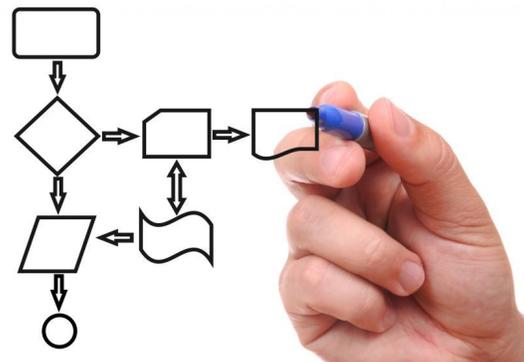




KINNECTIONS CARE PROVIDERS

PROCEDURES



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DECLARATIONS



A. CARE SERVICES PROCEDURES

1. APPROVED BEHAVIOR MANAGEMENT

Behavior management must always be considered as a positive means for growth or interaction for each client in their care.

Need: The client's need is to grow in the ability to interact with others and respond appropriately in common situations so as to maintain positive relationships in the home and in the community.

Goal: Kinnections' goal is to reinforce and encourage each client's internal controls which allow healthy, socially acceptable behaviour, as appropriate to age and ability.

Strategy: Care providers will only employ behaviour management strategies that promote a client's self-esteem, self-awareness and independence. Strategies must be respectful of the client's age and cognitive ability. The methods below are examples of strategies that may be used, depending on the client and the situation. Your Supervisor can help you explore methods until those that work with a particular client have been identified.

POSITIVE STRATEGIES

CHILDREN:

- Tokens / Rewards
- Charts/Stickers
- Loss of Privileges
- Whose Problem Is It?

CHILDREN, YOUTH AND ADULTS:

- Natural & Logical Consequences
- Setting Limits
- Situational Exclusion
- Planned Teaching
- Redirection
- Choices
- Contracting
- De-escalation

PROHIBITED STRATEGIES

The following methods of behaviour control may not be used by a Kinnections care provider under any circumstances.

- Locked confinement
- Use of unauthorized medication
- Embarrassment or humiliation
- Aversive stimuli (i.e. drinking salt water)
- Withholding communication, affection
- Corporal punishment (spanking, etc.)
- Unauthorized mechanical restraint
- Restricting contact with guardian
- Threatening prohibited strategies
- Group punishment

NOTE: Permission given by a guardian does not override this policy. If the family requests the use one of these strategies, notify your Supervisor immediately.

Prohibited Strategies Reporting - Should a prohibited or unapproved restrictive strategy be used (i.e. a care provider not trained in restraints assists a client in a physical manner), the care provider must contact the Supervisor/On-call as soon as possible, and no later than the end of the shift. The incident will be documented and reported to the guardian. The Supervisor and care provider will debrief what occurred and make a follow-up plan. This could include such things as additional training for the care provider, a change in activities when working with the client, and/or on-site coaching by the Supervisor.

RESTRICTIVE PROCEDURES

Restrictive procedures are to be used only if Positive Strategies have been exhausted.

- Time In or Time Out
- Situational Exclusion
- Unlocked Confinement
- Physical Escorts and Restraints
(Only to be used by trained care providers)

Definition: Restrictive procedures place limits upon the child and include restrictions of movement (i.e. use of mechanical restraints - harnesses, belts, etc.), isolation from the group (i.e. time-outs, unlocked confinement, etc.) withholding of privileges, access to outings, etc.

Care providers may use only those restrictive procedures that are listed as “acceptable methods”, and in which the provider has received training.

These strategies may only be implemented:

- In the best interest of the child, and
- after it has been determined that no other reasonable, less restrictive alternative is available.

The use of a restrictive procedure needs to take into consideration:

- The risk of harm to oneself or others,
- The capacity of the child to understand cause and effect of behavior and procedure,
- The child’s history (i.e. a history of abandonment or sexual abuse will influence the type of procedure used), and
- The rights of the child.

