

Program Information Handbook



Respite Care Program



"BELIEVING IN POTENTIAL"

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reach
CHILD AND YOUTH
DEVELOPMENT SOCIETY

Vision Mission & Values

VISION *Communities where all children, youth and families are welcomed, included, and leading lives of well-being based on their own individual strengths, interests, and values.*

MISSION *To provide timely, accessible and supportive community programs and services for the optimal development of children and youth, where children, youth and families flourish and reach their potential.*

VALUES

Respectfulness

Excellence

Attitude of sharing

Collaborative spirit

Honesty

Continuous improvement

Handle resources efficiently

Integrity

Learning

Diversity

Guiding Principles

1. Appreciating childhood as a unique and valuable stage of the human life cycle and basing our work with children and youth on the knowledge of children development.
2. Appreciating and supporting the bond between the child or youth and family.
3. Recognizing that children and youth are best understood and supported in the context of family, culture, community and society.
4. Respecting the dignity, worth and uniqueness of each individual (child, youth, family member, and colleague).
5. Helping children and youth achieve their full potential in the context of relationships that are based on trust, respect, and positive regard.
6. That children are best nurtured by a family that knows, loves and honors them for who they are.
7. That all children have the right to play and learn in an inclusive environment that meets the needs of children with and without disabilities.
8. That relationships and friendships are essential to enrich our lives.
9. That all individuals are entitled to the services and supports required to ensure their full participation in our society.
10. That the involvement of families and support networks contributes to everyone's safety and well-being.
11. That services and supports must be delivered in a way that respects an individual's diverse history, culture, race, religion and sexual orientation.
12. That inclusive communities enrich the lives of all citizens.

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ADMINISTRATIVE PROCEDURES

GOALS AND OBJECTIVES OF THE RESPITE PROGRAM

Respite Care is defined as the planned or emergency care provided to a person with a developmental disability in or out of the natural home for the purpose of providing relief to families from the daily responsibilities of caring for this person.

The goals of the Respite Program are consistent with the philosophies of the Society and serve to promote social integration and quality lifestyles.

The following are the program goals and objectives:

To provide relief for parents from the daily responsibilities and accompanying stress of caring for a child who has a developmental disability.

- Objective #1: To match each family with a suitable Respite Contractor.
- Objective #2: To provide an annual allotment of respite days that will help to promote healthy functioning of the family unit.

To expand the informal support networks of families who have children with developmental disabilities.

- Objective #1: To give families as much direct involvement as possible in choosing a Respite Contractor so that they are comfortable with the match.
- Objective #2: To promote the natural process of relationship building between families and Respite Contractors by encouraging direct involvement between the parties.

To provide individualized service to each family so that their needs are most appropriately met.

- Objective #1: To have a range of respite options, including hourly and overnight care, in a variety of settings, including the family home, the Respite Contractor's home and the community, and to remain flexible in the delivery of these options.
- Objective #2: To allow each family to decide the pace of the respite process and schedule dates and times for respite that meet their needs.
- Objective #3: To ensure that the child's and family's needs and preferences have been taken into consideration and are documented in Service Plans and Care Plans.
- Objective #4: To ensure any perceived barriers of the family and/or child in accessing services have been identified and addressed as appropriate.

REFERRALS

Referrals to the program may come from a variety of sources but must be channeled through the Ministry for Child and Family Development (MCFD), the funding source for the program. Out of region referrals will be considered only in extenuating circumstances.

ADMISSION REQUIREMENTS: FAMILIES

Eligibility:

- Applicants must be diagnosed as having a developmental disability.
- Applicants must reside in the Delta area.
- Applicants must sign a Support Services Agreement with MCFD

General Considerations:

People will not be refused admission based on race, religion, ethnic origin, gender, sexual orientation or degree of disability.

Children identified as having psychiatric problems will be served based on the individual needs of the child and the program's ability to meet those needs.

Every effort will be made to accommodate a variety of special needs within the program, but in some cases this may not be possible due to safety requirements of Respite Contractors and/or children. Each case will be handled individually, in consultation with the MCFD liaison worker.

When a person who is a clear and substantial danger to self and/or others is referred, the program must have:

- provisions for sufficient support for physical security to prevent, with reasonable assurance, harm by the person to self/others and property.
- provisions for appropriate monitoring and review of the person's situation.

Priority for service will be determined by an MCFD Worker and will be based on need, taking into consideration factors such as overall family functioning and availability of other services to the family, as well as the severity of the child's disability.

Admission to the respite program is subject to program capacity; referrals are placed on a waiting list maintained by Ministry for Child and Family Development until space becomes available.

Families have the option of participating in either the general respite program or the group respite program, depending on spaces available and the needs of the child. Generally families are not eligible for both services, although this may be approved in special circumstances.

All families admitted to the program are entitled to hourly and/or overnight respite care, to be provided either in their home, the Respite Contractor's home or the community.

When applying for respite, the MCFD Social Worker or the family needs to indicate the amount and type of respite care they require. This request will be reviewed by the Coordinator(s) and is subject to available funding.

Should a family's needs legitimately exceed the available funding of the program, the Coordinator(s) will assist in requesting from MCFD additional funding to meet that need. There is, however, no guarantee that the request will be granted.

ADMISSION PROCEDURES: FAMILIES

When a space becomes available, the MCFD Liaison will complete a referral form and submit it to the Coordinator(s). The MCFD Social Worker is responsible for ensuring the family has signed a Support Services Agreement and a copy has been sent to the Coordinator(s) prior to the family utilizing respite services.

Within a week of receiving a referral form from MCFD, the Respite Coordinator(s) will mail an application package to the family, which includes a brochure describing the program, an Application Form and a Physicians Form.

Once the completed Application Package is received in the office, the Coordinator(s) will contact the family within a week to arrange a time to meet and discuss the family's respite needs further. This meeting should be scheduled within the next month.

If the application package has not been returned to the office within two weeks, the Coordinator(s) will contact the family and offer assistance in completing the package as necessary. If the Coordinator(s) cannot reach the family, they will send a letter giving the family a timeline for responding before the Liaison Worker is contacted and the spot on the Respite Program is offered to someone else. A copy of this letter will be forwarded to the MCFD Social Worker and/or Liaison Worker.

During the initial meeting with the family, the Coordinator(s) will collect information to complete the child's Care Plan. Wherever possible, the child will be involved in the development of this plan. The Coordinator(s) will be flexible regarding methods used to gather information, i.e. through observation, interviews, and reports from other programs, both internal and external where the family has given permission. The Family Rights and Responsibilities form will be reviewed / signed with the family at intake and again annually. The family will be given a Respite Handbook to review and an emergency information card to complete and sign. A medication administration record will be completed as applicable.

Information will be compiled in a binder that should be accessible to the Respite Contractor during each respite visit.

During the initial meeting, the Coordinator(s) must also discuss the family's respite requirements and goals as outlined in the application form, as well as whether the parent wishes to identify a potential respite worker. If the parent does not have a person in mind, then the Coordinator(s) may wish to describe Respite Contractors who are currently available and match the family's specifications. While the Coordinator(s) will make every effort to accommodate as many of the family's requirements as possible, it may be necessary to suggest Contractors who do not meet every criteria. Within two weeks of completing the Care Plan, the Coordinator(s) will provide a minimum of two names that meet the family's availability requirements, as well as at least two personal criteria. The family is under no obligation to meet these Contractors; if they prefer, the Coordinator(s) will continue the search for a Contractor who would be a more suitable match. If the family has criteria that may be restrictive in locating a Contractor, the Liaison Worker will be informed that the onset of respite may be delayed. Note: If more than two children are referred to the program in a given month, the timeline for the above procedures may also be delayed.

If necessary, additional meetings may be scheduled until paperwork is completed and the family is familiar with REACH respite procedures. All forms must be completed and returned to the Coordinator(s) prior to initiating respite visits, except in emergency situations.

SERVICE PLAN PROCEDURES

Within two weeks of developing the child's Care Plan, a Family Service Plan will be developed, which will summarize the child's support needs, the family's requirements for a Contractor and the family's desired outcomes for respite provision, as described in the application form and to the Coordinator(s). The Family Service Plan will also include names of Contractors suggested to the family and actions to be taken by the Coordinator(s) and/or the family.

Whenever the family's respite needs change, the Service Plan should be updated and a review date set. An Annual Service Plan Summary will be completed each year, with family input, to monitor whether respite services are meeting the family goals and are consistent with family needs and priorities.

