Respite Care Program

Program Handbook

reach
CHILD AND YOUTH DEVELOPMENT SOCIETY

"BELIEVING IN POTENTIAL"

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MISSION, VISION & VALUES AT REACH

reach
CHILD AND YOUTH DEVELOPMENT SOCIETY

Vision

REACH builds and supports communities where all individuals and their families are welcomed, included, and lead lives of well-being, based on their own individual strengths, interests, and values.

Mission

REACH will provide timely, accessible, and person- and family-centered community programs and services for the optimal development of children, youth, and adults, where all individuals flourish and reach their potential.

Values

Respectfulness, Excellence, Attitude of sharing, Collaborative spirit, Honesty, Continuous improvement, Handle resources efficiently, Integrity, Learning, Diversity

13 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 child development.
2. Appreciating and supporting the bond between the child, youth, adult, and support networks.
3. Facilitating a person-centered approach as children grow based on the belief that all people have the right to control their own lives through personal choices about relationships, jobs, living arrangements, spirituality, travelling, and recreational activities and that all people have the right to give back to their communities through volunteering and helping others. We also believe that these rights can be reinforced and protected by making sure that people are connected to and supported by friends, family, staff, and the community.
4. Recognizing that children, youth, and adults are best understood and supported in the context of family, culture, community, and society.
5. Respecting the dignity, worth, and uniqueness of each individual (child, youth, adult, family member, and colleague).
6. Helping children, youth, and adults achieve their full potential in the context of relationships that are based on trust, respect, and positive regard.
7. That individuals are best nurtured by people who love and honor them for who they are.
8. That all individuals have the right to be part of an inclusive environment that meets the needs of individuals with and without disabilities.
9. That relationships and friendships are essential to enrich our lives.
10. That all individuals are entitled to the services and supports required to ensure their full participation in our society.
11. That the involvement of families and support networks contributes to everyone's safety and well-being.
12. That services and supports must be delivered in a way that respects an individual's diverse history, culture, race, religion, gender, and sexual orientation.
13. That inclusive communities enrich the lives of all citizens.

TABLE OF CONTENTS

	Page
GOALS AND OBJECTIVES OF THE RESPITE PROGRAM	2
REFERRALS	3
ADMISSION REQUIREMENTS: FAMILIES	3
ADMISSION PROCEDURES: FAMILIES	4
SERVICE PLAN PROCEDURES	5
ADMISSION REQUIREMENTS: RESPITE CONTRACTORS	6
ADMISSION PROCEDURES: RESPITE CONTRACTORS	6
MATCHING PROCEDURES	8
CLOSING PROCEDURES	9
RESPITE CONTRACTOR / PARENT RELATIONSHIP	9
APPEALS	10
CRIMINAL RECORD PROCEDURES	10
PHYSICIAN'S FORMS	11
FIRST AID	11
INSURANCE	11
FEES AND PAYMENTS	11
PRIVATE ARRANGEMENTS BETWEEN RESPITE CONTRACTORS AND FAMILIES	12
CHILD DOES NOT ARRIVE OR FAMILY IS NOT HOME	13

PROCEDURE FOR MISSING A RESPITE BOOKING 13

CHILD PICK-UP GUIDELINES 13

RESPITE CONTRACTOR REVIEW PROCEDURES 14

MISSING CHILDREN 17

AFTER THE CHILD IS FOUND 17

MEDICAL EMERGENCY 18

SEIZURE MANAGEMENT PROCEDURE 18

LIFE THREATENING AND/OR AFTER-HOURS EMERGENCY 19

AFTER RETURNING FROM AN EMERGENCY 20

CHILD MORTALITY 20

STANDARDS OF CARE 22

PERSONAL CARE GUIDELINES 23

INFECTION CONTROL GUIDELINES 23

CONFIDENTIALITY 24

BEHAVIOR MANAGEMENT GUIDELINES 24

ABUSE AND NEGLECT GUIDELINES 28

MEDICATIONS 30

TRANSPORTATION 31

SAFETY 32

FIRE SAFETY PRECAUTIONS 33

FOOD AND NUTRITION 34

DECISION MAKING 34

RELIGION 35

VISITS TO THE UNITED STATES 35

PROCEDURES FOR REPORTING A CRITICAL INCIDENT 35

COMMUNICATION TECHNOLOGIES 36

APPENDIX 1 UNIVERSAL PRECAUTIONS 35

APPENDIX 2 INFECTION CONTROL MEASURES 39

APPENDIX 3 BALLOON SAFETY USE WARNING 43

ADMINISTRATIVE PROCEDURES

GOALS AND OBJECTIVES OF THE RESPITE PROGRAM

Respite Care is short term, temporary and/or emergency care provided to a person with a developmental disability in or out of the family home for the purpose of giving families a break from the daily responsibilities of caregiving, while keeping the person receiving care safe and supported.

