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Title: ACQUIRED BRAIN INJURY PARTNERSHIP PROJECT GUIDELINES		

INTENT:

The Acquired Brain Injury Partnership Project Guidelines define the criteria for professional practice for Acquired Brain Injury Partnership Project Services in Saskatchewan to ensure that the quality of service is consistently delivered and continuously improved. These guidelines reflect the goals and strategies set out in *Acquired Brain Injury: A Strategy for Services* and are intended to assist in translating this vision into performance.

GUIDELINES:

Acquired Brain Injury Partnership Project Program Guidelines



**Saskatchewan
Health**

**Acquired Brain Injury Partnership Project
Program Guidelines**

February 2007

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FOREWORD

The program guidelines included in this document define the criteria for professional practice for Acquired Brain Injury Partnership Project Services in Saskatchewan to ensure that the quality of service is consistently delivered and continuously improved. These guidelines reflect the goals and strategies set out in *Acquired Brain Injury: A Strategy for Services* and are intended to assist in translating this vision into performance.

Program Guidelines for the Saskatchewan Acquired Brain Injury Partnership Project are a written set of expectations that define desirable and achievable levels of practice related to ABI Services funded through the Partnership Project. They do not include specific program objectives, policies, and procedures, as these are the responsibility of each health region or community-based organization. These guidelines are not intended to replace or replicate the roles and responsibilities of professional associations, accrediting bodies, health regions or agency boards in developing and enforcing standards. Each of these bodies has governing legislation and regulations, to which they must adhere, such as The Regional Health Services Act and Regulations of Regional Health Authorities, that govern role, responsibilities and standards of practice of Regional Health Authorities.

Health information practices of Regional Health Authorities and Community-based organizations contracted to deliver health services are governed by The Health Information Protection Act. It is hoped, however, that these guidelines will provide a framework for the minimum standard of care from which ABI Services could develop specific program objectives, policies, and procedures. They should also assist organizations in preparing for accreditation.

BACKGROUND

Subsequent to changes to automobile insurance and in response to stakeholder feedback obtained through a variety of forums, surveys, and reports submitted to Health since 1992, recommendations from SGI's Rehabilitation Advisory Board, and based on a service framework developed by the Acquired Brain Injury Working Group, SGI and Saskatchewan Health developed a unique partnership in late 1994 to establish a "*comprehensive, integrated system of supports, resources and services that will enhance the rehabilitation outcomes and improve the quality of life for individuals with acquired brain injuries and their families.*"¹

INTRODUCTION

Program Guidelines for Saskatchewan Acquired Brain Injury Partnership Project Services is a statement of minimum standards of care and service. It has been adapted from the *Program Guidelines for Saskatchewan Alcohol and Drug Services*.

Developing *Program Guidelines for Saskatchewan Acquired Brain Injury Partnership Project Services* required the efforts of a number of people over a period of years. The resulting program guidelines are a written set of expectations that define achievable and desirable levels of practice for ABI services. This manual is designed as a working document so that pages can be added or replaced to accommodate changes and new program guidelines as they are developed.

FORMAT

The program guidelines have been organized into the following sections, each addressing an area of program operation:

- Section 1. Client Services
- Section 2. Program Management And Planning
- Section 3. Records

Appendices

- A. Community Resources
- B. Personnel
- C. Universal Precautions
- D. Sample Forms

Within each section, a number of specific guidelines are identified, including the specific program characteristics and activities thought to be necessary for effective operationalization. Each guideline is presented in the following format:

- a) **Guideline:** A statement of the basic requirements for program practise/performance

¹ Acquired Brain Injury: A Strategy for Services, 1995

- b) **Criteria:** A list of measures or criteria that a program or activity must meet in order to demonstrate compliance with the intent of the guideline
- c) **Rationale:** A brief explanation of the reasons for the requirements contained within the guideline and criteria. In some cases, the rationale also contains information that will be useful in preparing for accreditation
- d) **Exclusions:** A list of the types of programs or instances in which the program or activities are exempted from all or a portion of the criteria for a specific guideline

SECTION 1: CLIENT SERVICES

1.1 Mission Statement

Guideline

There is a written description of each program's philosophical approach to providing service to support people with Acquired Brain Injuries (ABI) and their families.

Program Specific Philosophy

1. The description includes a statement of the relationship between the needs of the client population and the program's approach to addressing the needs of individuals with ABI and their families.
2. The description includes a statement of the relationship between community needs and the program's approach to addressing the needs of individuals with ABI and their families, as highlighted in the program plan. (See Guideline 2.2)
3. The description is reviewed and updated as required.
4. The program's philosophical approach to service will reflect the vision and mission of the ABI Partnership Project, as outlined in the strategy (1995)¹.

Rationale

The program's philosophical approach offers a context for integrating the program's activities, in-service training, staff recruitment and community relationships. It can serve as a starting point for evaluation by helping to define objectives.

Exclusions

None

¹ Acquired Brain Injury: A strategy for services, September 1995.

1.2 Program Descriptions

Guideline

There is a written description of each program and its various components (e.g., intake, assessment, client service).

Criteria

1. These descriptions of services are written in understandable language and are made available to the client.

Rationale

Clients should clearly understand the services in which they will be participating. In this way, they are prepared for the various components of the rehabilitation process and programming and can make informed decisions about their involvement.

Exclusions

None

1.3 Program Activities

Guideline

The program has a written plan describing core activities/functions.

Criteria

1. The goals and objectives are based on a needs assessment.
2. The plan delineates the roles and responsibilities of personnel.
3. The plan identifies a specific staff position responsible for various activities.
4. The plan specifies the relationship between the various components of the program.
5. There is documentation that activities, as delineated in the plan, are implemented, and that the intended results for the client are being achieved.

Rationale

The development of a specific plan for services aids in the orderly development and implementation of services. Of special interest is the coordination necessary to ensure that client needs can be met by the program, either through direct service provision or referral to other community resources.

Consistent documentation of activities and results will assist the program in assessing program effectiveness. This process may also be useful in identifying changing trends in client needs and characteristics, and in evaluating the program.

Exclusions

None

1.4 Client Rights and Responsibilities

Guideline

Clients are informed of their rights at the earliest opportunity.

Criteria

1. Clients are informed of the various steps and activities involved in the rehabilitation process at the earliest opportunity.
2. Clients are informed of their right to, and limitations of, confidentiality of all records, correspondence and conversations relating to their involvement with the program.²
3. There is documentation of consent from clients. (See Appendix D for sample form)
4. A statement of basic client rights and responsibilities is posted in a prominent place in the program's facility(ies). In addition, clients are informed of the program's rights and responsibilities, such as the right to refuse service and terminate service.
5. Clients are informed of their right to file a complaint or appeal, including the right to appeal when they have been refused admission to services.

Rationale

The right of informed consent is a key element in the implementation of a program and is based on respect for the individual client. This right should be safeguarded throughout the rehabilitation process. Informed consent refers to the client having full information regarding the nature of the service intervention. This information should be sufficient to allow the client to make the decision about utilizing the service. This includes information about the purpose and use of any data collected about the client, and the process of disclosure of personal information. Consent should be freely given.

Exclusions

Programs that do not provide direct-client services (i.e., informational programs) are exempt.

