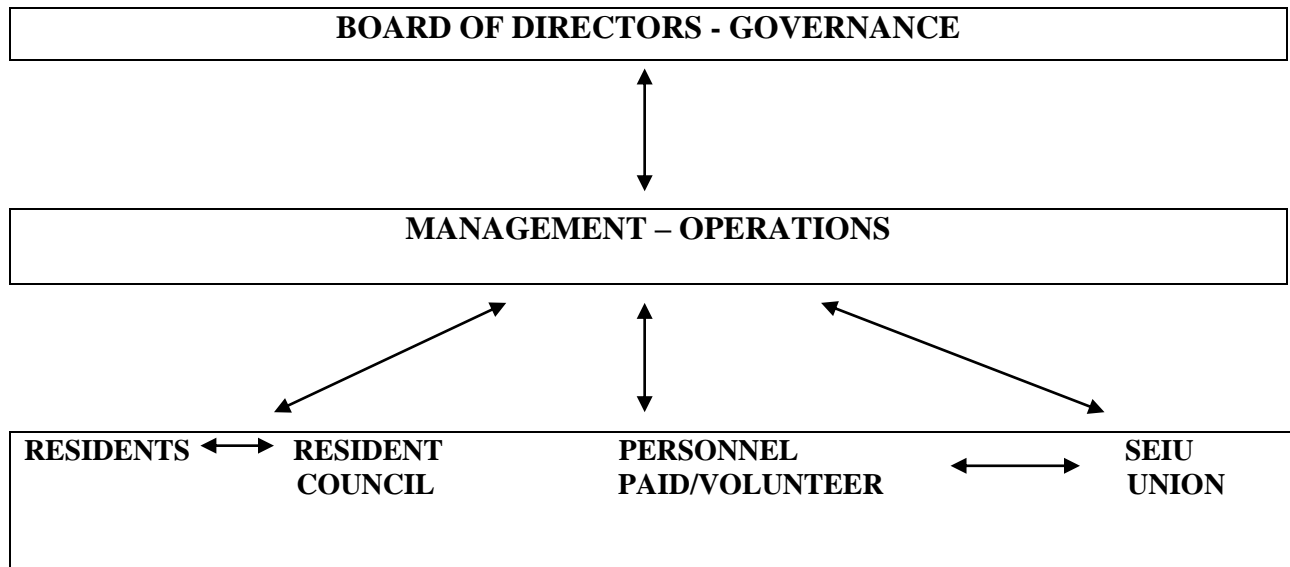


CHESHIRE HOMES OF SASKATOON
STAFF POLICY AND PROCEDURE MANUAL

**CHESHIRE HOMES OF SASKATOON
ORGANIZATION CHART**



PROFESSIONAL CODE OF ETHICS

OUR GOAL IS TO MAKE CHESHIRE HOMES THE BEST PLACE TO LIVE AND WORK IN SASKATOON.

As key partners in making this happen, every employee is required to make the following commitments as a condition of employment.

Commitment to:

1. Working towards achievement of the goal of making Cheshire Homes the best place to live and work in Saskatoon.
2. Treating all residents, colleagues, management, and visitors with respect and dignity.
3. Respecting the privacy of others and confidentiality of information.
4. Adhering to all policies and procedures of Cheshire governance and management.
5. Conforming to performance, attendance, and dress standards.

MISSION STATEMENT

Our mission is to provide barrier-free living, with attendant services, for young adults with physical disabilities.

To achieve our mission, we will foster an external environment of interdependence and an internal environment of individual independence within Cheshire Homes.

An external interdependent environment will create and foster

- Physical accessibility
- Cooperative group living
- Mental, physical, and spiritual well-being
- Meaningful participation in operational decision-making through management
- Freedom of choice and acceptance of consequences

An individual independent environment will encourage and promote

- The opportunity to make personal lifestyle choices
- The determination to strive to do as much as one's physical abilities allow
- The knowledge, understanding, and application of self-directed care

OPERATIONAL POLICIES

INCIDENT REPORTS

INTENT

The intent of this policy is to ensure that Management is informed of any incidents involving injury to staff or residents, damage to property, whether this be the property of Cheshire Homes, staff, or residents, unresolved conflicts between staff and residents, and any circumstances that are out of the ordinary daily occurrences of Cheshire Homes.

POLICY STATEMENT

Staff are required to report any incidents involving resident or staff injury, damage to property belonging to residents, staff, or Cheshire Homes, unresolved conflicts between staff and residents, and any behavior or occurrences that may be seen as harmful to the well-being of residents, staff, or the agency as a whole. This may include a report of an incident which has been witnessed by a third party and documented by such.

PROCEDURES

Such incidents or issues are to be reported on an Incident Report Form. The Incident Report must include the circumstances surrounding the event, the location of the incident, and who was doing what at the time of the event and with whom. This should be a detailed account and should also include time of occurrence and any witnesses to the event.

If an injury has been sustained, the type of injury needs to be recorded and any follow-up actions taken at the time or required in the future. If the injury is to a staff person while on duty and the injury interferes with their ability to perform their duties, they are required to remain on the premises until the remainder of their shift has been filled by another employee. An injured staff person, unless they are in serious condition, is expected to fill their own shift and complete an Incident Report prior to leaving the premises. A worker injured while on duty is expected to report to a physician immediately, or as soon as reasonable possible following an injury for evaluation and documentation. This documentation is necessary for legal and insurance purposes.

If an employee is a witness to another workers injury, they must also write an Incident Report independently, describing the circumstances of the injury in detail.

Third party reports, or those being written by a person other than an individual involved in a situation, are encouraged if the event is one in which the well-being of residents, staff, or the agency as a whole could be affected.

Incidents Reports are to be factual accounts of an occurrence. They are to be objective and not subjective. They are not to include the feelings or opinions of the writer or subjective comments or evaluations. When writing any work related reports, keep in mind that it could be some time be read by other professionals or subpoenaed by Court, and thus, reflects on the professionalism of the agency.

PUBLIC RELATIONS/MEDIA POLICY

INTENT

The intent of this policy is to clearly state the appropriate lines of communication when addressing the media or external community agencies.

POLICY STATEMENT

The Executive Director is the designated spokesperson for Cheshire Homes of Saskatoon.

“Media” refers to any persons representing news agencies and/or any persons representing any external public information sources/agencies.

“External community agencies” refers to any persons representing any community organization.

PROCEDURES

1. Any inquiries made to Board members or employees of Cheshire Homes of Saskatoon shall be referred to the Executive Director.
 - a. Board members and/or employees who are contacted by the media will inform the media that they are not authorized to speak on behalf of the organization and that they will have the Executive Director contact them.
 - b. The Board members and/or employees will contact the Executive Director immediately to inform them of the inquiry.
2. The Executive Director is responsible to inform the Board Chair of all contacts with the media and the content of the discussion as soon as possible following the contact.
 - a. The Executive Director is to advise the Board Chair of possible ‘crisis’ situations and any possible issues/concerns that the media or any other member of the public might bring up.
3. If inquiry is related to the Board of Directors, the Executive Director will obtain the information and inform the media that someone will get back to them as soon as possible.
 - a. The Executive Director will contact the Board Chair immediately with the inquiry and will receive instructions on how the concern is to be handled. The Executive Director will ensure follow up according to instructions given.

