

# Temagami First Nation Community Support Services/Home and Community Care Policy and Procedures

Prepared by: Temagami First Nation Health and Social Committee

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**Administration Section of Policy and Procedures Index**

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<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: POLICY AND PROCEDURE REVIEW</b>	<b>Adm. - 1</b>
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**POLICY:**

1. All policies and procedures developed for the Community Support Services Program Manual will be reviewed on a routine basis.
2. At all times the standard policies and procedures within the Community Support Services Program Manual of the Temagami First Nation (TFN) Home Care programs must support all standards identified by the TFN .
3. Temagami First Nation Community Support Services Program will ensure that all policies and procedures are reviewed with the staff of the program.
4. Other participants are to include the Community Health Nurse, and the Health Services Manager.

**PROCEDURE:**

1. On a routine basis the Community Support Services Coordinator will ensure that the policies and procedures for the program are reviewed with the staff.
2. For those policies and procedures, which are Community based, changes will be made to accurately reflect what is taking place in the Community.
3. Should there be issues regarding the standard policies and procedures, the Community Health Nurse will take these concerns to the Community Support Services Coordinator for discussion and/or clarification.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: MAINTENANCE OF HOME AND COMMUNITY CARE MANUAL</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 2</b></p>
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**POLICY:**

1. The Community Support Services Coordinator will be responsible for the maintenance of the Community Support Services Program Manual.
2. All updates will be sent by email.
3. The Community Support Services Coordinator will update both the hard copy of the manual along with the computer-based copy.
4. All updates to the manual will be provided through email, either from Temagami First Nation or other contracted sources.

**PROCEDURE:**

1. Upon receipt of an email containing any new and/or revisions to existing policies, procedures, forms, protocols, reference material or any other documents received that are to be filed within the Community Support Services Program Manual, the Community Support Services Coordinator will either print the document and immediately file it within the Community Support Services Program Manual or transfer the document to the appropriate computer file containing the Community Support Services Program Manual.
2. When revisions are received, the existing document will be destroyed and/or deleted.
3. The Community Support Services Coordinator will, when required, make copies of documents for any additional Community Support Services Program Manual's that are in existence.

4. On a routine basis the Community Support Services Coordinator will review the Community Support Services Program Manual to ensure that it is complete and in good working order.

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<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: MAINTENANCE OF HOME AND COMMUNITY CARE MANUAL</b>	

**PROCEDURE (cont.):**

5. When required, corrective action will be taken to ensure that the Community Support Services Program Manual accurately reflects the activities within the Community Support Services Program.
6. Staff will be informed of all appropriate additions and/or deletions through meetings/distribution of revised documents or a combination of events.
7. The Community Support Services Coordinator will be responsible for ensuring that all approval signatures are obtained in accordance with Band policy.
8. Any required changes the Community Support Services Coordinator would make changes.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: INTAKE AND ASSESSMENT</b>	
<b>APPROVAL:</b>	<b>Adm. - 3</b>
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**POLICY:**

1. As per the First Nation Community Support Services Program standards all clients of the Community Support Services Program will take part in an intake and assessment process.
2. The intake and assessment process for Temagami First Nation is a shared and collaborative responsibility between the Community Support Services Coordinator and the Community Health Nurse.
3. The Community Health Nurse is responsible for all medical aspects of the intake and assessment process including the completion of the medication profile.
4. The Community Health Nurse is responsible for the completion of intake part 1 and parts 2 and 3 if necessary.
5. The Community Support Services Coordinator is responsible for the completion of the Client Self Report on Functional Ability.
6. The Community Support Services Coordinator and the Community Health Nurse will collaboratively develop the client's care plans.

**PROCEDURE:**

1. When a client is to take part in the intake and assessment process the Community Support Services Coordinator will notify the Community Health Nurse.
2. The client will be contacted and arrangements made for both the Community Support Services Coordinator and the Community Health Nurse to visit the client.

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<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: INTAKE AND ASSESSMENT</b>	

**PROCEDURE (cont.):**

- 3. The Community Health Nurse will provide the Community Support Services Coordinator with all of the documentation obtained/done.
- 4. The Community Support Services Coordinator will review all intake and assessment information and develop the client's care plan.
- 5. The care plan will be reviewed with the Community Health Nurse and signed off by both parties.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: CLIENT RISK CODE ASSESSMENTS</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 4</b></p>
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***POLICY STATEMENT:***

1. Risks associated with client centred care and service delivery must be addressed and considered at all times. The response to risk is to ensure effective and efficient management of human and financial resources.

**POLICY:**

1. Temagami First Nation Community Support Services Program will follow the attached Client Risk Code Assessment tool to determine the client priority.
2. The client risk code assessment will be reviewed on a regular basis simultaneous with the client reassessment process every six months or with significant change in the client’s health and/or personal circumstances.
3. Client risk codes are only applicable when the program will deliver services.
4. Client risk codes will be reviewed when Temagami First Nation Band approves of extended closures which impact service delivery to the client base.

**PROCEDURE:**

1. As a result of the Intake and Assessment process a client risk code will be assigned to all clients and documented within the care plan.
2. Each client's risk code is to be documented on the client's care plan.
3. As part of the reassessment process for all clients the assigned risk code will be reviewed to ensure that it is still appropriate for the client.





<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: POWERS OF ATTORNEY</b>	
<b>APPROVAL:</b>	<b>Adm. - 5</b>
<b>DATE OF APPROVAL:</b>	
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**POLICY STATEMENT:**

1. The *Substitute Decisions Act* allows people to appoint friends and/or family members to act on their behalf, if they become mentally incapable of making decisions for themselves. The document, which gives this authority, is called Power of Attorney: there are two types – Power of Attorney for Property and Power of Attorney for Personal Care.
2. A person appointed as an Attorney under a Power of Attorney has the legal right to make decisions for the person, who appointed them, should this person be mentally incapacitated. If Powers of Attorney do not exist for someone who has lost their mental capacity, family members or friends may make an application to the court to be appointed as an attorney (an attorney is someone who is authorized to do things for someone else an attorney does not have to be a lawyer). If the person does not have family or friends willing to make a court application, the government may intervene, and appoint a government agency or employee to make decisions for the incapacitated person.
3. A Power of Attorney for Property is a legal document in which a person gives someone else the legal authority to make decisions concerning their finances and their property if they become unable to make those decisions themselves.
4. A Power of Attorney for Personal Care is a legal document in which a person gives another person the authority to make health care and medical decisions on their behalf if they become mentally incapable of doing so themselves.

**POLICY:**

1. As part of the Intake and Assessment process the Community Support Services Coordinator will enquire as to the status of the client's Power of Attorneys and document all information regarding the status of the Power of Attorney.

2. All clients within the Community Support Services Program will be encouraged to have a valid Power of Attorney for both Property and Personal Care.

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<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 3</b>
<b>SUBJECT: POWER OF ATTORNEY</b>	

**PROCEDURE:**

1. Should a client not have a Power of Attorney, a Power of Attorney booklet will be offered to the client. The client and/or their family will be provided with guidance regarding the completion of the document.
2. Special attention must be paid for palliative care clients to take all reasonable steps to ensure that they have addressed the need for Power of Attorneys.
3. Should the booklet be used, the full content of the booklet is to be reviewed with the client: family members and friends of the client are to be excluded when this is done so the worker may be sure that the person making the Power of Attorney is making it of their own free will and is not being coerced by anyone.
4. It is very important to ensure that the client has the mental capacity to understand the legal implications of giving Powers of Attorney, a regulated health professional must therefore assess the client and document evidence of mental capacity by ensuring that the client:
  - Knows what authority the attorney will have;
  - Knows that they may appoint anyone they wish as attorney, provided that this person will agree to act if the need arises;
  - Understands that they may cancel the Powers of Attorney at any time or may change the attorney (s) if they wish to do so (while they still have the mental capacity):

For Powers of Attorney for Property,

- Each First Nation’s Lands Officer should be involved in this process.
- Knows what property they own and the approximate value thereof.
- Is appointing someone as attorney that they trust and that this person has agreed to act for them if the need arises;

- Is aware that they must provide for people who depend on them financially, such as a spouse or children;

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p>	<p><b>POLICY/ PROCEDURE Adm. - 5</b></p>
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<p><b>SUBJECT: POWER OF ATTORNEY</b></p>	

**PROCEDURE (cont.):**

4. Cont.

- Understands that the person(s) they appoint must be financially able to manage the property carefully or the property’s value may decrease;
- Understands that there is always a possibility that the attorney appointed may act incompetently or dishonestly;

For Powers of Attorney for Personal Care,

- Is appointing someone as attorney that they must trust absolutely and that they believe that the attorney has a genuine concern for them;
  - Has informed or will inform the attorney they appoint of their personal/health care desires, especially in regards to terminal illness.
  - Understands that they may not appoint any person as attorney if that person provides health care, social care, training or support for them and if that person is financially compensated for those services, unless that person is the client’s spouse or relative.
5. Care must be taken to ensure that a client is not pressured into making any decisions and the client should be given time to think about what he or she wishes.
  6. Staff must be aware that the client has to be at least 18 years of age to make a Power of Attorney for Property and has to be at least 16 years of age to make a Power of Attorney for Personal Care.
  7. Staff must **never** be named as Power of Attorney for a client.
  8. If staff is satisfied that all conditions have been met, and the booklet has been filled out as directed, the client may sign the Power of Attorney in the presence of two witnesses, who are there at the same time (staff members should not be a witness). The witnesses must

then also sign the document. The people witnessing the Powers of Attorney should not be the attorneys appointed.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>  <b>Adm. - 6</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: RESPITE CARE</b>	
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**POLICY:**

1. The Community Support Services Program for Temagami First Nation is able to provide any respite/care giver relief.
2. The Community Support Services Coordinator will assist the family in finding agencies or other individuals who may/can provide them with respite/care giver relief, if the services are not available.

**PROCEDURE:**

1. Upon request for respite/care giver relief the Community Support Services Coordinator will begin the assessment procedures and advise the family if the Community Support Services is about to provide the services.
2. The Community Support Services Coordinator will assist the family in contacting other agencies or individuals who may be able to provide assistance to the family.
3. The Community Support Services Coordinator will be responsible for ensuring that full documentation is made within the client’s chart regarding the assistance provided and any outcomes.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>  <b>Adm. - 7</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: ELIGIBILITY REQUIREMENTS</b>	
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. Clients are eligible for services if they meet one of the following criteria:
  - a) Elderly persons in need of support services.
  - b) Adults with physical and mental disabilities.
  
2. Clients are eligible for services if they meet all of the following criteria:
  - a) The applicant is a resident of the Bear Island.
  - b) Applicant is status, living in the community married to or a child of status or in a recognized relationship i.e. common law.
  - c) The applicant’s condition is such that adequate service can be provided at home with resources available in the Program.
  - d) No significant risk of harm to the service provider.

**PROCEDURE:**

1. Through the assessment process all applicants will be reviewed to determine if they meet the specific eligibility criteria.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: NON-ADMISSION</b>	
<b>APPROVAL:</b>	<b>Adm. - 8</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. When it has been determined that any applicant/referral to the Community Support Services Program cannot be admitted to the program the Community Support Services Coordinator will notify the individual in writing as to why.
2. Should the Community Support Services Program be unable to provide services to the applicant, attempts will be made to assist the individual in finding alternative services to meet their needs.
3. Steps must be taken to ensure that the reasons that applicants are not admitted to the program are applied to all applicants.

**PROCEDURE:**

1. What follows are guidelines that Temagami First Nation Community Support Services Coordinator will follow when dealing with a “non admit” client.
2. If eligibility criteria are not met the Community Support Services Coordinator must send a letter to the client, the referring agency, Health Services Manager and/or the attending physician/person.

The letter will include in its text:

- The date the referral was received and when and how an assessment was made.
- Clearly explained reason(s) why the patient was ineligible for service.
- A statement that the Community Support Services Program will reassess the client if a new referral indicates a change in condition.
- Sign the letter and place a copy of the letter in the “Non-admission” file.
- Document on the Eligibility Assessment that the letter was sent.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Staff - 8</b>
<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: NON-ADMISSION</b>	

**PROCEDURE (cont.):**

3. The Community Support Services Coordinator will if possible, suggest alternative community agencies to the client.
4. In cases of self or family/care giver referral, the Community Support Services Coordinator will send a letter of explanation to that individual.
5. Reasons for non-admission to the Community Support Services Program can include the following:
  - Service not required
  - Home not suitable
  - Requested services are unavailable
  - Applicant’s health condition is such that adequate service cannot be provided at home with the resources available through the home care program
  - Family participation is not available
  - Condition has changed/Deceased
  - Client or family refused First Nation Home Care services
  - Referred to institution

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: APPEAL PROCESS</b>	
<b>APPROVAL:</b>	<b>Adm. - 9</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. When an applicant has been deemed ineligible for the Community Support Services Program, the client or guardian has the right to appeal the decision.
2. It is suggested that the client or guardian can only appeal the decision once per application.
3. It is suggested that reapplication can only take place upon a proven significant change.
4. The Community Support Services Coordinator will be contacted to do the reassessments for the appeal process.
5. An Occupational Therapist or a Physiotherapist can be asked to participate in the reassessment process as well.

**PROCEDURE:**

1. To initiate the process of appeal the client or guardian must submit a letter of complaint to the Community Support Services Coordinator within 10 days of the denial.
2. The process for investigation as outlined in the Community Support Services policy of complaints and applies will be followed.
3. At the conclusion of the Community Support Services Coordinator’s investigation they will be given access to all information that was gathered as part of the original intake and assessment process.
4. Information is to be obtained from the client or guardian that they feel was not included in the original intake and assessment.

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<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: APPEAL PROCESS</b>	

**PROCEDURE (cont.):**

- 5. The Community Support Services Coordinator will coordinate the arrangements for the second intake and assessment.
- 6. At the conclusion of the second intake and assessment the Community Support Services Coordinator will coordinate a meeting with the Community Health Nurse, and/or CCAC and the Health Services Manager to review the results.
- 7. As a result of this meeting it will be determined whether or not services will be delivered.
- 8. The client and/or guardian will be notified of the outcome of the second assessment.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: CLIENT ORIENTATION</b>	<b>Adm. - 10</b>
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<b>DATE OF APPROVAL:</b>	
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**POLICY STATEMENT:**

1. Clients and their families will receive an orientation to the home care program to ensure that they understand the services and care to be provided and the limitations of the service. Client orientation will ensure that he/she understands their personal responsibilities with the intention that it will foster a co-operative relationship between the client and the home care program.
2. As part of the orientation process the Community Support Services Coordinator will review with the client and their family the policies and procedures regarding the confidentiality of client information *and the Protection of Personal Health Information Act*.

**POLICY:**

1. The Community Support Services Coordinator is responsible for ensuring that the clients and/or their families are informed that they are required to participate in the intake, assessment, development, review and evaluation of the service delivery.
2. The Community Support Services Coordinator is responsible for ensuring that the client and/or their family are aware at all times that service delivery is client based and not household based and accordingly all services are based on the needs of the assessed client.
3. The client is responsible for ensuring that their home is an environmentally safe both physically and emotionally in which the in-home service providers can provide the care required.
4. The client is responsible for providing a safe and secure location for their active home care chart while in home services are being provided.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p>	<p><b>POLICY/ PROCEDURE Adm. - 10</b></p>
<p><b>SECTION: ADMINISTRATION</b></p>	<p><b>PAGE 2 of 3</b></p>
<p><b>SUBJECT: CLIENT ORIENTATION</b></p>	

**POLICY (cont.):**

5. In the event of a service complaint, the client and/or their family will be required to advise of the complaint in writing addressing it to the Community Support Services Coordinator using Temagami First Nation Health, Health and Social Services Client Complaint form.
6. In-home services are intended to support the client in their home environment. If the client is absent from the home, *the in-home service provider* will not provide the service. Therefore, the client and/or their family will be required to advise the Community Support Services Coordinator of any absence from the home that would impede the delivery of service.
7. The client and/or their family will be advised that the services may be withdrawn under the following circumstances:
  - The client is not present or cancels for three (3) consecutive visits without good cause;
  - Health and safety issues related to the home/work environment.

**PROCEDURE:**

1. The following information will be given to the client in written form:
  - Confidentiality of client information;
  - Information regarding the Protection of Personal Health Information Act;
  - Services to be provided including a review of the care plan;
  - Copy of the Client Bill of Rights;
  - Hours of service;
  - Days to expect service;
  - Client handbook on Home and Community Care Services, highlighting the client bill of rights and client responsibilities;
  - Names and duties of the in-home service provider;
  - Manner in which cancellation of the in-home service provider's and circumstances;
  - Name and number of the Community Support Services Coordinator or provision of business card.
  - Limitation of services (*lack of capacity*)

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The need for the client to sign off on the Care Plan

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Adm. - 10</b>
<b>SECTION: ADMINISTRATION</b>	<b>PAGE 3 of 3</b>
<b>SUBJECT: CLIENT ORIENTATION</b>	

**PROCEDURE (cont.):**

2. The client is informed that any changes in service will take place after consultation and a reassessment.
3. The client is advised that in the event that they are not at home when their assigned worker arrives to provide service, the worker is prohibited from entering the house in the absence of the client and required to report to the Community Support Services Coordinator.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: SERVICE ALLOCATION GUIDELINES</b>	<b>Adm. - 11</b>
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***POLICY STATEMENT:***

1. The Community Support Services Plan/Manual has been established to ensure standardization of time allocation to provide the basic Homemaking/Personal Support services, which have been determined through the Intake and Assessment process for all clients.
2. The Community Support Services Plan/Manual Allocation Guidelines are a management tool and are to be used **without exception** by the Community Support Services Coordinator for all clients.
3. The current Service Allocation Guidelines were established based on the current amount of time allocated within the community to provide these services and Government guidelines.
4. The Service Allocation Guidelines will be reviewed on an ongoing basis.
5. Temagami First Nation will adhere to the current Service Allocation Guidelines and will adhere to the policy of making no alternations to the values assigned to any tasks within the Service Allocation Guidelines independently.
6. It is of note that the total number of hours is based on service provision of 5 days a week.