²If a statute or regulation requires disclosure of information, staff **must** comply. Some examples include The Child & Family Services Act, a subpoena to provide information to court or a tribunal, and a request from any person who has a statutory ability to compel information, for example, a Public Inquiries Act Commissioner, or Saskatchewan Justice, Maintenance Enforcement Office.

1.5 Client's Right to Appeal or File a Complaint

Guideline

The program has a written procedure for dealing with appeals or complaints by clients.

Criteria

1. There is documentation describing the appeal or complaint process/procedure.
2. The documentation identifies the client's right to appeal or file a complaint, including the right to appeal a decision to refuse their admission to services.
3. Program staff should thoroughly understand the appeal or complaint process.
4. Clients are advised of their right to appeal or file a complaint and informed of the procedures required to initiate an appeal.

Rationale

Clients must be informed of their right to appeal or file a complaint and the procedures to initiate the process. A clear, written policy identifies the procedures to be followed when a client chooses to pursue his/her right to appeal or file a complaint regarding any decisions with respect to their involvement with the program.

Exclusions

Programs that do not provide direct-client services (i.e., informational programs) are exempt.

1.6 Client's Right to Access Services

Guideline

There is a written policy of nondiscriminatory practice in the program's admission process and service activities. There are methods in place to ensure clients have access to services provided, and that requests for services are readily accepted from clients, client's family and friends, health or social service organizations, and other service providers.

Criteria

1. The written policy addresses nondiscrimination on the basis of:
 - Race
 - Creed
 - Religion
 - Family status
 - Sex
 - Marital status
 - Ethnicity
 - Age
 - Disability
 - Sexual orientation
 - High risk or carriers of communicable diseases
2. Referral services are made available to individuals whose needs cannot be met by the program.

Rationale

Protection of people from all forms of discrimination and unfair treatment is an ethical and legal responsibility of those who work in the human service field. Assuring that services are accessible to all persons or groups is a fundamental human right.

Exclusions

Programs with exemptions from the Human Rights Commission. See the Saskatchewan Human Rights Code.

1.7 Client's Right to Individualized Service

Guideline

The program shall have a written policy regarding clients' rights to individualized service.

Criteria

1. The policy includes a statement that all clients shall have a documented, individualized service plan.
2. The policy includes a statement that all clients will have an opportunity to participate in planning their rehabilitation.
3. The policy includes a statement that rehabilitation planning will address ongoing needs by the use of short and long term goals.

Rationale

Services should always be provided as close to home as possible based on the client's assessed needs and as identified by the client.

Exclusions

Programs that do not provide direct-client services (i.e., informational programs) are exempt.

1.8 Client's Right to Familiar Participation

Guideline

The program should have a policy that describes the role and limitations of the involvement of family and significant others. All provisions should be made to accommodate the participation of, and communication with, the family and significant others, with client consent.

Criteria

1. Clients have the right to refuse family participation
2. Where the client refuses services, the family member/caregiver can access services independently (if applicable).

Rationale

Family participation is an integral part to the rehabilitation process and enhances client outcomes.

Exclusions

Programs that do not provide direct-client and/or family services are exempt.

1.9 Admission Criteria

Guideline

The program has written criteria for admission.

Criteria

1. The admission criteria are available to clients, staff and community.
2. The admission criteria should include a plan of prioritization that identifies those individuals and groups (e.g., 3 years or less post injury, moderate to severe injury, etc.) Who will be given priority in admissions, based on highest need. The prioritization plan should not be used as an exclusion criteria, where the program has the capacity to provide service.
3. The program will have a written list of community resources for use in reaching or serving special populations in the service area.
4. Referral services are made available to individuals whose needs cannot be met by the program.

Rationale

If the program contains multiple components, admission criteria for each component should be developed. For persons who are ineligible (as defined by the admission criteria) it is essential that alternative resources for these individuals be identified. Admission criteria should be presented in such a way as to be understandable to clients.

Exclusions

Programs that do not provide direct-client services (i.e., informational programs) are exempt.

Definition of Acquired Brain Injury

Acquired Brain Injury (ABI) is a generic term referring to damage to the brain that occurs after birth and is not related to congenital disorder, a developmental disability or degenerative disease. The term does not refer to brain injuries induced by birth trauma.

The damage may be caused by:

- A traumatic injury to the head associated with an external force such as a motor vehicle collision, fall, assault, or sports injury.
- OR
- A non-traumatic cause such as a tumour, aneurysm, stroke, anoxia, or an infection.

The ABI Outreach Teams and Funded Programs all have criteria for service provision. Based on the above definition of ABI, each referral will be assessed on a case by case basis recognizing that community integration is the primary objective of the ABI Partnership Project.

Column A is a list of types of non-traumatic brain injuries that meet criteria for admission into Partnership programs. This is not an exhaustive list. Column B is a list of diagnoses that do not meet criteria for admission to the ABI Partnership Project.

Column A	Column B
Anoxia	Cerebral Palsy
Aneurysm	Autism
Vascular Malformations	Developmental Delay
Brain Tumours	Down's Syndrome
Metabolic Encephalopathies	Spina Bifida with hydrocephalus
Encephalitis/Meningitis	FASD
Stroke or CVA	Alzheimer's Disease
Assault	Pick's Disease
Motor Vehicle Collision	Dementing Process
Falls	Amytrophic Lateral Sclerosis
Sports Injury	Multiple Sclerosis
Bicycle	Parkinson's Disease and similar movement disorders
Shaken Baby Syndrome	Huntington's Disease
Snowmobile	Korsakoffs
	Other Congenital/Developmental Problems
	Other Degenerative/Progressive Diseases

1.10 Intake Procedure

Guideline

The Program Utilizes A Written Intake Procedure.

Criteria

1. The procedure includes criteria for determining that the service is appropriate to the needs of the client.
2. The procedure addresses referral of individuals not admitted to the program.
3. The procedure addresses acceptance and refusal of referrals from outside agencies.
4. The procedure ensures timely initial client assessments are completed, as appropriate to the program with consideration of resources available.

Rationale

The purpose of the intake procedure is to ensure that the intake process for all clients is the same, is systematic, well defined, and undertaken in the most expedient manner possible.

Exclusions

Informational programs are exempt from criterion 4.

1.11 Program Orientation

Guideline

All Clients Receive An Orientation To The Program In A Timely Manner.

Criteria

The orientation includes information on:

1. The philosophy and goals of the program
2. Expectations governing clients' conduct
3. The hours during which services are available
4. All costs and fees for service, and responsibility for payment of these fees (if applicable)
5. Clients' rights and responsibilities while receiving services in the program (i.e., confidentiality and informed consent)

Rationale

A thorough orientation to the program will enhance client outcomes and ensure the clients' right to informed consent.

Exclusions

None

1.12 Intake Record/Admission Screening/Referral

Guideline

There is a written policy and procedure to ensure that consistent demographic information is collected on each client at admission.

Criteria

1. Minimal information to be requested from clients as part of the admission process includes:
 - Name
 - Address
 - Telephone number
 - Date of birth
 - Sex
 - Marital status
 - Employment status
 - Education
 - Next of kin (including telephone number)
 - Current criminal justice status
 - Referral source
 - Initial contact date
 - Intake date
 - Name of intake worker
 - Any additional information from SCIP-I or ABIIS forms, such as cause and date of injury, pertinent medical information, and other professionals involved (e.g., physician or specialist).
2. Appropriate information collected should also be transferred accurately and consistently to the acquired brain injury information system. The client is informed about the purpose for collecting this information.