ADMISSION REQUIREMENTS: RESPITE CONTRACTORS

Prospective Respite Contractors must have completed the following prior to approval: an application form; a medical clearance form; a TB test (if deemed necessary by the Coordinator(s)); three reference forms (two if the prospective contractor has been referred by the family who will be using them for respite); a home study preparation form (if providing overnight care in their own home); a home safety check (if providing care in their own home); a statement of commitment to the Reach Code of Ethics and Bill of Rights for Behaviorally Challenging Children; a Criminal Record Check; a driving abstract and insurance history (if providing transportation for the child).

The Coordinator(s) will only approve a prospective Respite Contractor if they are certain he or she can provide a safe, healthy, and stimulating environment for the child.

Eligibility is not restricted to Contractors living in the Delta area.

Respite Contractors must be 19 years of age or older. In exceptional circumstances, at a family's request, the Coordinator(s) may consider approving a Respite Contractor younger than 19 years of age, provided the family signs a waiver indicating that only daytime care will be provided.

Those Respite Contractors who are presently foster parents will be eligible for providing care for the REACH Respite Care program as long as they meet the Respite Program criteria and are able to provide appropriate levels of supervision.

Parents of children with special needs who access services through another respite program are eligible to provide respite through Reach, as long as they meet admission requirements and are approved by the Coordinator(s).

Employees of REACH are eligible to be contracted through the Respite Care Program provided that they meet admission requirements and are approved by the Coordinator(s). They should not be matched with any children with whom they work in their own program at REACH.

ADMISSION PROCEDURES: RESPITE CONTRACTORS

The REACH Respite Program has a core of Respite Contractors who should be considered first when a family requires a respite worker. New Respite Contractors should be screened only when there is a family that is interested in accessing their services.

Application packages will be sent out on request and should include: an introductory letter describing the screening process, a brochure describing the program, a list of contractor expectations and an application form. Completed application forms will be kept on file for a year or until a potential match is identified.

Once a potential match is identified, the applicant will be sent additional paperwork, including three reference forms and a medical clearance form for their physician to complete. If the contractor is known to the family, only two references are necessary, as the family will be considered the third reference. If overnight care in the Contractor's home will be provided, a home study preparation form should also be included.

An interview will be scheduled with the prospective Respite Contractor to determine their suitability for providing respite.

If the interview is successful, another meeting between the Coordinator(s) and the prospective Respite Contractor will be scheduled to review the application package and

provide an orientation to the respite program. Confirmation of a negative TB test may be required at this time.

If the Respite Contractor will be providing respite in his/her home, the Coordinator(s) must visit the prospective Respite Contractor's home and complete a home safety check.

Following the home visit, the Coordinator(s) must review Respite Contractor qualifications and compile information about them and their family, as appropriate, in a file. The Coordinator(s) may contact Respite Contractor's references where necessary.

After approval, the following steps must be completed prior to any respite stays:

- A Criminal Record Check on all individuals 14 years and older who reside in the home.
- A Driving Abstract and insurance history for Respite Contractors providing transportation, along with a vehicle inspection checklist.
- A Statement of Commitment to the Code of Ethics and Reach Bill of Rights must be signed by the applicant.
- A review of REACH respite emergency procedures and guidelines for care provision with the applicant.

Once the previous steps have been completed, the applicant is formally approved as a potential Respite Contractor. An introductory visit may be scheduled with the family at any point in this process, unless the Respite Contractor is already known to the family.

MATCHING PROCEDURES

Once the applicant is approved as a Respite Contractor, the Coordinator(s) must initiate the process of matching a Respite Contractor to the family. There are three possibilities at this step:

- The family identifies a Respite Contractor (See Admission Procedures: Respite Contractors).
- A Respite Contractor is chosen from the pool of previously screened Respite Contractors (see Matching Procedures).
- A new Respite Contractor is identified and screened by the Coordinator(s) (See Matching Procedures and Admission Procedures: Respite Contractors)

All families will be given the opportunity to designate a Respite Contractor for their child. However, final approval of the Respite Contractor must be granted by the Coordinator(s). Families who are unable to suggest a Respite Contractor will have an opportunity to choose a Respite Contractor provided by the Respite Program.

When matching a Respite Contractor to a family, there are a number of issues that must be considered. These are as follows: characteristics of the child, size of the family,

characteristics of the parent(s), the family's home, lifestyle of the family, value base of the family and, if applicable, whether the Respite Contractor can take a sibling group.

Once the family has been given the names of at least two Respite Contractors, they can decide if they wish to meet both before deciding who is most compatible, or if they would prefer to just meet one prospective Contractor initially, then meet the other if the first match does not work out. The family is not limited to one Contractor, and families are encouraged to have a back-up Contractor, where appropriate.

The Coordinator(s) must arrange an introductory meeting between the Respite Contractor and the family and facilitate conversation so that the two parties can become familiar with each other. If the Parent and/or Respite Contractor are not comfortable with the match, the Respite Coordinator(s) will suggest another potential Contractor within a week and facilitate another meeting. If the Parent wishes to proceed with the arrangement, then the next steps (listed below) should be completed.

Prior to the first respite stay (either at the introductory meeting or subsequent meetings), the Coordinator(s) is/are responsible for:

- Compiling a binder of information pertaining to the child, as well as REACH Administrative Procedures, Emergency Procedures and Standards of Care Provision.
- Providing the Respite Contractor or family with the child's binder.
- Reviewing the child's personal information with the Respite Contractor and ensuring the Respite Contractor reads and signs the child's Care Plan.
- Ensuring both the Respite Contractor and family are familiar with their responsibilities for completing medication forms, seizure records and communication notes, as applicable.
- Reviewing the Respite Contract with the Respite Contractor and the family and ensuring it is signed by both parties, as well as the Coordinator(s).
- Ensuring all waivers and consents are signed.

CLOSING PROCEDURES

Families who wish to leave the program should inform their social worker and/or the Respite Coordinator(s). Once the program is notified that the child will be discharged from the program, the Respite Coordinator(s) will contact the family within a week to complete a Respite Closing Report. The Closing Report will include the child's intake date, the closing date, the outcomes achieved through the provision of respite and the status of the child leaving the program. The Closing Report will be sent to the family and the Liaison Worker within a month of receiving discharge notice.

If a family does not use or donate their respite services for one year, the Program Coordinator(s) will inform the Liaison Worker, who may contact the family to discuss their interest in continuing with the respite program. The decision to terminate the family's services will be made by MCFD in conjunction with the Respite Coordinator(s). Once the decision is made, the

family will be informed in writing that their file will be closed; a copy of this letter will be forwarded to MCFD and a closing form will be completed.

RESPITE CONTRACTOR / PARENT RELATIONSHIP

The Coordinator(s) will support the Parent(s) and Respite Contractor to establish a relationship that allows for clear and open lines of communication. Once the Parent/Respite Contractor relationship has been established, families are expected to maintain clear lines of communication with the Respite Contractor. This may include: discussing availability for respite; arranging respite dates and times; exchanging information regarding the child; discussing any concerns that may have arisen; discussing planned activities and responsibility for related expenses.

If necessary, the Respite Contractor may be asked to document information relating to the visit in a communication book or in the child's binder.

Respite Contractors and parents are expected to treat one another in a respectful manner. If a conflict arises, they should discuss it between themselves wherever possible and refer to the 'Conflict and Grievance Process' outlined in the Family Rights and Responsibilities' form.

Respite Contractors and/or parents/guardians should inform the Coordinator(s) if a conflict has arisen. If necessary, the Coordinator(s) may play a mediating role in resolving conflict between the Respite Contractor and Parent(s). If the situation cannot be resolved satisfactorily, the Executive Director may be contacted for support.

Verbal abuse and/or violent behavior involving either the Respite Contractor or the Parent(s) is unacceptable and will not be tolerated. Allegations of abuse or violence will be investigated by the Coordinator(s) and/or the Executive Director and reported to MCFD as appropriate; if substantiated, it will result in action being taken against the party responsible.

If the Respite Contractor is found to be responsible for abuse or violence towards a family or a child, the Respite Contractor's services will be terminated and appropriate action taken.

If a family member is found to be responsible for verbal abuse towards a Respite Contractor or towards the Respite Contractor's family, respite will be discontinued until the issue is resolved satisfactorily. For example, the family member may be asked to seek counseling. The incident will be noted in the family's file; if a similar incident occurs in future, the family will be asked to leave the respite program. If a family member is found to be responsible for violence towards a Respite Contractor, services to the family will be immediately discontinued.

APPEALS

It is important that families and their Respite Contractors are able to freely and openly discuss concerns with each other as they arise. If concerns are not resolved, they should be

discussed with the Respite Coordinator(s) within two working days. He/she will develop a plan of action for responding to the identified concern within a week.