CONFIDENTIALITY POLICY

INTENT

The intent of this policy is to ensure that residents, staff, and management information is treated with the utmost respect so that the dignity of those concerned is maintained.

POLICY STATEMENT

Attendant Care Workers and all employees at Cheshire Homes are entrusted with information regarding the following:

- Individuals residing at Cheshire Homes
- Individuals (Resident's) personal support networks (family, friends, significant others, and/or others designated by resident)
- Operations of Cheshire Homes

Therefore, as a condition of employment, it is expected that employees maintain absolute confidence with regard to all of the information pertaining to the aforementioned.

PROCEDURES

To clarify further, the following matters shall be treated with utmost confidence:

All matters relating to the care provided to individuals

Information relating to the care of individuals shall not be discussed with or made known to persons outside of Cheshire Homes or to other attendant care workers or other residents, except to the extent where such communication is necessary to further the care and support of the individual or where it is approved by the Supervisor of Services or the Executive Director.

All documents or other relevant material containing individual's information must be returned to Cheshire Homes (Management) by the Attendant Care Worker on termination of his/her employment

Unless requested by a resident, discussion of personal information with resident's relatives or Next of Kin is prohibited, unless this has been requested or approved by the resident involved. The only exception to this is the case where a resident has a legal guardian, recognized by the Courts, who is then in a position to make decisions on behalf of the resident.

Should a Next of Kin need to be contacted for reasons of medical emergency, it is the responsibility of the support care staff to report to the Management on cal. It is the responsibility of Management to contact the Next of Kin

The purpose of individual care plans, care notes and communications records are to ensure continuity and quality in the care provided for each person.

The information in these records must never be used or conveyed for purposes beyond the support and care of the individual or in any way that infringes upon the person's right to privacy and respect

The only persons who have access to individual care plans are the individual, his/her personal network (family, friend, significant other, or persons at the discretion of the resident) and people directly involved in providing care for the person, including an Advocate, Social Services worker if applicable and Cheshire Homes Supervisor and Executive Director

No residents' files or information may be removed from the office or person's home for any reason without the permission of the individual or his/her personal network. A release form must be signed by the individual to indicate such consent before the information may be released or forwarded to another agency or individual

All information pertaining to the organization of Cheshire Homes or to employees of Cheshire Homes (home telephone numbers, policy and procedures, operational documentation, etc.) is to be held in strict confidence by all Attendant Care Workers and not to be removed from the agency.

All inquiries or public comments concerning matters regarding the operation of Cheshire Homes must be referred to the Executive Director.

Employees are required to release information relevant to the operation of Cheshire Homes at the request of the Supervisor of Services and/or the Executive Director.

It shall be the responsibility of each employee to report to management any known breach of confidentiality. Any breach of confidentiality needs to be reported to Management on an Incident Report Form.

EMPLOYEE CONDUCT

INTENT

The intent of this policy is to clearly state professional conduct expectations for all staff and volunteers.

POLICY STATEMENT

The following conduct is considered unacceptable and may be considered cause for disciplinary action and/or dismissal

1. Abuse
2. Unapproved leave – An employee absent without proper authorization or notice for three consecutive working days shall be considered to have quit without notice and shall be terminated.
3. Theft, attempted theft, or abuse of property belonging to Cheshire Homes, fellow employees, residents, or visitors.
4. Unsatisfactory work performance
5. Habitual tardiness and absenteeism
6. Providing false information verbally or on an application form or on a resume, in order to obtain employment
7. Providing false information to Cheshire Homes to obtain pay or other compensation
8. Use or under the influence of alcohol or illegal drugs while on duty
9. Failure to follow established policies

PROCEDURES

Individuality

Each resident is an individual with unique abilities, characteristics, choices, and needs.

1. Use name of choice.
2. Speak in a pleasant, courteous, and respectful voice.
3. Encourage independence. Help resident with things he/she cannot do for themselves, but allow the resident time.
4. Keep information confidential. Do not gossip.
5. Talk to the resident, not about them or over them in their presence.

6. Inform Management of routines that are not meeting the resident's needs.
7. Explain procedures and situations so residents are well informed and can make choices and have input.
8. Receive primary direction for care giving from the resident.
9. Encourage resident safety.
10. Knock on doors and enter when given permission.
11. Advocate for residents with all team members.
12. Do not try to control the resident but rather support them in their choices.
13. Respect the right of the resident to live at risk.
14. Try to maintain the dignity for the resident by keeping catheter bags and private body parts covered.
15. Endeavour to learn about the culture, faith, and history of the resident and respect these beliefs and values.

Normalcy

What is normal for a resident is based on their unique life experiences, culture, and society.

1. Maintain the resident's privacy by giving care only in a private environment (not the dining room or hallway).
2. Make an effort to know the resident's life experiences, occupation, family, etc.
3. Respect spiritual choices and ways of worship and facilitate this.
4. Look at the routines and practices to identify ones that are not consistent with normal everyday life.
5. Put clothes over (bibs) on only those who need them and not more than 10 minutes before meals are served. Remove cover after meal.
6. Make families and friends of the residents feel welcome.
7. Allow the resident to experience the consequences of their choices.
8. Empower and encourage the resident to take responsibility for making their own decisions.
9. Apply adaptive equipment so that the resident can function at an optimal level.
10. Respect the resident's right to refuse care and participation.
11. Use appropriate terminology to avoid loss of dignity.

Reality

Care, while based on individual choice and normalcy, is practical, appropriate, and delivered within available resources.

1. Work as a member of the team and include the residents and family when appropriate.
2. Follow policies and procedures that ensure their own and resident's safety (e.g. Use mechanical lifts when appropriate).
3. Refuse to provide care or service that is not safe or possible. Explain to the resident why request cannot be met. Report these issues to management.
4. Communicate with the team to ensure the care plan is appropriate for the resident.

5. Assist the resident to adjust to life at Cheshire Homes both in its opportunity and constraints.

Continuous Improvement

The process of gradual and constant enhancement of all aspects of the organization.

1. Display commitment to improving the status quo.
2. Try new ideas.
3. Attend educational opportunities.
4. Seek self-improvement.
5. Encourage co-workers to do things the approve way (i.e. lifts and transfers).
6. Bring suggestions for change to management.
7. Support others when they share ideas.
8. Speak politely and positively.
9. Treat all individuals with respect.
10. Work to remove barriers to teamwork.
11. Demonstrate that each person is of value.
12. Examine alternatives with team members to solve problems.

Consultation/Feedback

The act of asking and providing information and exchanging viewpoints so that good decisions can be made that support the mission of Cheshire Homes.

1. Ask for information when needed
2. Share information appropriately.
3. Be positive, non judgmental, and receptive.
4. Actively participate (listens, shares).
5. Acknowledge the contributions of others.
6. Work as a team member.
7. Communicate in a timely manner.
8. Read necessary communication (i.e. Policy and Procedures, memos, care plans, etc.)
9. Attend and participate in staff meetings and team meetings, maintains confidentiality (stops gossip, asks for clarification).
10. Express ideas clearly when speaking.
11. Write clearly and legibly.
12. Teach and share own skills.

Accountability

The concept of being answerable for one's own actions and being responsible for the results of one's efforts towards meeting the mission of Cheshire Homes.