Rationale

This information will assist the program to maintain a current database which yields an accurate profile of clients for planning and program development.

Exclusions

Programs that do not provide direct-client service (i.e., informational programs) are exempt.

1.13 Initial Assessment And Plan Formulation

Guideline

The program has a written procedure for obtaining a client assessment, history, and formulation of the service plan.

Criteria

1. The procedure requires that a program staff member complete a client history.
2. A rationale for the collection of this information should be explained to the client.
3. The client history will include the following items of information about the client (scip-i) (see appendix d)
 - Identifying data (e.g., HSN, name, etc.)
 - Intake information
 - Presenting problem from the client's perspective
 - Family/interpersonal history
 - Education/employment/vocational history
 - Medical/psychiatric history
 - Substance use history and profile
 - Legal history and current status
 - Results of assessment
 - Diagnosis (if applicable)
 - Options for service based on results of assessment
4. The client assessment results in the formulation of a plan. The plan should document the following (refer to guideline 1.14):
 - Goals for client and service plan
 - Interventions/service plan
 - Evidence of client's participation in developing the rehabilitation/service plan

Rationale

The collection of this information determines that the client meets admission criteria for the program. This information should be collected and recorded in a standardized fashion.

Exclusion

Programs that do not provide direct-client services (i.e., informational programs) are exempt.

1.14 Individualized Service Plan

Guideline

There is documentation that the program develops an individualized service plan for each client.

Criteria

1. The plan identifies client strengths and the needs to be addressed.
2. The plan includes specific short and long-term goals for each identified client need.
3. The plan specifies the resources and strategies to be utilized to achieve the specific outcomes desired.
4. The plan identifies client-centered results/goals that are
 - Individualized
 - Specific
 - Measurable
 - Attainable
 - Time Limited
5. The client's participation in the development of his/her plan is documented.
6. The client's progress is documented for each service intervention, and for each identified goal.
7. The client has reviewed and understands the contents of the service plan.
8. There is periodic review of the service plan by the client and the program staff.
9. The plan should also document the following:
 - Evidence of educating the client
 - Evidence of involving the client, family and community as applicable in the service provided
 - Client's responses to service
 - Consultant reports
 - Transfer summary, if applicable
 - Plans for follow-up service

Rationale

The development and implementation of individualized client service plans is generally accepted as the basis for effectively addressing the needs of people with brain injuries and their families. This standard, in part, addresses the extent to which these plans are actually developed for and with program clients. The client record will be the primary source for documentation of compliance with this standard.

Exclusions

Programs that do not provide direct-client services (i.e., informational programs) are exempt.

1.15 Discharge/Transfer Planning

Guideline

The program has a written policy on discharge/transfer planning for clients.

Criteria

1. The client record will contain a final evaluation of the client's progress toward anticipated outcomes.
2. Referrals made to any other organizations at the time of discharge/transfer will be documented in the client record.
3. A plan for client aftercare/ongoing services will be developed and entered in the client record.
4. The discharge/transfer plan is reviewed.
5. Clients will participate in the development of their discharge/transfer plans.

Rationale

The development of an ongoing plan allows for both continued support of the client, and the collection of data and information on client status. This information is needed for the effective evaluation of outcomes. Requirements for evaluation of individual clients' rehabilitation outcomes are delineated in the service planning section of this manual.

Exclusions

Programs that do not provide direct-client services (i.e., informational programs) are exempt.

1.16 Residential Services (If Applicable)

Guideline

The program has a written description of the objectives, policies and procedures of its residential component.

Criteria

1. The usual length of stay for clients in the residential component is delineated.
2. The services to be provided to clients of the residential component are described, including evening and weekend services.
3. There are policies and procedures for the timely conduct of client assessments.
4. Provision is made for the utilization of community resources to provide client assessments or services when assessments cannot be provided by the residential care component.
5. Policies and procedures exist to ensure that the service planning process recognizes other service needs of the client, including such services as the client may be receiving at the time of admission.
6. A policy and procedure exists which clearly outlines the rules regarding the use of alcohol and other drugs by clients in the residential complex.
7. The description of residential services is available to all staff, clients and community resources.

Rationale

The provision of residential services should be so planned as to address a comprehensive range of client needs. Careful documentation of needs assessment and services provided, both directly and through referral, should be placed in client files. Written descriptions will aid in program evaluation.

Exclusions

Programs and components that are not residential services are exempted from this guideline.

1.17 Dealing With Behaviorally Disturbed Persons And Clients

Guideline

The program has a written policy describing the procedures for dealing with behaviorally disturbed persons participating in services.

Criteria

1. The policy describes the program's capability to deal directly with behaviorally disturbed persons.
2. The policy describes other community resources and referral procedures for dealing with behaviorally disturbed persons.

Rationale

Occasionally programs will be faced with the problem of dealing with a behaviorally disturbed client or non-client. Procedures should be in place for dealing with these persons in a manner, which will be of greatest benefit to the person while causing the least disturbance to the rest of the program.

Exclusions

None

1.18 Ancillary Services Directory/Self-Help Information/Resources

Guideline

The program has a directory of appropriate providers who offer related and ancillary services, and self-help information, and community resources, which supplement the principal services of the program, if applicable.

Criteria

1. The directory lists the location, phone number and contact for each provider who offers related and ancillary services.
2. The directory lists the specific services offered.
3. The program ensures that factual information about a variety of community resources is provided to clients.
4. If applicable, the program has resource materials available on loan to clients and their families.

Rationale

The identification and utilization of supplemental resources ensures the provision of a comprehensive network of related services. Duplication of effort can be avoided by the maintenance of an up-to-date directory of available resources.

Exclusions

None

SECTION 2: PROGRAM PLANNING AND MANAGEMENT

2.1 Strategic Plan/Work Plan

Guideline

There is documentation that a formal strategic planning process is available for use.

Criteria

1. The planning process and subsequent program plan are formally approved by the “governing body”³.
2. The planning process involves a review and update of the program’s goals and objectives on an annual basis.
3. The plan is available to the staff and governing body of the program and to the public (upon request).

Rationale

A formal documented planning process involves detailed consideration of all factors, which are essential for the effective provision of the services offered by the program. The plan is used both in the organization of those services, and in evaluating their effectiveness in terms of both process and program outcomes.

Exclusions

None

³ “Governing body” throughout this document refers to the Regional Health Board, or their delegate and Community-based organization (CBO) Board of Directors, unless otherwise specified. The Regional Health Board, in turn, is governed by The Regional Health Services Act, and any specific service agreement made between the Regional Health Board and Saskatchewan Health. Therefore, it is not the intent of this document to circumvent or replace any policy or procedure that is already in existence in the regional health authority, but to provide a set of guidelines to which any newly developed policy and procedures may adhere. CBOs are contracted directly by Saskatchewan Health, and governed by independent Boards of Directors, according to The Non-Profit Corporations Act.

2.2 Documented Program Plan

Guideline

There is a written plan describing the core services of the program.

Criteria

1. The plan includes a statement of the overall goals and objectives of the program.
2. The plan identifies the activities through which program goals and objectives are intended to be achieved.
3. The plan describes the specific methods used to provide services.
4. The program plan reflects that the findings of the evaluation process have been used in the plan.

Rationale

The program plan provides both documentation of the planning process and detailed overall guidelines for program operation. The written plan aids in program evaluation.

