

**LORAMAR SERVICES**  
**POLICY AND PROCEDURES**  
**MANUAL**

LORAMAR SERVICES LTD

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**REVISED 2012<sup>1</sup>**

<b>POLICY</b>	<b>PAGE</b>
Philosophy	3
Principles of service delivery	4, 5
Service Profile	6,7
Entrance & Exit Criteria	8
Appeal Procedures	9
Programming	10
Individual Rights & Responsibilities	11, 12
Health Maintenance & Medication Procedure	13,14, 15
Individuals are Safe from Harm	16
Abuse Protocol/Risk management	17, 18, 19
Individual Records	20
Freedom of Information and Protection of Privacy	20
Informed Consent	20,21,22,23,24,25
Positive Approaches and Restrictive Procedures	26
Restrictive Procedures for Challenging Behaviors	26,27,28
Practice Review Committee	29
Emergency Procedures for Challenging Behaviors	29
Assistive Technologies & Environmental Interventions	30
Conflict of Interest	30,31
Organizational Structure	31
Quality Improvement Policy	31,32
Lorammar Services Ltd. Organizational Chart	32
Expenditure Authority of Individual Monies	33
Financial Accountability	33
Sub-Contractor Grievance Procedure	34
Schedule 1	35

## **PHILOSOPHY:**

Loramar Services believes that all Individuals with a disability are unique in their own way, and as such Individuals have the Rights along with the responsibility to contribute to and benefit from living in their community.

As a Residential service provider, Loramar Services strives to enhance and empower each Individual in achieving their personal goals and lifestyle choices; meanwhile, at all times ensuring Individuals accessing services are treated with dignity and respect as they are entitled to have a good quality of life.

## PRINCIPLES OF SERVICE DELIVERY:

To support Individuals living in the community by empowering and encouraging them in achieving their goals for independence based on each Individual's physical and/or cognitive capability.

Goals are developed based on the Individual preferences and needs that may be required for all home living and life skills programs. At all times ensuring the Individuals are supported in the decisions and choices they make.

Individuals work on specific goals based on their needs with the level of assistance they require. Some goals that are in place currently include budgeting, banking, meal planning and preparation, personal hygiene, community awareness, and social emotional issues. The above mentioned goals are not exclusive to the service we provide.

Loramar Services strives to provide services that not only looks at basic needs, but also provides an extended family environment, assisting Individuals in all areas. These areas can include but are not limited to holidays, social functions, special events (i.e. Birthday parties, Christmas etc.) providing each Individual, guardian, and supportive room-mate with the information about major life decisions in such a way that it is meaningful to the Individual.

Focus is mainly social, meaningful recreational activities. This area can include but is not limited to, movies, bowling, parks, L.E.A.R.N program, medical, and dental appointments as necessary.

This is accomplished through monitoring meetings which are held (minimally) bi - weekly, telephone contact, and informal conversation (direct and/or indirectly). The Individuals, to the best of their abilities, are actively included in the decision making process, (or the guardian, where needed, in the decision making process about major life decisions). Major life decisions are identified through goal setting, or through more informal information sessions throughout the year.

In addition to using formal and informal meetings to identify wants, needs, likes and dislikes; Loramar Services utilizes telephone and e-mail to perform on-going communication with guardians, supportive room-mates, Individuals accessing services and other stakeholders, to ensure that the service delivery is current and meaningful, thus empowering the Individual in their daily decision making process/es.

All relationships are encouraged and supported based on the Individual directions. Loramar Services strives to provide situations where peer relationships and friendships can flourish.

Loramar Services at all times strives to ensure that Individuals are treated with dignity and respect. Individuals are encouraged on a daily basis to interact with their primary support person and/or supportive room-mate, as well as others in their homes to promote and foster opportunities for communication, affording them with the opportunity to be heard.

The Individual's confidentiality is upheld at all times; service needs are not to be discussed with anyone, unless a signed consent is in place to permit the release of information. Consent is only given by the Individual accessing services and/or guardian. All **FOIP standards** must be followed at all times. The Primary monitor concerning the protection of Individual rights is the legal guardian both private and/or public. Individuals are protected according to CET standards, Adult Guardian Trustee Act, PDD

Abuse Protocol, PPCA, Charter of Rights and Freedoms, as well as the Loramar, Advocate Community Resources & CCDS Practice Review Committee. All Loramar Services supportive room-mates/and, or sub-contractors are responsible for ensuring that each Individual's rights are respected and upheld.

All breaches of those rights are to be documented and submitted, to the Residential Monitor and or Executive Director, then acted upon accordingly.

It is through meetings, direct conversations, and goal setting that the Individual accessing services will be supported to have control of his/her life and feels that any on-going input he/she provides will be considered. All expressions of concerns, wants, likes, dislikes expressed directly by the Individual are heard and support is given whenever possible and/or appropriate. Individuals, when capable, direct their own service and are encouraged to map their own course in life.

Loramar Services strives to maintain an open door policy which promotes and enables Individuals to communicate with guardians, advocates, and/or programs in the community which are able to provide support at the request by the Individual. This same policy also encourages guardians, advocates, or other stakeholders to contact the home, office, and/or supportive room-mate at any time. Self-determination is considered a key priority.

Loramar Services is responsive to Federal, Provincial, and Municipal regulations that impact the health, welfare and safety of Individuals, sub-contractors and employees. Examples of such responsiveness are but not limited to; the Consents document, Abuse Prevention and Reporting Protocol, Summary of Driving Record, Current \$2,000,000.00 vehicle liability insurance.

Loramar Services often refers to in house as well as out of house documentation relevant to the current needs of the Individual accessing services to support the planning and implementing of meaningful supports and services. Examples of such documents are but not limited to: PDD Service Agreement Terms, ACDS Guidelines for the use of Medications that Influence Behavior, and the Individual Service Plan.

## **SERVICE PROFILE:**

Effective April 2008, Loramar Services residentially has been supporting P.D.D. funded Individuals in supportive room-mate models. In addition to residential service support, Loramar Services provides limited Community Outreach support.

Currently we serve 17 Individuals in supportive room-mate scenarios. All Individuals in the home participate in the maintenance and day to day running of the home along with acquiring the ADL skills to enable them to live as independently as possible to the best of their abilities.

This is accomplished through regular monitoring meetings in and/or out of the home coupled with regular phone contact with all Individuals. In addition to having regular meetings, contact with Individuals accessing services and Supportive Roommates, liaison opportunities are sought out with other stakeholders which may include but not be limited to guardians, work placement representatives, Loramar approved Respite supports.

Monthly reports and relevant documentation are submitted by the Supportive Roommate along with monthly invoices for service.

### *Service Description:*

#### **Support Homes**

A home, which an Individual with a developmental disability typically shares with a roommate or a family.

Defining Characteristics:

- Support is provided by a person or people who view that home as their personal or primary residence.

#### **Supported Independent Living**

Flexible supports provided to a person with a developmental disability, who lives in his/her own home, with no overnight paid support.

Defining Characteristics:

- Emphasis is on developing and maintaining daily living skills, on an as needed basis.

## Respite Supports

Supports that provide a break for primary caregivers, on a temporary basis. Respite supports are available to Individuals living with their family or in a support home arrangement.

Defining Characteristics:

- The duration of the respite support is dependent upon the needs of the Individual with a disability and family/caregiver.
- Supports may be provided in-home or out-of-home, based on needs.
  - **In-Home Respite** is provided within an Individual, at home on a regular or on-call basis.
  - **Out-of-Home Respite** is provided to the Individual, away from home on a regular or on-call basis.
- Support the service provider in delivering that service on a regular and continuous basis.

## Community Access:

Defining Characteristics:

- Stand-alone program, separate from a residential program,
  - providing a valued alternative to employment, or
  - Facilitating community integration.
- There is no expected employment outcome.
- There may be a volunteer outcome, as a longer-term contribution to the community.