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 physical and emotional 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, Family Action 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 South Fraser area and for the Delta Global Respite programs, must reside in Delta.
- Applicants must sign a Support Services Agreement with MCFD

General Considerations:

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

Children identified as having medical conditions, including psychiatric diagnoses, 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 MCFD 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.

Delta families have the option of participating in either the Global 1:1 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 Global 1:1 respite 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 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 contact the Coordinator to confirm the name of the referral and the child's social worker. The Social Worker will complete the referral form and submit it to the Coordinator(s). The Coordinator will keep the Social Worker updated on the family's screening status and let them know when the family is almost ready to start respite.

Within a week of receiving a referral 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 information in the application form, complete a care plan and sign consent forms. This meeting should be scheduled as soon as possible, ideally within a month of receiving the package.

If the application package has not been returned to the office within a month, 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 let the Liaison / Social Worker know and, as applicable, will send a letter to the family giving a timeline for responding before 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 discuss the respite program and 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 and consent form will be reviewed / signed with the family at intake and again annually. The family will be given a Respite Handbook to review and a medication administration record will be completed as applicable. An emergency information card will be prepared for the child. This 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 a potential respite worker is not identified, the Coordinator(s) will share information about 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 and/or recruit additional caregivers. Within a month 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. Note: If more than two children are referred to the program in a given month, the timeline for the above procedures may 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 2 months of the orientation meeting, either a Family Service Plan or Family Action 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 Family 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

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.

Prospective Respite Contractors must have completed the following prior to approval: an application form; a medical clearance form (only required if the prospective contractor will be providing overnight care); a TB test (if deemed necessary by the Coordinator(s); three reference forms (only two are required if the prospective contractor has been referred by the family who will be using them for respite); a home study preparation form (only required if the prospective contractor will be providing overnight care); a home safety check (only required if the prospective contractor will be providing care in their own home); a signed 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).

Respite Contractors must be 19 years of age or older. Eligibility is not restricted to Contractors living in the Delta area.

Respite Contractors who are 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 able to provide appropriate levels of supervision.

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 regular program at REACH, unless approved by their supervisor.

ADMISSION PROCEDURES: RESPITE CONTRACTORS

The REACH Respite Program has a core group of Respite Contractors who should be considered first when a family requires a respite worker. New Respite Contractors should be screened only as required by a family.

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

An interview will be scheduled as appropriate with the applicant to determine their suitability for providing respite and assist in determining a potential match.

If the interview is successful, and a potential match identified, the applicant's name and email address will be submitted to the criminal record review program to initiate the process for a criminal record check. A link to a consent form that can be completed electronically will be sent to the applicant by email. References identified in the application form will be contacted by the Coordinator and/or sent reference forms to complete. If overnight care in the Contractor's home will be provided, a home study preparation form should be completed by the applicant, and they will be given a medical clearance form for their physician to complete. If the applicant is known to the family, only two references are necessary, as the family will be considered the third reference.

Once application paperwork has been completed, 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 their home, the Coordinator(s) must visit the prospective Respite Contractor's home and complete a home safety check.

The Coordinator(s) must review Respite Contractor qualifications and compile information about them and their family, as appropriate, in a file.

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

- A Criminal Record Check completed for all individuals 18 years and older who will be present in the Respite Contractor's home when respite will be provided.
- A review of the contractor's ID (1 piece each of primary and secondary ID)
- A Driving Abstract and insurance claims history for Respite Contractors providing transportation must be reviewed to ensure they meet Reach Safety standards and a vehicle inspection checklist provided.
- 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 must be completed 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

The Coordinator(s) is responsible for 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 Coordinator has described to the family at least two Respite Contractors, the family 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 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 discharge.