**POLICY:**

1. The established Service Allocation Guidelines will be used in determining the number of hours a client requires to provide the basic Homemaking/Personal Support services.
2. Any service required that does not appear on the Service Allocation Guidelines list will be classified as an exception and is addressed in Policy and Procedure 12-3, Exceptions to

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the Service Allocation Guidelines.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Staff - 11</b>
<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: SERVICE ALLOCATION GUIDELINES</b>	

**POLICY (cont.):**

3. The determination of the required number of hours **cannot** take place without the completion of the following forms, the Client Self Report on Functional Ability and the Client Intake form. When applicable, documentation from other Health Care Professionals Assessments will also be used.

**PROCEDURE:**

1. The established Service Allocation Guidelines will be referenced by the Community Support Services Coordinator when developing the client's care plan.



<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: EXCEPTIONS TO THE SERVICE ALLOCATION GUIDELINES</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 12</b></p>
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**POLICY:**

1. It is understood that at times individual clients will require services that have not been identified within the Service Allocation Guidelines. These required services would be dealt with as exceptions.
2. All exceptions are based on individual client needs and are not applicable to any other client.
3. When exceptions to the Service Allocation Guidelines are identified for individual clients the appropriate Health Care Professional will be contacted to provide an assessment on the client to assist in the determination of the number of hours required to provide that specific service to the client.
4. The determined value (number of hours) will be added to the number of hours determined through the Service Allocation Guidelines.
5. Each exception will be dealt with on an individual basis.

**PROCEDURE:**

1. When an exception has been identified, the Community Support Services Coordinator will contact the appropriate Health Care Professional required to do the assessment of the client's specific need.
2. The Community Support Services Coordinator along with the front-line worker will be educated by the Health Care Professional as to the client's specific needs and how to deliver these needs.
3. The Health Care Professional will provide written documentation regarding their assessment of the client needs.

4. The identified exception will be documented as such on the client's care plan.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: SERVICE MAXIMUMS</b>	<b>Adm. - 13</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

***POLICY STATEMENT:***

1. The Community Support Services Program for Temagami First Nation will at all times endeavour to ensure that service delivery is within the industry standards of 80 hours in the first 30 days that follow the first day of service; 60 hours in any subsequent 30-day period per client, per household.

**POLICY:**

1. Through the use of the established Community Support Services Plan/Manual, the service maximum will not exceed 80/60 hours of service per client, per household. This figure is based on the Ministry of Health and Long-Term Care policy and procedure for service maximums.
2. When additional hours are required a meeting will take place with the family, primary health care provider and other individuals or agencies involved in service deliver to the client.
3. The service maximum will not apply in circumstances requiring palliative care.
4. Exceptions to the service maximum will be addressed through policy and procedure Exceptions to the Community Support Services Plan/Manual.

**PROCEDURE:**

1. When determining the number of required hours for any client, the Community Support Services Coordinator utilize the Community Support Services Plan/Manual.
2. When required clients of the program will be referred to other agencies or individuals to assist in service delivery.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: SERVICE AGREEMENTS</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 14</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 1</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

*POLICY STATEMENT:*

1. In order to ensure that both the client, the Community Support Services Program and the in-home service provider has a clear understanding of what both/all parties agree to, a signed Service Agreement will be in place for all active clients of the Community Support Services Program.

**POLICY:**

1. For all clients receiving in home services a Service Agreement must be in place.
2. The Service Agreement will be completed at the time of assessment and reassessment.
3. As part of the client orientation process the Community Support Services Coordinator will ensure that the content of the Service Agreement is reviewed with the client/and or their families at the time of assessment and reassessment.
4. The Community Support Services Coordinator will ensure that the content of the Service Agreement is reviewed with the in-home service provider.

**PROCEDURE:**

1. At the time of client orientation process the Community Support Services Coordinator will review the content of the client's Service Agreement.
2. Should the client and/or their family have any questions or concerns regarding the content of the Service Agreement the Community Support Services Coordinator will answer/explain the content.
3. The Community Support Services Coordinator will ensure that the assigned in home service provider fully understands their role in the provision of all items within the Service Agreement.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: EMERGENCY PREPARED PLAN</b>	<b>Adm. - 15</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. Temagami First Nation Health’s Emergency Plan (appendix Pandemic Plan) will be used for the Emergency Prepared Plan.
2. The Community Support Services Coordinator is responsible for ensuring that all staff are familiar with the Emergency Prepared Plan and the role that they will play in it.

**PROCEDURE:**

1. At the time of hiring the Community Support Services Coordinator will review the Emergency Prepared Plan with all new staff.
2. On a routine basis the Community Support Services Coordinator will review the content of the Emergency Prepared Plan with the staff during staff meetings to ensure that all staff are familiar with their role.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: CLIENT SATISFACTION SURVEY</b>	<b>Adm. - 16</b>
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. Client Satisfaction Surveys will be used as a means of monitoring the quality and appropriateness of the care and services being provided to all clients of the Community Support Services Program.
2. The Community Support Services Coordinator is responsible for the reviewing and analysis of the data found within the Client Satisfaction Survey.
3. The content of the Client Satisfaction Survey will be reviewed on an ongoing basis to ensure that the information remains relevant to the Community Support Services Program.
4. In the absence of the Community Support Services Coordinator the Health Services Manager will be responsible for all aspects of this process.

**PROCEDURE:**

1. On a routine basis the Community Support Services Coordinator will randomly select a number of clients to receive the Client Satisfaction Survey.
2. The Community Support Services Coordinator is responsible for ensuring that a recording tool is developed that will reflect which clients have received the Client Satisfaction Survey.
3. The Community Support Services Coordinator will meet with the client and explain the purpose and content of the Client Satisfaction Survey. As part of this process the Community Support Services Coordinator will coordinate the completion of the survey with the in-home service provider or with any other individual who is involved in delivering services to the client through the program. At all times the ongoing assurances will be provided to the client of anonymity in the completion of the survey. The Client Satisfaction Survey is to be completed on a voluntary basis and accordingly, at no time will any undue pressure be implied to the client to complete the survey.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE: Adm. - 16</b>
<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: CLIENT SATISFACTION SURVEYS</b>	

**PROCEDURE (cont.):**

4. Envelopes will be provided for the storage and delivery of the completed survey.
5. The Community Support Services Coordinator will analysis the results of the surveys and incorporates those results within their quarterly reports.
6. Any identified deficiencies or problems will be dealt with immediately.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: OATH OF CONFIDENTIALITY</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 17</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 1</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

**POLICY:**

1. All members of the Community Support Services Program must sign an Oath of Confidentiality at the time of employment.
2. The Community Support Services Coordinator will be responsible for ensuring that all Temagami First Nation Community Support Services Program staff sign an Oath of Confidentiality. The standard Temagami First Nation document will be used. This policy is as per First Nation and Inuit Health Branch, Community Support Services Program standards.

**PROCEDURE:**

1. The Community Support Services Coordinator will make arrangements for each individual staff member to sign the Oath of Confidentiality.
2. Prior to signing the Oath of Confidentiality, the Community Support Services Coordinator must ensure that the staff member has received all mandatory training on client confidentiality.
3. The Oath of Confidentiality must be reviewed with the staff member to ensure that all of the implications of a breach are understood.
4. The Community Support Services Coordinator must keep the signed original of the Oath of Confidentiality on file.
5. Should the staff member request a copy, one can be provided for them.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: UNIVERSAL PRECAUTIONS AND MEDICAL EQUIPMENT</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 18</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 4</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

**POLICY STATEMENT:**

1. The transmission of infectious disease among clients, service providers, and the public can be greatly reduced through hand washing, safe sanitation and transportation of equipment, and clear bagging and labeling of clean as well as soiled equipment.

**POLICY:**

1. The Community Support Services Coordinator will ensure that twice a year all staff attend an educational session on their role in ensuring that universal precautions are followed in all aspects of service delivery.

**PROCEDURE:**

**ENTERING THE HOME**

1. Service providers must disinfect their hands before entering a client’s home.
2. When inspecting, repairing, or cleaning soiled equipment, disposable gloves must be worn and safely disposed of. Gloves are not to be re-used. (list attached)
3. Medical gowns are necessary if splashes of bodily fluids are likely to occur.
4. Masks and eye protection are necessary when splashes of bodily fluids are likely to be in contact with eyes, mouth and/or nose.

**TRANSPORTING LOANED EQUIPMENT**

It is the responsibility of the client and/or their family to clean and return loaned equipment as per their individual loan agreement. However, on occasion it may be necessary for service providers to assist with the transportation of equipment cleaned in the client’s home, or of soiled loan equipment.





<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Adm. - 18</b>
<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 4</b>
<b>SUBJECT: UNIVERSAL PRECAUTIONS AND MEDICAL EQUIPMENT</b>	

**PROCEDURE (cont.):**

The following procedures apply to any equipment returned to Temagami First Nation Community Support Services Program by a client, even if the client has reportedly disinfected the equipment in his or her home.

**TRANSPORTING LOANED EQUIPMENT (cont.)**

1. Disposable gloves shall be worn when handling equipment likely to have been in contact with bodily fluids.
2. *All* equipment picked up from a client must be sealed in a labeled plastic bag before it is placed in any vehicle for transport.
3. If soiled equipment *is* placed in a vehicle without first being sealed in a plastic bag, the vehicle must then be disinfected in all contact areas.
4. Any equipment picked up from a client must not be mixed with clean equipment or other clean products in the vehicle.
5. Transportation of clean equipment must be done in a plastic bag in a closed vehicle.
6. The Community Support Services Program will provide the plastic bags for transportation of equipment.
7. Once equipment is bagged, disposable gloves shall be removed and placed in a plastic bag, which will be tied, and disposed of upon return to the Community Support Services Program or loan cupboard.
8. Service providers must disinfect their hands again before contacting the vehicle or other clean product or surface.

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<b>SUBJECT: UNIVERSAL PRECAUTIONS AND MEDICAL EQUIPMENT</b>	

**PROCEDURES:**

**RETURNING LOANED EQUIPMENT TO THE STORAGE AREA**

1. Service providers shall remove bagged equipment from the vehicle and place in an area designated for soiled equipment. The label must remain on the bag clearly indicating that the equipment is soiled, or has so far only been cleaned in the client’s home.
2. Service providers shall wear disposable gloves at all times during the cleaning process, including protective clothing and eyewear when splashes of bodily fluids are likely to occur.
3. The bag shall be removed and disposed of without turning it inside out.
4. Equipment shall be cleaned and disinfected in accordance with the cleaning procedures below.
5. The worker (Personal Support Worker or Home Support Worker) assigned in home will be properly trained to clean the equipment.
6. Disinfected, bagged equipment is to be clearly labeled as clean.
7. If servicing or repair is required, the equipment will be removed from the loan cupboard, servicing shall be completed, and the maintenance log shall be filled out accordingly.
8. The cleaned, serviced equipment is then returned to the individual First Nation loan cupboard (or NSTC central loan cupboard) when it is now safe to loan.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Adm. - 18</b>
<b>SECTION: ADMINISTRATION</b>	<b>PAGE 4 of 4</b>
<b>SUBJECT: UNIVERSAL PRECAUTIONS AND MEDICAL EQUIPMENT</b>	

**PROCEDURES (cont.):**

**CLEANING PROCEDURES**

1. Service providers will wear disposable gloves at all times during the cleaning process, including protective clothing and eyewear when splashes of bodily fluids are likely to occur.
2. Hospital grade disinfectant solution shall be used on all solid (e.g. metal, plastic or vinyl) surfaces, and any fabrics shall be laundered whenever possible (e.g. wheelchair cushion covers), or otherwise sprayed with a disinfectant (e.g. rollator walker handles).
3. Apply solution directly to the surface being cleaned.
4. Scrub the surface, applying pressure with a disposable cloth.
5. Rinse all surfaces well and air dry before bagging.
6. Bag and label, with the label clearly indicating that the equipment is clean and safe to loan.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: UNIVERSAL PRECAUTIONS</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 19</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 2</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

***POLICY STATEMENT:***

1. Universal precautions are to be used by all staff of the Temagami First Nation Community Support Services Program staff members that are in direct contact with blood and body fluids containing visible blood.
2. The Environmental Health Officers can be contacted for both training and supplies for cleaning.

**PROCEDURES:**

1. Hand washing: Hands are to be washed with soap and water before and after direct contact with client and client-care articles contaminated with blood and body fluids. Anti-bacterial hand sanitizer will be provided to staff by the Community Support Services Program
2. Gloves: Disposable gloves are to be worn during procedures that are likely to generate splashes of blood and body fluid. Temagami First Nation will provide gloves for the staff.
3. Gown and Mask: Gown and mask are to be worn during procedures that are likely to generate splashes of blood and body fluids. Temagami First Nation will ensure that gowns and masks are available to the staff.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Adm. - 19</b>
<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: UNIVERSAL PRECAUTIONS</b>	

**PROCEDURE (cont.):**

4. Needles and Syringes: Take necessary steps to prevent accidental needle stick injury or exposure to blood when giving injections.
  - **DO NOT** Re-cap needles use the manual single-handed re-capping procedure.
  - Discard used syringes and sharps in an impervious container. Temagami First Nation will provide "sharps" containers to the appropriate clients. These containers when full can be brought to the Health Centre reception staff. These containers will be stored based on the Health Centre policy and procedure. The EHO will be contacted as per the Health Centre policy and procedure.
    - All needle stick or any other direct contact incidents are to be referred to the Payroll Clerk for the completion of the WSIB form immediately, and the Home and Community Care Manger is to be advised. The staff are to be sent to the local emergency department for appropriate care and testing.
5. Moist Soiled Linen: For the Home Health Aide, all linen soiled with moist body substances must be handled with gloves and laundered within the client/family member's homes. All linens are to be laundered in hot water with bleach.
6. Cleaning of Equipment: Home and Community Care Equipment or Loan Equipment: Cleaned in the designated area and labeled accordingly if applicable. The person responsible for cleaning will wash the equipment with 1:100 solution of household bleach or other chlorine-based solution, which is available, or according to the manufacturer's instructions. No equipment returned from a client is to be assumed to be cleaned and accordingly, all equipment will be cleaned when it is returned to the Community Support Services Program offices. Equipment can be cleaned within the janitors' room at Red Pine Lodge.
7. Cleaning of Dishes, Bedpans, and Urinals: Home Health Aides are to wear gloves to wash dishes, urinals, and bedpans soiled with blood. Wash these with a 1:100 solution of Javex or whatever appropriate chlorine solution is available.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: HEALTH AND SAFETY WORK ENVIRONMENT</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 20</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 2</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

***POLICY STATEMENT:***

1. The Community Support Services Program will promote safety and minimize potentially hazardous situations to ensure client care and employee safety. While the home care program acknowledges the right of the client to live at risk if they so choose, the staff and volunteers will not be permitted to provide services in homes where their safety is at risk.

**POLICY:**

1. The clients are expected to have dogs leashed or penned away from the entrance when service providers are to visit the home. Service providers will have the option of refusing to enter a property where dogs are not leashed or penned.
2. The in-home service providers will not provide service if the client and/or family and friends are under the influence of drugs or alcohol at the time of service.
3. With the exception of a medical reason such as dementia, stroke, mental illness or another medical condition, the staff will not provide services in homes where the client and/or family members are verbally abusive.
4. Staff will not provide services in homes where the client and/or family members are physically abusive.
5. Other safety issues include, but are not limited to the following:
  - Physical condition of the home
  - Cleanliness issues related to the home
  - Physical hygiene of client
  - Presence of communicable disease
  - Infestations within the client's homes
  - Moulds and mildews within the client's home

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	<b>Adm. - 20</b>
<b>SUBJECT: HEALTH AND SAFETY WORK ENVIRONMENT</b>	<b>PAGE 2 of 2</b>

**POLICY (cont.):**

- 6. The Community Support Services Coordinator will ensure that all in home service providers receive training/instruction in recognizing potential safety hazards and possible methods of correction during their orientation.
- 7. The Community Support Services Coordinator will ensure that all incident reports are recorded and reviewed to identify risks.
- 8. In the event that an in-home service provider refuses to enter a property, the in-home service provider must immediately report to the Community Support Services Coordinator.
- 9. In the event that a situation can't be resolved and there is risk of injury to the staff and/or volunteer the home services can be withdrawn or denied.

**PROCEDURE:**

- 1. The Community Support Services Coordinator will conduct an environmental safety review during the intake and assessment process to determine the whether or not there is any actual or potential risk to either the client and/or staff.
- 2. In the event that there is a high potential of injury for any reason, action will be taken to prevent or manage the risk.
- 3. The Community Support Services Coordinator will communicate the Health and Safety Work Environment policy to all clients and in-home service providers.
- 4. In the event that the in-home service provider encounters unsafe conditions that may compromise their health and safety they will immediately report to the Community Support Services Coordinator and complete an incident report.
- 5. The incident report will be reviewed and investigated by the Community Support Services Coordinator.