1. Follow established policies and procedures.
2. Solve problems and takes action in a timely manner.

3. Report and takes responsibility for errors.
4. Meet deadlines.
5. Stay current.
6. Use supplies and resources responsibility (i.e. laundry and dish soap).
7. Clean up after self.
8. Attend in-services and education programs and shares information with other staff.
9. Accept and adapt to change.
10. Reliable in reporting or work.
11. Complete work assigned consistently with expected standards.
12. Communicate information to appropriate persons.
13. Take responsibility for actions (fills out incident reports).
14. Physically able to carry out work.

Relevance

The belief that actions should be pertinent, meaningful, and appropriate towards fulfilling Cheshire's mission.

1. Act effectively.
2. Able to choose priorities in accordance with the Task Prioritization Policy.
3. Flexible and able to adapt to changes.
4. Complete work as is reasonable.
5. Use time efficiently.
6. Visit with residents while working.
7. Open to new ideas, suggestions, etc.

Empowerment

The concept of being enabled and supported so that one can perform effectively in meeting the mission of Cheshire Homes.

1. Show initiative in performing of job duties.
2. Suggest ways to improve operations.
3. Use information, equipment, and the environment constructively.
4. Assist others as is able.
5. Seek opportunities to grow.
6. Question authority constructively.
7. Follow established policies and procedures.
8. Advocate for residents.
9. Actively participate in the operations of Cheshire Homes.
10. Acknowledge the contributions of others.
11. Display pride in work.
12. Is open to new ideas, suggestions, etc.

TASK PRIORITIZATION POLICY

INTENT

The intent of this policy is to provide guidelines for staff and residents in the performance of duties.

POLICY STATEMENT

Staff is expected to prioritize their job responsibilities as outlines below. It is acknowledged that, in circumstances deemed exceptional by the staff member on duty, prioritization of tasks may be changed to meet demands of the situation.

PROCEDURES

1. Health and Safety

The first priority is the health and safety of residents and staff. This includes, but is not limited to, fire precautions, food safety, lifting and transferring, etc.

2. Direct Resident Care

This includes, but is not limited to, bathing, dressing, grooming, bowel and bladder management, transfers, feeding, etc.

Evening staff are to write-up a daily schedule in binder (wake-up, bedtimes, appointments, etc.), based on residents preferences and staffing, for the following day. As a general principle, schedules will be developed on a 'first-come, first-serve' basis with priority being given to scheduled appointments. In circumstances where there is a conflict in scheduling, the staff member is to facilitate a discussion between the residents involved. If residents are not able to compromise, the decision will be made by the staff member responsible for making up the schedule.

3. Meal planning and delivery

Staff are to prepare meals according to the menu planned by residents. Whenever possible, meal preparation should be done in advance so as not to conflict with direct resident care. Each house determines its own meal schedule. Residents are expected to respect the times schedules for meals by being on time or to inform the staff in advance if they have a conflict in time or alternate plans.

4. Indirect Resident Care and Housekeeping/Laundry Tasks

Staff will use fair judgment in balancing the indirect care needs of residents and the housekeeping/laundry and other related tasks listed on the Attendant Care Worker job description.

Residents will post their indirect care needs on the RESIDENT MESSAGE BOARD for tasks such as opening and/or reading personal mail, looking up phone numbers, rearranging personal belongings and unscheduled cleaning of wheelchairs, floors, laundry, etc. Staff will use the information on the Message Board as a basis for planning their shift duties.

In situations when a resident requests assistance with small tasks requiring only a few minutes, such as picking up items from the floor, turning on a computer, or switching a television channel, staff will comply to the request by either doing it immediately or informing the resident when they are able to do the task.

5. Other Assigned Tasks

Staff are expected to work their full shift except for coffee and meal breaks as outlines in the Union/Management contract. While respecting the interests and rights of each resident, effective use of 'downtime' includes, but is not limited to, spending time with residents watching educational videos or discussing television programs, reading or sharing interesting news information or stories, playing a game, doing crafts, assisting with planning vacations or leisure activities, etc. Time may also be spent on other household tasks such as wiping out kitchen cupboards, cleaning chrome table and chair legs, spot cleaning walls, organizing and cleaning storage cupboards, cleaning inside windows and ledges, defrosting freezers, checking fridge and freezer for leftovers so meals can be planned around inventory, keeping patio clean and tidy, mending linen or resident clothing and cleaning venetian blinds.

EMPLOYMENT PRACTICES

INTENT

The intent of this policy is to outline employment practices relating to terms of employment and disciplinary practices.

POLICY STATEMENT

Employees shall comply with all policies, procedures, and regulations of Cheshire Homes. All employees shall be responsible for understanding policies, procedures, and regulations pertinent to performance of their duties.

Failure to comply with policies, procedures, and regulations shall be grounds for disciplinary action which may result in termination of employment.

PROCEDURES

Current policies, procedures, and regulations are found in the Cheshire Homes Employee Handbook, Policy and Procedures Manuals, Self Care binders and in the Communication Notebooks. Four copies of the Policy and Procedures Manuals are in distribution including the office copy and one for each house. Each house has its own Self Care Binder and Communication Notebook.

Failure to comply with policies, procedures, and regulations will result in one of the following actions being taken depending on the severity of the offense:

1. Oral Reprimand
2. Written Reprimand
3. Suspension
4. Termination of Employment

An employee has committed an infraction if he/she:

1. Fails to perform or otherwise neglects duties as outlined on relevant position description.
2. Fails to conform to policies, procedures, and regulations including, but not limited to, any actions which are deemed to be in conflict with our goal of making Cheshire a great place to live and work.
3. Makes public statements which harshly criticize the organization, other employees or residents.
4. Fraudulently records or misrepresents information relating to attendance, leave of absences and/or benefit claims.

PERSONNEL RECORDS

INTENT

The intent of this policy is to ensure proper administration of personnel records and access to these files.

POLICY STATEMENT

A personnel file for each employee shall be maintained in the Administration Office.

PROCEDURES

Personnel files should be maintained by Management.

Management can permit access to personnel files to designated persons who require information

CONFIDENTIALITY POLICY

INTENT

The intent of this policy is to ensure that residents, staff, and management information is treated with the utmost respect so that the dignity of those concerned is maintained.

POLICY STATEMENT

Confidential information is private and shared only in trust that it will remain private. All confidential information concerning residents, as well as information pertaining to the operation of Cheshire and the personal information of staff and management shall not be discussed with anyone other than those properly concerned.

PROCEDURES

The revealing of confidential information is to be based on “the need to know”. Certain information is necessary to share for the health and safety of residents and staff in the performance of their duties. If information is not being shared for this purpose, it should not be shared at all.

Residents at Cheshire have the right to make decisions regarding personal information, thus the sharing of resident information with those outside the agency should not be done unless it is necessary in the performance of an individual’s duties as a health care provider.

Unless requested by a resident, discussion of personal information with resident’s relatives or next of kin is prohibited unless this has been requested or approved by the resident involved. The only exception to this is in the case where a resident has a legal guardian, recognized by the Courts, who is then in a position to make decisions on behalf of that resident.

Should a next of kin need to be contacted for reasons of medical emergency, it is the responsibility of the support care staff to report to the Management on call. It is the responsibility of Management to contact the next of kin.

It shall be the responsibility of each employee to report to management any known breach of confidentiality.

MEDICATION MANAGEMENT POLICY

INTENT

The intent of this policy is to ensure the effective management of medication.