Acceptable Restrictive Procedures

- Situational Exclusion – Child supported in resuming control, welcomed back when control is regained
- Time Out – 1 minute per age of child, 12 and over – maximum of 20 minutes
- Isolation / Unlocked Confinement – Cannot exceed 4 hours
- Restraints *

*** Restrictions on Use of Restraints:**

- Provider **MUST** be trained in Non-Violent Crisis Intervention Restraint training
- Guardian authorization must be on file (*Assumption of Risk Authorization*)
- Physical restraint is never used until all other methods have been exhausted

Things to remember if/when using restrictive procedures:

- It must be a short term response
- It must address a safety issue
- The child’s guardian must have already agreed upon its use
- There is a time limit and the child is aware of that time limit
- The child will be monitored closely and the restriction will be ended as soon as the child regains control
- It must be documented in the Daily Notes

Use of an Unplanned Restrictive Procedure

- When an unplanned restrictive procedure has been used
 - the care provider must discuss and debrief the incident with the Supervisor and the guardian,
 - the client is informed of their right to file a grievance, and
 - an incident report is completed.
 - Senior management will review such incident reports on a regular basis

Searches

- Conducted only to ensure safety of the client and/or the care provider
- Permitted: request the client to empty his/her pockets; first ensuring the client's privacy, ask the client to remove their clothing and change into another set of clothing you have provided.
- Prohibited: embarrassing or shaming the client; forcing the client; conducting or threatening a strip search or frisking; removal of clothing other than outer wear

2. MEDICATION ADMINISTRATION

For immediate concerns, contact **Capital Health Link – Dial 811**

Administration Step by Step:

1. Wash your hands
2. Take one dose out of its storage place at a time
3. Read the label to ensure you are delivering the right medication at the right time, to the right client
4. Give the medication to the client
5. For oral medication, stay with the client and ensure it has been swallowed
6. Note in your Daily Report the time and method of medication administration

Receiving Medication:

- **BUBBLE PACK OR DOSETTE:** Parents/Guardians are requested to provide in a Bubble Pack or Dosette, or the original container, clearly labelled as to drug name (prescription and non-prescription) time to administer, dosage, and any instructions (i.e. with/without food). If you are unclear about a request to give medication, speak to the guardian, or call your Supervisor for direction.
- **RECORD:** Record of medications that may be administered by the care provider, and include ALL prescribed medication, over-the-counter medication and herbal remedies.
- If medication arrives in the pill container, ensure that the label of the medication has the name and dosage of drug, foster client's name, prescribing physician's name, and drug identification number.
- Herbal supplements should only be administered with the approval of the guardian.

Self-Administration of Medication

- Some youth and adult clients may self-administer with the written consent of their guardian.
- Adult clients who are their own guardian will have charge of their own medication.

Specialized Medication Administration

- With the exception of epi-pens, care providers may not administer medication through invasive procedures without written consent from the guardian.
- In some circumstances care providers may be required to provide more specialized medication administration (eg. epi-pens, insulin injections, asthma inhalers). This requires documented training by a health care professional and written consent from the guardian prior to administration. The medication administration training and consent must be documented on both the care providers and the client's file.
- It is preferable that the client self-administer such medication.

When a Client Refuses to Take Medication:

- Record the refusal in your Daily Report and include the circumstances of the refusal. E-mail your Supervisor within 24 hours, and notify the guardian as soon as possible.

Storage of Medication:

- All medications should be stored appropriate to the circumstance.
If young children, or clients with poor impulse control are present, medication must be stored in a secure location.
- Items that must be accessed quickly, such as inhalers and epi-pens should be easily available, but kept away from clients or small children as necessary.

Mild Adverse or Unexpected Side Effects:

- Document all unexpected side effects in your Daily Report.
- Monitor the client until all symptoms have disappeared.
- Notify the guardian as soon as possible.

Severe Adverse or Unexpected Side Effects:

- If the reaction is affecting breathing or muscle tone (i.e. slurred speech, slouching or staggering), call 911
- Contact the guardian, or emergency contact and follow their directions
- If the reaction is severe, as in hives or a sudden rash, take the client to a doctor or medical emergency centre
- Contact Capital Health Link – Dial 811
- Contact your Supervisor/On-call
- Document all unexpected side effects in your Daily Report

Health or Adaptive Equipment, Specialized Medical Procedures

- Consent from the client's guardian is required for use of adaptive or specialized equipment.
- Care provider must receive training from the appropriate health professional or guardian before using the device.