Exclusions

None

2.3 Program Evaluation

Guideline

There is a written plan that identifies performance indicators (measures) for individual client services.

Criteria

1. The plan identifies any or all of the following aspects of quality service:
 - Safety
 - Competence
 - Acceptability
 - Effectiveness
 - Appropriateness
 - Efficiency
 - Accessibility
 - Continuity
2. The indicators of performance should:
 - a. Relate to the process of service delivery
 - b. Relate to the outcomes of service, including client satisfaction and cost
 - c. Reflect professional standards and/or guidelines for practice and relevant legislation
 - d. Are monitored to flag opportunities for improvement
 - e. Where possible are comparable to best practice standards
3. There is documentation that this systematic evaluation of the program is undertaken on an annual basis.
4. All of the elements in the plan should conform to accepted standards and requirements of sound evaluation design.
5. The program plan reflects that the findings of the evaluation process are used in planning the program.

Rationale

The evaluation plan is a written document that describes the procedures to be followed in conducting an objective evaluation of the program's processes and outcomes. It is important that the results of the evaluation be used to monitor the activities of the program on a continuous basis. Evaluation results should also be used as information upon which to base annual revisions of the overall program plan.

Exclusions

None

2.4 Quality Assurance

Guideline

There is a written quality assurance plan for the program.

Criteria

1. The plan encompasses all standards relevant to program administration and operations.
2. The plan outlines the processes by which the standards are to be achieved and maintained (e.g., facility and equipment upgrading, professional development, operational review including staffing, budget, and chart audit, etc.).
3. The plan is reviewed and updated at least annually.
4. The plan is available to the governing body and program staff.

Rationale

A quality assurance plan ensures that the services provided are effective and appropriate to the specific needs for the program's clients.

Exclusions

None

2.5 Research Involving Clients

Guideline

The program has written policies and procedures governing the conduct of research involving clients conducted by internal and external researchers.

Criteria

1. All applied research projects receive prior written approval from the governing body's research approval process.
2. Prior to approving applied research projects the governing body reviews the proposal to ensure that:
 - The design is adequate and individuals responsible for the direction and implementation of the project are adequately qualified to conduct the research
 - General benefits and risks of the project have been identified
 - Specific benefits and risks of the project to subjects have been identified
 - The design complies with accepted ethical standards (refer to tri-council policy statement for ethical conduct for research involving humans (<http://www.pre.ethics.gc.ca/english/policystatement>))
 - Possible disruptions in program activities are identified
 - Procedures for dealing with any potentially harmful effects of the research activities are established.
3. Written informed consent is obtained from every research participant prior to participation in a research project, where consent is required from individuals with impaired judgment or mental incompetence, consent should also be obtained from the legal guardian or parent.
4. Informed subject consent includes:
 - A full verbal and written description of the research project
 - Use of language which the research participant understands (non-technical; also translators for non-English speaking subjects should be available)
 - A full description of all expected benefits to the research participant and the general public
 - A description of alternative procedures which may be equally advantageous but which are not used in the research project

- Provision for answering all research participant inquiries regarding the research procedures and possible consequences
 - Providing the research participant with assurance that a decision not to participate in the research will not jeopardize continuation of service
 - Informing the research participant that informed consent may be withdrawn at any time
 - Provision for repeat of this process if goals and/or procedures change as the research proceeds
5. Written consent does not require the research participant to waive any legal rights or to release the program, staff and/or research project and staff from liability of negligence.
 6. The policies and procedures ensure that research results provide total anonymity to the subjects.
 7. All medical procedures in research projects are supervised by a physician.

Rationale

Any research involving clients must ensure that each client enters into the project only after receiving all the information required to make an informed decision. This protects the client and the research group from misunderstandings that could negatively impact the client.

Exclusions

None

2.6 Operations Policy And Procedure

Guideline

The program has an operations policy and procedures manual, which describes the regulations, principles and policies/practices established by the governing body to determine the program's operation.

Criteria

1. There is written documentation that the operations policy manual is reviewed and updated as policies change.
2. The operations policy manual is available to staff and the public upon request.

Rationale

The operations manual serves as a guideline for the daily operation of the program. It is mainly intended for use by the clinical and administrative staff. As such, it serves as a framework for them in the performance of tasks for which they are responsible.

Exclusions

None

2.7 Program Organization

Guideline

The program has an up-to-date organization chart and/or staff list.

Criteria

1. The organization chart/list identifies the administration and all staff positions within the program.
2. The organization chart depicts programmatic lines of authority.
3. The organization chart depicts the relationship between the program and the local governing body.
4. The organization chart is distributed to all staff and members of the governing body and is available to the public, if applicable.

Rationale

The organization chart is a formal document, which establishes each staff position and designates the lines of authority in the organization. As such, it graphically presents the manner in which the services provided by the program are structured, and it legitimizes supervisory authority within the program's structure.

Exclusions

None

2.8 Public Relations

Guideline

The program has a written public relations policy.

Criteria

1. The program designates a program spokesperson.
2. The policy outlines under which circumstances requests, complaints, etc. Must be referred to the governing body for resolution.
3. The policy provides that the spokesperson will advise the governing body of all public relations activities, including educational activities, as appropriate.

Rationale

A clear public relations policy ensures that requests for information, media interviews, complaints, etc. Are handled in a consistent and appropriate manner.

Exclusions

None

2.9 Facility Requirements

Guideline

The program complies with all applicable municipal, provincial and federal facility requirements (e.g., building and fire codes).

Criteria

1. Programs will meet accessibility requirements.
2. Copies of applicable facility requirement documents are available on site and available to the governing body and program staff.

Rationale

Compliance with building, health and safety codes ensures the safety and well being of staff and clients. In the event that there are no municipal codes in place, provincial or national codes may be applied to the program. Zoning approval or written documentation that the municipality has no objection to the operation of the facility is usually required before a program is established.

Exclusions

None

2.10 Program And Administrative Space And Equipment/Furnishings

Guideline

The program provides adequate space for the provision of all administrative and operational activities of the program, and provides the necessary equipment, furniture and supplies to carry out the program activities.

Criteria

1. Private individual counseling space is available, if applicable.
2. Private space to accommodate group activities is available, if applicable.
3. Security is provided to ensure confidentiality of information.
4. Space should be fully accessible to persons with physical impairments.
5. A separate waiting and/or client lounge is available, if applicable.
6. Space for administrative and therapeutic purposes is separated.
7. The program provides the necessary equipment, furniture, and supplies to carry out program activities.
8. Provision is made for necessary repairs and replacement of equipment, furniture and supplies.

Rationale

This guideline establishes effective therapeutic environments for all clients and adequate specialized space for administrative functions. Without the necessary equipment, furniture and supplies, a program cannot successfully accomplish its goals and objectives.

Exclusions

None

2.11 Insurance

Guideline

The program maintains appropriate levels of liability (including malpractice and transportation insurance) and property insurance.

Criteria

1. The level of coverage is reviewed annually.
2. The level of coverage is sufficient to replace necessary items and to meet anticipated claims.
3. Coverage is provided to all program staff and volunteers and students.

Rationale

The program must have ample protection against personal and property liability claims from staff, volunteers, clients and visitors. It is also necessary to insure facilities, furniture and/or equipment.

Exclusions

None

2.12 Medication Management

Guideline

The program has a written medication policy and procedure, if the program is responsible for dispensing medication.