6. If a situation of risk exists, the Community Support Services Coordinator will be required to address the concern with the client and/or family.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: MEDICAL EQUIPMENT AND SUPPLIES</b>	<b>Adm. - 21</b>
<b>APPROVAL:</b>	<b>Page 1 of 3</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

***POLICY STATEMENT:***

1. Temagami First Nation Community Support Services Program will provide medical equipment, when possible to eligible clients on a short-term loan basis, as assessed a Physician, Nurse Practitioner, other medical specialist or by the Occupational and/or Physiotherapist. This service allows for trial of equipment, equipment bridging until the client’s own equipment is delivered, or short-term loan in emergency situations. Other Regulated Health Professionals or trained Home and Community Care staff may also loan out equipment in accordance with Policy Statement #7 below.
2. It is the responsibility of the Occupational Therapist to inventory, service, and maintain through arranging annual inspection by a service technician.
3. It is the responsibility of the client to whom the equipment is loaned to make every effort to ensure that the loaned equipment is cleaned and returned to the Community Support Services Program in his or her First Nation within three months of the equipment being loaned, or upon discharge from therapy or Home and Community Care services, or when the client’s own equipment has been obtained.
4. It is the responsibility of Temagami First Nation Community Support Services Program to clean the returned equipment according to universal precautions policy, for pick up by the Occupational and/or Physiotherapist.
5. Temagami First Nation is responsible for the cleaning, maintenance and inventory of the equipment in their own individual loan cupboards, and for developing their own loan agreement forms, inventory files, and maintenance logs.
6. The therapists will only loan out medical equipment from Temagami First Nation Health's loan cupboards that has been cleaned and serviced in accordance with Procedure #1

below, and the universal precautions policy.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Adm. - 21</b>
<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 3</b>
<b>SUBJECT: MEDICAL EQUIPMENT AND SUPPLIES</b>	

**POLICY STATEMENT (cont.):**

- 7. Any equipment loaned to a client from Temagami First Nation loan cupboard without an assessment by the Occupational or Physiotherapist is not the responsibility of the Occupational or Physiotherapist.
- 8. Prescriptions for equipment will be processed as per the policies of Non-Insured Health Benefits.
- 9. Non-essential, and customized equipment will not be rented for clients.
- 10. No equipment from Temagami First Nation Health's loan cupboard will be loaned for a period greater than 6 months. Should a client require any piece of equipment for a greater period of time they will be referred to the appropriate agency or medical specialist.

**PROCEDURE:**

- 1. Management of Temagami First Nation Health's loan cupboard will incorporate the following elements:
  - a) A Regulated Health Professional or trained Home and Community Care staff will only loan equipment.
  - b) All equipment belonging to a loan cupboard, whether stored in the loan cupboard or out on loan, will be tagged with a code and the name of the loan cupboard it belongs to, and the equipment and code will be recorded in an inventory file. This file will be updated as equipment is purchased, donated, and disposed of.
  - c) All equipment stored in, or returned to a loan cupboard will be visually inspected by the Community Support Services Coordinator or designate for any missing parts, stagnant water trapped inside the equipment, or any other visible safety concerns before being deemed safe to loan.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Adm. - 21</b>
<b>SECTION: ADMINISTRATION</b>	<b>PAGE 3 of 3</b>
<b>SUBJECT: MEDICAL EQUIPMENT AND SUPPLIES</b>	

**PROCEDURE (cont.):**

- d) Regular maintenance shall be completed to ensure that all equipment is kept in safe working order. Local service technicians shall be called in for annual inspections of equipment – particularly wheelchairs and walkers – and a maintenance log shall be kept on all equipment (date equipment was obtained, source of equipment, date serviced, dates and descriptions of any repairs made, initials of service technician where applicable). All donated equipment shall be inspected.
- e) For any equipment loaned out a loan agreement form will be signed by the client and the Regulated Health Professional or trained staff loaning the equipment. Any loan agreement form must be referred to legal counsel to ensure it includes all necessary indemnifications.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: W.H.M.I.S.</b>	<b>Adm. - 22</b>
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

***POLICY STATEMENT:***

1. Staff will understand the three basic methods of controlling hazards and the basic principles of emergency planning to ensure that they are able to protect themselves from hazards in the work place.
2. Staff will have an understanding of how the body is affected by hazardous materials.
3. Staff will know the different types of information available to them under the Right to Know and know the purpose of that information.
4. Staff will have sufficient knowledge of the amendments to the Occupational Health and Safety Act to enable them to be aware that suppliers and employers must fulfill their duties and responsibilities to W.H.M.I.S. under the Act.
5. Temagami First Nation is responsible for the provision of W.H.M.I.S. training, through an E.H.O.

**PROCEDURE:**

1. All staff will participate in an annual W.H.M.I.S. training.
2. Upon orientation, all staff will be shown:
  - Where to access the Material Safety Data Sheets (M.S.D.S.) at the worksite;
  - How to find necessary and important information on an M.S.D.S;
  - How to follow the approved procedures for handling, storing, and disposing of a controlled product, hazardous waste, and fugitive emissions;
  - How to respond in an emergency.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	<b>Adm. - 22</b>
<b>SUBJECT: W.H.M.I.S.</b>	<b>PAGE 2 of 2</b>

**PROCEDURE (cont.):**

- 3. The Employer must ensure workplaces are healthy and safe by:
  - Identifying and acquainting workers/supervisors with workplace hazards;
  - Removing and/or controlling hazards;
  - Monitoring workplace levels of keeping records of worker exposure to hazardous substances/agents;
  - Determining personal protective equipment (P.P.E.) to be worn;
  - Establishing safe working procedures; providing instruction and supervision;
  - Ensuring all measures/procedures prescribed by regulation are carried out;
  - Must take every precaution reasonable in the circumstances to protect workers.
  
- 4. The Supervisor:
  - Must tell workers about all hazards;
  - Must ensure workers wear P.P.E. and follow safe working procedures;
  - Must take every precaution reasonable in the circumstances to protect workers.
  
- 5. The Worker:
  - Must wear P.P.E. required by employer;
  - Must follow safe working procedures;
  - Must report all hazards to supervisor/employer;
  - Must not engage in horseplay;
  - Must report all injuries/illness resulting at work to employer.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: FUND RAISING</b>	<b>Adm. - 23</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. Fund raising will be allowed through the Community Support Services Program.
2. The Health Services Manager must authorize all fund-raising activities.
3. All fund raising done through the Community Support Services Program must comply with the financial policies of the Temagami First Nation.
4. All funds raised through fund raising by the Community Support Services Program will be used for supplies and activities of the program.
5. Funds raised cannot be given to individuals or families.

**PROCEDURE:**

1. When a fund-raising activity is planned the Community Support Services Coordinator will ensure that it is known that it is a fund-raising activity and what the funds raised will be used towards.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: HOURS OF OPERATION AND SERVICE DELIVERY</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 24</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 1</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

**POLICY:**

1. As per Temagami First Nation Personnel Policy and Procedure, 7 hours a day, 35 hours per week of operations for staff of the Community Support Services.
2. In home service delivery will not be available during Temagami First Nation Christmas closure/saturator holidays.
3. The Community Support Services Coordinator is responsible for ensuring that all clients of the program are aware of when there will be no in-home service delivery.
4. When a client with high needs the Community Support Services Coordinator will work with the family to put mechanisms in place to ensure that during any Band closure the client’s needs are met.

**PROCEDURE:**

1. As part of the client orientation the Community Support Services Coordinator will advise the client of this policy and procedure.
2. The Community Support Services Coordinator will ensure that all staff are aware of this policy and procedure.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: AFTER HOURS AND WEEKEND SERVICE PROVISION</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 25</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 1</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

**POLICY:**

1. The Community Support Services Program normally will not provide after hours and weekend services to the client base.
2. In the instance that after hours or weekend services are required. It will be based on an assessment done under the direction of the Community Support Services Coordinator.

**PROCEDURE:**

1. As the result of the assessment the Community Support Services Coordinator, after hours and weekend services will be provided as needed.



<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: INCLEMENT WEATHER</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 27</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 2</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

***POLICY STATEMENT:***

1. It is recognized that there will be occasions when staff are unable to report to work due to the weather. As many of the clients and their families are dependent on the Community Support Services Program it is important that all steps are taken to ensure the safety of the Community Support Services staff and the clients.

**POLICY:**

1. When the weather conditions are such that it makes it impossible for any member of the Community Support Services Program staff to report to their client's safely, they are to adhere to the following procedure.
2. Staff must report to work should the weather conditions improve, road ploughing take place or any other action that will facilitate the staff being able to report to work.
3. The Community Support Services Coordinator will inform clients when the service providers are unable to report for work due to inclement weather.

**PROCEDURE:**

1. The in-home service providers are to call the Community Support Services Coordinator and inform them that they are unable to report for work.
2. The client risk codes will be reviewed and a determination made as to which clients cannot have their service delivery interrupted.
3. The Community Support Services Coordinator will call clients and inform them of the status of their service delivery.

- 4. For those clients who must receive services the Community Support Services Coordinator will inform them of any changes in the hours of service and/or the staff member who will be providing the services.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Adm. - 27</b>
<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: INCLEMENT WEATHER</b>	

**PROCEDURE (cont.):**

- 5. The remainder of the clients will be contacted and informed of the interruption in their service delivery. The clients will also be told that should there be any further changes they will be informed of those changes as well.
- 6. Should staff fail to report to work when/if the weather conditions improve and not inform the Community Support Services Coordinator, disciplinary action may result.
- 7. Staff are to report to the Community Support Services Coordinator when/if weather conditions improve to obtain any revisions to their schedule.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: COMMUNITY LINKAGES AND OUTREACH</b>	
<b>APPROVAL:</b>	<b>Adm. - 28</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

***POLICY STATEMENT:***

1. All Support Services staff will work to foster positive working relationships and community linkages in accordance with the mission and values of the program. Outreach services are provided in order to communicate the effectiveness of the services to those who need them.

**POLICY:**

1. The Community Support Services Coordinator will be responsible for developing a system that will ensure that both the Community Support Services Program and the Community take all required steps to ensure that linkages are made with agencies, individuals and related health care facilities that will enhance service delivery to the client base.
2. Temagami First Nation Community Support Services Program will ensure that their relationship with the following organizations/facilities are fostered at all time for the betterment of the program and the client base; the Red Cross, the Community Care Access Centre, Canadian National Institute for the Blind, Canadian Cancer Society, Heart and Stroke Foundation, the Kidney Foundation, Palliative Care, Alzheimer's Society, autism services and any other agency that can or will provide service or guidance to the program.
3. The Community Support Services Coordinator will ensure that all of the in-home service staff are aware of what agencies are available to provide services to the client base. The goal at all times will be to ensure that they will collaborate actively with other service providers within the larger community to eliminate gaps in service, avoid duplication and ensure that clients receive the services that they need.
4. The internal linkages and integration will occur through the completion of the Internal Consultation and Referral form. All internal service providers are required to complete the form as stated in the protocol.

5. Documentation of in-home contact with any client is to be done based on the individual agency or organizations' policy and procedure.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p>	<p><b>POLICY/ PROCEDURE Adm. - 28</b></p>
<p><b>SECTION: ADMINISTRATION</b></p>	<p><b>PAGE 2 of 2</b></p>
<p><b>SUBJECT: COMMUNITY LINKAGES AND OUTREACH</b></p>	

**POLICY (cont.):**

- 6. Home visits by representatives from outside services are to be documented within Community Support Services home chart.
- 7. Documentation resulting from a referral from the Community Support Services Program to an outside service are to be copied and sent to the program for filing within the client's Community Support Services Program file.
- 8. The Community Support Services Program will adhere to policies that facilitate referrals and reporting to the appropriate internal and external regulated health professionals.
- 9. If the Community Support Services Program will be working with another external agency or program for a significant amount of time, or there is any type of commitment between agencies, a Memorandum of Understanding or a contract may be required.

**PROCEDURE:**

- 1. The Community Support Services Coordinator will maintain lists, reference or resource binders (or the equivalent) of hospitals, other programs and contacts, services provided, forms and necessary information.
- 2. The Community Support Services Coordinator will ensure that all staff are aware of these resource tools and further ensure that routinely the services available through these agencies and/or organizations are shared with the staff.
- 3. Internal and External Consultation and Referral forms will be initiated as documented within their respective protocols.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: CONTRACTING SERVICES</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. – 29</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 1</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

**POLICY:**

1. When in home nursing services is required the Community Health Nurse/Community Support Services Coordinator would be contacted to provide these services.
2. The Community Health Nurse will conduct their own assessment.
3. Upon determination of what services are required the care plan will be created documenting what services will be delivered by outside services. A separate care plan will be developed that will document what services will be delivered through the Community Support Services Program.
4. A specific reassessment date will be documented for the contracted services.

**PROCEDURE:**

1. The Community Support Services Coordinator will make all required arrangements for the assessment to take place.
2. Full documentation of the assessment with the Community Health Nurse/Community Support Services Coordinator is to take place within the client's home chart and office file.
3. The Community Support Services Coordinator will be responsible for the creation of the chart in which staff will document their contact with the client.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: REFERRALS TO REGULATED HEALTH PROFESSIONALS</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 30</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 2</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

**POLICY:**

1. All referrals to regulated health professionals within the Health Centre will be done through the use of the standardized Internal Referral form.
2. Continuity of care and quality services are paramount in the health and wellness of the client; therefore, the Community Support Services Program will ensure that the regulated health professionals involved in the care of the client will receive reports in a timely manner that provide clear and concise communication regarding the client.
3. When required the Community Support Services Program will refer clients in a timely manner that will utilize the services and expertise of the other regulated health professionals that will result in optimum care to the clients.

**PROCEDURE:**

Referral:

1. When the Community Health Nurse identifies a client who requires medical attention, a referral will be made to the appropriate health professional
2. Should any of the regulated health professionals determine that the in-home service provider requires some education or an in-service, the Community Support Services Coordinator and the regulated health professional will make the necessary arrangements for this to take place.
3. Attendance by in home service providers at this training/educational/ in-service will be mandatory.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE</b>
<b>SECTION: ADMINISTRATION</b>	<b>Adm. - 30</b>
<b>SUBJECT: REFERRALS TO REGULATED HEALTH PROFESSIONALS</b>	<b>PAGE 2 of 2</b>

**PROCEDURE (cont.):**

4. When deemed appropriate the educational sessions can take place by group/diagnosis/methodology and not by individual client need.

Reporting:

1. The Community Health Nurse will provide upon request client information to any regulated health professional involved with the client care at the Temagami First Nation Centre or the client's family doctor.
2. The Community Support Services Coordinator with conjunction with the Community Health Nurse will provide a copy of the In-Home Services Discontinuation form.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: SECOND HAND SMOKE</b>	<b>Adm. - 31</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. The Community Support Services Coordinator will ensure that all in home service providers are familiar with their rights and responsibilities under the *Smoke Free Ontario Act*.
2. In accordance with current legislation, the *Smoke Free Ontario Act*, every in-home service provider has the right to request a person not to smoke tobacco in his or her presence while he or she is providing health care services. If the person refuses to comply with the request, the in-home service provider has the right to leave without providing further service, unless to do so would present an immediate serious danger to the health of any person.
3. The Community Support Services Coordinator, in compliance with current legislation, will inform all clients, should they accept services or wish to continue with services currently being provided through the Community Support Services Program, they will have to *refrain from smoking tobacco during the time that an in-home service provider is in their home*. Clients will also be informed that failure to comply with this legislation could/shall result in withdrawal of services.

**PROCEDURE:**

1. The Community Support Services Coordinator will be responsible for documenting in the client’s chart or on the intake assessment form that clients were informed of the Smoke Free Ontario legislation as it pertains to smoking during the time service providers are in their homes.
2. The Community Support Services Coordinator will be responsible for gathering information from the in-home service provider as to whether or not they object to being assigned to clients who smoke, and where possible to match client and worker.



<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: CLIENTS WITHIN THEIR HOMES</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. – 32</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 1</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

**POLICY:**

1. As per the Service Agreement all clients are to remain within their home during the time period that the in-home service provider is present.
2. As service delivery is client based and not household based it must be the client who is within the house at all times.
3. Should a client need to leave their home while the in-home service provider is there, the client is to advise the in-home service provider of this. The in-home service provider is to do what they can within the time period ensuring that those services that are client based get done first, i.e. preparation of a meal, versus sweeping the floor.
4. Should a staff member need to leave the home early they are to ensure that this is documented within a progress note within the client's chart. Within the progress note they are to state, where the client went, what time they left and what duties were performed.
5. When an in-home service provider leaves early, they are to inform the Community Support Services Coordinator to receive direction.

