

# Disability Programs' Residential Services Act **Policy Manual**

October 2025

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# 1.0 Introduction and Definitions

*The Residential Services Act* contains the legislative authority for the licensing of Disability Programs Group Homes and Approved Private Services Homes. The purpose of the Disability Programs' Residential Services Act Policy Manual is to:

- promote consistent licensing of Group Homes and Approved Private Service Homes (APSHs) licensed by Disability Programs;
- assist Disability Programs' staff in understanding and applying the requirements of the legislation so that they can effectively license homes; and,
- be a resource to assist Group Home and APSH home operators licensed by Disability Programs in effectively meeting the licensing requirements of the legislation.

## *Intent*

Chapter 1 provides a list of definitions for terms used throughout the manual. Definitions are based, whenever possible, on *The Residential Services Act, 2019*, and *The Residential Services Regulations*, and are listed in alphabetical order.

## *Definitions*

**Adult:** A person who is 18 years of age or older.

**Administrator:** A person appointed to act in place of an operator.

**Agreement for Services:** The agreement signed between the Ministry of Social Services and the service provider, including all attached appendices.

**Canadian Charter of Rights and Freedoms:** *The Charter of Rights and Freedoms* guarantees that Canadians have a right to equal protection and benefit of law without discrimination. This is federal legislation. If a conflict exists between *The Residential Services Act, 2019*, *The Residential Services Regulations*, and The Charter of Rights and Freedoms, The Charter of Rights and Freedoms takes precedence.

**Care Facility:** A care facility is a prescribed category of home or facility that provides support services.

**Child:** A person who is under 18 years of age.

**Community Living Service Delivery:** *Community Living Service Delivery* (CLSD) is a Branch of the Disability Programs Division within the Ministry of Social Services. CLSD is responsible for licensing Disability Programs Group Homes and Approved Private Services Homes under the Act.

**Comprehensive Personal Planning & Support Policy (CPP&SP):** CPP&SP guides CLSD staff, disability service organization employees, APSH operators and individual service providers in the provision of effective and ethical supports to individuals with intellectual disabilities in Saskatchewan.

**Disability Programs:** A division of the Ministry of Social Services that focuses on supports and services for people with disabilities. The Disability Programs division includes the Community Living Service Delivery Branch that supports people with intellectual disabilities.

**Emergency Planning:** The process during which key roles and responsibilities are defined in anticipation of an emergency or disaster to enhance ability to respond effectively.

**Employee:** Someone hired by a third-party service provider that is contracted by the Ministry of Social Services to provide a service.

**Financial Information:** Financial records of a residential services facility include all required financial reporting outlined in the Agreement for Services for service providers with an agreement with the ministry.

**Fire Commissioner:** Means Fire Commissioner as defined in [\*The Fire Safety Act\*](#).

**Fire Inspector:** Means Fire Inspector as defined in [\*The Fire Safety Act\*](#).

***The Freedom of Information and Protection of Privacy Act:***

[\*The Freedom of Information and Protection of Privacy Act\*](#) enables any person to apply for access to records held by the government. This is subject to certain exemptions. The Act also sets up rules for how the government collects and deals with personal information.

**Group Home:** A Disability Programs residential option that provides residential services for adults with intellectual disabilities who are eligible to receive CLSD services as set out in the CLSD Eligibility Protocol. Group Homes are staffed 24-hours, owned or leased by the Operator, and are required to be licensed.

**Group Living Home:** A Disability Programs residential option where individuals share a home and are responsible for paying their basic shelter costs. Funding is provided to third-party service providers to provide staffing supports. Group living homes are not licensed and provide less support hours than a group home (not exceeding 24-hours unless the home is owned or rented by the individuals themselves) and more support hours than a Supported Independent Living Program.

**Licence:** Means a licence issued pursuant to the Act.

**Minister:** Means the member of the Executive Council to whom the administration of the Act is assigned. The Ministers responsible for the Act are the Minister of Justice, the Minister of Health, and the Minister of Social Services. In this manual, the “Minister” refers to the Minister of Social Services. Authority of the Minister may be delegated to the associated ministry.

**Ministry:** Means the Ministry of Social Services.

**Ministerial Order:** An official written directive from the Minister of Social Services.

**Municipal Office:** This refers to:

- elected city, town, or village council members;
- mayors; and,
- civic administrators.

For rural municipalities, municipal office refers to the reeve and council members.

**Operator:** A person who has been issued a licence and operates a care facility under that licence.

**Personal Care:** Means direct assistance to, or supervision of, a Resident in performing activities of daily living, including the administration of medication, but does not include specialized care.

**Person-Centered:** Refers to an approach that places the individual at the center of their planning and the services they receive, recognizing them as a person first, focusing on their health, well-being, personal circumstances, values, needs, goals, and preferences. It means recognizing the person’s autonomy and ability to make informed decisions.

**Person-Centred Planning:** Refers to the planning of coordinated supports that assist the individual to realize their goals, dreams and aspirations to enhance their development and quality of life.

**Person-Centred Culture:** Person-Centred Culture is rooted in a common set of beliefs, values and behaviours in which it is clear and evident that people direct and are at the forefront of their own lives. Supporting all people to have choice and control, meaningful relationships and full community life where their gifts and contributions are welcomed and celebrated is at the heart of a person-centred culture.

**Personal Health Information:** Means personal health information within the meaning of [\*The Health Information Protection Act \(HIPA\)\*](#). Generally, this means any information with respect to the physical or mental health of the individual and information with respect to any health service provided to the individual. This includes health card identification numbers.

**Personal Information:** Means personal information within the meaning of [\*The Freedom of Information and Protection of Privacy Act \(FOIPPA\)\*](#). As a rule, this means any information that identifies a person, is not otherwise publicly available, and identifies something private about that person.

**Prescribed:** Means prescribed, or set out, in the Regulations.

**Records:** Are information recorded in any format (print, electronic) that pertain to the requirements of the Operator to maintain and retain.

**Regulations:** Means [\*The Residential Services Regulations\*](#). Referred to as “the Regulations” throughout this manual.

**Resident:** A person who lives in a care facility.

**Residential Services Act:** Means [\*The Residential Services Act, 2019\*](#). Referred to as “the Act” throughout this manual.

**The Saskatchewan Human Rights Code:** [\*The Saskatchewan Human Rights Code, 2018\*](#), is the law used to promote and protect rights and equality in Saskatchewan. This code forbids all forms of discrimination.

**Third-Party Service Provider Organization (organization):** In this manual, “organization” refers to a third-party organization that is contracted by the Ministry of Social Services to provide a service.

**Self-Directed Funding (SDF):** A CLSD funding option that provides funding directly to adults with intellectual disabilities and their chosen Representative to self-manage their services. An individual can access SDF for day program inclusion supports, residential supports, or both. Residential options obtained using SDF are not licensed.

**Specialized Care:** Means, subject to subclause 7-11(2)(a)(ii) of the Regulations, health care services provided by health care professionals that are required by a Resident but does not include personal care.

**Supported Independent Living Program:** A CLSD residential option that support adults with intellectual disabilities to live as independently as possible in their own homes. Funding is provided for limited support hours to be available to assist the individual to meet their independent living goals. Supported Independent Living Programs are not licensed.

**Support Services:** Support services refer to services including providing accommodation, supervision, assistance with personal care, special programming, and any other prescribed programming, service, or support.

**Trustee:** A trustee, as defined in the Saskatchewan Assured Income for Disability program (SAID) policy manual, is a person responsible for the administration of financial benefits solely for the purposes specified in the Trustee Agreement signed with the ministry. All trustees must notify the ministry of any changes in the recipient's circumstances, keep records of and account for funds, and submit an accounting documentation upon the request of the ministry. A trustee may be appointed to hold in trust and administer a SAID recipient's funds when the ministry is satisfied that an individual is not capable of managing their benefits.

## 2.0 Format of the Manual

### *Intent*

The manual is a companion document and is used in conjunction with the Act, Regulations, or other applicable materials (e.g., the Agreement for Services, other policy manuals etc.).

### 2.1 Chapter Organization

Each chapter deals with a subject division, generally associated with a “part” of the Regulations. Some references to and interpretations of the Act are also included.

Under each “part” of the Regulations, more detailed subjects are identified as well as the specific section of the Act or Regulations that they are associated with.

### 2.2 Numbering

The composition of the manual is sub-divided into:

- **Chapters:** Chapters are divided into sections.
- **Sections:** Sections are identified by numbers (e.g., 2.2, 2.3, 2.3.1).

### 2.3 Policy/Verification/Documentation Requirements

The end of each section will identify the associated policy and/or verification/documentation requirements as follows:

- **Legislative Section:** Act of Regulation Section that has associated policy and/or requires verification/documentation.
- **Policy/Verification/Documentation:** Information that is required for the policy to be properly issued.

### 2.4 Delegation of Authority

Each section will identify the required delegate for approval where required, as follows:

- **Act or Regulations:** Required Delegate (Approval Required by)
- **Relevant section of legislation:** Delegate with authority to approve (e.g., Manager, Director)

## 3.0 Vision and Intent

### *Purpose*

The Act, and accompanying Regulations, provide for the safe and effective licensing of Group Homes and Approved Private-Service Homes (APSHs) licensed by Disability Programs.

The Act also governs other residential facilities licensed by other areas of the Ministry of Social Services and/or other ministries.

### *Intent*

The intent of the *Disability Programs Residential Services Policy Manual* is to describe Disability Programs' interpretation of the Regulations, as they apply to Group Homes and APSHs licensed under the legislation. Some references to, and interpretations of, the Act are also included in the manual.

The contents of this manual apply to both Group Homes and APSHs, unless an exception is noted.

The [\*Approved Private Service Home Program Operator's Reference Manual\*](#) provides more detailed information about APSH operator's roles and responsibilities.

## 4.0 Care Facilities

**Legislative Authority:** The Residential Services Regulations Part 2

### *Intent*

This chapter describes the categories of care facilities that can be licensed under the Act.

## 4.1 Categories of Care Facilities

### *Regulations Section 2-1*

Under the Act, Disability Programs licenses Group Homes and APSHs to provide residential services to individuals who meet the [Community Living Service Delivery Eligibility Protocol](#) and are receiving services from CLSD. To be licensed by Disability Programs, homes must fall within one of the above two categories (Group Home or APSH).

The ministry has a practice of having service agreements in place for a home that it licenses, although it is not required under the legislation.

## 4.2 Disability Programs Group Homes

### *Regulations Section 2-3*

Group Homes are:

- residential services for adults with intellectual disabilities who are eligible to receive CLSD services as set out in the CLSD Eligibility Protocol;
- staffed 24 hours;
- owned or leased by the Operator; and,
- required to be licensed.

Group Homes are staffed to support individuals with higher needs. “Staffed 24-hours” means that the home is staffed based on a funding model that provides a minimum of 4.2 PY<sup>1</sup>s (i.e., staff positions). The model is intended to provide service provider support to Residents whenever they are present in the home. The model does not require that the service provider employees are at the home 24-hours a day, unless Residents are also present in the home.

Disability Programs will not license homes owned or leased by clients or their family members. Consequently, homes that are owned or leased by clients or their families are not licensed, regardless of how many hours of support they are staffed for.

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<sup>1</sup> PYs = Person Years. ‘Person Years’ means a full-time staff position (i.e., someone working a 40-hour work week).

Group Living Homes are another residential option that are intended to support individuals who do not require the 24-hour level of care that would be offered within a Group Home, but who require supports greater than those offered within a supported living environment. Group Living Homes are a successful model for many individuals who do not require 24-hour service provider support. Group Living Homes are not licensed under the Act.

Supported Independent Living Programs (SILP) provide adults living in their own homes with support and supervision so they can live as independently as possible. Supported Independent Living Programs are not licensed under the Act.

Residential services offered through the Self-Directed Funding (SDF) option also do not fall under this legislation and are not required to be licensed.

## **Policies, Verification and Documentation for Regulations Section 2-2**

- CLSD Eligibility Protocol

## **4.3 Approved Private-Service Homes**

### *Regulations Section 2-4*

An APSH provides support services to adults with intellectual disabilities and is operated by an individual who lives in the home with the Residents.

The Operator of an APSH, any members of the Operator's family, Residents receiving direct support, and others who live in the home who are not Residents receiving support services are to be included in the calculation of the maximum number of individuals authorized. The maximum number of total individuals authorized to live in an APSH is 10.

Disability Programs licenses APSHs up to a maximum of five Resident spaces.

## **4.4 Care Facilities on Saskatchewan First Nations**

The Act is applicable on Saskatchewan First Nations, so long as the First Nation in question does not have a bylaw regarding Residential Service Facilities. If the First Nation does have a bylaw regarding Residential Service Facilities, then the Act will not apply on the First Nation in either of the following two circumstances:

- where the First Nation is the Operator of the facility; and,
- where the First Nation is not the Operator of the facility, but the bylaw is inconsistent with the Act (in this case, the Act will not apply to the extent that the Act is inconsistent with the bylaw).

The application of the Act on First Nations means that the ministry may licence Group Homes or APSHs on First Nations, **at the request of First Nations**, who are not already governing their own residential facilities through their bylaws.

Disability Programs will work with First Nations across the province, as requested, in the development of residential options that fall under the Act to support adults with intellectual disabilities who reside on the First Nation. The decision whether the ministry will licence homes on First Nations will be made in partnership with the First Nation and assessed on a case-by-case basis.

## 4.5 Number of Residents

### *Regulations Section 2-10*

Under the Act, no one shall operate a care facility if the number of Residents in that care facility exceeds 10. If licenced spaces exceed 10 due to exceptional circumstances, an exemption is required. Exemptions are subject to the approval of the Executive Director of CLSD. See Appendix A: Waiver of Residential Services Act Requirements for waiver form.

Disability Programs uses a person-centred approach that considers the needs and preferences of the individual being supported in the development of residential services and consideration of the number of spaces for Group Homes. Disability Programs policy allows that APSHs may be licensed for a maximum of five Residents.

### **Delegation of Authority:**

For regulations **Section 2-10(2)**, approval is required by (required delegate):

- Executive Director of CLSD.

# 5.0 Licences

**Legislative Authority:** The Residential Services Regulations Part 3

## *Intent*

This chapter outlines the requirements an applicant must meet to be eligible for a licence.

## 5.1 Licence Required

### *Act Section 3*

Under the Act, no one other than a person holding a valid licence may operate a care facility. Anyone operating or purporting to operate a care facility without a valid licence, is in violation of the legislation.

## 5.2 Issuance of a Licence

### *Act Section 4*

Prior to issuing a licence, the Minister must be satisfied of the following:

- there is a need for the operation of a care facility applying for the licence;
- the care facility will benefit the proposed Residents;
- the operation of the care facility is in the public interest; and,
- meets prescribed requirements.