Medication Update

- In the following instances the Care provider/Agency will request a medication review with the guardian:
 - Medication details and release for a new client as part of the Application Package
 - When there has been a change in a medication prescription or routine;
 - If there has been a potentially medication-related injury (i.e. falling asleep suddenly, aggression)
 - If the client has been hospitalized or been in another care placement;
 - If the client is taking medication and has had a noticeable change in behaviour,
 - If the client shows any adverse reaction upon taking a medication, whether new or an ongoing one;
 - At each annual service provision review.

3. INFECTION CONTROL

- Care providers are encouraged to have on-site a supply of latex gloves to be used in case of contact with blood, or body fluids
- If there is any question as to whether a client has a communicable disease, care providers must use latex gloves when changing diapers until such time as safety is assured.
 - Use disposable latex gloves when handling body fluids or materials contaminated by body fluids
 - Gloves are removed in such a way so as not to contaminate the unprotected skin
 - Upon removal of gloves, hands are to be washed with soap and warm water.
 - Clean articles contaminated with blood and body fluids separately using detergent and water.
 - A solution of 1 part bleach to 9 parts water is to be used to clean up spills, surfaces or items contaminated with blood or specified body fluids. Gloves are to be worn while cleaning.
 - Any items or waste soiled with blood or specified body fluid should be placed in a double garbage bag (e.g. Diapers) and disposed of in the regular garbage

Blood Contact

If your skin is not broken:

- Get all the blood off as quickly as possible
- Wash the whole area as thoroughly as possible

If your skin is broken, or if blood gets in your eyes or mouth:

- Flush thoroughly with water
- Contact your doctor *Health Link: 811*

Human Bite Protocol:

- Bacteria in the human mouth carries contaminants that can cause serious infection. Any human bite (including if knuckles are cut on another person's teeth) must be treated as above

- See medical attention the day of the incident, stating that the blood contact is through a human bite.
- An incident report must be completed.

Infection control should be continued until it is clear that there is no further requirement to do so.

Hazardous Items

Disposal of sharp items such as needles, and razor blades:

- Put them into a hard container that cannot break or be punctured (empty plastic bottle with cap, or coffee can with lid), and seal it shut
- Put with regular garbage for pick-up

B. CARE PROVIDER DECLARATIONS

KINNECTIONS ~ Crossroads Family Services and the care provider will review and document agreement regarding the following items. This document is required by the date of commencement and will be reviewed annually.

I/we, (print) _____ agree to the following:

1. CONFIDENTIALITY

I/we understand that I/we will not disclose, or make known, any information which may come to my/our knowledge about clients and their families, financial information about these clients, financial information about Kinnections ~ Crossroads, or any other information which may come to my/our knowledge by reason of my/our association with Kinnections ~ Crossroads or its clients. Information (including my/our involvement with said clients) will be kept confidential in all areas of communication – verbal, written, and electronic.

I/we understand that any breach of this Declaration of Confidentiality can result in discipline, or in immediate termination of employment or contract with Crossroads Family Services.

Initials

2. FACEBOOK & INTERNET USAGE

I/We understand that use of social media may constitute a breach of confidentiality. Social media sites are considered to be a public forum. I and my family members will not share issues or opinions related to individual clients or their families. Photos of clients will not be posted on the internet without written permission from the client, or the guardian. Clients will not use the care provider’s internet without permission (preferably written) from the guardian.

Initials

3. FULL DISCLOSURE

To the best of my awareness, I/we have nothing in my/our past or present that would prohibit or present a barrier to caring for children. I have disclosed all relevant behaviors and predilections including, but not limited to the following:

- financial addictions (i.e. gambling)
- prescription drug abuse/addiction
- non-prescription steroid use
- abuse of vulnerable individuals
- sexual perpetration
- sexual addiction
- illegal drug use
- alcohol addiction
- solicitation
- prostitution
- pornography
- child pornography

In addition, I declare that I have never been asked to step down from work with children, youth, or any other vulnerable population in any capacity. (If Applicable) I also have no knowledge that my partner/spouse has or has had involvement with any of the above items, or has been asked to step down from work with children, youth, or any other vulnerable population.