In the event that a parent or Respite Contractor is dissatisfied with the Coordinator(s)'s response, they should request information on the "Formal Grievance Process" from the Reach front desk, either in person or by calling, emailing or faxing their request. The Executive Director will investigate the situation and will provide the Parent/Respite Contractor with a written response within 10 working days.

CRIMINAL RECORD PROCEDURES

All Respite Contractors must have a criminal record check completed by the Criminal Record Review Program in Victoria. The cost for criminal record searches will be covered through the Respite Program.

Every person aged 14 years and over living in the Respite Contractor's residence and present when respite is provided must have a criminal record check completed. Every five years, contractors will be required to complete an updated criminal records search.

PHYSICIAN'S FORMS

All prospective Contractors are required to provide a Medical Clearance Form, certifying that they are physically and emotionally capable of providing care to challenging children. Any costs associated with completing this form will be the responsibility of the prospective Contractor.

If the Medical Clearance Form indicates that the prospective Contractor has been treated for emotional or psychiatric problems, the physician must confirm that the condition is controlled by medications and / or psychotherapy before the prospective Contractor will be approved through the Respite Program.

If the Medical Clearance Form indicates that the person has been involved in an alcohol or drug treatment program, the physician must confirm that the program was successfully completed at least five years ago and that the person has supports in place to address any substance abuse issues that arise.

Every five years, contractors will be required to provide an updated medical clearance signed by their physician. The cost of the updated medical clearance will be covered through the program.

FIRST AID

All Respite Contractors are responsible for obtaining a "Safety Oriented First Aid" certificate or equivalent within 3 months of being accepted as a Respite Contractor. Respite Contractors must also have a minimum of B-level Cardio-Pulmonary Resuscitation (CPR) certification or equivalent and re-certify as required.

Respite Contractors are responsible for costs of initial First Aid and CPR training. REACH regularly sponsors community First Aid Training Classes that Contractors may attend if space permits.

INSURANCE

Respite Contractors are responsible for obtaining insurance against bodily injury to the children in their care, as well as against personal injury and property damage to themselves and their home.

Respite Contractors are responsible for insuring all personal vehicles owned, operated, or licensed in their name. REACH requires that Respite Contractors be covered in the amount of not less than two million dollars and recommends three to five million for the above insurance coverage. If a Respite Contractor is using his/her vehicle more than six times a month for business purposes (respite is considered business), then he/she will need Business Insurance.

FEES AND PAYMENTS

Respite Contractors are under contract with the REACH Respite Program and are not employees of REACH. A T4 tax form will not be issued.

Families and Respite Contractors are required to sign an invoice indicating the dates and times that respite was provided. This invoice must be submitted to the Coordinator(s) by the 1st working day of each month. Respite Contractors should receive payment by the 15th day of each month.

The Respite Coordinator(s) is/are responsible for submitting reports to the Ministry for Child and Family Development regarding families respite usage, as well as submitting monthly billing forms for any separate contracts as appropriate.

Parents may be expected to contribute to the cost of their child's respite care, depending on their financial situation. If this is the case, the family will receive a bill from MCFD for a "Per Diem" Rate.

REACH will not provide financial compensation to the Respite Contractor for care provided in excess of the days allotted to the family. The parent / guardian will be responsible for these costs, unless additional days have been approved in advance by the Coordinator(s).

Parents are responsible for providing money to the Respite Contractor for the child's participation in recreation activities. Expenses should be discussed prior to each respite visit wherever possible. The REACH Respite Program will not reimburse Respite Contractors for expenses or mileage costs.

Families who require their Respite Contractor to provide care for siblings, in addition to the child on the respite program, are expected to compensate the Respite Contractor financially at a rate that reflects the additional responsibilities involved.

PRIVATE ARRANGEMENTS BETWEEN RESPITE CONTRACTORS AND FAMILIES

Should a family wish to make arrangements with an approved Respite Contractor outside of the respite program, the family will be responsible for all fees and payments.

Private payment arrangements between Respite Contractors and families may be made for the care of siblings. These arrangements must be conveyed to the Respite Coordinator(s), who is/are responsible for ensuring that the care of the child with special needs is not compromised. The Respite Program takes no responsibility for the care of children other than the contracted child.

On occasion, a Respite Contractor may be asked to provide care for a child during school hours, for example if a child is sent home from school due to misbehavior. In these situations, care could be approved as an interim measure pending advocacy with the school board to ensure the provision of appropriate support through the Ministry of Education.

CHILD DOES NOT ARRIVE OR FAMILY IS NOT HOME

If the family has not brought their child to the Respite Contractor at the scheduled time, or if the Respite Contractor arrives at the child's home and no one is there, the Respite Contractor should wait for the family for a minimum of 20 minutes and attempt to contact the family; if there is no answer, the Respite Contractor should call the Respite Coordinator(s) and report the incident.

If the Respite Contractor was planning to go out or does not feel he/she can wait any longer, a note should be left for the family, including the date, time, and a request that the family call the Respite Coordinator(s). The note should be signed by the Respite Contractor.

PROCEDURE FOR MISSING A RESPITE BOOKING

Respite Contractors are advised to keep an appointment book of respite appointments, times, phone numbers of families, etc. to assist them.

When a child's family needs to cancel respite, they should contact the Respite Contractor directly, giving them as much notice as possible. Respite Contractors are advised to call and confirm each respite booking with the family 24 hours before respite is to commence.

If a family gives a Respite Contractor less than 24 hours notice of a cancellation, the Respite Contractor will be paid for the time he/she was scheduled to work, except in exceptional circumstances, for example the child becomes suddenly unwell.

When a Respite Contractor has to cancel a respite visit, he/she should call the family directly as soon as possible. If the family wishes to arrange for an alternate Respite Contractor, they should contact the Coordinator(s) at least 24 to 48 hours in advance of the times required and the Coordinator(s) will try to arrange for someone else to provide respite care.

When a Respite Contractor misses a respite booking without contacting the family in advance, it will be noted on his/her file. The Respite Contractor will be warned that should they miss a subsequent respite visit without canceling with the family, their contract may be terminated.

CHILD PICK-UP GUIDELINES

Unless a supervision waiver is on file, the Contractor must ensure that the child is released directly into the care of either the child's parents or an authorized person, as listed in the child's consent form. Under no circumstances will the child be released to anyone not known to the Respite Contractor without authorization from the parents/guardians. In emergency situations, verbal authorization from the child's parent/guardian to release the child to an individual not listed on the form is acceptable. As soon as possible, the form should be revised to reflect additional individuals who are authorized to pick up the child.

If it is after hours and the parents fail to pick up their child or make alternate arrangements, the Respite Contractor should wait one hour and then notify the Coordinator(s) and attempt to reach the designated emergency contact in the child's Care Plan / emergency information card. The Duty Worker for the Ministry for Child and Family Development may be contacted as necessary (604.660.8180).

If a Respite Contractor has reason to believe that the person picking up the child is under the influence of drugs or alcohol, they should inform the person that they are not able to release the child, citing the above reasons, and call the emergency contact person listed in the child's Care Plan.

RESPITE CONTRACTOR REVIEW PROCEDURES

Respite Contractors are expected to participate in an annual review process conducted by the Respite Coordinator(s). The purpose of this review is to ensure that Respite Contractors are meeting contractual obligations for services provided.

The Respite Coordinator(s) is/are responsible for initiating the review process. The Coordinator(s) will review each Contractor's file to ensure Contractors have provided updated information, reviewed administrative/emergency procedures and standards of care, and are meeting contractual obligations.

Each Contractor will receive a contract review package, which will include:

- two copies of the completed Contractor Review, one for their own records and one to be signed and returned to the program;
- A Statement of Commitment to the Code of Ethics form and a Bill of Rights for Behaviourally Challenging Children and Youth form to be re-signed annually;
- A procedures review form, to be initialed by the Contractor after each procedure is reviewed in the program handbook;
- A file update form to be completed by the Contractor with current information on training, availability and transportation practices;
- A vehicle inspection checklist, to be completed over the coming year by Contractors providing transportation to respite children.

The annual review process will be used to identify the need for:

- scheduling home safety checks where care is provided in the Contractor's home;
- updating driving abstracts / claims histories;
- updating NVC I / First Aid certification;
- completing the 5 year review process.