While the Act permits issuance of a licence for a period of up to three years, the ministry's current practice is to issue a licence for a period not exceeding one year.

The Minister may issue a licence on any terms and conditions considered appropriate by the Minister. A Minister's Order may be required for significant divergence from prescribed requirements.

### **Delegation of Authority:**

For regulations **Section 4**, approval is required by (required delegate):

- Licensing Official is responsible for issuing licences in accordance with the above, unless exceptions have been approved as required
- Minister's Order if required

## 5.3 Conditional Licence

### *Act Section 5*

If an Operator is not in compliance with any provision of the Act or the Regulations, the ministry may issue a conditional licence. Generally, a conditional licence is not issued for new homes. For existing homes, a conditional licence may not exceed six months.

Conditional licences may be issued when there are physical deficiencies of the home or there are minor Resident support concerns. A conditional licence permits the facility to continue operations for the period of time while deficiencies are addressed. If a conditional licence is being requested because of a fire or health concern, a written statement from the applicable inspector indicating the date the corrective work is to be completed must be included in the licensing package submitted.

If there is any concern about the immediate health or safety of Residents, a conditional licence will not be issued. Care facilities may not operate without a valid licence.

### **Delegation of Authority:**

For regulations **Section 5**, approval is required by (required delegate):

- Licensing Official

## 5.4 Licence not Transferrable

### *Act Section 6*

A licence issued under the Act is not transferrable. This means that only the person(s) or organization named on the licence is authorized to operate the care facility.

A licence is issued for a specific address. Service providers must provide at least 90-days notice to the ministry of any planned change in location or address, and the Operator will be required to apply for a new licence at the new location or address.

## 5.5 Application for a Licence

### *Regulations Section 3-1*

Before issuing any licence, the ministry requires the following minimum documentation for each care facility:

- A Health Inspection report from the medical health officer, as defined in *The Public Health Act, 1994*, for the area in which the facility is located, that indicates the home is in compliance with *The Public Health Act*, and that it is satisfactory to the Minister.
- A fire inspection report prepared by a fire commissioner, as defined in the *Fire Safety Act* or a fire inspector, confirming that the structure, equipment, and maintenance of the facility are satisfactory.

- Proof of insurance as defined by the legislation (see “[9.3 Insurance Policy – Regulations Section 7-3](#)”).
- A description of the support services that are to be provided at the Care Facility. This requirement can be met with a signed copy of the ministry’s agreement with the service provider.
- Any other information or documentation requested by the Minister.

Other such documentation may include other requirements as set forth by an authority having jurisdiction (e.g., a municipality), such as in a bylaw. Examples of this may include, but are not limited to, a building inspection by the local authority, confirmation of zoning, and a sprinkler or alarm panel inspections where appropriate. Sprinkler systems and alarm panels that are within the first year of their installation and are being licenced for the very first time, will not have inspection reports to show Disability Programs Licensing. Rather they will have verification reports. After the first year, the systems/panels should have inspection reports to provide to Disability Programs Licensing.

There may also be other requirements or documentation as indicated in the [\*Alternative Family Care Homes Building and Fire Safety Guide\*](#).

## Summary Table of Regulations Section 3-1: Application Requirements for a Licence

Verification/Documentation	Required for initial licence	Required for all annual licences
The ministry requires the inspection report from the medical health officer. This report must not be more than 90 days old at the time of licensing/the inspection must be within 90 days of the current licensing period's expiration date.	Yes	Only for Group Homes
The ministry requires a fire inspection report for the home. The report must be not more than 90 days old at the time of licensing/the inspection must be within 90 days of the current licensing period's expiration date.  A signature page alone is not sufficient to meet this requirement.	Yes	Yes
Proof of adequate insurance.	Yes	Yes
The ministry may require the following additional documentation including, but not limited to: <ul style="list-style-type: none"> <li>• a copy of building inspection report;</li> <li>• a confirmation of appropriate zoning;</li> <li>• a sprinkler system verification or inspection report, if applicable; and,</li> <li>• an alarm panel verification or inspection report, if applicable.</li> </ul>	Yes  Sprinkler and alarm panel verification reports are required for the first year of the hardware's installation.	Yes  Sprinkler and alarm panel inspection reports are required annually (after the first year of installation).
For APSHs, all required home study documentation as listed in the <a href="#"><i>Approved Private Service Home Program Operator's Reference Manual</i></a> .	Yes	No

## 5.6 Inspections

### *Regulations Section 3-2*

The ministry will inspect the care facility before issuing a licence. The ministry requires annual inspections of all care facilities by ministry staff.

### Verification/Documentation for Group Homes Initial and Annual Licensing

- **Program Standards Report:** This report will be completed annually by ministry staff for each licenced organization.
- **Physical Standards Report:** This report will be completed annually by ministry staff during a physical inspection of the care facility.

## Verification/Documentation for APSH's Initial and Annual Licensing

- Home Study Report
- Annual Review Checklist Report

## 5.7 Form and Display of Licence

### *Regulations Section 3-3*

Every licence issued by Disability Programs will include the name of the care facility or Operator(s) (whichever is applicable), location of the care facility, and any other information considered advisable, including: the date of issuance, the date of expiry, and the number of spaces for which the facility is licensed.

If the licence issued is a conditional licence, the licence will also list the reason a conditional licence was issued.

Operators are required to keep the licence on the premises of the care facility. Display of the licence is not required, unless directed by the ministry.

### **Delegation of Authority:**

For regulations **Section 3-3**, approval is required by (required delegate):

- CLSD Manager, Client Services or Manager, Community Services

## 5.8 Suspension and Cancellation of Licence

### *Regulations Section 3-4*

Prior to amending, suspending, or cancelling a licence, the ministry will provide written notice to the Operator. This notice will explain the reason for the amendment, suspension, or cancellation of the licence.

If the ministry believes that it is necessary to protect the public interest, the ministry may immediately suspend or cancel a licence without giving the Operator an opportunity to make representations prior. Following the suspension or cancellation, the Operator will be given 30 days to request a review of the decision and make representations to the ministry respecting whether the licence was appropriately suspended or cancelled.

### **Delegation of Authority:**

For regulations **Section 3-4**, approval is required by (required delegate):

- CLSD Director, Program and Operational Supports

## 5.9 Review of Decision

### *Act Section 8-1; Regulations Section 3-5*

An applicant or Operator may request a review of a decision affecting the home's licence.

Requests for review may be related to:

- decisions concerning refusal to issue a licence;
- terms or conditions on a licence;
- amending, suspending, or canceling a licence; or,
- exemption of a person from the requirement to obtain a licence.

The request will be made, in writing, to the ministry, within 30 days of the decision.

- Requests for review of decisions concerning APSH licensing should be made to either the associated CLSD Case Manager or the APSH licensing inbox: [apshlicensing@gov.sk.ca](mailto:apshlicensing@gov.sk.ca).
- Requests for review of decisions concerning Group Homes should be made to the associated CLSD Manager, Community Services or the group home licensing inbox: [clsdlicensing@gov.sk.ca](mailto:clsdlicensing@gov.sk.ca).

The request must include the decision being disputed, and the rationale for the review of the decision. Any evidence that may support the review should also be included.

The process for review will include the following:

- A ministry representative will communicate with the applicant or Operator to discuss the situation and attempt to clarify any decision that was previously made.
- If the Operator or potential Operator remains unsatisfied with the decision, the ministry representative (Licensing Consultant, Case Manager or Manager, Community Services) will accept the request for review and a review will be conducted within 30 days.
- A review of the decision will be conducted by a designated ministry official not involved in the initial decision.
- Within 30 days of receiving the request for review, the ministry will provide a written response including a decision to the appellant (applicant or Operator requesting the review).
- This decision may confirm, reverse, or vary the original licensing decision.
- This decision will be final.

### **Delegation of Authority:**

For **Act Section 8 and Regulations Section 3-5**, approval is required by (required delegate):

- Respective ministry official

## 5.10 Operator to Operate one APSH

### *Regulations Section 3-6*

Operators will be issued a licence to operate only one APSH. It is a violation of the Regulations for Operators to operate more than one licenced APSH.

## 5.11 Change in Operations

### *Regulations Section 3-7*

Operators must notify the ministry of any significant changes in the operation of the home that differ from circumstances at the time the licence was issued. This includes significant changes to the floorplan or other physical components of a home. Other examples of changes include, but are not limited to, a change in operation of the home, a physical move of the home etc. In all circumstances, the Operator must provide written notice, including details regarding the changes, at least 90 days before the effective date of those changes.

The Operator shall not make a change described above if, in the opinion of the Minister, the change will have a negative impact on the benefits previously received by the Residents of that home.

#### **Delegation of Authority:**

For regulations **Section 3-7**, approval is required by (required delegate):

- Licensing official

## 5.12 Notice of Discontinuance of Operations

### *Regulations Section 3-8*

Operators are required to provide notice to the ministry if they intend to cease operations of the care facility. Written notice must be provided at least 90 days before the effective date of ceasing operations.

Agreements for service with the ministry require that organizations terminating their agreements must provide written notice to the ministry's Contract Administration Unit to be delivered by registered mail, or courier, or by fax.

APSH operators must contact their CLSD Case Manager to provide notice.

The ministry may accept less than 90 days' notice, depending on the circumstances of the situation and Resident needs. This decision will be made at the discretion of the CLSD Executive Director of Service Delivery. The decision will be provided to the Operator in written format.

Operators are required to keep the ministry informed of any plans to cease operations, either temporarily or permanently.

#### **Delegation of Authority:**

For regulations **Section 3-8**, approval is required by (required delegate):

- CLSD Executive Director

# 6.0 Care Facility Standards

**Legislative Authority:** The Residential Services Regulations Part 4

## *Intent*

This chapter details facility standards for Group Homes and APSHs. The ministry will ensure that all facilities licensed under the Act meet minimum standards outlined in this chapter.

## 6.1 Location

### *Regulations Section 4-1*

Every care facility that is situated in an urban area is required to be located in a residential setting in the community, and must have reasonable access to:

- public transportation;
- parks;
- places of worship;
- shopping centres;
- libraries;
- medical clinics; and,
- similar community resources.

The intent of this provision is that Residents are not isolated from resources and that they have reasonable access to resources in their communities.

## 6.2 Maintenance

### *Regulations Section 4-2*

The ministry requires that licenced facilities are kept in good repair, clean, sanitary, and in compliance with applicable building and accessibility standards. This will be verified by ministry staff as part of annual inspections of the facility (e.g., Physical Standards Report, Program Standards Report, APSH Program Annual Review Checklist, etc.).

Should ministry staff be concerned about possible health risks in a home, a public health inspection may be requested at any time.

### **Delegation of Authority:**

For regulations **Section 4-2**, approval is required by (required delegate):

- CLSD Case Manager
- Contract Administration Unit Consultant

## 6.3 Required Designated Areas

### *Regulations Section 4-3*

The ministry requires a floor plan as part of application for initial licence of the care facility. This floor plan will indicate areas of the home designated for: lounging, dining, indoor recreation, sleeping, bathing, food preparation and storage. It must also include the room dimensions as noted as a requirement in the Regulations, and list which rooms are for Resident use.

If any change in the designated use of these areas is planned, Operators are required to notify the ministry in advance and provide an updated floor plan, where required. A CLSD Manager, Client Services or Manager, Community Services may approve changes to required designated areas on behalf of the ministry.

### **Delegation of Authority:**

For regulations **Section 4-2**, approval is required by (required delegate):

- CLSD Manager, Client Services or Manager, Community Services

## 6.4 Sleeping Accommodation

### *Regulations Section 4-4*

Requirements for sleeping accommodations are set out in subsection (1):

- Each bedroom floor is to be not more than 1.22 metres below the level of the ground surrounding the main or ground floor level.
- No basement is to be used for sleeping accommodation if, in the opinion of the local fire and health departments, it constitutes a hazard.
- Each bedroom is to have a minimum of 7 square metres per resident or, where more than one resident is accommodated in a bedroom, 4.6 square metres per resident.
- Residents are to have their own beds of a size and type suitable to their ages (and size), with a clean mattress and with bedding appropriate to the weather conditions and climate.
- No more than two adults or four children are to be accommodated in one bedroom.
- If any resident has serious difficulty negotiating stairways, that resident must be placed in a ground floor level bedroom.
- Each bedroom is to have at least one mirror, at least one outside window that may be opened for fresh air and adequate ventilation, lighting, and heating.

Best practice in residential settings is for each individual Resident to have their own bedroom.

There may be circumstances where two adults prefer to be accommodated in one bedroom, such as a couple or two close friends. The Regulations allow for this accommodation. Decisions with respect to these circumstances will be made in consideration of the person-centred choices and support needs for each individual.

The Regulations also allow for adults to share a bedroom with a child. This provision is only to be used in Disability Programs homes in exceptional circumstances such as a parent sharing a room with their child. **No unrelated adult and child shall be accommodated in the same bedroom.**

The ministry recognizes that Residents may require modifications to sleeping accommodations than those set out in the provision. If a mirror is not provided in a bedroom due to preference or safety concerns, the Contract Administration Unit Consultant (for Group Homes) or the supervisor of the CLSD Case Manager conducting the review of sleeping accommodations in the home, may waive the requirement by indicating the lack of mirror and reason for its absence on the Physical Standards Report, or APSH Home Study Report or APSH Annual Review Checklist (for APSHs the exception is noted by the Case Manager and approved by their supervisor).

In all other cases where alternative sleeping accommodations are required outside of those set out in the provision, a waiver of that respective requirement under sleeping accommodations must be documented and approved by CLSD Manager, Client Services or Manager, Community Services using the [“Waiver of Residential Services Act Requirements”](#) form (see Appendix A). The completed form must be submitted with the licensing package for any sleeping accommodation exemption, other than mirrors.

In all cases, requirements may be waived, only if the waiver is necessary in the circumstances and has no negative impact on the well-being or safety of Residents.

Waivers must be renewed each licensing period.

### **Delegation of Authority:**

For **Regulations 4-4: Sleeping Accommodations (bedroom size, location, number of people in room)**, approval is required by (required delegate):

- CLSD Manager, Client Services or Manager, Community Services

For **regulations Section 4-4 Sleeping Accommodations (mirror)**, approval is required by (required delegate):

- Contract Administration Unit Consultant (for Group Homes waiver form not needed; deficiency and rationale noted on Physical Standards form that serves as waiver)
- Supervisor, Client Services (For APSH waiver form not needed; deficiency and rational noted on Home Study Report or Annual Review Checklist Report that serves as waiver)

## **6.5 Bedroom Furnishings**

### *Regulations Section 4-5*

Requirements for bedroom furnishings are set out in subsection (1) of the Regulations. Each care facility must provide each Resident with:

- a closet or wardrobe space, individual drawer space and at least one chair;
- space to store personal items such as toiletries and towels; and

- furnishings of reasonably quality as compared with the standards of other homes in the community, and other furnishings in the care facility.