POLICY STATEMENT

The effective management of medication is critical to limiting health, safety, and liability risks.

PROCEDURES

1. All residents are required to review with Management the Medication Policy, the Medication Management Form and the Medication Waiver as a condition of residency.
2. A completed Medication Management form from each resident will be placed in their personal care plans.
3. If required, staff will assist with administering medications. As standard practice, medications will be administered by staff only if the medications are in a pill pack provided by the pharmacy.
4. The restrictions as noted in #3 above will not apply where a resident has discussed with Management and signed a waiver form entitled “Resident’s Responsibility for Medication and Agreement Not to Sue”, accepting responsibility for directing their medications. A resident who has signed a waiver may request staff assistance in administering medications that are not in pill packs. **At no time will staff administer medications contrary to pill bottle label instructions.** A copy of this waiver will be placed in the resident’s personal care plan.
5. When distributing pill packs to residents, check the name on the pack carefully as staff hands the pack or individual pills to each resident. Ask the resident as staff hands over the pack or pills to confirm that this is their medication and again check the label to limit any chance of errors.
6. Staff shall have discretion to refuse a resident’s medication request where the resident is intoxicated or otherwise incapable of sound judgment.

For residents requesting Cheshire involvement in ordering medications, the following procedures will be adhered to:

1. Management or designate faxes a monthly standing order to Nordon Drugs. Doctor’s orders must be faxed to Nordon Drugs directly from the attending physician.
2. Resident medications that are ordered through the office will be distributed weekly to each house.

3. The ordered medications will be kept in the LOCKED cupboards and disbursed to each resident in accordance with the Individual Care Plans.

Staff members will monitor the Management of Medications and will report, in writing on an incident report form, to Management, or designate, any observed concerns or infractions.

12/10/1997
Revised 28/11/2002
Revised 20/08/2003

ABUSE POLICY

INTENT

The intent of this policy is to ensure Cheshire Homes provides an abuse free environment and has definite procedures for handling any relevant situation.

POLICY STATEMENT

Cheshire Homes is committed to ensure an abuse free environment for both residents and staff.

PROCEDURES

Purpose

It is the purpose of this policy to:

1. Define physical abuse, sexual abuse, emotional abuse, property abuse, medication abuse, denial of opportunity, and neglect.
2. Provide a mechanism for training and other actions necessary to prevent abuse of participants from occurring within this organization.
3. Describe the procedure that residents, staff, and others directly associated with Cheshire Homes shall follow in reporting allegations, disclosures or observations of abuse.
4. Describe responsibilities, procedures and investigative process of cases of alleged abuse.
5. Ensure the involvement of legal authorities wherever warranted.

Statement of Principles

1. Abuse in any form shall not be tolerated.
2. The rights of participants under the Charter of Rights and Freedoms and other Canadian Law shall not be denied.
3. All actions taken by those associated with Cheshire Homes are to be respectful of the dignity, and in the best interests, of residents and staff.
4. It is the responsibility of Cheshire Homes to ensure ongoing resident and staff safety as well as the protection of any victim of alleged abuse from further victimization insofar as this organization has the power to do so.
5. The primary responsibility of Cheshire Homes is the residents and staff.

6. Residents, staff, and others associated with Cheshire Homes shall report all allegations, observations, and disclosures of abuse and shall do so without fear of retaliation within this organization.
7. In the event of an abuse allegation, Cheshire Homes shall take whatever steps are necessary to preserve the integrity of this organization and the services provided.

Definitions

1. **Physical Abuse:** infliction of bodily pain by one or more instances of striking, shoving, slapping, pinching, choking, or kicking. Also includes the use of unapproved restraining techniques.
2. **Sexual Abuse:** any form of unwanted or exploitative sexual behavior including harassment or acts of assault.
3. **Emotional Abuse:** infliction of emotional pain through verbal or written expressions of intimidation, humiliation, ridicule, contempt, or hatred. Includes yelling, swearing, or screaming at others.
4. **Property Abuse:** misuse of an individual's funds or assets without consent, including unauthorized use of bank accounts or denial of personal possessions.
5. **Medication Abuse:** non-compliance with policies and procedures relating to medication administration, including withholding medication or over-medication, inappropriate use of medication, or failure to facilitate access to health services.
6. **Denial of Opportunity:** unreasonable denial of opportunity for economic advancement or intentional withholding of access to available opportunity to meet needs of spiritual, mental, or personal growth.
7. **Neglect:** failure to provide the necessary care, assistance, guidance, or attention which results in physical or emotional harm or loss to the adult or their estate. May be caused by an action or failure to act, and may or may not be intentional.
8. **Residents:** individuals who receive direct services from Cheshire Homes.
9. **Staff:** person providing services directly or indirectly, through Cheshire Homes, to or on behalf of program participants, whether receiving remuneration or not.
10. **Alleged Offender:** person identified as having committed or participated in an act of abuse toward a participant.

Prevention

1. Residents, staff, and others associated with Cheshire Homes are expected to be informed of the information contained in the Abuse Policy.
 - a. This policy shall be reviewed with all residents, staff, and others associated with Cheshire Homes upon adoption of this policy.
 - b. Management or designate shall review this policy with new staff and residents within the first month of their employment or involvement with Cheshire Homes.
 - c. Continuing education with respect to the prevention of abuse shall be made available upon request to management by residents and staff.
2. Cheshire Homes shall maintain a policy of governing use of restrictive procedures and shall review with all residents and staff on an annual basis.
3. Residents and staff are encouraged to discuss with management, or designate, any questions they might have relating to what constitutes abusive or unacceptable action.
4. Anyone who becomes aware of the potential for abusive interactions is directed to discuss the matter with management, or designate.

Responsibilities: Reporting and Immediate Actions

1. Immediate Safety
 - a. The individual observing abuse shall take reasonable action to stop the abuse.
 - b. Further steps which may be necessary to ensure the immediate safety of the alleged victim shall be taken.
2. Reporting Protocol
 - a. Any resident or staff who observes or becomes aware of an abusive situation shall complete an Incident Report and submit to management, or designate, immediately.
 - b. There may be situations where the manager receives a report of an allegation from a third party (i.e. someone other than the alleged victim, the person to whom disclosure was made, or the person observing or suspecting the abuse). In these situations, the manager shall confirm with the alleged victim, or the person to whom the disclosure was made to the person who directly observed or suspected abuse, that he/she has made a complaint of abuse.