Initials

4. ALCOHOL, MARIJUANA & DRUG USE

I/we understand the policies around alcohol, marijuana and drug usage while providing care services. I/we may not be intoxicated by any and all mind or mood-altering substances (alcohol, drugs, prescription medication, etc.) in the presence of clients. I/we further understand that to do so would be in breach of the Care Services Agreement with Crossroads Family Services and would affect my/our ability to continue to provide care.

Initials

5. ROLE DESCRIPTION & PROGRAM HANDBOOK

I/We have received a description of the care provider’s role, the Program Handbook and have access to the Policy Manual (either electronically or hard-copy) and will become familiar with and comply with the policies to fulfil my/our responsibilities to the best of my/our ability. I/We understand and agree that the Handbook and Manual are intended to provide a program overview and do not necessarily represent all such policies and procedures in force. Kinnections ~ Crossroads may at any time add, change, or rescind any policy or practice at its sole discretion, without notice.

Initials

C. TERMS OF EMPLOYMENT / EXPECTATIONS

PAPERWORK & FINANCES

1. REQUIRED REPORTING DOCUMENTS AS A CROSSROADS CARE PROVIDER

- Record of Service with original guardian signature- submitted no later than the 5th day of the following month in which care services were provided by care provider.
- Daily Report – submitted monthly
- Critical Incident Report - report incidents, including near misses, to your Supervisor during or by the end of your shift, depending on the nature of the incident. Contractor will complete the CI and submit it to Supervisor. If after hours, report to the On-Call line.

Timelines are noted at the bottom of each document.

Initials

2. MILEAGE AND EXPENSE REIMBURSEMENTS

Mileage

Care providers are not reimbursed for travel to and from work unless pre-approved by the funding agency. If the funding agency allows for reimbursement, the arrangement will be presented to the care provider prior to care provider providing care for the client.

Mileage for private contracts or CFSA contracts will be negotiated on a case by case basis.

Kinnections does not reimburse for mileage to and from work within the city, and during care provision. Care providers are not required to use their own vehicle to transport clients during their work shift; however if the care provider chooses to use their own vehicle, any costs associated with the travel during work shifts are not reimbursable.

Travel arrangements and reimbursement of this cost are to be negotiated with the guardian.

Expenses for Community Outings

Care providers are not reimbursed by Crossroads Family Services for expenses incurred during outings. Care providers will review with the guardian any expected costs according to plans, locations, distances, etc. prior to taking part in an activity.

Initials

3. PAYMENT FOR SERVICES PROVIDED

The *Record of Service* and the *Care provider Invoice* will be submitted by the care provider no later than the 5th day of the month following the month services were provided. The *Record of Service* must have the original signature of the guardian. Direct Deposit payment will be made by the 15th for billing received within the required timeline.

Delays in submitting documentation on time will result in a delay in direct deposit payment.

Initials

4. RECORDING TIMES ON RECORD OF SERVICE AND CARE PROVIDER INVOICE

- a) Document start and finish times on the Record of Service.
- b) You may round times up or down to the nearest quarter hour (.25, .50).
- b) Transfer the times documented on the Record of Service to your Care provider Invoice.

Initials

5. LEAVING A SHIFT EARLY

Sometimes the guardian will allow the care provider to leave earlier than expected. Note the time you leave on the Record of Service and have the guardian initial the recorded time. If, at the request of the parent, you are leaving prior to completing the minimum requirement of a three-hour shift, please communicate to the parent that Kinnections is required to bill for the minimum three hours.

If you do not obtain the guardian’s initial on the Record of Service, we will adjust the Care provider Invoice to reflect the recorded time on the Record of Service.

Initials

6. TRAINING & SUPERVISION

HOURLY CARE PROVIDERS

Crossroads Kinnections provides in-agency training in conjunction with group supervision for all care providers. As a condition of employment, care providers will attend a minimum of six (6) three-hour Group Supervision & Training sessions annually. Performance reviews will be carried out at this time (group or one-on-one). Participation in in-agency group supervision and required training is required to enable care providers to maintain their qualifications.

Care providers will be paid their hourly rate for attendance at support groups, under the training stipend.