The above requirements may be waived, only if the waiver is necessary in the circumstances and has no negative impact on any Residents.

If a chair is not provided in a bedroom due to preference (e.g., the Resident uses a wheelchair) the Contract Administration Unit Consultant (for Group Homes) or the supervisor of the CLSD Case Manager conducting the review of bedroom furnishings in the home may waive the requirement by indicating the lack of chair and reason for its absence on the Physical Standards Report or APSH Home Study Report or Annual Review Checklist (for APSHs the exception is noted by the Case Manager and approved by their supervisor).

In all other cases where alternative bedroom furnishings are required outside of those set out in the provision, a waiver of that respective requirement under bedroom furnishings must be documented and approved by CLSD Manager, Client Services or Manager, Community Services using the “Waiver of Residential Services Act Requirements” form (See Appendix A). The completed form must be submitted with the licensing package for any bedroom furnishing exemption other than chairs.

Waivers must be renewed each licensing period.

### **Delegation of Authority:**

For **Regulations 4-5: Bedroom Furnishings (closet, drawer space, suitable furniture)**, approval is required by (required delegate):

- CLSD Manager, Client Services or Manager, Community Services

For **Regulations 4-5: Bedroom Furnishings (chair)**, approval is required by (required delegate):

- Contract Administration Unit Consultant (for Group Homes waiver form not needed; deficiency and rational noted on Physical Standards form that serves as waiver)
- Supervisor, Client Services (For APSH waiver form not needed; deficiency and rational noted on Home Study Report or Annual Review Checklist that serves as waiver)

## **6.6 Washing Facilities**

### *Regulations Section 4-6*

Each care facility is required to have at least:

- one wash basin with hot and cold water and one flush toilet for every five Residents or fraction of them, including members of the Operator’s family and any other people who reside in the care facility; and,
- one bathtub or shower with hot and cold water for every 10 Residents or fraction of them, including members of the Operator’s family and any other people who reside in the care facility.

Employees should not be included in the calculation of washing facilities in Group Homes as they are not Residents of the home. Washroom facilities for employees are addressed by Occupational Health and Safety legislation and are not considered under the RSA.

Facility	Per Max Number of Residents
1 wash basin (sink) + toilet	5
1 bathtub and shower	10

## 6.7 Common Area

### *Regulations Section 4-7*

Each care facility is required to have a common area for lounging where Residents can enjoy recreational activities. The space must be at least 13.5 square metres with approximately 1.86 square metres of floor space per Resident.

## 6.8 Study Space

### *Regulations Section 4-8*

If a care facility provides a program of study, the facility must have adequate accommodations for the purposes of study by the Residents involved in the program.

## 6.9 Outdoor Space

### *Regulations Section 4-9*

Each care facility is required to provide Residents with access to outside yard or lawn space. This may include decks or balconies for those living in condominiums or apartments.

### **Verification and Documentation for Regulations Section 4-1 to 4-9**

- Physical Standards Report
- APSH Home Study or APSH Program Annual Review Checklist

## 6.10 Accessibility

### *Regulations Section 4-10*

Each care facility must meet all applicable accessibility requirements to allow Residents:

- easy entrance into and exit from the facility, including in the event of an emergency; and,
- comfortable movement within and outside the facility.

The ministry will rely on required building inspections, physical walkthroughs, and annual fire inspections to assess whether care facilities meet accessibility requirements. The Physical Standards Report and Program Standards Report, and APSH Home Study or APSH Program Annual Review Checklist may also be used to identify issues concerning accessibility.

### **Verification and Documentation for Regulations Section 4-10**

- Building Inspection
- Annual fire inspection
- Physical Standards Report
- Program Standards Report
- APSH Home Study or APSH Program Annual Review Checklist

## 6.11 Summary of Requirements of Designated Areas

### Section 4-3 to 4-10

#### Requirements of Designated Areas (Section 4-3 to 4-10)

##### Facilities must provide areas for:

- lounging;
- dining;
- indoor recreation;
- sleeping;
- bathing;
- food preparation; and,
- storage.

##### Sleeping accommodations (bedrooms) must:

- not be more than 1.22 meters below ground level;
- not be in a basement if it constitutes a hazard;
- be a minimum of 7 square meters per Resident, or 4.6 per Resident if the bedroom is shared;
- provide Residents with their own bed of a suitable size and type to their age;
- include bedding appropriate to the weather conditions and climate;
- not accommodate more than two adults in one bedroom;
- accommodate Residents at ground level if the Resident has difficulty negotiating stairways;
- provide one outside window that may be opened for fresh air;
- provide adequate ventilation, lighting, and heating; and,
- include a mirror.

##### Bedroom furnishings must include:

- a closet or wardrobe space, individual drawer space and at least one chair;
- space to store personal items such as toiletries and towels; and,
- furnishings of reasonably quality as compared with the standards of other homes in the community and other furnishings in the care facility.

##### Washing facilities must include at least:

- one sink and toilet for every five Residents; and,
- one bathtub or shower for every 10 Residents.

##### Common areas for lounging must be:

- at least 13.5 square metres with approximately 1.86 square metres of floor space per Resident.

##### Study space must be:

- adequate for the purposes of study by the Residents involved in the program.

##### Outdoor access must provide access to:

- an outside yard; or,
- lawn space.

##### Accessibility requirements must be met to allow Residents:

- easy entrance into and exit from the facility, including in the event of an emergency; and,
- comfortable movement within and outside the facility.

# 7.0 Safety Standards

**Legislative Authority:** The Residential Services Regulations Part 5

## *Intent*

This chapter outlines required safety standards for Group Homes and APSHs.

## 7.1 Building Inspection

### *Regulations Section 5-1*

Applicants for licences must contact their municipality, as the authority having jurisdiction, to find out what the requirements and bylaws are for operating a care facility in their locale. The ministry will require verification that any municipal requirements have been met to issue a licence.

The Regulations state that:

- an Operator shall, on the request of the Minister, arrange to have an inspection conducted by a building official as defined in The Construction Codes Act;
- submit the inspection report prepared by the official; and,
- the results of the inspection must be satisfactory to the Minister.

Some examples of things that a municipality may require are:

- a building inspection;
- a zoning permit; and,
- specific rules for parking etc.

### **Verification and Documentation for Regulations Section 5-1**

- Building Inspection

### **Delegation of Authority:**

For **Regulations Section 5-1**, approval is required by (required delegate):

- Licensing Official

## 7.2 Fire inspection

### *Regulations Section 5-2*

A key requirement for all care facilities is an annual fire inspection. Fire inspections are required:

- before any care facility is licensed; and,
- annually after the licence is issued.

The Operator will ensure a fire inspection is completed annually and submit the inspection report to the ministry as required by the ministry. The ministry will determine whether the inspection report is satisfactory prior to issuing any licence.

Group Homes and APSHs are considered Alternative Family Care Homes (AFCHs) in Saskatchewan and must meet the applicable building and fire safety standards set out in the [\*Alternative Family Care Homes Building and Fire Safety Guide\*](#) administered by the Ministry of Government Relations. This guide should be referenced when determining fire safety requirements Operators must meet in their care facilities. The Building and Technical Standards branch of Government Relations can be contacted by phone at 306-787-4113, or email at [btstandards@gov.sk.ca](mailto:btstandards@gov.sk.ca).

Group Homes and APSHs should work with their local fire inspector to ensure their home meets all fire safety standards and requirements in the guide.

## Verification and Documentation for Regulations Section 5-2

- Fire Inspection

### Delegation of Authority:

For **Regulations Section 5-2**, approval is required by (required delegate):

- Licensing official determines satisfactory of inspection report

## 7.3 Safety Equipment

### *Regulations Section 5-3*

Each care facility is required to provide night lights, non-skid stair treads, non-skid bathmats and handrails on stairways or in bathrooms, if they are required for the safety of the Residents.

The ministry may require the Operator to provide additional safety features or equipment, if necessary, to protect the safety of Residents. Where safety items require a formalized assessment of need for specialized safety equipment, the Operator and CLSD Case Manager will work together to request a referral to a medical health professional to obtain this assessment. A CLSD Case Manager may also identify requirements for additional safety features or equipment necessary for those requirements that do not require specialized knowledge or assessment.

The need for additional safety equipment may be identified through a variety of channels, including but not limited to:

- an observation of the needs of a Resident in a home;
- through conducting a home study;
- a physical inspection;
- an annual review; and/or,
- through completing a Program Standards Report or Physical Standards Report.

The need to provide additional safety features or equipment will be shared by the ministry with the Operator in written format.

### **Verification and Documentation for Regulations Section 5-3**

- Physical Standards Report
- Program Standards Report
- APSH Home Study or APSH Program Annual Review Checklist

### **Delegation of Authority:**

For **Regulations Section 5-3**, approval is required by (required delegate):

- CLSD Case Manager

# 8.0 Service to Residents/Meals

**Legislative Authority:** The Residential Services Regulations Part 6

## *Intent*

This chapter details the minimum standards for meals to be provided to Residents.

## *Policy*

## 8.1 Meals

### *Regulations Section 6-1*

Each care facility is to provide Residents with a nutritionally balanced diet, as set out in the [Canada Food Guide](#), to be served in a family-style eating space, appropriate to the Residents' program. All food must be properly stored and refrigerated.

Operators must ensure that food is prepared and stored appropriately, according to standards set out in [The Food Safety Regulations](#). Operators are not specifically required by the Regulations to obtain a licence pursuant to *The Food Safety Regulations*, however, they must follow any program and policy requirements related to food safety.

Group Homes must undergo an annual health inspection. Training in a [food safety program](#) is a requirement of the health inspection. According to the Health Inspection requirements, Group Homes are also required to have at least one employee on shift with the training to safely prepare meals.

The ministry requires a satisfactory health inspection as part of the initial licensing process for all new APSHs. Thereafter, APSHs are only required to undergo a health inspection upon request of the ministry. Should ministry staff be concerned about possible health risks in a home, a public health inspection may be requested at any time.

### **Verification and Documentation for Regulations Section 6-1**

- Health Inspection
- Program Standards Report
- Basic Standards Review
- APSH Home Study or APSH Program Annual Review Checklist

# 9.0 Duties of Operator

**Legislative Authority:** The Residential Services Regulations Part 7

## *Intent*

This chapter describes the duties of Operators.

## 9.1 Duty to Provide Information

### *Regulations Section 7-1*

The Operator of a care facility is required to provide information to the Minister. This may include:

- records in any form;
- plans or specifications for the care facility in any form;
- forms that require completion by the Operator; and,
- any other information the Minister may require.

### **Verification and Documentation for Regulations Section 7-1**

- Program Standards Report
- Basic Standards Review
- APSH Home Study or APSH Program Annual Review Checklist

### **Delegation of Authority:**

For **Regulations Section 7-1**, approval is required by (required delegate):

- CLSD Manager, Client Services or Manager, Community Services, or Director, Community and Client Services may identify other required information from Operator

## 9.2 Duty to Maintain Financial Records

### *Regulations Section 7-2*

The Operator is required to keep complete financial records that account for all income and expenditures for all purposes.

For Group Homes only, at the ministry's request, the Operator will submit audited financial statements and any other documents that may be required to conduct an accurate audit.

For both Group Homes and APSHs, any Operator that acts a trustee for a Resident must keep complete financial records that account for all income and expenditures for all purposes made on behalf of the Resident. Verification of records is part of the annual licensing process.

## Verification and Documentation for Regulations Section 7-2

- Annual Financial Analysis
- Basic Standards Review
- APSH Program Annual Review Checklist

### Delegation of Authority:

For **Regulations Section 7-2**, approval is required by (required delegate):

- CLSD Manager, Client Services or Manager, Community Services, or Director, Community and Client Services may request any other documents that may be required for verification of financial records.

## 9.3 Insurance Policy

### *Regulations Section 7-3*

Every Operator is required to have an insurance policy that provides adequate coverage for all activities related to providing support services including:

- fire and extended coverage, including theft of the Operator's physical assets and belongings of Residents that are in the care, custody, and control of the Operator;
- comprehensive general liability coverage in a minimum amount satisfactory to the Minister; and,
- liability coverage in a minimum amount satisfactory to the Minister for the operation of each vehicle, whether owned by the Operator or not, that is used by the Operator, employees or volunteers while providing support services.

Insurance requirements for APSH operators are currently under review. APSH operators should maintain insurance as outlined in the [\*Approved Private Service Home Program Operator's Reference Manual\*](#).

## Verification and Documentation for Regulations Section 7-3

- Insurance Policy Summary Sheet or Insurance Certificate (Full Policy only if Summary or Certificate is not available)
- APSH Home Study or APSH Program Annual Agreement and Annual Review Checklist

### Delegation of Authority:

For **Regulations Section 7-3**, approval is required by (required delegate):

- Agreement for Services identifies required level of insurance for Group Homes; Licensing official reviews insurance documentation to determine coverage is in alignment with established requirements
- Case Manager reviews submitted documentation to determine insurance coverage for APSHs is in alignment with established requirements

## 9.4 Personal Records of Residents

### *Regulations Section 7-4*

The Operator must maintain clear and accurate records for each Resident. At minimum, these records will include:

- the name and date of birth;
- the health services number, if reasonably required (see below);
- individual programming information related to the Resident; and,
- any other information that may be required by the Minister or these Regulations.

For individuals supported by CLSD, it is reasonable for the Operator to maintain a record with Residents' health service numbers, in accordance with [\*The Health Information Protection Act\*](#).

### **Verification and Documentation for Regulations Section 7-4**

- Basic Standards Review
- Program Standards Report
- Organization's Resident Records
- Resident Support Plan
- APSH Resident File
- APSH Program Annual Review Checklist

## 9.5 Confidentiality

### *Regulations Section 7-5*

All Operators, and every other person who is employed in, or assists with the operation of, or who provides support services in the home, is required to preserve confidentiality of the Residents, including:

- personal information and personal health information of Residents;
- any record with respect to a Resident that has come into existence through anything done pursuant to the Act or the Regulations; and,
- not to disclose or communicate any personal information or record with respect to a Resident without the permission of the Resident or the Resident's legal guardian to anyone except:
  - as required for the health or safety of that Resident or any other Resident;
  - as required by law;
  - in compassionate circumstances, to facilitate contact with the next of kin or a friend of a Resident who is injured, ill or deceased;
  - for the purpose of arranging, assessing the need for, providing, continuing, or supporting the provision of, a service requested or required by the Resident;

- if the disclosure is being made for the provision of health or social services to the Resident, and, in the opinion of the Operator, disclosure of the personal information or personal health information will clearly benefit the health or well-being of the Resident, but only if it is not reasonably practicable to obtain consent; or,
- if the disclosure is permitted pursuant to any Act or Regulation.