## Outcome evaluation

Lorammar Services policy is designed to help us determine which of the program's stated outcomes are achieved for the Individual, how much change has accrued for the Individual, and what other outcomes occurred that the program may not have anticipated. It also helps us learn what to change about the program to make it more effective for future Individuals.

## **ENTRANCE CRITERIA:**

Lorammar Services, based on capacity, provides services to eligible Individuals of varying disabilities and/or cognitive impairments requiring them to have supervision or assistance on a regular daily basis in order to live as independently as possible in their community.

Individuals wanting to access services, through Loramar, must meet or be capable of meeting all necessary financial requirements. All Individuals must express the desire to stay living in the community. As needed/required, related community based services must be utilized to the fullest extent. (i.e. Alberta Health Services - Homecare Program, vocational programs). Individuals and their guardians must be willing to share in the all activities as much as they are able within the home setting.

Lorammar Services will not provide services to Individuals with any history of aggressive, or assaultive behavior in the community. Loramar Services will consider providing services to Individuals who do not have a long-standing history of serious injury to self or others. Those Individuals who have engaged in unlawful behavior, which require locked facilities are not eligible for service. (i.e.: habitual serious offences, arson, sexual offenses, assault).

In addition to voluntarily accessing Loramar services, Individuals must, to the best of their abilities attend and seek out vocational and/or Social/recreational programs on a regular basis.

## **EXIT CRITERIA:**

Individuals will no longer qualify for services if he/she/they:

- Require acute and/or critical care for an extended period time as deemed necessary by a Medical team appointed by appropriate Individuals. (i.e. Appointed Guardians.) 30 days minimum notice
- When costs to provide community based services become prohibitive for an extended period of time,
- Individuals have access services from another PDD program and/or service provider which replaces Loramar,
- Individuals who engage in unlawful behavior, repeated and habitual serious offences, arson, and assault will be asked to obtain other services,
- Individuals and/or Appointed Guardian have voluntarily notified Loramar Services that he/she/they wish to no longer receive services.

Lorammar Services will endeavor to ensure that an Individual's transfer/transition from one service provider to another is appropriate and is well planned as possible.



## **APPEAL PROCEDURES:**

Loramar Services as an agency believes it is very important that any one accessing services can freely and openly discuss any concerns he/she they may have during their involvement with the agency. Such concerns are to be resolved, if possible, through discussions with the supportive room-mate, Monitor, and/or Executive Director.

In the event that the supportive room-mate concerns cannot be appropriately alleviated an appeal route will be available to ensure that the supportive room-mate concerns are not ignored. These procedures can be followed for supportive room-mate entrance and exit.

They are as follows:

Step 1: Documentation is in place in the homes that is to be filled out upon any issue that raises a concern.

Step 2: The Executive Director or the Monitor will be available at any time to discuss concerns that are related to the services. The Monitor will be expected to discuss all issues with the involved supportive room-mate and take action to resolve any concerns.

Step 3: In the event that the supportive room-mate and/or guardian are dissatisfied with the outcome of the Monitor they will be urged to convey their concerns to the Executive Director of the Agency.

Step 4: If in the event that the supportive room-mate and/or guardian still feel that the concerns have not been satisfactorily dealt with they will be encouraged to discuss the matter with the Agency's Resource Manager with Persons with Developmental disabilities.

Loramar Services encourages supportive room-mate(s) to utilize the appeal process and will ensure that at no time will a supportive room-mate be penalized for lodging an appeal. Corrective action to prevent further occurrences will be in place.

## **PROGRAMMING:**

All formal programs delivered are to be in I.S.P. format. The following principles will be applied and will be respected when creating programs:

- A. Least restrictive
- B. Most effective both personally and financially,
- C. Facilitate and promote independence,
- D. In the best interests of the Individual

All informal/formal programs will be reviewed with the Individual, informal representative(s), guardian, Supportive room-mate, Monitor, and the Executive Director prior to their implementation.

## **INDIVIDUAL RIGHTS AND RESPONSIBILITIES:**

### **Individual's Rights**

The primary monitor concerning the protection of Individuals rights is the legal guardian. Individuals are protected according to CORE Standards, the Canadian Charter of Rights and Freedoms, and the AGTA. Loramar Services subcontractors and/or supportive room-mate are responsible for not only upholding these rights, but assist Individuals and others to understand their rights and ensure Individuals can access them.

Individuals, accessing services through Loramar Services, have the right to health which may include but not limited to support in attending any and all doctor and dental appointments, to provide emotional support, and to ensure that recommendations and follow-up visits are carried through. All medical appointment dates and outcomes are to be documented by the support home provider.

Any breach of those Rights will be documented and submitted to the Executive Director, which will be followed by an appeal process.

### **Individual Responsibilities**

Individuals accessing services or Loramar Services are expected to be responsible for the following:

Maintaining cleanliness in their home to the best of their abilities.

All Individuals and/or guardians are responsible for informing supportive room-mate of any holidays or outing.

Individuals are responsible for taking their medication as it is given or as their program indicates.

All Individuals are responsible for doing their Individual laundry.

Individuals, at all times, are responsible and accountable for the manner in which they treat others in the residential setting.

Individuals will assume responsibility for having only their own possessions, as opposed to those possessions of others living in the residential setting.

Individuals will demonstrate responsible behaviors each day by being enrolled in some form of day program and attending unless they are ill.

Individuals will demonstrate responsibility by contacting the home if they will be late in returning home; alternatively, if they are unable to do this themselves they will have another person contact the home.

Individuals will be responsible for replacing or repairing any items that they have damaged.

Each Individual is responsible to respect the privacy rights of other Individuals or sub-contractor.

Each Individual is to ensure that they do not interfere with the rights of the other Individuals or sub-

contractor in the residential setting.

At no time do the Individual's rights override the rights or responsibilities of the other Individuals in the residential setting.

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## **HEALTH MAINTENANCE & MEDICATION PROCEDURE:**

Loramar Services seeks to work in collaboration with a wide range of health professionals in providing services to Individuals in their health maintenance. Health issues are monitored on a daily basis by supportive room-mates to ensure access to proper professional medical supports. Supportive room-mates are instructed to observe for signs of illness, distress, pain and/or changes in behavior and seek appropriate health care by accessing a physician, a dentist, a health specialist or emergency/urgent care.

All medical appointments/consultations are documented on *Loramar Services Appointment Form*; all forms are to be presented during appointments; if able to do so, signatures shall be obtained from the health professional.

Loramar sub-contractors are to have a valid *Emergency First Aid & Level B CPR* certification (renewable every 3 years) and valid *Medication Administration* certification (renewed every 3 years).

Supportive room-mates are to follow through on the following procedure:

1. Call physician
2. Call guardian
3. Call Loramar monitor

All supportive room-mates, and respite supports and/or other stakeholders must adhere to the following guidelines to safely administer medication:

- All supportive room-mate must have First Aid & CPR Certification;
- All medications are to be stored as per pharmacist's directions;
- All over the counter medications are to be bubbled packed and sealed by the local pharmacy;
- All paid supports and natural supports must keep records at all times and administer medications in an appropriate manner. Medication Administration forms are kept in the Individual's binder.
- Medication Information Sheets are to be supplied through the pharmacist upon completion of prescription fills and/or refills;
- Medication Administration consent forms signed annually by Individual or legal guardian;
- If medication requires administration by the Individual, he/she/they have the ability to administer independently, will be monitored by the support home provider, prescribing physician, and pharmacist.