If a family is not using their respite or does not anticipate they will use all their annual allotment by the end of a fiscal year, they will be given the opportunity to donate their days for temporary reallottment to other families.

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) and the family. 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 or incidents 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 this nature 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 and/or their 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 may be asked to withdraw from the respite program. If a family member is found to be responsible for physical violence towards a Respite Contractor, services to the family will be immediately suspended.

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 18 years and over living in the Respite Contractor's residence who will be 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 who will be providing overnight respite 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.

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 approved as a Respite Contractor. Respite Contractors must also have C-level 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 to update their certificate free of charge.

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 require Business Insurance on their vehicle.

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; instead invoice Summaries will be provided on request.

Invoices should be submitted to the Coordinator(s) by the 1st working day of each month, with hours verified by both the contractor and family. Direct deposit is available and contractors are encouraged to use this, along with the online invoice link below, to ensure timely invoice payment.

https://reachv4.sharevision.app/AnonymousForm/new/7ceed4c6-d7a2-4259-aa9b-7473edbb8ddf

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

REACH is not responsible to 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). Regular family statements of respite usage will be sent to families to assist with planning respite visits and avoiding over/under usage of respite funding.

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 assumes no responsibility for the care of children other than the contracted child.

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

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 may be paid for the time he/she was scheduled to work.

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 Coordinator will let the Contractor know in writing that should they miss a subsequent respite visit without canceling with the family ahead of time, their contract may be terminated.

CHILD PICK-UP GUIDELINES

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 and/or care plan. 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 consent form / care plan 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. (See emergency phone number at the front of the child's respite binder)

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, as well as the Respite Coordinator.

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 NVCI / First Aid certification;
- completing any 5 year review paperwork as required.

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

- Criminal Record Search clearance

- Medical clearance (if providing overnight care)
- Driving abstract / claims histories

Contractors will have up to six months to complete action items from their contract review. After six months, if there are still outstanding action items are still outstanding, the Respite Coordinator should follow up with the Contractor and offer to assist with addressing any barriers. If the action items are still outstanding at the time of the next review, this will be noted in their annual review paperwork and the Contractor should be informed in writing 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 respite usage.

Where payment of invoices has been suspended and action items remain outstanding after three months, an "End of Contract" notice may 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 premises should be conducted (if applicable), followed by a short (i.e. five to fifteen minute) search of the immediate neighborhood.

If the child has not been located within 15 minutes, 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

In 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 33 / Appendix 2). 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 should be accessible to the Respite Contractor during respite. Either the binder or the Child's emergency information card should be taken on community outings and 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 over the following standard 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 9-1-1. 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, call 9-1-1 (or have a bystander call) and begin artificial respiration.

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 (see emergency phone numbers at the front of the child's respite binder) 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 (see emergency phone numbers at the front of the child's respite binder. 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 the child's 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 with the family 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 gender, 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 support needs and preferences. 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 form and
b) by parents in the child's 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 about 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 DURING THE PROVISION OF 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 and review this annually.

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 secure 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.

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 whenever possible, rather than reactive, or focused on responding to challenging behaviours.

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, Ukeru and/or Mandt training. Safety plans may be required when it can be reasonably predicted that behaviour will occur that will be dangerous to the child/youth or others, despite the use of proactive strategies and a behaviour support plan being in place.

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 and REACH Respite Care Coordinator(s) within 48 hours and as appropriate, will be documented on a Critical Incident Report form.

Definitions of Behavior Management

Behaviour Support: A set of interventions developed to support individuals with challenging behaviour. These behavioural interventions are designed to improve an individual's quality of life, are functionally based and are integrated with person-centered planning.

Behaviour support may include:

(a) teaching replacement behaviours, especially functional communication, that can serve as alternatives to the targeted challenging behaviors;
(b) changing the consequences for challenging behaviors so that undesirable behaviors are no longer rewarded and so that, instead, pro-social behaviors are strengthened, and;
(c) modifying the antecedent and contextual events so that "triggers" for challenging behaviours are eliminated or ameliorated, and stimuli associated with desirable behavior are added and enhanced.