Note:

- Any “**personal health information**” means personal health information within the meaning of *The Health Information Protection Act*.
- Any “**personal information**” means personal information within the meaning of *The Freedom of Information and Protection of Privacy Act*.

Operators of care facilities, as well as any employees, volunteers, board members and any other person whose duties in the home involve direct support services to Residents are required to sign a confidentiality statement or agreement (see [Appendix A](#) for copy of a Confidentiality Agreement for Group Homes and Confidentiality Agreement for APSH). Operators of Group Homes and APSHs will sign a confidentiality statement regularly as part of their service agreement with the ministry.

If Group Home Operators do not already have a confidentiality agreement in place for their organization, Operators of Group Homes may use the appended Confidentiality Agreement form as a template for their employees and volunteers to sign. Organizations do not need to return signed copies of any of the agreements signed by their employees/volunteers to the ministry; however, these should be retained for their own organization records.

If an organization already has signed confidentiality statements from employees, that are aligned with the legislative requirements, they do not need to have employees complete the appended confidentiality agreement.

Operators are required to immediately notify the ministry of any breach of confidentiality with respect to Residents’ personal information, personal health information or records. Any breaches of confidentiality should be reported to the CLSD Case Manager.

If the Case Manager deems the breach to be significant, they should report the breach to the Ministry’s Privacy Unit.

## Verification and Documentation for Regulations Section 7-5

- Service Agreements
- Basic Standards Review
- APSH Program Annual Agreement and Annual Review Checklist

## 9.6 Reportable Serious Incident

### *Regulations Section 7-6*

An Operator must immediately report (within 24 hours) to the ministry if any of the following serious incidents occur at, near or outside the care facility regardless of whether, at the time of the incident, the Resident was being cared for, supervised, or accompanied by the Operator, any of the employees of the care facility, or its volunteers:

- a death that is required to be reported pursuant to [\*The Coroners Act, 1999\*](#);
- an outbreak of a communicable disease, notification of which is required pursuant to [\*The Public Health Act, 1994\*](#);
- any harm or suspected harm suffered by a Resident because of unlawful conduct, improper treatment or care, harassment or neglect on the part of any person; and,
- any other incident that has resulted in serious harm to a Resident.

Operators of Group Homes are required to immediately provide to the ministry representative a written incident report with respect to any serious incident in accordance with the *CLSD Serious Incident Reporting* guidelines (refer to Appendix B).

Operators of APSHs are required to immediately contact their CLSD Case Manager to report any serious incident as outlined in the [\*Approved Private Service Home Program Operator's Reference Manual\*](#).

### **Policy, Verification and Documentation for Regulations Section 7-6**

- Serious Incident Reporting Agency Flow Chart
- Serious Incident Reporting APSH Flow Chart
- Basic Standards Review
- APSH Program Annual Review Checklist

## 9.7 Protection of Residents

### *Act Part 4, Sections 15-17*

The Act protects Residents in care facilities from all forms of abuse and requires reporting of abuse or suspected abuse. Operators, along with any employee, or agent of an Operator who has reasonable grounds to believe that there is or has been abuse involving a Resident are required by law to report that abuse to the ministry as soon as reasonably possible. Allegations of abuse should be reported to the CLSD Case Manager (or other CLSD staff).

In addition, section 17(1) of the Act protects any person who has reported abuse if the report is made in good faith. The Act forbids any action to be taken by an Operator against an employee or agent that reports abuse in good faith.

The [\*CPP&SP\*](#), Appendix F: Abuse, aligns with the Act's requirements for reporting of abuse in ministry-funded services.

Other ministry policies that outline the requirements for the prevention of, reporting, and response to allegations of abuse also include:

- [\*The Participant Abuse Policy Document-Revised, Guidelines and Sample Policy, April 2010\*](#). This policy applies to all employees, board members, and volunteers of third-party service organizations funded by the ministry that provide services to individuals with intellectual disabilities. The abuse policy is to be followed when there are allegations of abuse or neglect involving individuals with intellectual disabilities who receive services from the organization; and,
- The Approved Private Service Home Program Abuse Policy, April 2010, (Refer to section 15 of the [\*Approved Private Service Home Program Operator's Reference Manual\*](#)) sets out the expectations for reporting of abuse in APSHs. This policy applies to all APSH Operators and is to be followed when there are allegations of abuse or neglect of individuals residing in approved homes.

In addition, allegations of abuse fall under the definition categories of CLSD's Serious Incident Reporting (SIR) Guidelines (Refer to [Appendix B](#) - Serious Incident Reporting Agency Flow Chart and Section 14: Serious Incident Reporting in the [\*Approved Private Service Home Program Operator's Reference Manual\*](#)). These guidelines require any allegation of abuse to be reported to the ministry within twenty-four hours.

## **Policy, Verification and Documentation for Regulations Act Part 4, Section 15-17**

- Serious Incident Reporting
- Participant Abuse Policy-Revised
- Approved Private Service Home Program Abuse Policy

## **9.8 Medication and Medical Treatment**

### *Regulations Section 7-7*

The Operator is required to ensure that all prescription medication is provided for, or to Residents, only as authorized by a practitioner as defined in [\*The Prescription Drugs Act\*](#).

The Operator is required to ensure that prescription and non-prescription medication is stored safely in a secure cabinet, or other manner suitable to the circumstances, that:

- provides appropriate access to Residents who self-administer medication;
- prevents unsafe access; and,
- is recommended for each medication on the medication label.

With respect to the treatment of any injury to any Resident, the Operator shall provide only emergency first-aid and ensure that all other medical treatment is provided to Residents only as authorized by a physician or as administered by emergency responders.

In all cases of serious illness or injury to any Resident, the Operator is required to contact as soon as possible (as reasonably possible based on the injury or illness; or 24 hours as required under Serious Incident Reporting):

- a physician or emergency responder; and,
- the Resident’s legal guardian or emergency contact person, as applicable.

When medication is prescribed as a behavioural support or to address behaviours, the [CPP&SP Use of Medication to Affect Behaviour](#) (policy 13) and Appendix G: Medication Protocol must be followed.

## Policy, Verification and Documentation for Regulations Section 7-7

- Basic Standards Review
- Program Standards Report
- Physical Standards Report
- APSH Program Annual Review Checklist

## 9.9 Criminal Record Check

### *Regulations Section 7-8*

This section is applicable to Group Homes (requirements for APSHs are covered under section 13.5 of this manual).

When an individual is hired as an employee or otherwise starts activities as a volunteer, board member, or direct support worker to Residents of a Group Home, the Operator must obtain from the individual a Criminal Record Check (CRC), as well as a Vulnerable Sector Check (VSC) for any individual who is to provide direct support to Residents.

VSC are not required for employees, volunteers, board members or sub-contractors if the individuals will not provide direct support services to Residents. VSC are only required for employees, volunteers, board members or sub-contractors if they are providing regular and direct services to Residents. VSC are not required for those that will only have incidentally interaction with Residents on occasion.

No employee, volunteer or board member is to have unmonitored contact with a Resident before providing the results of this CRC, and a VSC if applicable.

An Operator shall not allow a person to have contact with Residents if that person’s CRC results indicate that the person could pose a risk to Residents.

Operators do not need to retain copies of individual’s CRCs and VSCs. Operators should review original versions of individual’s CRCs and VSC and record the outcome of their review in their organization’s files. Original versions of the submitted checks can then be returned to individuals.

## Policy, Verification and Documentation for Regulations Section 7-8

- Basic Standards Review
- Service Agreement
- Program Standards Report
- Exceptions to Criminal Record Check and Vulnerable Sector Check Requirements:

Those under the age of 18 may not be able to get CRCs or VSCs in all locations across Saskatchewan and in this case must receive an exemption from the Minister from the requirement to provide a CRC or VSC. If an organization wishes to hire individuals under the age of 18 (as employees or volunteers), they must notify the ministry and seek a formal exemption from the legislative requirements for a CRC and VSC, if needed.

The requirements for a CRC and VSC do not apply to persons who provide direct support services to a Resident, **if that person is required to be licenced pursuant to an Act in order to provide those support services** (e.g., a registered nurse, occupational therapist, physiotherapist, psychologist) and has a current licence to practise, and meets any requirements set by the governing body responsible for the licensing and regulating of those support services.

The requirements for a CRC and VSC also do not apply in the following circumstances:

- the support services are being provided by a student as part of the student’s practicum or field experience, and the student:
  - has a satisfactory, current CRC as a requirement of the student’s educational or training program; or,
  - the student is always supervised;
- the support services are in the nature of programming, the programming is being provided on a casual or irregular basis and the person providing the programming is always supervised.

“Support services in the nature of programming” refers to casual or irregular supports provided by non-organization employees such as foot care, haircuts, periodic art or music therapy during which the regular organization employee is still present for.

Contractors that are occasionally working within a home but are not providing direct support to Residents, (i.e., plumber, electrician, etc.) are not required to provide a CRC or a VSC.

## **Board Members:**

A proposed board member for an organization operating a care facility must submit the results of the CRC within 30 days after being appointed to the board, and those results are to be assessed as part of the process of determining the person’s suitability to serve on the board.

Proposed board members may attend a board meeting as a non-voting member, if they provide satisfactory evidence that there are extenuating circumstances that make it impossible to obtain the results of a CRC within the 30-day period, or if the board meeting is being held on a date that is too soon after the proposed board member’s appointment for the CRC to be obtained.

## Criminal Record Declarations:

The ministry requires that service providers have an annual criminal record declaration process in place. Organizations are responsible for annually collecting signed declarations from all employees, volunteers, board members and sub-contractors if they are providing regular and direct services to Residents. The annual criminal record declaration must affirm that there have been no changes to their criminal record and that they understand they are required to disclose any criminal convictions or outstanding criminal charges pending or investigations for an alleged criminal offence. Organizations shall not allow a person to have contact with Residents if that person's criminal record declaration indicates that the person could pose a risk to Residents.

Organizations do not need to submit declarations signed by their employees to the ministry. These should be retained for their own organization records and may be requested from the ministry to review as part of the ministry's compliance and quality assurance practices.

## Policy, Verification and Documentation for Regulations Section 7-8

- Basic Standards Review
- Service Agreement

## Operator Policies:

Operators are required to establish written policies with respect to the CRC and VSCs and make them known to all potential employees and volunteers. These policies are required to address:

- the period within which the results must be provided by new employees, volunteers board members and persons **providing support services directly to Residents**;
- the requirement that employees, volunteers, board members and persons **providing support services directly to Residents**, report to the Operator any activities that would reasonably result in a change in the results of the CRC; and,
- how the Operator is to assess any changed results for the purposes of determining if the employee, volunteer, board member and persons providing support services directly to Residents, continues to be capable of performing the necessary duties and carrying out the necessary responsibilities with respect to the care facility.

## 9.10 Policies

### *Regulations Section 7-9*

Operators who have employees or volunteers must establish written policies and procedures with respect to the care of Residents and the operation of the care facility.

These policies must be kept on the premises of the care facility and made available to employees, volunteers, Residents, and legal guardians of Residents. Electronic access to the policies is sufficient to meeting this requirement, however, and must be accessible, shown or provided as required.

Group Home operators must establish written policies and procedures with respect to the care of Residents and the operation of the care facility in line with the Basic Standards Review and *CPP&SP*. This requirement does not apply to APSH operators. For APSH operators, the *Approved Private Service Home Program Operator's Reference Manual* provides the written policy and procedures for care of Residents and operation of the care facility.

## Policy, Verification and Documentation for Regulations Section 7-9

- Basic Standards Review

## 9.11 Resident Support Plan

### *Regulations Section 7-10*

An Operator needs to identify the basic support services that a Resident requires for daily living within seven days after the Resident moves into the home.

The written plan for each Resident needs to be in as much detail as is appropriate to meet the Resident's needs.

The plan is to be reviewed at least annually, and amended as may be necessary to reflect any changes in the Resident's needs.

For Group Homes, the "Resident Support Plan" requirement can initially be satisfied through the information gathered with respect to the Application for Service or intake process and *CPP&SP* (policies six through nine), in addition to *Appendix C: Planning Protocol for Moving to a Different Home*. Ongoing, the Resident Support Plan requirement should be satisfied through the development and regular review of the individual's person-centered plan and the Agreement for Services.

For APSHs, the "Resident Support Plan" requirement is met through the completion and ongoing review of a Resident Support Plan document. *CPP&SP Person-Centred Planning* (policies six through nine), in addition to *Appendix C: Planning Protocol for Moving to a Different Home* provide further guidance on how planning should be completed with Residents.

The plan must always be available to all employees or any respite workers who provide direct care to the Resident in the home.

## Policy, Verification and Documentation for Regulations Section 7-10

- Agreement for Service
- Basic Standards Review
- APSH Program Annual Review Checklist

## 9.12 Resident Care

### Regulations Section 7-11

An Operator is responsible to provide the care to Residents that meets their individual needs.

The Operator is responsible to ensure that:

- in cases of specialized care being required by a Resident, that care is provided by a qualified health care professional, or a person trained to give that care by a health care professional qualified to provide that specialized care;
- Residents with disabilities are encouraged to retain independence in those activities they can perform for themselves;
- Residents are provided with a variety of food and beverages according to their individual needs and with reasonable consideration for their likes and dislikes;
- Residents are provided with opportunities daily to exercise their mental and physical abilities;
- Residents with difficult behaviours are cared for in a positive and constructive manner; and,
- restraints, if any, are used only in accordance with:
  - in the case of a Group Home, *Standards and Guidelines for the Use of Restrictive Procedures in Community Living Service Delivery Funded Organizations* (see Appendix C); and,
  - in the case of an APSH, *the Approved Private-Service Homes Program Operator's Reference Manual*.

In addition, adherence to the following from the [CPP&SP](#) is also required:

- *Human Rights and Ethical Considerations* (policies 1-5);
- *Appendix B: Supported Decision-Making*;
- *Person-Centred Planning* (policies 6-9);
- *Comprehensive Behaviour Support and Dangerous and Harmful Behaviours That Have Not Occurred Before* (policies 10-15);
- *Appendix D: Comprehensive Behaviour Support*;
- *Appendix E: Behavioural Assessment*;
- *Appendix G: Medication Protocol* and,
- *Appendix H: Emergency Response Policy Guidelines*.