**Guardian, supportive room-mate, supportive room-mate and/or Individual at no time can provide and/or cease a drug or medication without a doctor's approval; this includes but not limited to OTC, prescription, and/or any alternate therapeutic treatment plan.**

### **Medication Guidelines are as follows:**

When Loramar sub-contractors, guardian/s or Individual administers medication, all stakeholders are to ensure medication is packaged in the required bubble pack for all daily medications; if not packaged, medication is to be refused. The expiration date for any medication needs to be reviewed prior to administration and if deemed dated, the medication is not to be utilized.

Prior to administering any medications, you must adhere to the following:

All medication is required to have a detailed account of side effects and correct administration:

- Right medication
- Right Individual
- Right time
- Right dose
- Right route
- Right reason
- Right reaction/response
- Right documentation

All daily medication must be Bubble Packed by pharmacist.

Follow doctor's orders, as well as, pharmacist's direction/instruction for all medications that are administered and ensure that all side effects are understood. Medication Information Sheets, provided through pharmacist, are to be readily available during times of administration ensuring that all side effects are understood and being observed for.

Read the label on the prescription, checking the time(s), Individual's name, and dose prior to giving it to the Individual.

Measure liquid by placing the container on an even surface to ensure accurate dosage.

Sign-off by initialing in the appropriate monthly medication recording sheet.

#### **EXCEPTIONS IN GIVING MEDICATIONS:**

Drug or medication refused by Individual – to be documented in a *Behavior Tracking Form*

Nausea or vomiting upon consulting pharmacist or prescribing physician

Observed unexpected reaction(s) upon consulting pharmacist or prescribing physician

Hospitalization

Individual away

Drug ordered but not received.

#### PRN Medications

PRN medications, non-prescription and prescription type, are only administered on an as needed basis and must be authorized by a physician and/or pharmacist to ensure that there is no contradiction between these and other medications in the Individual's medication profile.

### Medication Errors

All medication errors require a *Behavior Tracking Form* to be completed. They must also be reported to monitor(s) and/or Executive Director immediately. Follow up regarding medication error is to be discussed with the prescribing physician and/or pharmacist.

### Self-Administration

All Individuals, being supported, whose goals are to become independent may seek to expand their independence by being able to self-administer medication. Self-administration would be overseen by the supportive room-mate. Weekly updates are to be reported to Loramar Services monitoring staff to ensure consistency; Loramar Services will ensure that the client is taking the medications correctly. Supportive Roommates are to supervise the procedure and are to ensure Individuals sign-off on the *Medication Administration Form* as per agency guidelines.

Storage Level for medications shall be reviewed, regularly, by Loramar Services and have approval by the guardian for each supportive room-mate model. Medication Storage Levels are as follows:

- a) Safely inaccessible
- b) Secure lock box
- c) Secure locked cupboard

## INDIVIDUALS ARE SAFE FROM HARM:

Lorammar Services provides an *Emergency Preparedness Form* to all Supportive room-mate models; this template is to be completed then a copy is provided to the office for filing. Loramar Services will review emergency plan(s) annually to ensure relevancy. Emergency preparedness drills shall be performed in the home with the Individuals being supported.

A *Goals of Care Designation Form* is provided to all Guardians. When the *Goals of Care Designation Form* is completed, it will be provided to each Supportive room-mate and a copy will be maintained in the office. This form is to remain in the Individuals *Emergency Duo-tang*.

A Capsule of Life, produced and distributed by the E.M.S Foundation, is provided to each Individual accessing service through Loramar Services. The forms supplied within the Capsule of Life are to be completed and stored as per procedure as directed through the E.M.S. Foundation. The Capsule of Life documents shall be reviewed during monitoring meetings to ensure information is current.

Supportive room-mate(s) take on the primary role to ensure that all Health and Safety Requirements are met within the home environment and are to ensure that proper action is taken to correct unsuitable situation(s). An Inspection Report will be completed by the Loramar Monitors twice a year to ensure that Individuals in their living arrangements are safe from harm.

Monitoring sessions are minimally performed bi-weekly which is another way that Loramar Services ensures the health, welfare and safety of Individuals accessing services. Health and Safety issues/topics shall be reviewed during monitoring meetings.

Lorammar Services has an expectation that all supportive room-mate models have an Emergency First Aid Kit.

All Individuals supported through Loramar Services are encouraged to participate in general home maintenance to the best of their abilities.

Supportive room-mates are expected to obtain and maintain certification in Standard CPR and First Aid. Supportive room-mates must provide the office with written proof of their certification.

Police Security Clearances, Child Welfare checks, driver's abstract along with proof of vehicle and/or home insurance are required to be updated annually, and forwarded to the Executive Director. **Ongoing disclosure of criminal charges is MANDATORY.**

If supportive room-mates do not have training prior to acceptance of contract, three months is allowed for each supportive room-mate to obtain their:

- CPR and First Aid
- Abuse Protocol
- Security Clearance with the Vulnerable Sector Check



## **RISK MANAGEMENT:**

Risk is an inherent part of life, yet Loramar strives to reduce the possible circumstances that can negatively impact Individuals, Sub-Contractors, the Agency and others.

### Individuals

Will have safe home environments

Will receive information about abuse prevention, their rights and responsibilities and will be supported in advocacy issues

Will receive information about safety in their home, in the community and at work and receive appropriate support

Will be supported by consultation with relevant qualified professionals and support networks as required (i.e., behaviour support specialists, counsellors)

Will have planned positive and/or planned restrictive procedures that are developed and implemented following industry standards and that will be reviewed regularly by Practice Review Committee.

### Sub-Contractors

Will ensure they have current certification in all mandatory training as required by their contracts

Will receive information on potential risk management issues

Will have in-house and community on-call supports available as well as information on additional relevant external supports

Will have access to emergency response plans and risk management strategies

### Loramar Services Ltd

Will understand its financial responsibilities

Will have a plan of action to follow once an organizational risk (at any level) has been identified. This includes the investigation, development and implementation of a plan if deemed necessary, and documentation that includes if a plan was not deemed necessary and why.

### Community

LORAMAR has relationships with external partners to advocate, develop and implement best practice in relation to the Individuals the agency serves, the guardians and the agency

LORAMAR has an action plan to follow once a community risk (at any level) has been identified. This includes the investigation, development and implementation of a plan if deemed necessary, and documentation that includes if a plan was not deemed necessary and why.

## **ABUSE PROTOCOL:**

It is of the utmost importance that all Individuals serviced through Loramar Services be free from abuse in any form, from simple teasing to physical mistreatment. Supportive Room-mates are mandated to participate in training (and re-fresher training) to obtain current working knowledgeable about the Persons with Developmental Disabilities (PDD) *Abuse Prevention and Reporting Protocol* (APRP). All Loramar Services supportive room-mates will be provided with a copy of the P.D.D. Abuse Prevention and Response Protocol (2016 version) when training is completed. Loramar Services supplies sub-contractors a copy of the APR protocol (2016) to be used as another reference in the homes in support of avoiding skill-drift.

In addition to the *APRP* training, on-going discussions through monitoring meetings, as well as Loramar up-dates, about the various forms of abuse (physical and sexual interference, physical and sexual abuse, neglect, emotional, exploitation, misuse of restrictive procedures, financial, and punitive measures such as spanking or misting with cold water or a noxious substance), supportive room-mates are continuously made aware that abuse can be subtle and that abuse in any form **will not** be tolerated. Loramar Services supportive room-mates are also made aware that failure to report abuse is a **legal issue** which will lead to criminal charges and termination of contract with Loramar Services.

The importance of Individuals accessing services through Loramar having healthy relationships and regular contact with family and other supports (paid and natural) is paramount. A healthy-relational community support network ensures that the Individual accessing services has someone trusted to confide in and often it is these relationships that will provide opportunities to bring about abuse allegations. It is crucial for Individuals accessing services feels, believes that he/she/they can access help beyond the formal support service structure. Having healthy family relationships, friendships and education will often support the Individual to express themselves when health and safety are compromised in anyway.