HOST HOME CARE PROVIDERS

The supervisor will be in contact with each host home minimally every three months. Training requirements are set out on a case-by-case basis. Host home care providers may choose to meet their training requirements by attending Kinnections Group Training, or through the following options: On-line, self-study, or through outside agencies (if the care provider works in the field). Documentation of such training is submitted to Kinnections and kept on file.

Crossroads Kinnections supervisor conducts an annual review and inspection of each host home, based on the Home Safety and Environmental Checklist. At this time, performance and training requirements are reviewed.

Initials

WORKING WITH CLIENTS [Call Kinnections at 780-430-7715 if you have ANY concerns].

7. MATCHING CARE PROVIDER WITH CLIENT.

If you feel it is not a good match for you and the client/family, you should speak with your Kinnections Supervisor immediately.

A good match is critical to the success of the service provided. A poor match does not mean you’re doing a poor job. It means we need to brainstorm and look for solutions or options. This may include troubleshooting, or placing you with a different client.

Initials

8. HANDLING MEDICATION

Families are requested to provide medication in original containers, unless they are packaged by the pharmacist. If you are unclear about a request to give medication, speak to the guardian, or call Kinnections at 780-430-7715 for direction. Care providers are directed that they may not administer medication outside the parameters noted on the medication. If requested to do otherwise, they are directed to decline and notify the Supervisor.

Initials

9. WHEN THE GUARDIAN IS LATE

If the guardian arrives home later than noted on your scheduled shift, you will be paid for your additional time as long as it is noted on the Record of Service and signed off by the guardian. Notify your Supervisor, who will address it with the family to ensure this does not become a regular practice.

Under no circumstances will a Kinnections Care provider leave a vulnerable client unattended, or with an unauthorized adult. If you are unable to wait for the parents, you will call Kinnections/ On-Call, so that alternate arrangements can be made.

Initials

10. CANCELLATIONS AND NO-SHOWS

Client Cancellations

The client’s Service Agreement states that the guardian will be charged a Cancellation Fee equivalent to 3 hours for hourly care, and 8 hours for 24-hour care if the required 24 hours notice is not received. As the care provider, you will be paid your usual fee up to that number of hours.

If the family cancels when you arrive, have them sign off on the Record of Service to indicate you were there. Then contact Kinnections office during business hours so your Supervisor is aware of the situation.

Care provider Cancellations

If you are unable to attend your regular scheduled shift, you must notify your Supervisor/On-Call Worker and the guardian of the client 24 hours in advance of your scheduled shift. In the case of illness or a personal emergency, please notify your Supervisor/On-Call Worker and the guardian of client as soon as possible.

No-Shows

If the client is not there when you arrive for your shift, you will:

1. Contact Kinnections office for direction [or the On-Call line, if after hours].
2. Wait at least 30 minutes.
3. Contact Kinnections/On-Call and notify them when you leave.

Note: You will be paid for the minimum three-hour block if the above steps are followed.

Initials

11. CONFIDENTIALITY, SOCIAL MEDIA & PICTURES OF CLIENTS

Your Declaration of Confidentiality states that information regarding clients and their families will be kept confidential in all areas of communication – verbal, written, and electronic.

No pictures of clients may be posted online by any Kinnections care providers or staff. Upon contracting services with Kinnections, each family signs a Photo-Media Release which covers agency advertising and history albums only.

If you would like to share photos on social media, and the family is in agreement, you may request a Photo-Release document from your Supervisor for the guardian to sign. The document will be placed on the client’s Kinnections file.

Initials

12. SAFETY OF CARE PROVIDER & CLIENT

If you are unsure or uncomfortable with a client care situation or with a request from a guardian, phone your Supervisor/On-Call to discuss the request.

Emergency Situations

If an emergency situation arises during a shift, first call 911, then the guardian of the client, and finally, Kinnections Supervisor/On-Call. (780-504-2417).

Initials

13. HOURS OF OPERATION & AFTER HOUR CONTACTS

To speak with any of our Kinnections Staff during business hours, Monday through Thursday 8:30 to 4:30 and Friday, 8:30 to 12:00, call 780-430-7715. To speak with Crossroads on-call worker after hours call 780-504-2417.

Initials

Care provider(s) - Signature

Agency Representative

Date

Contact your Kinnections Program Team at 780-430-7715