- c. In confirming an allegation, the manager shall only attempt to verify with the original source that a complaint of abuse has been made. The manager shall not attempt at this point, to determine whether or not the abuse actually occurred.
 - d. Management or designate shall advise the Community Living Division Social Worker (or District Manager/other Divisional staff in worker's or manager's absence) of the allegation within 48 hours of the allegation being made.
 - e. The manager/designate shall inform the police of any incident of physical or sexual abuse as soon as possible but in no case more than 48 hours after the allegation has been made, UNLESS there is substantial reason to question the credibility of the allegation. In such cases, the initial review team shall review the allegation and decide whether it will be reported to the police. The police may also be called in other instances (i.e. an allegation of another type of abuse) if deemed warranted. The police may also be requested to conduct an investigation independent from any internal investigation that may be done with the organization.
3. Initial Review
- a. An initial review of the allegation shall be conducted by Management, or designate, in consultation with the Community Living Division Social Worker.
 - b. The purpose of the initial review is to determine:
 - i. Whether the allegation of physical or sexual abuse shall be reported to the police, in those cases where there was substantial reason to question the credibility of the allegation.
 - ii. Whether an internal investigation, apart from any police investigation, is warranted, where the alleged perpetrator is a resident, staff, or other person associated with Cheshire Homes.
 - iii. Whether any immediate disciplinary actions, where none have yet been taken are necessary.
 - c. A recommendation shall be made within 24 hours as to whether
 - i. The allegation of physical or sexual abuse shall be reported to the police.
 - ii. An internal investigation is warranted.
 - d. An internal investigation shall be conducted in all cases where
 - i. There has been an allegation of sexual or physical abuse (unless the allegation has been deemed not credible); or
 - ii. Injury has occurred; or
 - iii. There has been repeated documented instances of unsatisfactory interactions with participants by the alleged perpetrator in the past; or
 - iv. Other circumstances warrant such an investigation.
4. Actions to be taken with Respect to the Alleged Victim

- a. Management, or designate, shall request the alleged victim (through his/her advocate as circumstances warrant) to undergo a medical examination whenever relevant physical evidence may be present
 - b. Where possible, the examination is to be conducted within 48 hours of the time of the alleged incident.
 - c. All steps shall be taken to preserve any evidence related to the allegation.
 - d. The alleged victim shall be offered counseling services and access to those services shall be arranged in consultation with Community Living Division.
 - e. Management, or designate, in consultation with Community Living Division, shall seek police assistance if attempts to continue contact between the alleged perpetrator and the alleged victim are likely and the potential for further abuse exists.
5. Immediate Actions with Respect to the Alleged Perpetrator
Where an alleged perpetrator is a fellow resident, staff, board member or other person associated with Cheshire Homes
- a. Any and all official communication between the agency and the alleged perpetrator shall be conducted by Management, or designate, of Cheshire Homes.
 - b. When a police investigation is to be conducted, the police shall inform the alleged perpetrator of the allegation prior to Management advising the person that he/she is under investigation.
 - c. If the initial interview indicates that the incident may require disciplinary action, the alleged perpetrator may be suspended with pay, redeployment, or requested to stay away from the agency or individual for the balance of any investigation, as justified by the circumstances.
 - d. In instances requiring immediate removal of the alleged perpetrator from the worksite, the alleged perpetrator will be informed of the allegation (i.e. what he/she was alleged to have done and to whom) and told not to contact the alleged victim or return to the worksite unless asked to do so by the agency. The alleged perpetrator will be informed that an investigation is taking place.

Investigation

The following protocol shall be implemented in situations where an internal investigation has been deemed to be warranted.

1. Timing of Investigation

- a. Where a police investigation is to be conducted, Cheshire Homes shall inform the police PRIOR to beginning the internal investigation, that an internal investigation is being initiated.
 - b. During the internal investigation, all efforts shall be made to avoid jeopardizing any criminal investigation.
2. Investigation Committee
- An Investigation Committee shall be struck by Cheshire Homes and shall be composed of:
- a. Management, or designate of Cheshire Homes and a designated representative
 - b. The Community Living Division Social Worker, or in situations where the alleged victim is not involved with Community Living Division, an alternate may be recommended by Community Living Division.
 - c. One member from the community, to be selected by consensus between Cheshire Homes and Community Living Division (or alternate).
3. Consideration
- a. In all cases, the alleged victim shall be given every opportunity throughout this investigation to communicate with the Committee on his/her behalf.
 - b. The alleged victim shall be informed that they may use an advocate to represent their interests.
 - c. In all cases where uncertainty exists about the individual's ability to represent his/her interests, an advocate shall be utilized. The Saskatchewan Association for Community Living or other appropriate organization shall be requested, as necessary, to assist in securing the services of an advocate.
 - d. Both the person alleging the abuse and the person alleged to have conducted the abuse shall have third party representation while they are being interviewed. These representatives shall not attend interviews of other witnesses or individuals associated with the case.
 - e. The person ordinarily responsible for the alleged victim, the alleged victim's advocate, and the alleged victim where possible, shall be advised by Management of Cheshire Homes, that they are free to communicate with the Investigation Committee provided that such communication does not interfere with any internal or police investigation of the allegations.
4. Outcome
- a. A record of the investigation shall be made in the file of the alleged victim, the agency file opened on the allegation and the file of the alleged perpetrator.

- b. Within 30 days of the team's appointment:
 - i. A final report shall be prepared, summarizing the outcome of the investigation.
 - ii. The final report shall be given to the Board of Directors and Community Living Division.
 - iii. Where the alleged perpetrator is represented by a union, a copy of the final report will be forwarded to the union at the time of the imposition of any disciplinary action.
 - c. In the absence of union certification, a copy of the report shall be provided to the alleged perpetrator.
 - i. Where the alleged perpetrator has been cleared of any wrong doing, he/she shall be advised of this in writing with a copy of the letter placed in his/her personnel file.
 - ii. Others directly involved with a particular investigation shall be informed of the outcome of the investigation.
 - d. Where appropriate, the Investigation Committee shall consider:
 - i. Any further disciplinary actions to be taken with respect to the alleged perpetrator; and/or
 - ii. Any necessary training to be provided to the alleged perpetrator to prevent future occurrences of the action of abuse, and shall include such recommendation in the final report.
5. Written Reprimand
- a. Where formal counseling has been ineffective, and where suspension or dismissal is not warranted, the resident or staff shall be formally warned by means of a letter signed by Management, outlining consequences of recurring instances of unsatisfactory interactions with participants. A copy of this letter shall be retained in confidential management files.

VIOLENCE POLICY

INTENT

The intent of this policy is to provide an environment free of violence for all staff, residents, management, and guests.

DEFINITION

In the Occupational Health and Safety regulations, 1996, Section 37(1) states:

“violence means the attempted, threatened, or actual conduct of a person that causes or is likely to cause injury, and includes any threatening statement or behavior that gives a worker reasonable cause to believe that the worker is at risk of injury.

While the following is not an exhaustive list, violence may include:

- Verbal abuse or threats
- Physical assault; and/or
- Unnecessary physical contact such as touching, patting, pinching, punching.

POLICY STATEMENT

Cheshire Homes will not tolerate any form of violence. It is recommended that any worker who has been exposed to a violent incident consult the worker’s physician for treatment and referral for post-incident counseling. All employees will be made aware of safety policies upon hire.

PROCEDURES

While working at Cheshire Homes of Saskatoon, it is reasonable to expect that you may encounter violent situations. If there has been a violent episode with a resident, it will be noted in their care plan so that all staff members are aware. The following procedures are guidelines as to how to deal with a situation.

1. Advise the aggressor that their verbal or physical behavior will not be tolerated.
2. State that if it continues, you will leave the room and refuse care.
3. If it continues, leave the area and state that you will be back in 15 minutes to try again. Ensure that the aggressor is in a safe position.
4. If you feel that you are in immediate danger, leave the area immediately, stating that you will be back in 15 minutes. Do not go back to the situation alone. Get another staff to assist.
5. Bring the problem to management by written documentation of the incident(s) before leaving the premises.