## **ABUSE PREVENTION AND RESPONSE PROTOCOL**

**ABUSE:** A person misuses their authority by acting in a way that causes harm or potentially causes harm to an Individual receiving PDD funding.

### **NEGLIGENCE**

Failure to provide or make available necessities ( such as food, clothing, shelter, protection from hazardous environments, care or supervision appropriate to the person's age or development, hygiene and medical care).

### **Possible Indicators**

- health concerns that go ignored or untreated
- Loss of weight without medical reason

- Always tired and falling asleep
- Frequent falls, injuries and reoccurring minor accidents

### **EXPLOITATION**

Taking advantage of a person, including but not limited to money and things, as well as persuasion to do things that are illegal or not in the Individual's best interest.

#### **Possible Indicators**

- Using someone's treaty card to access benefits
- Borrowing money or objects without permission
- Convincing someone to give away personal possessions
- Convincing someone to do something they do not want to

### **INAPPROPRIATE USE OF RESTRICTIVE PROCEDURES**

Use of restrictive procedures that are outside the parameters of the Creating Excellence together Certification Standards adopted by the PDD Boards

#### **Possible Examples**

- Withholding a person's possessions
- Using medications outside of the approved planned approach

### **PHYSICAL ABUSE**

Physical acts of assault (or threats of) such as hitting, punching, kicking, biting, throwing, burning or violent shaking that cause or could cause physical injury.

#### **Possible indicators**

- Unexplained or unusual injuries
- Defensiveness in regards to injuries
- Sudden fear of Physical contact
- Sudden inability to sleep at night
- **SEXUAL ABUSE**

Sexual Assault (touching of persons sexual features without consent) or sexual harassment (any conduct, comment, gesture or contact of sexual nature likely to cause offence or humiliation to an Individual).

#### **Possible indicators**

- Pain or injury to genital areas
- Difficult time walking or sitting
- Sudden childlike actions
- Sudden sexual acting out

**NOTE:** DUE TO THE POWER IMBALANCE RELATED TO PAID SUPPORTS AUTHORITY, IT IS UNETHICAL FOR A PAID SUPPORT(S) AND AN INDIVIDUAL THAT ACCESSES SERVICES TO ENGAGE IN A SEXUAL RELATIONSHIP.

## **EMOTIONAL ABUSE**

The rejecting, ignoring, criticizing, insulting, threatening, harassing, degrading, humiliation, intimidation, or terrorizing of a person. Acts or omissions that cause or are likely to cause conduct, cognitive, affective or other mental disorders, emotional stress or mental suffering.

### **Possible indicators**

- Sudden onset of speech disorders
- Anxiety, anger and behavioral changes
- Constant apologies
- Nightmares or sleep disturbances.

## **FINANCIAL ABUSE**

Actions taken by paid support(s) that is considered to be abusive will be cause for immediate dismissal and legal action may result.

Disciplinary action can also be taken should a paid support(s) fail to report any abuse witnessed. If paid support(s) reasonably suspect or believe that an Individual has been or is being abused they are expected to immediately report the matter to the Executive Director of Loramar Services, and PDD. Pamphlets and Abuse training booklets are readily available to each supportive room-mate member after successfully completing the Abuse response protocol course. These documents easily accessed in each of the homes.

**NOTE: DUE TO THE POWER IMBALANCE RELATED TO PAID SUPPORTS AUTHORITY, IT IS UNETHICAL FOR A PAID SUPPORT(S) TO OVERSEE/ADMINSTRATOR AN INDIVIDUALS PERSONAL INCOME I.E AISH ETC.**

Documentation is presented in a *Behavior Tracking Form*. Reports, forms, policy and procedures manual, supportive room-mate manual and the Abuse Prevention and Response protocol are available in the office of each home. Monitoring meetings are conducted regularly to ensure that abuse prevention is detected and correctly used.

### **INDIVIDUAL RECORDS:**

All forms, files and/or binders pertaining to the records management for the Individual are to remain in the home or the office and must be secured at all times when not in use to ensure that the Individual's confidentiality is upheld at all times.

### **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (office procedure):**

Loramar Services conforms to the *Freedom of Information and Privacy Act*. When a formal request is made by staff, Individuals accessing services and/or guardian to Loramar Services, they have the ability to access and revise relevant files.

Staff, supportive room-mates and/or Individual files are kept in secured areas. When an Individual is accessing services, the Individual's information (documentation) is kept for a minimum of seven years.

All staff and/or supportive room-mates and/or volunteers are required to sign oaths of confidentiality.

All electronic devices that are used are password protected in addition to password documents.

All Sub-Contractors are responsible for protecting written and electronic information. This is done by various practices, including but not limited to:

- ensuring paper files are not left in public areas of the home.
- ensuring that information is password protected when being transmitted electronically and using only initials to identify an Individual information is not accessible to others in the home and ensuring all electronic devices are password protected.

Sub-contractors only share information on a need to know basis with other sub-contractors (i.e., Respite Providers, Support Providers). This means only sharing information they need to know to provide the services they are responsible for.

## **INFORMED CONSENT:**

Consent implies voluntary agreement or permission for something to occur. Informed consent implies that your agreement or permission is based on a full understanding of what you are saying “OK” to, and the likely consequences of that consent. There are two pieces to informed consent:

- An informing process; and
- Documentation of the informing process and its outcome (typically, but not always, a signature on a consent form).

Informed consent is relevant to organizations providing services to Individuals with Developmental Disabilities in several types of situations:

- ❖ Consent to receive services under the conditions set by the organization (e.g., confidentiality or information sharing rules, service planning and review practices, medication administration policies and procedures.);
- ❖ Consent to a restriction of rights in order to safeguard Individuals or others;
- ❖ Consent for Individuals to travel out of town in the company of supportive room-mate (e.g., vacation or meetings);
- ❖ Consent to participate in a specific program, treatment, research or project of a time-limited nature (including program reviews by internal or external evaluators, such as CET surveyors); and
- ❖ Consent for an Individual’s name, story and/or image to appear in public relations materials (e.g., brochures, newsletters, annual reports, web sites and displays.)

It is common for service provider organizations to believe that their informed consent obligations are limited to the Individuals accessing services and their legal guardians. In fact, organizations also have an obligation to get the informed consent from Supportive room-mate, volunteers and board members to participate in research projects (including program reviews), and to include personal information as defined by FOIP in public relations materials.

In order for consent to be “legal” it must meet four standards:

1. **Informed:** The person must be knowledgeable about the decision to be made, the various courses of action one can choose, and the implications (i.e., or pros and cons of each) from the perspective of that Individual’s values, attitudes and goals. In other words, if the person does not know exactly what she/he is consenting to, the consent should not be considered valid.
2. **Specific:** It must outline what the Individuals and others (e.g., service provider supportive roommate) are expected to do, under what circumstances or conditions, and the timelines. Most consent processes and forms are lax when it comes to setting a specific time when the consent expires or must be reviewed/renewed. How often do organizations get permission to use a person’s photograph for a particular public display to a specific audience at a specific time? While more “blanket” consents tend to be accepted for a variety of situations (restrictive procedures being the exception), there is some liability for the organization if it fails to recognize that consent has been withdrawn by the Individual in question and continues to act as if it had consent.
3. **Voluntary:** Consent must be given freely and with the awareness that one has the right to say “no” or withdraw consent. If Individuals feel that they might lose services if they say “no”, even if the organization does not actually threaten to do so, the consent is not truly voluntary. This feature of valid consent may in fact, be violated when an organization feels it cannot provide services to high-risk Individuals unless they consent to restrictions of rights or limits on confidentiality.
4. **Competent:** Competency to give consent is a basis for deciding whether Individuals need a guardian of trustee. In order to be considered competent, one must be able to understand what actions are being proposed, weigh the various alternatives, and can make a reasonable choice based on those alternatives. Reasonable should be judged in light of the Individual’s values, attitudes and goals. Individuals who have a guardian are considered competent to make decisions in areas not covered by the guardianship order. (For instance, a guardian cannot vote for or make a will on behalf of a dependant adult.) While a guardian’s informed consent may be required to meet competency requirements of a valid consent, if Individuals are required to take cooperative actions ( e.g., participate in interviews with CET surveyors), their ongoing consent is critical to the success of the activity.