**PROCEDURE:**

1. As part of the orientation process for the clients the Community Support Services Coordinator will ensure that the client is aware that they are to be in the home at all times that a in home service provider is there.
2. At the time of hiring all staff will be informed that they are not to be within a clients' home without the client being either within the home.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: FRIENDLY VISITS BY THE COMMUNITY SUPPORT SERVICES COORDINATOR</b>	<b>Adm. - 33</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. On a routine basis the Community Support Services Coordinator will make "friendly" visits or have casual contact with the client base.
2. This contact can take the form of a visit to the client's home or a chat during an activity or event.
3. The information gathered or discussed is to be documented within the client's chart.
4. Should as a result of this contact the Community Support Services Coordinator feel that the Community Health Nurse needs to visit the client, the Community Support Services Coordinator is to inform the Community Health Nurse of their concerns.

**PROCEDURE:**

1. On a routine basis the Community Support Services Coordinator will ensure that a "friendly" visit or informal contact takes place with the client base.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: ROLE AND RESPONSIBILITIES OF COMMUNITY HEALTH NURSE</b></p>	<p><b>POLICY/PROCEDURE:</b></p> <p><b>Adm. - 34</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 2</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

**POLICY:**

1. The Community Support Services Coordinator in conjunction with the Health Services Manager will be responsible for ensuring that the appropriate responsibilities will be assigned to the Community Health Nurse.
2. The Community Support Services Coordinator and the Health Services Manager will ensure that the job description for the Community Health Nurse position is accurate and current at all times. The job description will be reviewed on an annual basis; this review will coincide with Health and Social Services Unit job description review.
3. The Community Health Nurse will ensure that any issues or concerns arising in the Community Support Services Program are accurately reported.
4. The Community Health Nurse will be responsible for the following duties: notification of either the client or in home service provider when services will not be required, provide clerical support to both the Occupational Therapist and the Physiotherapist ensuring that appointments are booked and confirmed with the appropriate clients, provide support for activities for the Elders, completion of the ESDRT (occupational therapist and physiotherapist) submission, creation and maintenance of client charts, filing of documents within the clients' charts, sharing orientation of staff, and any other duties as assigned.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b> <b>SECTION: ADMINISTRATION</b> <b>SUBJECT: ROLE AND RESPONSIBILITIES OF THE COMMUNITY HEALTH NURSE</b>	<b>POLICY/ PROCEDURE:</b>
	<b>Adm. – 34</b> <b>Page 2 of 2</b>

**PROCEDURE:**

1. At the time of hiring and thereafter on an annual basis the role and responsibilities of the Community Health Nurse will be reviewed and revised as identified.
2. An annual personnel evaluation will be conducted by the Health Services Manager/Community Support Services Coordinator in collaboration with the Human Resource services of the Temagami First Nation.
3. Any information obtained from a client or caregiver, must be put in writing and followed up by Community Health Nurse/Community Support Services Coordinator.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: ROLE AND RESPONSIBILITIES OF THE COMMUNITY HEALTH NURSE</b></p>	<p><b>POLICY/PROCEDURE:</b></p> <p><b>Adm. - 35</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 1</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

**POLICY:**

1. The Community Health Nurse will be responsible for the intake and assessment process, referrals of clients to other Regulated Health Professionals and other care providers, and the reassessment process.
2. The Community Health Nurse in conjunction with the Community Support Services Coordinator will develop each client's care plan ensuring that the appropriate client risk code has been assigned to the client.
3. When the Community Support Services Coordinator is absent the Community Health Nurse will be available as a consult to the Community Support Services designate.
4. The Community Health Nurse reports directly to the HSM.
5. Only the HSM can authorize changes to the role of the Community Health Nurse.

**PROCEDURE:**

1. At the time of hiring the role and responsibilities of the Community Health Nurse will be reviewed.
2. An annual review of the role of the Community Health Nurse will take place.



<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: EMAILING OF HEALTH INFORMATION</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 36</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 1</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

**POLICY:**

1. All reasonable steps must be taken when emailing health information to ensure that the client's identity is protected. Only the client's chart number will be used to identify the client.
2. The client's chart number is to be used between all service providers.
3. The clerical support staff for the Community Support Services Program is also to use the clients' chart number when emailing information.
4. Emailing of client health information is confined to within the Health Centre.

**PROCEDURE:**

1. All staff will be educated regarding the circumstances or conditions under which client health information can be emailed.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: DISCHARGED FROM CARE</b>	
<b>APPROVAL:</b>	<b>Adm. - 37</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. Clients of the Temagami First Nation Community Support Services Program are advised that an important goal in providing service is to assist them and/or their in-home service providers in maintaining or improving their level of independence and self-care and that there is an expectation that if possible, the client and/or their family work towards a return to independence and therefore being discharged from the program.
2. Services that are no longer needed, or safe to provide in the home, or are no longer within the community program will be discontinued. Under any of these circumstances the Community Support Services Coordinator and the Community Health Nurse will meet with the client and/or their family and advise them as to why services are being discontinued.
3. All clients who are being discharged from care regardless of the reason are to be meet with personally and advised of this. This meeting is to be followed up with the standard letter.
4. Should the client require services that the program cannot deliver the Community Support Services Coordinator will assist the client and/or their family while they investigate how they can obtain these services from other sources.
5. Full documentation must be made at all times within the client's chart regarding all discussions surrounding the client's discharge from care.

**PROCEDURE:**

1. At the point of intake and assessment both the Community Support Services Coordinator and the Community Health Nurse will make it known to the client and/or their family if appropriate, that a goal be made to discharge the client eventually from care.



<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: DISCHARGED FROM CARE</b></p>	<p><b>POLICY/ PROCEDURE: Adm. - 37</b></p> <hr/> <p><b>PAGE 2 of 2</b></p>
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**PROCEDURE (cont.):**

2. All in home service providers will also be informed of this goal and how all providers can work towards this goal. This information should be incorporated within the client's care plan.
3. Routine communication between the Community Support Services Coordinator, the Community Health Nurse, the in-home service provider and the client and/or their family of the status of working towards the goal of discharge from the program. This information will be reinforced during all reassessment process.
4. If appropriate the Community Support Services Coordinator or the Community Health Nurse will make certain that the client and all service providers are aware of the planned discharge date verbally or in writing and, if required, forwards referrals or reports to other agencies/community resources.
5. When the plan discharge date arrives and there is no need for an extension, the Community Support Services Coordinator will contact the Community Health Nurse to do the final assessment.
6. Upon confirmation that the client is ready for discharge the Community Support Services Coordinator will arrange a meeting with the client and/or the family to discuss the discharge
7. The Community Support Services Coordinator will notify all of the in-home service providers immediately of their last date for provision of services.
8. Should the client have any equipment within their home on loan from Temagami First Nation loan cupboard, arrangements are to be made to have this equipment returned to the program.
9. The standard Discharge from Care form is to be completed and sent to the client, with a copy of the form being put on the client's chart.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p> <p><b>SECTION: ADMINISTRATION</b></p> <p><b>SUBJECT: SUSPENSION OF SERVICES OR PUTTING SERVICES ON HOLD</b></p>	<p><b>POLICY/ PROCEDURE:</b></p> <p><b>Adm. - 38</b></p>
<p><b>APPROVAL:</b></p>	<p><b>Page 1 of 2</b></p>
<p><b>DATE OF APPROVAL:</b></p>	
<p><b>REVIEW AND REVISION DATES:</b></p>	

**POLICY:**

1. The suspension of services or the putting of services on hold through the Community Support Services Program is significantly different from the discontinuation of services.
2. Circumstances such as the following are examples for the suspension of services or the putting of services on hold; out of town travel, admission as an inpatient to hospital, short term admission to a convalescent hospital and in consultation with the client, visitors to the client's home who are ready willing and able to provide the services being provided through the Community Support Services Program.
3. Only the client or their family can initiate the suspension of services or the putting of services on hold.
4. Services can be suspended for a period of time no greater than 2 months. After 2 months the process of discontinuation of services will be implemented.
5. Clients whose services have been suspended **do not** have to be referred back to the Community Support Services Program and the mandatory paper work does not have to be implemented. In other words, the clients file stays open.
6. The Community Support Services Program is responsible for ensuring that all information regarding the suspension of services is documented within the client's chart.

**PROCEDURE:**

1. When a client expresses an interest or desire to have their in-home services suspended or put on hold arrangements will be made for them to meet with the Community Support Services Coordinator as needed.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE: Adm. – 38</b>
<b>SECTION: ADMINISTRATION</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: SUSPENSION OF SERVICES OR PUTTING SERVICES ON HOLD</b>	

**PROCEDURE (cont.):**

2. The Community Support Services Coordinator will document all relevant information within the client's chart. The In-home Services Discontinuation form is to be completed. A copy is to be provided to the client and the original filed on the client's chart.
3. The Community Support Services Coordinator will establish a calendar to ensure that the situation is monitored.
4. The Community Support Services Coordinator will contact the in-home service providers and inform them of the client's services being put on hold.
5. In the event the client's services are put on hold, due to off island travel the client is to notify the Community Support Services Coordinator at least 5 business days to reactive the Community Support Services they have been receiving.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: VOLUNTARY REFUSAL OF SERVICES</b>	
<b>APPROVAL:</b>	<b>Adm. – 39</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	
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**POLICY:**

1. At any time, the client and/or their family has the right to refuse services provided through the Community Support Services Program.
2. This right is to be respected by all staff associated with the program.
3. As per the Refusal of Services form the client will be informed that they must re-apply to the Community Support Services Program should they wish to have the services re-established.

**PROCEDURE:**

1. When a Community Support Services Program client and/or their family decide that they do not want services through the Community Support Services Program, they are to inform the Community Support Services Coordinator of this decision.
2. The Community Support Services Coordinator will if appropriate ask the Community Health Nurse to visit the client and further assess the situation and the client's decision.
3. The Community Support Services Program Refusal of In-home Services form is to be completed by the Community Support Services Coordinator. The content of the form is to be reviewed with the client and/or their family and the associated implications to the client and/or their family.
4. Further to the completion of the form the Community Support Services Coordinator is to document a progress note within the client's chart outlining what took place.
5. A copy of the form is to be given to the client and/or their family and the original is to be filed on the client's chart along with any accompanying documentation regarding the refusal of services.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: SERVICE/THERAPY DOGS</b>	<b>Adm. – 40</b>
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY STATEMENT:**

1. Temagami First Nation Health, Community Support Services Program recognizes the important role that any service/therapy dog can play in the well-being of any individual. However, the program cannot accept responsibility for the care, maintenance and support of these dogs.
2. Accordingly, at the time of any client intake and assessment, those clients with service/therapy dogs will be informed that the care, maintenance and support of these dogs is the responsibility of the client and/or their family.
3. Whenever a service/therapy dog is brought into the community the Community Support Services Coordinator will ensure that the community is educated on the role of the dog and any possible roles that the community will play in ensuring that the dog is allowed to successfully fulfill its role with the client.

**POLICY:**

1. Documentation will be made within the client's Community Support Services Program chart that the client has a service/therapy dog. The documentation will include what the service/therapy dog supports.
2. The Community Support Services Coordinator will document that the client and their family have been informed that they are responsible for the care, maintenance and support of the service/therapy dog.
3. Exceptions to this policy will be dealt with on an individual basis and can only be approved by the Community Support Services Coordinator.
4. At the discretion of the Community Support Services Coordinator the agency who has provided the service/therapy dog may be contacted, should issues regarding the well-being of the dog need to be discussed and/or reported.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	<b>Adm. - 40</b>
<b>SUBJECT: SERVICE/THERAPY DOGS</b>	<b>PAGE 2 of 2</b>

**PROCEDURE:**

1. The Community Support Services Coordinator will be responsible for informing the client and their family that the support, maintenance and support of service/therapy dogs is the responsibility of the client and or the family.
2. If necessary, the agency providing the dog may be asked to provide training to the in-home service providers.
3. Full documentation regarding the responsibility for the dog is to be made within the client's chart.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: ELIGIBILITY FOR MAINTENANCE SERVICES</b>	<b>Adm. - 41</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
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**POLICY:**

1. All clients who apply for maintenance services through the Community Support Services Program must meet all eligibility requirements as outlined within the assessment process.
2. The Community Health Nurse will complete the medical assessment as per usual.
3. A Physiotherapist can also be involved in the assessment process for all applicants wishing maintenance services.

**PROCEDURE:**

1. When any community member wishes to have maintenance services, they are to contact the Home and Community Care office.
2. The Community Support Services Coordinator will plan for the intake and assessment process to take place.
3. At the conclusion of the intake and assessment process the Community Support Services Coordinator will inform the client as to whether or not maintenance services will be provided to the client and the limitations of those services and if appropriate the role of the client and/or their family in the delivery of the identified maintenance services.
4. The Community Support Services Coordinator will notify the appropriate maintenance staff, ensuring that they are aware of their responsibilities and their responsibility in the completion of all associate forms.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: SNOW PLOWING</b>	<b>Adm. - 42</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
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**POLICY:**

1. All clients of the Community Support Services Program will have snowploughing services provided to them based on assessment.
2. The intake and assessment process will include Part 5 Family Assessment of the Intake document.
3. The Community Health Nurse will complete the medical assessment as per usual.
4. A Physiotherapist can also be involved in the assessment process for all applicants wishing maintenance services.
5. Snowploughing will be done when there is a **minimum 10 centimetres** of snow and will include the shovelling of steps, porches and ramps for all entrances to the clients' homes.
6. The Community Support Services Coordinator will liaise with the public works staff.

**PROCEDURE:**

1. When any community member wishes to have their snowplowed, they are to contact the Community Support Services office.
2. The Community Support Services Coordinator will plan for the intake and assessment process to take place.
3. At the conclusion of the intake and assessment process the Community Support Services Coordinator will inform the client as to whether or not Snowploughing will take place.
4. In the event that the Community Support Services maintenance equipment is not available, the Community Support Services Coordinator will contact the Temagami First Nation Community Infrastructure Manager and arrange for Snowploughing to take place.

# Community Support Services Program Manual

## Charts Section Policy and Procedures

### Index

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<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>  <b>Charts - 1</b>
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**POLICY:**

1. The Community Health Nurse/Community Support Services Coordinator for Temagami First Nation is responsible for the control and assigning of chart numbers for Community Support Services Program clients' charts.
2. The Community Support Services Coordinator will work closely with the Community Health Nurse to ensure that the chart numbers are assigned accurately to all clients.

**PROCEDURE:**

1. Should the Home and Community Care client not have an existing chart within the system, the Community Health Nurse/ Community Support Services Coordinator will assign the next available chart number to the Home and Community Care client.
2. Based on the chart number provided to any applicable Health Care Controlled Networks the correct color-coded numerical labels will be applied to the Community Support Services client's chart.
3. At no time will anyone but the Community Health Nurse/ Community Support Services Coordinator when they are away be allowed to provide a chart number for the purpose of chart creation.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: CHART CREATION</b>	<b>Charts - 2</b>
<b>APPROVAL:</b>	<b>Page 1 of 4</b>
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**POLICY:**

1. Clients in receipt of any in home service will have a complete chart created for them as outlined in the following procedure.
2. Clients in receipt of therapy services only, will have a modified chart. See procedure for Therapeutic Services.
3. The Community Health Nurse is responsible for the creation of the charts.

**PROCEDURE:**

The chart will contain the following dividers: Progress Notes, Care Manager Notes, Flow Sheets, Referral Consultation, Medication, Assessments, Care Plans, and Miscellaneous. The Community Health Nurse/ Coordinator or their designate will be responsible to follow all of the following crucial steps to create a new chart with accurate client identification and to be able to locate the chart for future visits:

1. OBTAIN/PREPARE EQUIPMENT:
  - black or blue ball-point pen
  - a file folder
  - index card for the manual Central Patient Index (CPI)
  - all appropriate new forms including but not limited to; Client Intake Information, Client Self Report on Functional Ability, Progress Notes, Sample Signature Sheet, Care Plans, Consents, appropriate Flow Sheets, Medication Profile, Release of Information, Referral Consultation.
  - Allergy sticker if required
  - appropriate colour coded labels that will ensure that the client chart number is the same as their Health Centre chart

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Charts - 2</b>
<b>SECTION: CHARTS</b>	<b>PAGE 2 of 4</b>
<b>SUBJECT: CHART CREATION</b>	

## **PROCEDURE (cont.)**

### **2. CENTRAL PATIENT INDEX CARD/MANUAL CPI:**

- a. Immediately document on the index card for the manual Central Patient Index as follows:
  - CHART NUMBER, this number is to be taken from the colour coded file folder, and the number is to be documented clearly and boldly in the top right-hand corner of the index card.
  - SURNAME, FIRST NAME, this should be printed mid-way down the centre of the card, or in a mutually agreed upon area on the card that is consistent. Should there be more than one client with the same name, the middle name should be added to the card, an example of this would be a father and son with the same first names. The Surname used both on the chart and one on the card must be the same and should be the name, which is on the Band List to facilitate any benefits applicable to the client.
  - DATE OF BIRTH: The format for this must be constant and to avoid any confusion, the month will be written out in full with the day coming second; example May 24, 1954.
  - BAND NUMBER: abbreviated version with the Band Name coming first, example Temagami First Nation 1234, or the 10-digit number. Consistency is again the rule.
  - HEALTH CARD NUMBER when available: 10 digits
- b. File the Central Patient Index card correctly in alphabetical order in the Manual CPI.