Every five years, the contractor will be expected to update their:

- Criminal Record Search clearance
- Medical clearance
- Driving abstract / claims histories

Contractors will have up to six months to complete action items from their contract review. After six months, if action items are still outstanding, the Contractor will receive a letter informing them that the program will be unable to pay invoices from them until they have completed the action items. The situation should be discussed with the family, as this will affect their family statement of respite usage.

Where payment of invoices has been suspended and action items remain outstanding after three months, an "End of Contract" notice will be issued for each child with whom the Contractor works, with an end date 30 days from the date the letter is sent. Copies of these notices will be sent to **family(ies)** as appropriate. If the information is provided prior to the 30 day deadline, the "End of Contract" notice will be revoked and the **family(ies)** informed. If the information is not provided within 30 days, the "End of Contract" notice will be valid and the Contractor will no longer be paid for respite provided through the program.

EMERGENCY PROCEDURES

MISSING CHILDREN

Once the Respite Contractor is aware that a child has gone missing, a search of the Respite Contractor's residence should be conducted (if applicable), followed by a short (i.e. five to fifteen minute) search of the immediate neighborhood.

A missing person report should be filed with the local Police Department and / or 911 contacted. The Respite Contractor should be prepared with a description of the child, his/her clothing, where he/she was last seen, who he/she was with, etc. The police should be informed if the child is on medication and when they will be overdue for their next medication dose.

The Respite Contractor should contact the child's parents or emergency contact and the Coordinator(s) and establish a plan of action.

The Respite Contractor should begin to complete the Critical Incident Report form and ensure that the child's family, emergency contacts, and the Coordinator(s) and other involved individuals are kept advised of the situation.

AFTER THE CHILD IS FOUND

The Respite Contractor should cancel the missing person report and contact all persons involved in the search.

If the child requires medical attention, the Respite Contractor should make immediate arrangements to ensure that necessary medical attention is received.

The Respite Contractor should inform the family the child is back, and advise them of his/her condition. The Respite Coordinator(s) and others involved should also be informed that the child has been found.

It is imperative that all the appropriate people are contacted as soon as possible. If this cannot be done immediately, for example if the child is located in the middle of the night, it must be done first thing the next morning.

A detailed Critical Incident Report should be completed and submitted to the Coordinator(s) within 48 hours.

The Respite Contractor should ensure full information is available to the child's family upon their return. This will allow them to ask questions regarding the incident.

MEDICAL EMERGENCY

If the event of a medical emergency that is not life threatening, the ailment or injury should be treated using basic first aid techniques and following infection control guidelines (see page 27). The decision to contact a physician is up to the Respite Contractor. If unsure, the physician should be contacted. If the child is injured seriously enough to warrant hospitalization, he / she should be transported to the closest facility, using an ambulance as necessary.

Each child has a binder, containing emergency guidelines and information, as well as the child's Care Plan, which must be taken on all community outings. If an emergency information card has been developed for the child, it may be taken on community outings in place of the binder. This information must accompany the Respite Contractor if the child in his / her care needs to be taken to a hospital.

The Respite Contractor should contact the child's parents/guardian, as necessary and inform the Respite Coordinator(s) of any incidents requiring medical attention. In such cases, a Critical Incident Report form must be completed and submitted to the Coordinator(s) within 48 hours.

Each Respite Contractor should be able to locate quickly: the child's doctor's phone number, the child's medical number, medical alerts, allergies, etc., thermometers, emergency drugs, the child's medication chart and a first aid kit.

SEIZURE MANAGEMENT PROCEDURE

NOTE: Please refer to the child's binder for information relating to a child-specific seizure protocol, which would take precedence to the following procedure.

- Stay calm and stay with the child.
- Do not restrain the child's movements except to prevent him/her from hurting him/herself.
- Remove hazards that can cause injury.
- Do not force the child's mouth open or force anything between his/her teeth.
- Turn the child on his/her side.
- Observe the seizure - time it.
- Treat the occurrence matter-of-factly.
- After the seizure stops, let the child rest.

Report the incident to parents/guardians immediately if it is an unusual occurrence or if medical attention is required and complete a Critical Incident Report form. This report should be submitted to the REACH Respite Coordinator(s) within forty-eight (48) hours. This should also be reported to the child's doctor as soon as possible. Try to keep note of other symptoms, such as vomiting or fever.

If the child has frequent seizures, a seizure record should be available in the child's binder. Document pertinent details in the seizure record (if unavailable, use the child's communication book or piece of paper), and report the incident to the parents/guardians upon their return, unless otherwise directed. If the seizure is unusual, for example, lasts significantly longer than is typical for the child, or if medical attention is received, the Respite Contractor should complete a Critical Incident Report form, in addition to documenting information in the child's seizure record.

Observe the child for further seizure activity.

NOTE: Usually there is no need to call for help. However, three rare conditions warrant this:

- The seizure lasts over three minutes.
- The seizure is followed by another seizure with no recovery period.
- The child fails to start breathing – in this situation, begin artificial respiration and call the inhalator or ambulance.

LIFE THREATENING AND/OR AFTER-HOURS EMERGENCY

A life-threatening emergency or child mortality, as well as situations involving a missing child, a child becoming uncontrollably violent, or physical and/or sexual abuse against the child, are deemed after-hours emergencies. If any of these situations occur, the Respite Contractor should:

- Deal with any life-threatening situation. This may involve calling the police, fire and/or ambulance. The child's medical information should be provided to the hospital, as appropriate.
- Call the child's parents/guardian. If they cannot be reached, or they are out of the Lower Mainland area, then call the child's emergency contacts, as listed in the Care Plan.
- Call the Respite Coordinator(s). Contact numbers will be listed at the front of the child's binder.
- If the Coordinator(s) cannot be reached, the Respite Contractor should call the REACH emergency contact, as designated on the Coordinator(s)'s voice mail.

If further assistance is required, MCFD Emergency Services should be contacted at 604.660.8180. An on-call Worker will be available as a resource and the Respite Contractor should be prepared to provide the name of the child's Social Worker to this person.

Preliminary information relating to the medical emergency should be documented as soon as possible on a Critical Incident Form

AFTER RETURNING FROM AN EMERGENCY

Complete necessary contacts: family, emergency contacts (if applicable), the Respite Coordinator(s) (if applicable) and the REACH emergency contact (if applicable).

Finish the Critical Incident form and submit it to the Coordinator(s) within 48 hours. Ensure full information is available for the child's family to read. They may need answers to questions after the child returns home.

If for some reason, such as the incident occurring in the middle of the night, the necessary phone contacts are not completed at the time of the incident, Respite Contractors should contact appropriate individuals, as per agreement with parents, immediately the following morning.

CHILD MORTALITY

The following procedure must be followed in the event a Respite Contractor suspects the child is deceased:

Immediately: Call emergency assistance (911) and institute immediate life-saving procedures, for example, CPR, and maintain until emergency personnel arrive.

Then: Call the Respite Coordinator(s) or the REACH Executive Director.

The Coordinator(s) or the Executive Director will call the child's parents or guardian and will notify the child's Social Worker within two (2) hours. In the event that a death occurs outside of normal MCFD working hours, the MCFD Emergency Services should be contacted at 604.660.8180. An on-call worker will be available as a resource and may also provide family support. The name of the child's Social Worker should be readily available for Emergency Services Information.

If parents cannot be reached or if they are out of Lower Mainland area and it will take them some time to reach home, the Coordinator(s) or Executive Director will call Emergency Contacts.

If the Respite Contractor is unable to reach the REACH emergency contact, he / she should continue with procedures on their own and contact MCFD Emergency Services. A Critical Incident Report completed by the Respite Contractor and/or the Respite Coordinator(s) must be submitted to the MCFD within 24 hours.

The Coordinator(s) is/are responsible for ensuring the Executive Director is informed of the situation.

STANDARDS OF CARE PROVISION

STANDARDS OF CARE

It is expected that Respite Contractors shall provide the highest standard of care possible in all areas, including health care, nutrition, personal hygiene and grooming.

Respite Contractors will ensure that the child's personal property is well cared for and not used by other individuals unless agreed upon by the child and the child's family.

Respite Contractors will ensure the implementation of individualized behavior management strategies or other treatment programs whenever possible.

It is expected that the high standard of care will include providing recreation, entertainment and/or special treats when feasible. The cost of any planned recreational activities and entertainment should be discussed in advance.

Respite Contractors must ensure separate beds are provided for children receiving overnight care. Separate rooms are to be provided for children of the opposite sex, as well as for other children where this may be their preference or their parent's preference.