**Informing for Consent** can present a challenge for people who work with Individuals who have Developmental Disabilities. Most standard consent forms use legal jargon and are written at or above an undergraduate level. If challenged in court, such consents would almost certainly be declared invalid by virtue of being uninformed. Therefore, it is important for service providers to make and document efforts to ensure that Individuals understand what they are consenting to.

**Presenting information in simple language.** Sometimes the Individuals’ understanding of the words is enhanced by pictures, or in role-play of what they can be expected to happen.

**Give Individuals plenty of time to think things through.** People need to figure out what they need to know to make their decision. Any process that requires the signing of forms in front of witnesses can provoke anxiety. Most people have difficulty making sense of the “fine print” under these circumstances. This may produce feelings of pressure, which can invalidate their consent.

**Let Individuals know it’s OK to say “no”.** Individuals need to feel that they have a choice, and that even if they say “yes” now, they can withdraw their consent later. They need to know whom they can

tell if they wish to withdraw consent, and how to go about it. (A common concern of service providers around consent withdraw is that Individuals with challenging behaviours could withdraw consent to services verbally just before throwing themselves in front of a moving car. The obvious solution is to require Individuals to communicate withdrawal of consent to someone other than the support supportive room-mate providing assistance in the community. The safety of Individuals in life-threatening circumstances requires supportive room-mate to take action, regardless of apparent withdrawal of consent). Service providers have an obligation to pay attention to the behaviour of Individuals to determine whether they continue to consent or wish to withdraw their consent. If the Individuals' behaviour suggests that they do not wish to continue with an activity or program, the service provider should remind them of the process for withdrawing consent, and that it is ok to change their minds.

Consent must be based on an understanding of some key pieces of information, namely:

- ❖ What the program or project aims to do (intended outcome or result),
- ❖ How it will go about achieving its aim (e.g., talk with people, take a particular action when a challenging situation or behaviour occurs);
- ❖ What are you asking Individuals to do (e.g., cooperate with supportive room-mate in achieving goals, meet for how long, talk about what things, be videotaped speaking in public);
- ❖ The possible risks associated with participation (e.g., topic brings up hurtful feelings) as well as sometimes what is at risk ( e.g., you won't lose your services by talking to surveyors);
- ❖ The likely benefits associated with participation (e.g., learning more, feeling better about yourself, meeting others with the same experiences);
- ❖ That participation is voluntary (i.e., nothing bad will happen to you because you said "no"), continues to be voluntary with respect to every part of it (e.g., answering particular questions or participating in particular group activities), and can be ended either by the Individuals (including how to end it – e.g. tell supportive room-mate you don't want to participate any more), or by the person offering the program or leading the project; and
- ❖ How the privacy of what the Individuals say or do is protected, or the degree to which it is protected (e.g., if videotaped, who will see the video and whether it will be kept or erased; if quotes are used, whether the quote will have their name or picture with it).

**Assessing Understanding as Part of the Consent Process** which includes “informing for consent” process, ensures that when someone says “yes”, they are aware of what they are saying, “Yes” to, with all its personal ratifications. It is so much easier to ask, “Do you understand?” than to devise ways for Individuals to demonstrate that they understand. However, it is not enough for supportive room-mate to simply ask, “Do you understand?” after they have given their explanation.

What's the Alternative? The simplest alternative for working with Individuals who have some verbal skill is to ask them to restate what you told them in their own words. The critical pieces of information for understanding usually have to do with what they are being asked to do and what will happen as a result. If it involves participation in an Individual or group interview, they need to have an understanding of the kinds of questions they will be asked, and what the information will be used for. They should be able to tell you what they should do if they do not want to answer a particular question, or if they do not want to continue the interview in that kind of situation. Right to withdraw consent is a standard part of any ethical consent process. One can simply ask the question, “If they/we ask you a question and you don't want to answer it, then what?” Confidentiality vs. privacy of information gathered (or its limits) is another area to assess understanding of. These concepts may have different meanings for the persons getting and giving consent within this population.

Assessing understanding of contents with someone who is less able to communicate verbally is a bit more complex. Sometimes they can show you what they think will happen. Given a set of pictures they may be able to pick the one they are being asked to consent to. This approach is not without problems of picture positions biases, but it's a start. One observes behaviour for signs that consent is continuing or being withdrawn throughout the course of the specific activities. This is true for both verbal and non-verbal people.

### **Formal vs. Informal Consent**

When is a formal consent form required and when will verbal consent do? For the average person, the act of completing a consumer questionnaire or interview is taken as informed consent for the activity. No signed and witnessed form is required. However, in the world of services to Individuals with developmental disabilities, even, activities which would not require consent procedures and forms elsewhere tend to be formalized. While supportive room-mate participates in internal program evaluations or job satisfaction surveys continue to operate without consent forms, virtually all other consents involve forms which identify the information that the Individual was told about, and are signed, witnessed and dated.

In some instances, Individuals may participate in the informing-for-consent process and give "verbal" consent only. This happens, for instance, when Individuals cannot read or write, or if their representatives (e.g., guardians) provide consent by phone. In these instances, the service provider should identify the means or medium by which consent was conveyed (e.g., nodded, said "OK", agreed by phone), who gave consent to whom, and the time as well as the date consent was given.

### **Consent for Public Relations Use of Photos and Names**

In the Human Services field, we are typically aware of the need to obtain consent for the use of personal information (including names and photographs) of Individuals for public relations materials (e.g., newsletters, annual reports, brochures, public displays). However, we are also under equal obligation to get consent from Supportive room-mate, volunteers, board members and others for the use of their names or images in such materials. The law makes a distinction among these groups with respect to our responsibility.

Commercial use of a person's name or image without permission is called "appropriation." Although service providers often assume that a supportive room-mate member will be "OK" with having his/her picture as part of a display, it is important to ask first. Sometimes Individuals are trying to keep their whereabouts unknown to an abusive ex-partner, and a display can unintentionally compromise their security.

### **General Principles**

Public use of a photo must preserve the dignity of the Individual/s and not hold them up to contempt, or damage their reputation. (The exception is when someone poses as a model to convey a specific image or feeling.)

### **Consent for public relations use of a photograph MUST be obtained when:**



- ❖ The Individual is recognizable (i.e. full face and ¾ profile but not back of head or ¼ profile; use judgment on recognisability of anything in between); AND
- ❖ The photograph was taken in a private setting (e.g., home, private function, part of the workplace not normally accessible to the public, anywhere that taking a photograph might be considered an invasion of privacy – such as a hospital room); OR
- ❖ The photograph of an Individual in a public setting.

Consent for public relations use of a photograph NEED NOT be obtained when:

- ❖ The Individual is not recognizable; OR
- ❖ The photograph is of a group of Individuals in a public setting that revolves around some sort-of public event (e.g., open house, rally) because images captured in such a context are considered public domain.

Photographs should include captions that identify the context and Individuals accurately.

Use of old photographs should be limited to retrospective displays, and not treated as if they are current. There is no official age at which a photo is considered “old” but if clothing and hairstyles seem out of date. Or the person’s appearance has changed significantly, and then it may be considered old.