Management will:

1. Regard all complaints seriously and investigate the problem immediately.
2. Ensure all reports are kept in confidence in accordance with the Occupational Health and Safety Regulations 36 (1) (f).
3. Investigate by interviewing the involved parties and other relevant persons in conjunction with the OHS Committee.
4. Determine if the claim is valid.
5. Inform both the complainant and alleged aggressor of the results of the investigation.
6. Initiate any disciplinary action deemed appropriate.
7. If the worker or employer is not satisfied with the decision of the Occupational Health and Safety Committee, they may ask an Occupational Health Officer to investigate the matter.
8. Every person has the right to file a complaint with the Saskatchewan Human Rights Commission and to exercise any other legal rights pursuant to any other law.

HARASSMENT POLICY

INTENT

The intent of this policy is to provide an environment free of harassment for all staff, residents, management, and guests.

DEFINITION

In the Occupational Health and Safety Act, 1993, Section 2 (1) (1) states:

“harassment” means any objectionable conduct, comment, or display by person that:

Is directed at a worker.

Is made on the basis of race, creed, religion, color, sex, sexual orientation, marital status, family status, physical size, or weight, age, nationality, ancestry, or place of origin; and

Constitutes a threat to the health and safety of the worker.

Harassment may be related to any discriminatory grounds contained in the Canadian Human Rights Act. It may be verbal, physical, deliberate, unsolicited, or unwelcome. It may be one incident, or a series of incidents. While the following is not an exhaustive list, harassment may include:

Unwelcome remarks, jokes, innuendoes, or taunting about a person’s body, attire, age, marital status, ethnic or national origin, religion, etc.

Practical jokes which cause awkwardness or embarrassment.

Unwelcome invitations or requests, whether indirect or explicit or intimidation.

Leering and other gestures.

Condescension or paternalism which undermines self-respect.

Unnecessary physical contact such as touching, patting, pinching, punching, etc.

POLICY STATEMENT

Cheshire Homes will not tolerate any form of harassment.

PROCEDURES

If you feel you are subject to harassment:

1. Make your disapproval and/or unease known to the harasser immediately.
2. If the harassment does not stop after you have spoken to the harasser, bring the problem to management by written documentation of the incident(s) before leaving the premises.

Management will:

1. Regard all complaints seriously and investigate the problem immediately.

2. Ensure all reports are kept in confidence in accordance with the Occupational Health and Safety Regulations 36 (1) (f).
3. Investigate by interviewing the involved parties and other relevant persons in conjunction with the OHS Committee.
4. Determine if the claim is valid.
5. Inform both the complainant and alleged harasser of the results of the investigation.
6. Initiate any disciplinary action deemed appropriate.
7. If the worker or employer is not satisfied with the decision of the Occupational Health and Safety Committee, they may ask an Occupational Health Officer to investigate the matter.
8. Every person has the right to file a complaint with the Saskatchewan Human Rights Commission and to exercise any other legal rights pursuant to any other law.

EMERGENCY CALL SYSTEM

Heart Pendants

INTENT

The intent of the emergency call system is to ensure that the safety of residents and staff is protected.

POLICY STATEMENT

Staff are to wear the heart pendant around their necks or pinned to their clothing during the night shifts and at all times when working alone in a house.

PROCEDURES

The Heart Pendants are an emergency call system that works through the phone system. The pendant should be used when a staff or resident is hurt or in need of assistance and you cannot get to the phone to call.

Press the call button on the pendant and it will make the call for you. House One dials House Two's number and plays a 15 second message over three (3) times. If no one picks up then it will hang up and dial House Three's number (House Two will call House One first then House Three, House Three will call House Two first and then House One). After listening to the recorded message press 0 to hear what is happening in the house.

If the pendant is set off by accident, press the STOP button on the pendant immediately. Then call the house that the alarm system first calls to let them know it was a false alarm.

In a situation deemed to be unsafe and threatening, it may not be a good idea to use the pendant as you may be setting up another staff for potential danger. In such a situation, call the police. Use the phone deemed to be the safest, such as the one in the closest resident's room. In emergency situations, you may pull the fire station which sets off the fire alarm. This will summon both the police and fire department. Please be cautious about this because there is a fine charged for false alarms.

STAFF PROTOCOL FOR BREACH OF POLICY

INTENT

The intent of this policy is to give the staff direction as to what to do when there has been a breach of the Visitor Protocol Policy by a resident.

POLICY STATEMENT

Staff are to ensure the safety of themselves and other residents. Staff are to follow the procedures outlined below when there has been a breach of Visitor Protocol Policy by a resident.

PROCEDURES

1. Remind the resident of their responsibility, i.e. Resident must be with their guest at all times, and the noise level must be kept to a minimum between 11:00 p.m. and 7:00 a.m.
2. If the situation is not resolved, the staff is to inform the resident that their guests must leave immediately. An incident report is to be written for management.
3. When a resident is no longer capable of being responsible for his/her guests, staff are to ask the guest to leave, if they feel safe in doing so. If staff does not feel safe, then the police are to be called and asked to have the people removed. An incident report is to be written for management.
4. If staff suspects illegal activity, they are to inform management in writing and management will follow up appropriately. If staff suspect illegal activity and there is immediate risk, they are to call the police and report the situation. An incident report is to be written for management.
5. Should the situation be considered an emergency, i.e. endangering one's life, safety, or property, the police are to be called. An incident report is to be written for management.
6. When staff feels that management need to be informed of a situation immediately, staff are to contact the person on call.

AUTHORIZATION OF OVERTIME

POLICY STATEMENT

The intent of this policy is to clarify the conditions under which overtime shifts are to be authorized.

PROCEDURES

Procedures are outlined on the attached “Guidelines for Overtime Authorization.”

GUIDELINES FOR FILLING SHIFTS:

When filling a shift, staff are to call the other Houses first to see who is working. Then call in the order listed. They are to offer the entire shift and if someone inquires about a split, they will have to call back about the split because **YOU HAVE TO OFFER THE ENTIRE SHIFT TO EVERYONE BEFORE THE SHIFT IS SPLIT**. If only part of the shift can be filled in regular time, then the remainder of the shift can be filled by overtime.

For overtime, Article 13: 13 b) “When overtime work is necessary, the person(s) on duty shall be first offered the work.” For example, if someone is working the 4-11 and a night shift goes into overtime, the 4-11 person is offered the shift first. If neither of the afternoon people want the shift, then staff are to call down the overtime list.

When accepting shifts, it is the employee’s responsibility to confirm to the S.E.I.U. MANAGEMENT AGREEMENT.

Guidelines:

An employee may work a maximum of 12 hours in any 24 hour period.

An employee may not accept shifts if they have worked 7 days straight or 4 consecutive days of 12 hour shifts.

Management, Designate Residents and Staff Person (if neither Management or designated residents) should authorize overtime using the following guidelines:

Review information on the reverse side of this form noting:

Time required for personal care needs that require two staff persons or exceptional circumstances.

Determine if, with some minor adjustments to resident schedules if necessary, it is possible to manage without jeopardizing care or health and safety of residents and/or staff.

If there are any exceptional circumstances, i.e. if a newly hired staff person would be working alone and expresses some reluctance, etc.

If authorization is approved, initial this form and have it returned to the office with Call-in sheet for shift in question.

SHIFT EXCHANGE POLICY

INTENT

The intent of this policy is to provide flexibility in staff scheduling for personal reasons.

POLICY STATEMENT

Shifts may be exchanged by full-time and part-time staff only. It is not to be used for the exchange of specific shifts on a regular basis. All shifts are to be exchanged within the same pay period. Management has the right to deny shift exchanges that may cause scheduling problems or increased financial costs.