### **3. CLIENT INTAKE INFORMATION:**

- a. All charts must have a completed Client Intake Information form, Part 1.
- b. With the help of the client/guardian, complete the Client Intake Information.
- c. The Patient Information found in at the top of the form must match the information that has been documented on the client's manual Central Patient Index card.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Charts - 2</b>
<b>SECTION: CHARTS</b>	<b>PAGE 3 of 4</b>
<b>SUBJECT: CHART CREATION</b>	

**PROCEDURE (cont.):**

4. CLIENT INTAKE INFORMATION (cont.)
  - d. Any changes to the information must be crossed out, initialed by the individual making the change. White out or any similar product is not to be used nor should the original information be completely obliterated.
  - e. Upon completion, immediately file the Client Intake Information form on top of the Progress Note divider on the right-hand side of the chart.
5. CLIENT SELF REPORT ON FUNCTIONAL ABILITY:
  - a. All clients must complete the Self Report on Functional Ability.
  - b. This form must be reviewed every six months. At the time of review, a new form must be initiated.
  - d. Upon completion, the Client Self Report on Functional Ability is filed behind the Client Intake Information form.
6. PROGRESS NOTES:
  - a. Fill in all of the blanks in the client information section at the top right-hand corner of the form.
  - b. File the Progress Note form behind the Progress Note divider.
7. FLOW SHEETS.
  - a. Complete the client information section of the Flow Sheet and file behind the Flow sheet divider.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Charts - 2</b>
<b>SECTION: CHARTS</b>	<b>PAGE 4 of 4</b>
<b>SUBJECT: CHART CREATION</b>	

**PROCEDURE (cont.):**

8. SAMPLE SIGNATURE SHEET.

Each chart will have a Sample Signature form inserted within the plastic pouch. All Health Care Professionals involved with the care of the client must sign the Sample Signature form. The Sample Signature form is client specific accordingly the signature of the Health Care Professional must not be added to the form until they have contact with the client

9. The remainder of the forms should be added to the chart as needed. All forms must have the client information in the top right-hand corner completed prior to being filed on the chart.

10. A year label must be added to the outside edge of the folder. See policy and procedure Year Labels for when and how to use year labels.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: PATIENT INDEX</b>	<b>Charts - 3</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
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**POLICY:**

1. The Community Health Nurse is responsible for the maintenance and creation of the patient index.
2. The patient index will be current and accurate at all times.
3. The patient index will be maintained as a manual system on index cards housed within the standard Rolodex.

**PROCEDURE:**

1. The manual patient index cards must be kept up to date with all new information and chart numbers as soon as the information is obtained. This will ensure that we are always able to locate a chart on every client. Computerized database system must also be kept.
2. A routine review of the patient index should take place to ensure that all of the cards are filed in alphabetical order, that there are no duplicates, that all of the cards have been made in the correct format and that all cards are in good working order.
3. The patient index is to be housed within Community Support Services Coordinator office.
4. At the conclusion of the working day the patient index is to be put in a secure location.
5. Patient identification labels should be used to create the patient index cards.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: CHARTING BY EXCEPTION</b>	<b>Charts - 4</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. All in home service providers are expected to document progress notes. Progress notes are to be documented in conjunction with the completion of the appropriate flow sheets.
2. Completion of progress notes is to be done on the premise of charting by exception.
3. However, all clients at a minimum are to have a weekly progress note documented by the in-home service provider.
4. Documentation can be done in narrative charting and is not to duplicate the information documented within the completed flow sheets.
5. The Community Support Services Coordinator is responsible for ensuring that at a minimum weekly progress notes are documented by all in home service providers.

**PROCEDURE:**

1. As part of the orientation process for all in home service providers the Community Support Services Coordinator will ensure that they understand their role in the documentation of progress notes.
2. The Community Support Services Coordinator will ensure through the delivery of completed progress notes to the office that all in home service providers are documenting progress notes on at a minimum weekly basis.
3. The Community Health Nurse will provide any required training to any in home service provider who is experiencing any difficulties documenting progress notes.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: REVIEWING OF COMPLETED FORMS</b>	<b>Charts - 5</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. All in home service providers are required to bring to the Community Support Services Program offices all completed forms from the client's active in-home chart.
2. Forms are to be brought into the offices as soon as they are completed, i.e. when 14 contacts have been documented within the flow sheets or both sides of a page of progress notes are completed. Should a progress note continue onto a new page of progress notes the original page of progress notes is NOT to be brought into the office but kept with the continuation.

**PROCEDURE:**

1. When the completed forms are brought into the Community Support Services Program office the Community Support Services Coordinator is to review the forms to ensure that they are completed as per protocol, all entries are signed, progress notes are documented at a minimum weekly and that they are dated and signed in full.
2. Any noted deficiencies are to be documented on the designated form, which will be attached to the form/document.
3. Any noted deficiency will be put within the in-home service provider's mailbox for corrective actions noted.
4. The in-home service provider is to make the corrections and/or complete the deficiency on their next visit to the Community Support Services office.
5. Should the form/document remain the individual's mail box for greater than 5 working days the Community Support Services Coordinator is to contact the in-home service provider and advise them that they are to come into the office and make the necessary corrections.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: FILING OF DOCUMENTS</b>	
<b>APPROVAL:</b>	<b>Charts - 6</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. The integrity of the client's chart is an essential information factor for providing safe, effective health care and it is the client's right to expect the integrity of his/her chart.
2. Being able to find the most current information on documents filed in chronological order within the appropriate section of the chart, and completeness and accuracy of the Client Intake are of paramount importance in helping to meet the client's needs safely, effectively and efficiently.
3. Each member of the Community Support Services team will ensure integrity of the chart by carrying out activities within job responsibilities, professional responsibilities and policies and procedures.
4. The Community Health Nurse will be responsible for the filing of documents within the chart.
5. Client Intake:

Allergies, Medical History, Social History and Immunization sections.

The above listed sections will be continuously up-dated by nurses and physicians, through the Community Health Access Centre offices as new information is obtained from the client or from incoming reports. An updated Client Intake will be sent to the Home and Community Care chart as required.

6. All forms created by the Community Support Services Program have a footer at the bottom for further guidance and clarification as to where in the chart it should be filed.
7. The demographic information will be the responsibility of the Community Health Nurse/ Coordinator or their designate to keep current.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Charts - 6</b>
<b>SECTION: CHARTS</b>	<b>PAGE 2 of 3</b>
<b>SUBJECT: FILING OF DOCUMENTS</b>	

**PROCEDURE:**

Chart order/filing order:

File the following reports in chronological order, with the most current being on top, within the following sections (**behind** the divider). Remove and shred any unnecessary duplicate reports.

Should documents/data not addressed in this procedure need to be filed on a client's Home and Community Care chart the Home and Community Care team should make a decision as to where the data should be filed within the client's chart. The crucial point here is that the information be filed consistently in the same location.

1. CLIENT INTAKE INFORMATION should be filed on the right-hand side of the chart on top of all dividers.
2. SAMPLE SIGNATURE form should be filed in the plastic pouch on the left-hand side of the folder.
3. PROGRESS NOTES:

All progress notes with the most recent appearing on top.

4. FLOW SHEETS:

All flow sheets developed for Home and Community Care clients with the most recent flow sheet appearing on top. The MAINTENANCE FLOW sheets should be filed behind the HOME/PERSONAL SUPPORT Flow Sheets.

5. MEDICATION SHEETS:

All Medication Profiles with the most recent appearing on top.

Computer generated prescription list provided by a pharmacy can also be used as medication profiles.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Charts - 6</b>
<b>SECTION: CHARTS</b>	<b>PAGE 3 of 3</b>
<b>SUBJECT: FILING OF DOCUMENTS</b>	

**PROCEDURE (cont.):**

**6. REFERRAL/CONSULTATION:**

Copies and/or the original of both of our Internal/External Referral Consultation forms should be filed in this section in chronological order. Copies of letters from regulated health professionals; physicians should also be filed within this section. Letters written and received on or behalf of the client are also to be filed within this section. Information received based on our request should be filed behind the request. Information received without our request i.e. discharge summaries, copies of emergency visits to neighbouring hospitals, day surgery reports, etc., should be filed in chronological order with the most recent one being on top.

All CONSENTS will also be filed within this section.

**7. CARE PLANS:**

All Care Plans with the most recent one filed on top.

**8. MISCELLANEOUS:**

Those forms specified by the footer will be filed in this section. Caution is given to being careful that this section is used appropriately to ensure that it does not become a “dumping ground” for forms and information that are best filed somewhere else in the chart.

**9. CASE MANAGEMENT NOTES:**

This divider will be added to the Home and Community Care charts. Case notes created by the COMMUNITY SUPPORT SERVICES COORDINATOR or their designate will be filed here with the most recent one on top.

**10. THERAPEUTIC SERVICES:**

All documents created as a result of a client being seen by either the Physiotherapist or the Occupational Therapist are to be filed within this section.





<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: UPDATING CLIENT INTAKE INFORMATION</b>	<b>Charts - 7</b>
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. The information on the Client Intake Information must at all time is kept current and correct.
2. All clients will be re-assessed on a routine basis or with any significant change in the client's health and/or personal circumstances to ensure that the services being provided are appropriate. This date will be assigned and written on the care plan and identified as the reassessment date, as such the client intake information will be reviewed accordingly.
3. On an ongoing basis the in-home service provider will inform the COMMUNITY SUPPORT SERVICES COORDINATOR of any changes to the Client Intake Information.

**PROCEDURE:**

All staff that has access to the client charts will be required to carry out this policy and procedure.

1. A review of the current data on the Client Intake Information will take place on an ongoing basis with the client. This process will ensure that the critical information is up-to-date.
2. Critical information that must be kept current and correct on all client charts is as follows.

Correct Name:	Surname, First name.
Date of Birth:	Month, Day and Year.
Band Numbers:	Both the abbreviated one and the Indian Affairs 10 digit one.
Health Card #:	Should the client not have one or hasn't applied for one, they should be directed to the local Ministry of Health Offices.

<p><b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b></p>	<p><b>POLICY/ PROCEDURE Charts - 7</b></p>
<p><b>SECTION: CHARTS</b></p>	<p><b>PAGE 2 of 2</b></p>
<p><b>SUBJECT: UPDATING CLIENT INTAKE INFORMATION</b></p>	

**PROCEDURE (cont.):**

2. (cont.)
  - Home Phone #: Should include both home and work, if the client does not have a phone ask for a phone number where a message can be left for the client.
  - Emergency Contacts: The client is free to list whomever they wish to have in this section.
  - Power of Attorney: As there are very significant legal implications to having this information correct it must be reviewed on an ongoing basis. All appropriate staff will receive individual tools for referencing this.
3. Immediately correct or add information on the Client Intake Information. Put a line through the existing information being corrected and write the new information above it. Any product such as **White Out** or any other product that will completely obliterate the old data **is not to be used** under any circumstances.
4. Patient Index cards must also be updated and or the computerized patient database.
5. When a Client Intake Information form becomes too full, messy due to changes or illegible due to changes, a new one should be started. All demographic should be copied over to the new one. The original Client Intake Information form can be shredded at this time.
6. The Client Intake Information will be reviewed on an ongoing basis to ensure that the information is current and accurate, a review of the Client Intake and Information form will occur on the date identified for reassessment of the client.
7. When doing a reassessment, the client should be asked for their Health Card to ensure that the information on their existing Client Intake is accurate.
8. At the conclusion of the review process the review date section on the Client Intake Information form is to be completed.
9. If appropriate the Client Intake Information for Home Chart must be updated as well.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>  <b>Charts - 8</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: CREATION OF VOLUMES</b>	
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
<b>DATE OF APPROVAL:</b>	
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**POLICY:**

1. New volumes will be created when required. All tools are available for the creation of volumes. These tools include blank folders, number stickers, year labels and internal chart dividers.
2. The HCCN is responsible for the completion of all steps involved in the creation of volumes.

**PROCEDURE:**

1. When a chart has become too thick/cumbersome or in a complete state of disrepair, a new volume is to be created.
2. Obtain the necessary supplies needed, i.e. a blank folder, chart number labels, both numbers and colour coded community designation label and internal chart dividers.
3. The following procedure will be the responsibility of the HCCN.
  - a. Make a photocopy of the Client Intake Information from the original volume. Put the original in the new volume and the photocopy in the closed volume.
  - b. Review the Client Intake Information to ensure that it is current and accurate.
  - c. Remove from the original volume any relevant information from the last six months to place in the new volume. This information should include; flow sheets, medication profiles, progress notes, discharge summaries, consultation reports, referral letters, patient correspondence and any other data relevant to the client's current health status.
  - d. All information removed must be filed in the correct location within the new volume.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Charts - 8</b>
<b>SECTION: CHARTS</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: CREATION OF VOLUMES</b>	

**PROCEDURE (cont.):**

3. Cont.
  - e. Photocopy the current Sample Signature form and put the original in the new volume and the photocopy in the closed volume.
  - f. Check the plastic pouch for information that should be part of the new volume.
  - g. On the outside of the original volume, write in black felt pen what volume it is and the date it was closed.
  - h. On the outside of the new volume, write what volume it is.
  - i. File both volumes in their proper location within the system. Once it has been determined that the original volume is no longer required it can be filed in a separate secure location.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: MISSING CHARTS</b>	<b>Charts - 9</b>
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
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***POLICY STATEMENT:***

1. When charts are missing, it is very frustrating to everyone concerned. When the client's chart containing his/her health history and most current assessment and treatment plans are not readily available, it can affect efficient and thorough assessment and care for a new problem, or for continuity of assessment and care of an ongoing problem.

What follows are some reasons a chart might be missing:

- the chart is misfiled within the filing system
- no index card in the manual Central Patient Index
- the chart is in an inappropriate location.

**POLICY:**

1. All staff involved with the client's chart and performing within professional and job-related responsibilities shall take actions and/or follow procedures to ensure that the client's chart with the most current documented information is always readily available.

**PROCEDURE:**

1. When a chart cannot be located, every attempt must be made to locate the chart as a team.
2. **Where, How to Search:**
  - a. **Data (chart number)** is in the **manual Central Patient Index** but the **chart is not in the filing system.**

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Charts - 9</b>
<b>SECTION: CHARTS</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: MISSING CHARTS</b>	

**PROCEDURE (cont.):**

2. a. cont.

Check the reception area, check all offices of all appropriate staff, check the area for holding charts for clients to be seen, check the area where charts are kept for filing or for filing of documents, check the old filing system, check vehicles of staff who go to the home, check the home of the client, check the drawers of desks.

If the chart is still missing, look in the filing system for a spot where the colors do not line up right. This is an indication of a misfiled chart.

Review any documentation that lists the client seen the previous day or the day that the client whose chart is missing was seen. Look in those areas for a misfiled chart.

b. **Data (chart number)** is the manual Central Patient Index.

If the client has an old Alpha chart, retrieve it to see if the new chart number has been documented on the outside of the folder. If there is a number, and the chart can now be located, it is crucial to immediately create an index card, with the number, for the manual Central Patient Index.

If the client did not have an old chart, review the most recent block of numbers assigned to see if any of those charts belong to the client.

Talk to any and all of the staff to see if they remember the client or where the client's chart might be.

3. Under both sets of circumstances, if the chart is still missing, use the appropriate documents for the client visit, and then conduct a search through the filing system and all clinic areas looking for the client's chart.
4. In all circumstances it is important not to look for blame as to who filed the chart, had the chart last, put it in an inappropriate location but to find the chart.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: FILING OF OLD CHART INFORMATION</b>	<b>Charts - 10</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. In order to provide optimum client care, old chart information received for clients of the Community Support Services Program will be filed within their Home and Community Care chart.
2. When the amount of information received is excessive as to what can be filed within the client's Home and Community Care chart, a review of the information received must take place.

**PROCEDURE:**

1. When information is received from a previous primary care provider, hospital, nursing home, etc. for a client of the Community Support Services Program, the COMMUNITY SUPPORT SERVICES COORDINATOR will review the information.
2. The COMMUNITY SUPPORT SERVICES COORDINATOR in consultation with the COMMUNITY HEALTH NURSE/Home Care Nurse will determine what information will be filed within the client's Home and Community Care chart.
3. The COMMUNITY SUPPORT SERVICES COORDINATOR will be responsible for the filing of this information within the appropriate location of the client's chart.
4. Should there be any remaining information it is to be filed within a manila envelope with the client's name and chart number documented on the outside. The envelope is to be sealed and filed within the filing cabinets within the COMMUNITY SUPPORT SERVICES COORDINATOR's office.





<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: CHARTS OF DECEASED CLIENTS</b>	<b>Charts - 11</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. Death charts will remain an integral part of the filing system within Temagami First Nation Community Support Services Program.
2. For statistical data all death charts will remain within the designated area. The designated area is the bottom drawer of the filing cabinet within the COMMUNITY SUPPORT SERVICES COORDINATOR's office.
3. Based on the current legislation all charts must be kept for ten (10) years.

**PROCEDURE:**

1. Upon notification that a client has passed away their chart will be retrieved for the COMMUNITY SUPPORT SERVICES COORDINATOR to review.
2. A progress note is to be written indicating that the client has passed away. The progress note should include the date of death, where the death occurred and the source of the information.
3. The chart will be reviewed to ensure that all progress notes are signed, all documents are filed and that all aspects of the chart are complete.
4. On the outside cover of the client's chart in **black felt ink** the following statement is to be documented: DECEASED and the DATE.
5. The chart is to be refilled within its proper location within the filing cabinets.
6. The chart is to remain securely filed for ten (10) years.