Photos of deceased Individuals should not be used unless careful consideration leads one to believe that this would be acceptable to family/friends that are still living. Photos of Individuals no longer in the organization’s employ/service should be limited to retrospectives.

If a photograph has been published elsewhere in the public domain (e.g., newspaper), it is generally acceptable to use it again without re-obtaining permission, if the use is respectful and accurate.

## **Public Relations Consent Forms**

A consent form should be specified and time-limited if it is to hold up in court as a legal document. However, the necessity of obtaining consent each time a particular photograph is used can be both time-consuming and annoying to the Individuals photographed, or their guardians. Using a consent form that asks Individuals to consent to the use of a particular photograph and/or their names in a number of venues reduces the risk of legal jeopardy. Individuals should either be able to cross off those venues that are unacceptable, or check off those venues that are acceptable.

Ideally, photographic consents should be stored with the photograph so that persons who wish to use the image know whether permission has been given. Consents that are placed in the Individual accessing services file/s are not generally accessible to those engaged in public relations activities, unless that is also where the photographs are stored, and the public relations supportive room-mate has permission to access these files. This is unlikely to be the case in most organizations.

**AT NO TIME IS IT APPROPRIATE TO POST PICTURES OF INDIVIDUALS ON ANY PUBLIC FORUMS SUCH AS BUT NOT LIMITED TO FACEBOOK ETC.**

## POSITIVE APPROACHES AND RESTRICTIVE PROCEDURES:

Loramar Services believes in utilizing positive approaches in dealing with challenging behaviors.

**If a supportive room-mate finds that an intervention maybe required to assist to co-manage an Individual's behavior, a thorough review with the Executive Director and the Practice Review Committee is required. For this review, documentation/data collection must be provided along with a *Planned Positive Approach* document for any anticipated and/or behaviors of concern before any planned approaches can be commenced and utilized.**

The following are some of these positive approaches that are used to co-manage challenging behavior. One or more of these steps may be used as required.

- A. Speak with the Individual in a non-threatening manner
- B. Try to divert the Individual's attention, focus on other topics.
- C. Give the Individual some privacy and encourage them to get some space.
- D. If someone or something in the environment is agitating the Individual, attempt to remove it.

If these measures do not alleviate the situation and the Individual becomes violent with supportive room-mate or other Individuals, i.e.: kicking, hitting, the following steps are to be followed:

- A. Give verbal directions to the Individual. Do not yell.
- B. Move objects if possible that may cause physical injury.
- C. Remove self and other Individuals from the area if possible and call for assistance.

This will require a judgment called by the supportive room-mate and the sub-contractor must be responsible for their judgments. Disciplinary action can be taken, if in the opinion of their immediate supervisor and/or the Executive Director deems the action taken was excessive or abusive.

**Positive Behavioral Support:** Respects the dignity and Rights of Individual accessing services; this includes the right to have self-determination thus supporting people to make informed choices.

POSITIVE SUPPORT STRATEGIES				Reactive Support Strategies
Lifestyles Interventions	Environment Changes	Teaching Alternative Skills	Positive Consequences	Crisis Management
1.Daily Activities	1.Remove Triggers	1. Communication alternatives	1. Positive use of Skill	1. Ignore
2.Expand Choices	2.Reduce Noise	2. Teach Writing	2. Self-Reward	2. Redirect
3.Quality of Life	3.Modify Cues	3. Self-Control	3. Positive desirable behavior	3. Physical Activity
4.Inclusion	4. Mix preferred and non-preferred	4. Social Skills		4. Discuss
5.Relationship building		5. Task Skills		

Positive supports are actions and beliefs that reflect respectful interpersonal relationships, choice, communication, inclusive communities, and self determination to assist a person to become a more independent, contributing member of the community. They encompass a variety of strategies that are considered unconditionally for a person who may be exhibiting behaviors that challenge family members, educational supportive room-mate, service providers, and/or the community. People also require positive supports during other times in their lives. A committed group of diverse people collaborate to identify, develop and secure the needed supports, while acknowledging Individuality. Positive supports recognizes that all people have rights to make informed choices, take risks and make contributions in decision making processes.

## **RESTRICTIVE PROCEDURES FOR CHALLENGING BEHAVIOR:**

Definition of Restrictive Practices:

A restrictive practice is any intervention that restricts an Individual's rights, freedoms, choices and movement, by limiting their access or movement to activities, belongings, events, or other people.

Restrictive practices can vary greatly in their degree of severity. The supportive room-mate will be required to know the potential behaviors and are required to keep a close watch and know the interventions that are consistent with the severity of the behavior.

**There are a large number of restrictive behaviors that we WILL NOT TOLERATE UNDER ANY CIRCUMSTANCES, these include but are not limited to:**

- Corporal Punishment
  - I. Physical restraints ( **As all of Loramar Services Supportive roommates work on a one to one basis the use of Physical Restraints and/or physical removal for time outs is Prohibited**).
- Medication abuse
- Removal of Individual's personal possessions

**Interventions, performed by the supportive room-mate, that limit the Individual's access, movement or choices will be considered restrictive. If a supportive room-mate member finds that these interventions are required constantly to manage an Individual's behavior a thorough review with the Executive Director and the Practice Review Committee is required.**

Loramar Services has always promoted and practiced that least intrusive measures are always the first choice used in supporting persons with challenging behavior. The use of a least intrusive support will usually dictate which positive behavioral interventions are planned first.

When developing a support protocol, the main concern for Loramar Services is the safety of the Individual/s accessing services, guardians, and families. Behavior that threatens the safety of the Individuals will be considered for restrictive procedure.

**For more challenging behavior, a positive but competing behavior will be rewarded to offset or compete with a behavior that is negative/harmful. The first intervention is a positive approach. If these interventions are not sufficient to change the behavior, then the following interventions may be considered only once all other approaches have been documented and formally reviewed by the Restrictive Practices Committee:**

- I. Response Cost - The removal access to objects, activities, privileges or people, following the occurrence of an inappropriate behavior. The removal of the object or activity should be related to the item that is withdrawn or removed (Example; banging an article against a window could result in the loss of use of the article.)
- II. Restitution - The Individual is required to correct the result of their misbehavior by restoring the environment to its normal state. (Example; an Individual would clean up the mess of thrown food and then finish eating.)
- III. Positive Practices – The Individual may be required to repeat a behavior that is positive to compete with a behavior that may risk the Individual’s safety. (Example; safety rules, and practices may be repeated to ensure learning of the appropriate behavior, such as traffic safety rules.)
- IV. Time-Out/Seclusion/Exclusion - The Individual may be removed or have the audience removed through verbal cueing or physical prompts during a period of acting out, so that the Individual is enabled to regain self-control. Individuals are prompted to leave the environment and if safety or injuries are a concern, Individuals would be physically escorted from that environment.

**As all of Loramar Services Supportive roommates work on a one to one basis the use of Physical Restraints and/or physical removal for time outs is PROHIBITED.**

- V. Physical holds - When a residential support worker uses hands on contact to restrict movement to prevent injury to the Individual, others, or property damage, then a physical hold is required. (This is different than physical assistance for an Individual with motor or muscle control problems.) The residential support workers should have specific training in this area for ongoing program intervention. **As all of Loramar Services Supportive roommates work on a one to one basis the use of Physical Restraints and/or physical removal for time-outs is PROHIBITED.**

Other types of restrictions that **must be carefully documented** and monitored are the following:

- II. **Medical prescriptions:** A drug may be prescribed to assist behavior control. In this case, it will be reviewed by the Individual’s Physician on a continuous basis.
- III. **Restraints:** These accessories restrain freedom of movement for both behavioral and medical reasons. Examples of these may be headgear, adapted clothing, vehicle restraints, or bed rails. If these devices are used to help with the management of behavior, they should be reviewed on an ongoing basis. **As all of Loramar Services Supportive roommates work on a one to one basis the use of Physical Restraints is PROHIBITED.**

## PRACTICE REVIEW COMMITTEE:

When a restrictive practice is being considered, the restrictive practice must be thoroughly examined and all its alternatives by the Practice Review Committee. This Committee is comprised of the following:

Advocate Community Resources  
 Loramar Services Ltd  
 Calgary Community Day Services  
 Shaun Brien, Registered Psychologist  
 Guardian (Optional)  
 Individual  
 Residential Monitor, Loramar Services

If a restrictive intervention is deemed necessary, a comprehensive write up in form of a protocol is completed, the protocol is to clearly specify the target behavior, positive approaches for that behavior, and the restrictive practices that are to be used. In all cases, the guardian, stakeholders, Individual and Executive Director will be involved. Loramar Services will ensure Individuals will have the necessary training to support a Planned Positive Approach. Loramar Services supportive room-mates must obtain training in PDD's *Abuse Prevention and Reporting Protocol*.