### Policy, Verification and Documentation for Regulations Section 7-11

- Comprehensive Planning Process & Support Policy (CPP&SP)
- Program Standards Report
- APSH Program Annual Agreement and Annual Review Checklist

## 9.13 Rights and Privileges of Residents

### *Regulations Section 7-12*

In addition to any other rights and privileges that Residents may have in law, and in accordance with [CPP&SP](#) principles and policies, each Resident has the following rights and privileges:

- to be treated with respect, dignity, kindness, and consideration in all interactions with employees, other Residents and any other persons who reside in the care facility;
- to voice concerns or recommend changes in the rules or services provided in the care facility;
- to register complaints with all or any of the following: the Operator; the Resident's legal guardian; and the ministry;
- to attend religious services or activities of the Resident's or the Resident's legal guardian's choosing;
- to be provided with personal privacy appropriate to the age and needs of the Resident and the type of care facility;
- to have sole use of the Resident's own possessions, unless the Resident gives permission for others to use those possessions;
- to receive visitors privately at the care facility as long as: the timing and nature of the visits do not present an unreasonable disruption the operation of the care facility; there is no reasonable risk of harm to the Operator, the Resident receiving visitors, other Residents or any other persons in the care facility; and in the case of a Resident who is a child or youth, the visit is authorized by the Resident's legal guardian;
- to communicate within the care facility by telephone, mail, or other means, in private;
- to leave and return to the care facility as desired, subject to any restrictions with respect to a Resident who is a child or youth; or a Resident who otherwise has a legal guardian responsible for directing the Resident's daily living decisions;
- to be free from any actions of the Operator or employees of a punitive nature, including physical punishment, threats of any kind, intimidation, verbal, mental or emotional abuse or confinement;
- to choose the Resident's own medical, optometric, dental, nursing, or other health care professional or, in the case of a resident who has a legal guardian, for that right to be exercised by the Resident's legal guardian.

Adherence to the following from the [CPP&SP](#) is also required:

- *Human Rights and Ethical Considerations* (policies 1-5);
- *Appendix B: Supported Decision-Making*; and,
- *Person-Centred Planning* (policies 6-9).

### **Policy, Verification and Documentation for Regulations Section 7-12**

- Comprehensive Planning Process & Support Policy (CPP&SP)

## 9.14 Conflict-of-Interest

### Regulations Section 7-13

Operators, employees, relatives of Operators and relatives of employees are prohibited from the following if they are not relatives of the Resident in question:

- accepting appointment as power of attorney pursuant to [\*The Powers of Attorney Act, 2002\*](#) for a Resident;
- accepting appointment as a personal or property guardian pursuant to [\*The Adult Guardianship and Co-decision-making Act\*](#) for a Resident;
- accepting appointment as a proxy for a Resident in a directive pursuant to [\*The Health Care Directives and Substitute Health Care Decision Makers Act, 2015\*](#);
- accepting gifts from a Resident with an estimated total value greater than \$100 in a year;
- accepting property or personal possessions from a Resident or from anyone on behalf of a Resident as payment for care and accommodation in the care facility;
- influencing or attempting to influence a Resident or prospective Resident:
  - in the making or alteration of the will of the Resident or prospective Resident;
  - in the conduct of the financial affairs of the Resident or prospective Resident; or,
  - in handling the personal assets of the Resident or prospective Resident; or,
- accept gifts or bequests provided in a Resident’s will unless the will was executed before the Resident was admitted to the care facility.

Operators may be appointed as a trustee of a Resident for the purposes of [\*The Saskatchewan Assistance Act\*](#). This is not deemed to be a conflict-of-interest.

For more information on the roles and responsibilities of trusteeship see: Chapter 12 – Payment to Trustee of the [\*SAID Policy Manual\*](#) or contact Income Assistance Programs Division directly with questions or concerns on trustee role clarity and the limits of trusteeship.

If an Operator or employee of a care facility or a relative of the Operator or employee receives a gift from a Resident, the Operator must:

- notify the Resident’s legal guardian or emergency contact person about the gift; and record the following information:
  - i. the date the gift was received;
  - ii. the name of the person who received the gift;
  - iii. the amount or estimated value of the gift; and,
  - iv. the name of the legal guardian or emergency contact person who was contacted.

A Conflict-of-Interest Agreement form has been developed by the ministry for use by Operators (see [\*Appendix F\*](#)). The legislation does not require that employees of organizations sign Conflict-of-Interest Agreements. If Operators wish, they may make copies of the ministry’s form Conflict-of-Interest Agreement for their employees to sign as part of educating and promoting employee’s compliance with the requirements. Any Conflict-of-Interest forms signed by employees are optional, and for the organization’s records only.

## Medical Consent:

Home operators do not have the legal authority to consent to medical or dental treatment for Residents and neither do ministry staff. Residents are not in the care of the ministry and the Minister is not the legal guardian.

If a personal guardian has been appointed through the legal system to make health care decisions, the personal guardian may have the authority to consent to medical treatment. "Personal Guardian" is defined as someone appointed pursuant to *The Adult Guardianship and Co-decision-making Act* who has the authority to make health care decisions for a dependent adult and who acts in accordance with the authority granted pursuant to the Act.

If an individual does not have a proxy or personal guardian in place, *The Health Care Directives and Substitute Health Care Decision Makers Act* provides for the nearest relative to consent to medical treatment when an individual lacks the capacity to consent themselves. Where there is no nearest relative or where the nearest relative cannot be found and the person lacks the capacity to make a health care decision, a treatment provider may provide treatment in a manner and to the extent that is reasonably necessary and in the best interests of the person without receiving a health decision from the nearest relative, if the treatment provider believes that the proposed treatment is needed, and another treatment provider agrees in writing that the proposed treatment is needed.

Day-to-day care treatments are somewhat different than other medical treatments. For day-to-day treatments, where there is no other appropriate substitute decision maker present (including a personal guardian, or proxy named in a health care directive), the individual's APSH operator is able to make the health care decision per *The Health Care Directives and Substitute Health Care Decision Makers Act* and the *Health Care Directives and Substitute Health Care Decision Makers Regulations*. Group Home operators are not permitted to consent to day-to-day treatments and need to work with the nearest relative or the treatment provider where required to obtain these consents if the individual is unable to consent for themselves.

There are times when Case Manager and Operator believe that a Resident has the capacity to provide their own consent; however, the treatment provider must be satisfied of capacity before treating the resident. Case Managers and Operators can speak with the treatment provider about the individual's capacity to consent, but ultimately the treatment provider must make that assessment in relation to treatment.

## Policy, Verification and Documentation for Regulations Section 7-12

- Conflict-of-Interest Agreement
- Agreement for Services
- Basic Standards Review
- APSH Program Annual Review Checklist

# 10.0 Warrants

**Legislative Authority:** *The Residential Services Act* Part 3, Section 10, 11, 12

## *Intent*

This chapter identifies when a warrant may be used.

## 10.1 Warrants

### *Act, Part 3 Section 10, 11, 12*

Pursuant to section 10 of the Act, every Operator of a care facility with respect to which a licence is issued shall, at all reasonable times, allow the facility to be open for inspection by the ministry to ensure the safety and well-being of Residents or to administer the Act and the Regulations.

If access is denied by the Operator, the Minister or a person appointed by the Minister may apply for a warrant pursuant to Section 11 or Section 12 of the Act, if there are reasonable grounds to believe that an offense against the Act or the Regulations has occurred, and that evidence of that offense is likely to be found.

If there are reasonable grounds to believe that the delay necessary to obtain a warrant would result in danger to human life or safety; or in the loss, removal, or destruction of evidence, a warrant should not be sought and instead the Ministry will take immediate action to protect the health and safety of the Resident by contacting local law enforcement.

This section applies to Group Homes and APSHs licensed by the ministry. Its intent is to ensure that the ministry has access to any materials or information necessary to protect the health and safety of individuals who are Residents of homes licensed by the ministry under the Act and the Regulations.

The use of a warrant is a last resort. If there are concerns with a home licensed under the RSA, ministry staff will first seek to address the concern through working with the Operator to provide education and direction on the issue and suggest appropriate remediation. Ministry staff will document concerns on the Operator and on the Resident file as appropriate. Concerns will be escalated in writing to their direct supervisor.

Several other options are available to the ministry when there are concerns with a home licensed under the legislation. These include, but are not limited to, conditional licensing, exploring moves of Residents if appropriate, terminating a licence and discontinuing Agreements for Services. **All concerns must be clearly documented** and all processes the ministry has taken regarding the situation (e.g., contacts, attempted contacts with the individual and/or operator, any directives or requirements the ministry has provided etc.) must be clearly documented. This documentation may be drawn upon if a warrant needs to be pursued.

Consultation with Legal counsel is required to make the determination that a warrant should be pursued. A justice or a provincial court judge may issue a warrant.

### **Delegation of Authority:**

For **Regulations Act Section 10, 11, 12**, approval is required by (required delegate):

- CLSD Executive Director

# 11.0 Appointment of Administrator

**Legislative Authority:** *The Residential Services Act* Part 6

## *Intent*

This chapter identifies the ministry's ability to appoint an Administrator to act in place of an Operator. This chapter applies only to Group Homes.

## 11.1 Appointment of Administrator

### *Act, Part 6*

Pursuant to Part six of *The Residential Services Act, 2019*, the Minister may appoint an administrator to act in the place of an Operator if the Minister has reason to believe:

- a) the Operator has ceased to function or is otherwise unable to carry out the Operator's duties and responsibilities relating to the operation of the care facility or the care of the Residents;
- b) the Operator has failed to comply with the requirements of this Act, the regulations, or the terms and conditions of the Operator's licence and that failure is of a sufficiently serious nature to warrant the suspension or cancellation of the Operator's licence;
- c) the Operator has committed an offence pursuant to the Criminal Code against a Resident or involving fraud or theft or conspiracy to commit an offence involving fraud or theft, and the offence is of a sufficiently serious nature to warrant the suspension or cancellation of the Operator's licence; or
- d) there is any other risk to the health or safety of a Resident.

The Minister may set the terms and conditions governing the powers and duties of an Administrator. The Minister shall set the term of appointment of an Administrator and may extend the term of an appointment if, in the opinion of the Minister, there are circumstances that make the extension necessary.

The Minister may determine the remuneration and reimbursement of expenses payable to an Administrator.

The Minister may, at any time, terminate the appointment of an Administrator and:

- a) appoint another Administrator; or
- b) either:
  - i. return control of the assets and the operation of the care facility to the Operator; or
  - ii. if the Operator is not the owner of the assets, return control of the assets to the owner.

There are other options available to the ministry to use when there are concerns with a care facility. The ministry may work with the organization to review the current operations, develop an action plan and agree upon recommendations to improve overall operations. Additional measures can include reviewing the Agreement for Services and Assignment and Subcontracting as per section 15.0 in the Agreement for Services or terminating the contract.

Ministry legal counsel is required to help make the determination that an Administrator should be appointed.

### **Delegation of Authority:**

For **Regulations Act Part 6**, approval is required by (required delegate):

- CLSD Executive Director

# 12.0 Offences and Penalties

**Legislative Authority:** *The Residential Services Act* Part 7, Section 28

## *Intent*

This chapter identifies the ministry's approach for dealing with offences against the legislation.

## 12.1 Offences and Penalties

### *Act, Part 7, Section 28*

Under section 28 of the Act, any person who contravenes any provision of the Act or Regulations is guilty of an offence and liable on summary conviction to a fine of not more than \$300 for each day or part of a day during which the offence continues.

Implementing a fine is a last resort option in dealing with concerns in a licenced home.

If there are concerns with a home licensed under the Act, ministry staff first seek to address the concern through working with the Operator to provide education and direction on the issue and suggest an appropriate remediation.

Ministry staff document concerns as appropriate. Any concerns must be escalated in writing to their direct supervisors as needed.

There are several other options available to the ministry to use when there are concerns with a home licensed under the legislation. These include, but are not limited to, conditional licensing, exploring moves of Residents if appropriate, terminating a licence and discontinuing Agreements for Services.

# 13.0 Taxation

**Legislative Authority:** The Residential Services Regulations Part 8

## *Intent*

This chapter identifies the categories of care facilities exempt from taxation for the purposes of section 18 of the Act.

## **13.1 Taxation**

### *Regulations Section 8-1*

Group Homes operating in accordance with the Act that are operated by a municipality, church or charitable organization or a non-profit corporation, are exempt from real property and building taxation for the home, except for local improvement taxes and special charges.

# 14.0 Approved Private-Service Homes

**Legislative Authority:** The Residential Services Regulations Part 9

## *Intent*

This chapter identifies unique requirements for APSH operators. This section aligns with information as provided through the [\*Approved Private Service Home Program Operator's Reference Manual\*](#).

All other sections of this manual also apply to APSH homes, unless an exception is specifically noted in a specific section.

## 14.1 Application for Licence

### *Regulations Section 9-1*

In addition to the other requirements set out for all Operators to obtain a licence, APSH applicants must submit with their application a floor plan of the entire home specifying the bedrooms that are to be used by the Residents and the bedrooms that are to be used by the applicant and the applicant's family. The floor plan must also provide dimensions of all rooms.

## 14.2 Absent Operator

### *Regulations Section 9-2*

If the Operator of an APSH plans to be absent from the home, and their absence would create an unsafe living situation for Residents, the Operator must first consult with the CLSD Case Manager so that alternative arrangements can be made for the operation of the home.

### **Delegation of Authority:**

For **Regulations 9-2 Absent Operator**, approval is required by (required delegate):

- Case Manager

## 14.3 Removal of Resident

### *Regulations Section 9-3*

An Operator of an APSH who wishes to permanently remove a Resident from the home must give 30 days written notice of that removal to:

- the Resident;
- the Minister (Disability Programs' Case Manager on behalf of the Minister);
- the Resident's legal guardian, if any; and,
- any other person identified in the Resident's record as requiring notification of removal.

## 14.4 Policy Manual

### *Regulations Section 9-4*

The [Approved Private Service Home Program Operator's Reference Manual](#) provides the policies and guidelines that APSH Operators must adhere.

APSHs are not required to develop their own policies and procedures.

## 14.5 Criminal Record Checks

### *Regulations Section 9-5*

The Operator of an APSH must provide to the ministry the results of a CRC, including a VSC, for:

- the Operator;
- any other adult who:
  - resides in the APSH, but does not receive support services and has direct contact with Residents; and,
- any other person who provides unsupervised support services to Residents.

An example of unsupervised support services are respite services. As per program policy outlined in section 6 of the [Approved Private Service Home Program Operator's Reference Manual](#) respite providers must be at least 18 years of age and are capable of providing the level of care and supervision required by your Residents.

### **Exceptions to Criminal Record Check Requirements:**

The requirements for a CRC and VSC do not apply to persons who provide direct support services to a Resident, **if that person is required to be licensed pursuant to an Act in order to provide those support services** (e.g., a registered nurse, occupational therapist, physiotherapist, psychologist), has a current licence to practise, and meets any requirements set by the governing body responsible for the licensing and regulating of those support services.

### **Criminal Record Declarations:**

The ministry requires that service providers complete an annual criminal record declaration. For APSH Operators this declaration is completed as part of the signing of their annual agreement.

APSH Operators are responsible for annually collecting signed declarations from alternative care providers and respite workers. The annual criminal record declaration must affirm that there have been no changes to their criminal record and that they understand they are required to disclose any criminal convictions or outstanding criminal charges pending or investigations for an alleged criminal offence. Operators must report to the ministry, any new disclosures made in criminal record declarations they collect. Operators cannot allow a person to have contact with Residents if that person's criminal record declaration indicates that the person could pose a risk to Residents.