Criteria

1. Policies and procedures ensure that all medications are stored, dispensed and administered according to accepted standards and to applicable rules and regulations including:
 - Procedures for dealing with medication errors and adverse medication reactions
 - Procedures for safe storage of drugs
 - Maintenance of known medication allergy information in the client's record
 - Policy establishing under what circumstances self-medication by the client is permitted
 - Specific routines for the administration of drugs, including standardization of abbreviations and dose schedules and documentation of medication given.
2. A list of clinical staff members authorized by the program and by law to dispense medications is maintained and updated as needed.
3. Current pharmaceutical reference material is available on-site to program staff.

Rationale

Ensures maximum protection of the client from medication error and adverse reaction.

Exclusions

Programs that do not dispense or supervise medications.

2.13 Home Visit Safety

Guideline

The program has a written procedure that promotes safety during visits to clients' homes.

Criteria

1. Potential risks, in terms of the client's home environment and behaviour are documented and provided to staff members.
2. According to The Occupational Health And Safety Act And Regulations, staff have the right to refuse to work in unsafe circumstances.
3. For the purposes of the policy:
 - A) abuse is a violation of the rights, dignity, and worth of other individuals through verbal, physical, sexual, or psychological means.
 - B) harassment means any objectionable conduct, comment or display by a person that:
 - Is directed at the worker
 - Is made on the basis of race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry or place of origin
 - Constitutes a threat to the health or safety of the worker
 - Harassment may or may not be deliberately intended.
4. Staff members should be informed of procedures to document incidents of abuse or harassment.
5. When possible, safeguards should be implemented by staff members (e.g., buddy system, carrying a cell phone, having car keys on person at all times, etc.).

Rationale

Guidelines around home visit safety will protect staff and clients and will facilitate safe decision-making.

Exclusions

Programs that do not conduct home visits.

2.14 Out Of Town Travel

Guideline

The program has a written policy governing safe travel procedures for staff.

Criteria

1. The program has safety kits available to staff members when traveling out of town.
2. Cellular phones are to be carried for use in the event of an emergency and for the purpose of checking in with office staff between home visits.
3. To ensure safety, at least one other staff member should be aware of itinerary.
4. The policy should include guidelines for travel in winter/inclement weather.
 - Highway conditions should be checked prior to departure
 - A policy regarding travel in very cold weather (e.g. Greater than – 30°C)
 - A policy regarding traveling in reduced visibility (less than 1km)

Rationale

Guidelines around safe travel will facilitate staff decisions regarding out of town travel.

Exclusions

None

2.15 Building And Fire Safety

Guideline

There is a written plan to deal with emergencies involving the physical facility.

Criteria

1. The plan ensures program compliance with all applicable fire and building code regulations.
2. The plan is available to the governing body and all staff.
3. The plan includes fire emergency response approved by the local fire department.
4. The plan includes a building evacuation procedure approved by the local fire department.
5. The plan provides for regular practice drills.
6. The plan is reviewed annually and updated as necessary.

Rationale

Building and fire safety saves lives and prevents unnecessary injury. Regular practice promotes an automatic and appropriate response by staff not regularly called on to deal with such emergencies.

Exclusions

None

2.16 Emergencies Involving Clients, Staff, and Public

Guideline

There is a written plan to deal with emergencies involving clients, staff and the public.

Criteria

1. The plan includes specific procedures for managing and reporting serious threats, violence and health emergencies (i.e., threats to self or others, seizures and other medical emergencies, etc.).
2. There are regular reviews and practice of the plan by the staff.
3. The plan is available to the governing body, program administration, and to all program staff.

Rationale

Preparation for possible emergencies ensures appropriate responses in crisis situations. Practice is necessary because of limited occurrences of such emergencies.

Exclusions

None

2.17 First Aid/CPR

Guideline

Appropriate first aid and CPR is available in the facility.

Criteria

1. The program identifies and adheres to all applicable industrial health and safety regulations, including:
 - Staff first-aid and CPR requirements, especially Part III, Sections 35 (1), 36 (1), and 37 (1), and Part V of The Occupational Health and Safety Act and The Occupational Health and Safety Regulations, if applicable.
 - Required first aid supplies are provided.
 - Staff are aware and use universal precautions (see Appendix C).
2. The Occupational Health and Safety Regulations are available on-site.
3. The program/facility has at least one staff member certified in First Aid/CPR on site at all times when clients are present.

Rationale

First aid and CPR preparation provides for appropriate responses to client, staff and public health emergencies.

Exclusions

Home-based services

2.18 Complaint Handling

Guideline

The program has and follows a written plan for dealing with client, staff and/or public complaints.

Criteria

1. There is documentation that all complaints are investigated through use of established procedures.
2. The results of investigations of complaints are entered in the appropriate record.
3. The plan provides that serious complaints (including those alleging negligence and/or abuse of clients) are brought to the immediate attention of the program administrator and/or governing body and the appropriate licensing body, if applicable.
4. The plan specifies the procedures to be followed in investigating and documenting complaints. There is an established appeal process that complainants may access if not satisfied – to progressively senior levels as per the organization chart.

Rationale

To ensure complaints are dealt with and that a record of the complaint and its resolution are available for possible future reference.

Exclusions

None

2.19 Abuse of a Vulnerable Person and Obligation to Report

Guideline

The program has and follows procedures for dealing with suspected, alleged, or known abuse of any vulnerable person by a person with caretaking, therapeutic, or clinical responsibilities.

Criteria

Alleged Abuse by Service Provider:

1. There is provision for the vulnerable person to proceed with complaints or grievances regarding the abuse and there is an established appeal process that complainants may access if not satisfied – to progressively senior levels as per the organization chart.
2. There is provision that the person with caretaking, therapeutic, or clinical responsibilities is prevented from continuing the abuse in question or perpetrating any other abuse in the future.
3. There is documentation that complaints are investigated through use of established procedures, and the results of investigations of complaints are entered in the appropriate record(s) and the licensing body is notified, if applicable.

Domestic Violence or Child Abuse:

2. Where applicable, information of domestic violence or child abuse is brought to the immediate attention of the police service or Department of Community Resources.

Rationale

To ensure complaints are dealt with and that a record of the complaint and its resolution are available for possible future reference.

Exclusions

None

2.20 Client Labour

Guideline

The program has established guidelines and policies, which govern the use of client labour within the program.

Criteria

1. Any work shall be relevant to and a part of the client's rehabilitation plan.
2. The work is performed voluntarily with full, written consent from the client.
3. The work is in accordance with local, provincial and federal laws and regulations.

Rationale

While client work may at times be an important part of the rehabilitation process, the program should develop policies that safeguard the client from inappropriate work and ensure the voluntary nature of work assignments.

Exclusions

Programs that do not use client labour are exempt.

SECTION 3: RECORDS

3.1 Standardized Record-Keeping System

Guideline

The program has a written, standardized client record-keeping system.

Criteria

1. The system contains documentation of all client assessments performed, including documentation of client problems, needs, and strengths.
2. The system contains documentation of all parts of the individualized client rehabilitation plan required by these guidelines.
3. The system contains emergency contact information of each client.
4. The system contains the standardized statistical information to be collected and maintained on each client.
5. Program staff should be thoroughly versed in the use, completion and maintenance of the client record-keeping system adopted by the program.