On occasion, a Respite Contractor may wish to provide care for more than one child with special needs at a given time. The Respite Contractor must ensure that the quality of care is not compromised and, except in emergency situations, should obtain prior approval from both the children's families and the Coordinator(s). The Respite Coordinator(s) may request that a waiver be signed by the family and the Respite Contractor. Respite Contractors are limited to having two respite children in the home at any one time.

Respite Contractors are expected to provide supervision at all times, either direct or indirect, unless a parent has specifically authorized more independence or supervision by a third party. Child-specific supports should be noted in the Care Plan. In an emergency, if the use of an alternate Contractor cannot be authorized in advance, both the family and the Coordinator(s) must be notified as soon as possible. It is the Respite Contractor's responsibility to ensure that the person providing care in their absence has the necessary skills, maturity and information about the child to ensure appropriate care and has passed a criminal record search.

Respite Contractors are permitted to have overnight guests during the child's respite visit only where guests have had criminal record checks completed in advance, as per program guidelines (see Criminal Record Search guidelines) and the Respite Contractor is able to ensure that the presence of overnight guests does not impact on the quality of care provided to the child. Parents of the respite child must be informed in advance and have given their consent.

When providing respite, Respite Contractors should consider themselves "on duty" throughout the visit and should not engage in activities or consume any substance which would negatively affect the quality of care they are able to provide.

PERSONAL CARE GUIDELINES

It is expected that personal care will be provided in a professional manner that ensures the privacy, dignity and safety of the child. Children should be supported in such a way that their independence is encouraged and appropriate personal hygiene is maintained. Universal precautions must be followed at all times when assisting in personal care (see Appendix 1). To assist Respite Contractors, an individualized personal Care Plan will be developed by the Respite Coordinator(s), in conjunction with the parents, which reflects the child's developmental needs. Respite Contractors should refer to the child's individualized plan, located in the child's binder, for specific care directives. Wherever possible, same sex care will be provided.

INFECTION CONTROL GUIDELINES

Responsibilities of respite child's family:

1. Keep child home if they show symptoms of contagious disease / illness;
2. Notify the child's Respite Contractor if their child or other family members have an illness or have contracted an infectious disease before a respite visit is scheduled;
3. Provide up to date information and prognosis of child's health to program Coordinator(s) so it may be documented in the child's Care Plan;
4. If possible, teach and remind child about safe practices and proper hygiene.

Any recurrent infectious conditions that could impact the child's care requirements must be identified:

- a) by the doctor in the initial medical status report and
- b) by parents in the child's initial Care Plan

Responsibilities of Respite Contractor:

1. Follow safe work practices and proper hygiene;
2. Follow universal precautions (see Appendix 1), as well as preventive measures outlined in the child's Care Plan;
3. Have (and know how to use) equipment, tools and PPE (Personal Protective Equipment) for chance encounters with infectious diseases and blood/body fluids;
4. Teach and remind children in home on safe practices and proper hygiene;
5. Know how to get immediate first aid and medical attention in case of an incident that puts themselves or others at high risk of infection.

IF A RESPITE CHILD OR CONTRACTOR/CONTRACTOR'S CHILD HAS BEEN OR IS EXHIBITING THE SYMPTOMS OF A COMMUNICABLE DISEASE WHILE PROVIDING RESPITE, the Contractor should:

1. Telephone the parent or contact person to pick up the respite child as soon as possible.
2. Use PPE (e.g. gloves, mask, etc.), as needed.
3. Administer first aid and medications, as indicated in child's Care Plan.
4. Once the sick child has gone home:
 - (a) dispose of used PPE safely;

- (b) launder any protective clothing and linen immediately;
- (c) clean and sanitize the home, wiping any surfaces that may have been exposed. (Please note: Contractors may be paid for up to 2 hours cleaning time, depending on the area to be cleaned);
- (d) wash hands thoroughly, see Appendix 2;
- (e) if there is a breach of the infection control guidelines described above, report the incident by completing a Critical Incident Form and submitting it to the program Coordinator(s).

It is recommended that Contractors caring for children with a possible infectious disease consult with the local health unit (604-507-5400) to receive guidance and/or possible training to minimize the risk of infectious diseases before respite takes place.

CONFIDENTIALITY

All information gained while under contract with the REACH Respite Program, regarding children and their families receiving care, must be held confidential. Respite Contractors must sign a statement of commitment to the Reach Code of Ethics.

Families must sign a release of information form, prior to the provision of respite services, authorizing the Coordinator(s) and / or Respite Contractors to share pertinent information in the event of an emergency. The family may also sign a release of information form authorizing the Coordinator(s) to share information for a specific purpose, such as assisting with school transitions, for a specific time period.

It is the policy of the REACH Respite Program to maintain a file for each child / family accessing respite services, as well as for Respite Contractors providing services. Individuals may access their personal records at any time with the assistance of the Coordinator(s) as necessary, once twenty-four hour notice has been received. Records will be kept in a locked file cabinet with access restricted to the Coordinator(s), the Executive Director and the Administrative Assistant.

BEHAVIOR MANAGEMENT GUIDELINES

Reach Child and Youth Development Society is committed to providing children, youth, and families with exceptional service that promotes personal growth and dignity and adheres to the Ministry for Children and Family Development's guidelines for use of behaviour management techniques. Children and youth receiving respite services will have individualized behaviour management strategies identified that meet their unique needs. Positive methods and approaches will be used when responding to inappropriate behaviours. These will be based on the needs of the child or youth and will be proactive and focused on preventing challenging behaviours, rather than reactive, or focused on responding to challenging behaviours whenever possible. Parents are expected to identify any challenging behaviors their child may have when developing the child's Care Plan, as well as triggers for these challenging behaviors, and provide the Respite Contractor with information regarding positive strategies for behavior management that meet the needs of their child in order to maintain the consistency of home

life. Where the child has a current behavior support plan, a copy should be provided to the Respite Contractor and attached to the child's Care Plan.

The Respite Coordinator(s) will determine level of risk to Respite Contractors in conjunction with the parents. Where the risk is deemed to be moderate or higher, any Contractors working with the child will be required to have certification in Non-Violent Crisis Intervention and/or Mandt training.

Reach has developed a Bill of Rights form for behaviorally challenging children and youth to have their behavioral challenges understood as a form of developmental delay in the domains of flexibility/adaptability, frustration tolerance, and problem-solving. These children and youth also have the right to have adults understand that challenging behavior occurs in response to specific unsolved problems and that these unsolved problems are usually highly predictable and can therefore be solved proactively. Contractors will be required to sign the Bill of Rights form annually.

All unusual / excessive behaviors occurring during the provision of respite should be discussed with the family as soon as possible and must be documented on a Critical Incident Report form and be submitted to the REACH Respite Care Coordinator(s) within forty-eight (48) hours.

Definitions of Behavior Management

Acceptable Behavior Management;

- a. Techniques that teach consequences of behavior that lead the individual to self-responsibility through choice.
- b. Strategies that lead to a positive learning experience to help the child to learn to control, modify, change and maintain behavior. These include:
 - Age appropriate expectations
 - use of natural consequences
 - praise and encouragement
 - modeling
 - consistent limits
 - effective communication

Prohibited Practices:

- a. Actions that are reliant on fear, pain, or threats, or that constitute an infringement on the fundamental human entitlements or rights of a child/youth.
- b. Techniques or strategies that limit a child/youth's behaviour or freedom of movement including:
 - Restriction of rights. Restriction of rights must never include taking away adequate food, adequate clothing, and adequate heat, access to health care, suitable shelter or safety, or reasonable access to family members.
 - Seclusion
 - Restraint

Restraint:

- a. A personal restriction that immobilizes or reduces the ability of the child/youth to freely move his or her torso, arms, legs or head.
- b. Forms of physical contact that do not constitute restraint:
 - A physical escort involving a temporary touching or holding for the purpose of inducing or guiding a child/youth to walk to a safe location.
 - Brief physical guidance, instructional prompting, physical support, and comforting.
 - In addition, as per the CARF Behavioural Standards Manual, “Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behaviour or injury to self, or holding a person’s hand or arm to safely guide him or her from one area to another is not restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint” (2012, CARF Behavioural Standards Manual, Section 2F Nonviolent Practices).

Seclusion:

- a. Involuntary confinement of a child alone in a room or isolated area from which the child is prevented from leaving.
- b. May include having a door locked or blocked with the child being alone, or having a child placed away from peers and Contractors for a period of time with no access to social interaction or social activities.
- c. Seclusion should be distinguished from “time out”, which is simply an intervention that involves removing or limiting the amount of reinforcement or attention that is available to a child/youth for a brief period of time.
 - Time out is: “the withdrawal of the opportunity to earn positive reinforcement or the loss of access to positive reinforcers for a specified time, contingent on the occurrence of a behaviour” (Cooper, Heron and Edward, 2007, p.357).
 - Time out does not require or imply seclusion. Time out is often used incorrectly and a child is secluded or is deprived of attention for long periods of time.