Operators do not need to submit declarations signed by alternative care providers or respite providers to the ministry if there are no new disclosures made on the annual criminal record declaration. These declarations should be retained for the Operator's own records and may be requested from the ministry to review as part of annual licensing.

# Appendix A:

## Waiver of Residential Services Act Requirements

### **Waiver of Residential Services Act Requirements**

**Internal form. Community Living Service Delivery use only.**

The Ministry of Social Services has the authority to waive some requirements of the *Residential Services Act* and the Residential Services Regulations under exceptional circumstances in Group Homes or Approved private Service Homes (APSH), if an exemption is required, and has no negative impact on the well-being or safety of the resident.

You are required to complete this waiver form if you are pursuing an exemption to a requirement under the legislation. Page three (3) of this form details possible exemptions and under what authority they may be granted.

# Waiver of Residential Services Act Requirements

## Internal form. Community Living Service Delivery use only.

Name of Service Provider:

Type of Residential Option:      Group Home                      APSH                      Date of Licence Expiry:

Address of Residence Requiring Waiver:

What is the specific legislative requirement that requires a waiver?

Why is a waiver being requested? Please explain how this waiver is in the best interests of the resident and why the deficiency is necessary.

Does the waiver have a negative impact on the wellbeing or safety of any resident?

Yes – If yes, a waiver cannot be approved

No – If no, a waiver may be approved

If appropriate, has the Health Inspector or Fire Inspector provided an opinion regarding the request? *(If applicable, please attach a copy)*

Not applicable

No concerns identified – a waiver may be approved

Concerns – a waiver cannot be approved

### Community Living Service Delivery (CLSD) Staff

Recommendation for Waiver:      Recommend

Print Name

Signature

Date

Identify position title:

### CLSD Delegated Authority *(if required):*

Approve Waiver

Deny Waiver

Print Name

Signature

Date

Identify position title:

CLSD Manager, Client Services

CLSD Manager, Community Services

Director, Community and Client Services

CLSD Executive Director

**If it is still required, the above waiver must be renewed annually for a licence to be issued.**

## Possible RSA Exemptions and Associated Authority

Nature of Deficiency (sorted in numerical order of the section of the relevant Act or Regulations)	Delegated authority
<b>Regulations 2-10(2) : Exceeding maximum number of residents (for Group Homes only)</b>	CLSD Executive Director
<b>Regulations 4-4: Sleeping Accommodations (bedroom size, location, number of people in room)</b>	CLSD Manager, Client Services or Manager, Community Services
<b>Regulations 4-4: Sleeping Accommodations (mirror)</b>	Contract Administration Unit Consultant (for Group Homes waiver form not needed; deficiency and rational noted on Physical Standards form that serves as waiver)  Supervisor, Client Services (For APSH waiver form not needed; deficiency and rational noted on Home Study Report or Annual Review that serves as waiver)
<b>Regulations 4-4: Sleeping Accommodations (openable window)</b>  <b>Note: exceptional circumstance only for homes that are sprinklered</b>	CLSD Executive Director (in consultation with Fire Officials)
<b>Regulations 4-5: Bedroom Furnishings (closet, drawer space, suitable furniture)</b>	CLSD Manager, Client Services or Manager, Community Services
<b>Regulations 4-5: Bedroom Furnishings (chair)</b>	Contract Administration Unit Consultant (for Group Homes waiver form not needed; deficiency and rational noted on Physical Standards form that serves as waiver)  Supervisor, client services (for APSH waiver form not needed; deficiency and rational noted on Home Study Report or Annual Review that serves as waiver)

# Appendix B: Confidentiality Agreements

## Confidentiality Agreement

For use by Disability Programs Group Homes

As required under The Residential Services Regulations.

A requirement of the legislation is for all Group Home operators, employees and volunteers to sign confidentiality agreements.

If you do not already have a confidentiality agreement in place for your organization, please feel free to use the attached Confidentiality Agreement form as a template for your employees and volunteers to sign. ***You do not need to return signed copies of any of the agreements signed by your employees/volunteers to the ministry; however, these should be retained for your own organization records.***

If you already have signed organization confidentiality statements from your employees, that are aligned with the legislative requirements, you can continue to use your own agreement and do not need to have employees complete the attached confidentiality agreement.

**Purpose of agreement:** Subject to certain exceptions, article 7-5 subsection (3) of *The Residential Services Regulations* requires all employees, volunteers, board members and any other person whose duties include providing support services directly to residents, to sign a confidentiality statement or agreement. This document may serve as that agreement.

# Confidentiality Agreement

## **For use by Disability Programs Group Homes As required under *The Residential Services Regulations***

I, the undersigned, agree to preserve the confidentiality of the personal information (as defined in *The Freedom of Information and Protection of Privacy Act*) and personal health information (as defined in *The Health Information Protection Act*) of all residents receiving services, including any records relating to any resident.

I will not disclose or communicate any personal information, personal health information or records to any other person with respect to a resident without the consent of that resident or the resident's legal guardian to any person except:

- as required for the health or safety of that resident or any other resident;
- for the purpose of complying with an Act, regulation, or treaty;
- in compassionate circumstances, to facilitate contact with the next of kin or a friend of a resident who is injured, ill or deceased;
- for the purpose of arranging, assessing the need for, providing, continuing, or supporting the provision of, a service requested or required by the resident;
- if the disclosure is being made for the provision of health or social services to the resident, and, in the opinion of the operator, disclosure of the personal information or personal health information will clearly benefit the health or well-being of the resident, but only if it is not reasonably practicable to obtain consent; or
- if the disclosure is permitted pursuant to any Act or regulation.

I will notify the Minister of Social Services immediately of any breach of confidentiality, as outlined above, which I become aware of.

I understand that the requirement for confidentiality is enduring, and I remain bound by this confidentiality agreement after my service with the Disability Programs Group Home ends.

I understand that violation of this policy may result in discipline, up to and including dismissal, the termination of any agreement(s) for services, or legal liability. I also understand that the requirements outlined by this agreement are the expectation of all people providing services to residents, whether they have signed this agreement or not.

I agree that I understand the requirements set out by this confidentiality agreement and have had the opportunity to have my questions answered.

Name

Signature

Date

Witness Name

Witness Signature

Date

# Approved Private Service Home Confidentiality Agreement

For use by Approved Private Service Homes

As required under The *Residential Services Regulations*.

It is a requirement of the revised Residential Services Act that came into force in January 2023, that all Approved Private Service Home (APSH) operators, and their alternate support (respite) providers, must sign confidentiality agreements.

You may use this document as a template for your alternate support providers to sign. *You do not need to return signed copies of any of the agreements signed by your alternate support providers to the ministry; however, these should be retained for your own APSH operator records.*

**Purpose of agreement:** Subject to certain exceptions, article 7-5 subsection (3) of [The Residential Services Regulations](#) requires all employees, volunteers, board members and any other person whose duties include providing support services directly to residents, to sign a confidentiality statement or agreement. This document may serve as that agreement.

# Confidentiality Agreement

## **For use by Approved Private Service Homes As required under *The Residential Services Regulations***

I, the undersigned, agree to preserve the confidentiality of the personal information (as defined in *The Freedom of Information and Protection of Privacy Act*) and personal health information (as defined in *The Health Information Protection Act*) of all residents receiving services, including any records relating to any resident.

I will not disclose or communicate any personal information, personal health information, or records to any other person with respect to a resident without the consent of that resident or the resident's legal guardian except:

- as required for the health or safety of that resident or any other resident;
- for the purpose of complying with an Act, regulation, or treaty;
- in compassionate circumstances, to facilitate contact with the next of kin or a friend of a resident who is injured, ill or deceased;
- for the purpose of arranging, assessing the need for, providing, continuing, or supporting the provision of, a service requested or required by the resident;
- if the disclosure is being made for the provision of health or social services to the resident, and, in the opinion of the operator, disclosure of the personal information or personal health information will clearly benefit the health or well-being of the resident, but only if it is not reasonably practicable to obtain consent; or,
- if the disclosure is permitted pursuant to any Act or regulation.

I will notify the Minister of Social Services immediately of any breach of confidentiality, as outlined above, that I become aware of.

I understand that the requirement for confidentiality is enduring, and I remain bound by this confidentiality agreement after my service with the Approved Private Service Home Program ends.

I understand that violation of this policy may result in discipline, the termination of the Approved Private Service Home Agreement, or legal liability. I also understand that the requirements outlined by this agreement are the expectation of all people providing services to residents, whether they have signed this agreement or not.

I agree that I understand the requirements set out by this confidentiality agreement and have had the opportunity to have my questions answered.

Name of APSH Operator (or Alternate Support Provider)      Signature

Date

Witness Name

Witness Signature

Date

# Appendix C:

## Serious Incident Reporting (SIR) Flow Charts

### Serious Incident Reporting (SIR) Agency Flow Chart

Serious Incidents must be reported to your Community Services Worker.

Serious incidents include: (see definitions on back)

1. Abuse Allegations
2. Threat to Health and Safety
3. Death
4. Disruption of Services

#### Reporting Process

By Whom	To Whom	When
Agency Staff	Supervisor/Program Coordinator	Immediately
Supervisor/Program Coordinator	Executive Director/Administrator	Immediately
Executive Director/Administrator <i>(may designate to Program Coordinator)</i>	Community Services Worker	Within 24 hours

- If Community Services Worker (or cover-off) not available, contact the Regional Supervisor (or cover-off).
- If Regional Supervisor (or cover-off) not available, contact Regional Manager (or cover-off).
- Follow up with submission of incident report.
- If incident occurs after hours or on a weekend, leave a voice mail for the Community Services Worker and follow-up with a second phone call on the next working day to ensure the Community Services Worker received the message.

# Serious Incident Reporting (SIR) APSH Flow Chart

Serious Incidents must be reported to your Community Services Worker.

Serious incidents include: (see definitions on back)

1. Abuse Allegations
2. Threat to Health and Safety
3. Death
4. Disruption of Services

## Reporting Process

By Whom	To Whom	When
Agency Staff	Supervisor/Program Coordinator	Immediately
Supervisor/Program Coordinator	Executive Director/Administrator	Immediately
Executive Director/Administrator <i>(may designate to Program Coordinator)</i>	Community Services Worker	Within 24 hours

- If Community Services Worker (or cover-off) not available, contact the Regional Supervisor (or cover-off).
- If Regional Supervisor (or cover-off) not available, contact Regional Manager (or cover-off).
- Follow up with submission of incident report.
- If incident occurs after hours or on a weekend, leave a voice mail for the Community Services Worker and follow-up with a second phone call on the next working day to ensure the Community Services Worker received the message.

# Serious Incident Reporting (SIR) Definitions

## Abuse Allegations

- **Allegations of Physical Abuse** - Any act that causes or has potential to cause physical injury. Including but not limited to infliction of bodily pain by one or more instances of striking, shoving, slapping, pinching, choking or kicking. May include the use of restraining techniques outside of *Comprehensive Personal Planning and Support Policy* guidelines.
- **Allegations of Sexual Abuse** - Any form of exploitative sexual behaviour or unwanted sexual touch including but not limited to harassment or acts of sexual assault.
- **Allegations of Emotional Abuse** - Acts or omissions that cause or could cause emotional pain. Including but not limited to acts or omissions that are disrespectful, rejecting, intimidating, criticizing, threatening or harassing. Also includes verbal or written expressions, and yelling, screaming and swearing at others.
- **Allegations of Neglect** - Failure to provide or make available the necessary supports that may result in physical or emotional harm or loss to the individual or their estate. Including, but not limited to, food, clothing, shelter, hygiene, medical care, and support or supervision appropriate to the individual's age, development, or situation. May be caused by an action or a failure to act and may or may not be intentional.
- **Allegations of Property Abuse** - Misuse of an individual's funds or assets, including but not limited to unauthorized use of bank accounts or denial of personal possessions.
- **Allegations of Medication Abuse** - Non-compliance with policies and procedures relating to medication administration, including but not limited to withholding medication, over-medication, inappropriate use of medication, repeated medication errors.
- **Allegations of Denial of Opportunity** - Unreasonable denial of opportunity, or intentional withholding of access to available opportunity or choices to meet needs for economic, spiritual, mental or personal growth and satisfaction.

## Threat to Health and Safety

- **Unexpected Illness** - any illness that requires the individual to be admitted to the hospital.
- **Disease Outbreak** - an outbreak of a communicable disease, or any occurrence of a reportable disease in a residence or program. An outbreak is the occurrence of a disease beyond the normally expected incident level.
- **Fall** - any fall where the individual requires emergency care by a physician or transfer to a hospital.
- **Motor Vehicle Accident** - any motor vehicle accident where injuries occur to an individual while in the care or supervision of a service provider.
- **Other Injury** - any other injury to an individual that requires emergency transfer to hospital or emergency care by a physician (burns, scalds, medication error, etc.). Note: This category also includes participant to participant physical aggression or sexual assault, as well as participant to staff/proprietor aggression.
- **Poisoning** - any ingestion of a poisonous substance by an individual in a residence or program.

- **Missing/Wandering Person** - any unscheduled or unexplained absence of an individual from a residence or program.
- **Suicide Attempt** - any attempt by an individual to take his/her own life.

### *Death*

- **Unexpected Death** - any unforeseen death of an individual in a residence or program.
- **Expected Death** - any death due to natural causes of an individual in a residence or program.
- **Suicide** - any death of an individual by suicide.

### *Disruption of Services*

- **Disruption of Services** - any service disruption that affects the delivery of services to individuals (e.g., fire, flood, labour actions).

# Appendix D: Standards and Guidelines for the Use of Restrictive Procedures ~~Community Living Service Delivery~~ Funded Organizations

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## I. Introduction

The purpose of the *Standards and Guidelines for the Use of Restrictive Procedures in Disability Programs Funded Organizations* is to provide additional support in the implementation of the Comprehensive Personal Planning and Support Policy (CPP&SP), and to set out the Ministry’s requirements regarding the use of restrictive procedures. This policy applies to both not-for-profit and for-profit organizations. It is intended to protect the safety, rights, and well-being of adults with intellectual disabilities who display dangerous or harmful behaviour.

The ministry’s Agreements for Services with service providers outlines an organization’s accountability for decision-making relative to the use of restrictive procedures. The intent is to ensure those who are closest to the individual are central to the decision-making process, are responsive to the changing needs of individuals, and service providers are accountable for the outcomes of those decisions. All ~~CLSD~~ funded organizations will have a policy related to the use of restrictive procedures consistent with the standards and guidelines as outlined in this document.