PROCEDURES

1. Ensure that resident care needs are not jeopardized by the exchange.
2. Ensure that it is not in conflict with the SEIU agreement or OHS standards.
3. Complete the Agreement for Shift Exchange Form.
4. Ensure that both parties have signed the agreement.
5. Give completed form to Management or Designate.
6. Ensure Employee Work Records reflect shift exchanges.
7. Change shift schedules in house affected by the exchange.

AGREEMENT FOR SHIFT EXCHANGE

EMPLOYEE REQUESTING SHIFT EXCHANGE

I _____ will work the shift.

Day _____ Date _____ from _____ to _____

In House No. _____ for _____.

EMPLOYEE AGREEING TO SHIFT EXCHANGE

I _____ will work the shift.

Day _____ Date _____ from _____ to _____

In House No. _____ for _____.

Both signatories to this agreement agree to work without extra remuneration and in accordance with policy and procedures.

Employee Agreeing to Exchange

Employee Requesting Exchange

PET VISITATION

INTENT

The intent of this policy is to ensure that the rights, safety, and wishes of all residents and staff are respected while acknowledging the therapeutic benefits of pets.

POLICY STATEMENT

Cheshire Homes acknowledges the therapeutic benefits of owning and visiting pets. Residents, staff, and guests are encouraged to have pets on Cheshire Homes property when the following procedures have been met.

With respect to “guest” pets, the visits will be short term and deemed to be beneficial for the residents.

PROCEDURES

1. A pet owner must:
 - a. Obtain the unanimous consent from the individuals living in the home and the staff members working in the home to have a pet on a trial basis.
 - b. Respect the right of any resident or staff to refuse on the basis of personal or health reasons.
 - c. Obtain management (or designate) approval for request.
 - d. At the conclusion of the trial period, obtain consent (as in ‘a.’ above) for the pet to be accepted on a permanent basis.
2. Once consent has been obtained, the pet owner must:
 - a. Ensure that the pet meets all health and safety regulations, as well as behavior expectations.
 - b. Assume full responsibility for the pet’s care, financial costs, and general liability, should an incident of injury or property damage occur.
 - c. Ensure that the pet remains away from kitchen and general eating areas (i.e. the barbeque when in use).
 - d. Staff members and residents are to ensure resident care is not being compromised as a result of pet visitation.
3. Cheshire Homes (Management) may review suitability of pet visitation as required.

SMOKING/NON-SMOKING

INTENT

the intent of this policy is to ensure a healthy living and work environment for all residents and staff.

POLICY STATEMENT

Based on the knowledge that smoking is harmful to the health of the smoker and others in the adjacent environment, a non-smoking policy within the homes has been enforced for all employees and guests.

Residents and their guests are required to smoke outside, at a distance of **10 meters** from the door.

PROCEDURES

1. Residents, Guests, and Employees must:
 - a. Ensure safe smoking practices.
 - b. Smoke outside in designated areas only.
 - c. Ensure respect for property by cleaning up debris and furniture.

LIFTING AND TRANSFERRING

INTENT

The intent of this policy is to ensure the safety of staff and residents.

POLICY STATEMENT

Staff are to follow the lifting and transferring guidelines set out in each of the resident's self-care plans.

PROCEDURES

Care plans are in binders in the locked cupboards in each House.

All staff should be familiar with the care plans of each resident in each house. If staff are ever unsure of a proper lifting or transferring procedure with any resident, they are to refer to the care plan.

In accordance with Occupational Health and Safety, a 2-person transfer must have two people. The medi-man lift is there to assist the two people (2 people plus medi-man lift).

ANY PERSON THAT IS NON-WEIGHT BEARING MUST BE A 2 PERSON TRANSFER BY OCCUPATION HEALTH AND SAFETY REGULATION. IF THIS IS NOT FOLLOWED, DISCIPLINARY ACTION WILL TAKE PLACE.

If at any time, a staff member is not comfortable or feels unsafe in doing a transfer, he/she is to get assistance from another staff member before attempting a lift or transfer.

It is the employees responsibility to inform management if any further training in the area of lifting or transferring is required.

SAFE FOOD HANDLING

INTENT

The intent of this policy is to ensure the safety and respect of staff, residents, and guests.

POLICY STATEMENT

All staff, residents, and guests are to wash their hands before handling any food.

PROCEDURES

Soap and paper towels are available in dispensers in each kitchen and in each washroom, in each house, and are to be used appropriately before handling any food.

TELEPHONE USEAGE

POLICY STATEMENT

A telephone in each home is provided for use by residents for personal calls and by staff for business related or personal emergency calls.

PROCEDURES

1. To avoid added cost, for local calls, always refer to the telephone book for the telephone number information rather than calling directory services.
2. Long distance calls are to be logged in the notebook beside the telephone and reported to the office with the telephone number, location of the call, and the person responsible for the cost.
3. A bill will be issued from Cheshire Homes and payment is expected for these calls within 30 days of invoice date.
4. Unpaid long distance calls may result in the withdrawal of telephone privileges.
5. As a shared business telephone, generally limit calls to five minutes in length.

PARKING

INTENT

The intent of this policy is to ensure that fire regulations are upheld and that parking is accessible for residents, visitors, and staff.

POLICY STATEMENT

Residents, visitors, and staff are to comply with Parking Regulations. There is no parking between signs in the circular driveway. Residents with vehicles have assigned parking spaces. Visitor parking is for mobility-impaired guests, seniors, or visitors on short-term business. Staff may use unassigned parking spaces by House 1 or House 2 or designated spaces in the circular driveway.

PROCEDURES

Be familiar with all parking regulations.

Report any violations to Management.

Management will issue a Courtesy Warning Ticket. Further offenses will result in disciplinary action.

DRESS REQUIREMENTS

INTENT

The intent of this policy is to set a standard of dress that is presentable and that adheres to health and safety requirements.

POLICY STATEMENT

All staff must be clothed and groomed in accordance with the following procedures.

PROCEDURES

General Appearance:

1. Hair should be clean and neat. Hair that is longer than shoulder length should be tied back or secured.
2. Overall grooming, including personal hygiene, must be given careful attention
3. Clothing should be clean, comfortable, and modest. No short shorts, tight T-shirts and tops, or torn or worn clothing.
4. Footwear should provide good support, with enclosed toes and heels, and non-slip soles.

HAND WASHING POLICY

INTENT

The intent of this policy is to ensure attempts are made to avoid cross contamination while providing attendant care. Hand washing prevents the spread of germs and infection to clients and visitors.

POLICY STATEMENT

All employees and members are responsible for washing their hands before and after all attendant care/nursing care procedures or other procedures where cleanliness is essential.

PROCEDURES

1. Use soap or detergent, water and disposable towel.
2. Remove watch and rings.
3. Run water to desirable temperature.
4. Wet hand and wrists with water and apply soap or detergent.
5. Wash hands thoroughly under running water. Pay special attention between fingers and under fingernails.
6. Wash hands using friction for 30 seconds in a rotary motion:
 - a. Wash palm and back of hand with 10 rotary motions using firm and even pressure.
 - b. Wash fingers with 10 rotary motions with the fingers and thumbs interlaced.
 - c. Rinse hands well under running water. Rinse from wrists to fingers.
 - d. Dry hands and shut tap off with paper towel.
 - e. Discard paper towel.
7. Do not wear rings with settings while on duty. Plain wedding bands may be worn.
8. Fingernails must be kept well trimmed.