7. Under no circumstances will the chart number be reassigned to another client during the above noted time period.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: FILING OF DOCUMENTS FOR INELIGIBLE APPLICANTS</b>	<b>Charts - 12</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. Any documents/forms that were created for applicants who did not meet the eligibility requirements are to be securely filed within the filing cabinets in the COMMUNITY SUPPORT SERVICES COORDINATOR's office.
2. The COMMUNITY SUPPORT SERVICES COORDINATOR is responsible for ensuring that all of the documents initiated are filed within the secure location. This process will include meeting with the COMMUNITY HEALTH NURSE/Home Care Nurse to ensure that any documents/forms they initiated are also filed within the designated secure location.

**PROCEDURE:**

1. When an applicant has not made any of the eligibility requirements any information initiated or gathered on them is to be filed within the filing cabinets in the COMMUNITY SUPPORT SERVICES COORDINATOR's office.
2. All of the information is to be put within a sealed manila envelope where the applicants name has been documented on the outside of the envelope.
3. The envelope is then to be filed in the designated section within the filing cabinet in the COMMUNITY SUPPORT SERVICES COORDINATOR's office.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: RELEASE OF CLIENT INFORMATION</b>	<b>Charts - 13</b>
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. Information from a client's Home and Community Care chart can only be released with the client's written consent.
2. When the client is a minor, their legal guardian must consent to the release of information.
3. Should the client suffer from a condition or disease that incapacitates them mentally, their guardian or appointed Substitute Decision Maker will consent to the release of information.
4. Should information be requested from the chart of a deceased client, the next of kin or executor of the estate will consent to the release of information.
5. Only the following supersedes the above; a Subpoena, a Search Warrant, a Coroners Warrant, a Summons, the Registrar of the College of Physicians and Surgeons, the College of Nurses, a designated individual from the Deputy Minister of Veterans Affairs where the client is a member of the Canadian Forces or an ex-member of Her Majesty's military, naval or air forces of Canada, when a written request has been received by the Health Board or Administrator for information to assist in research and the Medical Officer of Health regarding a reportable disease.
6. The COMMUNITY HEALTH NURSE will be responsible for the photocopying and of processes involved in releasing client information. At any time that the COMMUNITY HEALTH NURSE is unsure as to what steps to take they are immediately to seek guidance from the COMMUNITY SUPPORT SERVICES COORDINATOR.

**PROCEDURE:**

1. Upon receipt of a request for information, a review of the request will take place to ensure that it is the client's original signature. Photocopies are not permissible.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Charts - 13</b>
<b>SECTION: CHARTS</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: RELEASE OF CLIENT INFORMATION</b>	

**PROCEDURE (cont.):**

2. The HCCN will retrieve the client's chart ensuring that all volumes are retrieved and that all information has been filed within the chart and at that point will give the chart to the COMMUNITY SUPPORT SERVICES COORDINATOR who will in consultation with other care providers review and determine what information is being requested and what information will be sent.
3. Photocopies of the information shall be made and stamped to indicate that they are copies and are not to be re-copied.
4. A covering letter shall be written and signed by the COMMUNITY SUPPORT SERVICES COORDINATOR.
5. When a Subpoena, Summons, Search Warrant or Coroners Warrant is received immediately a photocopy of the client's entire chart must be made and inform the HSM.
6. Prior to photocopying the chart and to ensure accuracy, all pages of the chart should be numbered in chronological order, being careful to ensure that double sided forms are numbered appropriately. This will ensure that all pages of the chart are photocopied and accounted for.
7. The original chart should be taken out of circulation and filed in a secure location.
8. Should staff members involved in the client's case request the chart for review, only the photocopy must be given. This will ensure that none of the original information is altered, or any additional information added to the chart.
9. In all cases documentation should be written on the request as to what information was provided and the date it was sent.
10. The HSM is to be advised at all times should the COMMUNITY SUPPORT SERVICES COORDINATOR receive any unusual requests for client information.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: FAXING OF HEALTH INFORMATION</b>	<b>Charts - 14</b>
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
<b>DATE OF APPROVAL:</b>	
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**POLICY:**

1. Health information should only be faxed under emergency or extenuating circumstances or at the discretion of the individual care provider.
2. Prior to faxing the requested information, a request should be made for consent to the release of information signed by the client. This consent can be faxed.
3. A request should be made for the original consent to be mailed to the COMMUNITY SUPPORT SERVICES COORDINATOR.
4. All information is to be faxed to and from the Home and Community Care fax line.

**PROCEDURE:**

**When information has been requested from the Community Support Services Program:**

1. Upon receipt of a request for information to be sent by fax, the chart will be retrieved and reviewed by the COMMUNITY SUPPORT SERVICES COORDINATOR.
2. The requested information will be removed from the chart.
3. Unless the receiving facility can ensure that the faxed information will be received on a confidential fax line with limited access, the receiving facility is to be called to inform them that the information is about to be faxed and to have an appropriate staff person standing by to receive the information. A phone call or fax confirmation must be made immediately to ensure the information was received.
4. A copy of the fax request, the returning cover letter with documentation on it to indicate what information was sent should be filed on the client's chart.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Charts - 14</b>
<b>SECTION: CHARTS</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: FAXING OF HEALTH INFORMATION</b>	

**PROCEDURE (cont.):**

7. Upon receipt of the original Release of Information, it should be filed with the previously mentioned information.
8. Should the Community Support Services Program have a fee schedule for the faxing of information, the appropriate billing procedure should take place according to policy.

**When the Community Support Services Program is requesting information by fax:**

1. The COMMUNITY SUPPORT SERVICES COORDINATOR will have the client and/or the appropriate individual complete the consent to the release of information.
2. A fax cover sheet is to be completed ensuring that accuracy of the information at all times especially the fax number where the information is being faxed.
3. The COMMUNITY SUPPORT SERVICES COORDINATOR can provide a covering letter at their discretion.
4. When the information has been received it is to be reviewed by the COMMUNITY SUPPORT SERVICES COORDINATOR prior to filing within the client's Community Support Services Program chart.
5. The COMMUNITY SUPPORT SERVICES COORDINATOR will take all reasonable steps to ensure that all requested information is received and when it is not that the appropriate follow up take place.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: ACCESS TO CLIENT CHARTS</b>	<b>Charts - 15</b>
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

***POLICY STATEMENT:***

1. Access to the Community Support Services client charts is limited to the COMMUNITY SUPPORT SERVICES COORDINATOR and COMMUNITY HEALTH NURSE.
2. Under extenuating circumstances and primarily only when both the COMMUNITY SUPPORT SERVICES COORDINATOR along with the COMMUNITY HEALTH NURSE will the Director of Health have access to the client charts.
3. All staff that is determined to require access to the client charts must have signed an Oath of Confidentiality.
4. Access to the client charts must also be included within the associated job description.

**POLICY:**

1. The Community Support Services Program is ultimately responsible for the security of all Community Support Services client charts.
2. The Community Support Services Program client charts are housed within the COMMUNITY SUPPORT SERVICES COORDINATOR's office. The filing cabinet is to be locked at the end of the day, along with the office.
3. In the absence of the COMMUNITY SUPPORT SERVICES COORDINATOR the HSM will have keys for both the office and the filing cabinets. These keys are in a secure location at all times.
4. As part of the client orientation process the COMMUNITY SUPPORT SERVICES COORDINATOR will inform the clients as to how their charts are securely maintained within the program.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Charts - 15</b>
<b>SECTION: CHARTS</b>  <b>SUBJECT: ACCESS TO CLIENT CHARTS</b>	<b>PAGE 2 of 2</b>

**POLICY (cont.):**

5. The COMMUNITY SUPPORT SERVICES COORDINATOR is responsible for ensuring that all staff who are made aware of information in the clients' chart has a current Oath of Confidentiality on file.

**PROCEDURE:**

1. The COMMUNITY SUPPORT SERVICES COORDINATOR will ensure that all staff, as part of their orientation to the Community Support Services Program will sign an Oath of Confidentiality.
2. The COMMUNITY SUPPORT SERVICES COORDINATOR will ensure that the keys to both the filing cabinet and office are securely maintained at all times.
3. Inappropriate access to the Community Support Services Program client charts can result in disciplinary action.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: CLIENT ACCESS TO THEIR HOME AND COMMUNITY CARE CHARTS</b>	<b>Charts - 16</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
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***POLICY STATEMENT:***

1. Temagami First Nation CSS will ensure that clients have access to their personal health information record as per current legislation.
2. As per current legislation, Temagami First Nation CSS will also respond to any client concerns regarding information within their record.

**POLICY:**

1. A client has the right of access to their personal health information record.
2. A client has the right to request that any erroneous information in their health record be corrected.
3. Upon receipt of a written request by a client to have access to their Community Support Services chart, the COMMUNITY SUPPORT SERVICES COORDINATOR will facilitate the request, as per policy.

**PROCEDURE:**

1. Temagami First Nation CSS policy and procedure is to be followed by the COMMUNITY SUPPORT SERVICES COORDINATOR.
2. All client personal health information must be dealt with in accordance to current legislation<sup>1</sup>.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CHARTS</b>	
<b>SUBJECT: ACTIVE in HOME CARE CLIENT CHARTS</b>	<b>Charts - 17</b>
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
<b>DATE OF APPROVAL: Policy Not Required</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. All Community Support Services clients receiving in-home services will have an active in-home care client chart.
2. The active in-home care client charts are to be reflective of the current care and services that are being provided to the client.
3. The COMMUNITY SUPPORT SERVICES COORDINATOR will ensure that in home service providers will be responsible for the maintenance of the active in-home care client chart.
4. All active in-home care client charts will be housed within a 3-ringed binder and these binders are to be stored on top of the refrigerator.
5. In a home situation that may pose a high risk to the integrity and/or the confidentiality of the active in-home care client chart, the COMMUNITY SUPPORT SERVICES COORDINATOR will develop a system that will allow for the safeguarding of the chart and also allow access to the chart by the staff providing current care and services.
6. At the discretion of the individual First Nation active in-home care client charts may be located within the Community Support Services office.

**PROCEDURE:**

1. Upon first contact with the client the COMMUNITY SUPPORT SERVICES COORDINATOR will address with the client the maintenance, security and access to the client's active home care
2. The active home care client chart may contain the following forms: Sample Signature, a copy of the Client Intake form, Progress Notes, appropriate Flow Sheets, Medication Profile and Care Plan.

3. Available at all times will be the following forms; Consent for Discussion, Referral Consultation, Consent for the Release of Information and Incident Reports.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Charts - 17</b>
<b>SECTION: CHARTS</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: ACTIVE in HOME CARE CLIENT CHARTS</b>	

**PROCEDURE (cont.):**

4. All of the forms will be completed as per the protocols.
5. All completed forms are to be brought to the COMMUNITY SUPPORT SERVICES COORDINATOR's office by the in-home service providers.
6. The transportation of the completed forms is to be done in such a way to protect the confidentiality of the information.
7. Upon receipt of the completed forms the COMMUNITY SUPPORT SERVICES COORDINATOR will review all completed forms as per policy and procedure Reviewing of Completed Forms prior to filing the completed forms within the client's Community Support Services Program chart.

**Community Support Services Program  
Manual**

**Client Section Policy and Procedures**

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<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CLIENT</b>	
<b>SUBJECT: CLIENT ABUSE</b>	<b>Client - 1</b>
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***POLICY STATEMENT:***

1. Any form of client abuse will not be tolerated.
2. Temagami First Nation Health Services will be responsible for developing and implementing a process that will deal with all aspects of client abuse including education and the investigation of any allegations.
3. The Community Support Services Coordinator will ensure all Community Support Services staff receives training in identifying possible abuse.
4. The Temagami First Nation and Social Services Client Complaint form will be completed as part of the investigation process.

**POLICY:**

1. Any employee who witnesses an incident of client abuse shall report it immediately to their Community Support Services Coordinator. Abuse is any action/inaction, which jeopardizes the health or well-being of a person. It may include: physical abuse, psychological/emotional abuse, sexual abuse, medication abuse, financial abuse and exploitation and violation of Civil/Human Rights.
2. Any employee who becomes aware of an incident of client abuse shall report it immediately to their Community Support Services Coordinator.
3. Failure to report the suspected abuse may be cause for disciplinary action.

**PROCEDURE:**

1. When any type of abuse is witnessed in the home the service provider leaves the home if it is deemed personally unsafe to remain.
2. The in-home service provider will notify the COMMUNITY SUPPORT SERVICES COORDINATOR immediately.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Client - 1</b>
<b>SECTION: CLIENT</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: CLIENT ABUSE</b>	

**PROCEDURE (cont.):**

3. The in-home service provider will report the situation to the COMMUNITY SUPPORT SERVICES COORDINATOR. In the absence of the COMMUNITY SUPPORT SERVICES COORDINATOR the in-home service provider will report to the HSM.
4. If elder/client abuse is suspected, the in-home service provider involved will immediately report their concerns to the COMMUNITY SUPPORT SERVICES COORDINATOR.
5. The COMMUNITY SUPPORT SERVICES COORDINATOR will ensure that the appropriate Complaint form is initiated regarding the suspected abuse.
6. The COMMUNITY SUPPORT SERVICES COORDINATOR will investigate and provide all corresponding documentation to the HSM for review or further investigation.
7. At any time that the COMMUNITY SUPPORT SERVICES COORDINATOR is unavailable (annual leave, illness), the HSM will be informed and responsible for the investigation.
8. Should at any time the COMMUNITY SUPPORT SERVICES COORDINATOR feel that they are unable to take part in the investigation without bias the investigation is to be done by the COMMUNITY HEALTH NURSE/Home Care Nurse.
9. The results of the investigation will be shared with the in-home service provider.
10. During the investigation process, in home service provisions may be suspended.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CLIENT</b>	
<b>SUBJECT: ADVANCED DIRECTIVES EMERGENCIES</b>	<b>Client - 2</b>
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**POLICY:**

1. Advanced directives (DNR) will be obtained for those clients deemed appropriate based on an assessment done by the COMMUNITY HEALTH NURSE.
2. Special attention will be taken to ensure that the information is gathered for those clients who are receiving personal care and who are palliative.
3. For those identified clients the attached Authorization for D.N.R. Order is to be completed.
4. The COMMUNITY HEALTH NURSE/Home Care Nurse is responsible for informing the assigned staff of the D.N.R. order and what actions are expected of them in the event of that the client becomes seriously ill or unresponsive.

**PROCEDURE:**

1. As part of the Intake and Assessment process the COMMUNITY HEALTH NURSE will discuss with the appropriate clients what advanced directives they wish to have in place.
2. The COMMUNITY SUPPORT SERVICES COORDINATOR in conjunction with the COMMUNITY HEALTH NURSE will ensure that all documentation takes place both within the client's Community Support Services chart and their in-home Community Support Services chart.
3. The COMMUNITY HEALTH NURSE will inform the assigned staff of what measures are in place.
4. When completing the associated paper work, no family member is to act as the witness to any of the required signatures.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CLIENT</b>	
<b>SUBJECT: ACCESSING (911) EFR SERVICES</b>	<b>Client - 3</b>
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**POLICY:**

1. At any time, an in-home services provider is to call EFR (911) (569-3434) when an emergency situation arises.
2. Staff will immediately contact the COMMUNITY SUPPORT SERVICES COORDINATOR of the call to 911 (569-3434). In the absence of the COMMUNITY SUPPORT SERVICES COORDINATOR, the COMMUNITY HEALTH NURSE will be contacted.
3. The in-home service provider is responsible for making full documentation within the client's active home care chart regarding the EFR (911) call.
4. Staff will follow all instructions provided to them by the EFR (911) Operator or other emergency staff while awaiting the arrival of the ambulance or other services.

**PROCEDURE:**

1. While providing in home services should a client make it known to their in-home service provider that they are experiencing any change to their normal health the in-home service provider is to call EFR (911) immediately.
2. Should the client object to the in-home service provider calling EFR (911), the in-home service provider is to contact the COMMUNITY HEALTH NURSE and advise them as to what has taken place.
3. The in-home service provider is responsible for full documentation of the client's refusal within the client's home chart.

4. The in-home service provider is to take all reasonable steps to make the client comfortable and tend to their needs while awaiting the arrival of emergency services.
5. The in-home service provider is to complete all associated documentation regarding the EFR (911) call and the transfer of the client.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CLIENT</b>	
<b>SUBJECT: DEATH AT HOME EXPECTED/UNEXPECTED</b>	<b>Client - 4</b>
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
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## **POLICY STATEMENT**

1. The Temagami First Nation Community Support Services Program will respect client/caregiver(s) cultural traditions surrounding a death in the home, while at the same time placing primary importance on the comfort and well-being of the client.
2. The COMMUNITY SUPPORT SERVICES COORDINATOR and/or the COMMUNITY HEALTH NURSE will discuss with families of terminally ill clients, and establish whether they plan to let the death occur at home, or intend to re-admit the client to hospital when death appears to be imminent.
3. All reasonable steps must be taken to ensure that the service provider assigned to the client is comfortable where there is an expected death.
4. Temagami First Nation will take all reasonable steps to ensure that all in home service providers are provided with guidance and support surrounding what to expect for both an anticipated death and an unexpected death.
5. A copy of the Coroners' Act will be available to the COMMUNITY SUPPORT SERVICES COORDINATOR. The Coroners' Act can be viewed on line at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca).

## **PROCEDURE:**

### **EXPECTED:**

When an in-home service provider is in the home at the time of death, they are to ensure that the following takes place.

