <ul style="list-style-type: none"> • fix it if they can • seek support • report the problem using a "Maintenance Concerns or Health and Safety Concern Form" located in the filing cabinet in the front office. 3. Safety/maintenance issues will be addressed accordingly. 4. Environments deemed to be "unsafe" or having an unacceptable level of risk for a client will not be accessed. <p>Considerations for Acceptable Risk Management Levels:</p> <ol style="list-style-type: none"> 1. Individuals <ul style="list-style-type: none"> • Receive information about abuse and rights • Supported to become strong self advocates • Completion of formal or informal assessments that considers medical, past history, behaviours of concern and review of past strategies, environmental and communication • Consultation with relevant qualified persons and support networks as needed • Development and implementation and regular review of planned positive and/or planned restrictive procedures • Guardian consultation and consent sought for questionable levels of risk 2. Employees <ul style="list-style-type: none"> • Receive training as per job description
Date Approved	February 26, 2008
Revised Date	March 26, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E11:	Safe Environment
	<ul style="list-style-type: none"> • In house and community on-call supports are made known and available • After hours call in procedure in effect • Information about risk management strategies and emergency response plans • If questionable the Executive Director and/or Program Director will make the determination if levels of risk exceed what is acceptable on an individual basis <p>3. Organization</p> <ul style="list-style-type: none"> • Board responsibilities outlined • General financial practices/audits • Consult with qualified professionals to mitigate acceptable risk, (e.g. legal or financial) <p>4. Community</p> <ul style="list-style-type: none"> • Risk assessment completed for all community sites that includes planned responses to potential risks • Continuous education of community members • Continue to strengthen relationships and partnerships within the community
Date Approved	February 26, 2008
Revised Date	July 8, 2015

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E12:	Medication Administration
Policy:	<p>The Agency will ensure medication administration is delivered in a safe, educated manner, by trained staff.</p> <p>The Agency will work cooperatively with the client, guardian, caregiver, doctor, pharmacist, and other involved professionals in ensuring the best possible health care for the individual.</p> <p>Informed consent from the client/guardian is required prior to medication administration.</p>
Guiding Principle:	<p>Health and safety are the primary focus of medication administration. To promote independence, the individual will participate to the best of their ability, when medication is administered by trained Horizons Centre staff.</p>
Cross Reference	<ul style="list-style-type: none"> • Medication Administration Training Course • P.D.D. Contract • C.E.T. Standards
Date Approved	March 23, 2010
Revised Date	June 19, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E12:	Medication Administration
	<p>Staff will follow and adhere to the Human Resource Medication Administration Policy and Procedure C18 as indicated.</p>
Date Approved	March 23, 2010
Revised Date	June 19, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E13:	Assistive Technology and Environmental Interventions
Policy:	<p>The Agency promotes the use of individualized Assistive Technology and Environmental Interventions to promote personal safety and independence for individuals.</p>
Guiding Principle:	<p>The Agency believes in the independence of individuals with disabilities, and their inclusion in the community. Through the use of Assistive Technology and Environmental Interventions (AT-EI) applications, their opportunities will be increased. The Agency will ensure the safe and ethical use of all AT-EI's.</p>
Cross Reference	<ul style="list-style-type: none"> • C.E.T. Standards
Date Approved	February 26, 2008
Revised Date	May 29, 2012

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E13:	Assistive Technology and Environmental Interventions
	<p>Definition:</p> <p>Assistive Technology (AT) is "any item, piece of equipment, product or system, that is used to increase, maintain, or improve functional capabilities of individuals with developmental disabilities", i.e., wheelchair, walking aids, adaptive utensils.</p> <p>Environmental Interventions (EI) are installed equipment such as grab bars, ramps, lifts, interior and exterior modifications to a building that increases the functional capabilities of individuals with disabilities.</p> <p>Guidelines:</p> <ol style="list-style-type: none"> 1. Incident reports, log notes, observation, etc., will assist in determining the needs of the individual. Based on the findings, recommendations to the appropriate body (e.g., Occupational Therapist, Physical Therapist, physician) may be made for an Assistive Technology and/or Environmental Intervention (AT-EI). 2. The <i>Guidelines for Assistive Technology/ Environmental Interventions (AT-EI)</i> will be used to determine the category and required documentation. 3. An <i>Assistive Technology/ Environmental Interventions</i> form will be completed based on the assessment information received by the appropriate body. Any applicable assessment information will be attached to the completed form. 4. Client/guardian must give informed consent prior to the use of the AT/EI. 5. Staff will be trained on each individual specific AT/EI. 6. AT/EI's will be reviewed a minimum of annually.
Date Approved	February 26, 2008
Revised Date	August 10, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E14:	Safe Water Temperature and Bathing Protocol
Policy:	The Agency will ensure the safety of individuals in regards to water temperature and bathing support.
Guiding Principle:	Ensuring the health and safety of individuals is the primary focus of safe water temperature and bathing support.
Cross Reference	<ul style="list-style-type: none"> • C.E.T. Standards • ACDS Safe Bathing and Showering Manual
Date Approved	July 26, 2012
Date Revised	November 9, 2016