EMPLOYEE WELLNESS

INTENT

The intent of this policy is to promote wellness in the workplace.

POLICY STATEMENT

Cheshire Homes realizes the importance of mental and physical well being of its employees. As an employer, we are committed to an integrated wellness program which integrates both employer and employee responsibility.

PROCEDURES

Employees are encouraged to share with management, or designate, initiatives deemed to be beneficial to the workplace, or alternately, stressors that are deemed to impact upon performance and/or lifestyle.

Employees are encouraged to do warm-up exercises prior to beginning their shift. The Saskatoon City Hospital exercise sheet attached is an example of a short, effective exercise routine.

RETURN TO WORK PROGRAM

INTENT

The intent of this return to work program is to enhance the rehabilitation process, to minimize risk of re-injury and to integrate the employee into the workplace in a reasonable and safe manner. It is based on the premise, founded in research, that early intervention is important to personal recovery.

POLICY STATEMENT

Management has the right to expect employees to be at work when scheduled and to perform job responsibilities outline in his/her job description except when on approved leave. Employees have the right to a safe work environment. Employees on Workers Compensation or return from illness or injury are expected to undertake physician-directed rehabilitation programs immediately after injury, illness, or accident.

PROCEDURES

1. Employee reports injury, accident, or disability in writing to management of Cheshire Homes' Incident Report Form or Workers Compensation Form immediately.
2. Employee advises Management in writing of rehabilitation program within 10 days of event of injury, accident, or disability.
3. Management and employee discuss the rehabilitation program and a return to work program.
4. Management will contact the employee while recuperating away from the workplace on a regular basis.
5. Employee provides Cheshire's return to work program information to his/her medical advisor or gives consent to management to contact the medical advisor directly. A copy of this information is contained on the back of this policy.
6. A personalized return-to-work program is agreed upon by all three parties (employee, Management, and medical advisor). Employees on a return to work program are expected to perform duties detailed on the program when and as scheduled.
7. Management advises Workers Compensation of the details of the return-to-work program.
8. Management refers all workplace injuries, accidents, or illness to the Occupational Health and Safety Committee for investigation and analysis. All occupational health and safety issues identified in the investigation process will be addressed by Management.

RETURN TO WORK PROGRAM RESPONSE FORM

To: Cheshire Homes

From: _____

Date: _____

For _____

Employee/Patient

POSITION – ATTENDANT CARE WORKER

Return to Work Date: _____

Program: (Please check appropriate items)

Full-time ___ Regular Duties ___ Comments: _____

Part-time ___ Regular Duties ___ Comments: _____

Part-time ___ Partial Duties ___ Comments: _____

Other: _____

Duties not Recommended: (Please refer to attached position description).

1. Resident directed care _____

2. Meal Planning and Preparation _____

3. Housekeeping _____

Medical Review Date: _____

Comments: _____

Signed

Print Name

Date

LETTER OF ADVISEMENT

To: _____

From: _____

Date: _____

RETURN TO WORK PROGRAM

Attendant Care Worker

Date of Injury, Illness, or Disability

Cheshire Homes of Saskatoon is pleased to advise you of its return to work program and to request your co-operation in designing an effective return to work strategy for the above noted employee. It is designed to enhance the rehabilitation process, minimize the risk of re-injury and to integrate the employee back into the workforce in a reasonable and safe manner.

Kindly review the position description and fax (374-3206) or mail (2901 Louise Street, Saskatoon, SK S7K 3L1) the Return to Work Program Response Form attached.

The signature of the employee below indicate his/her consent to the return to work program and disclosure of this information.

Employee Signature

Date

We look forward to working with you to ensure a safe and speedy return to work. Please feel free to contact either the Executive Director or Supervisor of Services with any questions or comments.

Sincerely,

Management

JOB ACCOMMODATION POLICY

INTENT

The intent of this policy is to state the conditions for which job accommodation may apply at Cheshire Homes.

POLICY STATEMENT

Management will ensure compliance to all legal requirements for job accommodation as defined under Human Rights Legislation, except in circumstances when the duty to accommodate is deemed to cause undue hardship as stated in the Act. Such circumstances may include, but are not limited to, financial cost, service disruption, problems of morale of other employees, interchangeability of work force and safety.

Management, at its discretion, may also attempt to accommodate, from a moral rather than legal perspective, employees with a short term medical condition.

PROCEDURES

1. Employee will advise Management, in writing, of his/her request for accommodation.
2. Management will research the issue including, but not limited to, consulting with the attending physician, if applicable and with employee's permission, and other relevant external resources as deemed appropriate.
3. Management will present, in writing, notification of the decision to accommodate within three weeks of the date request was present to Management.

EDUCATION POLICY

INTENT

Cheshire Homes (Management) embraces the principle of lifelong learning by providing and/or promoting a learning culture.

POLICY STATEMENT

Cheshire Homes (Management) accepts responsibility for providing learning opportunities inside and for supporting other external learning opportunities that are deemed by Management to have direct relevance to an employee's current job responsibilities. No Leaves of Absence will be granted from current positions to pursue continuing education opportunities for extended periods.

Such learning opportunities include:

1. A pre-employment Skills Training program and shadow shift.
2. An Orientation Training session upon commencement of employment.
3. In-service education programs based on an Annual Training Needs Assessment.
4. Continuing education outside of Cheshire Homes, such as lectures, conferences, workshops, courses, and clinics.
5. Distribution of educational materials and access to training videos, viewed during work hours as schedule permits.

Cheshire Homes will reimburse employees for time, at current hourly rates, for compulsory training programs and staff meetings.

When continuing educational programs are deemed by Management to have a direct benefit to the organization, a partial reimbursement of tuition fees for approved courses may be applied for upon completion of the course.

PROCEDURES

1. Employees are to advise Management of their interest in a specific learning opportunity detailing content, times, and specific requests prior to commencement of training.
2. Management will determine if the request conforms to the intent of this policy and advise the employee accordingly.

LEAVES OF ABSENCE

INTENT

Cheshire Homes supports the concept of general and special leaves of absence within stated policy guidelines.

POLICY STATEMENT

Management, at its discretion, shall grant a leave of absence with or without pay within guidelines outlined in the SEIU Agreement. General leaves may be granted when the request is not perceived by Management as having a detrimental effect on the organization or its workforce. Requests for leave, with pay, include vacation days, statutory holidays, bereavement, and approved educational leave, short courses, conferences, and events held outside the office. Requests for leave, without pay, include but are not limited to Union business, approved educational leave within Education Policy guidelines and personal related matters.

No special leaves of absence will be granted for extended periods of time. The past practice of granting a Leave of Absence to pursue other career, educational, or lifestyle opportunities is no longer considered a valid request.

PROCEDURES

1. Employee requesting leave will complete the Application for Leave of Absence form in triplicate a minimum of fourteen (14) calendar days in advance of requested time off.
2. Form will be submitted to management, who will respond within seven (7) days of receipt of the request.
3. Management will provide reasons for refusal of the leave of absence on the space provided on the LOA form.
4. All requests for leave are to be distributed as directed on the form. (1) Employer (white) (2) Employee (yellow) and (3) Union Office (pink).