Rationale

The client record serves as the primary case management tool for the service provider. It documents the changing status, needs and activities of the client as rehabilitation progresses. It also serves as a primary mechanism for the evaluation of overall program effectiveness in addressing the needs of its clients.

Exclusions

Programs that do not provide direct-client services (i.e., informational programs) are exempt.

3.2 Confidentiality and Security of Client Records

Guideline

The program has a written policy and procedure for ensuring the confidentiality and security of client records, as per The Health Information Protection Act and Regulations.

Criteria

1. The policy and procedure mandates and provides for compliance with provincial guidelines on confidentiality of client records.
2. The policy and procedure documents the processes and requirements for all use, access and disclosure of confidential information and for obtaining the written consent of the client when such consent is required.
3. The policy and procedure addresses the use and disclosure of client information in terms of:
 - Third party reimbursement
 - Research and program evaluation efforts
(see Section 2.5 - Research Involving Clients)
 - Case audits
 - Program monitoring audits
4. The policy allows for review by a client of his/her own case record.
5. The policy and procedure for ensuring confidentiality and security of client records is accessible to clients.
6. The policy and procedure for limits of confidentiality is clearly outlined and explained to clients.
7. Consent is regularly reviewed/renewed with the client.

Rationale

Compliance with client confidentiality requirements is mandated through provincial legislation, in addition to being recognized and supported as standard practice. The program must protect the confidentiality of other sources of information about the client when such information is documented in the case record.

Exclusions

Programs that do not provide direct-client services (i.e., informational programs) are exempt.

3.3 Review of Records/Chart Audit

Guideline

There is a written policy and procedure for periodic review of individual client records for completeness, accuracy, and appropriateness.

Criteria

1. The policy and procedure specify that a review of the client record is done on a regular basis.
2. The policy and procedure specify time frames for the periodic review of the contents of the client's record.
3. The policy should articulate against which documentation standards the audit will be done (e.g., guidelines 1.4 (consent), 1.12, 1.13, 1.14, 1.15 and 3.1)

Rationale

The regular review of client records will ensure their continued applicability to the changing needs of the client as rehabilitation progresses.

Exclusions

Programs that do not provide direct-client services (i.e., informational programs) are exempt.

3.4 Closing and Storing of Client Records

Guideline

The program has a written policy and procedure that adheres to the governing body's policy regarding archival process, for closing and storing case records.

Criteria

1. The policy and procedure identifies what materials are to be maintained in closed client records.
2. The policy and procedure specifies the circumstances under which a case record is to be closed.
3. The policy and procedure includes definitions of "completion of service" and "inactive cases".
4. The policy and procedure specifies the length of time closed client records must be maintained in storage.
5. Client records are destroyed by burning or shredding, according to regional health authority policy or the policy of another governing body.

Rationale

The development of clear policies and procedures for closing client records is essential to generate accurate caseload data and allows access for a specified time period. Of prime importance in the development of these policies and procedures is the protection of the confidentiality of all case records during storage and destruction.

Exclusions

None

Note: Client records in hospitals are governed by The Health Information Protection Act (HIPA) in all health regions. Regarding the retention and destruction of clients records in non-hospital settings:

- 1) If created prior to April 1, 1995 by the Department of Health, the records can only be destroyed with permission of Saskatchewan Health.
- 2) If created by health regions after April 1, 1995, the records belong to the health region and HIPA regulates retention and destruction.

3.5 Utilization Records/ABIIS Records

Guideline

The program has a procedure for maintaining up-to-date program utilization records.

Criteria

1. The records show the number of active clients and their status.
2. The records show the number and types of service rendered during the reporting period (e.g., service event).
3. The record provides for the maintenance of a regularly updated list of persons waiting for admission, if applicable.

Rationale

Periodic monitoring of activity versus capacity will assist in effective program planning. Compliance with this guideline requires that program staff keep logs of all service activities in order to report on utilization in an accurate manner. Program utilization records provide a method for determining and tabulating the frequency of services.

Exclusions

Programs that do not provide direct-client services are exempt from Criteria 1 and 3.

APPENDIX A - COMMUNITY RESOURCES – LOCAL & PROVINCIAL

A. Volunteers and Student Practicum Services

Guideline

The program has a written policy on volunteer and student practicum services.

Criteria

1. The policy explains the philosophy, goals and objectives of the volunteer and student practicum services.
2. The policy specifies the responsibilities and tasks of volunteers and students.
3. The policy identifies the procedures and criteria used in selecting volunteers and students.
4. The policy specifies the accountability and reporting requirements of volunteers and students.
5. The policy contains a procedure for reviewing the performance of volunteers and students and providing direct feedback to them.
6. The policy contains a procedure for discontinuing or removing a volunteer or student from participation in the program.

Rationale

A formalized volunteer and student program is an important component and should be guided by written policies and procedures, which demonstrate the program's commitment to a volunteer component. Students and others conducting field placements within the program are addressed in the guidelines.

Exclusions

None

B. Volunteer and Student Records

Guideline

A record is maintained for each volunteer and student practicum.

Criteria

1. The record includes a completed application and criminal record check.
2. The record specifies the assignment(s) of the volunteer or student.
3. The record contains documentation that the volunteer or student has completed the program's volunteer or student training program.
4. The record includes reviews of volunteer or student performance by the volunteer's supervisor.
5. The record contains specific documentation of the number of hours of service provided by the volunteer.
6. The work record is available to other agencies upon written request from the volunteer/student.

Rationale

The volunteer or student record is the primary tool in maintaining mutual accountability, as well as calculating in-kind service contributions.

Exclusions

None

APPENDIX B - PERSONNEL

A. Orientation and Training – Staff, Volunteer and Students

Guideline

There is documentation that staff (including volunteers and students) complete an orientation and training program before they begin their assignments.

Criteria

1. The orientation and training program includes information about confidentiality regulations and clients' rights.
2. The orientation and training program specifies how staff, etc. are to respond to and follow procedures for unusual incidents.
3. The orientation and training program explains the program's channels of communication and reporting requirements.

Rationale

Staff must be adequately oriented to the program before they perform services representing the program. Training should also be geared toward developing or enhancing the specific skills the volunteers will need to perform their assigned tasks.

Exclusions

None

B. Personnel Policies and Procedure Manual

Guideline

The personnel policies and procedures manual is a complete presentation of all personnel practices.

Criteria

1. The manual includes criteria on:
 - Employee recruitment, benefits and promotions
 - Training and staff development
 - Safety and health
 - Disciplinary systems, suspensions and termination
 - Grievance mechanisms
 - Wages, hours and salary administration
 - Rules of conduct (Code of Ethics)
 - Performance appraisals
 - Supervision
 - Leaves available to employees
2. There is documentation that the policies and procedures are reviewed with all employees at orientation time.
3. The manual should be updated on an annual basis.
4. There is a documented mechanism for notifying all employees of change in personnel policies and procedures.

Rationale

Clear and consistent personnel policies are necessary for the efficient operation of the program and to ensure employee understanding and acceptance.

Exclusions

None

C. Job Descriptions

Guideline

The program has a written job description for each staff position.

Criteria

1. The written job description contains information on:
 - Credentials, minimum levels of education and training and related work experience required for the position
 - Duties and responsibilities of the position
 - Classification of the position
 - The organization chart
2. Changes in duties and responsibilities of the position are reflected by revision and update of job description.
3. A written job description is provided to each employee.
4. The written job description addresses the amount and type of training, education, and experience required for employment in a therapeutic role and should include eligibility for membership in the appropriate professional organization.