This document is intended to support organizations in the review and adoption of policy related to the use of restrictive procedures for people to whom they provide services. Where restraints are being utilized to support an individual who displays dangerous or harmful behaviour, organizations must comply with this policy as per Section 7-11 (f) of *The Residential Services Regulations: “restraints, if any, are used only in accordance with: (l) in the case of a disability programs group home, Standards and Guidelines for the Use of Restrictive Procedures in Community-Based Organizations, as amended from time to time, published on April 1, 2018, by the Ministry of Social Services.”*

Restrictive procedures include measures applied to prevent and/or respond to an individual’s behaviour that limit or deny an individual’s choices, mobility, or behavioural repertoire. All restrictive procedures limit freedom of movement and/or choice and because of this, require a higher level of scrutiny to ensure proper standards are upheld and there is an appropriate balance of risk and benefit to the individual.

These standards and guidelines are consistent with the spirit and intent of CPP&SP and provide further direction for the implementation of the policies related to Comprehensive Behaviour Support. Restrictive procedures allowable within CPP&SP include:

- physical responses to prevent harm or injury in emergency situations involving the display of dangerous or harmful behaviour;
- physical responses as a planned approach in situations where all other recommended, least restrictive strategies have failed to reduce the intensity of the incident and where danger to self or others is imminent; and
- the use of antecedent manipulations and environmental adjustments that involve denial of choice, or access to locations, events, or activities, not as a response to dangerous or harmful behaviour, but rather as a strategy to eliminate triggers and prevent the behaviour from occurring.

The vision of ~~Community Living Service Delivery (CLSD)~~ is the reduction and eventual elimination of procedures that restrict voluntary movement, personal freedom, and choice.

The decision to use a restrictive procedure shall take into consideration the purpose or intent of using such a procedure for the following reasons:

- Behavioural Support Strategy (prevention of dangerous or harmful behaviour).
- Safety of the individual.
- Safety of others.

The decision to use a restrictive procedure shall also take into consideration the following risks and potential complications of use:

- Physical harm,
- Loss of freedom of movement or access to activities and settings,
- Emotional responses including depression or anger,
- Denial of human rights, and
- Moral and ethical principles.

These standards and guidelines align with Occupational Health and Safety legislation and represent best practice to ensure the safety of support providers and the application of safe and ethical support to people with intellectual disabilities.

### *Exceptions*

The standards and guidelines described in this document do not apply to:

#### **Use of medication to affect behaviour:**

**The use of medication to affect behaviour does not require approval through the process as outlined in this document.** Service providers are required to follow their policies and guidelines related to the administration of medication.

As per CPP&SP, medication intended to affect behaviour must be prescribed by a physician or psychiatrist and must not be the primary behaviour support strategy used for a person with an intellectual disability. See CPP&SP, Appendix G: Medication Protocol for guidelines related to the use of medication as a behavioural support for additional information.

#### **Use of therapeutic devices and supports:**

**The use of therapeutic devices and supports do not require approval through the process as outlined in this document.** This includes physical assistance or support related to involuntary movement, daily living routines, eating, function support, aids or other safety devices used to prevent injury, which are commonly used for specific medical, dental, and surgical treatment. However, all such strategies must be consented to, clearly documented, linked to distinct outcomes, and outlined by the relevant discipline practitioner following their own professional standards (e.g., Nurse, Physician, Occupational Therapist, Physiotherapist). This includes a description of the device or support by the practitioner including its intended use, and application instructions i.e., duration, frequency, schedule. This documentation will be maintained on the organization's individual file.

Note that therapeutic devices prescribed by a Physician, Nurse, Occupational Therapist or Physiotherapist for therapeutic purposes that are not being used as prescribed may constitute abuse.

## **II. Application**

GLSD-funded programs will develop a policy for the use of restrictive procedures that follows the standards and guidelines as outlined in this document. These standards include:

- A. Principles
- B. Definitions
- C. Alternatives to Restrictive Procedures
- D. Safe and Ethical Practice
- E. Consent Process
- F. Approval Process

- G. Documentation
- H. Training
- I. Review

**Note:** The occurrence of dangerous or harmful behaviours that have never occurred before may require unplanned responses that limit movement, freedom, or choice. These unplanned responses are referred to as Emergency Restrictive Procedures. Due to the nature of these occurrences, the opportunity to obtain the appropriate approval and consent from the individual does not exist and therefore the application of the standards and guidelines related to consent and approval in these circumstances is not required. Areas where different application of the standards and guidelines is necessary for Emergency Restrictive Procedures and Non-Emergency Restrictive Procedures are identified within the document.

**CLSD funded organizations**, through the application of their policy on the use of restrictive procedures, are accountable for the decision-making process related to the use of restrictive procedures and the ongoing on-site monitoring required. Organizations are required to practice due diligence in the application of procedures which have the potential for harm to the individuals they are supporting.

**CLSD** has a role in monitoring consistent and appropriate application of the standards and guidelines within **CLSD**-funded programs, participating as members of planning teams as appropriate, and providing behavioural support and consultation as required.

## III. Restrictive Procedures Standards and Guidelines

### A. Principles

The use of restrictive procedures poses inherent risks to the physical safety and psychological wellbeing of individuals. The effect of loss of liberty is often underestimated. Controlling an individual's freedom in any way is restrictive and carries with it a responsibility on the part of the support provider(s) to protect the appropriate balance of risk and benefit.

**Standard:** To ensure the protection of rights and ethical practice, the policy states a set of principles that provide the foundation to the restrictive procedure policy standards and guidelines.

**Guidelines:** The policy will contain a statement of principles as follows:

- Individuals have the right to be treated with dignity and respect and support strategies are consistent with the protections as afforded by *Human Rights* and *Charter Rights* legislation and legal considerations.
- Restrictive procedures shall be used as a last resort for the least amount of time, using the least amount of force necessary, to minimize the impact of the behaviour and to protect the individual and others from harm.
- Restrictive procedures are used in a safe and ethical way, are based upon a functional assessment of the behaviour, are used in conjunction with other positive procedures, and are used within the context of CPP&SP and Comprehensive Behaviour Support.

- Restrictive procedures used outside of current policy guidelines (CPP&SP, Standards and Guidelines for the Use of Restrictive Procedures in ~~Community Living Service Delivery Funded Organizations~~, Participant Abuse Policy, and other related organizational policy) may constitute abuse.
- Planned strategies that involve restricting movement or denial of access to locations, events, or activities are documented in the participant's Comprehensive Behaviour Support Plan.

## B. Definitions

**Standard:** To ensure clear understanding and consistent application of terminology, policies on restrictive procedures shall use standard terminology concerning restrictive procedures.

**Guidelines:** The policy will use the following definitions:

- a) **Restrictive Procedures:** Strategies or procedures in response to dangerous or harmful behaviour that restrict an individual's voluntary movement, freedom, or that deny them a choice. Restrictive Procedures may include:
  - i **Environmental modifications** that act as barriers to free personal movement that serve to confine the individual to specific areas (e.g., door locks, gates).<sup>2</sup>
  - ii **Antecedent manipulations** that involve denial of choice, access to locations, events, or activities as a strategy to eliminate triggers and prevent the behaviour from occurring.
  - iii **Physical responses** that involve physical restraint/manual holds (hands on) that restrict freedom of movement including bite releases, release holds, deflection, redirection, blocking or other reactive body positioning.
- b) **Emergency Restrictive Procedures** -- A restrictive procedure applied in an emergency situation to respond to dangerous or harmful behaviour and immediately preserve the individual's life, or to prevent serious physical harm to the individual or others. The procedure is used only for the duration of the emergency.
- c) **Non-emergency Restrictive Procedure** -- A restrictive procedure that is implemented and reviewed on an on-going basis and as part of the participant's Comprehensive Behaviour Support Plan. The purpose of the procedure is either to prevent or respond to the occurrence of a dangerous or harmful behaviour.
- d) **Aversive Procedures** -- Stimuli or activities applied in response to behaviour that the individual perceives as physically or psychologically painful or harmful. The use of aversive procedures is prohibited (Refer to CPP&SP, Policy 5, **Appendix F**).
- e) **Core Group** -- The core group includes the individual, those providing support, others with specific expertise, and other ad hoc members as required. Members may include program coordinator, Approved Private Service Home (APSH) Operator, family members, agency program supervisor/manager, support provider, CLSD case manager, Program Development

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<sup>2</sup> Environmental modifications do not include locked medical cabinets or locked hazardous/poisonous materials.

Consultant, Crisis Support Therapist, advocates, physician, pharmacist, and other involved health care professionals.<sup>3</sup>

- f) **Individual Service Provider** -- Includes those persons who provide direct support to individuals who have an open file with CLSD and may include direct care staff, program staff, CLSD staff, family members, or APSH Operators and others as required.
- g) **Dangerous or Harmful Behaviour** -- Any attempted or actual conduct of a person that causes or presents an immediate risk of bodily hurt.

### C. Alternatives to Restrictive Procedures

**Standard:** To ensure a positive person-centred culture and minimize the use of restrictive procedures and the associated risks for participants, the policy states alternative actions will be taken, and restrictive procedures shall be used as a **last resort**.

1. **Guidelines:** The policy will outline the requirement for the use of positive strategies as follows: Comprehensive Behaviour Support strategies as per CPP&SP (Policies 10 - 15, **Appendix D**) will be implemented to affect dangerous or harmful behaviour.
2. Positive programming strategies will be implemented prior to the implementation of restrictive procedures.
3. Restrictive procedures will not be used in exclusion of other positive programming strategies.

### D. Safe and Ethical Practice

**Standard:** To ensure safe and ethical practice and minimize the risks associated with the use of restrictive procedures, the policy states that only those procedures approved and in compliance with *Standards and Guidelines for the Use of Restrictive Procedures in ~~Community Living Service Delivery Funded Organizations~~* and CPP&SP shall be utilized by individual service providers.

**Guidelines:** The policy will outline safe and ethical practice as follows:

1. Policies on the use of restrictive procedures will **NOT** include measures that are designed to deliver pain, physical or psychological discomfort, punishment, retribution, or that would otherwise fit the definition of abuse (refer to the *Participant Abuse Policy*). Restrictive procedures may not deny basic human needs such as food and water for sustenance and shelter. The use of aversive procedures is prohibited (refer to CPP&SP).
2. The use of non-emergency restrictive procedures requires approval in accordance with *Standards and Guidelines for the Use of Restrictive Procedures in ~~Community Living Service Delivery Funded Organizations~~*, and CPP&SP.
3. The use of emergency restrictive procedures, where the behaviour has not occurred before, requires adherence to *Standards and Guidelines for the Use of Restrictive Procedures in ~~Community Living Service Delivery Funded Organizations~~*, relevant organizational

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<sup>3</sup> Note: The CLSD case manager is a required team member.

emergency response policy guidelines, and CPP&SP, Policy 14, Appendix H: Emergency Response Policy Guidelines.<sup>4</sup>

4. Service providers, if aware the use of restrictive procedures in conflict with the standards and guidelines as outlined in this document, shall immediately notify their supervisor in accordance with their program's reporting and documentation standards on serious incidents and in accordance with their abuse policy, if appropriate.
5. The use of restrictive procedures in conflict with the standards and guidelines as outlined in this document shall be reviewed as per the *Participant Abuse Policy* as appropriate.
6. The organization will implement training for staff on CPP&SP, *Standards and Guidelines for the Use of Restrictive Procedures in ~~Community Living Service Delivery~~ Funded Organizations*, and training related to participants' Comprehensive Behaviour Support Plans outlining the appropriate use of any restrictive procedure included in the plan.
7. The organization will develop a training plan to meet workers' needs so that they are able to identify and deal appropriately with potentially violent behaviour as per *OH&S Regulations, Part 3-26*.
8. Any restrictive procedures that require service providers to use their body to restrain or contain an individual (physical restraint/manual holds) shall use procedures included within a certified and researched physical response program such as MANDT, or Professional Assault Response Training (PART), and may only be implemented by individuals trained and certified to use these procedures. Service providers are accountable to the requirements for use of the physical response including monitoring, assessing, and maintaining safety during the procedure as outlined in the physical response program.

## E. Consent

**Standard:** To ensure that an individual is given the opportunity to provide informed consent or refuse to provide consent for use of a non-emergency restrictive procedure<sup>5</sup> and to ensure that consent is given freely and voluntarily, without undue promise of favourable outcome or threat for noncompliance, the policy states that consent shall be obtained prior to the implementation or inclusion of a non-emergency restrictive procedure as part of the individual's Comprehensive Behaviour Support Plan.

**Guidelines:** The policy will outline the consent process utilized as follows:

1. The consent process will include communication to the individual in a language or preferred communication method that can be understood and includes:
  - The commonly understood consequences/risks of the proposed restrictive procedure.
  - The alternatives available to the individual.

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<sup>4</sup> CPP&SP, Policy 14 requires organizations establish emergency policy guidelines to address **new** behaviours that are dangerous or harmful.

<sup>5</sup> In emergencies, if a participant's unanticipated dangerous or harmful behaviour places him/her or others in imminent danger, the participant/substitute decision-maker does not have the right to refuse the use of restrictive procedures. In this situation, the use of restrictive procedures is a measure of last resort to protect the health and safety of the participant or others. Consent is not required for use of an emergency restrictive procedure as this is an unplanned intervention.

- The impact to the participant and others should the individual not consent to the procedure.
  - Who will be responsible for the implementation of the restrictive procedure.
  - Any other available information requested by the individual to help to assist in obtaining an informed consent.
  - Individuals require functionally appropriate means of communication and support to realize their capacity for informed consent to, or refusal of, the procedure. Involve the participant by adapting the level and means of communication to them. Offer information in a form you believe the individual will understand (e.g., pictures, symbols, gestures, vignettes).
  - Involvement of others who know the individual the best to obtain information or to facilitate the individual's understanding and communication.
  - Sufficient time for the individual to understand, consider the information, and ask questions.
2. If the individual can understand, then they can make their own decisions. Wherever possible, the participant will be supported to make decisions affecting themselves, their health, and their personal and property needs.
  3. If a guardianship order exists, the order must be reviewed to determine the guardian's authority to make decisions regarding the use of restrictive procedures for the individual.
  4. If there is no court-appointed guardian or decision-maker, and the service providers are unable to determine the intent of the individual, then the nearest relative who is interested, willing, available, and can make decisions for the individual should be involved in the decision-making process.
  5. In the event, the individual does not have a substitute decision-maker, the process of [supported decision-making](#) will be used to support the participant in the decision-making process. Supported decision-making is a process of supporting adults with intellectual disabilities to be self-determining. The individual is the center of the decision-making process. The individual, along with other people who are important to the individual and who help them and whom they trust, is supported in making decisions that are in the best interest of the individual. The core team must respect the values and rights of the individual and weigh the individual's right to freedom and liberty with the use of restrictive procedures to protect the health and safety of the person and others in the environment (refer to CPP&SP, Appendix B: Supported Decision-Making). Wherever possible, family and guardians should be involved in the supported decision-making process.
  6. The consent process used, and the circumstances of the decision reached will be documented in the individual's file. Support providers should record the exact questions asked and the exact words and gestures of the individual's response to questions regarding agreement for the use of restrictive procedures.