In any circumstance where implementing time out might require seclusion, time out will not be used.

ABUSE AND NEGLECT GUIDELINES

Every child has the right to a physically and psychologically safe environment. The welfare of the individual child is of utmost concern. Abuse and neglect are prohibited, whether by the Respite Contractor, parent/guardian, or another child.

*Definitions of Child Abuse and Neglect**

Physical Abuse:

Physical abuse is a deliberate physical assault or action by a person that results in, or is likely to result in, physical harm to a child. It includes the use of unreasonable force to discipline a child or prevent a child from harming him/herself or others. The injuries sustained by the child may

vary in severity and range from minor bruising, burns, welts or bite marks to major fractures of the bones or skull to, in the most extreme situations, death.

Emotional Abuse:

This is the most difficult type of abuse to define and recognize. It may range from ignoring to habitually humiliating the child to withholding life-sustaining nurturing. Generally, it involves acts or omissions by those in contact with a child that are likely to have serious, negative emotional impacts. Emotional abuse may occur separately from, or along with, other forms of abuse and neglect. **It includes the emotional harm caused by witnessing domestic violence.** Emotional abuse can include a pattern of:

- scapegoating
- rejection
- verbal attacks on the child
- threats
- insults, and
- humiliation.

Emotional harm:

When emotional abuse is chronic and persistent, it can result in emotional harm to the child. Under the *Child, Family and Community Service Act*, a child is defined as emotionally harmed if they demonstrate severe:

- anxiety
- depression
- withdrawal, or
- self-destructive or aggressive behaviour.

Sexual Abuse

Sexual abuse is when a child is used (or likely to be used) for the sexual gratification of another person. It includes:

- touching or invitation to touch for sexual purposes
- intercourse (vaginal, oral or anal)
- menacing or threatening sexual acts, obscene gestures, obscene communications or stalking
- sexual references to the child's body/behaviour by words/gestures
- requests that the child expose their body for sexual purposes
- deliberate exposure of the child to sexual activity or material, and
- sexual aspects of organized or ritual abuse.

Sexual Exploitation:

Sexual exploitation is a form of sexual abuse that occurs when a child engages in a sexual activity, usually through manipulation or coercion, in exchange for money, drugs, food, shelter or other considerations. Sexual activity includes:

- performing sexual acts
- sexually explicit activity for entertainment
- involvement with escort or massage parlour services, and

- appearing in pornographic images.

Children living on the street are particularly vulnerable to exploitation. Children in the sex trade are not prostitutes or criminals. They are victims of abuse.

Neglect:

Neglect is failure to provide for a child's basic needs. It involves an act of omission by the parent or guardian, resulting in (or likely to result in) harm to the child. Neglect may include failure to provide food, shelter, basic health care, supervision or protection from risks, to the extent that the child's physical health, development or safety is, or is likely to be, harmed.

**from the BC Handbook for Action on Child Abuse and Neglect*

Procedure

The REACH Respite Program requires a Respite Contractor or parent/guardian to immediately report verbally and/or in writing any sign which may indicate possible abuse or neglect to a Child Protection Social Worker. A parent or Respite Contractor should make no attempt to diagnose a situation or to imply responsibilities.

To make a child protection report, call 1-800-663-9122 at any time of the day or night. If the youth or child is in immediate danger, call 911.

Where the report involves a potential crime that has been committed, for example, in the event of physical or sexual abuse, the Child Protection Social Worker will contact the Delta Police. Other agencies, such as the band office for Aboriginal children and youth, the Superintendent of Schools and/or Medical Health Officer may be involved as well.

The suspected abuse should also be reported to the Respite Coordinator(s) within 12 hours. All reports and conversations concerning the matter should be documented on a Critical Incident Report form immediately and forwarded to the Respite Coordinator(s) within twenty four (24) hours.

Coordinator(s)'s Responsibility:

The Respite Coordinator(s) will report the suspected abuse to the Executive Director of REACH and contact the MCFD Liaison Worker immediately for consultation.

The Respite Coordinator(s) is/are responsible for submitting the Critical Incident Report to the Ministry for Child and Family Development within forty eight (48) hours.

MEDICATIONS

All medications must be kept in a locked cupboard and/or container and stored according to instructions provided in the Care Plan, with respect to refrigeration / protection from light.

Parents are responsible for ensuring that their child's medication list, found in the Care Plan, is current and available to the Respite Contractor during each respite visit. Parents must review, update and sign the back of this form at the beginning of each respite visit.

Respite Contractors must check the medication list before dispensing medications and sign the medication administration record after administering the medication.

Respite Contractors should adhere to safe handling procedures when administering medications, especially proper and thorough hand washing before and after administering medications and / or the use of gloves.

Non-prescription medications will not be administered without prior written consent from the parents/guardians or physicians.

Any medications brought to respite care must be in original containers. A family who prefers to use a dosette container must sign a waiver releasing the Reach Child and Youth Development Society and the Respite Contractor from responsibility for any medication errors that may occur as a result.

Medication being administered for the purpose of behavior control shall not be used except as part of an overall plan designed by the parents/guardians in consultation with the person's physician and other appropriate professionals.

If a child in care requires injections, then arrangements must be pre-made for the child to receive these injections at a doctor's office. If the Respite Contractor is a trained nurse then she/he may also administer the injections; however, it must be noted that the Respite Contractor is liable for any problems that may result under these circumstances.

If a child is able to administer his/her own medications and/or injections, the family should inform the Respite Coordinator(s), who will review the situation and give approval as appropriate. The child's Care Plan should be updated to reflect any changes in medication administration.

If in doubt concerning medication while caring for a child, the Respite Contractor shall check the child's information package as to the contact person for further information. This person is likely to be the child's physician or parents/guardians.

If a medication error occurs, the Respite Contractor should contact the pharmacist who dispensed the medication for instructions. A Critical Incident Report must be completed and submitted to the REACH Respite Coordinator(s) within forty-eight (48) hours. The family should be notified at the end of the respite visit, or sooner if deemed appropriate.

Administration of medication is an issue that Respite Contractors should take very seriously. How medication is administered, and an alternate method of administration (as well as the ramifications of a child missing medication) **MUST** be discussed with the parent/guardians and documented in the child's Care Plan.

TRANSPORTATION

Respite Contractors are required to obtain a Driving Abstract from the Department of Motor Vehicles and a Claims History report from the Insurance Corporation of BC. These documents must be provided to the Respite Coordinator(s) prior to transporting a respite child in a motor vehicle.

Contractors will be required to provide an updated driving abstract and Claims History report every 5 years. If the Contractor has been driving for less than five years as of their orientation date, they will be asked to submit a driving abstract annually until their driving abstract covers a five year period.

Respite Contractors will not be permitted to transport children on the respite program if their driving abstract indicates a pattern of unsafe driving practices, including, but not limited to, any of the following:

- More than two contraventions for speeding within the past three years
- More than one contravention within the past three years that would indicate a lack of attention to safety, e.g. driving without seatbelts, not stopping at a stop sign.
- More than two accidents within the past three years that were deemed by ICBC to be the Respite Contractor's fault or more than one accident that involved a driving offence.
- Any contraventions for driving under the influence of alcohol or narcotics within the past three years.

Respite Contractors who have had up to two contraventions for speeding, a contravention indicating a lack of attention to safety or a motor vehicle accident where they were deemed to be at fault will be considered "on probation". Respite Contractors "on probation" will be permitted to transport children, provided they: inform parents they have offenses on their driving record; submit annual driving abstracts until their record is clear; and maintain a driving record that meets the criteria set out above.

Contractors must disclose any violations incurred during their contract with the respite program as soon as they occur, if these violations would prohibit them from transporting respite children according to the REACH Transportation Guidelines. Otherwise, they must be disclosed during the annual review / file update.

Contractors will be provided with a vehicle safety checklist. This checklist should be reviewed regularly when transporting respite children in a vehicle. Each year, a random transportation audit will be completed for up to 3 Contractors to monitor vehicle safety inspections.

Children on the respite program are to be transported only by the Respite Contractor or alternate person approved by the Respite Coordinator(s). The alternate person must provide a driving abstract to the Respite Coordinator(s) and must meet the criteria set out above.

Appropriate safety restraints must be used while transporting children in any vehicle. Where necessary, a booster seat must be used to ensure safety restraints fit correctly.