Rationale

Written job descriptions inform employees of the expectations of the position and provide a basis for recruitment, selection and performance appraisals.

Exclusions

None

D. Code of Ethics/Code of Conduct

Guideline

The program has a written policy outlining the expected code of conduct and code of ethics to be adhered to.

Criteria

1. Where a staff member adheres to a professional code of ethics this shall supercede other codes of ethics/conduct.
2. Where a staff member is not a member of a professional discipline, the organization shall have a code of conduct/code of ethics to which staff members agree to adhere.
3. The policy clearly outlines consequences for violating the Code of Conduct.
4. A Code of Conduct should be developed, with staff input, to clarify staff members' roles and expectations.
5. Established procedures are sensitive to the needs of both clients and staff.

Rationale

The purpose of a code of conduct/code of ethics is to assist staff in addressing complex issues they are faced with on a day-to-day basis and to guide clinical practice based on ethical standards developed by the organization or professional association.

Exclusions

None

E. Staff Development/Professional Development Plan

Guideline

There is a written staff development plan, which addresses on-the-job training and continuing education for employees.

Criteria

1. The direct supervisor or designate is responsible for administering the plan.
2. The plan identifies objectives for staff development activities for each employee.

Rationale

The staff development plan provides staff with a means to upgrade their skills and expertise, thus improving performance and enhancing career potential.

Exclusions

None

F. Personnel Record

Guideline

A personnel record is maintained for each employee.

Criteria

1. The personnel record contains copies of:
 - Job application forms
 - Police Records Check
 - Credential documents
 - Attendance records
 - Letters of commendation or disciplinary action
 - Performance appraisals
 - Training documentation
 - All other relevant personnel records
2. An employee's records are available to them for review, comment and appropriate correction.
3. Personnel records are stored, maintained and utilized in such a way as to ensure confidentiality.

Rationale

The personnel record is maintained for each staff member as a confidential record of the history of employment and the performance within the program. It is used to assist in planning employee development activities and in making decisions about performance and advancement.

Exclusions

None

G. Performance Appraisals

Guideline

Personnel performance appraisal procedures are developed and documented for each position on the program staff, where appropriate.

Criteria

1. Performance appraisals are conducted using pre-established performance criteria. Criteria are based on the specific responsibilities of the position as stated in the job description.
2. Documented performance appraisals for each employee are conducted on a regular basis (e.g., annually, bi-annually).
3. There is documentation that employees review and discuss their performance appraisals with their supervisors.
4. When there is a discrepancy between the actual performance of the employee and the criteria established for optimum job performance, the employee is informed of the specific deficiencies involved and the employee and supervisor develop a remedial plan.

Rationale

Performance appraisal is a documented, interactive process involving both supervisor and employee. Its purpose is to provide an objective assessment of employee performance of specific tasks, measured against criteria established for such assessments. Performance appraisals may be considered in employee advancement, termination, salary adjustments and other related areas.

Exclusions

None

H. Employee Assistance

Guideline

The program has a written policy and procedure to assist employees who are experiencing difficulties, which interfere with acceptable job performance.

Criteria

1. The policy and procedure specifies the sequence of steps to be taken when unresolved performance problems arise.
2. The policy and procedure identifies the resources to be used in assisting an employee to deal with personal or behavioural difficulties, that interfere with job performance.
3. Program staff are familiar with the contents of this policy and procedure.

Rationale

The policy and procedure involves the development of a plan for assistance to employees. In most cases, it is preferable that troubled employees receive services from a source external to the program.

Exclusions

None

APPENDIX C – PROTOCOLS

A. Universal Precautions

Universal precautions should be used by all staff when caring for all clients where there is a risk of exposure to blood or body fluids regardless of diagnosis.

Procedures

1. Hand Washing – should consist of a 10-15 second scrub with soap, running water and friction of the hand and finger nails, followed by rinsing with running water. Hands should always be washed before and after contact with each individual.
2. Gloves must be used when in contact with mucous membrane or with blood or body fluids is likely to occur. Gloves are used when handling diapers, other incontinent aids, catheter bags, ostomy bags, etc. Gloves are to be changed after contact with each individual.
3. Other skin surfaces should be washed with soap and water after exposure to blood or body fluids. If there is splashing to the eye, rinse the eye well with water only.
4. All needlestick accidents should be reported immediately to the supervisor and appropriate physician.
5. After a spill of blood or body fluids, the surface should be cleaned with soap and water and decontaminated with a bleach solution. Gloves should be worn during this procedure.
6. Trash should be bagged securely enough to prevent leaking. Double bagging should be used if the outside bag is visibly soiled. Blood, excretions/secretions can be flushed down a toilet if available. If not, add bleach to the secretions before discarding.
7. Use gloves when handling clothing wet with blood/body fluids.
8. Use a dishwasher if available for all dishes. If unavailable, wash dishes in hot, soapy water. Wear gloves.
9. Mouth pieces should be available to use in situations where mouth to mouth resuscitation may be necessary.
10. Any equipment, including rented wheelchairs, etc. should be cleaned and disinfected with bleach solution before being used for other clients

Bleach Solution: One (1) part bleach mixed with nine (9) parts cold water prepared fresh. This should be allowed to sit on a contaminated surface for 10 minutes.

B. Abuse of a Vulnerable Person – Suggested Protocol

Procedures for dealing with suspected, alleged, or known abuse of a vulnerable person by a person with caretaking, therapeutic, or clinical responsibilities.

Steps:

1. Ensure that steps are taken to address the abuse, by attending to the vulnerable person's safety, and emotional, physical, and medical care.
2. Ensure client understands limits of confidentiality.
3. Determine if the vulnerable person is a minor and, if so, ensure that the Department of Community Resources is immediately notified.
4. Ensure that the person with caretaking, therapeutic, or clinical responsibility is prevented from continuing in the abuse in question or in any other abuse in the immediate future.
5. Ensure that review of the abuse and disciplinary procedures are instituted, and that further abuse by the caretaking, therapeutic, or clinical person is precluded.
6. Ensure that improvements in policy and procedure (which would reduce the risk of future similar incidents) are identified and disseminated.
7. Ensure that senior managers are fully informed concerning the incident and the implementation of this protocol.
8. Ensure that a critical incident report has been filed.
9. Ensure that a file is maintained of detailed, factual information on the incident and steps taken in addressing it.