All reporting must be reported and properly documented. In the case of the Behavior Tracking Reporting process, the report ***MUST*** be submitted to Loramar Services Ltd. office within twenty four (24) hours of the behavior being identified. Recommendations can be made by guardian, monitor, supportive roommate and Executive Director, reviewed and signed by the Executive Director and/or monitor. Monitoring meetings will be conducted regularly to ensure that abuse is prevented and detected.

## EMERGENCY PROCEDURES FOR CHALLENGING BEHAVIOR:

If an Individual's behavior persists after all positive approaches have been utilized and the Individual, supportive room-mate and/or other Individuals are in imminent danger (examples of such behavior would be extreme physical aggression, consumption of a narcotic or noxious substance, use of weapons against self or others), the following is to be implemented:

- A. The Individual will be restricted from access to others, objects, or activities,
- B. Contact 911 and request appropriate service,
- C. Contact on call Monitors,
- D. On call Monitors are to contact Executive Director and guardians immediately.

All of the above implementations will be followed up with a *Behaviour Tracking Report*.

Behaviour tracking documentation is to include the following information;

- Description of the procedure used
- Description of the occurrence that took place
- The result of the intervention
- Time, date, location, and persons involved or witnesses to the situation

Any restrictive procedures that may occur must be documented and reviewed by the guardian. For crisis incidents that re-occur a plan for intervention will be developed.

## **ASSISTIVE TECHNOLOGY AND ENVIRONMENTAL INTERVENTIONS (AT-EI):**

Loramar Services supports applications, devices, equipment that allows Individuals to maintain and/or enhance control of their own lives as much as possible. Individuals with limited language and/or mobility often use devices such as augmentative communications systems and/or mobility supports. Loramar supports their use in all situations.

Loramar Services provides resources and promotes the safe use of AT and/or EI, where it may improve independence and gain control of the environment and/or promote inclusion in community settings.

Where AT/EI is not solely at the control of the Individual, Loramar will ensure safeguards are in place for their safe and ethical usage.

AT/EI relevancy is determined through an assessment and authorization by a pertinent qualified professional i.e. Doctor, OT, PT, SLP, massage therapist et al; on-going monitoring of AT/EI is to be undertaken by Individual, Supportive Room-mate, guardian/informal representative and Loramar monitoring.

**Definition:** "...products, devices or equipment, whether acquired commercially, modified or customized, that are used to maintain, increase or improve the functional capabilities of Individuals with disabilities..."

**Regulations:** All Individuals and Supportive room-mates of Loramar Services shall be supported to receive the full continuum of assistive technology required to allow maximum independence in their residential and community outreach services.

**Procedure:** Investigation of adaptations that will enhance Individual's mobility, language and environment will be the responsibility of all Supportive Room-mates.

## **CONFLICT OF INTEREST:**

**Guiding Principles:** Loramar Services shall ensure that it fulfills its mission with integrity, and to a high ethical standard. This requires that, as a general rule, subcontractors and/or staff of the agency avoid situations in which their interests are perceived to be in conflict with the interests of the agency.

**Definition:** "Conflict of Interest" means generally any situation in which an employee and/or subcontractor of the agency has or promotes an interest which results in or may be reasonably perceived to result in:

- An interference with the objectivity with which the employee is expected to exercise responsibilities and duties to, and on behalf of the agency.
- An advantage or material gain to the employee or other persons with whom the employee has a relationship.

**Regulations:**

1. All Subcontractors and/or staff of the agency shall identify and disclose any possible or actual conflict of interest to the Executive Director for evaluation,
2. Subcontractors and/or staff shall not be prohibited from taking supplementary employment, including self-employment, unless it interferes with their ability to carry out their employment with the agency; involves the use of the agencies premises, equipment or supplies; or places the subcontractors and/or staff in a real or apparent conflict of interest with the agency.

### **Organizational Structure:**

Lorammar Services Ltd. (Lorammar) is a privately owned company incorporated under the *Alberta Corporations Act*. The owner and Executive Director is the sole shareholder.

Alberta Human Services Ministry, Disability Services Division (DSD), Persons with Developmental Disabilities (PDD) is the sole funder of services offered by Loramar Services. For simplicity, the funder will be referred to as PDD. Loramar Services is in PDD's Calgary Region.

Lorammar Services runs as a consortium of self-employed Sub-Contractors who provide monitoring, residential support, community access and respite services for Individuals with developmental disabilities. Five part time employees are Monitors and Sub Contractors. Most Sub-Contractors are Services Providers, offering residential supports from their homes. Community Support Workers provide community access in the Individual's homes and/or the community.

Respite supports are provided from a Sub-Contractor's home or from the Individual's home as required. These services are arranged and managed by the Service Providers as per their contract with PDD.

The only full time employee of Loramar Services is the Executive Director. The Executive Director and Monitors work from their homes and daily contact.

### **Quality Improvement Policy:**

Lorammar has a process whereby the Agency's goals, outcomes, and services are reviewed regularly utilizing the PMF on a quarterly basis. Quality Improvement is reviewed and addressed if required.

### **Procedures:**

Lorammar will participate in the Creating Excellence Together (CET) Accreditation process every three years and use the results to further improve services.

Monitors and Service Providers will record and assess results of progress towards Individuals goals through monthly summaries, discussions with the Individual and their support network, and information received during the formal Individual Service Plan review process. Information is also collected during meetings of the Advocate Community Resources/Calgary Community Day Services/Lorammar Practice Review Committee, with related changes in Individuals' ability to manage behaviours of concern with the supports provided and reviewed.