Examples of Acceptable Behavior / Teaching Strategies;

- use of natural consequences
- praise and encouragement
- use of visuals, including social stories, videos and picture schedules

- modeling
- consistently setting reasonable limits that align with the individual's developmental level
- verbal / physical cues
- token economies
- calm down routines
- first / then

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 (except in emergency situations involving immediate danger to the child where Ukeru or other behaviour non-violent crisis intervention techniques have not been successful)

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 / comforting.

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 the Respite Contractor(s) 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 when 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 or youth is of utmost concern. Abuse and neglect are prohibited, whether by the Respite Contractor, parent/guardian, another child/youth, or by any other person who has contact with the 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 or youth. It includes the use of unreasonable force to discipline a child or youth, or prevent a child or youth from harming him/herself or others. The injuries sustained by the child or youth 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 the parent or caregiver's conduct or living situation where there is domestic violence by or toward someone with whom the is child residing, whether temporary or permanent.
Emotional abuse can include a pattern of:

- scapegoating
- rejection
- verbal attacks on the child or youth
- 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 or youth 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 or youth is used (or likely to be used) for the sexual gratification of another person. Examples include but are not limited to:

- 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 or youth's body/behaviour by words/gestures
- requests that the child or youth expose their body for sexual purposes
- deliberate exposure of the child or youth 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 children or youth who have been or are likely to be sexually abused or exploited, including circumstances involving coercion or being inveigled into prostitution. Sexual activity includes:

- performing sexual acts
- sexually explicit activity for entertainment
- involvement with escort or massage parlour services, and
- appearing in pornographic images.

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

Neglect:
Neglect is failure to provide for a child or youth'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 or youth. Neglect may include failure to provide food, shelter, basic health care, supervision or protection from risks, to the extent that the child or youth's physical health, development or safety is, or is likely to be, harmed. A child does not need protection solely because of socioeconomic conditions such as poverty, inadequate housing/infrastructure, or a parent's state of health

*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 that 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 binder, 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 administering medications and sign the medication administration record after administering the medication.
Non-prescription medications will not be administered without prior written consent from the parents/guardians or physicians.

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.

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. Use of blister packs from the pharmacy is strongly encouraged as an alternative.

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 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.

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 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 should not drive with a child who is showing signs of escalation and are expected to pull the vehicle to the side of the road if children are displaying aggressive behaviors. Calm-down techniques and NVCI procedures should be employed as per the child's care plan and safety plan as needed 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).
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The Respite Contractor shall ensure that all chemicals and cleaning compounds are labeled, and with the exception of mild detergents, are kept out of children's reach.

The Respite Contractor shall ensure that all dangerous tools and objects are secured or 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.

Any environmental adaptations needed to ensure the child's safety, for example, safety covers for electrical outlets and gates at the top of indoor stairwells, will be noted in the care plan and will be be in place before respite is provided.

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 have one functional smoke detector.

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

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

Visits to the United States during respite are discouraged. 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 and a written report must be submitted. It is the responsibility of the Respite Coordinator(s) to contact the Ministry for Child and Family Development (MCFD) and to submit a written report within 48 hrs.

In the case of abuse, the Respite Coordinator(s) should be contacted within 12 hours and a written report should be submitted to the Respite Coordinator(s) within 24 hours. The Respite Coordinator(s) must contact MCFD within 24 hours and submit a written report to MCFD 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 MCFD social worker within two hours of the death and submitting the Critical Incident Report to MCFD within 24 hours.

Outside of busiess hours, including weekends, MCFD after hours will be notified.

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. Som-e 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.

Communication Technologies

In Delta, Surrey, White Rock, and parts of Langley, families can request to meet via an approved platform such as Zoom or Microsoft Teams, and TELUS BizConnect. Other communication technologies used include email and phone.

The Respite Program Coordinator
can be reached at 604-946-6622 ext. 305

The Executive Director of REACH Child and Youth Development Society is
Camille Netherton; she can be reached at 604-946-6622 ext. 302 (confirmed).

Hours of operation: 8:30 and 4:30 from Monday to Friday, excluding statutory holidays.

Please check out REACH's website at www.reachchild.org

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
• 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	• 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

reach
CHILD AND YOUTH DEVELOPMENT SOCIETY
"BELIEVING IN POTENTIAL"

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
CHOCKING 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 price of balloons are accounted for and stored or thrown away at the end of the respite visit.

When ever possible us 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.