APPENDIX D – SAMPLE FORMS**A. Sample Consent Form**

{Enter Program Name}
Consent Form

Name: _____ D.O.B: _____ HSN: _____

I voluntarily consent to the exchange of verbal and written information concerning my condition and the services I received, for the purpose of my rehabilitation, between the {Enter Program Name} and individuals in the following agencies or individual contractors:

✓	Organization	Name & Telephone	Additions/Date/ Sign	Review Date & Initial
	Neurosurgery			
	Neuropsychology			
	Speech-Language Pathology			
	Physiotherapy			
	Occupational Therapy			
	Social Work			
	Psychology			
	Recreation Therapy			
	Rehabilitation Medicine			
	Physiatrist			
	Psychiatry			
	Family Physician			
	Case Manager (home)			
	Inpatient Health Records			
	Mental health services			
	Home Care			
	Community Day Program			
	Special Care Home			
	DCR – Social Services			
	WCB			
	SGI			
	School Division			
	Place of Employment			
	Early Childhood Intervention			
	Child & Youth Services			
	Native Tribal Council/Band			
	ABI Residential Program			
	ABI Life Enrichment Program			
	Sask Health: _____ (Not ABI Partnership)			

	Sask North Outreach			
	Sask Central Outreach			
	Sask South Outreach			
	ABI Coordinator			
	Support Group			
	Other:			

(Please initial any/and all additions to this form)

I understand the information regarding my case will be held in the strictest of confidence and may/will be disclosed to other parties only with my consent or under the following circumstances: (1) Information pertaining to my case may be shared with other members of the care team only when necessary to carry out my service plan; (2) When third-party funders are responsible for my care, the program may be required to release information in order for third-party services to continue; (3) If records are subpoenaed the program is legally required to release information; (4) If I pose a threat to myself or others, confidentiality may be broken in order to prevent harm; and (5) As part of receiving services through the ABI Partnership Project, information about me and the services I received will be entered into the ABI Information System managed by Saskatchewan Health.

I understand that I can withdraw consent from any individual or organization. At any point in time, I can withdraw from the services provided by {Enter Program}, thus making this Consent Form invalid.

It is understood that the information obtained by the {Enter Program} will not be shared with any party other than those indicated on this form.

Client Signature

Date

Legal Guardian Signature/Next of Kin
(If required)

Date

The meaning and scope of this consent form has been explained to the client and/or the legal guardian.

Witness Signature

Date

B. SCIP-I

**CLIENT REGISTRATION FORM (SCIP-I)
ACQUIRED BRAIN INJURY (Revised)**

		1 New Registration 2 Change of Registration		Client Aware of Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Client Name:		Date of Birth: ____ \ ____ \ ____ mm \ dd \ yy		Program Start Date: ____ \ ____ \ ____ mm \ dd \ yy	
Referral Date: ____ \ ____ \ ____ mm \ dd \ yy	Health Services Number:		Gender: 1 Male 2 Female		Treaty # Band: Area:
Spoken Language: 1 English 2 Other:		Ethnicity: <input type="checkbox"/> Status Indian <input type="checkbox"/> Unknown <input type="checkbox"/> Non-status <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Aboriginal <input type="checkbox"/> Metis		Directions to Home:	
		Home Health Region: <input type="checkbox"/> 1 – 14			
Permanent Address:					
Postal Code:		Phone # (H): Phone # (W):			
Current Address:				Type of Residence: <input type="checkbox"/> 1–8 Current Living Arrangement: <input type="checkbox"/> 1-5 Current Living Situation: <input type="checkbox"/> 1 – 14	
Postal Code:		Phone # (H): Phone # (W):			
From Referral Source:		Relationship to Client: <input type="checkbox"/> 1 - 10		Phone # (H): Phone # (W):	
Address:				Fax #:	
Contact Name: (if different than referral source)		Phone # (H):		Phone # (W):	
Next of Kin:		Phone # (H):		Phone # (W):	
Family Physician:		Phone # (W):		Fax #:	
Specialist:				Phone #:	
Insurance Coverage: <input type="checkbox"/> 1-6		Provider/Agency/Contact/File #:		Phone #:	
Date of Injury:	Cause of Injury: <input type="checkbox"/> 1-21		GCS	Current Employment: <input type="checkbox"/> 1-14	Education Level: <input type="checkbox"/> 1-5
Before or since injury has there been a problem with substance abuse:					
Behavioural, emotional, cognitive issues (i.e., aggression):					
Criminal record, past incarceration:					

Reason for Referral:	
Urgency of Request:	
Person Completing Intake/Change of Registration: (circle appropriate action, include signature and position)	
Primary Facilitator/Worker: (signature and position)	Date:

<p style="text-align: center;">HOME HEALTH REGION</p> <ol style="list-style-type: none"> 1 Athabasca Health Authority 2 Cypress 3 Five Hills 4 Heartland 5 Keewatin Yatthé 6 Kelsey Trail 7 Mamawetan Churchill River 8 Prairie North 9 Prince Albert Parkland 10 Regina Qu'Appelle 11 Saskatoon 12 Sun Country 13 Sunrise 14 None 	<p style="text-align: center;">RELATIONSHIP TO CLIENT</p> <ol style="list-style-type: none"> 1 Case Manager 2 Doctor 3 Friend 4 Health Professional/Agency 5 Hospital (specify) _____ 6 Other (specify) _____ 7 Relative (specify) _____ 8 Self 9 Special Care Home 10 Spouse
<p style="text-align: center;">INSURANCE COVERAGE</p> <ol style="list-style-type: none"> 1 No Insurance 2 Other (specify) _____ 3 SGI No Fault 4 SGI Tort (2003) 5 SGI Tort (pre-1995) 6 WCB 	<p style="text-align: center;">CURRENT LIVING ARRANGEMENT</p> <ol style="list-style-type: none"> 1 Lives Alone 2 Other family 3 Others (specify) _____ 4 Spouse and Others 5 Spouse Only
<p style="text-align: center;">CURRENT EMPLOYMENT</p> <ol style="list-style-type: none"> 1 Full Time Competitive (position) _____ 2 Homemaker 3 Not Applicable 4 Part Time Competitive (position) _____ 5 Retired 6 Seasonal Employment 7 Sheltered 8 Student (school & grade) _____ 9 Supported Employment 10 Transitional Employment 11 Unemployable 12 Unemployed 13 Volunteer work 14 Currently Medically Restricted 	<p style="text-align: center;">CAUSE OF INJURY</p> <ol style="list-style-type: none"> 1 Aneurysm 2 Anoxia (specify) _____ 3 Bicycle 4 Blow to head: assault 5 Blow to head: diving accident 6 Blow to head: not assault 7 Blow to head: sports related 8 Encephalitis/Meningitis 9 Fall 10 Motorcycle: passenger 11 Motorcycle: rider 12 MVC*: bicycle 13 MVC*: driver/passenger in vehicle 14 MVC*: pedestrian 15 Other: Not TBI (specify) _____ 16 Penetrating (missile wounds) 17 Shaken Baby Syndrome 18 Snowmobile Crash 19 Stroke 20 TBI: Other (specify) _____ 21 Tumour <p>*MVC – Motor Vehicle Crash/Collision</p>

CURRENT LIVING SITUATION	TYPE OF RESIDENCE
<ul style="list-style-type: none"> 1 Approved Home 2 Correctional Centre 3 Group Home 4 Hospital Resident 5 Long-Term Care Facility 6 No fixed address 7 Personal Care Home 8 Child (under 18) no extra support 9 Child (under 18) requiring extra support 10 Independent in home or family home 11 Independent with difficulty 12 Supported with limited assistance (less than 8 hours/day) 13 Supported requiring assistance (greater than 8 hours/day) 14 Supervised 	<ul style="list-style-type: none"> 1 Apartment <ul style="list-style-type: none"> a) Seniors' Housing b) Attached Housing 2 Approved Home 3 Boarding or Rooming House/Hotel 4 Group Home 5 House 6 Other (specify) _____ 7 Personal Care Home 8 Special Care Home
	<p style="text-align: center;">Education Level</p> <ul style="list-style-type: none"> 1 Elementary School 1 None 2 Post-Secondary School 3 Pre-school/Kindergarten 5 Secondary School

Revised: Feb 2007