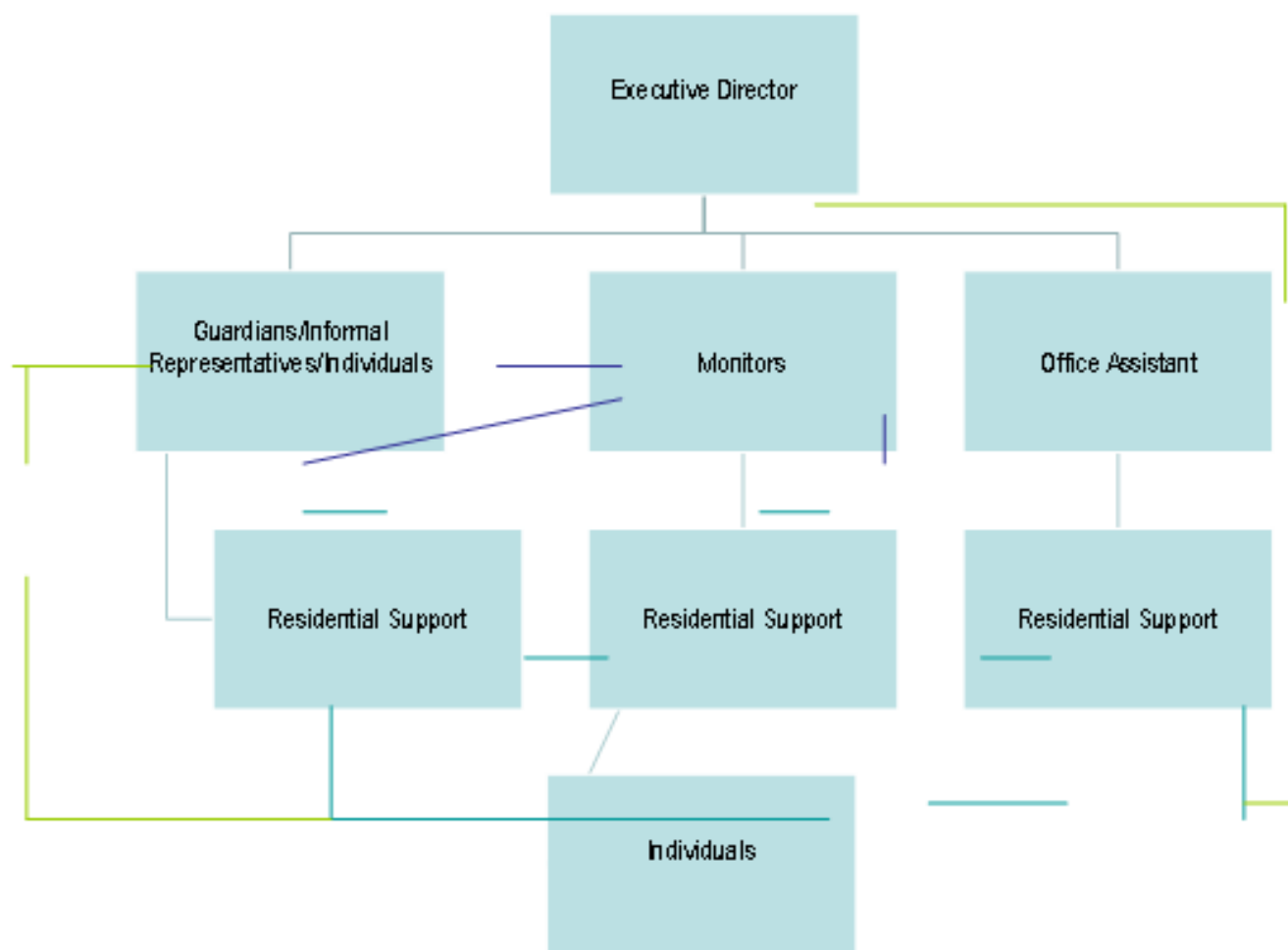
Loramar Monitor’s will monitor all Behaviour Reports, to ensure that steps are taken to minimize the risk of injuries and accidents, for example. In addition, Monitors meet on a regular basis to review Individuals’ progress, Service Providers’ concerns, and important Agency information. Progress is documented with Monitoring notes. In addition, Monitors meet regularly with and have ongoing monthly contact with Service Providers (barring exceptional circumstances). Loramar will use the data to make improvements as required to benefit Individuals, Sub-Contractors and the Agency.

Loramar will address Quality Improvement with procedures and objectives as required and changes will be implemented and reviewed on an annual basis to evaluate progress.

Service Providers and Monitors will understand how the information collected monitors and supports outcome measurement.

Any negative or unexpected outcomes of quality improvement programs will be discussed at Monitors’ meetings and any actions required will be documented.

### Loramar Services Ltd. Organizational Chart





## **EXPENDITURE AUTHORITY OF INDIVIDUAL MONIES:**

Monitors and Executive Director have expenditure authority within Loramar Services Guardians and/or trustees receive detailed accounting expenditure reports monthly pertaining to the personal monies of that Individual.

Where ever the Individual has a trustee and/or guardian, monthly reports are provided to them. Where ever the Individual does not have support in this area, the Individual is signed onto the AISH Benefits Administration Program.

## **FIANACIAL ACCOUNTABILIIY:**

Loramar Services Ltd. is a Corporation, registered under the *Alberta Corporations Act*. Loramar's sole funding source is a contract with the Government of Alberta through Human Services Ministry, Disabilities Services Department, and Persons with Developmental Disabilities (PDD). This contract provides Individual Funding and Administration and Service Delivery Funding. Loramar is bound by reporting and accounting procedures through that contract. The full amount of monthly Individualized Funding goes to direct service provision. Administration and Service Delivery costs are paid out on a monthly basis.

Loramar practices sound financial practices to ensure accountability, to meet the requirements of funders and the *Alberta Corporations Act*.

- Loramar delivers a Review Engagement Report, prepared by Chartered Professional Accountants, to PDD's Finance Department annually, as required by contract.
- All appropriate documentation (i.e., Schedule B invoice) is uploaded to the secure PDD website at the beginning of the month following services.
- The Executive Director initiates direct bank deposits for each Service Provider, to be paid on the last banking working day of the month.
- The Executive Director, or designate, pays expenses in a timely manner.

## **SUB-CONTRACTOR GRIEVANCE PROCEDURES:**

Monitor(s) will be available to all Sub-Contractor(s) to discuss concerns that are related to services, supports and/or performance. A monitor will be expected to discuss all issues with the involved Sub-Contractor/s and to put action plans in place to resolve any concerns.

In the event that the Sub-Contractor(s) feels that their concerns have not been addressed satisfactorily, they are encouraged to contact the Executive Director and work with the Executive Director to find a suitable resolution to the issues.

If at time the Executive Director and the Sub-Contractor(s) cannot agree on a resolution, either party may then request a mediator to assist with a resolution of the issues.

**At no time can disciplinary action be taken against any Sub-Contractor(s) for lodging a grievance.**

## SCHEDULE 1

The following requirements must be met in order to be approved as a Sub-Contractor with LORAMAR SERVICES LTD.:

1. Police Security Clearance (**MUST be renewed and submitted annually.**)
2. Child Welfare Check (**MUST be renewed and submitted annually.**)
3. A valid Emergency First Aid & Level B CPR certificate every Three (3) years.
4. Drivers Abstract (**MUST be renewed and submitted annually.**)
5. Home Owners Insurance (**MUST be renewed and submitted annually.**)
6. Automobile Liability Insurance 2 MILLION (**MUST be renewed and submitted annually.**)
7. An approved hot water regulator installed on hot water tank (**PDD directive**), **AND** water tested and recorded **EVERYTIME** the individual baths.
8. Medication Course is required. (**MUST be renewed every three (3) years.**)
9. If the individual requires behavioral interventions, then a course and/or experience in Crisis Prevention Institute Training (C.P.I.), Physical Assault Response Training (P.A.R.T.), Responding to Aggressive People (R.A.P.), or Intervening with Challenging Behavior is required.
10. Knowledge of the Persons with Development Disabilities Abuse Reporting Protocol. Training is provided every three years through Loramar Services Ltd.
11. Knowledge of Restrictive Procedures. Monitors are trained in the MANDT system.
12. Knowledge of Confidentiality issues and Freedom of Information and Protection of Privacy Act.
- 12a. In Compliance with FIOP requirements; the surrendering of all documentation (be it electronic, written, or mechanically reproduced) to a Loramar Services Ltd. Representative (monitor or director to ensure no documents remain on sub-contractors computers).
13. A home visit and opportunity to meet all the individuals who reside in the home.
14. A knowledge, understanding, awareness and commitment to the Individuals Rights.
15. A knowledge, awareness and recognition of potential Conflicts of Interest.
16. Sub-contractor must include Family/Guardian in all correspondence relating to the individual they reside with.
17. The acknowledgement that the Conditions for Approval must be maintained.
18. Three (3) character references.
19. The Sub contractor must make a commitment to the individual they reside with