REACH does not encourage or condone the practice of having respite Contractors transport children in vehicles owned by the respite child's family and will not assume any liability in case of accident.

Contractors are expected to have ready access to a program handbook and the child's Care Plan during respite and to reference applicable sections of the handbook to respond to emergencies that occur when using their vehicles for respite.

Children with a history of aggressive behaviors must be seated in the rear, passenger side seat of a vehicle while being transported by a Contractor. Contractors are expected to pull the vehicle to the side of the road if children are displaying aggressive behaviors and employ calm-down techniques and NVC I procedures as necessary until the child is calm. Parents should be contacted as necessary.

Contractors are required to carry a first aid kit in their vehicle and to utilize supplies from this kit when responding to medical emergencies while transporting respite children. Supplies should be replenished after use and checked regularly.

Contractors are encouraged to obtain road hazard equipment (i.e. flashlight, reflector warning device) and to secure it safely in the vehicle.

During severe weather conditions, such as snow storms, rain storms or thunderstorms, transporting respite children is discouraged, particularly if a road hazard warning is in place. Contractors are advised to contact parents to make alternate transportation arrangements, or if necessary to cancel respite.

SAFETY

Firearms and ammunition must be stored separately in locked containers or removed from the home while respite is provided (if applicable).

The Respite Contractor shall ensure that all chemicals and cleaning compounds, with the exception of mild detergents, are labeled and kept out of children's reach.

The Respite Contractor shall ensure that all dangerous tools and objects are kept out of reach.

The Respite Contractor should ensure that the child is never left unattended while swimming and should provide supervision appropriate to the child's level of development at any time the child is in water.

The Respite Contractor shall ensure that current fire, ambulance and police phone numbers are readily accessible.

The Respite Contractor shall ensure that electrical outlets not in use will have approved safety covers, except in situations where this is not required given the developmental needs of the child.

If deemed necessary by the Respite Coordinator(s), gates must be placed at the top of all indoor stairwells.

Homes must be maintained in a safe and reasonable manner. A home safety visit will be completed by the Respite Coordinator(s) every two years, or more frequently if the Respite Contractor moves during that time.

If respite is provided in the family home, the family will be expected to ensure that their home meets REACH safety standards prior to the provision of respite.

FIRE SAFETY PRECAUTIONS

At least one functional smoke detector must be located on each level of the home. Proper placement should be discussed with the local fire department.

All sleeping area corridors must also have one functional smoke detector.

The Respite Contractor must have an escape route planned in the event of a fire.

The Respite Contractor must have a fire extinguisher in the home, in a readily accessible location. The extinguisher should be serviced regularly.

FOOD AND NUTRITION

Menus shall be prepared according to the Canada Food Guide. Respite Contractors should ensure that each child is provided with at least three well-balanced meals each day; no more than 15 hours should elapse between supper and breakfast and nutritious snacks should be made available between meals and in the evening.

Special diets are provided for children who require them. Parents who request that their Respite Contractors follow a special diet for their child, requiring food not typically available in the Respite Contractor's home, are responsible for providing said food to the Respite Contractor.

Religious, ethnic, and cultural differences of the child are to be respected.

Mealtimes are provided in a setting in which normal socialization skills and the opportunity to enhance eating skills can occur. Adequate time must be provided for eating, according to each child's needs.

Denial of a nutritionally adequate diet or specific meal is not to be used as a punishment.

If necessary, children will be assisted in weight control if such a program is in place in the child's own home. Written instructions for doing so must be included in the child's Care Plan.

Costs associated with eating in restaurants are the responsibility of the Respite Contractor, unless a parent or child specifically requests that the Respite Contractor take a child to a restaurant for a meal. In this case, the parent will be responsible for the cost of the meal, provided they have approved this expense ahead of time. If such a request is made on a continual basis, for example, to support the child to become proficient at eating in restaurants, compensation should be made to the Respite Contractor for their meal as well.

DECISION MAKING

The program should ensure that children have the opportunity, as appropriate to their age and abilities, to engage in personal decisions and to be given appropriate information to assist them in making decisions.

Respite Contractors should try to encourage the child's skills in exercising critical judgment. Children have the right to receive information appropriate to their age and abilities about the options / choices available to them.

RELIGION

The program shall ensure that children are given the opportunity for religious experience and affiliation in accordance with the preferences of the parents/guardians.

VISITS TO THE UNITED STATES

If the Respite Contractor is planning to take the respite child to the United States, even for a few hours, they must obtain proof of citizenship from the child's parents/guardian in the form of a passport, as well as a letter of permission from the child's parents/guardian, including the specific dates for the trip. The Respite Contractor must notify the Respite Coordinator(s) prior to the trip and purchase medical coverage that includes the respite child.

PROCEDURES FOR REPORTING A CRITICAL INCIDENT

Respite Contractors are required to complete a written report of any incident, accident or illness that requires treatment or from which further development may arise. Some examples of reportable incidents are listed below.

Examples of reportable incidents:

- Accident or illness requiring medical treatment/hospitalization
- Allegations of abuse, neglect or mistreatment
- Unusual or excessive behaviors. These may include aggression, self-injury, signs of depression or involvement of law enforcement officials.
- Gestures, threats or attempts of suicide
- A missing child

- The use of any physical restraint or confinement for safety reasons
- Emergency use of an unauthorized person to provide care
- Medical emergencies, including seizures
- Medication errors
- Child mortality

Families should be contacted as soon as possible to report a critical incident, either by the Contractor or by the Coordinator(s) as necessary. If the family cannot be reached, the Emergency Contact listed in the child's Care Plan should be contacted.

Except in the case of child mortality or abuse, the Coordinator(s) should be informed of the incident within twenty-four (24) hours. A Critical Incident Report must be submitted to the Respite Coordinator(s) within forty-eight (48) hours. It is the responsibility of the Respite Coordinator(s) to contact the Ministry for Child and Family Development and to submit a copy of the Critical Incident Report as requested.

In the case of abuse, the Respite Coordinator(s) should be contacted within 12 hours and a copy of the Critical Incident Report should be submitted to the Respite Coordinator(s) within 24 hours. The Respite Coordinator(s) must contact the Ministry for Child and Family Development within 24 hours and submit the Critical Incident Report to them within 48 hours.

In the event of a death of a child during respite, the Respite Contractor is to notify the Respite Coordinator(s) or another representative of the Society immediately and submit a Critical Incident Report within 24 hours. The Respite Coordinator(s) is responsible for contacting the Ministry for Child and Family Development worker within two hours of the death and submitting the Critical Incident Report to the Ministry for Child and Family Development within 24 hours.

A critical incident during the provision of respite can cause the Contractor to experience strong emotional reactions that have the potential to interfere with his or her ability to function. Critical incident stress is a normal reaction to an abnormal event. This response can be immediate or delayed, and can be triggered by a single or a series of events. Some common stress reactions are:

- Physical or emotional fatigue, anxiety, irritability or agitation, apathy or depression
- Difficulty concentrating/making decisions
- Disrupted sleep, nightmares, flash backs, hyper-vigilance
- Overuse of drugs, alcohol, or prescription medicines
- Desire to spend more time alone than usual

Debriefing after a critical incident may reduce the intense reactions experienced by a Contractor, offering opportunities to talk about difficult events in a confidential, safe and supportive process. Participation in this process is voluntary. When an incident occurs, the respite Coordinator(s) will discuss with the Contractor whether debriefing would be appropriate and/or helpful.

APPENDIX 1

UNIVERSAL PRECAUTIONS

(adapted from the British Columbia Ministry of Health Files)

Universal precautions are steps to take to protect ourselves when we encounter blood or body fluids of other people. The purpose of universal precautions is to minimize or eliminate the transmission of infectious diseases to others. **TREAT ALL BLOOD AND BODY FLUIDS AS POTENTIALLY INFECTIOUS.** Body fluids include urine, semen, vaginal secretions, saliva, feces, vomit and nasal secretion.

UNIVERSAL PRECAUTIONS MEASURES

(a) **HANDWASHING** (see Hand washing under Infection Control Measures)

Always wash hands after handling blood or body fluids.

(b) **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

PPE protects against skin and mucous contact with blood and body fluids.

GLOVES are one of the most common types of PPE:

- Wear gloves when handling blood, body fluids or when cleaning cuts, scrapes or wounds.
- Gloves should be waterproof (latex or vinyl), disposable, of good quality and suitable for the task.
- Change gloves between contacts and dispose of in the garbage.
- Torn or leaking gloves must be removed when handling blood. Wash hands immediately.