- The in-home service provider is to contact the COMMUNITY HEALTH NURSE first followed by a call to the COMMUNITY SUPPORT SERVICES COORDINATOR.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Client - 4</b>
<b>SECTION: CLIENT</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: DEATH AT HOME EXPECTED/UNEXPECTED</b>	

**PROCEDURE (cont.):**

**EXPECTED (cont.):**

- The COMMUNITY HEALTH NURSE will report to the client's home to provide support to the family and will stay with them until the death is pronounced.
- Both the COMMUNITY SUPPORT SERVICES COORDINATOR and the COMMUNITY HEALTH NURSE will provide support to the in-home support worker as required.
- A resource pamphlet will be provided to the family.

**UNEXPECTED DEATH:**

1. In the event that the service provider encounters a deceased client where the death is unexpected, they are to immediately call EFR (911) followed by a call to the COMMUNITY HEALTH NURSE. Refer to policy and procedure Accessing EFR (911) Services for further information.
2. The COMMUNITY SUPPORT SERVICES COORDINATOR will contact the client's family.
3. Both the COMMUNITY SUPPORT SERVICES COORDINATOR and the COMMUNITY HEALTH NURSE are to report to the client's home and await the arrival of the client's family.
4. The in-home service provider along with other representatives of the Community Support Services Program are not to touch anything.
5. The in-home service provider will be encouraged to remain calm at all times.
6. The COMMUNITY SUPPORT SERVICES COORDINATOR will ensure the in-home services provide involved in this type of event receive a de-briefing and after care as needed.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>  <b>SECTION: CLIENT</b>  <b>SUBJECT: ENTERING A CLIENT'S HOME UNANNOUNCED</b>	<b>POLICY/ PROCEDURE:</b>  <b>Client - 5</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
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**POLICY:**

1. When an in-home service provider reports to a client's home they are to knock and/or ring the doorbell to announce their arrival.
2. An in-home service provider is only allowed to enter a client's home if arrangements have been made to do so and the permission has been authorized by the COMMUNITY SUPPORT SERVICES COORDINATOR and that all information surrounding the permission has been documented within the client's chart.
3. The in-home service provider should not enter the home without a response to their knock or the ringing of the doorbell. It is not necessary for the client to come to the door, the response can also be a verbal response such as "who is it", "come on in", etc.
4. When there is no response after several attempts the staff member will follow a procedure is to contact the COMMUNITY SUPPORT SERVICES COORDINATOR for further guidance.

**PROCEDURE:**

1. As part of the orientation process for all clients the COMMUNITY SUPPORT SERVICES COORDINATOR will discuss with the client what will work best for announcing the arrival of the staff member.
2. A discussion surrounding what to do if the client does not answer the door should also take place.
3. The above information is to be documented within the client's chart.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CLIENT</b>	
<b>SUBJECT: KEYS TO CLIENT HOMES</b>	<b>Client - 6</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. Under no circumstances will any in home service providers be allowed to accept keys to any clients' home.
2. Only the COMMUNITY SUPPORT SERVICES COORDINATOR can determine whether or not in-home service delivery can only be provided if the assigned staff has access to a key to the client's home.
3. Should it be determined that keys to the client's home should be in the possession of the in-home service provider the keys are to be stored within the Community Support Services Program offices.

**PROCEDURE:**

1. Should a client offer keys to their home to a staff member, the staff member is to inform the client that they are not allowed to take the keys.
2. Should the client's condition be such that in order to provide services to the client keys must be obtained, they are to be picked up and returned to the Community Support Services Program offices.
3. Should in home service delivery be during hours which the Community Support Services Program offices are closed, the COMMUNITY SUPPORT SERVICES COORDINATOR, the assigned staff and the client will determine what precautionary steps will be put into place to ensure the security of the keys. Full documentation regarding this is to take place within the client's chart.
4. This step is to ensure that there are no liability issues surrounding the potential of the loss of keys by staff under a variety of circumstances.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CLIENT</b>	
<b>SUBJECT: TRANSPORTATION OF HOME AND COMMUNITY CARE CLIENTS</b>	<b>Client - 7</b>
<b>APPROVAL:</b>	<b>Page 1 of 2</b>
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**POLICY:**

1. As part of the intake and assessment process a determination will be made as to whether or not the client requires transportation and whether or not the Community Support Services Program can safely provide the transportation.
2. Only Community Support Services Program staff will transport those clients.
3. The provision of transportation for the client may include other family members or individuals residing within the client's home, providing there is room in the vehicle.
4. All transportation is to be done using all assigned TFN vehicles.
5. All staff that provides transportation must have a G2 License.
6. Transportation is only provided for the following i.e. Health Centre medical appointments, grocery shopping, banking and community-based events.
7. Any additional trips must receive prior approval by the COMMUNITY SUPPORT SERVICES COORDINATOR.
8. The staff must advise the COMMUNITY SUPPORT SERVICES COORDINATOR when they are transporting the client.
9. Abuse of the provision of transportation can result in the suspension or withdrawal of this service.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Client - 7</b>
<b>SECTION: CLIENT</b>	
<b>SUBJECT: TRANSPORTATION OF HOME AND COMMUNITY CARE CLIENTS</b>	<b>PAGE 2 of 2</b>

**POLICY (cont.):**

10. Staff providing the transportation is ultimately responsible for determining whether or not the weather conditions are such that they do not feel it is safe to travel.

**PROCEDURE:**

1. As a result of the intake and assessment process a determination will be made as to whether or not the Community Support Services Program can safely provide transportation of the client.
2. Documentation will take place within the client's care plan what transportation services will be provided.
3. The assigned staff will be required to ensure that all insurance information is on file.
4. The in-home services provider will be notified of what transportation is to be provided and when.
6. The client will be informed as to exactly what transportation will be provided. The client will further be notified that any additional request must be made to the COMMUNITY SUPPORT SERVICES COORDINATOR and that any side trips requested by the client will only take place should time be available.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: CLIENT</b>	
<b>SUBJECT: FIREARMS WITHIN CLIENT HOMES</b>	<b>Client - 8</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
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***POLICY STATEMENT:***

1. The Community Support Services Program recognizes the right for all individuals to own firearms. In order to ensure the safety of the staff providing in home services these firearms must at these times be under lock and key.

**POLICY:**

1. Should a client or any member of their family be in possession of any firearms these firearms are to be under lock and key, as per current legislation whenever any staff of the Community Support Services Program be within the home.
2. Should the assigned staff report to a home where firearms are not under lock and key they are to ask the client to take the necessary steps to put the firearms under lock and key. If this request is not met, the staff is to leave the client's home and report to the COMMUNITY SUPPORT SERVICES COORDINATOR.
3. Should the client or family member fail to meet this request routinely services can be suspended.

**PROCEDURE:**

1. The COMMUNITY SUPPORT SERVICES COORDINATOR will inform all clients of the need to keep firearms under lock and key during the intake and assessment process.
2. The COMMUNITY SUPPORT SERVICES COORDINATOR will ensure that all staff who provide in home services are aware of this policy and what actions they are to take when they are confronted with open firearms.
3. When services are impacted by the issue of firearms both the COMMUNITY SUPPORT SERVICES COORDINATOR and the staff are to ensure that complete documentation takes place within the client's chart.

**Community Support Services Program  
Manual**

**Staff Section Policy and Procedures**

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<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
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**POLICY:**

1. Abuse of the caregiver in any form will not be tolerated.
2. Abuse can be any of the following: Physical, Emotional, Sexual, Financial or any other action or inaction that exploits or violates the in-home services providers Civil or Human Rights.
3. All allegations of abuse will be investigated thoroughly.
4. During the investigation the in-home service provider will be removed from the home and reassigned.
5. The service provision to the client may be suspended during the investigation process.

**PROCEDURE:**

1. When an in-home service provider becomes a victim of abuse, they will immediately report the incident to the COMMUNITY SUPPORT SERVICES COORDINATOR.
2. Complete, clear and concise documentation will be made regarding the incident using the Temagami First Nation and Social Services Client Complaint form.
3. The Community Support Services will report the incident to the HSM.
4. The COMMUNITY SUPPORT SERVICES COORDINATOR will investigate the incident with the client or family member involved.
5. The COMMUNITY SUPPORT SERVICES COORDINATOR will report their findings the HSM.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Staff - 1</b>
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<b>SUBJECT: ABUSE OF IN-HOME SERVICE PROVIDER</b>	

**PROCEDURE (cont.):**

6. Should the COMMUNITY SUPPORT SERVICES COORDINATOR be unavailable to do the investigation, the Director of Health will determine who will carry out the investigation.
7. At the conclusion of the investigation and in consultation with the HSM a determination will be made as to what actions will take place.
8. The results of the investigation will be shared with the in-home service provider involved in the incident.
9. The completed Complaint Form is to be filed within a secure environment within both the Community Support Services and HSM offices.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
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***POLICY STATEMENT:***

1. It is recognized that there may become a time when a staff member within the Community Support Services Program will need to be provided with care. This care can take the form of grief/stress counseling, general health counseling and or a safe environment for any of the above for open discussion or counseling.
2. The care required can be requested or required through either Traditional or Western medicine approach.

**POLICY:**

1. It is a shared responsibility between the Community Support Services Program staff and the COMMUNITY SUPPORT SERVICES COORDINATOR to take the required steps to ensure that the staff members are both physically and emotionally healthy.
2. Whenever possible the services required will be accessed through the Doreen Potts Health Centre.

**PROCEDURE:**

1. At any time that a staff member is feeling the need for counseling of any description they are to make this need known to the COMMUNITY SUPPORT SERVICES COORDINATOR.
2. The COMMUNITY SUPPORT SERVICES COORDINATOR will meet with the staff member to determine what actions are required to meet the needs of the staff member.
3. The COMMUNITY SUPPORT SERVICES COORDINATOR will arrange for the counseling that is required by the staff member.
4. As required the COMMUNITY SUPPORT SERVICES COORDINATOR will initiate referrals.





<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: SEXUAL HARRASSMENT</b>	<b>Staff - 3</b>
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**POLICY:**

1. Sexual harassment of any kind will not be tolerated.
2. Sexual harassment can take the form of any of the following: touching, inappropriate conversations, off color jokes, inappropriate suggestions or any other situation that contains a sexual connotation which makes the individual uncomfortable.
3. Repeated offenses by a client or family member may result in the termination of services.

**PROCEDURE:**

1. When a caregiver becomes a victim of sexual abuse, they will immediately report the incident to the COMMUNITY SUPPORT SERVICES COORDINATOR.
2. The staff involved will complete Temagami First Nation Health and Social Services Client Complaint form.
3. The COMMUNITY SUPPORT SERVICES COORDINATOR will follow the process as outline within the Temagami First Nation Health and Social Services Client Complaint Form.
4. In consultation with the HSM a determination of what actions will be taken during the investigation process.
5. At the conclusion of the investigation the COMMUNITY SUPPORT SERVICES COORDINATOR will meet with the client and/or their family and advise them as to what the investigation has revealed and what actions will be taken, if any.
6. The in-home service provider involved will also be notified of the outcomes of the investigation and what actions will be taking place, if any.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE Staff - 3</b>
<b>SECTION: STAFF</b>	<b>PAGE 2 of 2</b>
<b>SUBJECT: SEXUAL HARRASSMENT</b>	

**PROCEDURE (cont.):**

7. Regardless of the outcome of the investigation the in-home service provider may wish not to return to the client's home. The COMMUNITY SUPPORT SERVICES COORDINATOR will reassign the in-home services provider.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: MINIMUM REQUIREMENTS</b>	<b>Staff - 4</b>
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**POLICY:**

1. All staff of the Community Support Services Program must meet minimum requirements prior to being assigned to any client.
2. Clients requiring the services of a Personal Support Worker will be assigned a worker with that designation or the equivalent.
3. The minimum requirements are as follows:
  - Current certification in C.P.R. (cardio pulmonary resuscitation)
  - Current certification in First Aid
  - Completed W.H.M.I.S. training
  - Completed the Safe Food Handling Course
  - Valid Driver's License
  - Have undergone a police check (C.P.I.C.)
  - Their immunization status is current
  - A signed Oath of Confidentiality is on file.

**PROCEDURE:**

1. At the time of hiring the Community Support Services Program will ensure that the new staff have met all of the minimum standards.
2. For staff that do not meet the minimum standards mechanisms must be put into place to ensure that the minimum standards are met within the determined period of time.
3. All associated documents are to be filed within the staff member's personnel file.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: CERTIFICATIONS</b>	<b>Staff - 5</b>
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**POLICY:**

1. All staff of the Community Support Services Program are responsible for ensuring that their certifications are current.
2. These certifications include First Aid and C.P.R.
3. Doreen Potts Health Centre will endeavor to provide access to re-certification programs through annual budget preparations.
4. Whenever possible re-certification training that is arranged through Doreen Potts Health Centre will take place during scheduled working hours, this will facilitate the continuum of care for the client and wages being provided to the staff member.
5. Failure to keep certifications current by the staff member can result in disciplinary action.

**PROCEDURE:**

1. All staff must ensure that they take the required steps to ensure that their certification in both First Aid and CPR are current at all times.
2. Should the arrangements be made by Doreen Potts Health Centre for a re certification program to be available the staff member is to notify the COMMUNITY SUPPORT SERVICES COORDINATOR of their intent to attend the program.
3. Upon successful completion of a re certification program a copy of their certification is to be submitted to the COMMUNITY SUPPORT SERVICES COORDINATOR and filed within their personnel file.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: ORIENTATION PROGRAM FOR IN HOME SERVICE PROVIDERS</b>	<b>Staff - 6</b>
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**POLICY:**

1. All new staff to the Community Support Services Program attends the Orientation Program.
2. The Orientation Program is to be delivered based on the established Orientation Protocol.

**PROCEDURE:**

1. The COMMUNITY SUPPORT SERVICES COORDINATOR will be responsible for ensuring that all staff attends the Home and Community Care Orientation Program.
2. All staff will be paid for attending the Home and Community Care Orientation Program.
3. Any staff member who does not successfully meet the Program Outcomes must receive the orientation again and accordingly, cannot be assigned to deliver services to any clients.
4. The Orientation Program is to be scheduled throughout the year or on a need be basis.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: TRAINING OF STAFF</b>	<b>Staff - 7</b>
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**POLICY:**

1. All Community Support Services Program staff will receive appropriate training. The intention of this training will be to enhance their abilities to provide optimum care to the Community Support Services Program clients of their community.
2. This training is to be made available to all new staff whether the staff member be full-time, casual, relief or part time.
3. Individual training will be offered to staff on a need be basis.
4. The following is to be used as the minimum standard for training of the Community Support Services Program staff: client worksheets, client filing, WHMIS, fire prevention, elder abuse, safe transfer to Community Health Nurseiques, safe food handling, universal precautions, falls prevention and all current policies and procedures associated with the Community Support Services Program.

**PROCEDURE:**

1. The COMMUNITY SUPPORT SERVICES COORDINATOR will ensure that all staff are trained in the above noted areas.
2. The Community Support Services Program will provide all of the above training within the community.
3. All training must be successfully completed prior to being assigned direct client care.





<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: ASSIGNING OF STAFF</b>	<b>Staff - 8</b>
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***POLICY STATEMENT:***

1. At all times the goal of Temagami First Nation Community Support Services Program will be to ensure that the most qualified staff member is assigned to the most appropriate client.
2. All assigned staff must be the best/appropriately qualified to deliver the services required as per the established assessment and care plan.

**POLICY:**

1. The COMMUNITY SUPPORT SERVICES COORDINATOR is responsible for assigning staff with each Home and Community Care client. In the absence of the COMMUNITY SUPPORT SERVICES COORDINATOR, the COMMUNITY HEALTH NURSE will assign the staff. Should both the COMMUNITY SUPPORT SERVICES COORDINATOR and the COMMUNITY HEALTH NURSE be absent the HSM will assign the staff for the immediate period of time. The assigned staff will be reviewed when either the COMMUNITY SUPPORT SERVICES COORDINATOR or the COMMUNITY HEALTH NURSE return.

**PROCEDURE:**

1. Upon notification that a client has been added to the Community Support Services Program the COMMUNITY SUPPORT SERVICES COORDINATOR will determine which staff member will be assigned to the client.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
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**POLICY:**

1. In order to ensure that the Community Support Services Program takes all precautionary steps to avoid any conflicts of interest or possible perceived conflicts of interest when assigning staff, the COMMUNITY SUPPORT SERVICES COORDINATOR will use the utmost discretion in assigning staff to clients.

**PROCEDURE:**

1. When assigning staff to clients the COMMUNITY SUPPORT SERVICES COORDINATOR will take into consideration any present or past relationships the available staff have with the client.
2. Should the COMMUNITY SUPPORT SERVICES COORDINATOR become aware of circumstances, which warrant the reassigning of staff they are to make the required changes as soon as possible.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: REPORTING TO WORK</b>	<b>Staff - 10</b>
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***POLICY STATEMENT:***

1. The clients of the Community Support Services Program are dependent on the services that will be delivered to them by the staff of the program. Accordingly, it is crucial that the staff of the program report to work as scheduled and that when they are unable to report to work, they must inform the COMMUNITY SUPPORT SERVICES COORDINATOR of their absence or their estimated time of reporting to work.