7. Consent is valid for a one-year period or until the restrictive procedure is changed, no longer required, or withdrawn. Support providers will record and track consent validation dates in the individuals' file.
8. Where consent is denied or withdrawn, alternatives will be found to the restrictive procedure being proposed. The individual will be advised in emergency situations when restrictive procedures may be implemented to protect the health and safety of the individual or others as per relevant emergency response policy guidelines and related policies.

## F. Approval Process

**Standard:** To ensure there is appropriate authorization in the event a restrictive procedure is required, the policy states that all non-emergency restrictive procedures<sup>6</sup> used to support individuals shall be approved for use prior to implementation. The approval process will ensure that the procedures are the least restrictive measures possible, and that the methods are safe for individuals and service providers.<sup>7</sup>

**Guidelines:** The policy will outline the approval process as follows:

1. Approved restrictive procedures shall be only used to:
  - Respond to imminent physical danger of the individual or other people. Restrictive procedures are not to be used to prevent property damage, unless this property damage poses an imminent physical safety risk to the participant or others.
  - Establish those antecedent conditions that serve to prevent the occurrence of dangerous or harmful behaviour.
2. Non-Emergency Restrictive Procedures require approval and include:
  - Physical restraint/manual holds as a planned approach in situations where all other recommended, least restrictive strategies have failed to reduce the intensity of the incident and where danger to self or others is imminent.
  - The use of antecedent manipulations and environmental modifications not as a response to dangerous or harmful behaviour, but rather as a strategy to eliminate triggers and prevent the behaviour from occurring.
  - The use of environmental modifications that act as barriers to free personal movement that serve to confine the participant to specific areas for behavioural support reasons (e.g., door locks, gates).
  - A restrictive procedure that is implemented and reviewed on an on-going basis and as part of the individual's Comprehensive Behaviour Support Plan.
3. There shall be a Comprehensive Behavioural Support Plan and procedures in place to support the individual's dangerous or harmful behaviour (refer to CPP&SP, Appendix D: Comprehensive Behaviour Support). These plans must include positive, non-restrictive

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<sup>6</sup> Approval is not required for use of an emergency restrictive procedure as this is an unplanned intervention.

<sup>7</sup> The following types of procedures are not considered restrictive procedures therefore consent and approval for use is not required in these situations: during the completion of medical/surgical/diagnostic procedures, which are under the direct order and/or supervision of the physician in attendance or, during motor vehicle transportation, as legislation requires all persons to wear safety belts in a moving vehicle.

alternatives designed to replace restrictive procedures. Plans must be based upon a comprehensive functional analysis to investigate all possible causes of the target behaviour prior to implementation of the restrictive procedure.

4. The restrictive procedures shall be described in full within the individual's Comprehensive Behaviour Support Plan. This description shall include:
  - A detailed description of the target behaviour.
  - A detailed description of the restrictive procedure.
  - A description of when and how the procedure may be used including individual supervision requirements during and after use of the restrictive procedure where appropriate.
  - A description of who may use the procedure and the training required for use of the procedure.
  - A list of the proactive strategies designed to reduce or replace the restrictive procedure.
  - Procedures for documentation and monitoring.
5. The Comprehensive Behavioural Support Plan shall be developed by the core group. Assistance and support will be provided to the core group by an individual with expertise in functional assessment and development of program interventions, i.e., the CLSD Program Development Consultant, service provider trained in **CLSD's Advanced Program Design**, or the **Institute of Applied Behavior Analysis Longitudinal Training; Assessment and Analysis of Severe and Challenging Behavior**.
6. Before a restrictive procedure can be approved and implemented, the Comprehensive Behaviour Support Plan, including a description of the restrictive procedure, shall be signed by the core group members. The core group must include the participant, and the CLSD case manager. Other members may include:
  - Legal Guardian/Family Member
  - Service Provider
  - CLSD Program Development Consultant
  - APSH Operator
  - Physician
  - Crisis Support Therapist
  - Executive Director (or equivalent title)/manager/supervisor
  - Advocate
  - Other team members as required

Final signing authority for approval of the use of the restrictive procedure is the responsibility of the Executive Director or most senior level staff person, as delegated by the Board of Directors or corporation through policy. Evidence of approval of the use of the restrictive procedure is the

signature of the Executive Director within the organization on the Comprehensive Behaviour Support Plan.<sup>8</sup>

7. Approval to use a restrictive procedure shall be valid for a maximum of 12 months, or sooner, as designated by the Executive Director.
8. Upon consideration of the use of physical restraint/manual holds, it is recommended the participant's physician should be consulted as part of the decision-making process to ensure the participant's health will not be compromised during application of the procedure. Consultation will be documented in the individual's file.
9. A non-emergency restrictive procedure may only be implemented upon authorized approval and within the context of Comprehensive Behaviour Support.
10. A signed copy of the Comprehensive Behaviour Support Plan including the restrictive procedure will be provided to the CLSD case manager.
11. For new admissions, the requirement for the transference of an existing restrictive procedure will form part of the transition planning process.
12. One-time use of an unapproved restrictive procedure may be used during an emergency in accordance with the emergency response policy (refer to CPP&SP, Appendix H: Emergency Response Policy Guidelines for further information). If required, a Comprehensive Behaviour Support Plan will be developed and approved to prevent future occurrences of the behaviour and to have a non-emergency restrictive procedure strategy prepared for implementation if necessary.

## G. Documentation

**Standard:** To ensure measurement of impact, the policy states the use of a restrictive procedure shall be documented (frequency, type, effectiveness).

**Guidelines:** The policy will outline standards for documentation of information related to the use of restrictive procedures as follows:

1. Documentation requirements related to the use of a non-emergency restrictive procedure are outlined in the individual's Comprehensive Behaviour Support Plan.
2. Any injuries to the individual or users of the restrictive procedure that occur because of the application of the restrictive procedure are documented and must be reported to the CLSD case manager and service provider Executive Director within 24 hours.
3. A written record of all service providers that have been trained in the use of the restrictive procedure shall be maintained by the organization.
4. A written record of all service providers that have been trained in a physical response program such as MANDT and PART shall be maintained by the organization.
5. The documentation that is required to indicate the restrictive procedure has been approved for use includes:

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<sup>8</sup> Only those plans containing the use of a restrictive procedure require Executive Director sign-off.

- the signature of the Executive Director on the Comprehensive Behaviour Support Plan that includes the restrictive procedure; and,
- the consent process used, and the circumstances of the decision reached documented in the individual's file.

## H. Training

**Standard:** To ensure organization's staff understand and comply with the guidelines for the use of restrictive procedures and to minimize their use, the policy states support providers shall receive education and training regarding the use of restrictive procedures.

**Guidelines:** The policy will outline standards for training as follows:

1. Organizations supporting individuals for whom non-emergency restrictive procedures are part of their support strategies, shall receive training in the individual's Comprehensive Behaviour Support plan including prevention, alternatives, appropriate use, monitoring and documentation of the restrictive procedure and will be familiar with all procedures in the plan as part of their orientation.
2. Instructions for use and implementation of restrictive procedures shall be accessible to all service providers through individuals' Comprehensive Behaviour Support Plans.
3. All new support providers shall receive training in *Standards and Guidelines for the Use of Restrictive Procedures in ~~Community Living Service Delivery~~ Funded Organizations*, CPP&SP, relevant abuse policies, and relevant agency emergency response policy guidelines as a part of the orientation process and thereafter on an annual basis as required.
4. All new service providers shall receive training on general prevention and response strategies as per *OH&S Regulations, Part 3-26*.
5. Service providers who implement any restrictive procedures that require use of their body to restrain or contain a participant (physical restraint/manual holds) shall be trained in the appropriate certified and researched physical response program such as MANDT or PART.

## I. Review

**Standard:** To ensure that restrictive procedures are reviewed, the policy states participants who have had their movement or activities restricted have the right to have the use of the restrictive procedure reviewed.

**Guidelines:** The policy will outline the process for review as follows:

1. Approval for a restrictive procedure is valid for a maximum of 12 months, or sooner, as indicated by the Executive Director.
2. Prior to expiration of the approval for use of the restrictive procedure, the Comprehensive Behaviour Support Plan must be reviewed, and the restrictive procedure removed, renewed, or revised as appropriate.
3. A review of the use of the restrictive procedure will occur a minimum of every 12 months or more frequently if indicated in the Comprehensive Behaviour Support Plan, as required by the individual's

needs, or as designated by the Executive Director. The Comprehensive Behaviour Support Plan will outline ongoing tracking and monitoring requirements of the restrictive procedure as appropriate.

4. The review will include a report on usage and impact of the restrictive procedure as appropriate and will occur as part of a review of the individual's Comprehensive Behaviour Support Plan. The review will include consideration of how and when the restrictive procedures will be withdrawn.
5. The review is completed by the core group. The date of review shall be documented on the participant's file and the Comprehensive Behaviour Support Plan.
6. A debrief with involved staff is recommended after each use of a physical restraint/manual hold to ensure appropriate application, to evaluate its impact on the target behaviour, and to assess any required adjustments.

## IV. References

- Government of Canada. Canadian Charter of Rights and Freedoms.  
<http://laws.justice.gc.ca/en/charter/#garantie>
- Government of Saskatchewan, Ministry of Social Services, Community Living Service Delivery. *Comprehensive Personal Planning and Support Policy* (CPP&SP), February 2005.
- Government of Saskatchewan, Ministry of Social Services, Valley View Centre, Restrictive Procedures Policy and Procedure Manual, 2009.
- Saskatchewan, Adult Guardianship and Co-Decision-Making Act (2005).  
<http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/A5-3.pdf>
- Saskatchewan, *Public Guardian and Trustee Act* (2004)

# Appendix E: Conflict-of-Interest Agreement Forms

## **RSA Conflict-of-Interest Agreement**

**For use by Disability Programs Group Homes**

Based on the *Residential Services Act (RSA) Regulations* Section 7-13

The new legislation requires that employees abide by the Conflict-of-Interest requirements as outlined in the attached Conflict-of-Interest form.

The legislation **does not** require that employees sign Conflict-of-Interest Agreements. If you wish, you may make copies of the attached Conflict-of-Interest agreement for your employees to sign as part of educating and promoting employee's compliance with the new requirements. Any Conflict-of-Interest forms signed by your employees are optional, and for your organization records only.

# Conflict-of-Interest Agreement

## For use by Disability Programs Group Homes

### Based on the *Residential Services Act (RSA) Regulations Section 7-13*

Operators and employees of care facilities licensed under the *Residential Services Act, 2019*, and which fall under the categories of care facilities as defined by *The Residential Services Regulations*, along with their relatives, must be free from conflicts of interest as cited below.

A licenced operator, employee of a care facility or a relative of an operator or employee of a care facility SHALL NOT:

- accept appointment as power of attorney<sup>1</sup> for a resident;
- accept appointment as a personal or property guardian<sup>2</sup>;
- accept appointment as a proxy<sup>3</sup> for a resident in a health directive;
- accept property or personal possessions from a resident or from anyone on behalf of a resident as payment for care and accommodation in the facility;
- influence or attempt to influence a resident or prospective resident in making or altering their will;
- influence or attempt to influence a resident or prospective resident in the conduct of their financial affairs;
- influence or attempt to influence a resident or prospective resident in the handling of their personal assets;
- accept gifts or bequests provided in a resident's will unless the will was executed before the resident was admitted to the care facility; or
- accept gifts from a resident with an accumulated value of greater than \$100 per year.

### **If a licensee/operator or employee, or one of their relatives, receives a gift from a resident, the operator must:**

1. notify the resident's legal guardian or emergency contact person about the gift; and
2. record the date the gift was received, who received it, the estimated value of the gift and the name of the person they contacted regarding the gift.

### **Notes:**

- The above does not apply, if the operator, employee or relative of the operator or employee is a relative of the resident in question.
- Nothing in the *Residential Services Act Regulations*, or above listed limitations, limits an operator from being appointed as a trustee of a resident for the purposes of *The Saskatchewan Assistance Act*.

I understand that the requirements outlined by this agreement are the expectation of all people providing services to residents, whether they sign this agreement or not.

### **I have read the above statements and agree to follow them.**

Name

Signature

Date

Witness Name

Witness Signature

Date

1 A "power of attorney" is a document in which a person (the "grantor") appoints another person (the "attorney") to act on their behalf in connection with their personal and/or property affairs.

2 A "personal attorney" is a person granted power by a "grantor" to act on their behalf in term of the grantor's personal affairs. A "property attorney" is a person granted power by a "grantor" to act on their behalf in term of the grantor's property affairs.

3 A "proxy" is a person appointed in a directive to make health care decision for the person who made the directive.

# Conflict-of-Interest Agreement

## For use by Approved Private Service Homes Based on the *Residential Services Act (RSA) Regulations Section 7-13*

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- accept appointment as a proxy<sup>3</sup> for a resident in a health directive;
- accept property or personal possessions from a resident or from anyone on behalf of a resident as payment for care and accommodation in the facility;
- influence or attempt to influence a resident or prospective resident in making or altering their will;
- influence or attempt to influence a resident or prospective resident in the conduct of their financial affairs;
- influence or attempt to influence a resident or prospective resident in the handling of their personal assets;
- accept gifts or bequests provided in a resident's will unless the will was executed before the resident was admitted to the care facility; or
- accept gifts from a resident with an accumulated value of greater than \$100 per year.

### If a licensee/operator or employee, or one of their relatives, receives a gift from a resident, the operator must:

1. notify the resident's legal guardian or emergency contact person about the gift; and
2. record the date the gift was received, who received it, the estimated value of the gift and the name of the person they contacted regarding the gift.

### Notes:

- The above does not apply, if the operator, employee or relative of the operator or employee is a relative of the resident in question.
- Nothing in the *Residential Services Act Regulations*, or above listed limitations, limits an operator from being appointed as a trustee of a resident for the purposes of *The Saskatchewan Assistance Act*.

I understand that the requirements outlined by this agreement are the expectation of all people providing services to residents, whether they sign this agreement or not.

### I have read the above statements and agree to follow them.

Name of APSH Operator (or Alternate Support Provider)      Signature

Date

Witness Name

Witness Signature

Date

1 A "power of attorney" is a document in which a person (the "grantor") appoints another person (the "attorney") to act on their behalf in connection with their personal and/or property affairs.

2 A "personal attorney" is a person granted power by a "grantor" to act on their behalf in term of the grantor's personal affairs. A "property attorney" is a person granted power by a "grantor" to act on their behalf in term of the grantor's property affairs.

3 A "proxy" is a person appointed in a directive to make health care decision for the person who made the directive.