(c) **CLEANING UP BLOOD SPILLS AND BODY FLUIDS**

Objects and surfaces soiled with human or animal blood, body fluids or excrement must be wiped up, cleaned and sanitized promptly and safely:

1. Wear gloves.
2. Wipe up spills with paper towels and dispose immediately in a plastic bag. Tie bag securely and discard in the garbage.
3. Clean objects and surfaces with the sanitizing solution. Allow the sanitizing solution to sit on the contaminated surface for 10 minutes, then wipe clean and dispose the paper towels.
4. Soak mops or brushes used in cleaning in the sanitizing solution for 20 minutes.
5. When finished cleaning dispose of gloves and wash hands.

(d) **CONTAMINATED LAUNDRY**

Linen and clothing that have been contaminated with blood or body fluids should be handled as little as possible. They should be laundered in an automatic washing machine using hot water and soap. Gloves should be worn when handling contaminated laundry. If there is no washing machine, put laundry in plastic bags and tie securely. Contaminated laundry should be double-bagged in case of leakage or rips in the bag with the laundry. Launder when a washing machine becomes available.

(e) **PERSONAL ARTICLES**

Never share personal items, such as tooth brushes and razors, as they can transmit small amounts of blood from one user to the next. Disposable items, such as sanitary napkins and diapers that have been contaminated with blood or body fluids must be wrapped up securely and disposed in the garbage.

(f) **STORING SHARP OBJECTS**

Keep sharp objects, such as Epi-pens and knives, out of reach of children.

(g) **HUMAN BITES**

The risk of transmission of the Human Immunodeficiency Virus (HIV) from human bites is extremely low. Never the less, **ALL BITES, HUMAN OR ANIMAL, ARE SERIOUS**. If the skin is broken consult a physician and complete a Critical Incident Form.

(h) **PROTECTING BROKEN SKIN**

It is important to protect fresh breaks, such as scratches and bites, because they can provide an entry route for blood borne pathogens. Cover injuries or non-intact skin with a water proof dressing or bandage.

APPENDIX 2

INFECTION CONTROL MEASURES

Infection Control includes recommended measures to control the spread of infectious diseases. The key to Infection Control is to be aware of the symptoms. Individuals who are sick should stay away from other people until they are feeling better.

The best way to avoid getting sick is to practice good hygiene and cleanliness and to avoid contact with people who are sick.

(a) HANDWASHING

Frequent and correct hand washing is the best defense against the spread of germs and illness. Wash hands whenever visibly soiled as well as:

WASH HANDS BEFORE	WASH HANDS AFTER
<ul style="list-style-type: none">• preparing food• serving food• eating, drinking, smoking• feeding a child• providing personal care or first aid• administering medications• handling contact lenses and applying personal care products• unloading dishwasher	<ul style="list-style-type: none">• preparing food especially from animal sources• sneezing or coughing in hands• eating, drinking, smoking• toileting and diapering• providing personal care, first aid and particularly injuries where skin• handling animals• handling contact lenses and applying personal care products• loading dishwasher• handling blood or body fluids or potentially infectious materials• handling potentially contaminated item/surface

HOW TO WASH AND DRY HANDS

1. First, check that a towel is available; if possible, use paper towels, as cloth towels harbor and transmit germs.
2. Turn on warm water. Moisten hands with water and apply non-abrasive soap. Liquid soap in pump dispensers is more sanitary than bar soap.
3. Wash hands thoroughly for at least **20 seconds or as long as it takes to sing Happy Birthday once**. Work soap in to heavy lather, paying particular attention to cleaning the dominant hand, to areas between fingers, under rings, around nail beds, under fingernails and backs of hands. Do not use a nail brush as this can cause small tears in the skin.
4. Rinse well under warm running water for 15 seconds. Hold hands so that water runs from wrist to fingertips.

5. Dry hands (if using a paper towel, then use the same towel to shut off the taps and open washroom door. Dispose of towel in a lined, covered garbage container.
6. Use hand lotion if available. The lotion prevents skin from chapping or cracking. Broken flesh could contract blood or body fluids, which could lead to infection.
7. If soap and water are not available, use an alcohol based hand sanitizer or disposable hand wipes. .

(b) FOOD SAFETY

- Perishable foods must be refrigerated at or below 4°C. There should be a thermometer in the refrigerator to monitor the temperature.
- Serve cooked foods immediately or keep them above 60°C.
- **KEEP HOT FOODS HOT AND COLD FOODS COLD.**
- Thoroughly cook all foods derived from animal sources, particularly poultry, egg and meat dishes.
- Thaw meat in the refrigerator.
- Food preparation, serving and storage areas must be kept clean, sanitized, dry and separate from playing, toileting and diapering areas.
- Food contact surfaces, such as dishes and cutting boards, must be free of cracks and chips which can harbor germs.
- Wipe clean and sanitize equipment and furniture, such as tables and chairs, which come into contact with food from hands.
- Wear gloves when preparing food if hands have any broken skin or areas covered by Band-Aids.

(c) DISHWASHING

By hand: Dishes and utensils must be washed, rinsed, sanitized and dried using the "4 step" method:

1. **WASH** with hot water and dishwashing liquid detergent.
2. **RINSE** with hot water.
3. **SANITIZED** by submerging dishes and utensils in a sanitizing solution according to manufacturer's instructions.
4. **DRY** by draining and air drying on a clean, non-absorbent surface.

By dishwasher: The automatic dishwasher should meet Canadian Standards Association (CSA) standards and be properly maintained, to ensure dishes and utensils are properly sanitized.

(d) CLEANING HARD SURFACES

Viruses and germs for example, on light switches, doorknobs, telephone sets and electronics, can be picked up on the hands and spread to individuals when they touch their mouth, nose or eyes. Indirect contact transmission should be considered as certain viruses can persist for minutes on hands and hours on surfaces. Equipment such as telephone, keyboards and a computer mouse that is shared must be cleaned with a disinfectant wipe after every use. Personal electronic equipment will also be cleaned periodically with a disinfectant wipe.

(e) WASHING TOYS

Toys used are recommended to be washed and sanitized as follows:

1. Wash and disinfect toys with the sanitizing solution.
2. Dispose plastic/garbage bags used to store toys safely.
3. Air dry toys.

Toys used in the home are wiped/washed and sanitized after each use.

(f) PERSONAL ARTICLES

Contractors' children should not share items with the respite child such as hats, scarves, combs, drinking glasses / cups, utensils, brushes and toothbrushes,. Even sharing napkins should be discouraged.

(g) PERSONAL CARE

- Cover your nose and mouth when sneezing or coughing with a tissue. Dispose tissue into the garbage. Wash hands. If there is no tissue, sneeze or cough into the inside of your elbow, not your hands.
- Stay at least two (2) meters away from people who are sick.
- Avoid touching your eyes, nose or mouth. Germs spread more easily with contact to these areas.

(h) IMMUNIZATION

It is recommended that children be immunized against infectious diseases for their protection as well as to protect those who may have compromised immune systems. Immunizations should be current and this information be listed in the child's Care Plan. For those families who chose not to immunize their children, an immunization waiver must be signed by the parent or guardian and kept in the child's binder. It is recommended that contractors have an updated tetanus shot and an annual influenza shot.

(i) SUPERBUG (MRSA) PROTOCOLS

If a child/youth or contractor has been exposed to a Superbug, maintain infection control/universal precautions until the person has been tested. Where Superbug (MRSA) infection has been confirmed, the Health Unit should be contacted and their directives followed.

RECOMMENDATIONS:

- Wear disposable gloves to wash contaminated toys and equipment in hot soapy water, then rinse, then apply the sanitizing solution and finally let the items air dry (follow Reach's toy washing policy)
- Dispose of garbage safely, including gloves and plastic bags.
- Wipe any surfaces that may have been exposed in the home, including book covers, pages and toy surfaces that cannot be immersed in water.

APPENDIX 3



Attention Reach Contractors

Prior to using balloons, please read the following safety warning.

Thank you, from your Health and Safety Committee.

BALLOON SAFETY USE WARNING CHOKING HAZARD

***Children can choke or suffocate
on uninflated or broken balloons.***

Adult supervision required at all times.

Keep uninflated balloons away from children.

Prior to working with children secure the environment from any choking hazards.

Discard broken balloons at once in a child safe garbage can.

Ensure that all balloons, including broken pieces of balloons are accounted for and stored or thrown away at the end of the respite visit.

When ever possible use a pump to blow up balloons.
When pump is not available, the adult is to blow up the balloon.

For hygiene purposes do not share balloons that have been mouthed by another person.