**POLICY:**

1. All Community Support Services Program staff are expected to report to work as per the Temagami First Nation Health, Community Support Services Policies and Procedures.
2. Failure by the Community Support Services Program staff to report to work and/or provide proper notification to the COMMUNITY SUPPORT SERVICES COORDINATOR that they will be unable to report to work can result in disciplinary action.
3. Staff are expected to contact the COMMUNITY SUPPORT SERVICES COORDINATOR as soon as they are aware that they will not be able to report to work as per their schedule.

**PROCEDURE:**

1. At the time of hiring all staff will be informed of the importance of them reporting to work on schedule and the impact of when they don't. In conjunction with this review the staff will be informed of the repercussions when they don't report to work as scheduled.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: CHANGE OF HOURS OR REASSIGNMENT OF HOURS</b>	<b>Staff - 11</b>
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**POLICY:**

1. At all times the goal of the Community Support Services Program is to ensure that in home service delivery to the client base take place to the benefit of the client base.
2. Accordingly, no in-home service providers can change their assigned hours without prior approval.
3. Only the COMMUNITY SUPPORT SERVICES COORDINATOR can change the assigned hours.
4. Should the COMMUNITY SUPPORT SERVICES COORDINATOR feel that an in-home service providers hour needs to be changed due to extenuating circumstances, the COMMUNITY SUPPORT SERVICES COORDINATOR can make these changes. The COMMUNITY SUPPORT SERVICES COORDINATOR must ensure that both the client and the in-home service provider is informed of the change, the reason why and how long the change in hours will be in effect.
5. All requests for changes of hours must be either verbally or through leaving a voice mail message. No in-home service provider is to assume that their request for a change is approved until they have gotten verbal and/or written approval.

**PROCEDURE:**

1. As part of the orientation process all in home service providers will be informed of all of the steps involved when they wish to change their assigned hours.
2. Staff will also be informed that the COMMUNITY SUPPORT SERVICES COORDINATOR can change any in home service providers assigned hours if it is deemed necessary to ensure that service delivery is kept at its optimum.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: ADMINISTRATION</b>	
<b>SUBJECT: STAFF AS CLIENTS WHEN REQUIRING IN HOME SERVICES</b>	<b>Staff - 12</b>
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**POLICY:**

1. The COMMUNITY SUPPORT SERVICES COORDINATOR will be responsible for performing all aspects of the intake and assessment process when a staff member of the Community Support Services Program requires in home services.
2. The COMMUNITY SUPPORT SERVICES COORDINATOR will make all required arrangements for the intake and assessment to take place. These arrangements include but are not limited to notifying the client and the provision of all documents

**PROCEDURE:**

1. When a staff member needs in-home care the COMMUNITY SUPPORT SERVICES COORDINATOR/COMMUNITY HEALTH NURSE will inform the staff member that an intake and assessment process will be carried out.
2. The COMMUNITY SUPPORT SERVICES COORDINATOR will coordinate the entire intake and assessment process ensuring that at all times all participants are aware of what is taking place.
3. The completed intake and assessment forms will be reviewed with the COMMUNITY SUPPORT SERVICES COORDINATOR to ensure that they have been completed as per the established protocols.
4. The care plan will be developed as per policy and procedure and the reassessment date will be identified. Arrangements will be made for the COMMUNITY SUPPORT SERVICES COORDINATOR to return to do the reassessment.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: IMMUNIZATION STATUS OF STAFF</b>	<b>Staff - 13</b>
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**POLICY:**

1. All staff that are providing in home services to any client of the Community Support Services Program must be current with their immunization status.
2. The Temagami First Nation Centre will provide immunization services to all staff of the Community Support Services Program at no cost to the staff.
3. Annual influenza vaccinations will be **strongly** recommended to all staff of the program.
4. The COMMUNITY SUPPORT SERVICES COORDINATOR will be responsible for establishing a system that will monitor the immunization status of all staff members.

**PROCEDURE:**

1. As part of the orientation and hiring process to the COMMUNITY SUPPORT SERVICES COORDINATOR a review of the staff member's immunization status will take place. If it is determined that they are deficient with any of their immunizations, arrangements will take place for the immunizations to be obtained.
2. Notification will be provided to the staff members when they are due for immunizations.



<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: FOOTWEAR</b>	<b>Staff - 14</b>
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**POLICY:**

1. As per Workers Safety and Insurance Board (W.S.I.B.) standards, all in home service providers must at all times meet footwear criteria that is in keeping with this standard.
2. The W.S.I.B. standard states that all footwear is to be closed toed and closed heeled. Accordingly, sandals at no time are allowed.
3. All staff are to ensure that when the weather conditions are such that they require boots or other outdoor footwear that they have another pair of shoes available to wear within the clients' homes.
4. At no time are staff to be in a client's home without approved footwear on. Slippers are not allowed.
5. All footwear will offer both support and protection for the staff members' feet.
6. Failure to wear approved footwear can result in disciplinary action.

**PROCEDURE:**

1. During the orientation process all staff will be advised as to the W.S.I.B. standard for footwear.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: WEARING OF UNIFORMS</b>	<b>Staff - 15</b>
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**POLICY:**

1. All in home service providers are to wear the uniforms provided for them while they are on paid duty.
2. The Community Support Services Program will provide the staff with 2 uniforms at the time of hiring.
3. Replacement uniforms are the responsibility of the Community Support Services.
4. The staff are responsible for ensuring that their uniforms are clean and in good working repair at all times.
5. Nametags are considered part of the uniform and accordingly, are to be worn while the staff is on paid duty. Nametags are to be provide to staff at the time of hiring.
6. Failure to wear the uniform while on paid duty or failure to have the uniform clean and in good repair can be cause for disciplinary action.

**PROCEDURE:**

1. At the time of hiring the Community Support Services Program will provide the staff with proper fitting uniforms.
2. The staff will be informed at that time of their responsibility to wear the uniforms while on duty and to keep them clean and in good repair.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: IN HOME SERVICE PROVIDER SUPPLY KITS</b>	<b>Staff - 16</b>
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**POLICY:**

1. All in home service providers are responsible for ensuring that their program supply bags have a complete inventory within them.
2. The Community Support Services Program will provide the following supplies for the staff's bag: gloves, hand sanitizer, alcohol swabs, masks, plastic apron blue/black pens, copies of program forms that the staff are responsible for completion and a First Aid Kit.
3. The COMMUNITY SUPPORT SERVICES COORDINATOR is responsible for ensuring that at all times the required supplies/inventory are available for the staff.

**PROCEDURE:**

1. At the time of hiring the Community Support Services Program will ensure that the staff are aware of their responsibility in keeping the inventory of their supply bag accurate.
2. The in-home service providers will be informed of where they will be able to get the required inventory when needed.
3. Failure to keep the inventory complete can impact service delivery and therefore, may result in disciplinary action.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
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<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. As representatives of Community Support Services, while on paid duty no in-home service provider is allowed to smoke within a client's home.
2. Staff are encouraged to wear or have access to a separate piece of clothing that they wear while smoking and remove within the clients' homes.
3. Failure to comply with this policy may result in disciplinary action.

**PROCEDURE:**

1. During the orientation process all staff will be advised of this policy and procedure.
2. Should at any time a client asks a staff member to join them in a cigarette the staff are to inform the client that they are not allowed to smoke on duty.

<b>PROGRAM: COMMUNITY SUPPORT SERVICES PROGRAM</b>	<b>POLICY/ PROCEDURE:</b>
<b>SECTION: STAFF</b>	
<b>SUBJECT: VIRAL ILLNESS</b>	<b>Staff - 18</b>
<b>APPROVAL:</b>	<b>Page 1 of 1</b>
<b>DATE OF APPROVAL:</b>	
<b>REVIEW AND REVISION DATES:</b>	

**POLICY:**

1. In order to ensure the overall well-being and health of the clients, when an in-home service provider becomes ill with a viral illness it is crucial that all reasonable steps be taken to protect the clients from becoming ill.
2. The infected staff member is to report to the Health Centre prior to attending to any of their clients to obtain clearance from the Regulated Health Professional that it is safe for both the staff member and the clients for them to report to their clients.

**PROCEDURE:**

1. Prior to reporting to any clients' homes, any in home service provider who has a viral illness must report to the Health Centre.
2. The Regulated Health Professional will examine the individual, determine whether or not they can report to their clients and if they can what if any additional precautions need to put into place.
3. Should the Regulated Health Professional feel that the staff member requires further medical attention they will assist the staff member in making these arrangements if necessary.

# **Community Support Services Program Manual**

## **Forms Index**

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## COMMUNITY SUPPORT SERVICES PROGRAM

### ORIENTATION PROTOCOL

**Function:** To ensure that all staff of the Community Support Services Program in home service providers are fully knowledgeable of all aspects of the program and their associated roles and responsibilities.

**Responsibility:** The COMMUNITY SUPPORT SERVICES COORDINATOR will be responsible for ensuring that all staff attends the Orientation Program and that the content of the program is appropriate and relevant.

**Content of Program:** Confidentiality  
Documentation  
Body mechanics/back safety  
Documentation and/or proof of Immunization Status  
Scheduling of Staff and Clients  
Review of Job Descriptions  
Lines of Authority  
Scope of Practice for staff  
Review of Home Support/Personal Support Staff Handbook  
Falls prevention.  
Universal precautions.

**Outcome of Program:** Staff will receive a certificate that will document that they have attended the Orientation Program and that as a result of their attendance and the provision of any required documents that they are able to perform the duties assigned to them through the Community Support Services Program.

## PRIORITY RATING GUIDELINES

Priority Rating	Description
4	Client must receive services from qualified individual as per the Intake and Assessment. Personal Support Worker will be providing services.
3	Clients family/or other community members can provide care for the client for the short term. Personal Support Worker or Home Support Worker may be involved in service delivery. * Short term = 24 –48 hours
2	Client can manage on their own for a day or two. Assigned staff will contact the client by phone; the COMMUNITY SUPPORT SERVICES COORDINATOR and/or the COMMUNITY HEALTH NURSE will determine frequency of contact. A Home Support Worker will be providing service delivery.
1	Client can manage on their own for an indefinite period of time. Contact with the client by phone by the COMMUNITY SUPPORT SERVICES COORDINATOR and/or the COMMUNITY HEALTH NURSE is to take place until services can be reinstated. The COMMUNITY SUPPORT SERVICES COORDINATOR and/or the COMMUNITY HEALTH NURSE to determine how often the client is to be called. A Home Support Worker will be providing service delivery.



## Community Support Services Program

### Service Agreement

Temagami First Nation Community Support Services Program agrees to do/provide the following:

- Provide services to the client, which are reflective of the Community Support Services, program Client Rights.
- Adhere to the Community Support Services Program Staff Code of Ethics.
- Adhere to the responsibilities outlined within the Care Plan.
- Notify the client when there is to be a change in the normally scheduled time of services provision.
- Notify the client when there is to be a change in the in-home service provider.
- If/when personal care is being provided to ensure that the client's privacy is respected.
- To review this agreement during any reassessment processes.

In return I, \_\_\_\_\_ agree to do/provide the following to or for any representatives of the Community Support Services Program.

- Treat the Community Support Services Program and all of the staff associated with it with respect at all times.
- Adhere to the services that were agreed upon within my personalized Care Plan.
- Agree to only ask the staff to provide the services, which are for my benefit and according to the assessment of my needs.
- Notify the COMMUNITY SUPPORT SERVICES COORDINATOR of any concerns and/or complaints immediately.
- Remain within my home during the entire time that my assigned staff is there.
- That I will notify the Community Support Services Program if I cannot be at home at and/or during the time that the staff are scheduled providing at a minimum one-hour notification prior to the scheduled arrival of the staff.
- At no time will I or any other household member be under the influence of alcohol or illegal drugs immediately prior to or during the time that staff are in my home.
- At all times have any pets under control at all times.
- Ensure that all required equipment and/or supplies that may be required by the staff are available to them.
- Take all required steps to ensure that my home is a safe environment for the service providers and other representatives of the program.

This agreement has been reviewed, agreed upon and signed on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Community Support Services  
Coordinator

Copy to client. Original to client's chart.

**COMMUNITY SUPPORT SERVICES PROGRAM  
CLIENT INTAKE INFORMATION FOR HOME CHART**

**CLIENT NAME:** \_\_\_\_\_

**CHART #:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

1. **Is the applicant making own decisions regarding their personal care:** Yes:  No:   
Unknown:

Name of Substitute Decision Maker: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Power of Attorney for Personal Care: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

2. **Does the client have a D.N.R. (Do not resuscitate) order for them:** Yes:  No:   
Unknown:

3. **Is the client's family aware of the status of the D.N.R. order:** Yes:  No:   
Unknown:

4. **Emergency Contacts:**

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**5. Are there any other agencies involved in the provision of Home Care Services:**

Yes:  No:

Name of Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Contact(s): \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Contact(s): \_\_\_\_\_

**6. Name and Address of Family Physician:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

**COMMUNITY SUPPORT SERVICES PROGRAM**

**AUTHORIZATION FOR D.N.R. ORDER**

**TO: Temagami First Nation Community Support Services Program**

**RE: D.N.R. (Do Not Resuscitate) ORDER**

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I, \_\_\_\_\_, the undersigned, a client of the Temagami First Nation Community Support Services Program do hereby order and authorize you, not to resuscitate me or to attempt to resuscitate me in the event that I lose my vital signs or if I be found in such a state. For your so doing, let this be good, sufficient and lawful authority.

Dated at Bear Island, Ontario this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Witness

**COMMUNITY SUPPORT SERVICES PROGRAM**

**REFUSAL OF IN-HOME SERVICES**

**CLIENT NAME:** \_\_\_\_\_

**D.O.B. (d/m/y):** \_\_\_\_\_

I, \_\_\_\_\_ after careful consideration have decided of my own free will to refuse the Services of the Community Support Services Program. This decision has been discussed with representation of the Temagami First Nation Community Support Services Program.

I do also understand that in the event I should reconsider my decision, I will be required to reapply to the Community Support Services Program and re-implementation of services may not be immediate.

The above Refusal of Services was discussed with the client on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Client/Parent/Guardian/Family Member

\_\_\_\_\_  
Signature of Community Support Services Coordinator

\_\_\_\_\_  
Signature of Witness

**COMMUNITY SUPPORT SERVICES PROGRAM**

**IN HOME SERVICES DISCONTINUATION**

**NAME:** \_\_\_\_\_

**D.O.B. (d/m/y):** \_\_\_\_\_

**Reason for Discharge:** (select one)

- Deceased
- Client has moved off First Nation
- Care needs beyond capacity of Home Care Program
- Functional improvement
- Support system improved
- Home Care on hold
- Other \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Aware:**     Yes   No   N/A

**Date Services Discontinued:** \_\_\_\_\_

**Date Services Reactivated:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

\_\_\_\_\_  
**Clients Signature**

\_\_\_\_\_  
**Community Support Services Coordinator**

**Date:** \_\_\_\_\_

Dear \_\_\_\_\_

This letter is to follow up on our meeting/telephone conversation on \_\_\_\_\_ at which time we discussed the fact that you are not eligible for in home services through the Community Support Services Program. The reasons that you are not eligible are as follows:

\_\_\_\_\_  
\_\_\_\_\_.

If you wish to appeal this decision please contact me to discuss the appeal process.

Should any of the aforementioned reasons change you can reapply to the program for in home services.

If you have any further questions or concerns regarding this matter please do not hesitate to contact me.

Sincerely,

Community Support Services Coordinator

Original to client

Copy to client chart.

**TEMAGAMI FIRST NATION HEALTH  
COMMUNITY SUPPORT SERVICES PROGRAM**

**CLIENT SATISFACTION SURVEY**

We would like you to take a few minutes to complete this form that will allow the Community Support Services Program to determine whether or not the services we are providing to you are meeting your needs.

The Community Support Services Program are committed to providing optimum care to all of their clients within their financial and human resources constraints. Please keep this in mind when completing this form.

1. Do your assigned workers treat you with respect and dignity?  Yes  No

Comments: \_\_\_\_\_

2. Do your assigned workers listen to you when you have a question or concern?  Yes  No

Comments: \_\_\_\_\_

3. Are the workers assigned to you properly trained to provide the services that you require?

Yes  No

Comments: \_\_\_\_\_

4. Do you feel that the service provided to you improve the quality of your life?  Yes  No

Comments: \_\_\_\_\_

5. Would you recommend these services to other community members?  Yes  No

Comments: \_\_\_\_\_

6. Do you think that there is good communication between yourself, your assigned workers and the COMMUNITY SUPPORT SERVICES COORDINATOR and the COMMUNITY HEALTH NURSE/Home Care Nurse?

Yes  No

Comments: \_\_\_\_\_



7. Keeping in mind the financial constraints of the program what additional services would you like to see?

Comments: \_\_\_\_\_

8. What tasks if any would you like to do for yourself that your worker is currently doing?

Comments: \_\_\_\_\_

9. If you are receiving care from other regulated health professionals such as nurses, registered dietitian, nurse practitioner, occupational or physiotherapists do you feel that their services are improving the quality of your life or have impacted the quality of your life?

Comments: \_\_\_\_\_

10. Do you feel that you are actively involved in the way the services are being delivered to you through or coordinator by the Community Support Services Program?  Yes  No

Comments: \_\_\_\_\_

11. Do you feel that information regarding activities taking place within the programs is communicated to you appropriately? Examples would be notification of dinners, bingos, shopping trips, exercise programs.  Yes  No

Comments: \_\_\_\_\_