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Procedure E14:	Safe Water Temperature and Bathing Protocol
	<p>Water Temperature:</p> <p>The water temperature of Horizons Centre Facility and Proprietorships will be measured and recorded on the <i>Semi-Annual Water Temperature Report</i>. This report is forwarded to the Executive Director and kept for record.</p> <p>Prior to measuring temperature, staff and Proprietor(s) will be trained as to the correct method.</p> <p>To measure water temperature:</p> <ul style="list-style-type: none"> ➤ Run the hot water tap for one minute. ➤ Fill a cup and immediately test the water temperature with a thermometer. ➤ Document the temperature (should be no higher than 49°C) on the <i>Semi-Annual Water Temperature Report</i>. <p>Bathing Support:</p> <p>Bathing Support as defined by P.D.D. is, when an individual requires assistance with one or more of the following:</p> <ul style="list-style-type: none"> ➤ Assistance checking water temperature before using it. ➤ Assistance to check water temperature. ➤ Assistance adjusting water temperature when necessary. <p>If an individual is deemed requiring bathing support, after a <i>Bathing and Showering Assessment</i>, then <i>Horizons Centre Bathing/Showering Protocol</i>, will be followed and information put on the <i>Proprietorship My Yearly Summary (MYS) and MYS Acknowledgement</i>.</p> <p>Horizons Centre staff and Proprietor(s) who support individuals with bathing, are trained in safety practices through the <i>ACDS Safe Bathing and Showering Manual</i>, prior to providing bathing support.</p> <p>For those individuals identified by other supports as requiring bathing support (e.g., residential, family managed supports), and in circumstances where Horizons Centre staff will be providing bathing support, staff will follow Horizons Centre Bathing/Showering Protocol, and take into account individual specific considerations. Applicable documentation will be completed.</p> <p>Reporting/Documenting:</p> <ul style="list-style-type: none"> • If it is determined that an individual requires bathing support, it will be noted on the <i>Proprietorship My Yearly Summary (MYS)</i>. • The <i>Bath Water Temperature Record Sheet</i> will be filled out accordingly.
Date Approved	July 26, 2012
Date Revised	March 26, 2018

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E15:	Medical Incident Reporting
Policy:	The Agency uses a factual approach in reporting and documenting situations involving illness or injury.
Guiding Principle:	Factual documentation is required to support and evaluate the action taken, determine future action (as required), maintain a clear record of the incident, and assess the effectiveness of the practices being used.
Cross Reference	
Date Approved	April 20, 2018
Revised Date	

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E15:	Medical Incident Reporting
	<p><u>Medical Incident Report Form</u></p> <p><i>A Medical Incident Report Form will be written for incidents of illness or injury that require follow up, involving but not limited to:</i></p> <ul style="list-style-type: none"> • personal illness • personal injury • seizures • medication • use of emergency intervention (restrictive approach) <p><u>Support Assessment</u></p> <p>If the incident does not meet the criteria for a <i>Medical Incident Report Form</i> then it will be documented on a <i>Support Assessment</i> (e.g., incident resulted in no consequence or no visible injury).</p> <p><u>General Guidelines</u></p> <ol style="list-style-type: none"> 1. The staff member(s) observing/involved in the incident will complete a <i>Medical Incident Report Form</i> as soon after the incident as possible. 2. The <i>Medical Incident Report Form</i> will document: <ul style="list-style-type: none"> • name, date, time of incident • what Individual was doing prior • description of the incident • description of emergency intervention if used • results of the action / incident • action taken by staff members • Management Team/OH&S committee review of incident - includes rating of severity of the injury/illness (when resulting from a workplace incident) and control of risk prevention for future injury /illness 3. <i>Incident Report Confidentiality</i> form will document: <ul style="list-style-type: none"> • Names of involved others as referred to on <i>Medical Incident Report Form</i> • If an <i>Involved Other Incident form</i> was completed for the involved other • If a <i>Behavioural/Medical Incident Report Form</i> was completed for the involved other
Date Approved	April 20, 2018
Revised Date	

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E15:	Medical Incident Reporting
	<p>4. an <i>Involved Other Incident form</i> will document:</p> <ul style="list-style-type: none"> • Discussions / recommendations or other pertinent information pertaining to the involved other, not documented on the <i>Medical Incident Report form</i>. <p><u>Reporting</u></p> <ol style="list-style-type: none"> 1. Following an incident, staff involved in/witnessing the incident will notify the client's coordinator or designate. 2. A <i>Medical Incident Report form</i> will be completed as soon after the incident as possible. 3. The coordinator will notify the Program Director/Executive Director as needed. If it is determined that the severity of the incident may rate a 2 or higher (on the <i>Medical Incident Report</i>) and/or required involvement of Emergency Services, a meeting of the Management Team will be called as soon as possible, for review and follow up. <p>Writing the Report: <i>Medical Incident Reports</i> are the formal account of incidents of illness or injury and therefore must:</p> <ul style="list-style-type: none"> • state only the facts • be written legibly in ink, or typed • have no use of white-out • use a single line to strike out errors, and initial the change • respect the confidentiality of others involved • use professional terminology • be dated and signed appropriately • be completed as soon as possible <p><u>Review</u></p> <ol style="list-style-type: none"> 1. All <i>Medical Incident Reports</i> will be reviewed by the Management Team/OH&S Committee at the next scheduled Management meeting (or sooner if required). 2. The Management Team will review the incident, rate the severity of the injury/illness (when resulting from a workplace incident) and indicate control of risk prevention for future injury /illness. 3. The Management Team, after reviewing the <i>Medical Incident Report</i>, will determine whether further consultation with or distribution of a copy is required to any of the following (but not limited to): <ul style="list-style-type: none"> • Client Parent/Guardian • Joint Agencies • Disability Services Caseworker
Date Approved	April 20, 2018
Revised Date	

Horizons Centre	<p style="text-align: right;">Section E: Health & Safety Client Services</p>
Policy E15:	Medical Incident Reporting
	<p><u>Retention</u></p> <ol style="list-style-type: none"> 1. The <i>Medical Incident Report</i> will be retained in the client's official file. 2. A roster, recording classification of each <i>Medical Incident Report</i>, will be maintained in each client's official file.
Date Approved	April 20, 2018
Revised Date	